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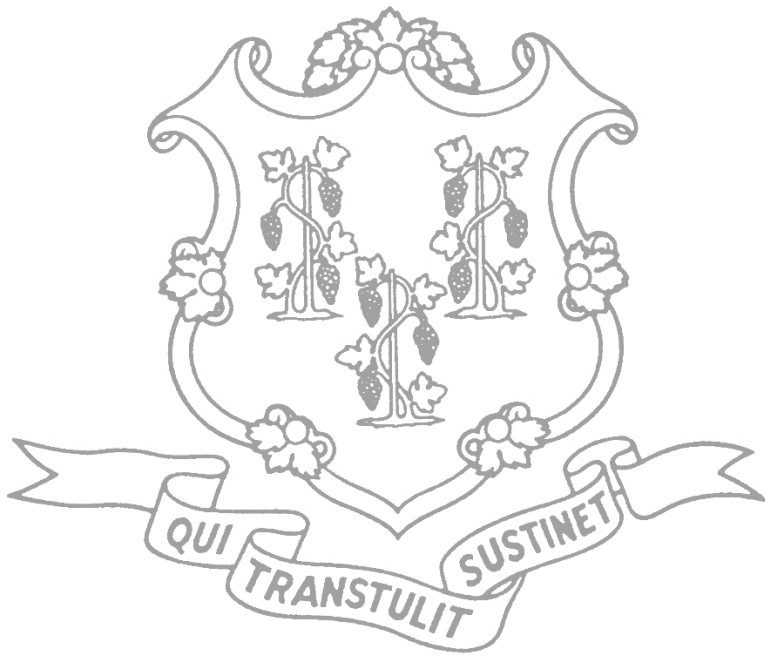


A Study of the Sex Offender Sentencing, Registration, and Management System

Connecticut Sentencing Commission

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Connecticut Sentencing Commission



Report to the Judiciary Committee
of the Connecticut General Assembly, pursuant to
Special Act 15-2, § 1
Submitted: December 2017

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EXECUTIVE SUMMARY

Special Act 15-2 required the Sentencing Commission to investigate Connecticut's current system of assessment, management, treatment, and sentencing of sex offenders. The Commission appointed a Special Committee on Sex Offenders to execute this mandate. Over the course of two years, that Committee undertook a comprehensive, multi-disciplinary review of policies and practices dealing with individuals convicted of sex offenses and analyzed relevant data to develop recommendations based on best and promising evidence-based practices around registration, management, and sentencing of sex offenders. This subcommittee reported back to the Sentencing Commission.

Unlike many other states, Connecticut has taken a comprehensive approach to the management and treatment of offenders on probation and parole through the development of specialized sex offender supervision and management units throughout the state. Each unit, utilizes officers, treatment providers and sexual assault victim advocates to build both treatment and supervision plans and conditions based on each individual offender's risk. This is a nationally recognized model which has contributed to a low rate of recidivism among offenders in our state.

With a risk based approach in mind, Connecticut does not impose blanket residency restrictions for sex offenders, which have been found to inhibit offender's reintegration in the community, nor are there laws requiring the registration of juveniles for the sex offender registry, unless they were convicted as adults.

However, the Commission has determined that there are ways to improve Connecticut's approach to managing with sex offenders, and by doing so, to enhance public safety. All members of the Special Committee shared the goal of reviewing current policy and practice in Connecticut with the aim of identifying opportunities to reduce sexual violence in our state. Our recommendations include strengthening the sex offender registry to increase public safety by evaluating offender risk of reoffending, reducing technical violations of probation and parole supervision, and improving coordination between treatment providers in correctional facilities and the community.

The focus of this initial report is on the sex offender registry. Enactment of sex offender registration laws are among the most significant criminal policy initiatives undertaken in recent decades. Their primary purpose is laudable: to reduce sex offender recidivism and ensure public safety. A close examination of these laws, however, reveals that registries are often structured in a manner that lacks empirical support.

While risk is a factor utilized within supervision and treatment programs in Connecticut, our state's current registry requirements are based on the offense of conviction and not on an individual's risk level. The Commission studied the current model and risk-based registry systems throughout the country and recommends that Connecticut move to a system that tailors registry requirements to an individual sex offender's risk of re-offending. Under the new system, the offenses that require registration would remain the same, but (1) the length of time a person is

required to be on the registry and (2) whether the person's information is available to the public or only to law-enforcement agencies would depend on the individual's risk of re-offending and potential danger to the community. A new eight-member Sex Offender Registration Board would determine the person's level of risk. Registrants could petition the Board for reclassification or the Superior Court for removal from the registry under specified circumstances. Victims would be notified of such requests and have the opportunity to provide comment on the request.

While the focus of this initial report is on the sex offender registry, additional recommendations have been adopted to reduce technical violations on probation and parole supervision, increase coordination of the treatment provided to offenders in correctional facilities and supervision programs; increase trauma informed responses and support for victims and survivors of sexual assault throughout the criminal justice system, and to promote education and information programs for landlords and community members regarding sexual violence prevention, and myths and facts related to individuals who perpetrate sexual assault crimes.

The Commission also proposes to analyze the sentences given to individuals convicted of sex offenses and to further evaluate the supervision and management of such persons. Continual research and evaluation of the new process can provide evidence of its effectiveness in reducing recidivism. The Commission is committed to ongoing evaluation of sex offender management, sentencing, and registration to achieve the goals of minimizing the risk that sex offenders pose to the person or persons they harmed and members of the public, while providing a system that is more tailored to an individual's risk level and criminogenic needs.

Part I of this report presents the Commission's recommendation to move from an offense-based to a risk-based system for offender placement on the sex offender registry, and lists the additional recommendations that were developed through this study. Part II describes the Special Committee's charge, structure, and activities. Part III reviews risk-based registry systems. Part IV provides a profile of the sex offender registry population, including their criminal history, focusing on new registrants between January 1, 2007 and December 31, 2016. Part V describes Connecticut sex offender registration law and its history, the evolution of federal law, and major court rulings on this issue. Part VI includes discussion of the research and issues that the Special Committee considered in determining its recommendations.

I. RECOMMENDATIONS

A. Registry Proposal

The proposal to amend Chapter 969 of the Connecticut General Statutes both strengthens and focuses the Connecticut sex offender registry. Under current law, the crime that the offender was convicted of determines the requirement to register and the length of time the person will be on the registry.

Under this proposal, the categories of sex offenders who must register with the Department of Emergency Services and Public Protection (DESPP) based on the crime for which they were convicted remain the same. However, the length of time on the registry and whether it is a public registry or a law enforcement-only registry will be determined by evaluating the registrant's risk of reoffending.

This proposal will eventually result in fewer offenders on the public sex offender registry; those higher-risk offenders who warrant the focused attention of probation and parole, law enforcement, and the public. Validated actuarial risk assessment instruments will be used to determine a person's likelihood of reoffending.

The current registry has no reward for a registrant's appropriate behavior and no sanction for a registrant's inappropriate behavior, other than the failure to report a change of address, which is a class D felony. Changes to the registry are based on the recognition that placement on the public registry can impede the registrant's successful reentry into society by making it more difficult to find housing or employment. This proposal will penalize registrant's inappropriate behavior and reward appropriate behavior. All registrants will have an opportunity to petition to shorten their registration period or apply for removal from the public registry. In order to do so, registrants will have to show, by their conduct, that they have reduced their risk to the community.

Under the new system, some registrants will be on the registry for shorter periods than under the current system, and others will be on for longer periods. However, that determination will be based on the registrant's risk to the community. The registrants will have an opportunity to lower their risk profile by participating in programming for behavioral health, vocational training, and other services designed to enhance community reintegration and by avoiding rearrest for any new criminal activity.

1. Current Law

Under current law, certain categories of sex offenders must register for a specified period following their release into the community. The requirement applies to persons convicted, or acquitted by reason of mental disease or defect, of three types of offenses, including persons convicted or acquitted by reason of mental disease or defect of a similar offense in another jurisdiction, for the duration stated below:

- criminal offenses against a victim who is a minor: generally 10 years for a first conviction or lifetime for a subsequent conviction;
- nonviolent sex offenses: generally 10 years for a first conviction or lifetime for a subsequent conviction; and
- sexually violent offenses: lifetime.

In addition, the court may require registration for 10 years for an offender convicted, or acquitted by reason of a mental disease or defect, of any felony that the court determines was committed for a sexual purpose.

Connecticut is one of the few jurisdictions that does not permit removal from the registry.

Under current state law, if a court finds that public dissemination of a sex offender's registration information is not required for public safety, access is limited to law enforcement agencies. This applies to only a small group of individuals. The court may grant this access restriction to persons who committed second-degree sexual assault in a spousal or cohabiting relationship (CGS § 54-255(a)). Similarly, if a court finds that public dissemination is not required for public safety, it may restrict registry dissemination for persons who committed offenses against a minor, nonviolent sex offenses, or sexually violent offenses, where the victim was a relative of the person (CGS § 54-255(b)).

Select categories of sex offenders are exempt from registration requirements. Specifically, a court may exempt a person if registration is not required for public safety and the person was (1) convicted of having sexual intercourse with a victim age 13 to 15 (second-degree sexual assault) and (2) under age 19 when the crime was committed (CGS § 54-251(b)).

A court may also exempt a person convicted or found not guilty by reason of mental disease or defect of having sexual contact with another person without consent or nonconsensual voyeuristic recording of a person. In both cases, the court must find that registration of the person is not required for public safety (CGS § 54-251(c)).

2. Prospective Changes to the Registry

The following changes would apply prospectively to individuals who are convicted on or after the effective date of legislation. The registration requirement would be based on an assessment of the risk an individual poses to reoffend, rather than on the current system based on the offense.

i. *Sex Offender Registration Board*

- An independent Sex Offender Registration Board of experts would be authorized to determine whether an offender who is required to register should be placed on the public registry or law enforcement registry. Specifically:
 - The lowest-risk offenders, based on an actuarial risk assessment, shall presumptively be placed on the law enforcement registry for 10 years.
 - The moderate-risk offenders, based on an actuarial risk assessment, shall be placed on either the public registry for life or the law enforcement registry for 20 years, based on the Board's decision rather than a presumption (see below).
 - The highest-risk offenders, based on an actuarial risk assessment, shall presumptively be placed on the public registry for life.
- In making such a classification, the Board shall use the scoring from validated actuarial risk assessment instruments, with the exception of moderate risk scoring. In addition, the Board may override the tier classification based on other factors including the nature and circumstance of the offense, any other aggravating or mitigating factors, and the impact to the victim, if known, and the community.
- The Board is within the executive branch.
- The Board's decision to place an offender on the law enforcement registry is not subject to appeal.
- The Board's decision to place an offender on the public registry may be appealed when the registrant requests a hearing before the Board.
- There shall be a presumption that an offender who scored high risk on the actuarial assessment will be placed on the public registry.
- For any offender who scored moderate risk on the actuarial assessment, the Board shall determine placement on the public or law enforcement registry by considering the factors set forth above in addition to the actuarial assessment. Given the extremely wide range of individuals who fall into a moderate range of risk (from just slightly above low risk to just slightly below high risk) and the extensive research on decision-making bias when there are no specific standards and guidelines in place, the registration board shall develop a set of evidence-based criteria to utilize a structured decision-making tool that takes into account the factors relevant to determine whether a moderate level individual would be best placed on the public or the law enforcement registry. There would be no statutory presumption of assignment to either the public registry for life or the law enforcement registry for 20 years.
- There shall be a presumption that an offender who scored low on the actuarial assessment will be placed on the law enforcement registry.
- After ten years on the public registry, an offender may petition the Board to be moved to the 20-year law enforcement registry.

- Victims shall be notified and may provide input when an offender petitions the Board for reclassification from the public registry to the law enforcement registry.
- An offender requesting a change in registration requirements shall be in compliance with the registry at the time of the request. A probation or parole officer or the state's attorney may make a recommendation at the time of the request regarding an offender who is or has been under probation or parole supervision.
- At any time, a probation or parole officer or the state's attorney may request that an offender on the law enforcement registry be moved to the public registry because of the registrant's failure to meet conditions of parole or probation or new criminal activity.

ii. ***Removal Mechanism***

- After 10 years on the law enforcement registry for 20-year registrants, an offender may petition the Superior Court to be removed from the registry.
- After five years on the law enforcement registry for 10-year registrants, an offender may petition the Superior Court to be removed from the registry.
- An offender is not eligible for removal directly from the public registry, but must be placed on the law enforcement registry first.
- A registrant would not be eligible to petition the court for removal sooner than (1) five years after the conviction for a felony offense not requiring registration, (2) three years after the conviction for a class A misdemeanor offense not requiring registration, or (3) one year after conviction for any other misdemeanor offense not requiring registration.
- The Superior Court shall hold a hearing for a petitioning offender eligible for removal. The court shall notify the Office of Victim Services within the Judicial Branch, the Victim Services Unit within the Department of Correction, the Office of the Chief Public Defender, and the appropriate state's attorney of the hearing date.
- The Office of the Chief Public Defender shall assign counsel for an indigent offender.
- The Superior Court shall order that a risk assessment be conducted unless the requirement is waived for good cause. The Superior Court may also refer the case to the Sex Offender Registration Board for assessment and recommendation.
- At the hearing, the court shall permit the registrant and the state's attorney to present evidence and allow the victim to make a statement. The victim shall also be allowed to submit a statement in writing.
- The court may order an offender's removal from the registry if, in the opinion of the court, such removal shall assist the offender in reintegration into the community and shall be consistent with public safety. In making this determination, the court shall consider the nature of the offense and the petitioner's conduct since the offense, including (1) the offender's history of sex

offender and/or behavioral health treatment; (2) the results of any relevant risk assessments and evaluations by behavioral health professionals; (3) the offender's history of employment and education; (4) the offender's compliance with the terms of parole, probation, and the requirements of the sex offender registry; and (5) any other factors bearing on the offender's reintegration into the community. The registrant shall have the burden of proof by a preponderance of the evidence.

- If the court orders an offender removed from the registry, the court shall notify the DESPP; the Court Support Services Division, if applicable; and the Office of Victim Services within the Judicial Branch; the Parole and Community Services Division, if applicable; and the Victim Services Unit within the Department of Correction; and the local police department or the state police troop having jurisdiction over the registrant's address.
- The registrant and the state's attorney shall have the right to appeal the decision of the Superior Court and the decision of the court shall be subject to review for abuse of discretion.

3. Retroactive Changes to the Registry

i. "Grandfathered" Registrants

Offenders who were retroactively placed on the registry at the time the registry went into effect (i.e., offenders who were convicted prior to January 1, 1998, without knowledge that they would be subject to a registry) shall be eligible to petition the Superior Court for removal. Also eligible to petition the court for removal are offenders who would no longer be required to register but for the retroactive changes in law (i.e., the increase in the length of time an offender is required to register for an offense).

Victims shall be notified and have the opportunity to provide a statement as set forth above.

The Superior Court shall hold a hearing according to the procedures and criteria for removal set forth above. After the hearing, the court may (1) completely remove an offender from the registry or (2) move the offender to the law enforcement registry. In making such a determination, the court may refer the case to the Sex Offender Registration Board for assessment and recommendation.

If a request for removal is denied after a hearing, subsequent petitions may be filed 10 years after such a decision. For good cause shown, the Superior Court may permit a subsequent petition to be filed before the 10-year period.

ii. Other Offenders Currently on the Registry

Other offenders currently on the registry (i.e., those who were convicted after the creation of the registry) shall not be eligible to petition the court for removal from the registry.

However, these offenders would be eligible to petition the Sex Offender Registration Board to move from the public to the law enforcement registry. The Board would use the criteria set forth above to determine whether to grant the request. If moved to the law enforcement registry, registrants shall continue to serve the remainder of their registration term as they are not eligible for removal. Victims shall be notified and have the opportunity to provide a statement if a registrant petitions to be moved to the law enforcement registry.

Offenders required to register for 10 years may petition the Board to move to the law enforcement registry after five years. Those required to register for life may petition after 10 years.

4. Further Details

Entities making classification decisions

- Sex Offender Registration Board
- Superior Court

Sex Offender Registration Board Membership

The Sex Offender Registration Board shall be comprised of eight members. The members of the Board shall be appointed as follows:

1. The Governor shall appoint two people with substantial experience in providing sexual assault victims with victim advocacy services.
2. Three clinicians who meet the criteria for clinical membership in the Connecticut Association for the Treatment of Sexual Offenders (CATSO) or the Association for the Treatment of Sexual Abusers (ATSA) and who have at least five years of experience in the assessment of sex offenders, nominated by the Chief Court Administrator and appointed by the Governor.
3. Three persons with at least five years of experience in sex offender management and supervision who have received training in evidence-based supervision of sex offenders, nominated by the Chief Court Administrator and appointed by the Governor.

Members of the Sex Offender Registration Board shall serve on a part-time per diem basis.

A panel consisting of three members of the Board, at least one of whom shall be from each of the above categories, shall meet to review and determine the classification of each registrant or make a recommendation for removal for each applicant.

Registry Tiers

- Public registry (High Risk)
- Law enforcement registry or public registry (Moderate Risk)
- Law enforcement registry (Low Risk)

Length of Registration Requirement

- Lifetime public registration
- 20 year law enforcement registration
- 10 year law enforcement registration

Residence Address Verification

- Quarterly for offenders on the public registry, plus an annual in-person verification of residence address by law enforcement or a probation or parole officer.
- Semiannually for offenders on the law enforcement registry for 20 years
- Annually for offenders on the law enforcement registry for 10 years.

Victim Notification

Victims would receive notification of (1) placement on the registry whether public or law enforcement and (2) the registrant's address for the law enforcement registry.

Victims shall be permitted to provide input (1) when an offender petitions the Board or the Superior Court for reclassification from the public registry to the law enforcement registry and (2) when an offender petitions the Superior Court for removal from the registry.

The process for victim notification shall be developed in collaboration with victim advocacy services.

Table 1: Proposed Changes to Connecticut's Registration of Sex Offenders Law

<i>Tier</i>	<i>Access to the Registration</i>	<i>Duration on the Registry</i>	<i>Address Verification Requirement</i>	<i>Victim Notification*</i>	
				Initial Placement	Offender's Address
High Risk	Public	Lifetime	Quarterly	Yes	Public
Moderate Risk	Law enforcement only or public	20 years	Semiannually	Yes	Upon request
Low Risk	Law enforcement only	10 years	Annually	Yes	Upon request

*A victim may provide input to the Board when an offender petitions for reclassification from the public registry to the law enforcement registry or petitions the Superior Court for removal from the registry.

B. Additional Recommendations

1. Review (a) child pornography statutes and (b) the law on sexual assault in the second degree as it applies to those under age 21 to determine possible revisions related to sex offender registration requirements.
2. Continue the Sentencing Commission's study of sex offender sentencing, management, and registration to:
 - a. monitor and evaluate the effects of the change to the risk-based system;
 - b. ensure that supervision conditions are tailored to meet the person's criminogenic risk and need areas;
 - c. examine behavioral health issues related to sex offender management;
 - d. examine compliance with registry requirement and the consequences of technical violations;
 - e. require the Judicial Branch, in collaboration with the DESPP, to produce an annual report, enumerating the number of sexual assault cases presented in Connecticut criminal courts, including initial charge, plea, conviction, sentence, and indicating whether the person was on the sex offender registry at the time of the offense; the report shall also include Sex Offender Registry data as it pertains to conviction and registration terms; and
 - f. encourage the Judicial Branch to collaborate with the Department of Correction (DOC) to review recidivism rates for offenders convicted of a sex

offense.

3. Consider adding conviction for human trafficking offenses to the list of violations that require registration.
4. To comply with federal sex offender registry requirements, amend the statutes to require registrants to notify DESPP (at least 21 days in advance) of any intention to travel outside the United States.
5. Oppose general housing and zoning residency restrictions for sex offenders other than appropriate limitations imposed as an individualized supervision condition, which will increase public safety and strengthen supervision of persons in the community.
6. To enhance the efficiency and proficiency of assessment, treatment and supervision services across the Judicial Branch and DOC:
 - a. maximize funding allocated to sex offender treatment and supervision,
 - b. maximize sex offender assessment and treatment resources by eliminating redundancy,
 - c. reduce technical violations of parole and probation supervision, and
 - d. deploy a more consistent and uniform sex offender treatment process throughout the system.
7. Maximize the communication and collaboration between the Judicial Branch and DOC's Parole and Community Services Division when transitioning sex offender supervision between agencies. This will:
 - a. increase public safety,
 - b. eliminate redundancy with respect to assessment and treatment services, and
 - c. ensure the timely and informed transfer of community supervision.
8. Coordinate sex offender assessment and supervision training efforts between the Judicial Branch and DOC to ensure all agencies, treatment and supervision staff adhere to established best practices and maximize training resources.
9. Build capacity and training among law enforcement officers and prosecutors to utilize trauma-informed interviewing techniques and improve investigation and prosecution of sexual assault cases.
10. Increase staffing and fully fund services for sexual assault victims, both of juvenile and adult offenders, and their supporters including pre- and post-conviction community and court-based victim advocacy services.
11. Require any proposed registry change to include establishing a multidisciplinary advisory group to plan for the implementation of the changes in ways that would minimize the impact on victims and prepare the law enforcement community for new

procedures.

12. Increase staffing in post-conviction community and court-based advocacy services for sexual assault victims to ensure proper victim notification of registry-based hearings and support for submitting testimony or appearing at such hearings, before making prospective changes to the sex offender registry.
13. Any removal mechanism of sex offenders from the registry should be prospective and not retroactive to avoid the re-victimization of victims who believed at the time of sentencing that the sentence and the registry requirements were fixed.
14. Restructure and add additional information to the registry's public website, including:
 - Highlighting resources for victims of sexual assault such as the statewide sexual assault crisis hotlines, and the Judicial Branch's CT SAVIN.
 - Adding information regarding the offender's probation or parole status as well as stipulations
 - Making statutes pertaining to sex crimes available in clear and easy to understand language.
 - Creating "Statute FAQs" to describe in plain language the elements of each crime.
 - Creating a link to information for landlords and realtors regarding housing of offenders
 - Including a link to resources describing Connecticut's collaborative model for supervision and treatment and supports available to offenders re-entering the community.
16. Expand the notifications provided through the Judicial Branch's CT SAVIN to include certain sex offender supervision classifications and sex offender registry statuses.
17. Maintain the collaborative model of supervision, treatment, and victim advocacy to support victims, increase community safety, and reduce recidivism among offenders.
18. Create material for landlords and public housing authorities to encourage them to rent to offenders.
19. Propose substantive changes to CGS § 54-261 "Community Response Education Program" to include proactive prevention education program and materials offered to municipalities and members of the public to understand Connecticut's collaborative model of supervision and treatment for offenders who have committed sex offenses and are reentering the community. The educational component should include information about interventions based on assessed risk, need, and protective factors in order to prevent new sex offenses. Materials and program should be created to encourage school districts to meet the K-12 educational requirements outlined in PA 14-196 "An Act Concerning a Statewide Sexual Abuse and Assault Awareness Program for Connecticut," which went into effect on October 1, 2016.

II. OVERVIEW

A. Legislation Requiring this Study

On May 26, 2015, Governor Dannel Malloy signed Special Act 15-2, An Act Concerning a Study of the Sexual Offender Registration System, requiring the Connecticut Sentencing Commission to study the sentencing, registration, and management of sex offenders in Connecticut.

Substitute Senate Bill No. 1087

Special Act No. 15-2

AN ACT CONCERNING A STUDY OF THE SEXUAL OFFENDER REGISTRATION SYSTEM

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective October 1, 2015*) (a) The Connecticut Sentencing Commission established pursuant to section 54-300 of the general statutes shall study: (1) the sentencing of sexual offenders; (2) the risk assessment and management of sexual offenders; (3) the registration requirements and registry established under chapter 969 of the general statutes; (4) the information available to the public and law enforcement regarding sexual offenders; (5) the effectiveness of a tiered classification system based on the risk of re-offense; (6) methods to reduce and eliminate recidivism by individuals convicted of a sexual offense; (7) housing opportunities and obstacles for sexual offender registrants; (8) options for post-sentence appeals concerning the registry status of a sexual offender registrant; (9) sexual offender management; and (10) victim and survivor needs and services and community education.

(b) The Commission shall submit, in accordance with section 11-4a of the general statutes, an interim report not later than February 1, 2016, and a final report not later than December 15, 2017, on such study to the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary. Each report shall contain recommendations for legislation, if any.

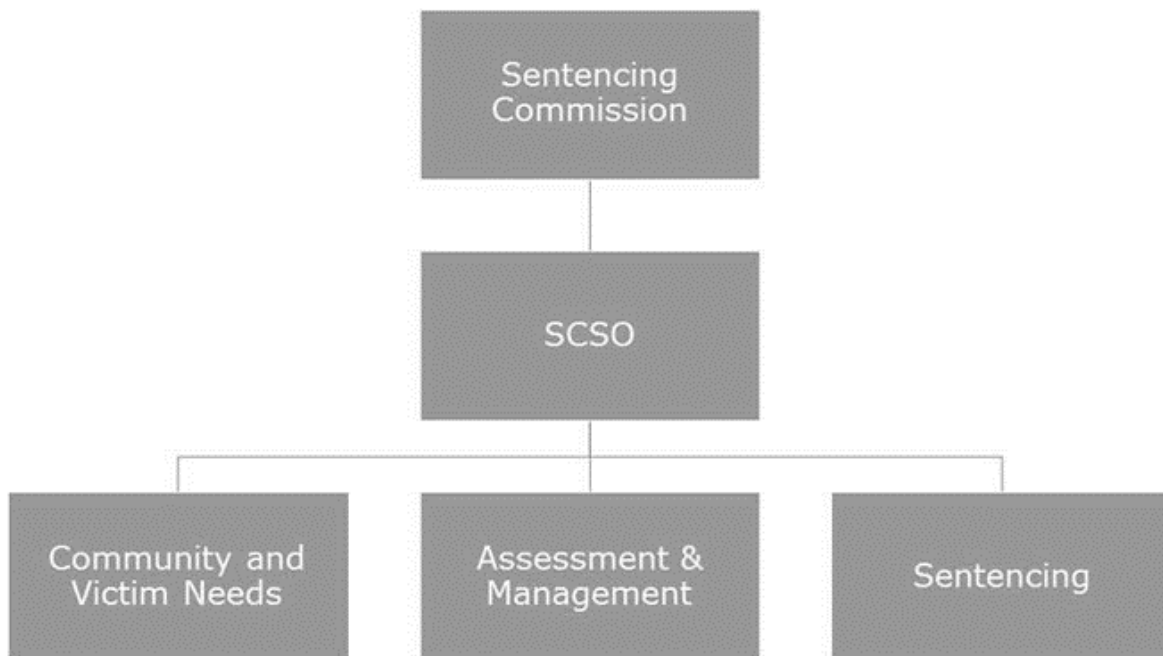
Approved May 26, 2015

In compliance with this legislation, the Connecticut Sentencing Commission established the Special Committee on Sex Offenders (SCSO) in June 2015 to conduct the study, develop recommendations, and report its findings and recommendations to the Commission. The 16 appointed members of the Special Committee had a broad base of professional and personal experience with the issues related to sex offenders in Connecticut. The executive director of the

Judicial Branch’s Court Support Services Division (JB-CSSD) and the former chair of the Board of Pardons and Paroles (BOPP) serve as the committee co-chairs.

B. Subcommittees

To focus its work, the SCSO established three subcommittees: Sentencing, Assessment and Management, and Community and Victim Needs. (See Appendix A for members of the Special Committee and its subcommittees. See Appendix B for the adopted study scope.)



Below is a brief overview of the subcommittee focus areas and composition. Although each subcommittee met separately to investigate and develop recommendations for its particular area of concentration, the subcommittee co-chairs met regularly to share and collaborate on their respective issues.

Community and Victim Needs

State Police Sgt. Matthew Garcia from the Connecticut State Police Sex Offender Registry Unit and Laura Cordes, Executive Director of the Connecticut Alliance to End Sexual Violence (formerly Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS), are the chairs of the Subcommittee on Community and Victim Needs. The subcommittee, which includes 15 members, met 16 times to study: victim and survivor needs and services and community

education; the registration requirements and the registry established by law (Chapter 969 of the Connecticut General Statutes); the information available to the public and law enforcement officials regarding sex offenders; and the community impact of existing sex offender residency restrictions and housing opportunities.

Assessment and Management

David Rentler, the psychologist for the Board of Pardons and Paroles, and Gary Roberge, then-director of Adult Probation and Court Services, are the co-chairs of the Subcommittee on Assessment and Management. The subcommittee, which includes 14 members, met 12 times to study and review: the risk assessment and management of sex offenders; methods to reduce and eliminate recidivism by offenders convicted of a sex offense; sex offender management; the housing opportunities and obstacles for sex offender registrants; and the effectiveness of a tiered classification system based on the risk of re-offending.

As part of the subcommittee's study and with the assistance of the National Institute of Corrections (NIC), the Commission retained Dr. Robin Wilson (Wilson Psychological Services, LLC) to conduct a limited evaluation of the state's current sex offender management and treatment practices.

Sentencing

Thomas Ullmann, public defender for the New Haven Judicial District (now retired) and Brian Austin, the executive assistant state's attorney for the Office of the Chief State's Attorney co-chaired the Subcommittee on Sex Offender Sentencing. The subcommittee, which includes 12 members, met eight times and was charged with studying the sentencing of sex offenders and options for post-sentence appeals concerning a sex offender registrant's status on the registry status.

C. ACTIVITY OF THE SPECIAL COMMITTEE ON SEX OFFENDERS AND ITS SUBCOMMITTEES

1. Meetings and Public Hearing

The SCSO first met on August 5, 2015, and has met 13 times, in addition to holding a public hearing on January 25, 2017. Subcommittee co-chairs met numerous times to report on and coordinate their separate efforts. The full committee's meetings have been devoted to learning more about relevant issues, discussing outstanding matters and opinions, and providing additional guidance and direction to research staff and the subcommittees.

The SCSO hosted a series of local and national presenters to learn more about the systems of sentencing, assessment, management, and treatment of sex offenders, as well as research and effective practices in the field. These presentations and reports included:

- Ed Palmieri, Deputy Director of Adult Probation and Bail Services, on Connecticut Sexual Offender Management and Assessment;
- David D'Amora, of the Council of State Governments Justice Center, on sex offender registration in the United States;
- State Police Sgt. Matthew Garcia on the state police's administration of Connecticut's sex offender registry and the enforcement of the State's registration requirements;
- Frank Mirto, Parole Manager, on the Department of Correction Special Management Unit's supervision, assessment, and management of sex offenders;
- Ivan Kuzyk, Director of the State Statistical Analysis Center, on recidivism among sex offenders in Connecticut;
- David D'Amora and Randall Wallace, Director of Clinical and Forensic Services at the Justice Resource Institute, on sex offender risk assessment tools;
- Mark Bliven, Director of the Minnesota Department of Correction's Risk Assessment and Community Notification Unit, on Minnesota's tiered approach to sex offender supervision, assessment, and community notification;
- David Zemke, Program Director of the Center for the Treatment of Problem Sexual Behavior (CTPSB), on sex offender treatment services;
- Lisa Tepper-Bates, Executive Director of the Connecticut Coalition to End Homelessness, on housing issues and homelessness for sex offenders;

- Dr. Laurie Guidry, President of the Center for Integrative Psychological Services, President of the Massachusetts Coalition for Sex Offender Management (MCSOM), on current research regarding best practices in effective sex offenders management and treatment;
- Sarah Russell, Professor of Law at Quinnipiac University School of Law, Candace Hill and Amanda Hakala, JD Candidates at Quinnipiac University School of Law, on the different state sex offender registries in the United States;
- Laura Cordes, Executive Director of the Connecticut Alliance to End Sexual Violence, Tracy Miller, and Caitlin O'Brien, on the mission of the Connecticut Alliance to End Sexual Violence, victim needs, the role of post-conviction victim advocates on the state's sex offender probation and parole units, the impact of the crime and victim dynamics when offenders come back into the community, and the counseling and advocacy model used within the state of Connecticut;
- Karen Baker, Director of the National Sexual Violence Resource Center, on national victim demographic statistics, needs and services; and
- Dr. Robin Wilson, McMaster University, Hamilton, Ontario, Canada and Wilson Psychological Services, LLC, Sarasota, FL on the assessment, treatment and risk management of persons who have sexually offended.

2. Outreach

The SCSO initiated a public engagement process to collect input for consideration as it developed its report and recommendations. The process included an agenda item for public comment at each of the SCSO and subcommittee meetings, live broadcasts on CT-N of the meetings when feasible, and the Sentencing Commission's website with meeting information and materials.

On January 25, 2017, the SCSO held a public hearing on the registration, management, and sentencing of sex offenders in Connecticut at the Legislative Office Building. Testimony was presented by members of the public, sexual assault victim advocates, victims and survivors of sexual assault, and offenders as well. More than 30 people appeared and submitted testimony for the hearing, which was broadcasted on CT-N (view at [CT-N Broadcast](http://www.ct.gov/ctsc/cwp/view.asp?a=4706&q=590138)). The testimony is available for review on the Connecticut Sentencing Commission's website (<http://www.ct.gov/ctsc/cwp/view.asp?a=4706&q=590138>).

In May 2017, the Commission released a public input survey for Connecticut residents soliciting concerns related to sex offender sentencing, the State's Sex Offender Registry, and the management and supervision of sex offenders who re-enter the community on probation or parole. The survey was available on the Commission's website's homepage for four weeks in English and Spanish; more than 500 responses were received. See Appendix C for the summary of the public input survey results.

As part of its study, the Special Committee on Sex Offenders also solicited input from sex offenders through a survey. The survey instrument solicited anonymous input from people convicted of sex offenses and covered a range of topics and questions, including registry information, sex offender treatment, sentencing, risk assessment, as well as personal information like marital status and children, housing and employment status, and perceptions of the overall registry, treatment, and their probation/parole experiences. More than 300 respondents completed this survey.

See Appendix D for a summary of the survey responses.

III. RISK ASSESSMENT-BASED SYSTEMS

One of the Commission's major recommendations is the shift from an offense-based sex offender registration system to a risk assessment-based system. This section describes the features of such a system and its implementation in other states.

What is risk assessment?

Risk assessment involves the estimation or prediction of an offender's potential to recidivate (e.g., re-offend sexually or violently). Such an assessment takes into account a number of factors alongside an offender's risk, such as criminal history.

Risk assessment is formally defined as the "use of various tools or instruments typically based on scientific evidence, to estimate an offenders' potential for reoffending or causing harm to others and potential causes or sources of that risk."¹

Some of the scientifically validated instruments for assessing risk – in this case, the likelihood of sexual recidivism include the Static-99, Static-2002, MnSOST-R, and the Risk-Matrix-2000 Sex. For assessing the risk of violent recidivism (which include sexual components), instruments such as the VRAG, SORA, Risk-Matrix Combined, SIR, LSI-R and its various iterations are utilized.²

What are the methods used to assess risk for sex offenders?

In general, there are five methods.³

First is the unguided or unstructured clinical judgment method. Using this method, an evaluator reviews case material and applies personal experience to determine an estimate of risk – without consideration of a specific list of risk factors or any other underlying information and theory.

Second is the guided or structured clinical judgment method. This method calls for the usage of a specific list of factors theorized to be associated with risk – a list that is drawn from personal experience or theory – but empirical evidence is not utilized.

Third is the method that relies on research-guided clinical judgment. The evaluator begins with a specified list of risk factors identified in the broader research or body of professional

¹ SEX OFFENDER RISK ASSESSMENT, ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS (Aug. 30, 2012), available at <https://www.atsa.com/pdfs/SexOffenderRiskAssessmentBriefWithBibliography2012.pdf>.

² *Id.*

³ Kevin Baldwin, *Sex Offender Risk Assessment*, OFFICE OF SEX OFFENDER SENTENCING, MONITORING, APPREHENDING, REGISTERING, AND TRACKING (last visited Oct. 26, 2017), https://www.smart.gov/SOMAPI/sec1/ch6_risk.html (listing methods described).

literature. In conjunction with other factors, considerations, and the use of the clinician's judgment, this list is used to make a determination of risk.

Fourth is the purely actuarial approach. In this case, an evaluator uses an instrument with a set of specified, weighted risk factors (factors that have been identified in the literature). The selected instrument is then used to identify either the presence or absence of each risk factor. Finally, an estimate of risk is reached via standard, prescribed means of combining the factors.

Finally, there is the adjusted actuarial approach whereby the evaluator begins by administering an actuarial instrument to the offender. After that, the evaluator uses a prescribed list of considerations that can be utilized either to raise or lower the assessed level of risk.

What is the reliability of risk assessments?

In 2007, in California, Static-991 (updated to use Static-99R1, 2 in 2008) was adopted as the official risk assessment tool in accordance with California Penal Code. Since then, Static-99/R has played significant roles for decision-making process in various settings (including probation and parole) and stages (e.g., presentencing, release from incarceration) with different purposes (e.g., treatment or supervision intensity, registry, community notification, GPS). The California Department of Justice completed in 2016 one of the most recent inquiries into the predictive validity of risk assessment tools for sex offenses. The study used a large sample (more than 1,600 offenders), and sought to look at predictive validity across ethnic groups, following the sample for five years. The conclusion of the study is the following: "The current study demonstrates that Static-99R works well to predict the likelihood of sexual recidivism in California across different settings and ethnic groups... The current findings support the continued use of Static-99R in California."⁴

Which states have implemented risk-assessment (risk) sex offender registration systems versus offense-based (offense) systems?⁵

States shown below use a risk assessment-based system to categorize sex offenders for registration purposes. Additional states (Florida, Idaho, Illinois, Ohio as well as Connecticut pursuant to this study) are considering the shift to a risk-based from offense-based system. Other states, such as Colorado and Georgia, possess hybrid systems that blend offense and risk assessment systems for public registration and community notification purposes.

⁴ http://www.saratso.org/docs/ThePredictiveValidity_of_Static-99R_forSexualOffenders_inCalifornia-2016v1.pdf p. 23

⁵ LIST OF BEST PRACTICES IN OTHER STATES REGARDING PUBLIC DISCLOSURE OF INFORMATION OF SEX OFFENDER AND KIDNAPPING OFFENDER REGISTRIES, SEX OFFENDER POLICY BOARD (Oct. 7, 2015), available at http://ofm.wa.gov/sgc/sopb/meetings/board/2015/10/final_state_survey.pdf.

Offense-based States



Risk-based States



*Nebraska moved from a risk-based classification system to an offense-based classification system to comply with AWA's three-tiered offense structure.

**Oklahoma has an offense-based risk evaluation system.

Costs and Benefits of Risk-Based Systems

As is the case with any criminal justice structure, benefits and costs accompany the risk-based system. Below is a snapshot of some of those benefits and costs.

Benefits:⁶

- Support for setting appropriate sentence, custody level, or conditions for community supervision
- Better allocation of resources to promote community safety

Costs:⁷

- Barriers to resources
- Limited availability of competent/qualified personnel to make risk determinations
- Difficulties addressing situations in which offender disagrees with risk assessment score/level.

⁶ Baldwin, *supra* note 3.

⁷ *The difficulties of a risk-based system*, NATIONAL ASSOCIATION FOR RATIONAL SEXUAL OFFENSE LAWS (Jan. 5, 2017), <https://narsol.org/2017/01/the-difficulties-of-a-risk-based-system/>.

IV. DATA ANALYSIS

As part of its ongoing review of the state's sex offender registry and community notification laws and procedures, the Connecticut Sentencing Commission Special Committee on Sex Offenders conducted a review of Sex Offender Registry (SOR) registrants. To inform policy and procedural recommendations, the Special Committee wanted to better understand who was registered, the registration terms, and whether the registrants remained in compliance with conditions of supervision and other registry requirements.

There are currently 5,389 active SOR registrants in Connecticut. The active registrant population is almost evenly divided between those required to register for life terms (52%) and 10-year terms (48%). The majority (85%) of SOR registrants were convicted and resided in Connecticut at the time of registration while the remainder (15%) were convicted in another state, but now reside in Connecticut. The number of active registrants and the distribution between 10-year and life terms and in-state and out-of-state registrants remained consistent over the past 19 years.

Included in the above number are 641 SOR registrants who are, at the date of this report, incarcerated and are considered "inactive" on the registry. These offenders are required to reactivate their SOR registration upon discharge from prison.

Between October 1998⁸ and September 2017, a total of 9,070 convicted sex offenders registered with Connecticut State Police (CSP). During that period, 3,681 completed their registration terms or were inactive for various reasons (e.g., were incarcerated, moved to another state, or died).

Legislative changes had an impact on the number of SOR registrants. In 1998, pursuant to the federal Megan's Law (1996), Connecticut established the existing Sex Offender Registry administered by CSP. The SOR replaced the state's original registry, operational between 1994 and 1998, that was managed by the Judicial Branch. During its first two years (1998 and 1999), CSP registered 1,302 new registrants including re-registration of persons convicted of sex offenses prior to 1998. In 2000, the number of new registrants decreased 29 percent (478). During the following 10 years, the trend in new SOR registrants remained relatively stable. Beginning in 2011 through 2016, there was a small decrease in the trend.

After tracking the number of SOR registrants in Connecticut, the next consideration was categorizing the registrants in terms of characteristics that they may share as a group overall, as well as some ways in which they differ. Sentencing Commission researchers examined demographic and criminal history data to begin to understand the SOR registrant population.

There is considerable research and practice literature on understanding and explaining why some individuals engage in sexually abusive behaviors and certain aspects of the sex

⁸ CSP sex offender registry was implemented in October 1998.

offender population. Research has consistently shown that there is no such thing as a “sex offender profile.” This population is a diverse and heterogeneous group. Although the label of “sex offender” might seem to suggest that persons who commit sex crimes are alike, that is simply not the case. It can be difficult to discern how they are uniquely different from other types of criminal or from members of the general public.

However, researchers have identified some common characteristics among the more than 740,000 registered sex offenders in the United States.⁹ Most are male and a majority (53%) are white. Sex offenders tend to be older; the median age is 42. The population of SOR registrants in Connecticut is consistent with national research.

Finally, just over 80 percent of SOR registrants in Connecticut were convicted of sexual assault (56%) or risk of injury involving sexual contact to a minor (26%). In Connecticut, there are four sexual assault offenses that are primarily defined by the type of sexual behavior (sexual intercourse or sexual contact), the victim and perpetrator’s ages, and the use of force or a weapon. Almost two-thirds of registrants convicted of sexual assault committed Sexual Assault in the First Degree or Sexual Assault in the Second Degree, which are the crimes with the most severe penalties.

Research

The research questions formulated by the Special Committee on Sex Offenders were based on the areas of policy and procedures under review and focused on the SOR registry population, the profile of SOR registrants, and SOR registrants’ criminal history.

What is not included in the report, but will be presented in a follow-up report are data pertaining to:

- risk assessment levels
- sentences imposed on convicted SOR registrants
- probation and parole supervision including violations
- criminal history prior to and after SOR registration
- sex offender treatment program participation and completion
- descriptors pertaining to victims (known to or related to SOR registrants) and use of weapons during commission of sex offenses¹⁰ (data in these areas are limited).

⁹ As reported by the National Center for Missing and Exploited Children (NCMEC) in its 2012 survey.

¹⁰ Data on victims and the use of weapons is limited and may not be reliable or consistently tracked. Connecticut Sentencing Commission researchers will attempt to assess the quality of the available information. The best source of this information are police reports, but researchers will not collect or review police reports.

Study Population. The cohort sample includes all new registrants (unique persons) beginning in 1998¹¹ through September 2017. Registrants on the public and law enforcement registries were included. During the 19-year period under review, there were 9,070 new SOR registrants, with 80 (2%) on the law enforcement registry.

Detailed descriptive statistics are provided on the new registrants between January 1, 2007 and December 31, 2016. This 10-year period was selected for two reasons. First, in 2006, the U.S. Congress passed (and then-President George W. Bush signed) the Adam Walsh Child Safety and Protection Act. This is also known as the Sex Offender Registration and Notification Act (SORNA). The federal law mandated that states create and maintain a sex offender registry to continue to receive federal funding from entities such as the Department of Justice (DOJ).

Second, the CSP improved its automated SOR system in 2009. Data, therefore, are more accurate and reliable. The 10-year period under review is sufficient to identify trends among SOR registrants using various descriptive data (e.g., age, race and ethnicity, gender, offense type, and periods of incarceration).

It is important to note that the sample does not include all offenders arrested for or convicted of a crime with a sex component. JB-CSSD reported that due to plea-bargaining there are offenders arrested for a sexual assault offense or offense with a sexual component (e.g., Risk of Injury to Minor, pornography, etc.), but are subsequently convicted of another crime. Defendants wanting to avoid the requirement to register as a sex offender may agree to plead to another charge and accept a negotiated sentence. Some defendants are assessed as having a sexual deviance that would benefit from sex offender treatment, but were arrested for and convicted of a crime other than a sex offense. Finally, some defendants are arrested and convicted of a crime other than a sex offense that involved a sexual behavior or component and may be required to attend sex offender treatment, but do not have to register as a sex offender. The sample of SOR registrants is, therefore, a subset of the overall population arrested for a sex offense or an offense involving a sexual component.

SOR Requirements. For the purposes of defining the sample population, Connecticut's sex offender registration law requires persons convicted of certain offenses to register with the Connecticut State Police Sex Offender Registry Unit. Persons convicted of, or acquitted, by reason of mental disease or defect of any of the following offense categories must also register:

- criminal offenses against a victim who is a minor
- nonviolent sex offenses
- sexually violent offenses
- any felony that was committed to engage in sexual contact or sexual intercourse with another person without consent (sexual purpose).

¹¹ The existing sex offender registry was implemented in 1998 pursuant to federal law.

Connecticut law further requires registration of anyone convicted or found not guilty by reason of a mental disease or defect for substantially the same crimes in another state or other jurisdiction. The law applies to criminal attempts, conspiracies, or solicitations.

The period of registration is based on the type and severity of the offense. In Connecticut, registration is either 10 years or lifetime. Table 2 lists the registry requirements criteria.

Table 2. State Sex Offender Registry Term Requirements	
10-Year Registration	<ul style="list-style-type: none">• Crimes against a minor• Nonviolent sex offenses• Any felony committed for a sexual purpose
Lifetime Registration	<ul style="list-style-type: none">• Second offenses for a crime requiring 10-year registration• Sexually violent offenses• Sexual assault in the first degree (sexual intercourse with a victim under 13 with the actor is more than two years older)

Data Sources. The Connecticut Sentencing Commission entered into a Memorandum of Agreement (MOA) with the Connecticut State Police, Judicial Branch Court Support Services Division (JB-CSSD) and the Department of Correction (DOC) to authorize the transfer of data on SOR registrants.

CSP provided the aggregate number of new SOR registrants each year beginning in 1998. The annual totals were then categorized by the registration terms and in- and out-of-state registrants.

CSP also provided a data file of all new SOR registrants between 2007 and 2016. SOR data are most reliable beginning in 2007 and in 2009 CSP improved its information technology system and contracted with a data management consultant. CSP provided unique identifiers for each registrant including name, date of birth, gender and race and ethnicity. For each registrant, data were provided on the date of registration, offense type, term requirement, address, and compliance status.

The CSP data file was then transferred to JB-CSSD to provide the unique identifier data necessary to collect:

- criminal history (arrest and verdict dates and charges, sentence)
- assessments (probation and sex offender treatment)
- probation and/or parole supervision conditions and compliance.

DOC was also provided with the unique identifier data to compile movement data that tracks admissions to prison and discharges from prison and parole.

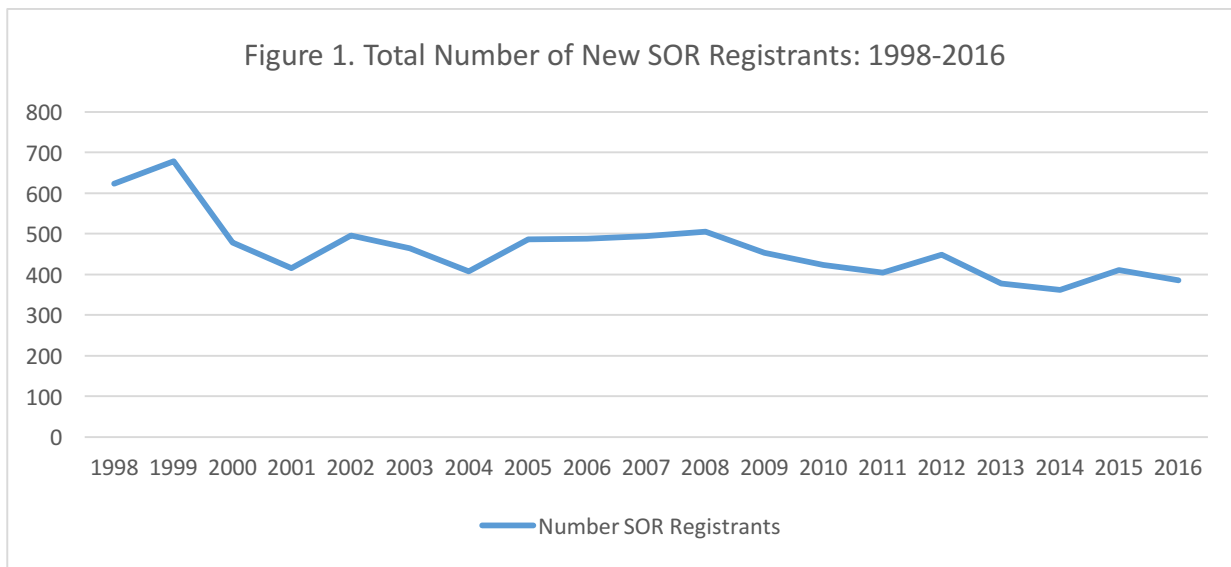
JB-CSSD completed the process by merging its data with CSP and DOC data and de-identified the data file, which removed all data that could be used to identify any individual

registrant. The de-identified, merged data file was provided to the Connecticut Sentencing Commission researchers for analysis.

SOR Registry

The total number of new SOR registrants by the year in which they first registered is depicted in Figure 1. The number of new registrants is shown for 1998¹² to 2016. During that period, there were 8,799 SOR registrants. As previously stated, sex offenders registered with the public and law enforcement registries were included.

Connecticut required sex offenders to register beginning in 1994.¹³ In October 1998, with the implementation of the new CSP registry, those registrants were required to re-register with the new SOR beginning in 1998. As shown in Figure 1, there were 624 new registrants in 1998 and 678 in 1999. During the first two years of the SOR, there were approximately 36 registrants from the prior registry “grandfathered” into the new SOR. In 2000, there were 478 new registrants, which represented a 29 percent decrease from 1999 to 2000. There was no other increase or decrease as significant as that from 1999 to 2000. The total annual rate of new registrants has remained relatively stable since 2000.



	'98	'99	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
#	624	678	478	415	496	464	407	486	488	494	506	453	423	404	448	377	362	411	385

¹² The CSP registry was implemented in October 1998. The total number includes new registrants from October through December of that year.

¹³ In Connecticut, the original sex offender registry for persons convicted of serious sexual assault crimes was implemented in 1994 and was administered by the Judicial Branch (PA 94-246). In 1998 (PA 98-111), the statewide centralized registry as it exists today was implemented. The responsibility to administer the SOR was transferred to the Connecticut State Police and the list of crimes requiring registration was expanded. Further, persons convicted prior to 1998 were required to register (“grandfathered”) as sex offenders with CSP and were given a specific period in which to register with CSP.

The fluctuations in the rate during the early 2000s may be due to uncertainty surrounding the state's public sex offender registry raised by legal challenges. Two federal laws, the Jacob Wetterling Act (1994) and Megan's Law (1996), loosely established sex offender registry programs. States, however, retained discretion as to how to implement an SOR program. In 2002, the United States Supreme Court ruled Connecticut's public sex offender registry was constitutional. One year later, the U.S. Supreme Court reiterated its position, ruling that Alaska's sex offender public registry law was also constitutional. In 2006, the United States Congress enacted the Adam Walsh Act (AWA) mandating a comprehensive and uniform sex offender registry structure in all states. There did not appear to be any significant impact on the number of new SOR registrants in Connecticut.

CSP reported that as of the date of this report, there were 271 new SOR registrants in 2017. Given that there is an average of 35 to 40 new SOR registrants each month, it can be estimated that there would be another 105 to 120 new SOR registrants in 2017 (October through December). The estimated total of new SOR registrants for 2017 is between 376 and 391, which is consistent with the most recent annual totals.

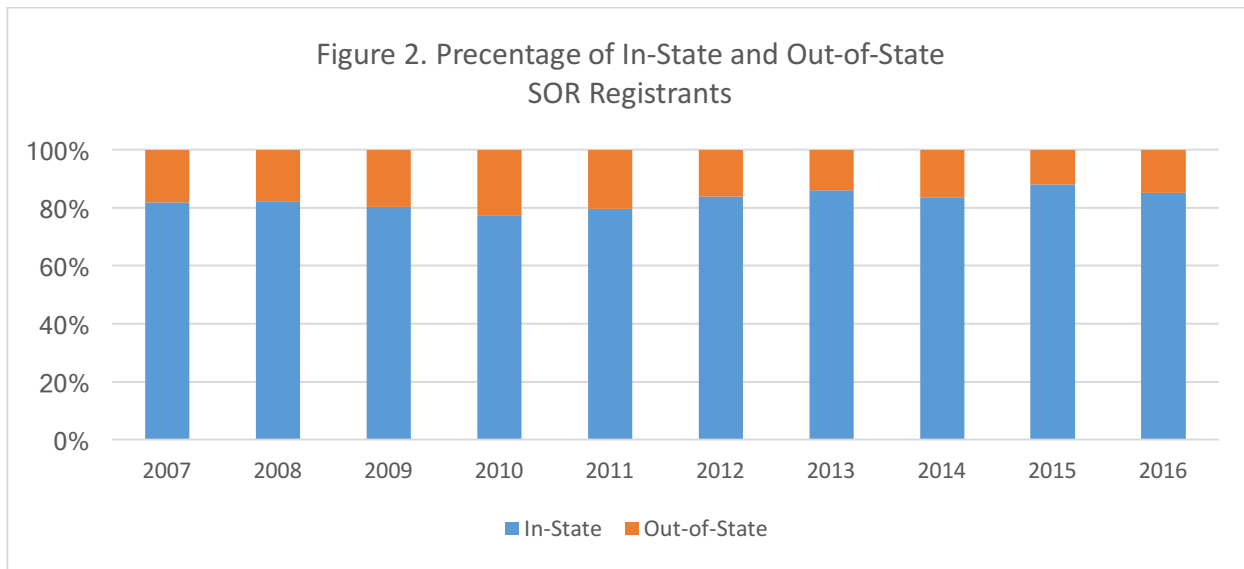
In-State and Out-of-State Registrants. In accordance with federal law (AWA), persons convicted of a sex crime in a state that requires registration must register with any other state where they establish residence. The registration term, however, is governed by the law in the state in which the crime was committed and the registrant convicted.

The CSP data included in-state and out-of-state registrants. An "in-state" registrant is defined as a person who committed and was convicted of a sex crime requiring SOR registration and resided in Connecticut. Whereas, an "out-of-state" registrant is defined as a person who committed and was convicted of a sex crime requiring registration in another state, but had subsequently established residence in Connecticut.

Figure 2 shows the number of new in-state and out-of-state registrants between 2007 and 2016. Figure 3 shows in-state registrants represent the majority (84%) of the total sample and out-of-state registrants account for 16 percent. This trend has remained consistent since 1999.

It is important to note that the state criminal justice system may have some control via the New England Interstate Corrections Compact¹⁴ agreements on out-of-state registrants who are under probation or parole supervision moving into Connecticut. However, registrants no longer under criminal sentence are not subject to state scrutiny under the Interstate Compact process and are free to move into the state, but state registration laws still apply.

¹⁴ The New England Interstate Corrections Compact is an interstate compact among Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Rhode Island, and Vermont. The compact was designed to provide cooperation among the states in order to foster higher quality correction facilities and procedures, improve treatment and rehabilitation of various types of offenders, and effect economies in capital expenditures and operational costs.



Registration Terms. Connecticut law established the SOR terms as either 10 years or for life. The specific term is governed by the crime for which the person was convicted. In general, the more serious and violent crimes and repeat sex offenses result in life term and crimes of lesser degrees result in a 10-year term.

The basis for the state's term limits appear to be the three-tiered offender system established by the federal Adam Walsh Act:

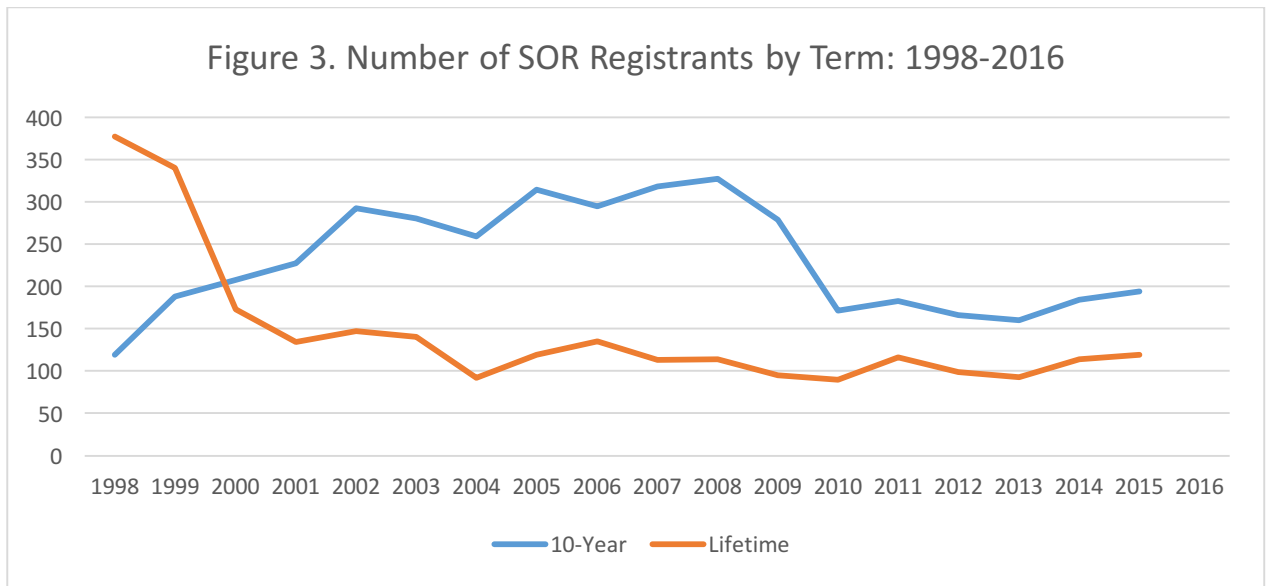
- Tier III offenders: most serious register for life with quarterly verifications,
- Tier II: medium-severity register for 25 years with bi-annual verifications, and
- Tier I: least-serious register for 15 years with annual verifications.

Connecticut's SOR term requirements are somewhat similar to the AWA tier offender system.¹⁵ It differs, however, in that it does not have a mid-level tier. Nor does it comply with the 15-year registration requirement for less serious offenders. The offense-based registration system mandated by federal law and adopted in Connecticut differs from the risk-assessment structure used in some states.

Figure 3 depicts the trend in the number of SOR registrants by the registration term between 1998 and 2016. Convicted sex offenders required to register for life represented 45 percent (4,112) of the total number of new SOR registrants and offenders required to register for a 10-year term represent 55 percent (4,958). Again, it is important to note, many of those registered for life are still active, with exceptions for those that have passed away or moved out of state, but almost half (44%) of those registered for 10-year terms have since been discharged.

¹⁵ Under the AWA, states were given until July 26, 2009 to comply with the requirement to adopt a sex offender registry. Then-United States Attorney General Eric Holder, however, approved the first of two one-year extensions that gave states more time to comply with the law.

This included the offenders registered for 10-year terms between 1998 and 2006. And, as of the date of this report, some of the 10-year term registrants from 2007 may also have been discharged.



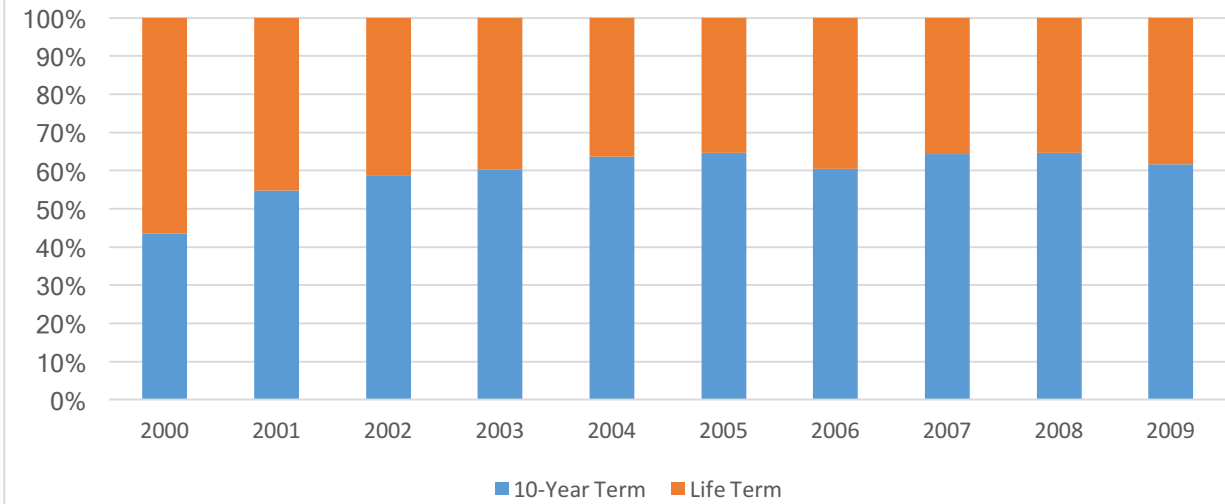
	'99	'98	2000	'01	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	'13	'14	'15	'16
10-YR	119	188	208	227	292	280	259	314	295	318	327	279	259	245	266	231	220	255	232
Life	505	490	270	188	204	184	148	172	193	176	179	174	164	159	182	146	142	156	153

Not included in the data are 35 registrants who had registration terms other than 10-year or life.

There are three trends depicted in Figure 3. First, during 1998 and 1999, the majority (76%) of offenders registered for life terms and 24 percent for 10-year terms. It was during this 15-month period when the CSP registry was implemented and registrants from the state's original registry operated by the Judicial Branch were being "grandfathered" onto the new CSP registry. Also, the new law went into effect in October 1999 and the 10-year term applied to those released into the community after that date. Many of the 10-year term registrants were still incarcerated in 1999.

The second shift in the trend of 10-year term and life term registrants occurred during 2000 through 2009. As shown in Figure 5, overall during this period 60 percent of the registrants were supervised for 10-year terms. This trend was driven by an increased distribution of 10-year term registrants and a decrease in the life-term registrants.

Figure 4. Percentage of SOR Registrants Serving 10-Year and Life Terms: 2000-2009



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	Total
10-Year	208	227	292	280	259	314	295	318	327	279	2,799
Lifetime	270	188	204	184	148	172	193	176	179	174	1,888

The final trend began in 2010 and continued through 2016. As shown in Figure 4, the number of 10-year term registrants dropped 21 percent from 327 in 2008 to 259 in 2010 and remained stable through 2016, while the trend in the number of life-term registrants remained consistent. During the past seven years, there were fewer registrants overall, driven specifically by fewer 10-year registrants. The number of 10-year term and life-term registrants was stable and the distribution consistent.

Preliminary research shows that states implementing the federal AWA's three-tier offense-based framework to develop SOR registration terms appear to have increases in the distribution of sex offenders into the higher tiers (Tiers II and III). In other words, efforts to comply with the federal law may facilitate an upward migration of sex offenders that may otherwise have been placed in Tier I, the less serious offense category. This does not appear to have occurred in Connecticut since 2007. SOR registrants supervised for life have consistently been the minority of registrants. But, it is not known whether a shift in the criteria to set SOR terms from offense-based to risk-based used would result in a change in the distribution.

SOR Registrant Population Forecast. The Special Committee on Sex Offenders was interested in forecasting any change in the SOR registrant population. Projecting trends among offender populations is based on several criteria. In Connecticut, the Office of Policy and Management

(OPM) Criminal Justice Policy and Planning Division conducts an annual prison population projection¹⁶ and the calculation is based on:

- analysis of populations trend data
- legislative changes
- input-output model to track operational flows and changes in the size and composition of the population.

Sentencing Commission researchers have not completed the analysis of population trend data or developed an input-output model. Researchers cannot accurately forecast the SOR registrant population. However, some inferences can be made based on the available data and national research.

First, based on Judicial Branch data forwarded to CSP there are approximately 1,265 offenders currently incarcerated who will be required to register upon their release. CSP does not have tentative release dates for these convicted offenders, but will be notified immediately prior to their discharge from prison. CSP reported 35 to 40 convicted sex offenders register for the first time (new registrants) each month, which averages about 450 new SOR registrants per year.

Second, since 2000, the number of new SOR registrants and registrants discharged from the registry each year has been relatively stable. As will be discussed, the number of arrests, conviction, and registrations ensures a relatively consistent population of SOR registrants over time. There are many factors that contribute to this trend, including that research has found many sex crimes go unreported to police (it has been cited that only about 10% of sex offenses are reported) and plea bargaining often mitigates the requirement to register as a sex offender.

Third, the most significant change in terms of forecasting has been the overall decrease in the number of 10-year term registrants while the number of life-term registrants has been consistent. A controlling factor is the number of SOR registrants required to register for a life term; this group represents 45 percent of all active SOR registrants. What is unknown is the life expectancy of SOR registrants under life terms and any other factor that would result in discharge from the registry for this group. Clearly, this is a factor that may only be impacted by a policy change, such as establishing a process whereby a registrant may apply for discretionary relief from the registration requirement.

Fourth, legislative changes drive the trend in the SOR registrant population. It can be expected that, if enacted or adopted, several of the recommendations proposed by the Special Committee on Sex Offenders may likely result in changes in the number or composition of SOR registrants.

¹⁶ PRISON POPULATION PROJECTION, OFFICE OF POLICY AND MANAGEMENT CRIMINAL JUSTICE POLICY AND PLANNING DIVISION (Feb. 2017), available at http://www.ct.gov/opm/lib/opm/PRISON_POP_PROJECTION_February_2017_final.pdf.

Finally, it appears arrest rates for sex offenses are currently steady in Connecticut. It has been extensively reported the overall crime rate, including violent crime, in the state and nationally, has steadily decreased over the past three decades. If this trend continues, it is likely the SOR registrant population number and composition will remain constant.

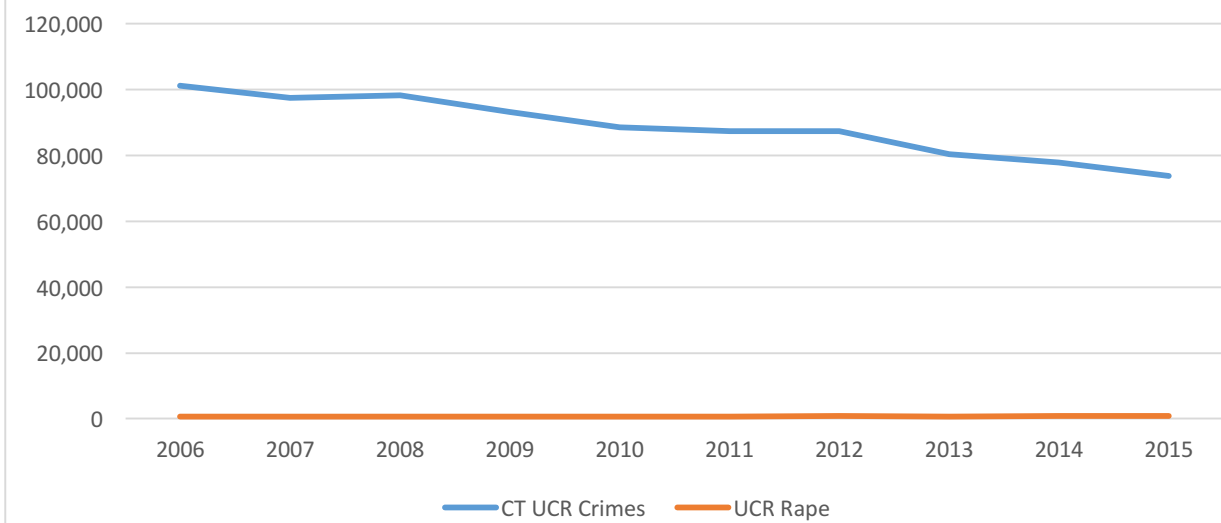
In compliance with federal Uniform Crime Report (UCR) program requirements, CSP submits crime data to the National Institute of Justice.¹⁷ CSP also issues the annual *Crime in Connecticut* report that tracks crime in the state. The 2015 *Crime in Connecticut* report stated rape crimes¹⁸ (sexual assault) consistently represented less than one percent of all reported crimes in the state. As shown in Figure 5, while the total number of violent and property crimes as defined by the UCR program¹⁹ has steadily decreased each year since 2006, the number of rape crimes (sexual assault) has remained consistent.

¹⁷ CSP produces the annual report *Crime in Connecticut* that is a statewide summary of all crimes reported to the Uniform Crime Report (UCR) program. UCR annually measures crime in the United States by counting offenses reported to the police for which an arrest was made.

¹⁸ UCR recently redefined rape as, “penetration, no matter how slight, of the vagina or anus with any body part or object or oral penetration by a sex organ of another person, without the consent of the victim.” See REPORTING RAPE IN 2013, U.S. DEPARTMENT OF JUSTICE (Apr. 9, 2014), available at <https://ucr.fbi.gov/recent-program-updates/reporting-rape-in-2013-revised> Many of the state’s sexual offenses meet this broad definition, but there may be crimes that are defined as sexual in nature by Connecticut law that do not meet the UCR definition of rape. For example, pornography does not meet the UCR rape definition, but is a sexual offense according to state law. So that it is important to note, not all sexual offenses that require SOR registration may be counted as a rape (sexual assault) in the UCR.

¹⁹ UCR tracks seven offenses to serve as an index for gauging fluctuations in the overall volume and rate of crime. These offenses are known as the Crime Index and are categorized as violent and property crimes. Violent crimes include murder and non-negligent manslaughter, rape, robbery, aggravated assault, and arson and property crimes include burglary, larceny-theft, and motor vehicle theft. See UNIFORM CRIME REPORTING STATISTICS, U.S. DEPARTMENT OF JUSTICE, available at <https://www.ucrdatatool.gov/>

Figure 5. Crime in Connecticut: Total Number of Crimes and Total Number of Rapes (Sexual Assault) 2006-2015



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
UCR Crime	101,152	97,400	98,210	93,244	88,596	87,332	87,367	80,298	77,846	73,703
UCR Rape	714	703	685	650	599	688	923*	631	790	794

*Includes repeated offenses (separate time and place) of a single offender in Bridgeport.
The data includes reported crimes for which an arrest was made.

For the purposes of this report, there is no way to predict if the rate of reported sexual assault crimes will change. However, the National Institute of Justice (NIJ) Reporting of Sexual Violence Incidents (October 2010) found police notification rates by sexual assault victims increased significantly between 1973 and 2000. NIJ cited the likelihood of a victim reporting sexual assault to the police was influenced by large-scale media and social campaigns, legal reforms, and growth in services available to sexual assault victims. However, recent research found a majority of rapes and sexual assaults are not reported to police. NIJ Bureau of Justice Statistics reported only 36 percent of rapes, 35 percent of attempted rapes, and 26 percent of sexual assaults were reported. While reasons for not reporting sexual assault vary among victims, researchers have found some commonalities attributed to self-blame or guilt, shame, embarrassment, humiliation, fear of the perpetrator, fear of not being believed or being accused of playing a role in the crime, or lack of trust in the criminal justice system.

Profile of SOR Registrants

A profile of the sample of SOR registrants between 2007 and 2016 was developed using demographic data including age, gender, race and ethnicity, and town of residence. The general SOR registrant profile provides a better understanding of this population. Research has consistently shown that sex offenders tend to be male and white. In the United States, research shows that approximately 75 percent of convicted sex offenders are white. There is an absence

of research on this point, but it may be a combination of biological, social, and cultural factors. National research also found the median age of convicted sex offenders across a variety of sex offenses was 42.

Sentencing Commission researchers identified age groups to be used in the profile as:

- 15 to 24 (16%)
- 25 to 35 (28%)
- 36 to 45 (27%)
- 46 to 55 (18%)
- 56 and older (11%)

The age distribution of the Connecticut SOR registrant population is shown in Figure 6 (histogram).

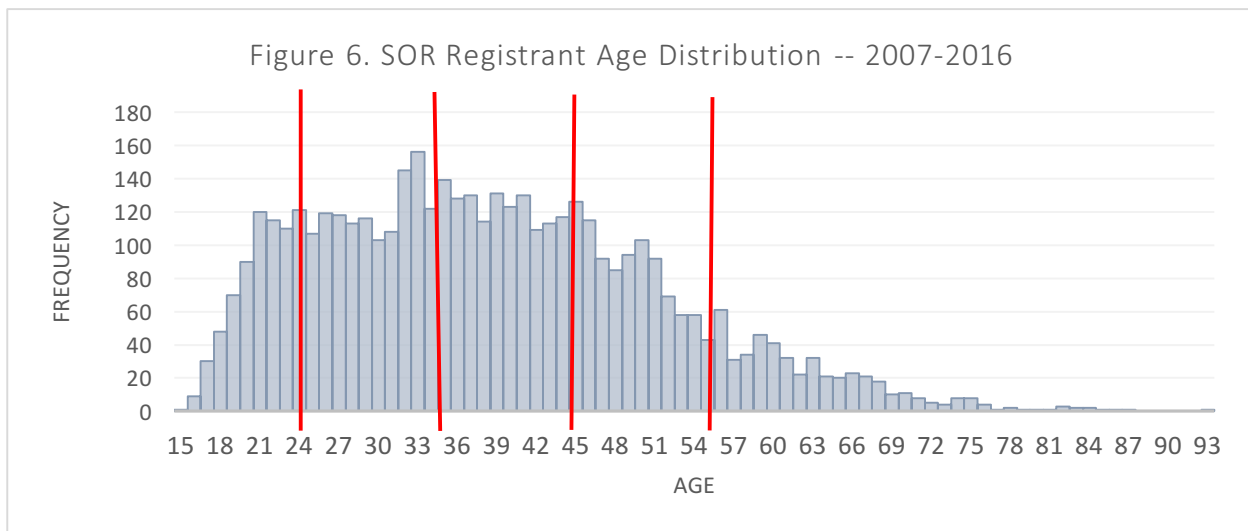
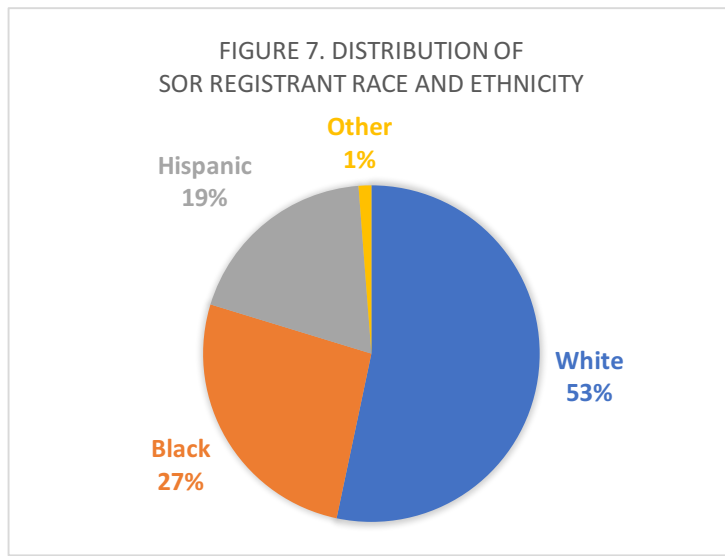


Table 3 provides an overview of the sample of 4,567 new SOR registrants between 2007 and 2016, which included out-of-state offenders, by gender, age, and race and ethnicity. The profile of the SOR registrant population in Connecticut is consistent with the national research.

In the Connecticut SOR registrant sample, males are overwhelmingly represented (98%). Researchers have found that across Western countries, approximately half of the male prison population over age 59 are convicted sex offenders.

Table 3. SOR Registrant Demographics					
Race and Ethnicity		Gender		Age:	At Conviction*
White	2,435	Male	4,490	15-24	1,301
Black	1,206			25-35	1,473
Hispanic	870	Female	77	36-45	956
Other	56			46-55	513
				56+	299
*Conviction date missing for 25 registrants.					



As shown in Figure 7, 53 percent of the SOR registrants were identified as white, 26 percent as black, 19 percent as Hispanic, and one percent as another race. This composition differs from the general offender population in Connecticut and nationally where minority populations are disproportionately represented particularly among incarcerated offenders.

Fifty-four percent of SOR registrants were 36 years and older, with 44 percent of those between 36

and 55 years. Adults between the ages of 25 and 35 represented 29 percent of the sample and 16 percent were adolescents and young adults between the ages 16 and 24.

Age at Conviction and Registration. The Special Committee on Sex Offenders requested information on the ages at which SOR registrants were when convicted and subsequently registered. Convicted sex offenders who are incarcerated do not register with CSP until discharge from prison. Some offenders may be much older when registering with CSP depending on the length of the incarceration period. Sentencing Commission researchers will provide a review of sentencing trends, including periods of incarceration, parole and probation, in a later publication. This data was not recoded for analysis purposes for this report.

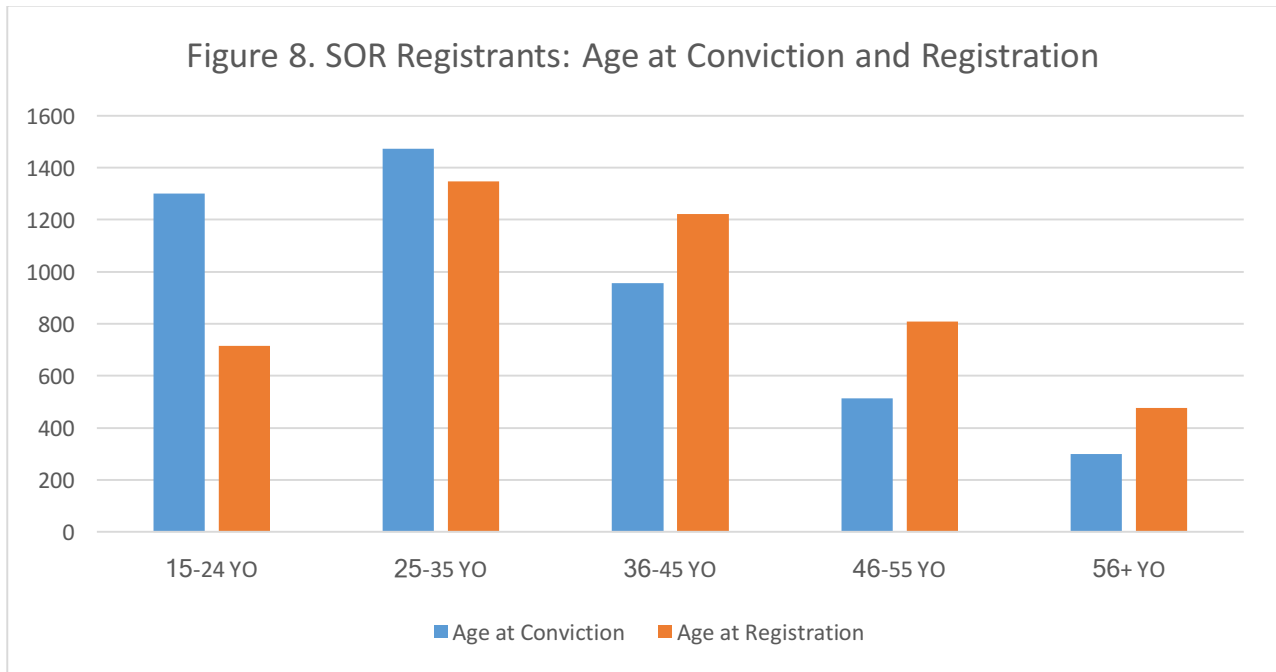
Figure 8 shows the distribution of age at conviction and registration for the SOR registrant age groups. SOR registrants tend to be younger at conviction and older at registration with CSP. This supports the conclusion that some convicted sex offenders are incarcerated, some with lengthy sentences.

Among the SOR registrants, 70 percent were 35 or younger when convicted: one-third (33%) were between 15 and 24 years old and 37 percent were between 25 and 35 years old. In comparison, more than one half (54%) of SOR registrants were 36 years and older when registering with CSP, 29 percent were between 25 and 35 years and 27 percent between 36 and 45 years.

For the purposes of focusing solely on the 15- to 24-year-old (YO) age grouping, we looked at how many individuals there were for each age at the age of conviction. For the period 1998-2016, the breakdown is as follows:

15 YO – 14	17 YO – 91	19 YO – 164	21 YO – 184	23 YO – 169
16 YO – 28	18 YO – 145	20 YO – 180	22 YO – 164	24 YO – 162

There was less of a difference among the 46 to 55 group and the 56 and older group. Among the total population, 11 percent were between 46 and 55 at conviction and 18 percent at registration. Seven percent were 56 years and older at conviction and 10 percent at registration.



Town of Residence. Connecticut law does not have residency requirement provisions for sex offenders. However, laws that restrict where registered sex offenders may live became increasingly popular after Florida’s passage of “Jessica’s Law,” named for a nine-year-old Florida girl who was kidnapped and killed by a convicted sex offender. These laws restrict registered sex offenders from residing near schools, parks, playgrounds, and daycare centers and often specify the distance (e.g., 1,000 or 2,000 feet) that the registrant must stay away from a specified venue. The assumption is that SOR registrants would have a harder time finding and approaching children whom they can sexually assault, thus driving recidivism rates down.

Residency restriction laws have led to unanticipated and unintended consequences. In many locations, most noticeably in urban areas, the restrictions have created overlapping exclusion zones that severely limit where registered sex offenders can live. In some cities, the only acceptable sites are in high-crime neighborhoods or commercial zones. The research on these policies has been limited, but it was found that due to the residency restrictions SOR registrants may become homeless, go underground or report false addresses, which made it difficult to track them. Others may be forced to live in rural areas with less access to employment or mental health services. Local courts in other states are striking down residency requirements.

In Connecticut, SOR registrants are required to provide a current address and notify CSP of any change of address within five business days. The town of residence for SOR registrants are

shown on Map 1. Density is indicated by the height of the red columns. SOR registrant populations are highest in the state's urban areas including Bridgeport, Hartford, New Haven, and Waterbury. This density in urban areas is consistent with research showing that registered sex offenders are more likely to live in socially disorganized and economically disadvantaged communities and neighborhoods.

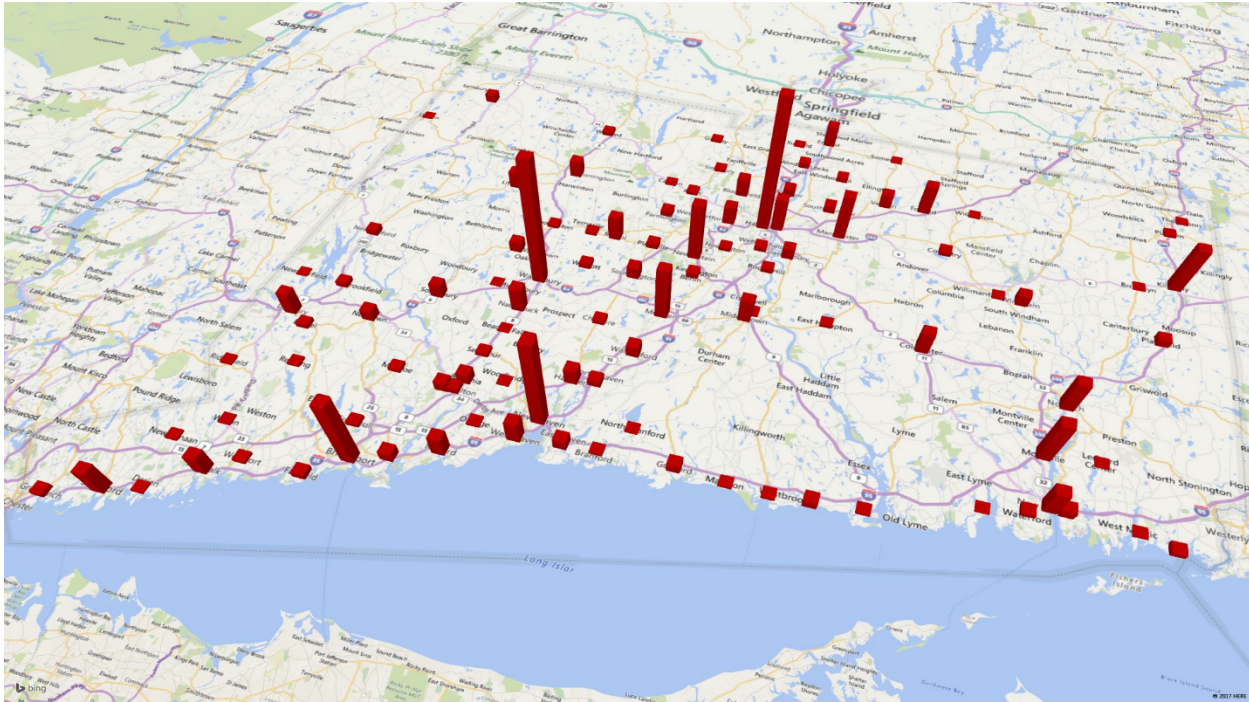
SOR registrant populations are next clustered in smaller cities including Bristol, Danbury, East Hartford, Manchester, Meriden, Middletown, New Britain, New London, Norwich, and Torrington. The density of population appears to cluster along major highways. As depicted in the map, however, there were SOR registrants living in nearly all towns across Connecticut.

Map 1. SOR Registrants Town of Residence



Town of Offense. JB-CSSD criminal history data includes the town in which an offense was committed. Sentencing Commission researchers mapped the offense town for the sex crimes committed by the sample of registrants. Map 2 shows that, in comparison to town of residence (Map 1), the commission of sex crimes more closely cluster along the state's interstate corridors (Interstates 95, 91, and 84). Both maps are similar in density (number of registrants) in the urban areas and smaller cities.

Map 2. SOR Registrants Town of Offense



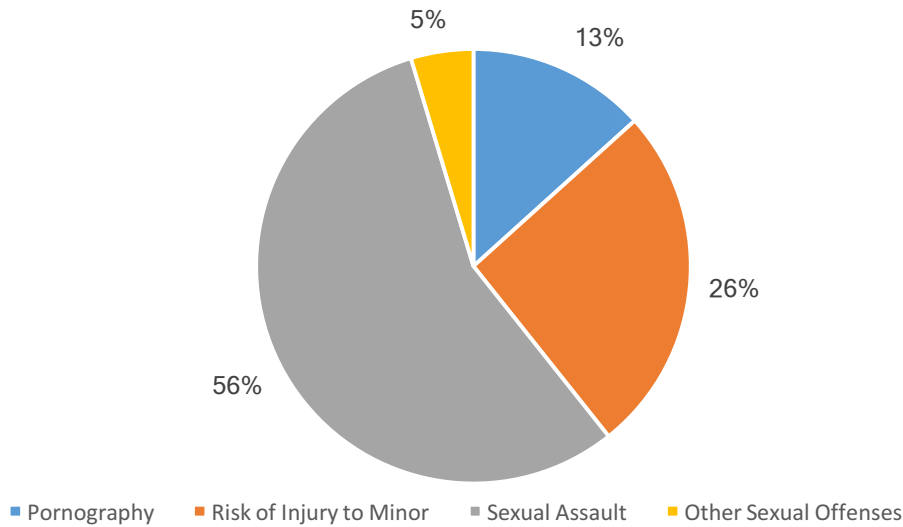
Sex Offenses

This section examines the sex offenses committed by SOR registrants. For the purposes of this report, the following four offense categories were used:

- Pornography
- Risk of Injury to a Minor and Reckless Endangerment
- Sexual Assault
- Other Offenses

Out-of-state residents are included. Sentencing Commission researchers recoded the out-of-state charges into Connecticut sex offenses by comparing the elements of the crimes in the other states' laws with Connecticut laws. Figure 9 depicts the distribution of sex offenses.

Figure 9. SOR Registrants:
Types of Sex Offenses 2007-2016

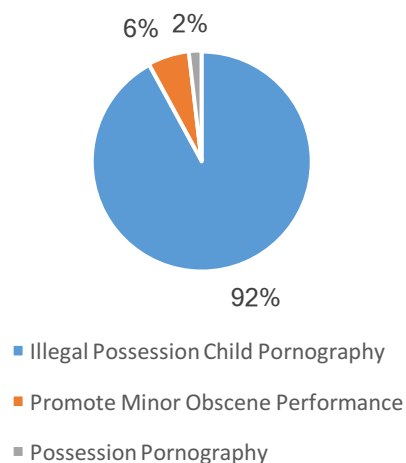


Pornography. State law defines any material or performance “obscene” if it:²⁰

- predominantly appeals to prurient interest
- depicts or describes in a patently offensive way a prohibited sexual act
- lacks serious literary, artistic, educational, political, or scientific value.

Material or a performance is “obscene” as relates to minors (under 16) if it depicts a

Figure 10. Distribution of Pornography
Offenses: 2007-2016



prohibited sexual act and is harmful to minors.²¹ Child pornography is defined in state law as any visual depiction including any photograph, film, videotape, picture or computer-generated image or picture, whether made or produced by electronic, digital, mechanical or other means, of sexually explicit conduct, where the production of such visual depiction involves the use of a person under 16 years of age engaging in sexually explicit conduct.²²

Between 2007 and 2016, 378 SOR registrants were convicted of

²⁰ CONN. GEN. STAT. § 53a-193(1).

²¹ CONN. GEN. STAT. § 53a-193(2).

²² CONN. GEN. STAT. § 53a-193(13).

pornography offenses. As shown in Figure 10, almost all registrants convicted of a pornography offense were involved with minors. The clear majority (348) were convicted of child pornography crimes including the distribution of pornography offenses, including possession, importing, dissemination and receiving child pornography, enticing a minor through interactive computer use, and federal child pornography crimes. While six percent of registrants (23) were convicted of promoting a minor in an obscene performance. The remaining registrants two percent (7) were convicted of pornography offenses not involving children.

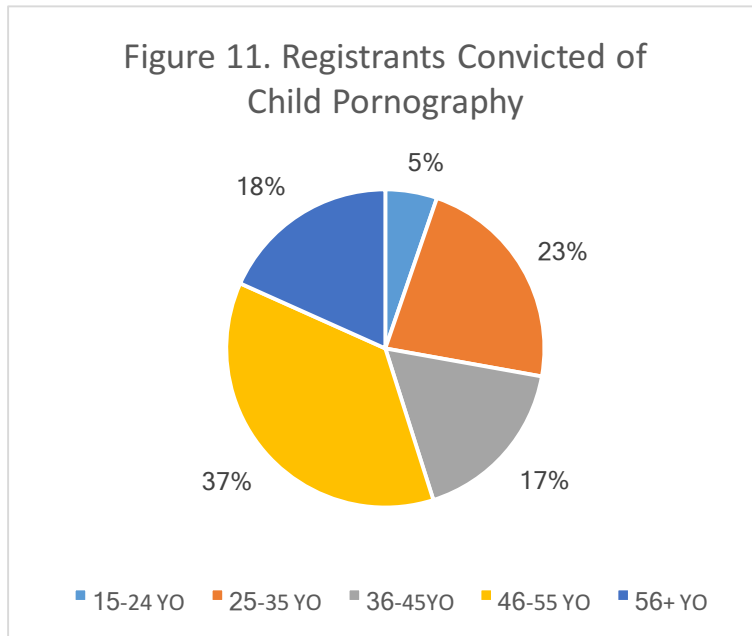


Figure 11 shows the breakdown by age group of SOR registrants convicted of child pornography offenses. Registrants in the 46 and 55 age group represented 37 percent of persons convicted of child pornography offenses. The percentage of registrants in the 56 year and older group and the 36 to 45 age group were about equal; 18 percent and 17 percent respectively.

Registrants in the two oldest age groups (46 to 55 years and 56 years and older) represented more than half of the registrants convicted of child pornography.

This is consistent with national research showing that persons convicted of child pornography tend to be older.

Risk of Injury to a Minor. This category includes risk of injury to a minor and reckless endangerment offenses. State law broadly defines risk of injury to a minor to include:²³

- wilfully or unlawfully causes or permits any child under the age of 16 to be placed in a situation that endangers the child's life or may cause physical injury or impair the child's morals
- has contact with the intimate parts of a child under 16 or subjects the child to contact with another person's intimate parts in a sexual and indecent manner likely to impair the health or morals of such child

²³ CONN. GEN. STAT. § 53-21.

- permanently transfers the legal or physical custody of a child under 16 to another person or acquires or receives the legal or physical custody of a child from another person for money or other valuable consideration.²⁴

Reckless endangerment is defined in state law as engaging in conduct that creates a risk of serious physical injury to another person.²⁵ This offense is considered more serious when the person is found to have engaged with “extreme indifference to human life” in risky conduct.²⁶

During 2007 through 2016, there were 607 SOR registrants convicted of risk of injury involving illegal sexual contact with a minor under 16 and 131 registrants convicted of risk of injury to a minor involving criminal acts other than sexual contact. Only one registrant was convicted of reckless endangerment and seven registrants were convicted of promoting prostitution.

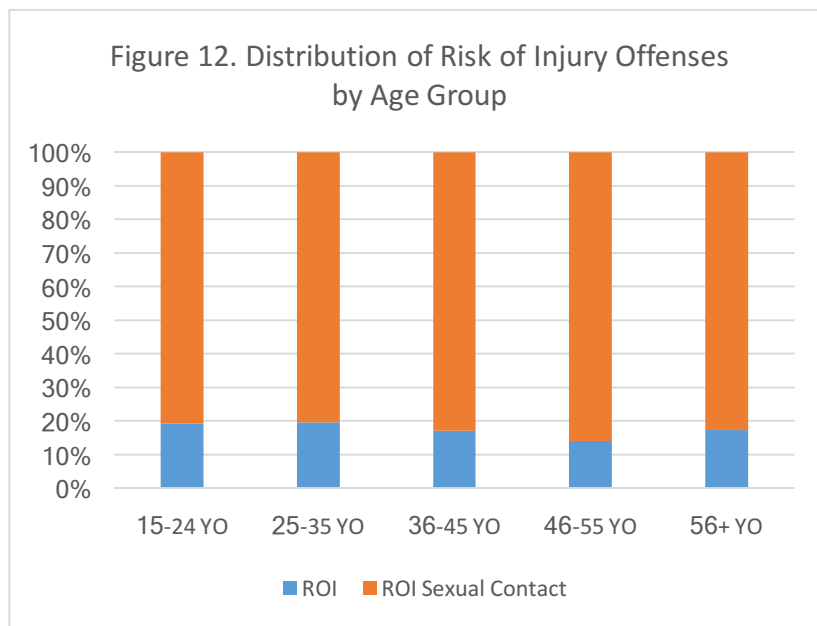


Figure 12 depicts the distribution by SOR registrant age group of risk of injury involving sexual contact with a minor²⁷ and risk of injury involving criminal activity other than sexual contact. The risk of injury offenses overwhelmingly involved sexual contact with a minor for all four age groups. None of the age groups were dominant among this offense, except registrants in the three oldest age groups had slightly higher percentages of risk of injury involving sexual contact with a minor.

Sexual Assault. Sexual assault is broadly defined in Connecticut law as compelling another person to engage in sexual intercourse or sexual contact.²⁸ There are four degrees of sexual assault identify by the type of sexual contact, severity of force or use of a weapon, injury to the victim, and relationship of perpetrator to victim. Table 9 is an overview of the elements of the sexual assault offenses listed in the state’s penal code.

²⁴ The exception to this law is if the transfer of custody is in connection with an adoption proceeding that complies with the provisions of Connecticut General Statutes Chapter 803.

²⁵ CONN. GEN. STAT. § 53a-64.

²⁶ CONN. GEN. STAT. § 53a-63.

²⁷ Includes attempt to commit offense.

²⁸ See CONN. GEN. STAT. § 53a-70 through CONN. GEN. STAT. § 53a-73a.

Table 4 lists the number of SOR registrants convicted of the four sexual assault offenses identified by the elements within each offense. As set out in state law, Sexual Assault in the First Degree and Sexual Assault in the Second Degree are characterized by sexual intercourse as the element of the crime whereas Sexual Assault in the Third Degree and Sexual Assault in the Fourth Degree specify the element as sexual contact. Connecticut penal code has ranked sex offenses, like other crimes, in terms of severity to determine the classification (ranked as A, B, C, or D) and status (felony or misdemeanor) to set the penalties for each. Sentencing Commission researchers acknowledge all sex offenses are serious crimes and the victims may sustain physical injuries and experience traumas no matter what the legal definition and severity of the offense. For the purposes of this report, however, the crimes are discussed in terms of the legal severity.

Table 4. SOR Registrants Convicted of Sexual Assault Offenses	
Offense Type	Number of Registrants
Sexual Assault 1 st	186
Sexual Assault 1 st Use or Threatened Use of Force	143
Sexual Assault 1 st victim under 13 and perpetrator 2 years older	154
Sexual Assault 1 st with aid of others	2
Sexual Assault 1 st victim mentally incapacitated	3
Aggravated Sexual Assault 1 st	5
Sexual Assault Spousal/Cohabitant Relationship	15
SUBTOTAL	508
Sexual Assault 2 nd	149
Sexual Assault 2 nd victim under 16 and perpetrator three years older	303
Sexual Assault 2 nd victim unable to consent	13
Sexual Assault 2 nd victim physically helpless	13
Sexual Assault 2 nd victim under 18 and perpetrator was guardian	38
Sexual Assault 2 nd perpetrator in charge of victim	2
Sexual Assault 2 nd victim was student and perpetrator school employee	9
Sexual Assault 2 nd victim under 18 and perpetrator in position of authority	1
SUBTOTAL	528
Sexual Assault 3 rd	52
Sexual Assault 3 rd use or threat of force	108
Sexual Assault 3 rd intercourse with relative	38
SUBTOTAL	198
Sexual Assault 4 th	180
Sexual Assault 4 th victim under 15	91
Sexual Assault 4 th victim under 16 and perpetrator three years older	16
Sexual Assault 4 th victim unable to consent	5
Sexual Assault 4 th victim physically helpless	2
Sexual Assault 4 th victim under 18 and perpetrator was guardian	5
Sexual Assault 4 th without victim consent	53
Sexual Assault 4 th victim was student and perpetrator school employee	4
Sexual Assault 4 th victim under 18 and perpetrator in position of authority	1
SUBTOTAL	357
TOTAL	1,591

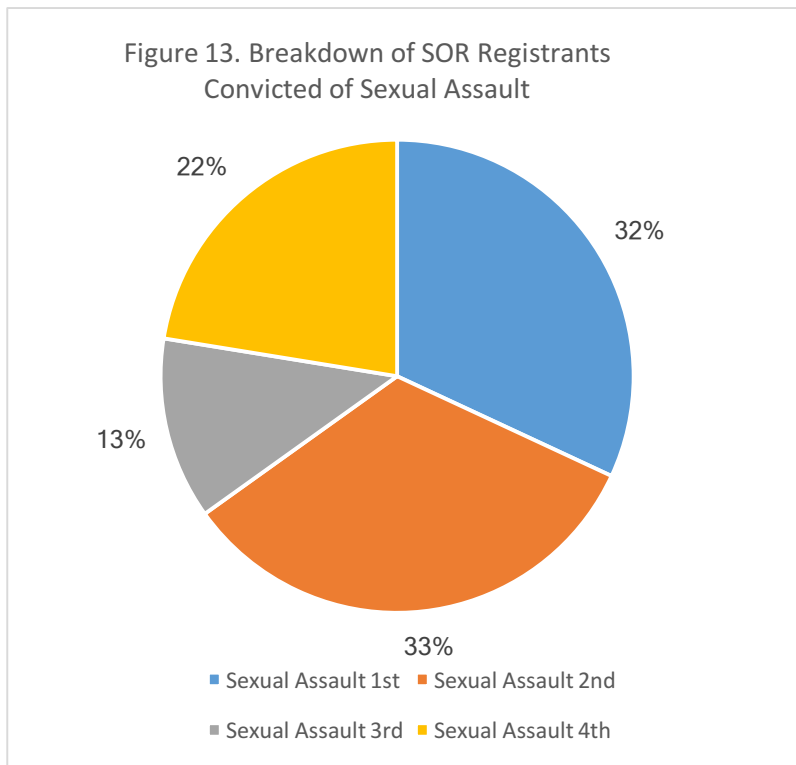


Figure 13 depicts the percentage of the SOR registrants convicted of each of the four sexual assault offenses. Almost two-thirds of SOR registrants were convicted of the two most serious sexual crimes: Sexual Assault in the First Degree (32%) and Sexual Assault in the Second Degree (33%). As stated, these two offenses involve sexual intercourse and other aggravating or violent elements to the crimes including the use or threatened use of force, use of a weapon, or the crime was aided by two or more persons, or involved underage victims or victims who are unable to give consent or are otherwise incapacitated. Sexual

Assault in the First Degree also includes forced sexual intercourse of a spouse or life partner (cohabitant).

The remaining SOR registrants were convicted of Sexual Assault in the Third Degree (13%) and Sexual Assault in the Fourth Degree (22%). These crimes involved sexual contact, which differentiates them from the most serious sexual assaults. These crimes also may include the use or threatened use of force, involve a victim who was a minor and a perpetrator who was older, a guardian, or otherwise in a position of authority or supervision over the victim, or a victim who was unable to give consent or was helpless.

Further examination of the sexual assault offense data found interesting trends among SOR registrant age groups. Figure 14 shows the number of SOR registrants in each age group convicted for sexual assault offenses. As depicted, SOR registrants in the 26 to 55 age group represent the largest group among SOR registrants convicted of sexual assault (704) and this group also had the highest number (295) of registrants convicted of the most serious sex offenses, Sexual Assault in the First Degree. This group as a total number and a percentage represented the most convictions for Sexual Assault in the First Degree.

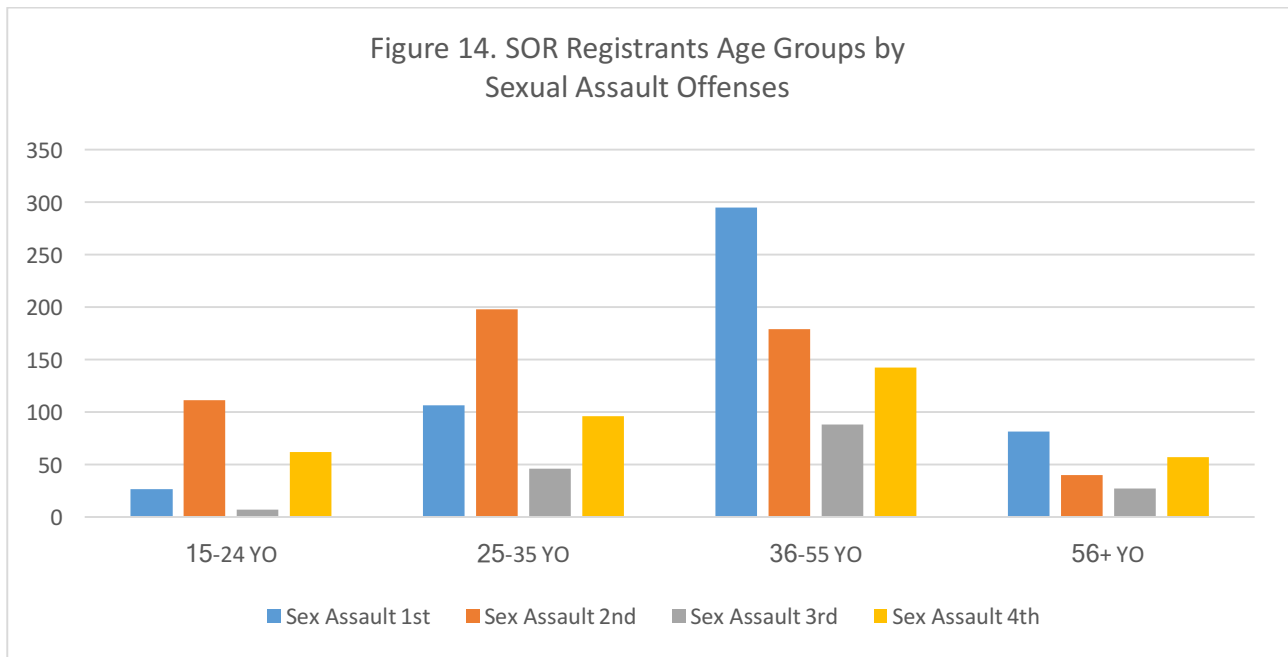
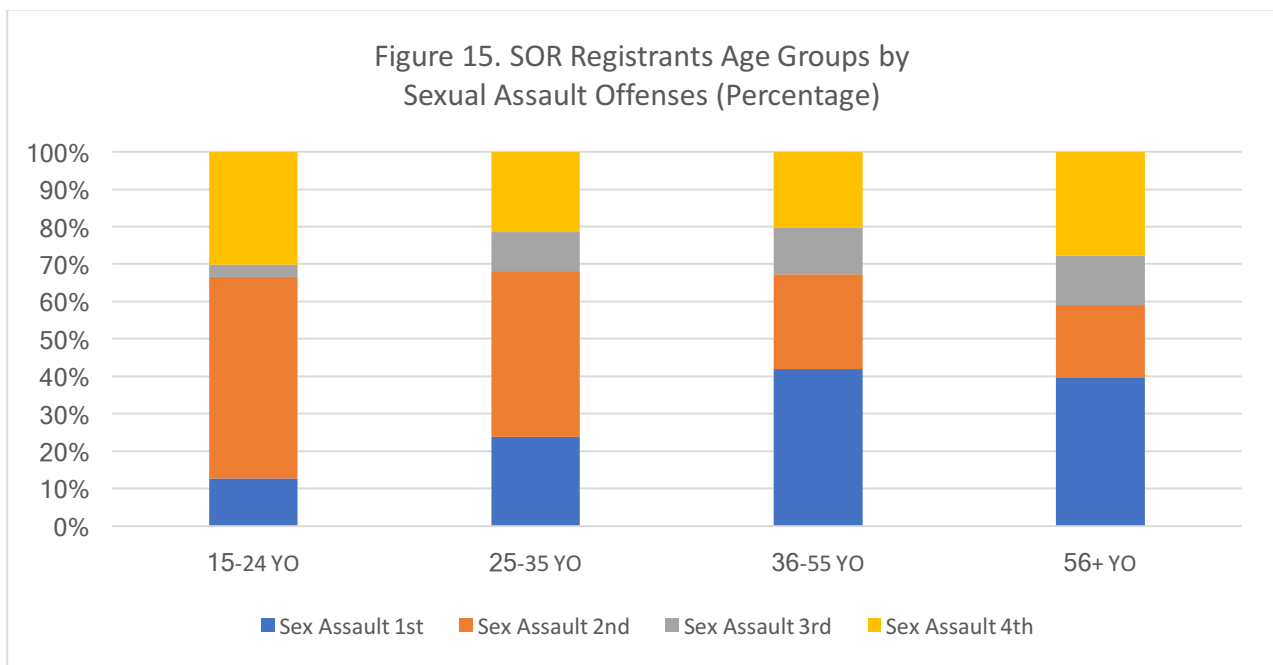


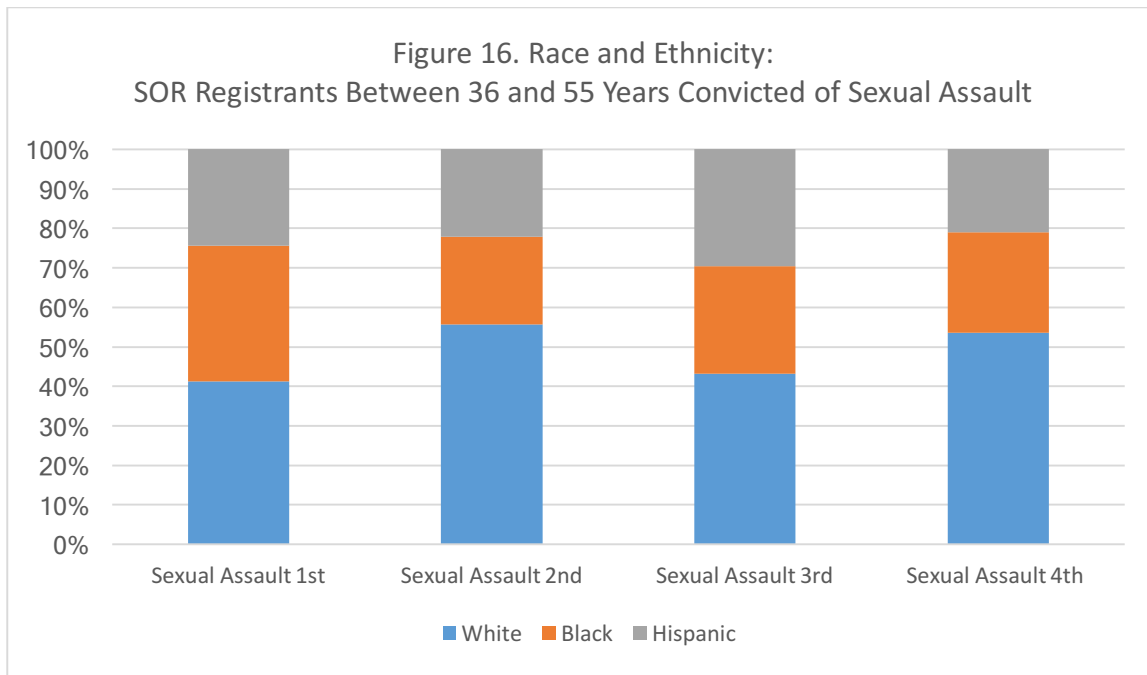
Figure 15 shows the same sexual assault offense data as a percentage within each age group. This graphic shows that younger registrants (15- to 24-year-old and 25- to 35-year-old groups) were more often convicted of Sexual Assault in the Second Degree than the older registrants. Whereas the youngest (15- to 24-year-old) and oldest (56 years and older) registrants had the largest percentage convicted of Sexual Assault in the Fourth Degree.



As previously stated, based on national research, sex offenders are typically white males. However, as shown in Figure 16, the race and ethnicity breakdown among SOR registrants

between the ages of 36 and 55 and convicted of sexual assault differs in some respects to the research. Black SOR registrants constitute 37 percent of those convicted of Sexual Assault in the First Degree. Existing research has found that black male sex offenders are more likely to engage in more violence and higher rates of aggression during the commission of a sex offense. While white sex offenders tend to have a closer relationship with their victim and are more likely to use force in a context of a known victim. Whereas, black sex offenders who commit sexual assault (rape) are less likely to use force in the context of a known victim. One study, for example, found that 57 percent of white sex offenders versus 70 percent of black sex offenders engaged in actual penetration (sexual intercourse) of the victim.

Furthermore, white sex offenders tend to exhibit more sexual deviance vis-à-vis choice of victim and behaviors such as consumption of child pornography. It was found that 17 percent of white sex offenders engage in child pornography versus five percent of black sex offenders.



SOR Registrant Under 18. The Special Committee had a specific interest in the sex offenses committed by youngest SOR registrants. Table 5 lists the offenses committed by SOR registrants under 18 years.

With respect to young registrants, it is important to note that in 2007, the Connecticut General Assembly enacted legislation that shifted the jurisdiction over 16- and 17-year-old offenders from the adult criminal court to the juvenile court. The law (PA 07-4) became known as Raise the Age and became effective on January 1, 2010. However, in 2009, legislation was passed that delayed implementation of the law (PA 09-7). Under the incremental implementation of Raise the Age, the jurisdiction for 16-year-olds occurred in January 2010 and 17-year-olds in July 2012.

It is also necessary to consider that Connecticut law (CGS §46b-127) authorizes the transfer of juveniles charged with class A or B felony offenses, which includes some sexual assault offenses, to the adult criminal court for processing. It is not known, at this point in the analysis, if any SOR registrants were juveniles at the time of the offense and transferred to and processed by the adult criminal court.

There were 16 SOR registrants under 18 at the time they registered with CSP: four were 15-year-olds, three were 16-year-olds, and 11 were 17-year-olds. It is difficult to draw any general conclusions about juveniles committing sex offenses since the number of SOR registrants in this age group is small. However, this report will list the specific sex offenses for which the registrants were convicted and required to register.

Most of the juvenile SOR registrants (78%) were convicted of Risk of Injury to a Minor involving contact with the intimate parts of a victim under 16. The other 22 percent were convicted of Sexual Assault in the Third Degree and Sexual Assault in the Fourth Degree involving sexual contact with victim under 16. These offenses when involving a young offender are commonly referred to as the “statutory rape” laws because the victim and offender are frequently close in age even though the age difference violates legal requirements. In many states, these laws have provisions that reduce “statutory rape” penalties, such as providing affirmative defense against the charge based on the suspect being close in age to the victim. Since we do not know the age of their victims we cannot assume, and should not infer, that these were statutory rape cases.

Table 5. Sex Offenses Committed by SOR Registrants Under 18 Years Old	
Age and Offenses	Number of Registrants
15-Year-Olds	
Risk of Injury to Minor involving contact with intimate parts of victim under 16	1
16-Year-Olds	
Risk of Injury to Minor	1
Risk of Injury to Minor involving contact with intimate parts of victim under 16	2
16-Year-Olds	
Risk of Injury to Minor	3
17-Year-Olds	
Risk of Injury to Minor involving contact with intimate parts of victim under 16	3
Risk of Injury	4
Sexual Assault 3 rd use or threatened use of force	2
Sexual Assault 4 th	1
Sexual Assault 4 th victim under 15	1
TOTAL Registrants Under 18	18

SOR Registrants Under 21. As a comparison, the number of SOR registrants between the ages 18 and 20 and the types of sex offenses for which they were convicted and required to register is presented. While the registrants in this age group are adults, they were included in the age group 15 to 24. There were 115 SOR registrants between the ages 18 and 20.

As shown in Table 6, some of the registrants in this age group were convicted for the most serious sexual assault offenses while the youngest group were not. Four SOR registrants between the ages of 18 and 20 were convicted of Sexual Assault in the First Degree and 13 for Sexual Assault in the Second Degree, which involved sexual intercourse. The majority (87%) were convicted of Risk of Injury and Sexual Assault in the Third and Fourth Degrees, which involved sexual contact.

Table 6. Sex Offenses Committed by SOR Registrants Under 21 Years Old	
Age and Offenses	Number of Registrants
18-Year-Olds	
Risk of Injury to Minor	1
Risk of Injury to Minor involving contact with intimate part of victim under 16	12
Sexual Assault 2 nd victim under 16 and perpetrator 3 years older	1
Sexual Assault 3 rd	1
Sexual Assault 3 rd use or threatened use of force	2
Sexual Assault 3 rd victim was relative	1
Sexual Assault 4 th	1
Sexual Assault 4 th victim under 15	4
19-Year-Olds	
Risk of Injury to Minor	3
Risk of Injury to Minor involving contact with intimate parts of victim under 16	18
Public Indecency	1
Possession of child pornography	2
Sexual Assault 1 st use or threatened use of force	1
Sexual Assault 1 st victim mentally incapacitated	1
Sexual Assault 2 nd	1
Sexual Assault 2 nd victim under 16 and perpetrator 3 years older	2
Sexual Assault 2 nd victim physically helpless	1
Sexual Assault 3 rd use or threatened use of force	3
Sexual Assault 3 rd	1
Sexual Assault 3 rd with relative	3
Sexual Assault 4 th	1
Sexual Assault 4 th victim under 15	2
20-Year-Olds	
Risk of Injury to Minor	5
Risk of Injury to Minor involving contact with intimate part of victim under 16	19
Public indecency	2
Possession child pornography	3
Sexual Assault 1 st	2
Sexual Assault 2 nd	2
Sexual Assault 2 nd victim under 16 and perpetrator 3 years older	4
Sexual Assault 2 nd victim helpless	1
Sexual Assault 2 nd victim under 18 and perpetrator was guardian	2
Sexual Assault 3 rd	2
Sexual Assault 3 rd with relative	1
Sexual Assault 4 th	3
Sexual Assault 4 th victim under 15	4
Sexual Assault 4 th contact with consent	1
Unlawful Restraint 2 nd	1
TOTAL SOR Registrants 18 to 20 Years Old	115

Other Offenses. The other offenses included public indecency, voyeurism, kidnapping, promoting prostitution and criminal attempt and conspiracy to commit a sex crime. The number of registrants convicted of each of these crimes is small. These offenses are listed in Table 7.

Table 7. Other Sex Offenses Committed by SOR Registrants	
Offenses	Number of Registrants
Public Indecency	25
Voyeurism	10
Promoting Prostitution	7
Kidnapping 1 st and 2 nd Degree	15
Unlawful Restraint 1 st and 2 nd Degree	19
Criminal Liability*	2
Criminal Attempt**	54
TOTAL	132
*Criminal Liability for illegal sexual contact of minor and Sexual Assault in the First Degree	
**Includes Criminal Attempt to commit the following crimes: Sexual Assault 1 st Degree, Aggravated Sexual Assault 1 st Degree, Sexual Assault 2 nd Degree, Sexual Assault 3 rd Degree, and Risk of Injury to Minor.	

Female SOR Registrants. There were only 77 female SOR registrants between 2007 and 2016 and there was offense data available for 66 female registrants. Offense data were missing for 11 female registrants. Table 8 lists the offenses committed by female SOR registrants. There were 27 females convicted of Risk of Injury to a Minor and 25 of those involved sexual contact with a minor under 16. Fifteen female registrants were convicted of Sexual Assault in the Second Degree and six of Sexual Assault in the First Degree.

Table 8. Offenses Committed by Female SOR Registrants	
Offenses	Number of Female Registrants
Risk of Injury involving sexual contact with minor	25
Risk of Injury to Minor	2
Possession Obscene Material	1
Promoting Minor in Obscene Performance	1
Illegal Possession Child Pornography	2
Sexual Assault in the First Degree	6
Sexual Assault in the Second Degree	15
Sexual Assault in the Third Degree	1
Sexual Assault in the Fourth Degree	7
Criminal Liability Risk of Injury	1
Promoting Prostitution	1
Kidnapping in the Second Degree	1
Other Crime (not specified in data)	3
TOTAL	66

Criminal sentencing is complex; often more art than science. The state penal code authorizes several types of sentencing options that a judge may impose upon a convicted offender including imprisonment (incarceration), probation, special parole, conditional discharge,

diversionary or alternative sanctions, or a fine. A single sentence option or a combination of options may be imposed, and a sentence may be subject to certain penalty enhancements, restrictions, exemptions, and offender eligibility criteria such as mandatory minimum and presumptive sentences and penalties for persistent offenders. A defendant may be convicted of more than one crime and, therefore, receive multiple sentences, which may consist of various penalty options. Multiple sentences can run concurrently (at the same time) or consecutively (one after another). State law establishes time-served requirements for court-imposed sentences, but also authorizes early release programs such as parole.

Connecticut does not use a sentencing matrix or guidelines that limit judicial discretion. In 1981, a determinate sentencing structure was adopted. Under this structure, criminal court judges have discretion to structure a sentence using all options available. Terms of imprisonment, however, must be a specific term, rather than a minimum and maximum term (indeterminate). State law established ranges in which a judge may impose a specific term based on the status and class of the offense. For certain offenses or types of offenders, judicial discretion is limited by mandatory terms or types of sentences that may be imposed. The statutory ranges for prison sentences are:

- Class A felony: term not less than 10 years nor more than 25 years
- Class B felony: term not less than 1 year nor more than 20 years
- Class C felony: term not less than 1 year nor more than 10 years
- Class D felony: term not more than 5 years
- Class E felony: term not more than 3 years
- Unclassified felony: sanction set out in statute
- Class A misdemeanor: term not to exceed 1 year
- Class B misdemeanor: term not to exceed 6 months
- Class C misdemeanor: term not to exceed 3 months
- Class D misdemeanor: term not to exceed 30 days
- Unclassified misdemeanor: sanction set out in statute

Table 9 lists the state's sexual assault offenses and summarizes the class and status and the elements of the crime and the sentencing options and restrictions.

Table 9. Sexual Assault Statutory Definitions and Penalties			
Offense	Class/Status	Elements of the Crime	Sentence
Sexual Assault First Degree CGS § 53a-70	Class A or B felony	<ol style="list-style-type: none"> 1. Compel a person to engage in sexual intercourse by use or threat of force to cause fear of physical injury (Offense is more severe if victim is under 16) 2. Engage in sexual intercourse with child under 13 and the perpetrator is more than two years older 3. Sex assault 2nd aided by two or more other persons 4. Engage in sexual intercourse with person unable to consent due to mental incapacitation 	<p>Class A Felony</p> <ul style="list-style-type: none"> • if violation of element 1 and victim under 16 OR • violation of element 2 • term not less than 10 years nor more than 25 years AND • if victim under 10, then 10 years of sentence may be not suspended or reduced • if victim under 16, then 5 years of sentence may not be suspended or reduced <p>Class B Felony</p> <ul style="list-style-type: none"> • At least 10 years nor more than 20 years AND for which 2 years of sentence may not be suspended or reduced • If victim was under 10, then 10 years of the sentence may be not suspended or reduced • A period of special parole together with the term of imprisonment constitutes at least 10 years
Aggravated Sexual Assault First Degree § 53a-70a	Class A or B felony	<p>Commit Sexual Assault in the First Degree:</p> <ol style="list-style-type: none"> 1. Armed with, threatens use of, or displays a deadly weapon 2. Cause injury to seriously and permanently destroy, amputate, disable, or cause injury to victim 3. Recklessly engage in conduct with extreme indifference to human life that creates a risk of death and thereby causes physical injury to victim 4. Offense is more serious if victim is under 16 	<p>Class A Felony</p> <ul style="list-style-type: none"> • if victim under 16 • term not less than 10 years nor more than 25 for which 10 years may not be suspended or reduced • if violated element 1 and victim under 16 then 20 years of sentence may not be suspended or reduced • notwithstanding the exceptions, a portion of sentence may be suspended, and a period of probation or special parole imposed

Table 9. Sexual Assault Statutory Definitions and Penalties			
Offense	Class/Status	Elements of the Crime	Sentence
			Class B Felony <ul style="list-style-type: none"> all elements except element 2 term of at least 10 years for which 5 may not be suspended or reduced notwithstanding the exceptions, a portion of sentence may be suspended, and a period of probation or special parole imposed
Sexual Assault in Spousal or Cohabiting Relationship § 53a-70b	Class B felony	<ul style="list-style-type: none"> No spouse or cohabiter shall compel the other to engage in sexual intercourse by use or threatened use of force that causes the victim to fear physical injury 	<ul style="list-style-type: none"> Term not less than 1 year nor more than 20 years for which 2 years may not be suspended or reduced
Aggravated Sexual Assault of Minor § 53a-70c	Class A felony	<ul style="list-style-type: none"> Commit Risk of Injury to Minor, Sexual Assault First Degree, Aggravated Sexual Assault, Promoting Prostitution, Promoting Prostitution Second Degree, or Employing a Minor in an Obscene Performance and the victim is under 13 and the <ul style="list-style-type: none"> victim is kidnapped or illegally restrained victim is stalked perpetrator uses violence to commit offense victim sustain serious physical injury or disfigurement perpetrator was unknown to victim perpetrator was previously convicted of a violent sexual assault 	<ul style="list-style-type: none"> First offense, a term of 25 years which may not be suspended or reduced Subsequent offenses, a term of 50 years which may not be suspended or reduced
Sexual Assault Second Degree § 53a-71	Class B or C felony	<ul style="list-style-type: none"> Engages in sexual intercourse with a person and <ul style="list-style-type: none"> victim is 13 or older, but under 16, and the perpetrator is more than three years older victim is impaired due to mental disability or disease and unable to consent to sexual intercourse 	Class B Felony <ul style="list-style-type: none"> if victim is under 16 term not less than 1 year nor more than 20 years for which 9 months may not be suspended or reduced

Table 9. Sexual Assault Statutory Definitions and Penalties

Offense	Class/Status	Elements of the Crime	Sentence
		<ul style="list-style-type: none"> ○ victim is physically helpless ○ victim is less than 18 and perpetrator is the victim's guardian or otherwise responsible for the victim's welfare ○ victim is in the custody of law enforcement or detained in a hospital or other institution and perpetrator has supervisory or disciplinary authority over victim • Perpetrator is a psychotherapist and victim is a patient and <ul style="list-style-type: none"> ○ crime occurred during a session ○ is emotionally dependent upon the perpetrator ○ crime occurs by means of therapeutic deception <ul style="list-style-type: none"> ▪ perpetrator commits crime through false representation that sexual intercourse is for medical purposes ○ perpetrator is a school employee and victim is a student in the school ○ perpetrator is an athletic coach and victim participate in the athletic event <ul style="list-style-type: none"> ▪ in a secondary school ▪ victim is under 18 ▪ perpetrator is 20 or older and is in a position of power ▪ victim is receiving services from Department of Developmental Services 	Class C Felony term not less than 1 year nor more than 10 years for which 9 months may not be suspended or reduced
Sexual Assault Third Degree § 53a-72a	Class C or D felony	<ul style="list-style-type: none"> • Compels a person to submit to sexual contact <ul style="list-style-type: none"> ○ by use of force ○ by threat of force that causes fear of physical injury 	Class C Felony <ul style="list-style-type: none"> • victim under 16, term not less than 1 year nor more than 10 years

Table 9. Sexual Assault Statutory Definitions and Penalties			
Offense	Class/Status	Elements of the Crime	Sentence
		<ul style="list-style-type: none"> engages in sexual intercourse with a relative 	Class D Felony <ul style="list-style-type: none"> term not more than 5 years
Sexual Assault Third Degree with Weapon § 53a-72b	Class B or C felony	<ul style="list-style-type: none"> Commits Sexual Assault in the Third Degree and <ul style="list-style-type: none"> uses, armed with, threatens use of, or displays pistol, revolver, machine gun, rifle, shotgun, other firearm 	Class B Felony <ul style="list-style-type: none"> Victim under 16, term not less than 1 year nor more than 20 years of which 2 years may not be suspended or reduced OR term of imprisonment reduced, AND period of special parole imposed, together constituting 10 years Class C Felony <ul style="list-style-type: none"> term not less than 1 year nor more than 10 years
Sexual Assault Fourth Degree § 53a-73a	Class D felony or Class A misdemeanor	<ul style="list-style-type: none"> Sexual contact with another <ul style="list-style-type: none"> Victim is under 13 and perpetrator is more than two years older victim is mentally incapacitated or impaired due to mental disability or disease and unable to consent victim is physically helpless victim is less than 18 and perpetrator is victim's guardian or responsible for supervision victim in custody of law enforcement or detained in hospital or institution and perpetrator has supervisory or disciplinary authority Victim does not give consent Perpetrator has sexual contact with animal or dead body Perpetrator is psychotherapist 	Class D Felony <ul style="list-style-type: none"> Victim under 16, term not more than 5 years Class A Misdemeanor <ul style="list-style-type: none"> Term not to exceed 1 year

Table 9. Sexual Assault Statutory Definitions and Penalties			
Offense	Class/Status	Elements of the Crime	Sentence
		<ul style="list-style-type: none"> ○ victim is a patient, former patient, or is emotionally dependent on perpetrator ○ sexual contact occurs during therapy session ○ sexual contact by means of therapeutic deception • Sexual contact represented for medical purposes by perpetrator • Perpetrator is a school employee and victim is a student • Perpetrator is a coach and victim is member of team <ul style="list-style-type: none"> ○ in a secondary school setting ○ victim is under 18 • Sexual contact <ul style="list-style-type: none"> ○ Perpetrator is 20 or older and is in position of power over victim in a legal, occupational, or volunteer status ○ Victim is under 18 • Sexual contact with victim under supervision of Department of Developmental Services in a public or private facility or program and perpetrator has supervisory or disciplinary supervision over victim 	

V. SEX OFFENDER REGISTRY

Because the focus of the Special Committee's study was the state's sex offender registration system (the criteria for and maintenance of the registry, its effectiveness in reducing recidivism and increasing public safety, and its impact on victims as well as registrants), this report describes Connecticut's current sex offender registry laws and their history, the background and context for sex offender registries at both the federal and state levels, and relevant case law associated with registries.

A. Background on Sex Offender Registry Legislation

1. Connecticut

a. Background

The first registration provisions for Connecticut sex offenders were enacted in 1994 and required the Department of Correction and the Parole Board to register, upon their release from prison, those offenders convicted of six serious sexual assault crimes. The law applied prospectively, and an individual offender's registry information was available for one year to law enforcement agencies. In 1995, the law was changed to include probationers and those acquitted of the sex offenses by reason of mental disease or defect; an offender's duration on the registry was extended from one to ten years; and access to the information was extended.

Public Act 98-111 repealed the earlier registry provisions and required the then-Department of Public Safety (DPS), now known as the Department of Emergency Services and Public Protection, to establish and maintain a central registry of sex offenders. The act expanded the offenses that would require registration and retroactively required registration of anyone convicted of a "sexually violent offense" and released from prison up to 10 years earlier, on or after October 1, 1988. The duration period on the registry was for 10 years, but the court could specify a longer period for sexually violent offenders unless it was satisfied that such an offender is not likely to reoffend. (A sexually violent offender could apply for removal after 10 years, and if rejected had to wait another five years before applying again.) The Connecticut law also required that registry information be made available to the public through the Internet and at each local police department or State Police troop.

The legislature made other significant changes in 1999 that, along with the 1998 act, established the essential provisions of today's sex offender registry. Additional crimes requiring registration were added, including a new category of "nonviolent sexual offenses." Legislative changes eliminated the removal process and required those convicted of a sexually violent offense stay on the registry for life.

As Connecticut's registry laws evolved between 1994 and 1999, several changes had a retroactive impact:

1. the increase from one year to 10 years on the registry (PA 95-142),
2. the retroactive requirement to register for offenders convicted of a sexually violent offense and released since October 1, 1988, and requiring those offenders to apply for removal after 10 years, rather than being automatically removed (PA 98-111), and
3. the repeal of the removal application process and its replacement with a lifetime duration on the registry (PA 99-183).

Penalties apply to sex offender registrants who fail to update their personal information, such as a change in residence or workplace address, within a timely fashion. The Connecticut law specifies that registrants notify the DESPP of any address change within five days. They must also verify their home address every 90 days. If they fail to comply, registrants are considered to have committed a class D felony.

Connecticut law does not require juveniles under age 18 who are convicted of sex offenses to register, unless the case is transferred to adult criminal court. In addition, a court may provide an exemption to offenders for whom it deems registration is not required for public safety if the offender was convicted of sexual intercourse with a person age 13 to 15 and was under age 19 at the time of the crime.

b. Current Connecticut Law On The Registration Of Sexual Offenders (Chapter 969 of the Connecticut General Statutes)

As noted, Connecticut's sex offender registration law (CGS §§ 54-250 - 54-261) was first passed in 1994 and extensively revised in 1998 and 1999. Today's registry requires certain offenders to register with DESPP's State Police Sex Offender Registry Unit for a specified period after their release into the community. The law designates the following categories of offenses that require registration and applies to anyone convicted of the offenses or acquitted by reason of mental disease or defect:

1. criminal offenses against a victim who is a minor,
2. nonviolent sex offenses, and
3. sexually violent offenses.

Registration for crimes against a minor and nonviolent sex offenses is generally for 10 years from the date of the person's release into the community for the first offense and lifetime for a subsequent conviction. Registration for sexually violent offenses and for first degree sexual assault (sexual intercourse with a victim under age 13 when the actor is more than two years older) is for the registrant's lifetime.

In addition, the court may require registration for an offender convicted of, or acquitted of by reason of a mental disease or defect, *of any felony that the court determines was committed for a sexual purpose* (CGS § 54-254). "Sexual purpose" means that the offender's purpose in committing the felony was to engage in sexual contact or sexual intercourse with

another person without consent. Registration in such cases is for 10 years. The same registration procedures and requirements apply. Finally, Connecticut law requires registration of anyone convicted or found not guilty by reason of a mental disease or defect for substantially the same crimes in another state or other jurisdiction. The law applies to criminal attempts, conspiracies, or solicitations.

Information regarding registrants on the unrestricted registry is available to the public on the Internet and as a public record available for inspection. Information regarding registrants who are on the law enforcement only registry is not available to the public. Anyone can request to be notified of information posted to the registry, including an offender’s change of address.

The law requires DESPP and registrants to keep information on the registry current. Currently, every 90 days DESPP mails to all registrants an address verification form that must be completed and returned within 10 days. In addition, registrants are responsible to notify DESPP of any change of name, address, and Internet communication identifiers including an e-mail address.

By law, anyone who uses information on the registry to injure, harass, or commit a crime against a registrant is subject to criminal prosecution.

CRIMES THAT REQUIRE SEX OFFENDER REGISTRATION UPON CONVICTION

The definition section of the sex offender registry law specifies those offenses that require an offender to register. These crimes are listed in Table 8 and described in greater detail in Appendix C.

Table 8: Crimes that Require Sex Offender Registration

CRIMINAL OFFENSES AGAINST A VICTIM WHO IS A MINOR

CGS § 54-250 (2) (A)	Injury or risk of injury to, or impairing morals of, children Sexual assault in the first, second, or third degree Promoting prostitution in the first or second degree Enticing a minor Employing a minor in an obscene performance Child pornography
CGS § 54-250 (2) (B)	Sexual assault in the second degree Kidnapping in the first or second degree with or without a firearm Unlawful restraint in the first or second degree Public indecency
CGS § 54-250 (2) (C)	Any violation of the above when the actor: (1) solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense; (2) intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or (3) attempts to commit the crime
CGS § 54-250 (2) (D)	Violation of a predecessor statute with substantially the same essential elements of any of the above offenses

NONVIOLENT SEX OFFENSES

CGS § 54-250 (5) (A)	Sexual assault in the fourth degree Voyeurism
CGS § 54-250 (5) (B)	A “nonviolent sexual offense” applies to a person found to be criminally liable because the actor (1) solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense; (2) intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or (3) attempts to commit the crime.

SEXUALLY VIOLENT OFFENSES

CGS § 54-250 (11) (A)	Sexual assault in the first, second, or third degree Aggravated sexual assault in the first degree Sexual assault in spousal or cohabiting relationship Sexual assault in the third degree with a firearm Kidnapping in the first degree with or without a firearm
CGS § 54-250 (11) (B)	A “sexually violent offense” applies to a person found to be criminally liable because the actor (1) solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense; (2) intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or (3) attempts to commit the crime.
CGS § 54-250 (11) (C)	Violation of a predecessor statute with substantially the same essential elements of any of the above offenses

REGISTRATION REQUIREMENTS

Connecticut law requires registration on the sex offender registry for anyone convicted or acquitted by reason of a mental disease or defect of the specific crimes described above. It also requires registration by anyone convicted or acquitted by reason of a mental disease or defect of essentially the same crime in another state or the federal or military systems or who is required to register as a sex offender in another jurisdiction (CGS § 54-253).

Registration Process

Anyone convicted or found not guilty by reason of a mental disease or defect of (1) a criminal offense against a victim who is a minor or (2) a nonviolent sex offense who is released into the community on or after October 1, 1998 must register within three days of release from the custody of the Department of Correction (DOC). Upon release, DOC or the Psychiatric Security Review Board (for those deemed incompetent to stand trial) must provide an offender with a written summary of the person’s registration obligations. When an offender’s prison term has expired unconditionally (i.e., the person has served the full sentence) and the person refuses to voluntarily submit to registration at the time of release, the releasing court or agency provides the DESPP with the relevant registration information (CGS § 54-256).

Registrants must notify the DESPP of any change in name, address, or e-mail address or any other Internet communication identifier. A registrant who moves to another state must register with the appropriate agency in that state if it has a sex offender registration

requirement. Anyone subject to registration under this requirement who works or is a student at a trade or professional institution or college or university in this state or another must notify DESPP of his or her status as such as well as any change in status.

Court Procedures

When an offender is convicted of or acquitted by reason of a mental disease or defect of any of the three categories of crimes that require registration, the court must give DESPP a written summary with a specific description of the offense, including the victim's age and gender that is included in the offender section of the public registry (CGS § 54-256 (b)).

In the case of an offender pleading guilty or *nolo contendere* to a crime requiring sex offender registration, the court must (1) inform the person prior to accepting the plea that sex offender registration requirements will apply and (2) determine that the person fully understands them.

Contents of the Registration Record

For the registry record, registrants must provide their name; residence address; identifying factors including fingerprints, a biological sample for DNA analysis, and a photograph; date of release; and criminal history record. Starting on October 1, 2007, registrants have had to report their Internet communications identifiers to the DESPP's State Police Sex Offender Registry Unit. For sexually violent offenses, the registrant must also register documentation of any treatment received. Registrants must "without delay" submit written notification of a new or changed electronic mail address, instant message address, or other similar identifier to the DESPP commissioner. Likewise, a registrant must notify the commissioner of employment, work, or student status at a trade or professional institution or college or university in Connecticut. A registrant employed or a student in another state must do the same, as well as register as a sex offender with the appropriate agency in another state, if that state maintains such a registry.

Failure to Register

An offender's failure to register or update registry information is a class D felony, punishable by up to five years in prison, a fine of \$5,000, or both. Notification of a change in name, address, status, or any other reportable event is punishable if the failure continues for five business days.

REGISTRATION EXEMPTIONS

The court is authorized to exempt an offender from the registry if (1) the person is convicted or found not guilty by reason of a mental disease or defect of sexual assault in the second degree committed under age 19, (2) the victim was age 13 to 15, and (3) registration is not required for public safety reasons (CGS § 54-251(b)).

Similarly, the court may exempt an individual from the registry if (1) the person was convicted of subjecting another person to sexual contact without consent or for voyeurism (except with malice) and (2) the court finds that registration is not required for public safety. In these cases, an applicant for exemption must contact the Judicial Branch's Office of Victim Services and the DOC's Victim Services Unit to allow notification to any victim who has requested it. The court must consider any information or statement from a victim in its exemption decision (CGS § 54-251(c)).

SEX OFFENDER REGISTRY

Maintenance

The DESPP maintains the sex offender registry. By law, the court, the DOC commissioner, or the Psychiatric Security Review Board must require completion of the sex offender registration procedure before anyone convicted of or acquitted by reason of a mental disease or defect of the specified sex offenses is released into the community. The completed registration package goes to DESPP, which enters the information in the registry. DESPP maintains the information in the registry and notifies the registrant's local police department or state police troop with jurisdiction where the registrant lives or plans to reside, as well as the local law enforcement agency with jurisdiction over a trade or professional institution or college or university where a registrant works or goes to school. Similarly, DESPP notifies (1) the Federal Bureau of Investigation so that the information may be included in the national sex offender registry and (2) if the offender reports a residence outside Connecticut, the appropriate agency in another state.

DESPP suspends the registration of anyone who is incarcerated, under civil commitment, or has moved out-of-state. Any change can mean reinstatement on the registry until the original expiration date.

DESPP routinely verifies registrants' address by mailing a non-forwardable verification form to them every 90 days. The law requires registrants to complete and return by mail forms that verify the registrant's residence address and to have the registry photograph retaken at the department's request (CGS § 54-257). Registrants must initiate notification to DESPP when making a change to his or her name, address, or e-mail address (CGS § 54-251). A registrant who moves to another state must register with the appropriate agency in that state if it has a registration requirement. DESPP must periodically update each registrant's address by mailing a verification form to the registrant who must return it within 10 days. Failure to do so subjects the registrant to arrest. A registrant's photograph must be updated at least every five years. Superior and probate courts must notify DESPP of name changes.

Each year, DOC, the Board of Pardons and Paroles, and the Judicial Branch's Court Support Services Division must report on the number of registered sex offenders under their supervision who are electronically monitored. They must specify what, if any, additional resources they need to ensure that registrants are supervised in the community (CGS § 54-260a).

The sex offender registry law authorizes criminal investigations of registrants who use the Internet. DESPP must designate a liaison between the department and electronic communication and remote computing service providers to facilitate the exchange of registrants' non-personally identifiable information. When the liaison learns through this exchange that sex offenders are subscribers, customers, or users of the providers, the liaison must initiate a criminal investigation to determine if their status as such violates a registration requirement of the terms and conditions of parole or probation.

The liaison can ask a judge to issue an *ex parte* order compelling a provider to disclose a sex offender's name and address; age or date of birth; e-mail address, instant message address, or other similar Internet communication identifier; and subscriber address or number. The judge must grant the order if facts constitute reasonable grounds that the subscriber information is relevant and material to an ongoing criminal investigation. A provider must disclose the information pursuant to the order and is protected from any law suit for providing the information in good faith. (CGS § 54-260b)

Access and Availability

Public Access

The DESPP sex offender registry is a public record and its information must be available through the Internet. The website is accessible through the DESPP's homepage ([Connecticut Sex Offender Registry](#)) and is searchable for offenders by last name, town of residence, zip code, Internet name or e-mail address, or phone number. DESPP must provide public notice on how to access the registry, and local law enforcement agencies and the state police must make the information accessible during normal business hours. Any state agency, the Judicial Branch, and local or state police are authorized to share information in the public registry with another agency, private organization, or individual to protect the public or any individual. DESPP must advertise the sex offender registry and how to access it.

No department, agency, or law enforcement official may disclose a victim's identity in the process of providing access to information regarding sex offenders to either the public or through notices to the school superintendent and chief municipal official.

The law specifies that sex offenders' e-mail and instant message addresses and any other similar Internet communication identifiers are not public records. However, DESPP may release them for law enforcement purposes in accordance with department regulations.

All public access to the sex offender registry must include a warning stating that using registry information to injure, harass or commit a criminal act against a registered offender or any other person is a criminal act (CGS § 54-258a).

Registration Information Restricted to Law Enforcement Only

The law restricts access to the sex offender registry in certain circumstances (CGS § 54-255). Currently, 80 offenders are on the law enforcement-only registry. The court can order DESPP to restrict dissemination of the registration information to law enforcement only for offenders:

1. convicted of or acquitted of by reason of a mental disease or defect of sexual assault in a spousal or cohabiting relationship or
2. convicted of or acquitted by reason of a mental disease or defect of any of the listed sex offenses when the victim is under 18 and related to the offender (as a parent, grandparent, child, grandchild, sibling, aunt, uncle, niece or nephew, stepparent, or stepchild) (i.e., offenses referred to as incest).

The court must also find that publication of the registration information would likely reveal the victim's identity within the community where he or she lives. At any time, the court must remove the restriction and order public dissemination for public safety reasons or when there is no longer a likelihood that the victim's identity would become known.

An offender convicted of or acquitted by reason of a mental disease or defect of certain sex offenses between October 1, 1988 and June 30, 1999, can petition the court to restrict registration information to law enforcement officials only. Prior to granting or denying such a petition, the court must consider any information or statement from the victim who must be notified of the petition request (if notification has been requested) by the Office of Victim Services or DOC's Victim Services Unit. The court must also consider public safety in its decision.

Other Notification and Usage

When a sex offender registrant is released from prison or changes addresses, DESPP must notify the superintendent of schools in the community where the registrant lives or plans to live. The e-mail notice must include the same information related to the registrant that is available to the public on the Internet, including the crime and conviction date that require registration. Similarly, the department must send this information to chief executive officer in the municipality where the registrant lives or plans to live. (CSG § 54-258 (a)(2)(B).

When a registrant completes the registration term, DESPP must notify law enforcement officials of the registrant's removal from the registry.

The JB-CSSD must (within available appropriations) develop a community response education program to assist neighborhoods and towns notified that a registered sex offender is living there. JB-CSSD must consult with statewide experts in law enforcement, sex offender treatment, and sexual assault victim services in developing the program. The law specifies the program's purpose and scope is to help parents and children learn to protect themselves better

from sexual assault and abuse. The law identifies potential components for the program and authorizes JB-CSSD to apply for and use federal grants or private corporation or foundation money to pay for its development (CGS § 54-261).

c. Major Changes in Development of Connecticut's Registry Law

Connecticut's sex offender registry law (Megan's Law) was first enacted in 1994. It has been amended since then to (1) increase the length of time offenders convicted of serious sex offenses must be registered, (2) include the notification provision, (2) make registration information more available to the public, (3) make the law's provisions retroactive to sex offenders whose crimes were committed before January 1, 1995 for those still incarcerated or on probation. The table in Appendix D provides a brief legislative history of the law (Chapter 969 of the Connecticut General Statutes), listing every amendment enacted from 1994 until the most recent change in 2015. Below are descriptions of the major changes to the original sex offender registration law.

1994

Connecticut's original Megan's Law, PA 94-246, required convicted sex offenders to register with local police upon release from prison. It required registration for one year after an offender's sentence termination date (which was defined as the date that the offender would be released if he served the full term to which he was sentenced with no reduction for parole, good conduct credit, outstanding meritorious performance award, or any other early release mechanism). It included convictions for the following sexual assault crimes and was prospective only, requiring registration only for convictions entered on or after January 1, 1995:

1. sexual assault in the first degree (CGS § 53a-70) (compels sexual intercourse by use or threat of force; engages in sexual intercourse with someone under age 13; or commits sexual assault in the second degree and is aided by two or more persons);
2. aggravated sexual assault in the first degree (CGS § 53a-70a) (commits sexual assault in the first degree and (a) uses or threatens use of deadly weapons; (b) with intent to seriously disfigure or maim victim, causes such injury; (c) with extreme indifference to human life, recklessly creates risk of death, and seriously injures victim; or (d) is aided by two or more persons);
3. sexual assault in spousal or cohabiting relationship (CGS § 53a-70b);
4. sexual assault in the second degree (CGS § 53a-71) (engages in sexual intercourse with a person (a) under age 16; (b) mentally defective or incapacitated such that unable to consent; (c) physically helpless; (d) under age 18 and perpetrator is victim's guardian or is responsible for victim's welfare; or (e) in prison, hospital, or other institution and perpetrator is in authority position);
5. sexual assault in the third degree (CGS § 53a-72a) (compels victim to submit to sexual contact by use or threat of force, or engages in sexual intercourse with kindred); or
6. sexual assault in the third degree with a firearm (CGS § 53a-72b).

The 1994 law applied strict confidentiality provisions to the information compiled pursuant to the registration requirements. Disclosure was permitted only to the records' custodian or to a sworn law enforcement officer in the performance of his or her duties. Any other release could be charged as a class C misdemeanor.

1995

PA 95-142 extended the registration period from one to 10 years, added risk of injury to a minor involving sexual contact to the crimes requiring registration, and expanded those who are authorized to receive registration information.

1997

PA 97-183 made the law retroactive to include in the registry those who were convicted (or found not guilty because of a mental disease or defect) before January 1, 1995. It did not encompass everyone whose crime was committed before 1995, only those who were still in DOC's custody or under supervision for a crime committed before that date. Also in that year, the registry information was made public (subject to inspection and requests for copies).

1998

The most significant changes to the registry since its inception were enacted in PA 98-111. The state's Megan's Law was recodified and significantly amended to add seven crimes to the offenses that require registration, create the two-tiered offender designation, require offenders to register themselves and establish penalties for violations. It also established a statewide centralized registry with public access through the Internet. It amended the registration period for sexually violent offenders so it does not automatically end after 10 years, but continues until the offender convinces the court that he is no longer a threat to commit another offense.

1999

PA 99-183 imposed the lifetime registration requirement for offenders who commit sexually violent crimes. It also gave the court discretion to restrict public access to registration information involving spousal sexual assault or incest.

2006

PA 06-187 added crimes to the list of those requiring registration and reduced from life to 10 years the mandatory registration period for violators of several statutory rape offenses.

2. Federal Law

Congress passed federal sex offender registry laws between 1994 and 2006 in response to cases involving child abductions and sexual assaults. Each state, territory, and federally-

recognized tribe in the United States has its own sex offender registry and notification system, with distinctive requirements regarding those who must register and the information they must provide.

Congress has enacted federal standards for implementation, most recently in the Sex Offender Registration and Notification Act (SORNA) of 2006. Information regarding the federal SORNA requirements and relevant case law can be found at the U.S. Department of Justice, Office of Justice Programs, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) website: [U.S. Department of Justice](https://www.smart.gov). Below is a description of relevant federal legislation.

a. Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act

In 1994, Congress passed the Jacob Wetterling Crimes Against Children Act. This legislation was the first foray into the sex offender registration policy-making arena at the federal level. As part of a broader spending bill focusing on criminal justice policies, the Act established the federal sex offender registry program with guidelines for states to require registration with a designated state law enforcement agency of individuals convicted of an offense against a minor victim, a sexually violent offense (regardless of the victim's age), an offense that designated them as sexually violent predators. The law's basic provisions included (1) the establishment of guidelines for states to track sex offenders and (2) the requirement that states track sex offenders by confirming their place of residence annually for 10 years after their release into the community or quarterly for the remainder of their lives if convicted of a violent sex crime.²⁹ Under the Act, unless and until a sentencing court received a report produced by experts in the field of the behavior and treatment of sexual offenders indicating that the individual is no longer a sexually violent predator, the designation would stand.³⁰

If an offender failed to register or keep registration status current, the person was subject to criminal penalties of the state where the offender lived. State and local police were authorized to make relevant information on registrants available to the public with the exception of the victim's identity. Offenders' names, addresses, and sex convictions are available to the public online without a cost.³¹ Any jurisdiction that failed to comply with the Act's implementation requirements was subject to a 10 percent reduction in funding under the Omnibus Crime Control and Safe Street Act of 1968 (Byrne JAG funds).

b. Megan's Law

The next major federal legislation on sex offender policy was Megan's Law. Enacted in 1996, it required all states to develop and implement a community notification procedure

²⁹ *Legislative History of Federal Sex Offender Registration and Notification*, OFFICE OF SEX OFFENDER SENTENCING, MONITORING, APPREHENDING, REGISTERING, AND TRACKING (last visited Oct. 26, 2017), <https://www.smart.gov/legislation.htm>.

³⁰ H.R. 3355, 115th Cong. (1st Sess. 2017), available at <https://www.gpo.gov/fdsys/pkg/BILLS-103hr3355enr/pdf/BILLS-103hr3355enr.pdf>.

³¹ The Connecticut state sex offender registry at: [CT Sex Offender Registry](https://www.ct.gov/sor).

whereby residents can access information on sex offenders living near them. This information had to be publicly available online. To that end, convicted sex offenders were required to notify authorities of their current and future change in residence.³²

Megan's Law required all 50 states to release to the public information on known convicted sex offenders when necessary to protect public safety. However, it did not mandate active notification. Rather, Megan's Law permitted the release of registrant information to be "disclosed for any purpose permitted under the laws of the State."³³ In addition, the law allowed states' law enforcement agencies to release relevant information on sex offenders that is necessary to protect the public.³⁴

c. Adam Walsh Child Protection and Safety Act of 2006

The most recent federal legislation concerning sex offenders is the Adam Walsh Act (AWA), enacted in 2006. Title I of the Act, also known as the Sex Offender Registration and Notification Act (SORNA), replaced previous provisions for state-level sex offender registration and community notification programs. SORNA made failure to register as a sex offender a federal felony offense. It also established a baseline for states to follow, although jurisdictions could still vary in implementation and registry requirements. Under the Act, the federal government can withhold funding for criminal justice programs to states that are not in substantial compliance with SORNA.³⁵

SORNA marked a significant expansion of the scope, scale, and requirements of sex offender registration programs that started with the registry mandates under the Wetterling Act and the public notification components authorized under Megan's Law.³⁶ The Act required states to (1) register all sex offenders (retroactively) who remain under criminal justice supervision and certain juvenile sex offenders over the age of 14; (2) make failure to register a felony offense; (3) create three "tiers" of offenders based on the severity of the offense with corresponding registration requirements; and (4) create and regularly maintain a searchable Internet database.³⁷

³² *What is Megan's Law? What is Megan's List? Who are Megan's Law Offenders?*, REGISTERED OFFENDERS LIST (last visited Oct. 26, 2017), <http://www.registeredoffenderslist.org/megans-law.htm>.

³³ *Id.*

³⁴ *Id.*

³⁵ Lori McPherson, *Practitioner's Guide to the Adam Walsh Act*, NATIONAL CENTER FOR PROSECUTION OF CHILD ABUSE (2007), https://smart.gov/pdfs/practitioner_guide_awa.pdf.

³⁶ Richard G. Wright, *From Wetterling to Walsh: The Growth of Federalization in Sex Offender Policy*, 21 FED. SENT. R. 124 (2008).

³⁷ THE NATIONAL GUIDELINES FOR SEX OFFENDER REGISTRATION AND NOTIFICATION, U.S. DEPARTMENT OF JUSTICE (May 2007), available at https://www.justice.gov/archive/tribal/docs/fv_tjs/session_3/session3_presentations/Sex_Offender_Guidelines.pdf.

Under SORNA's classification scheme, offenders convicted of the most severe sex offense felonies (e.g., actual or attempted aggravated sexual abuse, sexual abuse, abusive sexual contact against a youth under 13 years old) are classified as Tier III registrants. Tier III sex offenders are subject to lifetime registration and their registration must be renewed every three months. Offenders convicted of less severe sex offenses (e.g., soliciting a minor for prostitution, producing child pornography, distributing child pornography) are classified as Tier II registrants. Tier II sex offenders are required to register for 25 years and must renew their registration every six months. Offenders convicted of the least severe sex offenses, which are not part of the offenses considered in Tier III or II, (e.g., indecent exposure which can be charged as a misdemeanor or felony depending on the state) are classified as Tier I registrants who must register for 15 years and renew their registration annually.

d. Connecticut's Compliance with Federal Law

As described above, the Sex Offender Registration and Notification Act (SORNA) included new standards for sex offender registration and public notification. The U.S. Department of Justice, Office of Justice Programs, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) reviews state, territory, and tribal laws, policies, and procedures to assess compliance with the 15 SORNA categories. As of August 31, 2017, 18 states have "substantially implemented" the SORNA requirements. In its last implementation review dated October 2015, SMART acknowledged Connecticut for the work that has gone into its effort to substantially implement the act. However, it found the State of Connecticut to have not substantially implemented SORNA. The DOJ's Office of SMART implementation review for Connecticut is available at: [SORNA Substantial Implementation Review State of Connecticut](#).

With respect to the 15 categories, Connecticut meets all the requirements in six categories and deviates from the standards but not in a way that "substantially disserve[s] the purpose" of the federal law in six other categories. Connecticut does not meet requirements in three categories:

1. the tiering of offenses (Connecticut's two levels, with their duration and verification requirements, do not correspond to the federal system's three-tiered system);
2. keeping the registration current (Connecticut does not require registrants to update information in person or to report travel outside the country as required by SORNA); and
3. verification and appearance requirements (Connecticut law differs from SORNA with respect to the duration of an offender's registration, a way to reduce the duration and the method used for verifying registration information).

However, the Commission's proposal to reform the sex offender registry may make Connecticut's system more compatible with the SORNA requirements by moving to a three-tiered system like the federal model. In addition, the proposal includes a way to reduce an offender's duration on the registry, in compliance with SORNA.

3. Other States' Laws

The first statewide criminal registry was Florida's in 1937.³⁸ While the Florida registry did not specifically include sex offenders, it constituted the beginning of a now nationwide criminal justice standard: the offender registry. In describing the origins of the criminal registry, a report from the Vera Institute explains:

[t]he practice of requiring offenders to register began in the 1930s in response to the increased mobility of criminals. At the time, offender registries were viewed primarily as tools for law enforcement, which needed a way of keeping track of high-risk offenders.³⁹

Registries expanded in response to law enforcement's modernization and professional development in an effort to monitor high-risk offenders. Initial registries were more localized than they are now, primarily targeting the then-high-stakes felons like mobsters and gangsters rather than sex offenders.⁴⁰

In 1947, the first sex offender registry in the United States was created in California.⁴¹ California's inaugural sex offender registration law required offenders convicted of specified offenses to register with their local law enforcement agency.⁴² Until the 1990s, however, sex offender registration systems were neither widespread nor uniform in structure throughout the country.

Today, all 50 states have sex offender registries. In neighboring Massachusetts, the Sex Offender Registry Board maintains a computerized registry. Until 2015, the state was responsible to prove a sex offender's classification level (Level 1, 2, or 3) by a preponderance of evidence.⁴³ Since then, the state's Supreme Judicial Court ruled the state had to justify a sex offender's classification level by the more demanding legal standard of clear and convincing evidence.⁴⁴ Following this ruling, hundreds of sex offenders in Massachusetts were granted a new hearing for reclassification.

³⁸ TRACY VELAZQUEZ, THE PURSUIT OF SAFETY: SEX OFFENDER POLICY IN THE UNITED STATES, VERA INSTITUTE OF JUSTICE 2 (Sept. 2008).

³⁹ *Id.*

⁴⁰ *Id.*

⁴¹ *California Sex Offender Registry*, STATE OF CALIFORNIA DEPARTMENT OF JUSTICE (last visited Oct. 26, 2017), <https://oag.ca.gov/sex-offender-reg>.

⁴² *Id.*

⁴³ *Sex Offender Registry Board*, MASS.GOV (last visited Oct. 26, 2017), <http://www.mass.gov/eopss/agencies/sorb/>.

⁴⁴ *Id.*

In Pennsylvania, Tier 1 sex offenses (ranging from unlawful restraint to enticement of and transportation of minors) require registration for 15 years. Tier 3 sex offenses (including aggravated sexual abuse and sexual assault of a minor under 13) require lifetime registration.⁴⁵

The state of Florida recognizes two categories of sex offenders: sexual predators and sex offenders. Under Florida state law, sexual predators are “repeat sexual offenders, sexual offenders who use physical violence, and sexual offenders who prey on children ... who present an extreme threat to the public safety.”⁴⁶

In terms of minimum registration periods, Kansas is the only state with a five-year minimum registration.⁴⁷ Connecticut is one of 15 states with a 10-year minimum registration (along with states such as Washington, New Mexico, Indiana, and Maine). In a minority of states, including Connecticut, Oregon, Florida, and Pennsylvania, there is no current provision for offenders to petition to be removed from the registry.

Nineteen states have lifetime registration requirements regardless of offense type or recidivism risk: Alabama, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Mississippi, Missouri, Montana, New Jersey, Oregon, South Carolina, South Dakota, Tennessee, Texas, Virginia, Wyoming. In some jurisdictions, offenders can petition to be relieved from the lifetime registration requirement under certain circumstances and conditions.

In the following 18 states and the District of Columbia registration is for lifetime for certain categories of sex offenders (including high-risk and sexually violent predators); 10, 15, or 20 years for all other sex offenders: Alaska, Arizona, Connecticut, D.C., Illinois, Indiana, Iowa, Kentucky, Massachusetts, Minnesota, New Mexico, New York, North Carolina, Rhode Island, Utah, Vermont, Washington, West Virginia, Wisconsin.

Thirteen states use the AWA’s three-tier system: Delaware, Kansas, Louisiana, Maine, Maryland, Michigan, Nebraska, Nevada, New Hampshire, North Dakota, Ohio, Oklahoma, Pennsylvania.

Below is additional information about the design of sex offender registries in states using a tiered, risk-based approach. This list describes (1) the entity making the classification decision in each state; (2) the criteria used to determine classification; (3) the process used to determine classification; (4) the length of the registration requirement and whether a mechanism exists for seeking removal from the registry after a period of time; and (5) the process for reclassification.

⁴⁵ *Registration*, MEGAN’S LAW WEBSITE (PA.GOV) (last visited Oct. 26, 2017), <https://www.pameganslaw.state.pa.us/InformationalPages/Registration>.

⁴⁶ FLA. STAT. § 775.21 (available at <http://www.flsenate.gov/Laws/Statutes/2016/775.21>).

⁴⁷ Jane Shim, *Listed for Life*, SLATE (Aug. 13, 2014), http://www.slate.com/articles/news_and_politics/jurisprudence/2014/08/sex_offender_registry_laws_by_state_mapped.html.

Who decides classification?

Arizona	The agency that has custody (the state department of corrections or other similar agency); law enforcement may accept the determination or conduct a new assessment. ⁴⁸
Massachusetts	A Sex Offender Registry Board consisting of seven members. The sex offender registry board is made up of one person with knowledge and experience in the field of criminal justice, at least two psychologists or psychiatrists with expertise in forensic mental health, one licensed psychologist with expertise in the assessment and evaluation of sex offenders, at least two people with at least five years' experience and training in probation, parole or corrections, and at least one person with expertise or experience with victims of sexual abuse. ⁴⁹
Minnesota	A standing sex offender committee is located in each prison. The committees consist of the head of the correctional or treatment facility where the offender is confined, a law enforcement officer, a treatment professional trained in the assessment of sex offenders, a caseworker with experience in supervising sex offenders, and a victim's services professional. ⁵⁰
New Jersey	The prosecutor conducts the initial risk assessment. Those classified at level 2 or 3 may petition the court for review. ⁵¹
New York	The sentencing court makes the risk-level determination. For incarcerated offenders, the Board of Examiners makes a recommendation to the sentencing court. The Board consists of five members appointed by the governor. All members shall be employees of the department and shall be experts in the field of the behavior and treatment of sex offenders. ⁵²
Rhode Island	A Sex Offender Registry Board consisting of eight members. The board must include experts in the field of behavior and treatment of sex offenders and at least one member of the board shall be a qualified child/adolescent sex offender treatment specialist. ⁵³

⁴⁸ ARIZ. REV. STAT. § 13-3825.

⁴⁹ MASS. LAWS ch. 6, § 178K.

⁵⁰ MINN. STAT. § 244.052 Subd. 3.

⁵¹ *New Jersey Sex Offender Internet Registry*, NEW JERSEY STATE POLICE (last visited Oct. 26, 2017), <http://www.njsp.org/sex-offender-registry/faqs.shtml>; *Megan's Law Guidelines*, NJ.COM (last visited Oct. 26, 2017), <http://www.nj.gov/oag/dcj/megan/guidelines.htm>.

⁵² N.Y. CONSOLIDATED LAWS § 168.

⁵³ R.I. GEN. LAWS § 11-37.1.

Oregon Department of Corrections or other supervisory authority.⁵⁴

What criteria are used to determine an individual's classification?

- Arizona** Physical/Medical Health; Residence; Alcohol; Vocational/Financial Situation; Family and Social Relationships; Mental Health; Drug Abuse; Attitude; Criminal Behavior; Education.⁵⁵
- Massachusetts** Criminal history factors indicative of a high risk of re-offense and degree of dangerousness posed to the public; conditions of release that minimize risk of re-offense and degree of dangerousness posed to the public (any supervision or therapy); physical conditions that minimize recidivism risk; age of offender when he offended, his response to treatment and subsequent criminal history; whether psychological or psychiatric profiles indicate a risk of recidivism; history of alcohol or substance abuse; recent behavior, including behavior while incarcerated or while supervised; recent threats against persons or expressions of intent to commit additional offenses; any victim impact statements; any materials submitted by the offender or others on behalf of such offender.⁵⁶
- Minnesota** The seriousness of the offense should the offender reoffend; the offender's criminal history; the offender's characteristics; the availability of community support; whether the offender has indicated or credible evidence is in the record that indicates the offender will reoffend if released into the community; and whether the offender demonstrates a physical condition that minimizes the risk of re-offense.⁵⁷
- New Jersey** Conditions of release that minimize risk of re-offense; physical conditions that minimize risk of re-offense; criminal history factors indicative of high risk of re-offense; other criminal history factors to be considered in determining risk; whether psychological or psychiatric profiles indicate a risk of recidivism; response to treatment; recent behavior; and recent threats against persons or expressions of intent to commit additional crimes.⁵⁸
- New York** The use of force in the crime; the victim's age; number of victims; and relationship to the victim.⁵⁹

⁵⁴ OR. REV. STAT. 163A.

⁵⁵ *Sex Offender Compliance*, ARIZONA DEPARTMENT OF PUBLIC SAFETY (last visited Oct. 26, 2017), <https://www.azdps.gov/services/public/sex-offender>.

⁵⁶ MASS. LAWS ch. 6, § 178K.

⁵⁷ MINN. STAT. § 244.052 Subd. 3.

⁵⁸ *Megan's Law Guidelines*, NJ.COM (last visited Oct. 26, 2017), <http://www.nj.gov/oag/dcj/megan/guidelines.htm>.

⁵⁹ N.Y. CONSOLIDATED LAWS § 168.

Oregon	For adult males, the Board uses the Static-99R. For all other individuals, the Board uses the Level of Services/Case Management inventory as supplemented by an independent sex offense-specific evaluation report. ⁶⁰
Rhode Island	Actuarial Risk Score; Degree of Violence; Other significant crime considerations; Degree of Sexual Intrusion; Victim Selection Characteristics; Known Nature and History of Sexual Aggressions; Other Criminal History; Substance Abuse History; Degree of Family Support of Offender Accountability and Safety; Personal, Employment, and Educational Stability; Incarceration Community Supervision Record; External Controls; Participation in Sex Offender Specific Treatment; and Response to Sex Offender Specific Treatment. ⁶¹

What process is used for determining classification?

Arizona	Prior to an offender's release or sentence to probation, the agency that has custody of the individual completes a risk assessment screening profile. All criminal justice agencies must use the standardized Arizona Risk Assessment tool; however, occasionally law enforcement discovers information which can affect the offender's risk level. Accordingly, law enforcement is given the discretion to either accept the recommended risk level or complete another risk assessment. ⁶²
Massachusetts	After a person registers, he or she is assigned for classification review. The individual is required to submit information to the board. A single board member looks at materials in the board guidelines as well as any materials submitted by the offender. Then the board member prepares a recommended classification of the offender. After classification, the offender has 20 days to petition the board to request an evidentiary hearing to challenge the classification. Indigent offenders have the right to appointed counsel at the hearing. The hearing is conducted by a board member, panel of members, or a hearing examiner. Following the hearing, a written decision containing the classification is issued. The hearing is closed to the public. An offender may seek judicial review of the board's final classification, reclassification and registration requirements. ⁶³

⁶⁰ *Sex Offender Notification Level Assessments*, OREGON.GOV (last visited Oct. 26, 2017), <http://www.oregon.gov/BOPPPS/Pages/sonl.aspx>.

⁶¹ SEXUAL OFFENDER COMMUNITY NOTIFICATION GUIDELINES, STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS (2015), available at http://www.paroleboard.ri.gov/guidelines/2015%20SOCN%20Guidelines%20FINAL_APPROVED.pdf.

⁶² *Sex Offender Compliance*, ARIZONA DEPARTMENT OF PUBLIC SAFETY (last visited Oct. 26, 2017), <https://www.azdps.gov/services/public/sex-offender>.

⁶³ MASS. LAWS ch. 6, § 178L.

Minnesota	The committee located at the correctional facility assesses the risk posed by an offender prior to release from confinement. The committee reviews various data to determine the offender's risk of reoffending. The offender is provided with notice of the meeting and has the right to appear and present information. The agency responsible for the offender's conviction is also notified and may provide material relevant to the offender's risk level. An offender classified as risk level II or III may seek review within 14 days of receiving notice of the risk level decision. The offender must be given a reasonable time to prepare for the hearing and may have counsel at the hearing. This hearing will be before an administrative law judge. The offender has the right to be present, to present evidence in support of the offender's position, to call supporting witnesses, and to cross-examine witnesses testifying in support of the committee's determination. After the hearing the judge must issue a written decision upholding or modifying the review committee's decision. ⁶⁴
New Jersey	At least 90 days prior to the offender's release, his or her information must be provided to the County Prosecutor in the area where the offender resides. That County Prosecutor is responsible for rendering a risk determination. Prior to classifying an individual as Tier 2 or 3, the prosecutor shall provide written notice to the offender that community notification will take place unless the offender makes application to a court on or before a set date. The notice will also inform the offender that such application may be made to the designated judge and that the offender has a right to retain counsel or have counsel provided. At the hearing, the prosecutor has the burden of persuasion and the standard of proof is by clear and convincing evidence. The court issues an order that includes the offender's tier and the notification requirements. ⁶⁵
New York	If an individual is sentenced to probation, the sentencing court determines the risk level at sentencing. For incarcerated offenders, the Board conducts a review and provides a recommendation to the sentencing court. No later than 30 days prior to the board's recommendation, the offender shall be notified the case is under review and that he or she is permitted to submit to the board any information relevant to the review. Other individuals can also provide information pertaining to the offender's classification, including law enforcement, correctional facilities, hospitals and others. The court conducts a hearing and counsel is appointed for indigent offenders. After examining the board's recommendation and facts in the particular case, the court makes a determination regarding the offender's level of notification (risk level). ⁶⁶

⁶⁴ MINN. STAT. § 244.052.

⁶⁵ *Megan's Law Guidelines*, NJ.COM (last visited Oct. 26, 2017), <http://www.nj.gov/oag/dcj/megan/guidelines.htm>.

⁶⁶ N.Y. CONSOLIDATED LAWS § 168.

Oregon	Prior to release from custody, the Department of Corrections shall conduct a risk assessment of the person. ⁶⁷
Rhode Island	Six months prior to release of an offender or upon sentencing, the agency having supervisory responsibility shall refer the offender to the Sex Offender Board of Review. The agency will provide any reports and documentation that may be helpful in determining risk level. The board shall within 30 days of the referral conduct the validated risk assessment, review other materials provided by the agency, and assign a risk of re-offense level to the offender. An offender has 10 days to file an application for review with the criminal calendar judge of the Superior Court for the county where he or she resides. The offender has a right to be represented by counsel or appointed counsel. Once the Superior Court receives the application, it shall set a date for hearing, provide notice to the applicant or his/her counsel, appoint counsel if necessary, and direct that the attorney general provide all relevant documentation. ⁶⁸

What is the length of the registration period and is early removal possible?

Arizona	Life or 10 years; early removal mechanism available in some statutory rape cases. ⁶⁹
Massachusetts	Life (violent offense/child victim; no early removal); 20 years (all other offenders; those convicted of certain offenses may petition board for removal after 10 years). ⁷⁰
Minnesota	Life or 10 years. ⁷¹
New Jersey	Life (nonrecidivists may petition for removal after 15 years). ⁷²
New York	Level 1 offender –10 years without a designation from court (as sexual predatory/sexually violent predator/predicate sex offender); life with a designation. All other offenders – life. Level 2 can seek relief from further registering after 30 years. ⁷³

⁶⁷ OR. REV. STAT. 163A.105; <http://www.oregon.gov/BOPPPS/Pages/sonl.aspx>.

⁶⁸ SEXUAL OFFENDER COMMUNITY NOTIFICATION GUIDELINES, STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS (2015), available at http://www.paroleboard.ri.gov/guidelines/2015%20SOCN%20Guidelines%20FINAL_APPROVED.pdf.

⁶⁹ ARIZ. REV. STAT. § 13-3821.

⁷⁰ MASS. LAWS ch. 6, § 178G.

⁷¹ MINN. STAT. § 243.166.

⁷² *New Jersey Sex Offender Internet Registry*, NEW JERSEY STATE POLICE (last visited Oct. 26, 2017), <http://www.njsp.org/sex-offender-registry/faqs.shtml>

⁷³ N.Y. CONSOLIDATED LAWS § 168.

Oregon	Level 3 offenders and those convicted of certain violent crimes register for life. All others register for a minimum of 10 years. ⁷⁴
Rhode Island	Life or 10 years. ⁷⁵

What is the process for reclassification, if any?

Massachusetts	The board may on its own initiative, or upon written request by a police department or prosecutor, seek to reclassify any registered and finally classified sex offender in the event that new information is received. An offender may request reclassification every three years (but must be free from custody for three continuous years before seeking reclassification). ⁷⁶
Minnesota	<p>If additional information becomes available, either the law enforcement agency in the area where the offender resides or the offender's corrections agent may request a reassessment of the risk level. The law enforcement agency must request the reassessment within 30 days of receipt of the report identifying the offender's risk level. A corrections agent may request a review of the offender's risk level at any time if substantial evidence exists that the offender's risk level should be reviewed by an end-of-confinement review committee.</p> <p>An offender may ask the committee to reassess his or her risk level after 3 years have passed since the committee's initial assessment. The offender may renew the request once every two years following subsequent denials. In order for the risk level to be reduced, the offender must demonstrate full compliance with supervised release conditions, completion of required post-release programming, and full compliance with all predatory offender registration requirements. An offender who is incarcerated may not request reassessment of his or her risk level. Further, if the offender has been convicted of any felony, gross misdemeanor, or misdemeanor offenses subsequent to the initial assignment of risk level they will not be granted a modification.⁷⁷</p>
New York	Any registered sex offender or district attorney may petition the sentencing court or the court which made the risk level determination for a modification of the risk level. Petitions may not be considered more than once a year.

⁷⁴ SEX OFFENDER REGISTRATION FAQs, OREGON.GOV (last visited Oct. 26, 2017), <http://www.oregon.gov/OSP/SOR/pages/faqs.aspx>.

⁷⁵ R.I. GEN. LAWS § 11-37.1.

⁷⁶ MASS. LAWS ch. 6, § 178L.

⁷⁷ MINN. STAT. 244.052.

Only a level 2 offender can seek relief from further registering. The offender cannot have been classified as a sexual predator, sexually violent offender, or a predicate sex offender and must have been registered for a minimum period of 30 years before her or she may be relieved of any further duty to register. Petitions for relief may not be considered more than every two years.⁷⁸

Oregon

Level 2 and Level 3 offenders may petition to be reclassified. Depending on the specific classification level and duties to report, an offender may not petition for reclassification for either 5 or 10 years after the date of supervision for the sex crime, or if no supervision, the date the person was discharged from the jurisdiction of the court, Psychiatric Security Review Board, or Oregon Health Authority. Except in certain circumstances, the Board conducts a hearing.

A level-one sex offender may petition the State Board of Parole and Post-Prison Supervision to relieve the person from the obligation to report as a sex offender. The offender may file the petition to modify no sooner than five years after the date supervision for the sex crime is terminated, or if no supervision, five years after the date the person was discharged from the jurisdiction of the court, Psychiatric Security Review Board, or Oregon Health Authority. Except in certain circumstances, the Board conducts a hearing.⁷⁹

C. Constitutional Issues and Case Law

The U.S. Supreme Court has upheld various state sex offender laws or policies against constitutional challenges. Significant Supreme Court cases, as well as recent lower court decisions are described below.

In *Kansas v. Hendricks*, the U.S. Supreme Court upheld the state's Sexually Violent Predator Act against a substantive due process claim.⁸⁰ The Act established civil procedures to place into civil commitment individuals diagnosed with mental abnormalities or personality disorders associated with risks to engage in predatory acts of sexual violence.

The defendant had a long history of sexually molesting children and had been scheduled for release from prison shortly after the Act became law. The question before the Court was whether a statute allowing civil commitment and long-term treatment of individuals convicted of sexually violent offenses who suffer from mental abnormalities or personality disorders that

⁷⁸ *Sex Offender Petition for Relief or Modification*, NYCOURTS.GOV (last visited Oct. 26, 2017), <http://www.nycourts.gov/Courthelp/Criminal/sexOffenderModification.shtml>.

⁷⁹ SEX OFFENDER REGISTRATION FAQs, OREGON.GOV (last visited Oct. 26, 2017), <http://www.oregon.gov/OSP/SOR/pages/faqs.aspx>; OR. REV. STAT. 181.820-833.

⁸⁰ 521 U.S. 346 (1997).

make them likely to continue to commit sexually predatory behavior constitutional. The defendant was improperly grandfathered in. The Court held that the Kansas Sexually Violent Predator Act comports with due process requirements and neither runs afoul of double jeopardy principles nor constitutes an exercise in impermissible *ex post-facto* lawmaking.

In *McKune v. Lile*, the U.S. Supreme Court considered whether or not a sex offender program in prison may require offenders to admit to past crimes without violating privilege against self-incrimination.⁸¹ There, the offender refused to take the polygraph, which resulted in automatic reduction of his visitation rights, earnings, work opportunities and a transfer to a maximum-security unit.⁸² The Court held that the program is permissible because the adverse consequences suffered by the offender who failed to admit guilt did not violate the privilege against self-incrimination since the consequences only amounted to a reduction in prison privileges.⁸³

In *Smith v. Doe* (2003), also authored by Justice Kennedy, the Court held that Alaska's sex offender retroactive registration does not violate the *ex post facto* clause.⁸⁴

The Alaska law mandated placement of sex offenders on the public registry and registration status could extend beyond one's incarceration status. The Court concluded that the Alaska law was a civil (rather than a penal), nonpunitive means of identifying previous sex offenders for public safety purposes.

The U.S. Supreme Court again upheld the state's public, online sex offender registry in *Connecticut Public Safety v. Doe* (2002).

Recent Rulings (2016-present)

The year 2016 brought continued constitutional challenges to sex offender registries. The Pennsylvania Supreme Court, in a 4-2 decision, ruled that offenders who commit certain sex offenses (such as possession of child pornography) should not be required to undergo lifetime registration, unless they commit one or more sex crimes after their initial conviction.⁸⁵ Until this ruling, Pennsylvania state police required first-time sex offenders to register for life if they have multiple sex crime convictions originating from a single criminal incident.⁸⁶ As one journalist characterized the practical implications of the majority decision:

[t]he majority decision means sex offenders convicted of "Tier 1" crimes including kidnapping of minors, child luring, institutional sexual assault, indecent assault,

⁸¹ 536 U.S. 24 (2002)

⁸² *Id.* at 31.

⁸³ *Id.* at 24.

⁸⁴ 538 U.S. 84 (2003).

⁸⁵ *A.S. v. Pennsylvania State Police*, 143 A.3d 896 (Pa. 2016)

⁸⁶ *Id.*

prostitution involving minors, possessing child porn and unlawful contact with a minor won't be required to register for life on their first offense, no matter how many charges their first convictions entail. They will still have to register with police for 15 years.⁸⁷

Lifetime registration may be out for some offenders, but the 15-year minimum registration period would still apply for first-time Tier 1 offenders.

Also in 2016, the Fourth Circuit Court of Appeals struck down a North Carolina sex offender law barring sex offenders from “visiting any place where minors gather for regularly scheduled activities.” As the court explained, “neither an ordinary citizen nor a law enforcement officer could reasonably determine what activity [is] criminalized” by the law. As a consequence, the court concluded, that it does not meet the standards of due process because it is unconstitutionally vague.⁸⁸

The Sixth Circuit Court of Appeals struck down Michigan sex offender statute that among other things required offenders to maintain a distance of at least 1,000 feet from a school and ranked them according to levels of perceived dangerousness or risk to the public. The court ruled that these stipulations were punitive, resembling ancient punishment rituals of banishment and shaming. It noted that these statutes prevented offenders from being able to find housing or work. Finding that there was no credible evidence that such laws prevent recidivism, the court stated that the statute:

brands registrants as moral lepers solely on the basis of prior conviction...consigning them to years, if not a lifetime, of existence on the margins, not only of society, but often ... from their families, with whom, due to school zone restrictions, they may not even live.⁸⁹

According to a December 2016 report produced by SMART, seven state supreme courts have ruled that the retroactive application of SORNA violates their respective state constitutions.⁹⁰

⁸⁷ *Id.*

⁸⁸ Mark J. Stern, *Federal appeals court strikes down absurdly repressive North Carolina sex offender law*, SLATE (Dec. 2, 2016), http://www.slate.com/blogs/xx_factor/2016/12/02/federal_appeals_court_strikes_down_north_carolina_sex_offender_law.html.

⁸⁹ Fred Barbash, *Court says Michigan sex offender registry laws creating ‘moral lepers,’* WASHINGTON POST (Aug. 26, 2016), https://www.washingtonpost.com/news/morning-mix/wp/2016/08/26/court-mich-treating-sex-offenders-as-moral-lepers-restrictions-struck-down/?utm_term=.f3dea3c4c31f.

⁹⁰ *Case Law Updates*, OFFICE OF SEX OFFENDER SENTENCING, MONITORING, APPREHENDING, REGISTERING, AND TRACKING (last visited Oct. 26, 2017), <https://www.smart.gov/caselaw.htm>.

VI. MANAGEMENT AND TREATMENT OF SEX OFFENDERS

This report also discusses research on the supervision and treatment of sex offenders, including post-release housing, employment, and recidivism issues.

A. Collaborative Mode of Supervision

In Connecticut, sex offenders who serve a period of probation or parole are managed through a collaborative model of specialized supervision and treatment. The first specialized unit including probation officers, treatment providers, and a community based sexual assault victim advocate was created in 1996. Today, there are 18 probation and five parole specialized sex offender supervision and management units. These units represent a unique and successful collaboration between JB-CSSD, DOC, sex offender treatment providers, and sexual assault victim advocates. Working together individual treatment and supervision plans and as well as conditions based on each individual offender's risk are established and maintained for each offender. This nationally recognized model has contributed to the low rate of recidivism among offenders in our state.

Each probation supervision team meets at least monthly and consists of the supervising probation officer, a JB-CSSD supervisor, the treatment provider, the victim advocate, and any other professional who has a stake in community safety and the sex offender's success or may be otherwise engaged with the offender for case management/housing management purposes. During these meetings, the team discusses the offender's progress in treatment and supervision, and reviews the offender's dynamic risk factors, the conditions of supervision, and the intensity of the offender's level of supervision. In addition, the team may review the offender's community-based activities to determine whether the offender may participate in such activities without endangering public safety. Further, if certain risk factors are identified, the probation officer will enhance the level of supervision and, if appropriate, impose sanctions on the offender. Additionally, concerns regarding victim and community safety may be brought up and addressed at this time, as victims, offender social supports, or community members may reach out to a member of the team to express such concerns.

To further enhance collaboration, sex offender treatment is conducted by the provider, in most circumstances, at the probation offices. This allows the offender to attend treatment and to meet with their probation officer, often on the same day.

In addition, in this model, victim advocates (who are employed by the Connecticut Alliance to End Sexual Violence) provide (1) notification to victims of sex offenders being released from incarceration, (2) safety planning, (3) short-term crisis counseling, and (4) referrals for services (including information about how to access resources through victim compensation programs). Victim advocates also:

- obtain pre-sentence investigation victim impact statements'

- assist victims in seeking restitution or completing crime victim compensation program applications;
- provide information and guidance to victims on civil matters;
- help to organize and participate in family meetings and a reunification process when appropriate and desired by the victim; and
- provide information to offender family members and others about the supervision process, as well as make referrals for services when needed.

The victim advocate is also central to community notification and education activities, and accompanies probation officers during such notifications and community meetings to discuss general issues regarding sex offenders and victims. Because of the efforts of victim advocates, team members have found that significant others may be more aware of an offender's risky patterns of behavior and potential non-compliance with supervision conditions, and in turn are more willing to cooperate with monitoring the offender's behavior to promote public safety and accountability. Victim advocates report that the implementation of this model has yielded better outcomes for victims, has resulted in clearer communication and increased awareness in the community about sex offender management generally, and preliminary indicators have also suggested lower recidivism rates.

JB-CSSD, generally, manages over 2,000 sex offenders in the community and the collaborative model allows JB-CSSD to utilize best practices in supervising this population.

Similarly, the Department of Correction's Parole and Community Services Division established a Special Management Unit (SMU) in 2006, which is responsible for statewide supervision of sex offenders on parole. The Unit uses a multidisciplinary approach to protect public safety and increase the likelihood of offenders' successful reintegration into the community. The intense form of supervision includes the use of validated sex offender risk assessments; individualized case management plans; offense specific cognitive-behavioral sex offender treatment; supervision strategies including frequent compliance checks, search and seizure, GPS monitoring, and surveillance; toxicology testing; registration and notification; victim advocacy; computer monitoring; computer forensic examinations; and the authority to direct an offender to participate in a polygraph examination.

In particular, this comprehensive re-entry model for parolees addresses housing instability issues (see the Housing and Employment section below) through state-contracted transitional housing facilities and programs. Evidence and analysis indicates that this model has had a favorable impact on sexual recidivism rates for offenders discharged from any of the state's established transitional housing programs.

B. Current Research on Sexual Offending, Treatment, and Effectiveness

Adults convicted of sexual crimes or those accused of sex offense behavior are often required to participate in sex offense-specific treatment as a condition of their sentencing, supervision, civil confinement, or family reunification. Treatment is designed to address the

individual's processes that are related to the perpetration of sexually abusive behavior. These methods help adults identify and change the internal and external factors that contribute to sexual offending; develop strategies to avoid, control or productively address risk factors before re-offense may occur; and develop offender strengths and competencies so that they can address their needs appropriately. Medications that reduce sex drive or improve emotional management are also commonly used in sex offense specific treatment.

Many sex offense specific treatment programs are structured on the Risk-Need-Responsivity principles that provide guidance for the intensity specific interventions, and delivery of services needed for each individual. In brief, the risk principle indicates that the intensity of services should be determined by the risk level of the individual with higher risk offenders receiving more intensive services than lower risk offenders. The need principle maintains that interventions should focus on dynamic, or changeable, factors associated with reduced recidivism risk. The responsivity principle states that interventions should be provided in a manner that incorporates the offender's individual characteristics such as learning style, level of motivation, and other individual factors that may impact delivery of services.

Group treatment is a common method for sex offense specific treatment, but treatment interventions vary across programs and may include group, individual, family, behavioral, pharmacological, or a combination of these methods. Current research indicates that while most programs utilize group treatment, more effective outcomes results from a combination of group and individual intervention.

Determining treatment success can be difficult. Practically and theoretically, treatment for sex offenders cannot be regarded as completely effective unless all offenders who attend treatment return to the community and live the remainder of their lives without engaging in additional sexual violence. This would be particularly difficult to monitor; especially given our understanding of the high numbers of victims who do not report their victimization experiences due to numerous factors including threats from the offender, fear of not being believed, or being blamed themselves for the behavior of the perpetrator. Consequently, we are forced to rely on research findings and other indications that the methods we use to measure treatment success are assisting us in adjusting treatment and risk management endeavors along the way.

Earlier, it was reported that Furby et al. (1989) found a lack of sufficiently high quality research establishing the efficacy of treatment interventions for sex offenders. The forensic psychological literature has demonstrated an effect of treatment over sanction-alone in several key meta-analyses (e.g., Smith et al., 2002); however, the true effectiveness of sex offender treatment has yet to be established. Notwithstanding this difficulty, of those meta-analytic studies available regarding outcomes of treatment, the majority show a reduction in reoffending of approximately 40% for those who attend treatment and make reasonable efforts to incorporate new learnings into their lives (see Hanson et al., 2009; Hanson et al., 2002). Even the one study typically referred to as showing "no treatment effect" includes fine print demonstrating how treatment could be more effective (e.g., paying attention to Risk-Need-Responsivity [Bonta & Andrews, 2016 – see below] concerns and ensuring that clients actually

learn the curricula – see Marques et al., 2005). However, these outcome data pertain only to rates of reoffending post- intervention; it is also important to measure attendance to important targets while clients are in treatment. At present, there are few structured means by which to accomplish this goal; however, instruments like the *SOTIPS* (McGrath et al., 2013 – currently used in Connecticut) and the *VRS:SO* (Oliver et al., 2007) appear to show promise as effective measures of in-treatment change.

The most recent meta-analysis of treatment by Lösel et al. found that quality treatment results in a 26.3% decrease in recidivism among sex offenders. They found that cognitive-behavioral and multi-systemic treatment revealed better effects and that, in contrast to treatment in the community, treatment in prisons did not reveal a significant impact, though they did find some individual prison studies with positive outcomes.

However, while the findings from the studies are very promising, the authors stress that the evidence base for sex offender treatment is not yet satisfactory. There is an urgent need for more randomized trials and high-quality quasi-experimental models. In addition, there is a clear need of more differentiated process and outcome evaluations that address the questions of what works with whom, in what contexts, under what conditions, with regard to what outcomes, and also why.⁹¹

C. HOUSING AND EMPLOYMENT

Housing instability is a profound societal issue affecting millions of American families. In recent years, this problem has been fueled by factors such as a growth in home foreclosures, unemployment and economic uncertainty, decreases in the total stock of affordable housing, and reductions in government-funded housing programs. In this context, it is not surprising that addressing the housing needs of those convicted of sex offenses – a population that evokes little public sympathy – has remained relatively low on the list of policy priorities. Faced with a choice of addressing the housing needs of the law-abiding public or addressing similar needs among sex offenders, policymakers, agency leaders, and others may be hard-pressed to advocate for the latter.

Further compounding the challenge, prevailing sentiment among the general public has created an atmosphere in which it can be very difficult for offenders listed on the public registry to secure housing. Lifetime registered offenders are ineligible for any federally subsidized housing. While other forms of housing and housing assistance may not be explicitly off-limits for offenders, it is exceedingly difficult in Connecticut to identify appropriate permanent housing options for people whose are on the publicly available registry. Private landlords often do not accept sex offenders as tenants. While there is widespread public support for policies that

⁹¹ Martin Schmucker & Friedrich Lösel, *The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations*, 11 J. EXP. CRIMINOLOGY 597 (2015).

control where sex offenders cannot live, there is relatively little support for initiatives focused on identifying places where they actually can live.

In addition, a growing body of empirical evidence reveals that various strategies and actions designed to restrict or eliminate housing options for sex offenders (e.g., laws, agency policies, citizen actions) result in collateral consequences that unintentionally undermine public safety. There is no evidence that housing restrictions reduce rates of reoffense or increase community safety. Research shows that there is no correlation between residency restrictions and reducing sex offenses against children or improving the safety of children.

In fact, housing restrictions appear to be based largely on three myths that are repeatedly propagated by the media:

1. all sex offenders reoffend;
2. treatment does not work; and
3. the concept of “stranger danger.”

Research does not support these myths, but there is research to suggest that such policies may ultimately be counterproductive.⁹²

Formerly incarcerated individuals who are returning to the community experience a number of challenges that impact their reintegration, ongoing stability, and ultimate success as they strive to become productive, contributing, law-abiding citizens. Chief among these challenges are (1) finding suitable and affordable housing and (2) securing gainful employment. For individuals who have been convicted of sex offenses, these specific reentry barriers are further exacerbated – oftentimes quite considerably – as a result of multiple factors. These include the following:

- Negative public sentiment can lead to an unwillingness or hesitancy to allow sex offenders as tenants or to offer employment opportunities, and in some instances, results in citizens mobilizing to drive sex offenders out of certain neighborhoods or prevent them from residing there.
- In and of itself, a sex crime conviction can be an exclusionary factor used by employers, landlords, and other housing officials;
- Specialized conditions of supervision designed to reduce and manage sex offense-specific risk factors may necessarily eliminate certain employment opportunities that may otherwise be suitable for individuals convicted of non-sexual crimes.

⁹² Sex offender residence restrictions. A Report to the Florida Legislature, October 2005, Jill S. Levinson, Ph.D.

- Ensuring that the needs, interests, and safety of victims are protected may require specific prohibitions and restrictions regarding where a given sex offender may reside or work that generally are not imposed for non-sex offenders.
- In cases involving intra-familial sex offenses and, in some instances, any sex offense involving a minor, no-contact orders and other conditions often require offenders to reside in a home where no minors are present in order to protect victims and other vulnerable persons.
- Residence restrictions enacted at state and local levels prohibit individuals with sex offense convictions from residing within established proximities of schools, daycare centers, parks, and other places where children may congregate, which significantly limits available housing options.
- Housing and zoning ordinances in a number of jurisdictions specifically prohibit multiple sex offenders – in some instances, simply more than one sex offender – from residing in a given housing unit or complex.
- Limitations on housing can result in sex offenders becoming transient or living in remote locations that are not readily accessible to employment or potential employment locations, which in turn can result in high transportation costs in order to explore or maintain employment.
- Remote housing locations can impact access to specialized sex offense-specific treatment, which tends to be a routine post-release requirement, or to other needed services such as mental health or substance abuse programming.
- In the absence of employment, individuals generally lack the financial resources to pay for suitable housing, treatment services, transportation, court-imposed costs such as supervision fees or restitution, support for children and families, or even basic living expenses.
- Housing instability or relocation may disrupt relationships with and increase detachment from family members, partners, or other positive supports and can limit opportunities to participate in activities in which prosocial relationships can be established.

Even prior to release from incarceration, housing- and employment-related issues can create barriers to reentry for individuals convicted of sex offenses. For example, in systems that utilize discretionary release processes, parole boards generally require individuals to have sound release plans – which include approved housing and, in some instances, employment plans – in order to be considered for release. Because these aspects are particularly difficult to solidify prior to release, individuals convicted of sex offenses who might otherwise be determined to be release-ready may be denied release. This results in serving longer sentences, which may in turn reduce the period of post-release supervision. Post-release supervision allows system actors and others to provide needed support and assistance with community reintegration, particularly during the initial week and months following release to the community, which is a particularly high-risk period for individuals released from incarceration, including those with sex offense convictions.

Taken together, these highly inter-related issues not only make reentry particularly difficult for individuals convicted of sex offenses, but also create the potential to increase

recidivism risk, as some of these factors (e.g., unstable housing, employment instability, collapse or absence of prosocial supports) are specifically linked to recidivism among this population.

At the same time, the public, policymakers, and professionals responsible for sex offender management share a fundamental goal – safe communities. Lack of stable housing among sex offenders may compromise attaining this goal. Experts in the field of sex offender management cite the fact that housing stability can be an important component of dynamic risk with regard to an offender’s likelihood of committing a new offense. The California Sex Offender Management Board states the following:

...a substantial body of research now links criminality to life stability – an inverse relationship. An unstable life leads to increased problems with the law and with increased criminal recidivism. Of course life instability is unavoidably linked with housing instability.⁹³

In a July, 2016 study, researchers from the California and Canadian justice departments reviewed the records of more than 1,600 California sex offenders on probation or parole. They found relatively low rates of sex-crime recidivism (less than 5% during the study’s five-year follow-up period). However, those experiencing homelessness were over four times more likely to commit a repeat sex crime than those who were not. “Collectively, transient status seems to be associated with higher sexual recidivism rates,” the researchers concluded.⁹⁴

Alissa Ackerman, a University of Washington criminologist, has cited the fact that because sex-offender registration makes finding a job and housing more difficult, offenders feel angrier and more stressed: her work indicates that these negative emotions drive up recidivism rates.⁹⁵

In an April 18, 2011 letter to all state governors and attorneys general, U.S. Attorney General Eric Holder addressed this issue and asked for careful consideration of these problems:

...research reveals that gainful employment and stable housing are key factors that enable people with criminal convictions to avoid future arrests and incarceration... Public safety requires us to carefully tailor laws and policies to genuine risks while reducing or eliminating those that impede successful reentry without community benefit. Failed reentry policies impose high social and economic costs including increased crime, increased victimization, increased family distress, and increased pressure on already-strained state and municipal budgets.⁹⁶

⁹³ www.saratso.org/docs/ThePredictiveValidity_of_Static-99R_forSexualOffenders_inCalifornia-2016v1.pdf

⁹⁴ Ibid.

www.saratso.org/docs/ThePredictiveValidity_of_Static-99R_forSexualOffenders_inCalifornia-2016v1.pdf

⁹⁵ Yoder, Stephen, “New evidence says US sex-offender policies are actually causing more crime,” Quartz, <https://qz.com/869499/new-evidence-says-us-sex-offender-policies-dont-work-and-are-actually-causing-more-crime/>

⁹⁶ CASOMB, 2011.

The nature, scope, and implications of housing and employment barriers for individuals with sex offense convictions create an urgent need for policymakers to identify promising, effective, and safe methods to offset these reentry challenges. Indeed, findings from a recent Council of State Governments Justice Center needs assessment regarding reentry barriers for this special population revealed that addressing housing- and employment-related challenges are overwhelmingly rated as the top two challenges practitioners face when working with this population.

Of the nearly 600 stakeholders completing the needs assessment:

- almost all (92%) reported that finding suitable housing is a moderate to significant barrier;
- another 90% percent indicated that securing employment is a moderate to significant barrier;
- another 86% indicated that negative public sentiment poses a barrier, which, as noted earlier, can impact housing and employment; and
- a clear majority (81%) reported that residence restrictions are a moderate to significant barrier, which, as highlighted above, significantly impact housing options and are associated with collateral, potentially risk-increasing consequences.

Respondents were also asked to rate, based on their experiences and interactions with this particular population, what they believed that sex offenders themselves would cite as the most significant barriers to reentry. The findings were similar, in that:

- nearly all (94%) believed that sex offenders would rate housing issues as a moderate to significant barrier;
- nearly all (94%) perceived that finding employment would be reported by sex offenders as a moderate to significant barrier;
- another 93% indicated that negative public sentiment would be indicated by sex offenders as a moderate to significant barrier; and
- most (89%) were of the opinion that sex offenders would cite residence restrictions as being particularly challenging for returning to the community.

Out of a range of topics for which respondents were asked to prioritize as the top needs for education, training, and technical assistance, housing and employment issues clearly emerged as the top priority need, far and above the other topic areas such as risk assessment, treatment, supervision, myths and facts, legislative issues, and parole decision-making pertaining to individuals with sex offense convictions. Housing and employment issues were also among the top priority items for which respondents believed legislators and policymakers in their state or local jurisdictions could benefit from additional training and technical assistance.

D. Recidivism

Research has shown that most individuals adjudicated for sexual crimes do not continue perpetrating sexually abusive behavior (i.e., recidivate), and that an individual's risk for recidivism (i.e., rearrest and or reconviction) is based upon many factors. Current follow-up studies of adjudicated sex offenders suggest that many sex offenders will not recidivate with a subsequent sex crime and that sex recidivism rates are lower than typically portrayed in the popular media. However, it is important to acknowledge that the data available on recidivism rates are primarily derived from individuals who have been apprehended, prosecuted, and convicted of sexual crimes (i.e., known sex offenders); and that recidivism is usually determined by examining criminal records after release. These studies do not provide information on sexual assaults that have not been investigated or adjudicated by law enforcement. Moreover, the recidivism rates do not include offenses that, although sexually motivated, cannot be identified as sexual from the criminal record (for example, some sexual assaults appear on the criminal record only as common assaults). Thus, the numbers presented below likely underestimate the true rates of sexual recidivism.

A 2017 OPM study of sex offender recidivism in Connecticut⁹⁷ found that those who were incarcerated with an arrest or conviction of a sex offense in the state exhibit slightly lower rates of recidivism than non-sex offenders and mirrored the findings of an earlier 2012 recidivism study. In addition, both studies found that when recidivism occurred, it was more likely to be the result of a new, non-sex offense rather than sex offense recidivism.

Adults adjudicated for sexual crimes are a diverse population with varying levels of risk, and rates of recidivism reflect these differences. Research has demonstrated that sexual recidivism rates differ based upon the type of sexual offending, the offender's age at time of release, and the length of time the offender has been offense-free in the community.

According to a 2004 meta-analytic study by Harris & Hanson,⁹⁸ incest offenders (that is, child molesters whose victims were their biological relatives or step-children) recidivated 6% after five years, 9% after 10 years, and 13% after 15 years. Adults who offended against adults recidivated 14% after five years, 21% after 10 years, and 24% after 15 years. Individuals who offended against boys recidivated 23% after five years, 28% after 10 years, and 35% after 15 years. NOTE: These numbers are cumulative and, although the percentage increases over time, the actual rate of sexual offending decreased the longer offenders were offense-free in the community.

⁹⁷ IVAN KUZYYK, NOTES ON OPM'S 2017 SEX OFFENDERS RECIDIVISM STUDY: PRESENTED TO THE CT SENTENCING COMMISSION (May 25, 2017), available at http://www.ct.gov/ctsc/lib/ctsc/Sex_Offenders_Recidivism_Study.pdf.

⁹⁸ Andrew J.R. Harris & R. Karl Hanson, SEX OFFENDER RECIDIVISM: A SIMPLE QUESTION, PUBLIC SAFETY CANADA (2004), available at <https://www.publicsafety.gc.ca/cnt/rsrcls/pblctns/sx-ffndr-rcdvsm/index-en.aspx>.

Recent research by Hanson, et al.⁹⁹ indicates that, for every five years spent in the community offense free, the risk of sexual recidivism declined by 50%, with very low rates of recidivism (less than 5%) occurring after 10 years offense free and no recidivism (0%) occurring after 20 years offense free. This study also indicated that sexual offenders with prior sex offenses in their history are at greater risk for re-offense, whereas older offenders (50+ years old) are typically lower risk for re-offense.

It is important to understand that even allowing for the existence of unreported recidivism, the recidivism rates of men who have committed sex offenses is significantly lower than the news media and general public have come to believe. Moreover, there are very significant difference in the recidivism rates depending on the level of actuarial risk displayed by the individual, thus strongly indicating it is important to provide different levels of management and treatment responses to effectively lower the recidivism of those more likely to recidivate.

⁹⁹ R. Karl Hanson et al., *High-Risk Sex Offenders May Not Be High Risk Forever*, 29 J. INTERPERSONAL VIOLENCE 2792 (2014).

Appendix A
Special Committee on Sex Offenders Members

Brian Austin	Office of the Chief State's Attorney
Vivien K. Blackford	Retired
Linda J. Cimino	Judicial Branch - Office of Victim Services
Laura Cordes	Connecticut Alliance to End Sexual Violence
David D'Amora	Council of State Governments - Justice Center
Honorable Robert Devlin	Judicial Branch - Superior Court
Robert Farr (Co-Chair)	Retired (Former Chair of the Board of Pardons and Paroles)
Stephen Grant (Formerly Co-Chair)	Formerly Judicial Branch-Court Support Services Division
Karen Martucci	Department of Correction - External Affairs Division
David McGuire	ACLU of Connecticut
Mark Palmer	Coventry Police Department
Natasha Pierre	Office of the Victim Advocate
David Rentler	Board of Pardons and Paroles
Gary A. Roberge (Co-Chair)	Judicial Branch – Court Support Services Division
Lisa Tepper Bates	Connecticut Coalition to End Homelessness
Thomas Ullmann	Judicial Branch - Public Defender Services
Antoinette Webster	Department of Emergency Services & Public Protection

Subcommittee on Community & Victim Needs Members

Thomas Canny, Judicial Branch-Court Support Services Division
Linda J. Cimino, Office of Victim Services
Laura Cordes (Co-Chair), Connecticut Alliance to End Sexual Violence
Matthew Garcia (Co-Chair), Department of Emergency Services and Public Protection,
Division of State Police
Stephen Grant, Formerly Judicial Branch-Court Support Services Division
Gail Hardy, State's Attorney, Hartford Judicial District
Karen Jarmoc, Connecticut Coalition Against Domestic Violence
David McGuire, American Civil Liberties Union
Frank Mirto, Department of Correction
Mark Palmer, Coventry Police Department
Robert Santoemma, Judicial Branch-Court Support Services Division
David Snyder, Department of Correction
Richard Sparaco, Board of Pardons and Paroles
Thomas Ullmann, Division of Public Defender Services
Antoinette Webster, Department of Emergency Services and Public Protection

Subcommittee on Sex Offender Assessment & Management Members

Vivien Blackford, Phoenix Association
Laura Cordes, Connecticut Alliance to End Sexual Violence
Alison Cunningham, Columbus House
David D'Amora, Council of State Governments
Eric Ellison, Department of Correction
Patricia Froehlich, State's Attorney (Retired) Windham Judicial District
Matthew Garcia (Co-Chair), Department of Emergency Services and Public Protection,
Division of State Police
Catherine Heffernan, Division of Public Defender Services
Natasha Pierre, Office of the Victim Advocate
David Rentler (Co-Chair), Board of Pardons and Paroles
Gary Roberge (Co-Chair), Judicial Branch-Court Support Services Division
Robert Santoemma, Judicial Branch-Court Support Services Division
Lisa Tepper Bates, Connecticut Coalition to End Homelessness

Subcommittee on Sex Offender Sentencing Members

Brian Austin (Co-Chair), Office of the Chief State's Attorney
Laura Cordes, Connecticut Alliance to End Sexual Violence
Robert Devlin, Chief Administrative Judge for Criminal Matters
Amy Eppler-Epstein, New Haven Legal Assistance Association
Deborah Fuller, Judicial Branch-Court Support Services Division
Lee-Ann Gomes, City of Norwich

Karen Martucci, Department of Correction
Erin Miller, CT for One Standard of Justice
Sarah Russell, Quinnipiac University School of Law
John Smriga, State's Attorney, Fairfield Judicial District
Deborah Sullivan, Division of Public Defender Services
Thomas Ullmann (Co-Chair), Division of Public Defender Services

Appendix B

Study Scope

Over the past two decades, crimes involving sexual violence and the abduction of children have received massive media attention and fueled widespread fears of a high risk of assault by repeat sex offenders, especially against children. In an effort to decrease the incidence of sexual assault and the abduction of children, legislators have passed laws aimed at reducing recidivism among convicted sexual offenders through sex offender registration, community notification, and residency restrictions (SORCN).

Federal law and the laws in all 50 states require adults and some juveniles convicted of specific crimes that involve sexual conduct to register with law enforcement, regardless of whether the victims were adults or children. Commonly referred to as “Meghan’s Laws,” these statutes usually establish public access to sex offender identifying information, primarily by establishing online registries that provide a convicted offender’s criminal history, current photograph, current address, and other information such as place of employment. In addition, a number of states and municipalities impose sentences that include lengthy periods of probation or parole supervision and prohibit registered sex offenders from living within a designated distance, typically 500 to 2,500 feet, of areas where children gather, such as schools, playgrounds, and daycare centers.

Federal legislation to track sex offenders through registration in state databases began in 1994 as part of the Violent Crime Control and Law Enforcement Act. Expansion of the federal requirements and new mandates were adopted almost annually for the next 20 years. As a result of SORCN laws, sex offenders living in the United States are often bound by multiple laws, including registration, community notification, monitoring via a global positioning system (GPS), civil commitment, and residency, loitering, and Internet access restrictions.

The Connecticut legislature created the state sex offender registry in 1998. The Department of Emergency Services and Public Protection (then the Department of Public Safety) maintains a central repository of information on certain sex offenders and makes that information available to the public at state and local law enforcement agencies via the Internet. Convicted sex offenders required to register must provide their name, home address, record of criminal history, identifying information including a photograph, and other information. Connecticut has also expanded and adopted other restrictions and requirements over the past 20 years.

This study focuses on the following main research topics that incorporate the ten analysis areas specified in Special Act 15-2:

1. state sentencing laws for sex offenses, sentencing trends and patterns;
2. management of convicted sex offenders and the sex offender registry; and
3. collateral consequences of sex offender policies and management practices on victims, the public, and the offender.

Areas of Analysis

- State sentencing laws for sex offenses, sentencing trends, and patterns.
 - Overview of federal and state SORCN laws, including a historical perspective and revisions.
 - Overview of Connecticut sex offender registration requirements, case law, and significant amendments to the law related to charging, sentencing and managing adult and juvenile sex offenders.
 - Review of available options for post-sentence appeals concerning sex offender registry status and their outcomes.
 - The registry information available to the public and law enforcement officials.
- Management of Convicted Sex Offenders and the Sex Offender Registry.
 - Risk assessment and classification of sex offenders including pre-sentence investigation reports by the JB-CSSD, the departments of Correction (DOC) and Children and Families (DCF), and BOPP.
 - The effectiveness of a classification system based on the risk of reoffending.
 - Management and community supervision policies, protocols and practices for accused and convicted sex offenders by JB-CSSD, DOC, DCF, and BOPP.
 - The sex offender programs and services offered in correctional facilities and the community.
 - The administration of the sex offender registry including, but not limited to:
 - the responsibilities of DESPP;
 - the sex offender registry's resources and funding;
 - the supervision of registrants no longer under criminal justice system jurisdiction (discharged from sentence) versus offenders under sentence;
 - an analysis of 10-year and life registrants and low- versus high-risk registrants;
 - the number of registrants and a forecast of the increase or decrease in registrants over the next 10 years;
 - registration violations and resulting responses or sanctions; and
 - a process for removal from the registry.
- The collateral consequences of existing sex offender policies and management practices on victims and offenders.
 - Identify strategies to reduce and eliminate convicted sex offender recidivism.
 - Identify the obstacles and consequences that result from sex offender conviction and registration on housing, employment, educational training opportunities, and community reintegration.
 - Identify victim and survivor needs.
 - Examine community education surrounding issues pertaining to victims of sex crimes and sex offender management and rehabilitation.

To provide the most comprehensive examination of the impact of Connecticut's SORCN laws and the effectiveness of the management and rehabilitation of convicted sex offender, it is necessary

to use all available data including, but not limited to: arrest, conviction, sentencing; intake, assessment and classification; supervision and compliance with the registry; and program participation and completion. The data analysis will include, but not be limited to:

- demographics and other descriptors of the sex offender population;
- the differences or similarities in trends and patterns of 10-year versus lifetime registrants;
- the differences or similarities in convicted sex offenders required to register versus not required to register;
- the difference or similarities between convicted sex offenders under sentence and/or supervision versus discharged from sentence;
- registry compliance and violations;
- the differences in rates and patterns of arrest, conviction and sentencing;
- level of risk as predictors of future criminal behavior; and
- descriptive data on victims of sex crimes.

Recidivism is a key measure of the effectiveness of the criminal justice system, sentencing and supervision and rehabilitative and treatment programs and services. This study will use recidivism measures such as the type of new charges and sentences, the length of time an offender remained in the community crime-free (threshold period) and the severity of any new crimes, to evaluate the sex offender population and identify any predictors of future relapse or criminal behavior. The Criminal Justice Policy and Planning Division of the Office of Policy and Management (OPM) and the Connecticut Sentencing Commission will update the 2012 OPM study on sex offender recidivism. That data will provide the basis for the Special Committee's analyses and findings.

Appendix C
SUMMARY OF PUBLIC INPUT SURVEY RESPONSES

Subcommittee on Community & Victim Needs
Special Committee on Sex Offenders

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In addition, the Subcommittee would like to acknowledge the Office of Victim Services' Quality Assurance Unit and Olivia DeFilippo of the Connecticut Alliance to End Sexual Violence for their contributions.

Special Committee on Sex Offenders

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SECTION 1: EXECUTIVE SUMMARY

The Subcommittee on Community & Victim Needs was responsible for the development and distribution of the Public Input Survey on behalf of the Special Committee on Sex Offenders. The survey responses, combined with feedback received from victims, their family members, sex offenders, criminal justice professionals, victim services professionals, and others on the registration, management, and sentencing of sex offenders, will be compiled to provide recommendations to the Connecticut Sentencing Commission.

The data in this report is not inclusive, focusing on certain topics of interest, and correlated by the following stakeholder groups: victims, offenders, and the public. In general, most victim stakeholders found the sentence inappropriate for the crime against them or against a child victim, sharing that the offender's prison time or length of time on the registry was insufficient. This stakeholder group also shared that communication between the victim and probation and parole can be improved and recommended better supervision of the offender; however, a number of victim stakeholders did share their positive experiences with the persons charged with supervising offenders.

Information on how respondents utilize the registry ranged from researching sex offenders in their neighborhoods, work areas, and school zones, as well as being used by registered offenders to review their personal information. Respondents provided various suggestions on how to improve the Registry, including creating a tiered-system that categorizes offenders based on the offense; ensuring offender information is current, such as photos and addresses; listing all criminal charges, including charges that were dropped or reduced during the plea bargaining process; and for the site to be written in plainer language.

While most public stakeholders were not in favor of moving certain low risk sex offenders from a public registry to a private police registry, offender stakeholders were unanimously in favor of and victim stakeholders were overall slightly less inclined to such a change. In addition, victims indicated they would be concerned if the registry standards were changed in the future, more specifically if such change resulted in the removal of the information on the person who assaulted them.

Respondents also provided their opinions on the management and supervision of sex offenders and shared their perceptions on sex crimes and how safe they felt when a sex offender was released into the community under supervision. Most public and victim stakeholders felt unsafe when sex offenders were released into the community and believed that sex offenders were likely to offend again. These stakeholders identified mandatory prison terms, GPS Electronic Monitoring, the Public Sex Offender Registry, notification, housing plans, and restrictions as important practices in the management of registered sex offenders. Offender stakeholders found treatment, specialized supervision, and victim input more important.

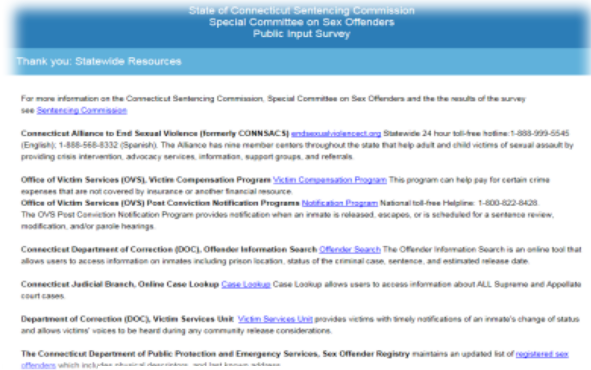
As housing for convicted sex offenders may be difficult to find because of state and federal limitations, studies have shown that the limited housing options and homelessness may increase the likelihood of a sex offender re-offending. Respondents were asked to comment on how their communities could address this issue. The majority of respondents' feedback indicated that sex offender housing was a community issue, which provided also opportunities for monitoring, supervision, and rehabilitative efforts.

SECTION 2: GOAL AND OBJECTIVES

The goal of the Public Input Survey was to provide an additional way to obtain feedback from individuals who were not able to or who chose not to attend the Connecticut Sentencing Commission's public hearing on the registration, management, and sentencing of sex offenders. In addition, this survey allowed primary and secondary victims an opportunity to express their opinions and concerns while preserving their right to privacy and anonymity.

The objectives of the survey are to examine the opinions and concerns of Connecticut residents, primary and secondary victims, offenders, and others who have an interest in:

- sex offender sentencing;
- the State of Connecticut Sex Offender Registry; and
- the management and supervision of sex offenders who re-enter the community on probation or parole.



At the end of the survey, respondents had access to a resource page that listed contact information for various victim service agencies and criminal justice organizations.

SECTION 3: METHODOLOGY

Survey data was collected from May 1, 2017 until June 30, 2017 and distributed in an on-line format through SurveyMonkey, a Web-based survey software provider. The survey was accessible through Web-enabled devices (cell phone, laptop, etc.) and available in English and Spanish.

3.1 Design

The SurveyMonkey Skip Logic feature was utilized to create custom paths that changed the question or page a respondent accessed based on how the respondent answered a question. By controlling the behavior of the survey, it allowed for the review of information specific to primary and secondary victims' experiences related to the investigation of the crime, the court process, the case outcome, their opinions on the sentencing of the sex offender, and their use of the Sex Offender Registry.

The majority of the questions were closed-ended; however, certain questions allowed respondents to provide more information, resulting in 264 comments. The open-ended questions resulted in more than 1,000 comments, which were grouped into categories. Questions related to the demographics of respondents were optional.

3.2 Confidentiality

To ensure confidentiality, respondents did not provide their names; however, respondent's IP addresses were tracked in an effort to identify duplicative responses.

Information that may identify respondents or specific information about a crime that may indirectly identify a victim has been redacted from the survey data in this report. This information will also be redacted from any requests for the raw survey data.

3.3 Publicity

Outreach efforts to raise awareness began prior to the launch of the survey and included requesting various victim service agencies to share information about the survey on their Websites and social media sites. The survey was also posted on the Connecticut Sentencing Commission's Website.

3.4 Data Cleaning

The survey dataset was cleaned of responses that were identified as duplicative, illogical, or not fully completed.

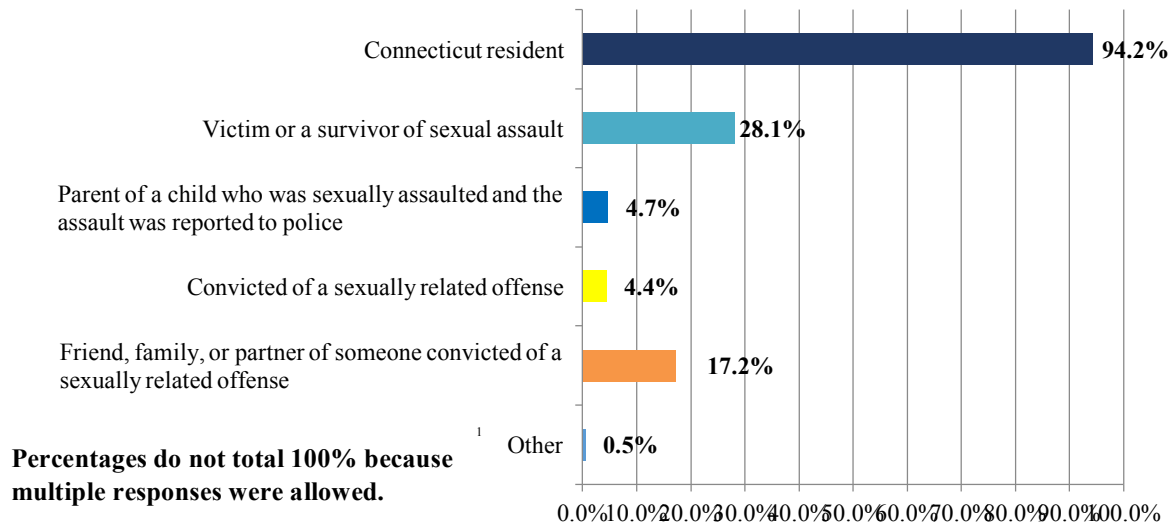
SECTION 4: DEMOGRAPHICS OF RESPONDENTS

For comparative purposes, respondents' replies were organized into three stakeholder groups based on their response to survey questions 1 and 2. The demographic information was optional and consisted of the name of the town in which the respondent lived and the respondent's gender, age, race/ethnicity, and educational background.

4.1 Stakeholders

For Question 1, respondents were asked to select from a list those statements that applied to them. The other option was available for respondents who did not identify with any of the statements or for respondents who wanted to provide more information relative to their selection(s).

Figure 4.1
Stakeholders (Q1)
N=430 Skipped=2

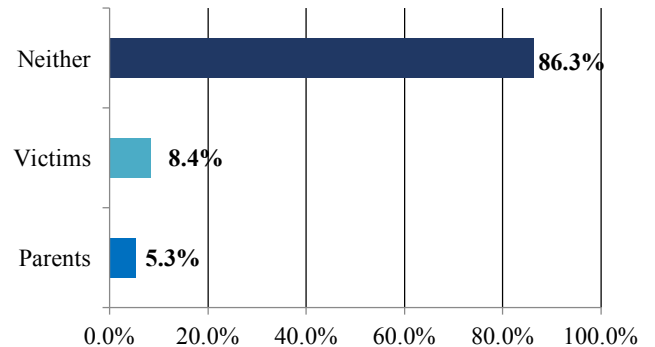


¹Other percentage represents respondents who completed the other field but did not select any other statement. 5% of the respondents who selected one or more statements also provided comments in the Other field, which included their work affiliation or information on their relationship to the victim or offender.

To distinguish primary and secondary victims who reported or did not report the crime to police, respondents were asked to select one choice from among the following options for Question 2:

- I am a victim or survivor of sexual assault who reported the crime to police;
- I am a parent of a child who was sexually assaulted and the case was reported to the police;
- I am NEITHER a victim or survivor of sexual assault who reported the crime to the police or a parent of a child who was sexually assaulted and the case was reported to police.

Figure 4.2
Stakeholders (Q2)
N=417 Skipped=15



The responses from Questions 1 and 2 were combined to create the following stakeholder groups:

- ¹Victims (primary and secondary);
- Persons convicted of a sex offense; and
- Public (includes respondents who identified as a friend, family member, or partner of someone convicted of a sexually related offense.

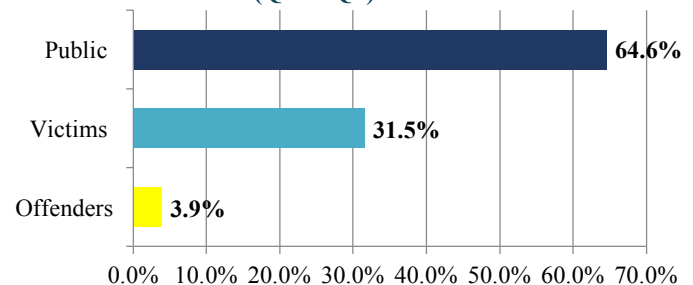
4.2 Demographics

Respondents were given the option to respond to several demographic related questions, including the name of the town or city in which they lived; however, respondents categorized as victim stakeholders who reported the crime to police, were not asked to answer this question.

Responses included 89 towns/cities in Connecticut with the majority of those towns/cities located in the New Haven (22.5%), Hartford (21%), and Fairfield (19%) counties. See Figure 4.4 for data related to Connecticut counties. Data related to specific towns/cities is available upon request.

All respondents were asked their gender with 67% selecting female, 29% male, 0.3% transgender, and 3% preferred not to provide that information. The remaining respondents selected other. All respondents were also given the option to provide their race/ethnicity. Most respondents indicated they were white (80%), followed by 5% African Americans, 5% Hispanics, 4% Asians, and 1% American Indian/Alaskan Native. The remaining respondents selected either unknown or other.

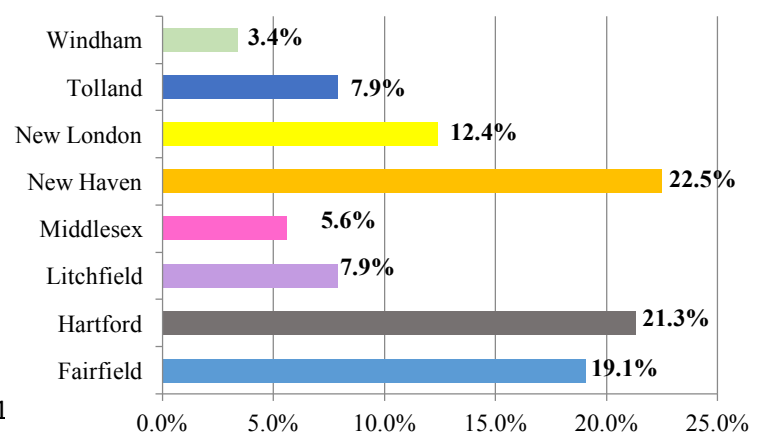
Figure 4.3
Stakeholders Further Defined
(Q1 & Q2) N=432



SECTION 5: SEX OFFENDER SENTENCING

People who are sentenced for committing a sex crime are often supervised in the community for a period of time through specialized sex offender management and supervision units. Connecticut utilizes a collaborative model for the supervision of sex offenders that includes parole officers, probation officers, Connecticut State Police Sex Offender Registry staff, local law enforcement, sexual assault victim advocates, and sex offender treatment providers.

Figure 4.4
Counties Where Respondents Live (Q59)
N=268 Skipped=134



Respondents who indicated on the survey that the offender was arrested were asked to answer questions in Section 2: Court Process and Case Outcome that sought to gain insight on their opinions of the court sentence, as well as their level of involvement in the court process and the case outcome.

When asked if the offender's sentence was appropriate for the crime against them or their child, most respondents said no (72%), while 28% responded yes. Fifty-six percent of the respondents commented that the length of the prison time ordered or served was not long enough.

These respondents were also asked to provide suggestions on how probation and parole can better meet their needs:

- 23% of those responding recommended the communication with the victim be improved;
- 8% recommended better supervision of the offender;
- 62% found the question not applicable to them or their comments were not related to the question; and
- 8% had a positive experience and did not have suggestions to offer.

Other feedback provided by respondents included information that was not received about the supervision of the offender and included:

- Notification of a juvenile offender's location, such as sporting events, vacation, and travel outside of the state;
- Notification when the offender violates probation;
- Information on the offender's supervision, including the contact information for the person responsible for the supervision; and
- Information on lifetime orders of protection.

SECTION 6: SEX OFFENDER REGISTRY

The survey consisted of several questions regarding the Sex Offender Registry to identify:

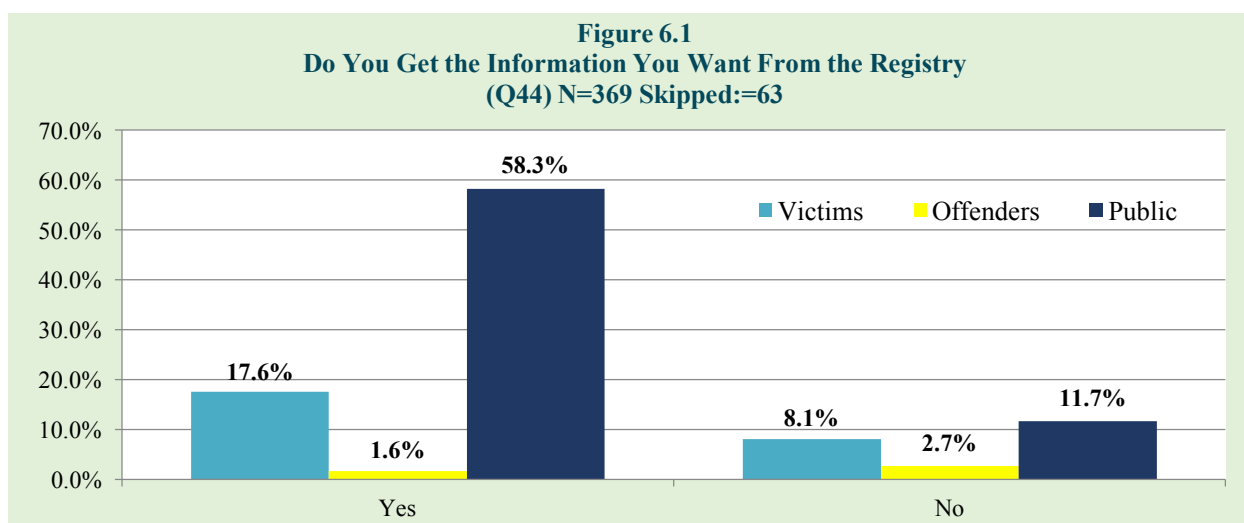
- how respondents utilize the registry;
- if the registry provides the information respondents want;
- if respondents would support moving certain lower risk offenders to a police registry; and
- if respondents believe that people listed on the Sex Offender Registry should be able to request to be taken off the registry.

In addition, victim stakeholders, whose offender was arrested were asked if the offender is listed on the state Sex Offender Registry, if they utilize the registry to monitor the offender, and if they would be concerned if registry standards changed in the future.

Eighty-one percent of respondents indicated they have utilized the Sex Offender Registry with public and victim stakeholders utilizing it for the purpose of researching registered sex offenders in their neighborhood (79%), researching particular offenders (38%), or looking up sex offenders before moving to a neighborhood (31%). Respondents identified as offenders, which represented approximately 5% of the respondents, use the registry to review information on themselves.

Sixteen percent of the respondents had selected other as an option with comments categorized as using the registry for work purposes or to research offenders near their work (28%), to look up information on a family member or other registrants (16%), or did not use the registry (23%).

In some states, sex offenders are listed on a police registry, not a public registry like the one in



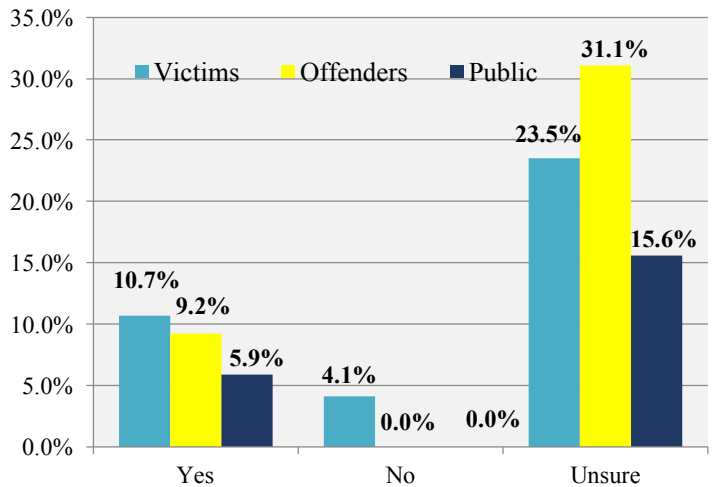
Connecticut. Respondents were asked if they would support moving certain lower risk offenders to a police registry. Offender stakeholders were in favor of moving low-risk offenders to a Police Registry (4%), while the majority of public stakeholders (31%) did not. There was a slight difference between

stakeholders identified as victims in the supporting or not supporting of a police registry for low risk offenders. When asked if there would be concerns if the person who assaulted the victim was removed from the registry, 80% of this group responded yes, while 12% said no, and 8% were unsure.

Respondents were also asked to comment on what information they would like to see added or changed on the Sex Offender Registry Website. The common trends among the feedback include:

- List all criminal charges for the offender;
- Include information about the offender's supervision;
- Maintain current information, including photos, new criminal charges, and addresses;
- Remove offender photos and addresses;
- Add date of termination;
- Create a Juvenile Sex Offender Registry;
- List all persons convicted of a sex offense;
- Have a registry for all crimes not just sex crimes;
- Include offender's past criminal history; and
- Ensure hyperlinks work.

Figure 6.2
Supports Moving Certain Lower Risk Offenders
to a Police Registry (Q46)
N=392 Skipped=40



The Connecticut Department of Emergency Services and Public Protection (DESPP) keeps an updated searchable record of people, who as a result of being convicted of committing certain sex crimes, are required to be listed on the state's Sex Offender Registry for a period of ten years or life. Individuals convicted of certain sex offenses may not be required to register if the courts deem registration is not necessary for public safety.

The registry is available on a public Website and includes the offender's last known address, physical descriptors, as well as location, date, and details of the offense. Registered sex offenders must verify their address every 90 days and update their picture every five years or upon request with the State Police.

The DESPP does not consider or assess the specific risk of re-offense or danger that an individual may pose prior to his or her inclusion within the registry.

SECTION 7: MANAGEMENT AND SUPERVISION OF SEX OFFENDERS

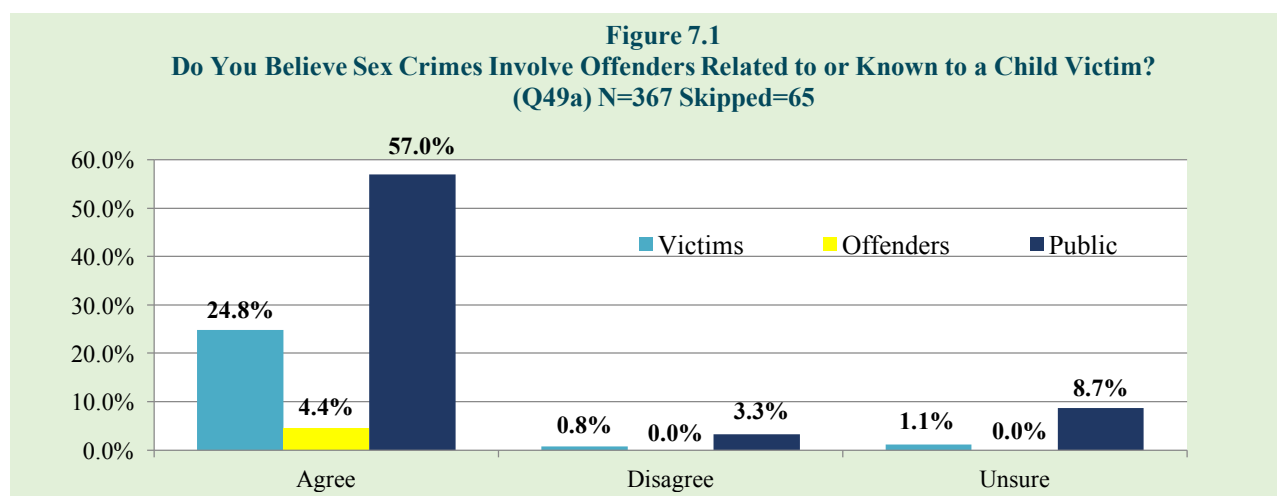
The Safety and Community Supervision section contained questions that sought to provide insight on the collaborative supervision model utilized in Connecticut. This model provides for a cooperative effort among parole officers, state and local law enforcement, sexual assault victim advocates, and sex offender treatment providers for the supervision and treatment of sex offenders in Connecticut.

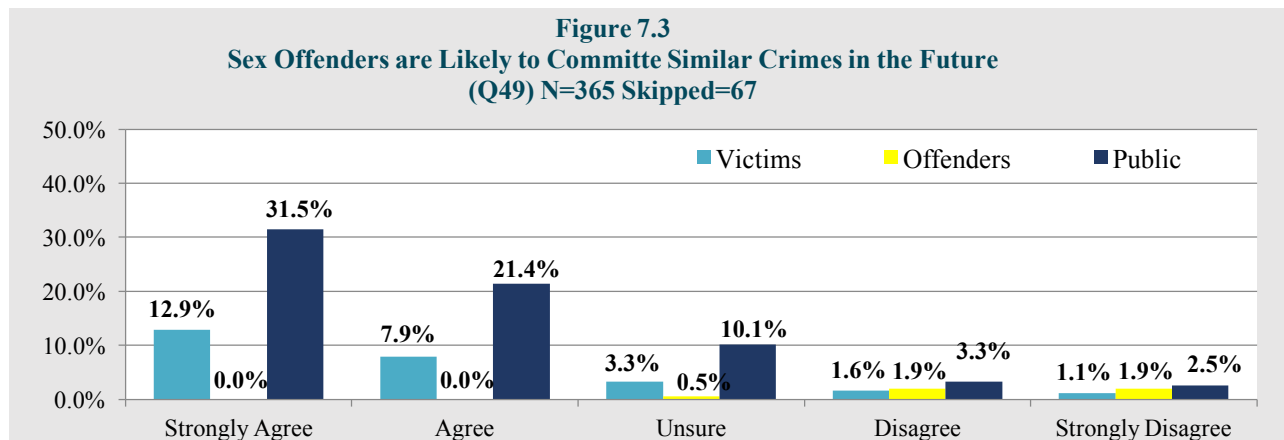
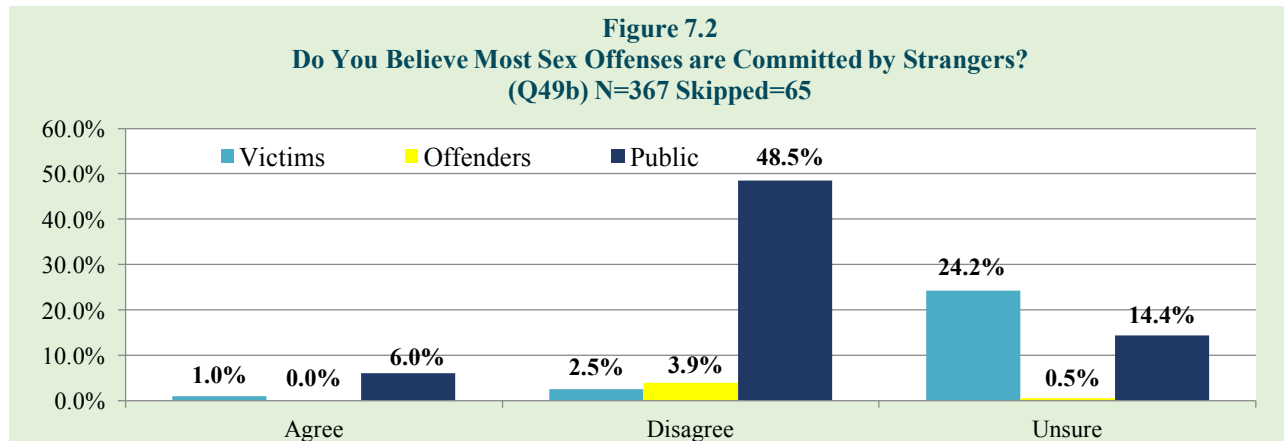
Respondents were asked to indicate where they obtained information about registered sex offenders by selecting one option from a predefined list. The majority of public and victim stakeholders received their information from online registries (42%), followed by the Internet (20%), whereas offender stakeholders indicated the media as their primary source of information. Respondents also indicated other resources being used to obtain information, such as the Connecticut Judicial Branch and the Connecticut Alliance to End Sexual Violence.

7.1 Perceptions on Sex Crimes and Feelings of Safety

To understand the public's perception of registered sex offenders, respondents were asked to share their level of agreement on whether they believe that sex offenders are related to or otherwise known to child victims, whether most sex offenses are committed by strangers, and if sex offenders are likely to commit similar crimes in the future. Respondents across all stakeholder groups agreed that sex offenders are related to or known to the child victims; however, the majority of victim stakeholders were unsure if most sex offenses were committed by strangers while both public and offender stakeholders disagreed with that statement.

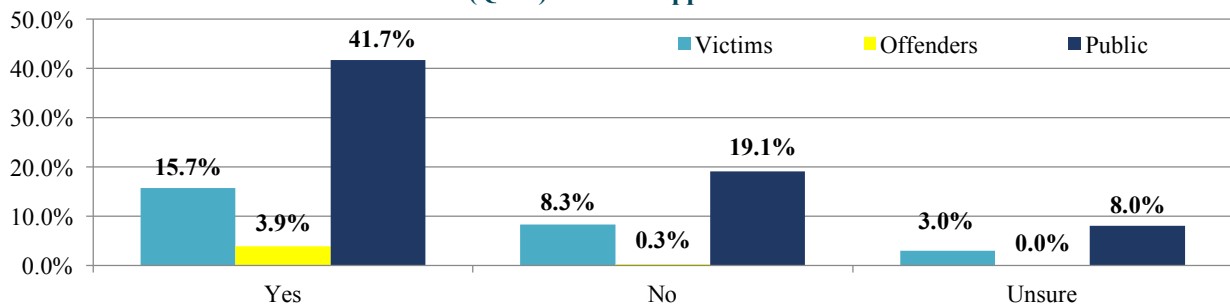
The majority of public and victim stakeholders also believed that sex offenders were likely to commit similar crimes in the future, while offender stakeholders disagreed with that belief statement.





Respondents were asked to indicate whether they felt safe when registered sex offenders re-enter the community under supervision, as well as whether respondents knew how to access support services and who to contact for concerns about a person on the registry. More public and victim stakeholders felt unsafe than safe when sex offenders re-enter the community; the majority of respondents, who selected other, indicated their level of safety was dependent on the sex offender's crime and the criminal charges.

Figure 7.5
Knows Who to Contact for Concerns About Someone on Registry
(Q51a) N=362 Skipped=70

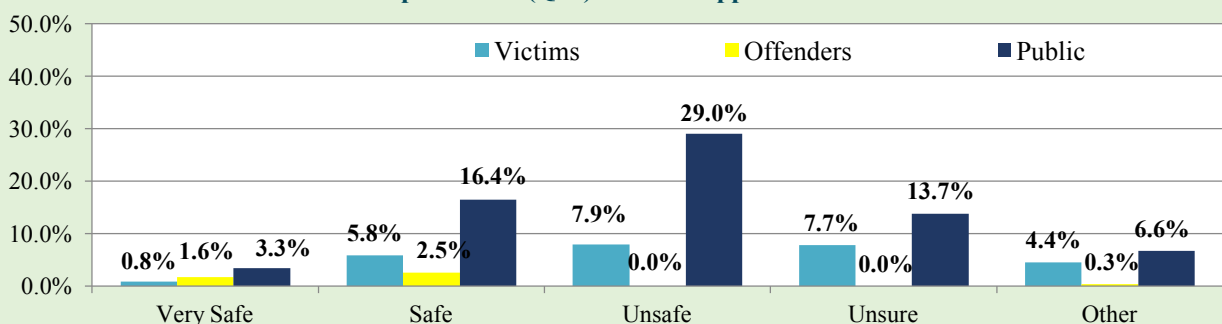


7.2 Opinions on the Management and Supervision of Offenders

Respondents were asked to rate the level of importance for several practices in use to manage and reduce the risk posed by registered sex offenders. The majority of public and victim stakeholders found the practices related to mandatory prison terms, GPS Electronic Monitoring (ankle bracelet), the Public Sex Offender Registry, registration and community notification, individualized housing plans and restrictions important in preventing future victimization; however, offender stakeholders found the practices related to sex offender treatment, specialized probation/parole supervision, and victim and victim advocate input more important. In addition, victim stakeholders found meetings with the offender's family members to have more importance than the public and sex offender stakeholders, who seemed indifferent to this practice.

Respondents were also asked to provide suggestions on additional ways that sex offenders may be supervised. The most common suggestions included more frequent monitoring (home visits), computer and electronic monitoring (GPS, computer, phone); Internet and locale restrictions (schools, college campuses, public housing, shelters); and to provide treatment programs and other rehabilitative programs.

Figure 7.4
How Safe Do You Feel When Offenders Are Released Into the Community Under Supervision? (Q50) N=365 Skipped=67



SECTION 8: HOUSING

The Housing section contained questions related to a respondent's knowledge of and feelings about sex offender housing issues. Respondents were asked to indicate if they were aware that due to a felony conviction, housing for many sex offenders are limited by federal and state laws and that individuals listed on the Sex Offender Registry are prohibited from living in public housing. The majority of respondents indicated they were aware of such limitations.

As housing for registered sex offenders may be difficult to find and homelessness has been linked to re-offending, respondents were asked to comment on what their communities could do about this issue. The feedback from respondents included having their community provide some type of housing (37%), such as using abandoned buildings to building new facilities, using treatment facilities, providing low-income housing, groups homes, or halfway houses; implementing residency restrictions (6%); removing residency restrictions (10%); and that sex offender housing was not a community issue (4%).

The remaining respondents (48%) provided comments on social services to reintegrate sex offenders to the community, the types of punishment and level of supervision for sex offenders, whether the Sex Offender Registry should be abolished or modified, and general statements.

Respondents were also given an opportunity to share their questions and concerns about sex offenders in their community. The majority of respondents (72%) indicated that they did not have questions or concerns or their comments reflected opinion and not necessarily a question or concern. Questions that had the same general premise for more than one respondent included the level of supervision and treatment provided to sex offenders, how to tell low-risk from high-risk offenders, and how an offender may be removed from the Sex Offender Registry. Concerns included that information on the registry may not be current, sex offenders were allowed to live within a school zone, and that sex offenders were treated unfairly in comparison to other offenders.

Appendix D SUMMARY OF EX-OFFENDER SURVEY RESPONSES

Personal/Family

Have you ever been harassed because you're on the registry? Has a family member?	135 (Yes, I have) 62 (Yes, my family has) 154 (No, I have not) 133 (No, my family has not)
Have you ever not been allowed to see your child because you were on the registry?	204 (No) 74 (yes)
Have you ever not been allowed to see your child due to your probation/parole conditions?	199 (No) 23 (Yes, one or two times) 62 (Yes, many times)
Have you ever not been allowed to live with your family because you were convicted of a sex crime?	201 (No) 109 (yes)
Do you have any children?	125 (No) 192 (Yes)
Are you married?	245 (No) 73 (yes)

Education

What grade did you complete?	49 (Some high school) 124 (GED/High school diploma) 83 (Some college) 27 (Bachelor's degree) 15 Advanced graduate degree (M.A., Ph.D.) 7 (Professional Degree)
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Employment

Have you even been denied employment, or fired, because of being on the registry?	141 (No) 66 (Yes, one or two times) 97 (Yes, many times)
Have you had a hard time getting ahead in your career or job because of being on the registry?	106 (No) 92 (Yes, one or two times) 107 (Yes, many times)
Are you employed? If you are employed, what type of job do you have?	131 (No) 43 (Yes, part time) 141 (Yes, full-time)

Housing

Since being on the registry, have you ever been homeless?	254 (No) 41 (Yes, one or two times) 15 (Yes, many times)
Have you ever been denied housing, or evicted from housing, because of being on the registry?	221 (No) 51 (Yes, one or two times) 39 (Yes, many times)
Do you have a place to live?	3 (No, and I haven't had a place to stay regularly in at least a year) 17 (Not right now) 6 (Sometimes) 287 (Yes)

Offense/Victims

Was the victim any of the following?	25 (Adult stranger) 94 (Family member) 126 (Friend/acquaintance)
Did you plead guilty in order to avoid a harsher sentence?	73 (No) 232 (Yes)
Was there a plea bargain agreement?	64 (No) 238 (Yes)
Have you been convicted of any crimes other than sex crimes?	206 (No) 31 (Yes, including one or more violent crimes) 77 (Yes, but non-violent crimes only)

Corrections/Treatment

Were you denied access to any services while incarcerated that other inmates had because you were convicted of a sex crime?	221 (No) 61 (Yes)
Do you think that you were treated fairly by corrections staff?	90 (No) 189 (Yes)
Do you feel that you were otherwise treated differently while incarcerated because of your sex crime conviction?	162 (No) 56 (Yes, one or two times) 68 (Yes, many times)
Did you want sex offender treatment while incarcerated?	152 (No) 133 (Yes)
Could you get sex offender treatment while incarcerated if you wanted it?	76 (No) 202 (Yes)
Are you in a sex offender treatment program?	105 (No) 8 (Yes, voluntarily) 206 (Yes, as required by the court or my probation officer)

Do (did) you pay for treatment yourself?	63 (No) 253 (Yes)
Is (was) treatment helpful?	49 (Not at all) 122 (Yes, somewhat) 144 (Yes, Very)
Have victim advocates ever been involved in your sex offender treatment?	130 (No) 130 (Yes, sometimes) 53 (Yes, regularly)
Have you been required to take a polygraph test, either as part of treatment or not as a part of treatment?	37 (No) 15 (Yes, but not as a part of my treatment program) 263 (Yes, as part of my treatment program)
Do you feel that polygraph tests are helpful in sex offender treatment?	170 (Not at all) 79 (Yes, somewhat) 49 (Yes, very much)
When have you had a mandatory risk assessment?	84 (Around the time of conviction) 80 (During incarceration) 68 (Right before release from incarceration) 137 (After release from incarceration)
Has your risk level decreased between your first and last risk assessment?	51 (No) 61 (Yes) 156 (I don't know)
Do you believe that this assessment is correct?	48 (No) 80 (Yes) 135 (I don't know)

Probation/Parole

Are you on: probation/ parole	266 (probation) 45 (parole)
Do you think that these conditions make sense, given the crime you were convicted of?	163 (No) 142 (Yes)
If you have ever not been allowed to use a computer as a condition of parole, have you ever had a hard time finding a job because of this condition?	126 (No) 40 (Yes, one or two times) 136 (Yes, many times)
More generally, have you ever lost, or had to turn down, a job opportunity because of probation or parole condition, or because of a rule placed on you by your probation/parole officer?	122 (No) 82 (Yes, one or two times) 105 (Yes, many times)
Has your probation/parole officer ever refused to let you see an adult romantically or socially because they had children?	243 (Never) 23 (Yes, one or two times) 24 (Yes, many times)
Do you think that your probation/parole officer treats you fairly?	27 (No) 284 (Yes)

Appendix E

STATUTORY DEFINITIONS OF CRIMES REQUIRING SEX OFFENDER REGISTRATION

The three categories of crimes that require registration as a sex offender

- a criminal offense against a victim who is a minor,
- a nonviolent sex offense, and
- a sexually violent offense

are defined in the statute by referencing other specific offenses included in the state's penal code.

I. CRIMINAL OFFENSES AGAINST A VICTIM WHO IS A MINOR

A first-time conviction for the following criminal offenses against a victim who is a minor requires registration for 10 years; for subsequent convictions or for first degree sexual assault, the registration is for life.

CGS § 54-250 (2) (A)

Injury or risk of injury to, or impairing morals of, children (CGS § 53-21 (a) (2)).

Any person is guilty of a class B felony when such person has contact with the intimate parts, as defined by law, of a child under the age of 16 years or subjects a child under 16 years old to contact with the intimate parts of such person, in a sexual and indecent manner likely to impair the health or morals of such child.

Sexual assault in the first degree (CGS § 53a-70 (a) (2)). (a) A person is guilty of sexual assault in the first degree when such person engages in sexual intercourse with someone who is under age 13 and the actor is more than two years older.

Sexual assault in the second degree (CGS § 53a-71(a) (1), (4), (8), (9)(B), and (10)). A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with:

- someone age 13 to 15 if the actor is more than three years older;
- someone under age 18 if the actor is the person's guardian;
- a student if the actor is a school employee and the student is enrolled in a school where the actor works;
- someone under age 18 if the actor is a coach or instructor and such other person is a recipient of coaching or instruction from the actor; or

- someone under age 18 if the actor is 20 years old or older and stands in a position of power, authority or supervision over the other person by virtue of the actor's professional, legal, occupational or volunteer status.

Sexual assault in the third degree (CGS § 53a-72a (a) (2)). (a) A person is guilty of sexual assault in the third degree when such person engages in sexual intercourse with someone the actor knows to be related to him or her within any of the specified degrees of kindred (i.e., parent, grandparent, child, grandchild, sibling, parent's sibling, sibling's child, stepparent, or stepchild).

Promoting prostitution in the first degree (CGS § 53a-86 (a) (2)). A person is guilty of promoting prostitution in the first degree when he knowingly advances or profits from prostitution of a person under age 18.

Promoting prostitution in the second degree (CGS § 53a-87(a) (2)). This provision of the statute, still in the definitions that require sex offender registry, was removed by PA 10-115 which made promoting prostitution using a person under age 18 a class B (described above under CGS § 53a-86), rather than a class C, felony. Though repealed, the law still requires registration of a person who promotes prostitution using anyone under 18.

Enticing a minor (CGS § 53a-90a). A person is guilty of enticing a minor when such person uses an interactive computer service to knowingly persuade, induce, entice, or coerce any person who is either under age 18 or who the actor reasonably believes to be under 18, to engage in prostitution or sexual activity for which the actor may be charged with a criminal offense.

Employing a minor in an obscene performance (CGS § 53a-196a). A person is guilty of employing a minor in an obscene performance when such person (1) employs any minor, whether or not such minor receives any consideration, for the purpose of promoting any material or performance which is obscene as to minors, notwithstanding that such material or performance is intended for an adult audience or (2) permits any such minor to be employed, whether or not such minor receives any consideration, in the promotion of any material or performance which is obscene as to minors, notwithstanding that such material or performance is intended for an adult audience, and such person is the parent or guardian of such minor or otherwise responsible for the general supervision of such minor's welfare.

Promoting a minor in an obscene performance (CGS § 53a-196b). A person is guilty of promoting a minor in an obscene performance when he knowingly promotes any material or performance in which a minor is employed, whether or not such minor receives any consideration, and such material or performance is obscene as to minors notwithstanding that such material or performance is intended for an adult audience.

Child Pornography Offenses

Importing child pornography (CGS § 53a-196c). A person is guilty of importing child pornography when, with intent to promote child pornography, such person knowingly imports

or causes to be imported into the state three or more visual depictions of child pornography of known content and character.

Possessing child pornography in the first degree (CGS § 53a-196d). A person is guilty of possessing child pornography in the first degree when such person knowingly possesses (1) fifty or more visual depictions of child pornography, or (2) one or more visual depictions of child pornography that depict the infliction or threatened infliction of serious physical injury, or (3) (A) a series of images in electronic, digital or other format, which is intended to be displayed continuously, consisting of two or more frames, or a film or videotape, consisting of two or more frames, that depicts (i) more than one child engaging in sexually explicit conduct, or (ii) more than one act of sexually explicit conduct by one or more children, or (B) any combination of a (i) series of images in electronic, digital or other format, which is intended to be displayed continuously, (ii) film, or (iii) videotape, which series, film or videotape each consists of two or more frames and depicts a single act of sexually explicit conduct by one child.

Possessing child pornography in the second degree (CGS § 53a-196e). A person is guilty of possessing child pornography in the second degree when such person knowingly possesses (1) twenty or more but fewer than fifty visual depictions of child pornography, or (2) a series of images in electronic, digital or other format, which is intended to be displayed continuously, consisting of twenty or more frames, or a film or videotape, consisting of twenty or more frames, that depicts a single act of sexually explicit conduct by one child.

Possessing child pornography in the third degree (CGS § 53a-196f). A person is guilty of possessing child pornography in the third degree when such person knowingly possesses (1) fewer than twenty visual depictions of child pornography, or (2) a series of images in electronic, digital or other format, which is intended to be displayed continuously, consisting of fewer than twenty frames, or a film or videotape, consisting of fewer than twenty frames, that depicts a single act of sexually explicit conduct by one child.

CGS § 54-250 (2) (B)

First-time convictions for violations of the following subject the offender to the 10-year registration requirements *if the court finds the victim is under age 18*. Subsequent convictions result in a lifetime on the registry.

Sexual assault in the second degree (CGS § 53a-71 (a) (9) (A)). A person is guilty of sexual assault in the second degree when the actor is a coach in an athletic activity or instructor who engages in sexual intercourse with a secondary school student who receives such coaching or instruction in a secondary school setting.

Kidnapping in the first degree with (CGS § 53a-92) or without (CGS § 53a-92a) a firearm. A person is guilty of kidnapping in the first degree when he abducts another person and (1) his intent is to compel a third person (A) to pay or deliver money or property as ransom or (B) to engage in other particular conduct or to refrain from engaging in particular conduct or (2) he

restrains the person abducted with intent to (A) inflict physical injury upon him or violate or abuse him sexually; or (B) accomplish or advance the commission of a felony; or (C) terrorize him or a third person; or (D) interfere with the performance of a government function.

Kidnapping in the second degree with (CGS § 53a-94) or without (CGS § 53a-94a) a firearm. A person is guilty of kidnapping in the second degree when he abducts another person.

Unlawful restraint in the first degree (CGS § 53a-95). A person is guilty of unlawful restraint in the first degree when he restrains another person under circumstances which expose such other person to a substantial risk of physical injury.

Unlawful restraint in the second degree (CGS § 53a-96). A person is guilty of unlawful restraint in the second degree when he restrains another person.

Public indecency (CGS § 53a-186). A person is guilty of public indecency when he performs any of the following acts in a public place: (1) an act of sexual intercourse as defined in subdivision (2) of section 53a-65; (2) a lewd exposure of the body with intent to arouse or to satisfy the sexual desire of the person; or (3) a lewd fondling or caress of the body of another person.

CGS § 54-250 (2) (C)

A person is also required to register under the sex offender statutes if found to be criminally liable for any of the above offenses (violations of the statutes described under CGS § 54-250 (2) (A) or (B) above) when the actor:

1. solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense;
2. intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or
3. attempts to commit the crime.

CGS § 54-250 (2) (D)

The definition includes violation of a predecessor statute with substantially the same essential elements of any of the above offenses.

II. NONVIOLENT SEX OFFENSES

Violation of a nonviolent sex offense requires a 10-year period of registration for people convicted of fourth degree sexual assault, generally involving nonviolent sexual contact with vulnerable victims specified by law, such as minors or those with physical or intellectual disabilities.

CGS § 54-250 (5) (A)

Sexual assault in the fourth degree (CGS § 53a-73a). A person is guilty of sexual assault in the fourth degree when it involves subjecting someone to sexual contact in several different situations, such as without the person's consent or the person is physically helpless or between a young victim and an actor within a specified age difference.

Voyeurism (CGS § 53a-189a (a) (2), (3), or (4)). A person is guilty of voyeurism committed in specified ways for sexual gratification or arousal.

CGS § 54-250 (5) (B)

As covered under "criminal offenses against a victim who is a minor," a "nonviolent sexual offense" applies to a person found to be criminally liable because the actor:

1. solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense;
2. intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or
3. attempts to commit the crime.

III. SEXUALLY VIOLENT OFFENSES

These crimes require registration if the court finds the offense was committed with the intent to sexually violate or abuse the victim.

CGS § 54-250 (11) (A)

Sexual assault in the first degree (CGS § 53a-70, except for (a)(2)). A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to such person or a third person, (2) commits sexual assault in the second degree and in the commission of such offense is aided by two or more other persons actually present, or (3) engages in sexual intercourse with another person and such other person is mentally incapacitated to the extent that such other person cannot give consent. The exception excludes crimes against minors.

Aggravated sexual assault in the first degree (CGS § 53a-70a). A person is guilty of aggravated sexual assault in the first degree when such person commits sexual assault in the first degree as provided in section 53a-70 above, and (1) such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a deadly weapon, (2) with intent to disfigure the victim seriously and permanently, or to destroy, amputate or disable permanently a member or organ of the victim's body, such person causes

such injury to such victim, (3) under circumstances evincing an extreme indifference to human life such person recklessly engages in conduct which creates a risk of death to the victim, and thereby causes serious physical injury to such victim, or (4) such person is aided by two or more other persons actually present.

Sexual assault in spousal or cohabiting relationship (CGS § 53a-70b). A person is prohibited from compelling the other spouse or cohabiter to engage in sexual intercourse by the use of or threat of force.

Sexual assault in the second degree (CGS § 53a-71). A person commits this crime when he engages in sexual intercourse with (1) a person between ages 13 and 15 and the perpetrator is more than three years older; (2) a mentally incompetent person; (3) a physically helpless person; (4) a minor under his supervision or guardianship; (5) a person in custody or detained in a hospital and under the offender's authority; (6) his psychotherapy patient or former patient during sessions, under the guise of therapy, or while the patient is dependent upon him; (7) someone the offender tricks into believing that he is a health professional and the sexual intercourse is medical treatment; (8) a school student and the offender works at the school or for the school board; (9) a minor that he coaches or otherwise instructs; (10) a minor and the offender is at least 20 years old and a person in a position of power; or (11) a person placed or receiving services under direction of the Department of Developmental Services and the offender has supervisory or disciplinary authority.

The provisions covered under crimes against minors above are excluded from the definition of a sexually violent offense.

Sexual assault in the third degree (CGS § 53a-72a). A person is guilty of sexual assault in the third degree when such person compels another person to submit to sexual contact by (A) the use of force against such other person or a third person or (B) the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person. The provision covered under crimes against minors is excluded.

Sexual assault in the third degree with a firearm (CGS § 53a-72b). A person is guilty of sexual assault in the third degree with a firearm when such person commits third degree sexual assault using, or armed with and threatening to use, a firearm.

Kidnapping in the first degree (CGS § 53a-92) or kidnapping in the first degree with a firearm (CGS § 53a-92a). A person is guilty of kidnapping in the first degree for abducting another person and (1) with the intent to compel a third person to (A) pay or deliver money or property as ransom or (B) engage in (or refrain from) other particular conduct or (2) he restrains the person abducted with intent to (A) inflict physical injury upon him or violate or abuse him sexually, (B) accomplish or advance the commission of a felony, (C) terrorize him or a third person, or (D) interfere with the performance of a government function. Kidnapping with a firearm is a violation when the person uses or threatens to use a firearm.

CGS § 54-250 (11) (B)

As covered under “criminal offenses against a victim who is a minor” and “nonviolent sexual offenses,” “sexually violent offenses” applies to a person found to be criminally liable because the actor:

1. solicits, requests, commands, or intentionally aids another in conduct that constitutes the offense;
2. intentionally conspires with one or more persons to engage in conduct that constitutes the offense; or
3. attempts to commit the crime.

CGS § 54-250 (11) (C)

The definition includes violation of a predecessor statute with substantially the same essential elements of any of the above offenses.

Appendix F

Amendments to Chapter 969 of the Connecticut General Statutes, 1994 - 2015

Public Act No.	Main Provisions*	Effective Date
94-246	Required DOC and Parole Board to register people convicted after December 31, 1994, of the six most serious sexual assault crimes with local law enforcement agencies upon release. Registration period was for one year and the information was confidential for use only by law enforcement officials.	10/1/1994
95-142	<ul style="list-style-type: none"> Extended registration period from one to 10 years and required Probation Department to register offenders being released. Added another sex offense (sexual contact risk of injury) that required registration. Expanded authorized recipients of the registration information. Prohibited defendants charged with serious sex offenses from participating in the pretrial accelerated rehabilitation program. 	10/1/1995
95-175	Added requirement for Psychiatric Security Review Board to register sex offenders found not guilty because of a mental disease or defect.	10/1/1995
97-183	<ul style="list-style-type: none"> Extended registration requirement to include people convicted or found not guilty because of a mental disease or defect before January 1, 1995. Made registration information public by allowing anyone to inspect it and receive copies under the FOIA. 	6/26/1997
98-111	<ul style="list-style-type: none"> Replaced the original sex offender registration law with a more detailed and comprehensive registration system. Established a statewide centralized registry in DPS and created Internet access for the public. Added crimes to the offenses that require registration and created two categories of crimes: those that involve victimization of a child and sexually violent offenses. Extended the registration period for some offenders and required police to periodically verify offenders' addresses. Required offenders to register themselves within three days. Established penalties for violations. 	10/1/1998
99-183	<ul style="list-style-type: none"> Imposed registration for life for offenders who commit sexually violent crimes. Added child pornography to the crimes requiring registration. Allowed court to restrict public access to registration information involving spousal sexual assault or incest. 	7/1/1999
01-84	Technical	7/1/2001
01-211	<ul style="list-style-type: none"> Allowed crime victims and inmates' immediate family members to file with OVS or DOC a request for notification when a sexual offender 	10/1/2001

	<p>applies for exemption from the registration requirement or seeks to limit dissemination of such information.</p> <ul style="list-style-type: none"> • Required any sexual offender who applies for exemption from the registration requirement or petitions to limit dissemination of such information to notify OVS and DOC on a form prescribed by the chief court administrator. 	
02-89	Repealed the Sexual Offender Registration Committee.	10/1/2002
02-132	Changed reference from Office of Adult Probation to Court Support Services Division to reflect change made in PA 99-215.	10/1/2002
02-7, May 9 SS §§ 78-84	<ul style="list-style-type: none"> • Limited those who must register in another state to those employed or enrolled as students outside the state. • Required offenders who work at or attend a trade or professional institution or institution of higher learning in this state to notify the commissioner of such status and any change. • Required all registrants to verify address every 90 days after initial registration. 	8/15/2002
03-202 § 19	Required (a) Superior and Probate court clerks to notify the Department of Public Safety whenever they find that the court has granted a name change to a person listed in the department's sex offender registry, (b) the department to update the registry accordingly, and (c) registered sex offenders released on parole or probation to immediately notify their parole or probation officer of such name changes.	10/1/2003
05-146	Established a Victim Services Unit in the Department of Correction (DOC) and required it, in instances when DOC is already required to do so, to receive notices from people applying for sex offender registration exemptions, restriction of dissemination of the information, or removal of such a restriction.	10/1/2005
06-187	<ul style="list-style-type: none"> • Required additional offenders to register by adding crimes to the definitions of "nonviolent offender" and "sexually violent offender." • Reduced from life to 10 years, the mandatory registration period for violators of several statutory rape offenses. • Changed the duration on the registry for some. • Established a Risk Assessment Board. • Mandated changes to make registration requirements uniform and to keep them updated. 	7/1/2006
06-196	Changed effective dates of PA 06-187 provisions.	6/7/2006
07-4, JSS §§ 90-96	Required registrants to register their e-mail and instant message addresses and any other similar Internet communication identifiers, but specifies that these are not public records.	10/1/2007
09-199	Required DPS to send an e-mail notifying the school superintendent in the community where a registrant lives or plans to live with the same registry information that is available to the public on the Internet.	9/1/2009
10-36	Technical	7/1/2010
11-51	Eliminated the Department of Public Safety and created the Department of Emergency Services and Public Protection as its successor.	7/1/2011
13-299	Repealed the Risk Assessment Board that was established in 2006.	7/1/2013

14-192	Required DESPP to notify a municipal chief executive officer (CEO) when someone required to register as a sex offender is released into the CEO's community. DESPP must email this notice and provide the CEO with the same registry information about the registrant that DESPP posts publicly on the Internet.	7/1/2014
14-213	Made the same change as PA 14-192.	7/1/2014
15-14 § 18	Technical revisions act	10/1/2015
15-211	Specified that the 10-year registration period begins when the offender is released into the community.	10/1/2015
15-213	Expanded the conduct punishable as “voyeurism” and extended the sex offender registry requirements to cover this new conduct (though the court can exempt a person from registration if it is not required for public safety).	10/1/2015
2016	No changes to Chapter 969	
2017		

*Sources include Office of Legislative Research public act summaries and reports (98-R-1195)

Appendix G

Report of the Subcommittee on Community and Victims Needs

This subcommittee is charged with studying: victim and survivor needs and services and community education; the registration requirements and the registry established under chapter 969 of the general statutes; the information available to the public and law enforcement regarding sexual offenders; and the community impact of existing sex offender residency restrictions and housing opportunities.

VICTIM ADVOCACY and SUPPORT SERVICES

Throughout the work of the subcommittee, victims and survivors of sexual violence expressed a dissatisfaction or frustration with the criminal justice system response. While there were exceptions, (*“Detective (name omitted) out of the (name omitted) Police Department was amazing in the investigation as was Officer (name omitted).”*), this was a continued theme found in presentations by victim advocates, during testimony at the January 2017 Sentencing Commission public hearing, and in responses to the Public Input Survey regarding the offender’s sentence, access to information and support, and the realization of their rights as a victim of crime in Connecticut.

The following quotes come from victim testimony, survey responses and the Post-Conviction Victim Advocate’s presentation. They highlight the manner in which victims have been impacted by the investigative, legal and judicial process:

- “I wish I would have been more involved.”
- “More explanation of the process. I was a scared 17 year old and didn’t know what was going on and most decisions were left to my parents and the decisions they made to not pursue would not have been the way I wanted to handle it.”
- “Have a little more compassion for the victim. Every individual responds differently to trauma.”
- “The police discouraged follow through because it was a ‘he said she said.’ An advocate should be available to the victim for support and guidance. The police should not discourage reporting.”
- “As a child they felt it was better to plead him out I completely disagree. ‘I’ was never given any options. I understand all did what they thought was best for me at the time, but I never got any justice.”
- “I would have liked to have been provided information about victim services. Instead I had to make phone calls to the court regarding my case.”

Recommendations

1. Build capacity and training among law enforcement officers and prosecutors to utilize trauma informed interviewing techniques and improve investigation and prosecution of sexual assault cases.

2. Fully fund victim services for sexual assault victims and their supporters including; community based and post-conviction advocacy services and court based victim services advocates.
3. Increase staffing in court based victim services and community based sexual assault crisis services to support victims and survivors of juveniles who commit acts of sexual assault.

SEX OFFENSES and SENTENCING

At the time of these recommendations, data requested through the Sentencing Commission Special Committee on Sex Offenders regarding the sentences of sex offenders in CT was not available.

Recommendations

4. The Victim and Community Needs subcommittee recommends that the Judicial Branch in collaboration with the Department of Emergency Services and Public Protection (DESPP) produce an annual report, which shall detail the number of sexual assault cases presented in CT criminal courts; including initial charge, plea, conviction and sentence. The report shall also include Sex Offender Registry data as it pertains to conviction and registration terms.
5. The Victim and Community Needs subcommittee recommends that DESPP work with the Judicial Branch to produce an annual report regarding new arrests and convictions for persons on the Sex Offender Registry and that Judicial Branch work with DOC to study the recidivism rates for individuals convicted of a sexual offense.

REGISTRY

Victims and survivors of sexual assault, individuals on the registry, and family members of those on the registry have expressed varying views of the helpfulness and difficulties associated with the registry. The Public Input Survey results indicate an interest in knowing more about the actual crime(s) committed, an understanding of the dangerousness or risk of reoffense, and a desire for information regarding perceived risk and the crime committed rather than just the reference to the state statute.

Members of the Victim and Community Needs Subcommittee were advised of the proposals being discussed among the other sub committees of the Special Committee on Sex Offenders to move to a risk based registry and create a removal provision, and included questions in the Public Input Survey about ways in which the registry could be changed.

Survey participants are opposed to or had concerns about the removal of offenders who are currently on the Registry but were mostly split on removing offenders entirely from the Registry or moving lower risk offenders to a private registry.

Recommendations

5. Any proposal for changing the Registry should require a multidisciplinary advisory group including individuals who manage the current Registry to plan for the implementation of the

changes in order to minimize the impact to victims and prepare those within the law enforcement community for new protocols.

6. Increase staffing in victim advocacy and community based sexual assault crisis services to ensure victim notification and support for submitting testimony or appearing at offender hearings, before making prospective changes to the sex offender registry.

7. Any removal mechanism of sex offenders proposed by the full Special Committee on Sex Offender to the Sentencing Commission should be prospective and not retroactive to avoid the re-victimization of survivors, who believed at the time of sentencing that the sentence and the registry requirements were firm.

8. Restructure and add additional information to the Registry public website:

- Highlight resources for victims of sexual assault such as the statewide sexual assault crisis hotlines, and CT SAVIN.
- Add information regarding the offender's probation or parole status as well as stipulations
- Statutes pertaining to sexual crimes should be available in a clear and easy to understand format.
- Create "Statute FAQ" to describe in a plain language elements of each crime.
- Create a link to materials for landlords and realtors regarding housing of offenders
- Include a link to resources describing Connecticut's collaborative model for supervision and treatment and the supports that individuals who re-enter the community may need to be successful.

9. Expand the notifications provide through the Judicial Branch CT SAVIN to include registration and notification on certain probation supervision status and sex offender registry status notifications.

OFFENDER SUPERVISION and TREATMENT

Recommendation

10. Maintain the collaborative model of supervision, treatment and victim advocacy to support survivors, increase community safety and reduce recidivism among offenders.

HOUSING

Lack of housing for sex offenders may lead to an unstable environment and increase the risk of re-offense. Reports by those advocating for the homeless and shelters report a high number of sex offenders without housing. Contributing factors include: current federal law which prohibits public housing authorities from housing individuals on the Registry; landlords who will not rent to persons who have been convicted of a felony and/or who are found to be listed on the Registry.

Residency restrictions imposed in other states have had the unintended consequence of driving offenders underground, reporting false addresses, and pushing them out of major urban areas, limiting their access to parole officers, probation officers, treatment, jobs, and other necessary services. It can also impact their ability to live in a supportive home with friends or family. This would have a significant impact within the state of Connecticut as one-third of all registered offenders living in the community report an address in one of four major Connecticut cities - Bridgeport, Hartford, New Haven and Waterbury.

Recommendations

11. Oppose a one size fits all residency restriction law and support current model of individual supervision and housing plans.
12. Create material for landlords and public housing authorities to encourage them to rent to offenders.

COMMUNITY EDUCATION

Recommendations

13. Propose substantive changes to CGS 54-261 "Community Response Education Program" to include proactive prevention education program and materials offered to town officials and members of the public to understand CTs collaborative model of supervision and treatment for individuals who have committed sex offenses and are reentering the community. The educational component should also include what is known about the risk and protective factors to prevent individuals from causing sexual harm to others or committing additional acts of sexual violence. Materials and program should be created to encourage school districts to meet the K-12 educational requirements outlined in PA 14-196 "An Act Concerning a Statewide Sexual Abuse and Assault Awareness Program for Connecticut," which went into effect for all of Connecticut's towns on October 1, 2016.

**Assessment, Treatment, and Risk
Management of Persons
Who have Sexually Offended:
A Report to the Connecticut
Sentencing Commission**

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June 22, 2017



U.S. Department of Justice
National Institute of Corrections

Washington, DC 20534

DISCLAIMER

RE: NIC Technical Assistance No. 17C1051

This technical assistance activity was funded by the Community Services Division of the National Institute of Corrections. The Institute is a Federal agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe, and just correctional services.

The resource person who provided the onsite technical assistance did so through a contracted agreement, at the request of the Connecticut Sentencing Commission, and through the coordination of the National Institute of Corrections. The direct onsite assistance and the subsequent report are intended to assist the agency in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency.

The contents of this document reflect the views of Robin J. Wilson, Ph.D., ABPP. Points of view or opinions expressed in the Technical Assistance report are those of the authors and do not represent the official opinion or policies of the U.S. Department of Justice. Upon delivery of the final Technical Assistance report to the agency that requested the assistance, the report becomes the property of that agency. The National Institute of Corrections will not distribute the report to non-NIC entities, or consider it an agency record under the Federal FOIA, without the express, written approval of the agency.

EXECUTIVE SUMMARY

As part of its ongoing mandate to ensure public safety, the Connecticut Sentencing Commission sought a review of practices regarding the assessment, treatment, and risk management of persons who have sexually offended. The Sentencing Commission is currently engaged in a wide-scale review of policies and practices in the state, specifically focused on ensuring evidence-based assessment and treatment services and the promotion of best practices.

An evaluation and review was undertaken of sexual offender processes in Connecticut; specifically with respect to sentencing practices, assessment procedures, provision of treatment to sexual offenders in institutional and community settings, and methods employed to supervise and monitor offenders in community settings. This process also included a review of current practices regarding sexual offender registration.

To complete this evaluation, policy and practice documents were reviewed from the Connecticut Department of Corrections, the University of Connecticut Health Center, the Center for the Treatment of Problem Sexual Behavior (affiliated with The Connection, Inc.), the Connecticut Board of Pardons and Paroles, and the Connecticut Judicial Branch – Court Support Services Division, among others (see Appendix I). Additionally, various key personnel were consulted, some individually and many during site visits in March 2010 that included a visit to Osborn Correctional Institution. An extensive review of the literature regarding the assessment, treatment, and risk management of persons who have sexually offended is provided, with sections indicating the relevance of this literature review to policy and procedure in Connecticut.

Recommendations are made regarding areas of policy and practice that the Connecticut Sentencing Commission may wish to consider in furthering its goal of increased public safety and enhanced reintegration opportunities for released and supervised sexual offenders. Many of these recommendations focus on maintaining adherence to prescriptions of the Risk-Need-Responsivity model (Bonta & Andrews, 2016) that underpins the majority of correctional programming and supervision endeavors in the United States, Canada, and other similar nations. Specifically, treatment providers and risk managers are encouraged to ensure that intensity of interventions matches level of assessed risk to reoffend, that treatment and supervision attend to identified criminogenic needs, and that services for persons who have sexually offended are

offered in a manner that reflects the individual case presentations of clients. With respect to the latter point, institutional and community treatment providers are strongly encouraged to consider offering modified interventions to clients with special needs (intellectual and cognitive disabilities, serious mental illness, highly entrenched antisocial values and attitudes), as well as those clients demonstrating significant treatment interfering factors that pose barriers to success in treatment and on supervision.

Recommendations are also made regarding management of technical violations. Specifically, probation and parole staff are encouraged to consider other options to address non-offense-related misbehavior while on supervision. Given the strong collaborative model already existing in Connecticut, there are additional avenues of case management that could be employed. Of note, involvement of victim services in routine case management of sexual offenders is viewed as an example of best practice.

Finally, recommendations are made regarding potential revisions to Connecticut's sexual offender registration processes. Currently, most offenders are maintained on a publicly accessible registry for either 10 years or life; although a private law enforcement registry is also an existing option. Current registration standards are determined by an offense-based scheme. The Connecticut Sentencing Commission is encouraged to consider a risk-based scheme that would increase the use of the law enforcement registry for low to moderate risk offenders; saving the publicly accessible registry for higher risk offenders causing greater concern. Additionally, the Sentencing Commission is encouraged to consider options for relief and removal of sexual offenders from the registries, provided that they meet certain risk-based and treatment-based benchmarks.

INTRODUCTION

The assessment, treatment, and risk management of persons who have sexually offended is of considerable interest to a wide variety of stakeholder groups, including legislators and policymakers, court and law enforcement personnel, corrections and community supervision staff, mental health clinicians, victim advocates, and the community-at-large, among others. Many of these stakeholders have expressed concerns regarding the potential for sexual recidivism and other harms posed by offenders released to the community. As a consequence, most jurisdictions have enacted legislative frameworks to manage those risks.

The past 40 years have been witness to significant growth in our understanding of the dynamics of sexual offending, the people who engage in these behaviors and how best to assess their risk for reoffending, and what treatment and supervision interventions are most likely to result in success. In this context, success may be defined as: (1) greater community safety, and (2) safe and humane reintegration opportunities for offenders returning to the community.

Connecticut

Connecticut represents a relatively small footprint geographically in the United States, but there are many areas in which it has “outperformed” in spite of its size. Of particular importance to this report is the historical influence CT has had on sexual offender policy and practice. From an early point in contemporary sexual violence prevention, many noteworthy contributions have been made by either native Connecticutters or those who ultimately made the state their home. In the early 1980s, CT psychiatrist Suzanne Sgroi began publishing books about vulnerable populations; especially regarding treatment for survivors of sexual abuse. Although he began his career in his home state of Massachusetts, Nicholas Groth made many of his most important contributions to typological understandings and treatment methods for sexual offenders while he was in CT from 1976 onward. In the field of victim advocacy, there are few people with as big an influence as Gail Burns-Smith. A prestigious award established by the Association for the Treatment of Sexual Abusers is presented each year to the person who best embodies Gail’s spirit and tenacity in ensuring rights for victims of sexual violence. In regard to juveniles who have sexually offended, Jonathan Ross and Peter Loss of Forensic Mental Health Services of Connecticut in New London were on the cutting edge before many practitioners

around the country knew where that edge was. On the policy front, David D’Amora started as a leader in sexual offender treatment in CT, but has continued to influence the public policy aspect of the field across the country as Director of Special Projects for the nonpartisan Council of State Governments Justice Center.

This report is intended to provide a comprehensive review of best practices in the assessment, treatment, and risk management of persons who have sexually offended. In each section, I have included a section entitled “Relevance for Connecticut.” Finally, recommendations are made for policy and practice going forward.

In composing this report, I had available to me a large number of documents (policies, practice guidelines, etc.), a listing of which is provided in Appendix A. I was also fortunate to be able to speak with many correctional, probation, and administrative personnel from around the state during a site visit in March 2017, followed-up by teleconferences with others. These persons are listed in Appendix B. Additionally, I had the opportunity to speak with a client who was attending treatment while I was onsite.

BEST PRACTICES IN THE ASSESSMENT, TREATMENT, AND RISK MANAGEMENT OF PERSONS WHO HAVE SEXUALLY OFFENDED

Assessment

The methods and technologies used to assess persons who have sexually offended have changed greatly over the past 40 years. Subjective techniques have been replaced by objective approaches highlighting empiricism and evidence-based practices. Idiosyncratic and largely subjective methods have given way to structured models; at times dominated by the influence of actuarial risk assessment instruments (e.g., *Static-99R*; see Hanson et al., 2016a,b). As a field, we are also now keenly aware of the need to be comprehensive in our assessment processes. Indeed, whereas “sexual offender specific” was the key catchphrase of the 1990s moving into the new millennium, we now know that a failure to consider all psychologically meaningful risk factors (see Mann et al., 2010) is also a failure to holistically address both public safety concerns and the breadth of difficulties experienced by many persons who have sexually offended.

Interventions for Persons who have Sexually Offended

Interventions for persons who have sexually offended have changed greatly over the years. Marshall and Laws (Laws & Marshall, 2003; Marshall & Laws, 2003) provide a helpful overview of the development of sexual offender treatment over the past century or more, highlighting that, often, treatment for persons who have sexually offended have mirrored the approaches popular during a certain time period. For instance, when psychodynamic approaches were in favor, clinicians treating sexual offenders were also likely to use psychodynamic methods. Similarly, the same was true for cognitive, behavioral and, ultimately, cognitive-behavioral methods – the latter of which are currently most popular (see McGrath et al., 1998, 2010) and evidence suggests that they may be most likely to achieve positive outcomes (see Bonta & Andrews, 2016).

Prior to the mid-1980s, sexual offender treatment practitioners employed an eclectic mix of methods and approaches, generally according to the individual preferences of the respective provider. This lack of consistency was likely contributory to pessimistic results obtained by Furby and associates (1989), when they found that the existing literature base regarding the efficacy of treatment for persons who sexually offend was mired in methodological problems and flimsy evidence. Their findings were somewhat different than other reviews of correctional programming (e.g., Martinson, 1974 – see below), generally, in that while Martinson reported that treatment was ineffective, Furby et al. stated that the quality of the science regarding sexual offender treatment was insufficient to make any definitive statements about effectiveness.

Relapse Prevention

In the mid-1980s, researchers on the US west coast working with persons with substance abuse difficulties noticed that many of the behavioral dynamics associated with alcohol and drug abuse were similar to impulse control problems commonly seen in clients who had engaged in sexually offensive conduct. The Relapse Prevention model (RP – see Laws, 1989) they were employing with alcohol and substance abusers proposed that persons with impulse control difficulties would be more susceptible when under conditions of stress or negative emotion, as well as when clients encountered high risk situations. It appeared that the RP model was good fit for clients with sexual behavior problems. Indeed, the RP model represented the first coherent

approach to treatment programming for sexual offenders and quickly became a mainstay of programs throughout the United States, Canada, and other western nations. Clients engaged in group psychotherapy focusing on risk factors, developing avoidance strategies, building and learning offense cycles, and engaging in cognitive restructuring around thoughts and fantasies of sexual deviance.

Self-Regulation, Good Lives, and Strength-Based Approaches

Approximately 10 years after the general adoption of the RP model, practitioners began questioning whether the adaptation of a substance abuse treatment model to problematic sexual behavior was truly a good fit. In their seminal book *Remaking Relapse Prevention*, Laws and associates (2000) suggested that the RP model failed to adequately reflect the complexity of sexually offensive conduct. They contended that sexually offensive conduct is not always the result of negative stimuli, observing that some persons who engage in sexual offending actually do so as a result of positive feeling states. They also noted that there are multiple pathways to offending requiring different approaches to helping clients address their difficulties related to sexual and other interpersonal conduct. One particularly important aspect of this reframing of treatment was the resurgence of self-regulation theory, which holds that success as a human being requires lifestyle balance and effective self-determination.

By the mid-2000s, the majority of sexual offender treatment programs across the western world were subscribing to the Good Lives model or variants thereof (see Yates et al., 2010). This mirrored a resurgence of self-psychology in interventions for persons engaging in crime generally, and a focus on not just risk factors, but protective factors as well (see de Vogel, 2009, 2012; Marshall et al., 2011). According to evaluations completed by the Safer Society Foundation (McGrath et al., 2010) and the Sex Offender Civil Commitment Programs Network (SOCCPN, 2014), a majority of programs in the United States and Canada employ self-regulation and Good Lives curricula in their treatment interventions.

Community-Based Treatment and Risk Management

In their highly influential text *The Psychology of Criminal Conduct*, Andrews and Bonta (originally 1994, but now in its sixth edition [Bonta & Andrews, 2016]) state that, where feasible, treatment services for offenders are best accomplished in the community. Of course,

many clients are of too high risk to contemplate immediate community placement; however, many of these clients may be managed safely in the community provided they have access to effective treatment options and evidence-based case management (via enhanced parole or probation supervision – see Wilson et al., 2009; Wilson & Prescott, 2014; Wilson et al., 2000). The literature is clear that the quality of community reintegration planning can have marked effects on recidivism and client reintegration potential (Willis & Grace, 2008, 2009).

Defining and Assessing Treatment Success

Determining treatment success can be a daunting task. Practically and theoretically, treatment for sexual offenders cannot be regarded as 100% effective unless all offenders who attend treatment return to the community and live the remainder of their lives without engaging in additional sexual violence. This would be particularly difficult to monitor; especially given our understanding of the high numbers of victims who do not report their victimization experiences. Consequently, we are forced to rely on research findings and other indications that the methods we use to measure treatment success are assisting us in adjusting treatment and risk management endeavors along the way.

Earlier, it was reported that Furby et al. (1989) found a lack of research of sufficiently high quality establishing the efficacy of treatment interventions for sexual offenders. The forensic psychological literature has demonstrated an effect of treatment over sanction-alone in several key meta-analyses¹⁰⁰ (e.g., Smith et al., 2002); however, the true effectiveness of sexual offender treatment has yet to be established. Notwithstanding this difficulty, of those meta-analytic studies available regarding outcomes of treatment, the majority show a reduction in reoffending of approximately 40% for those who attend treatment and make reasonable efforts to incorporate new learnings into their lives (see Hanson et al., 2009; Hanson et al., 2002). Even the one study typically referred to as showing “no treatment effect” includes fine print demonstrating

¹⁰⁰ Meta-analysis is a type of research that is essentially a study of studies. Individual studies tend to have relatively small sample sizes that ultimately limit the degree of generalizability to the greater population. By combining studies with similar objectives and methodologies, we can substantially increase sample sizes and the power of the research to make inferences about the bigger picture. This sort of research is particularly popular in regard to issues such as risk assessment methods and the efficacy of treatment interventions.

how treatment could be more effective (e.g., paying attention to Risk-Need-Responsivity [Bonta & Andrews, 2016 – see below] concerns and ensuring that clients actually learn the curricula – see Marques et al., 2005). However, these outcome data pertain only to rates of reoffending post-intervention; it is also important to measure attendance to important targets while clients are in treatment. At present, there are few structured means by which to accomplish this goal; however, instruments like the *SOTIPS* (McGrath et al., 2013 – currently used in CT) and the *VRS:SO* (Olver et al., 2007) appear to show promise as effective measures of in-treatment change.

Principles of Effective Correctional Interventions

Do interventions offered to persons who have engaged in inappropriate sexual conduct actually reduce reoffending? This is a veritable million dollar question, and debate continues to rage on a number of fronts – especially in regard to programming designed to reduce sexual recidivism. In the early 1970s, a large-scale research project was undertaken to assess the relative benefits of various treatment options available to prison inmates, generally (see Martinson, 1974). The conclusion reached was that there was no evidence that programs were reducing rates of reoffending. Although reportedly not his intent, Martinson’s study spurred the so-called “Nothing Works” movement that espoused a belief that if there was no evidence that programs reduced reoffending then they should not be funded.

"With few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism." (Martinson, 1974)

Interestingly, Martinson (1979) subsequently changed his position and “withdrew” his earlier conclusion stating, “treatment programs: some help, some harm.” Indeed, in his reframing of the earlier research, Martinson clarified that it was not his intention to suggest that all treatment did not work; rather, his assessment – perhaps, somewhat poorly elaborated – was that the relative contributions of good and bad programming amounted to a relative bust. The two aspects negated each other, leaving a final conclusion that there was no evidence to show that programming overall was having an effect on the desired outcome – less recidivism. Ultimately, Martinson (1979) called on correctional researchers and practitioners to consider the relative helpfulness and harmfulness of programs being offered, allowing for classification according to three categories (NB: “reprocessing” is equivalent to reoffending):

1. beneficial (the program *reduces* reprocessing rates)
2. neutral (*no impact*, positive or negative, can be determined)
3. detrimental (the program *increases* reprocessing rates)

Martinson's revised position also foreshadows findings I will discuss below, in suggesting that while no program used in his time was found to be inherently helpful or harmful, there was something to be said for the conditions under which programs were delivered. It was this sort of nuanced view of the findings that ultimately led Martinson to conclude that some programs do actually achieve the desired goal of lowering recidivism rates. This perspective was later confirmed in several large-scale meta-analyses (see Aos et al., 2006; Lipsey & Cullen, 2007; Smith et al., 2002) that have essentially rendered the question of sanctions vs. interventions an "answered question." Resoundingly, we now know that punishment alone will not reduce bad behavior; it is the application of human service interventions that is most likely to achieve the desired effect (Smith et al., 2002).

Approximately 15 years after Martinson's conclusion that interventions for offenders generally were not reducing reoffending, Furby et al. (1989) came to a similar conclusion regarding programming specifically aimed at reducing sexual recidivism. In their still influential review, Furby and her colleagues reviewed all of the sexual offender treatment programming outcome studies available at the time and came to the conclusion that: (1) the studies completed to date were methodologically weak or poorly conducted, and (2) there was no clear evidence that treatment for sexual offenders was reducing sexual recidivism. Concerns remain as to the true value-added of sexual offender treatment interventions (see Hanson et al., 2009; Långström et al., 2013; Levenson & Prescott, 2013), but there is cause to be optimistic (see Schmucker & Lösel, 2015).

Risk, Need, and Responsivity

While the effect of Martinson's initial conclusion on many correctional administrators was to curtail both research and practice regarding rehabilitative interventions, a different effect was noted in the research community. Indeed, many researchers regarded Martinson's

pronouncement that “nothing works” to be a call to arms. Among the more prominent of these researchers were Donald Andrews and James Bonta of Canada.

Andrews and Bonta (see 1994) undertook a large-scale meta-analysis that sought to investigate the relative benefits of correctional programming vs. sanction (punishment). The resulting findings were the basis for a number of particularly important steps forward in the work we do with offenders. First, Andrews and Bonta published their seminal text *The Psychology of Criminal Conduct* (originally 1994, but now in its sixth edition [Bonta & Andrews, 2016]). In many important ways, this text outlines the rationale for why most western correctional services manage their clients in the manner they do. Next, reviewing offender characteristics and their responses to interventions helped to identify robust predictors of future difficulties; in particular, the “Big Four” predictors of reoffending (see Bonta & Andrews, 2016):

- Antisocial cognitions
- Antisocial personality pattern
- History of antisocial behavior
- Antisocial associates

Added to the Big Four were four additional factors, somewhat less predictive of outcome. Ultimately, these factors and the four above comprised the “Central Eight” predictors of future involvement in criminal conduct:

- Family/marital circumstances
- School/work
- Leisure/recreation
- Substance abuse

These eight risk factors were subsequently used to comprise the major domains of the *Level of Service Inventory (LSI)*, see Andrews, 1982; now revised as *LSI-R* [see Andrews & Bonta, 1995]), a popular actuarial risk assessment instrument helpful in gauging risk for future involvement in general criminality. The LSI-R forms an integral part of the case management

framework in Connecticut for establishing risk for general recidivism; however, it has often been noted that this instrument is not sensitive to risk specific to sexual recidivism.

Perhaps, the most important contribution of the Andrews and Bonta research stream has been that of the Risk, Need, Responsivity (RNR) model. Often misunderstood as a model of treatment, RNR is actually an evidence-based framework in which effective treatment is more likely to occur. In response to Martinson's damning proclamation that nothing works, RNR provides us a roadmap to "What Works?" – a popular slogan used in answer to the "Nothing Works" precursor. The Andrews and Bonta meta-analyses pulled together all studies reporting outcomes of correctional interventions and then looked for common features present in studies identifying lower rates of reoffending and absent in those studies reporting higher rates of reoffending. The resultant framework has been nothing short of revolutionary in assisting program managers in offering interventions more likely to achieve positive outcomes. Andrews and Bonta were able to show that interventions were incrementally more effective the more they adhered to the RNR principles (e.g., adherence to one principle was better than no adherence, adherence to two principles was better than adherence to one, and so forth – see Andrews & Bonta, 1994). Interestingly, Hanson and associates (2009) were later able to show that the RNR principles functioned in essentially the same fashion when applied specifically to persons who had sexually offended.

Risk Principle. The Risk Principle decrees that the level of intervention offered to a client must be in line with the level of risk s/he poses to reoffend. Following this logic, high-risk offenders require high intensity interventions while lower risk offenders require lower intensity interventions. This is a simple dosage principle, and the research is clear that when we mismatch risk and treatment intensity, the chance that problems will ensue is heightened (see Bonta & Andrews, 2016). Interestingly, this is not only true when we under-intervene with high-risk offenders, it is also true when we over-intervene with lower risk offenders (i.e., if it ain't broke, don't fix it). Indeed, many researchers (e.g., Quinsey et al., 2015) would suggest that a sizeable proportion of low risk offenders may not need any formal intervention beyond simple monitoring and routine case management.

However, the assertion that lower risk offenders do not require intensive interventions has been something of a sticking point for many correctional administrators who have had a hard time believing that some criminal offenders may not need highly structured interventions, and nowhere has this been the case more than in regard to sexual offender programming. In this example, the behavior engaged in by sexual offenders is so upsetting that most people strongly disbelieve that anyone who engages in such behavior could possibly be at low risk to do it again. Yet, the research is exceedingly clear: low risk sexual offenders really do reoffend at considerably lower rates that would be expected by most legislators or members of the community-at-large (see Hanson et al., 2014; 2016a,b).¹⁰¹ Further, plotting sexual offenders by risk level reveals what is known as a positively skewed distribution, in which there are many more offenders clustered at the lower end of the risk continuum (70% are low to low-moderate) while those at the high end are far fewer in numbers (less than 10%). Data provided by staff at The Connection, Inc. demonstrate that, among referrals to their programming, almost 60% are low to moderate, while only 12% are in the high or high-moderate range (NB: 20% were noted as “unknown” in regard to risk level).

Methods of determining risk to reoffend have varied over time. Early approaches were based largely in expert ratings offered by seasoned practitioners relying on education and experience in the field. In this vein, it would be common for a front line worker to question the potential that an offender on his/her case load would reoffend, requiring consultation with the local expert. On accepting the referral, the local expert would then engage in a process of file review, clinical interviewing, collateral contacts, and consideration of academic knowledge and practical experience in offering a rating of high, moderate, or low risk to reoffend. On the surface, this appears to be a pretty reasonable process; at least until we explore the reliability and

¹⁰¹ It is important to note that underreporting of sexual offenses affects our appraisal of true rates of sexual offending and reoffending. Early reports (see Finkelhor, 1984) suggested that as many as 90% of victims did not report their experiences of being offended; however, this percentage has dropped over the years, but still greatly exceeds 50% (see London et al., 2005). It is important to note that the effects of underreporting are likely to be greater in regard to sexual offending vs. reoffending – the logic being that once identified, known offenders will have a harder time engaging in new sexual offending with the same impunity.

predictive validity of those ratings. Ratings of this sort have come to be known as “unstructured clinical judgment” due to their over-reliance on subjective processes.

In the 1980s, researchers began to question the reliability and validity of subjective processes of assigning risk ratings. In a highly influential study, Monahan (1981; see also Monahan, 2008) asked a group of expert risk assessors to rate the potential for reoffending in a group of offenders for whom the outcome (reoffense or not) was already known. Surprisingly, those experts did not turn out to be quite as adept at rating risk as was hoped. Indeed, in some cases, the proverbial flipping of a coin may have led to more accurate outcomes. Further, employing the same methodology with a group of non-expert, but otherwise intelligent raters led to largely similar outcomes. As Meehl (1954/1996) had demonstrated earlier, Monahan found that subjective processes led to poor risk assessment outcomes, with many raters tending to rate risk higher than was actually the case (i.e., over-prediction was more common than under-prediction).

Just as Martinson’s “nothing works” conclusion was a call to arms for treatment professionals, so too was Monahan’s finding that unstructured clinical judgment was no more helpful than flipping a coin. This led to the development of actuarial risk assessment instruments – like the *LSI-R* referred to above. However, scales aimed specifically at risk for sexual and violent reoffending had yet to be developed, the *LSI-R* being noted as less likely to accurately predict these outcomes. Researchers in Canada have done a lot to inform the field regarding actuarial methods and risk for violent and sexual reoffending. In the mid-1990s, Quinsey and his colleagues (2015) began developing a scale known as the *Violence Prediction Scheme (VPS)* – an early precursor to the *Violence Risk Appraisal Guide (VRAG)* and the *Sexual Offender Risk Appraisal Guide (SORAG)*. At or about the same time, Karl Hanson used data from his meta-analysis with Monique Bussière to devise a short, four-item scale known as the *Rapid Risk Assessment of Sexual Offense Recidivism (RRASOR)*, Hanson, 1997). Those items were:

1. Prior sexual offenses (not including index offenses)
2. Age at release (current age)
3. Victim gender
4. Relationship to victim

Interestingly, the *RRASOR* demonstrated moderate predictive accuracy (average AUC¹⁰² = .71), meaning that while not perfect, with only four items the scale achieved outcomes substantially better than those found by Monahan regarding unstructured clinical judgment.

Hanson later collaborated with British scientist-practitioner David Thornton and collapsed their two scales (*RRASOR* and *SACJ-MIN* [Grubin, 1998]) into a single scale named the *Static-99* (Hanson & Thornton, 2000). The *Static-99* quickly became the industry standard in many international jurisdictions, including the United States. A revision of the scale in 2009 accounted for new conceptions of the effects of aging on risk (see Helmus et al., 2012) and a further revision in 2016 saw an update of the coding rules used by practitioners to score the items, as well as a reframing of how scores should be interpreted (see Hanson et al., 2016a,b; Phenix et al., 2016). Although analogs are available (e.g., *VASOR*, *VRS:SO*), the *Static-99R* remains by far the most widely used scale of its type in the world. However, in spite of the breadth of its usage, it is important to note that the *Static-99R* (and other similar scales, for that matter) does not constitute a comprehensive assessment of risk to sexually reoffend in and of itself. Rather, scales of this sort provide an empirically sound anchor and other sources of information assist in rounding out the “comprehensive” element. The items of the *Static-99R* are:

1. Age at release
2. Ever lived with a lover for at least two years
3. Index nonsexual violence convictions
4. Prior nonsexual violence convictions
5. Prior sexual offenses
6. Prior sentencing dates
7. Convictions for noncontact sexual offenses

¹⁰² AUC is the area under the curve in an evaluation of the validity of a measure. It essentially represents the likelihood that a randomly selected recidivist will have a higher score on the measure than a randomly selected non-recidivist. An AUC of .50 means that the measure is not distinguishing, while figures less than .50 demonstrate negative predictive validity and those over .50 represent positive predictive validity. Most scales used to predict criminal, violent, or sexually offensive conduct have AUCs in the .65 to .75 range, indicating moderate predictive accuracy.

8. Any unrelated victims
9. Any stranger victims
10. Any male victims

Scores on the Static-99R range from -3 to 12, with scores of -3 to -2 being interpreted as indicating “very low risk” to reoffend, while scores of -1 to 0 signifying “below average risk,” 1 to 3 being “average risk,” 4 to 5 being “above average risk,” and 6 or higher signifying “well above average risk” (see Hanson et al., 2016a; Phenix et al., 2016) These interpretations of scores are norm-referenced, meaning that they are tied to percentile rankings across a large sample of persons for whom both scores and outcomes (i.e., reoffense rates over a certain period of follow-up) are known. The median score on Static-99R is 2, which is the 50th percentile. As noted above, the Static-99R provides risk ratings that have moderate predictive validity, meaning that they are far better than the 50-50 outcomes we would expect from either a coin-toss or unstructured clinical judgment, but also far less than 100% accurate. Again, this underscores the need for comprehensive approaches to risk assessment that consider all psychologically meaningful risk factors (see Hanson & Yates, 2013; Mann et al., 2010). It is also important to note that the Static-99R focuses only on static risk variables – those that are either historical in nature (prior sentencing dates, any stranger victims) or unlikely to respond to interventions. This means that Static-99R scores are highly unlikely to change over time. As such, we must also consider other empirically supported variables that can increase the predictive validity of the risk assessment process.

In a parallel research stream, Hanson and associates (2007; see also McGrath et al., 2013) sought to identify dynamic predictors of sexual offense recidivism. In contrast to static variables, which are largely historical in nature and are not subject to change through intervention, dynamic predictors are representations of personality orientation, lifestyle management, and patterns of behavior. These variables are subject to change over time – through processes of aging (including maturity) or participation in correctional programming. Indeed, in many respects, the variables we now focus on in dynamic risk assessment are also the major areas of focus in treatment interventions for persons who have sexually offended. Those major areas of focus are typically “significant social influences,” “intimacy deficits,” “general self-regulation,” “sexual

self-regulation,” and “cooperation with supervision” with additional sub-variables often included in each domain (see Hanson et al., 2007). Research has indicated that consideration of dynamic risk factors provides incremental predictive validity over and above static factors alone (van den Berg et al., 2016).

There are two overarching risk factors pertinent in assessing persons who have sexually offended: sexually deviant interests and core antisociality. A review of all of the major scales used to evaluate risk to reoffend in sexual offender populations reveals variables that tap into each of these two overarching risk factors (see also Hanson & Yates, 2013). For example, referring to the *Sex Offender Treatment Intervention and Progress Scale (SOTIPS)*, McGrath et al., 2013) commonly used in CT, items such as “sexual behaviors,” “sexual interests,” and “sexual attitudes” are specifically related to sexual deviance, whereas items like “criminal and rule-breaking behavior,” “impulsivity,” and “social influences” are more aligned with antisociality. In keeping with contemporary thinking in sexual violence prevention regarding holistic approaches, it is important to assess the relative influence of both sexual deviance and antisociality in all evaluations of risk to reoffend in persons who have sexually offended.

RELEVANCE FOR CONNECTICUT

Ratings of risk to sexually reoffend in Connecticut are compiled using a comprehensive process that includes consideration of the offender’s criminal history, reference to actuarial risk assessment instruments (e.g., *LSI-R* for general criminality, *Static-99R* or *Static-2002R* for static factors related to sexual recidivism, and *SOTIPS* or *Stable-2007* for dynamic factors related to sexual recidivism [reliance on *Stable-2007* appears to have waned in favor of *SOTIPS*]), clinical interviewing, *DSM-5* diagnoses (where applicable), and other important lifestyle management variables. This process is in keeping with general best practice guidelines for assessing risk to sexually reoffend.

With respect to sentencing, Connecticut uses a degree-based system (e.g., first, second, third, or fourth degree Sexual Assault – “first” being the most serious; see CGS Chapter 952,

Sec. 53a). First and second degree sexual assaults include those in which a person compels another to have sex with him or her either through force or threat of force against the victim or another person. First degree also includes those instances where sexual intercourse occurs with a person who is unable to consent, either because of age or mental incapacity. Second degree sexual assault occurs in a variety of situations in which the offender has sexual intercourse with the victim while taking advantage of a position of trust or power over the victim (e.g., teachers, healthcare providers, etc.), or if the offender has sexual intercourse with a person who is between 13 and 16 and the offender is more than three years older. Third and fourth degree sexual assaults are similar to first and second, except that the sexual contact is something other than sexual intercourse.

Penalties for Sexual Assault in CT can vary greatly, but are based largely on the degree of the offense. Within degrees, there are also different classes of felony or misdemeanor, which may affect the ultimate sentence – incarceration, fine, or some combination thereof. Any sexual assault that involves a person under the age of 16 results in an automatic additional charge of Risk of Injury to a Minor, which often carries a mandatory minimum period of incarceration. While there is likely to be a correlation between degree of sexual assault and level of risk to reoffend, the strength of that correlation will be affected by individualized aspects of the offenders charged. That is, risk to reoffend is likely to vary within each degree of sexual assault, with some higher risk offenders being charged with third or fourth degree offenses while some lower risk offenders may be charged with first or second degree offenses. The sentencing guidelines used in CT are similar to those used in many jurisdictions both nationally and internationally; however, a failure to consider empirically validated risk assessment information may put such schemes at a disadvantage. It is also noteworthy that some offenses in CT come with mandatory minimum penalties for convicted offenders. This practice has become more popular in recent times as legislators secure election or re-election based on “get tough on crime” platforms.¹⁰³

¹⁰³ Interestingly, although get tough on crime agendas have become front and center in the management of criminal behavior, they have risen in spite of solid evidence showing that rates of all types of crimes, including violent and sexual offenses, have been on a steady decline for the last 20 or more years (<https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015>).

Similarly, in assigning sexual offenders to its registry, Connecticut uses a system that relies on the nature of the offense committed, not the level of risk the offender poses to reoffend. This ultimately increases the potential for lower risk offenders to be maintained on the registry for longer than may be required and at an intensity or frequency-of-contact that could potentially lead to a negative, not positive, impact. This potential negative outcome is sometimes observed as lifestyle destabilization caused by having to meet sometimes onerous requirements that serve to interfere with the offenders' already stable existence (see Levenson et al., 2016; regarding juveniles, see Letourneau & Caldwell, 2013). For those offenders on continued supervision, this is also sometimes seen in release violations that represent a breach of acceptable conduct, but are not necessarily related to increased likelihood of sexual recidivism. McGrath et al. (2007) report that over a 5-year period just shy of 50% of sexual offenders in Vermont experienced violations of probation/parole not ultimately leading to a new conviction for sexual offending. This represented a 40% increase in the same population (sexual offenders on community supervision in Vermont) as reported by McGrath et al. in 1998. Data from Florida (Levenson & Shields, 2012) show that 32% of new arrests in that state were for technical violations. Interestingly, a similar report from Connecticut (Kuzyk, 2012) reported a rate of 65% for violations of probation in that state. While sexual recidivism rates reported for CT (see Kuzyk, 2017) are not appreciably different from those reported in other US jurisdictions, it would appear that VOP rates may be somewhat higher. Data reported by The Connection, Inc. would seem to contradict the CT data reported above, however, in that they reported a VOP rate of those referred to their program as 29%. It may be, however, that data reported by the treatment provider do not take into consideration all sexual offenders under supervision.

Currently, certain offenders must register with the Department of Emergency Services and Public Protection for a specified period following their release into the community. This requirement applies to persons convicted of sexual offenses, or acquitted by reason of mental disease or defect, of three categories of offenses:

1. Criminal offenses against a victim who is a minor: generally 10 years for a first conviction or lifetime for a subsequent conviction
2. Nonviolent sexual offenses: generally 10 years for a first conviction or lifetime for a subsequent conviction
3. Sexually violent offenses: lifetime

Crimes for a sexual purpose (a felony conviction in which the purpose of the conduct was to engage in sexual contact or intercourse without the person's consent) are also subject to 10 years on the registry.

Treatment Placement

With respect to treatment placement considerations, it is imperative that offenders be offered interventions that are in line with the level of risk they pose (Bonta & Andrews, 2016). Putting high-risk offenders in lower intensity interventions risks a failure to attend to the extent and complexity of their treatment needs. Conversely, putting lower risk offenders in higher intensity programming detracts from their ability to maintain and enhance processes that are likely already going well. Additionally, including a small number of lower risk offenders in a group populated largely by higher risk offenders potentially leads to a certain degree of regression towards the mean in which lower risk participants may acquire attributes of their higher risk compatriots. Doing the converse risks disruption of the group by persons with highly entrenched antisocial values and attitudes.

Truth be told, the potential for higher risk sexual offenders to receive too little attention has rarely been as likely as the potential for lower risk sexual offenders to receive too much. This is apparent in most jurisdictions where programs and supervision are mandated for sexual offenders. Although there is a stated intent on the part of treatment providers in CT to adhere to the Risk Principle, the potential remains for lower risk offenders to be over-treated and over-supervised (via parole, probation, or sexual offender registration) as a consequence of the

aforementioned offense-based scheme of assessing reoffense risk, rather than use of a system anchored in risk-based judgments.

In speaking with Probation staff, a perspective was put forward that CT has become increasing more stringent in its approach to supervision and treatment, with lower risk offenders being maintained in treatment for longer than seems necessary. This phenomenon appears to be linked to the occurrence of violations of probation (VOP). Probation staff noted that once someone is violated, even for a scenario unrelated to risk for future sexual offending, the potential for extended treatment participation is increased. In documents provided by The Connection, Inc. regarding its Center for the Treatment of Problem Sexual Behavior (CTPSB), it is noted that “certain low risk clients will complete this phase [i.e., Phase 1] of the program as the sole form of clinical intervention due to the recommendations resulting from the assessment.” Phase 1 can reportedly be completed in nine months to a year. Such a process would be generally in keeping with the Risk Principle; however, feedback from Probation staff is that this largely does not occur and that even lower risk clients may be maintained in treatment for three years or longer.

During my time onsite in CT, I had the opportunity to speak with an offender in community-based treatment. It should be noted that his comments constitute uncorroborated self-report, but he appeared to give frank and honest answers to my questions. This gentleman reported that he was convicted of statutory sexual misconduct with a young woman (post-pubescent, older teenager) over whom he had had a prior position of trust, garnering him a 20-month sentence. While in prison, he completed the 12-week introductory module; although he expressed frustration that he had to restart it after being almost finished in one location because of a transfer to another institution. He subsequently completed the 12-month program. Generally, regarding treatment in prison he opined, “If you don’t take the class, you can’t get out.” Once released, he entered community-based programming offered by The Connection, Inc. CTPSB intervention, and he has been attending group weekly for 75 minutes. He stated that he has been in this group for 14 months, and he expects to be in it for a few more. This gentleman questioned whether he required treatment of the length and intensity that he has received and, given his circumstances as reported, I am inclined to ask similar questions.

Regarding the quality of treatment offered in the community, he opined that staff from The Connection, Inc. have made efforts to maintain responsivity levels in the group, but noted that topics of discussion are not always relevant to him and he suggested that most of what he needed to learn was likely accomplished during his institutional treatment experience.

One last consideration is worthy of mention. Where possible and feasible with respect to risk to the community, treatment services are best offered in community settings (Bonta & Andrews, 2016). This has implications for sentencing frameworks, in which there are sometimes legal constraints on what sorts of sentences (i.e., incarcerative vs. community-based) are possible. In a system where type of offense is more likely to determine the type of sentence received by an offender, there is a possibility for some lower risk offenders to be given incarcerative sentences that limit opportunities for participation in community-based sexual offender treatment. Further, the tendency towards stringent community supervision noted by Probation staff also increases the likelihood that some lower risk sexual offenders will spend more time in prison because of non-sex-related VOPs (e.g., general antisociality or failure to attend to all conditions of release). Generally, there is a tendency for even seasoned practitioners to question whether there are some sexual offenders who truly require very little in the way of post-conviction management other than monitoring and evidence-based case management. Treatment may not be necessary at all for many lower risk sexual offenders but, if mandated by law or policy, attempts should be made to keep those interventions relevant to the population at hand, in keeping with the prescriptions of the RNR principles.

Need Principle. Equally simple to the Risk Principle, the Need Principle states that interventions should be focused on those variables actually linked to risk for reoffending; these variables are also commonly known as *criminogenic needs*. There is a simple truth in crafting effective interventions for offenders: Not all offenders have the same criminogenic needs profile. To be effective, programming must include a healthy component of individualization (see Bonta & Andrews, 2016). However, individualization can sometimes be a tricky objective to achieve in a field in which group psychotherapy is the primary mode of service delivery. It is well-known that there are certain risk-increasing factors that apply to a majority of potential sexual offender

treatment participants (e.g., lack of or instability in intimate relationships, deviant sexual interests, poor cognitive problem solving, and impulsivity) while other factors may be less commonly found amongst the majority of offenders (emotional identification with children, sex as coping, negative emotionality/ hostility, and problems in following supervision rules – see Brankley et al., 2017; Hanson et al., 2007; McGrath et al., 2013).

A potential problem with Martinson's original research (1974) was that programs offered between 1945 and 1967 (the period captured in Martinson's original study) were likely focused on factors and attributes that were not necessarily linked to reoffense potential – at least there was little empirical evidence to assist practitioners in focusing on the most important elements. Andrews and Bonta started publishing findings regarding general predictors of reinvolved in crime in the 1980s (e.g., Andrews, 1982) and the first, large-scale meta-analytic investigation of the predictors of sexual reoffending was not published in peer-reviewed form until 1998 (see Hanson & Bussière, 1998; an update was published as Hanson & Morton-Bourgon, 2005). Like Andrews and Bonta's work in identifying the Central Eight risk factors for general criminality, Hanson and Bussière's findings provided much-needed focus in highlighting those areas most in need of attention regarding sexual reoffending.

Surprisingly, some factors traditionally regarded as paramount in addressing risk to sexually reoffend (e.g., victim empathy, denial and minimization) were found by Hanson and Bussière to be largely unrelated to risk to sexually reoffend in the grand scheme of things. This is not to say that these are not important aspects of the human condition in need of some degree of attention. Indeed, it would be hard to believe that social acceptance would be available to anyone who continually fails to take responsibility for their actions or who has an inability to appreciate the potential negative impact of their actions on others. As such, these require some degree of attention in programming; however, the Need Principle would suggest that primary focus should be on those factors central to the client's offending behavior (e.g., deviant sexual interests, poor problem solving, impulsivity, intimacy deficits). Logic holds that if you address the factors that increase social isolation, the client has more opportunity to hone his/her skills in the social arena with greater acceptance. Simply put, while many criminology theorists (reviewed in Bonta & Andrews, 2016; see also Prendergast, 2004) have suggested that offenders engage in bad

behavior because they have low self-esteem, that low self-esteem is unlikely to abate unless the personal attributes leading to continued involvement in crime are addressed.

To ensure that offenders truly focus on areas of criminogenic need, assessments must attend to empirically derived frameworks, such as those identified in scales such as the *Stable-2007* (Hanson et al., 2007) and *SOTIPS* (McGrath et al., 2013). Following rigorous reviews of the available literature regarding lifestyle management issues, personality structure, and patterns of behavior prevalent in persons who have sexually offended, these authors provided us with a relatively comprehensive listing of the domains that require attention in sexual offender treatment programming. Consequently, it is reasonable to conclude that those programs that (1) adhere to the risk principle and (2) focus on areas of lifestyle management and criminogenic need demonstrated by scientific inquiry are more likely to garner significant returns in both community safety and offender reintegration potential.

RELEVANCE FOR CONNECTICUT

Prison-Based Treatment

It is an unfortunate reality that prison-based treatment for sexual offenders is not always available across the United States. Fortunately, this is not the case in Connecticut. At present, there are two general treatment streams available, the first of which is a Short-Term Group that is aimed at addressing the treatment needs of low-risk offenders. This program is offered over 12 weeks or sessions and meets for 1.5 to 2.0 hours per week/session. Topics of discussion include:

1. Healthy sexual attitudes and continuum of consent.
2. Empathy & Cognitive Distortions
3. Pathways to offending
4. Life Goals & Motivation
5. Offense Chain & Problem-Solving

6. Assertiveness & Anger Management

The second stream is aimed at clients with higher levels of risk and need and includes two components:

1. A 12-session introductory sexual offender group that is noted as addressing two specific concerns: (1) offering treatment to those high-risk offenders who will be discharging too soon to allow for participation in more extensive intervention, and (2) offering treatment to lower risk offenders who will not likely require more extensive intervention. The 12 areas of focus in this stream are:
 - a. Healthy Sexual Attitudes
 - b. Victim Empathy
 - c. Thought Process and Cognitive Distortions
 - d. Motivation and Goals in Life
 - e. Schemas
 - f. Offense Chain
 - g. Pathways to Offending
 - h. Goals and Problems Meeting Goals
 - i. Problem Solving and Working Toward Life Goals
 - j. Anger Management
 - k. Assertiveness
 - l. Post-Test and Group Termination
2. (a) **Track One** (one year program) is described as a cognitive-behavioral, interpersonal, insight-oriented psychoeducational program where inmates meet weekly in a group for about 1.5 to 2.0 hours a week. The topics of discussion are:
 - i. Understanding Sexual Assault (12 weeks)
 - ii. Relapse Prevention (12 weeks)
 - iii. Victim Empathy (8 weeks)
 - iv. Interpersonal Relationships (8 weeks)

v. Anger Management (Assertiveness Training – 8 weeks)

(b) **Track Two** (one year) is described as a process-oriented group that meets weekly for about 1.5 to 2.0 hours over a year. The intent of the group is to reinforce materials presented in Track One. It is noted that all inmates in Track Two have completed Track One.

The University of Connecticut Health Center, which provides all institutional sexual offender treatment in Connecticut, notes the following six treatment goals as its criteria for success in treatment:

1. Take full responsibility for your sexual offense behaviors.
2. Describe how you created the situation before the offense(s) occurred.
3. How did you benefit from the offenses?
4. How did your offenses affect the victim? Describe the emotional, psychological, physical, spiritual and sexual ways your sexual abuse affected the victim.
5. Describe, in detail, how you have or will establish positive relationships with appropriate peers in your life.
6. Develop a personal relapse prevention plan.

In and of themselves, these goals are fine; although the language used suggests a greater adherence to outdated models of treatment (e.g., relapse prevention model). The topic areas included in both the short and longer term programs are generally in line with what one would expect to see in an institutionally based sexual offender treatment program. However, it appears that there may be difficulties in practical application of the treatment curricula. In speaking to institutional treatment staff, issues of classification and wait-listing were raised as potentially affecting practical concerns. Additionally, there are likely issues in regard to responsivity, which will be addressed in the next section. Briefly, issues of treatment readiness, allocation to 12-week or 12-month programming, denial and minimization, and

appreciation of special needs status (e.g., intellectual or mental health difficulties) appear to present challenges to institutional treatment staff.

Another area raised in discussions with institutional treatment staff centered on staffing. Many correctional and other institutional treatment facilities are found in rural or somewhat remote locations, and this is certainly not only true of CT. As a natural consequence, recruitment and retention of professional staff can prove daunting. In speaking with correctional treatment personnel, this would also appear to be the case in Connecticut. First and foremost, although there is a specially designated institution for chronically mentally ill inmates (i.e., Garner CI), other institutions (e.g., Osborn CI) suffer from a dearth of psychiatric services. One staff member opined, “Osborn desperately needs a psychiatrist.” This is of key consideration given the overlap between clinical and behavioral difficulties demonstrated by many persons who have sexually offended; especially in regard to potential use of sex drive reducing medications that are indicated in clients with intrusive deviant fantasies and urges.

Further in regard to staffing, it would appear that the treatment staff complement is insufficient to meet the level of need. Institutional treatment staff reported that as many as 50% of inmates referred for sexual offender treatment will not get seen before reaching their end of sentence date. As a result, the unofficial policy is to triage potential participants by risk/need levels, which reflects a combination of sex treatment need (STN) scores, Static-99R scores, clinical judgment, and sometimes more importantly, parole status (i.e., special parole vs. discretionary parole). CT-DOC treatment staff reported that, generally, inmates eligible for special parole take precedence over other inmates, given that they cannot be held beyond their special parole date. Inmates subject to discretionary parole are admitted to treatment as resources permit, but many may not receive treatment until they arrive in the community. STN scores (1 to 5) are calculated based on the nature of the inmate’s sexual offending, considering aspects such as persistence, degree of violence, and other offense-specific elements. According to the CT-DOC Classification Manual, all inmates with an STN score greater than or equal to 2 and who indicate an interest in participating in treatment are referred for programming. If programming is not available at the inmate’s home institution and he is at least STN = 2 and is showing an interest in treatment, the inmate can be considered for transfer.

Regardless of how inmates are chosen for participation, it would appear that the number of clinicians available to offer treatment is insufficient to meet the need. Presently, there are four facilities with sexual offender treatment services. Amongst them, there are three full-time (two at Brooklyn CI, one at Osborn CI) and five part-time treatment providers. Of the approximately 2100 inmates at Osborn CI, classification and treatment staff reported that there are 386 identified sexual offenders, with only 56 in service as of March 2017. At present, there appears to be no concerted effort to encourage offenders who are disinterested in treatment to consider enrolling, which is likely fortuitous given the general lack of staff who would be available to meet any increased numbers wanting treatment.

During this evaluation, I was able to visit Osborn CI and speak with the main treatment provider onsite. This gentleman spoke frankly about his experience at Osborn and described the treatment services he provides. He opined that the program “on paper” is “eclectic” and noted further that there is no formal consideration of dynamic risk variables; although there is apparently some thought being given to instituting the *SOTIPS* as is used in the community. The treatment provider impressed as a thoughtful clinician dedicated to assisting his clients, and I have little doubt that he has done so. However, it did not appear that he was adhering closely to the curricula as provided by the University of Connecticut Health Center (UCHC), the CT-DOC’s contracted institutional sexual offender treatment provider. He stated that he sometimes likes to let the group “drive the curriculum,” which raises issues of fidelity to the established model. To be fair, I have little doubt that inmates who complete treatment with this individual are likely better for the experience; however, his idiosyncratic approach to treatment provision raises concerns regarding the degree to which similar processes may be in use in other CT-DOC facilities. Further, given that the Osborn CI provider is the only one onsite, if he should leave the facility for any reason, I would have great concerns regarding continuity of care.

Another issue of some concern raised by the institutional treatment provider was a lack of case coordination as inmates move from institutional treatment to community follow-up. At present, all community-based sexual offender treatment is provided by The Connection, Inc. regardless of whether the offender is on parole or probation. Treatment provided in prison is

provided by staff affiliated with the UCHC. The reasons for this lack of communication were not specified, but it would appear that a combination of factors may be at play, including “turf” issues, proprietary concerns, and hostile relationships. Mr. Zemke of the CTPSB noted that there have traditionally been difficulties between the institutional and community-based treatment programs.

Regardless of the reason for any acrimony between institutional and community-based treatment programming, the research literature is particularly clear that coordination between institutional and community-based treatment staff is of great importance in ensuring continuity of care and continued client buy-in to the treatment process (see Barrett et al., 2003; Stirpe et al., 2001; Willis & Grace, 2008, 2009). Simply put, success in the community relies on thoughtful preparation for that often-difficult transition. This cannot occur when staff in those two locations fail to communicate with one another or, worse still, may be undermining each other.

Overall, it was not entirely clear that sexual offender programming in the CT-DOC is offered fully in keeping with the prescriptions of the RNR model and current perspectives in ensuring strength-based treatment opportunities. On paper, the program appears to be reasonable; however, implementation may be an issue; especially considering concerns conveyed by staff regarding a lack of staffing sufficient to meet demand. It may very well be that individual staff are knowledgeable and helpful in providing clients with an opportunity to make prosocial changes; however, it appears that greater administrative attention regarding budgeting, staffing, and model fidelity is required.

Community-Based Treatment

Whether on parole or probation, all sexual offenders referred for treatment in the community receive that treatment from The Connection, Inc. through its Center for the Treatment of Problem Sexual Behavior (CTPSB). This is a private agency under contract to the Government of Connecticut and this arrangement has been in place for many years at this point. In preparing this report, I had the opportunity to speak with David Zemke, Program

Director of the CTPSB, who provided documentation and helpful perspective on the role and functions of his service.

Although homelessness was identified as a principal concern by community supervision officers, there has apparently been a dramatic decrease in the use of homeless shelters over the past five years. It was suggested that this change was the result of collaborative problem-solving amongst stakeholders, including victim advocates. According to community supervision staff, there are a number of housing opportunities available to offenders released to the community, depending on risk and need. Two locations noted by community supervision staff were the January Center (located on the grounds of the prison; locked) and beds available through Re-entry Assisted Community Housing (REACH) and Chrysalis. Halfway house opportunities are also apparently available through the Eddie Center and a work release halfway house.

The CTPSB rates the risk to reoffend of clients referred to its service using the *Static-2002R* and the *SOTIPS*. About 60% of persons referred to CTPSB are in the low to moderate risk range, while approximately 10% would be considered high or high-moderate. This is pretty much in line with what would be expected given actuarial risk ratings using either *Static-99R* or *Static-2002R*. Based on risk ratings and other clinical considerations outlined in the CTPSB Community Intake Packet, clients are triaged into different treatment streams. Treatment goals, overall, are generally in keeping with contemporary methods and consist of the following:

1. Treatment Goal One: Accept Responsibility.
 - a. Be able to accurately describe your offense behavior.
 - b. If you are denying, be able to accurately describe your behavior that lead to your arrest and/or conviction without making it less than it was, making excuses, or blaming others.
2. Treatment Goal Two: Identify and be aware of relevant risk factors.
 - a. Identify your risk factors at the time of your offense/arrest/conviction.

- b. Identify and be aware of your current and possible risk factors that could lead to a future offense.
 - c. Identify your sexual thinking that connects to your offense behavior.
 - d. Identify any high-risk sexual interests.
- 3. Treatment Goal Three: Understand the behavior that led to your offense/arrest/conviction.
 - a. Identify the influence of significant past life events on the behavior that lead to your offense/arrest/conviction.
 - b. Identify and understand the impact of thinking patterns, emotional management, interpersonal styles, and sexual fantasies, values and beliefs on the behavior that lead to your offense/arrest/conviction.
 - c. Identify signs that you and others can observe that indicate increased risk.
- 4. Treatment Goal Four: Demonstrate that you are managing risk factors.
 - a. Identify internal controls and changes in your thinking that help you manage risk factors and decrease your risk of sexual offending now and in the future.
 - b. Identify external supports and protective factors that will help you manage risk and achieve positive goals.
 - c. Demonstrate that you have developed skills and activities that help you to be productive, help others, meet your needs and goals in a positive manner and lead to positive feelings and living.
- 5. Treatment Goal Five: Identify positive future goals and develop a plan to achieve them.
 - a. Complete a Good Lives Plan.
 - b. Demonstrate progress in meeting your goals.
- 6. Treatment Goal Six: Present a discharge plan that shows that you can:
 - a. Manage personal risk factors.
 - b. Control deviant sexual arousal and/or change risky sexual thinking.
 - c. Use prosocial skills and activities in your everyday life.
 - d. Maintain a support system.
 - e. Successfully complete maintenance polygraph examinations.

Phase I of the CTPSB runs typically for nine months to a year, depending on the client. Mr. Zemke reported that some clients are successfully discharged from treatment after completing only Phase I and that this would normally apply to those offenders judged to be at low risk and of low need. All offenders are subject to polygraph evaluation during Phase I, including an Index Offense polygraph and a Sexual History polygraph – both of which are often offered early in Phase I. Mr. Zemke reported that offenders are not required to admit to “all” offenses, but noted that deceptive results may result in a Specific Issue polygraph examination. He noted further that successful completion of polygraph examinations could shorten the amount of time the offender might spend in treatment. During treatment in Phase I, it is also possible that Maintenance polygraph examinations may be conducted as requested by Probation or Parole staff.

CTPSB is currently working on updating its Phase I Workbook; however, Mr. Zemke provided me with a draft of the work in progress. Overall, the materials contained in this workbook are in line with most sexual offender treatment programs across the country. Focus is on dynamic risk factors and development of a balanced, self-determined lifestyle that includes reference to goal-setting, self-regulation, and consideration of protective factors. Regarding the latter, this is an area of new exploration in sexual offender treatment programming and it highlights recent trends towards strength-based approaches (see Marshall et al, 2011). In this vein, Mr. Zemke reported that CTPSB has contracted with David Prescott, a noted sexual offender treatment theorist and practitioner, who is assisting them in bolstering the self-regulation and strength-based elements of their program, including implementation of modules consistent with the currently popular Good Lives model (see Yates et al., 2010).

Following completion of Phase I, most offenders will advance to Phase II, which can reportedly last anywhere from 12 to 48 months, depending on the participant. Mr. Zemke attributed the large variation in potential time in treatment to several factors, including individual differences, problems for clients high in both antisociality and sexual deviance, denial and minimization, and what he characterized as a high frequency of parole/probation violations. Average length in Phase II is apparently two years; although Mr. Zemke noted that

he and his staff are attempting to shorten time in treatment for those offenders who can progress more quickly.

Mr. Zemke answered a series of questions regarding applying the responsivity principle in CTPSB programming. Although CTPSB has a protocol for the treatment of persons who are in denial or who strongly minimize their behavior (shared by Mr. Zemke), there is presently no “deniers” group available. The intention of policy and procedure regarding denial is to assess the function of the denial and then to intervene to ensure that the client has opportunities to engage in skill-building and examination of risk and need. Denial is apparently not necessarily an impediment to treatment completion and discharge.

Individual treatment sessions are available for offenders with highly entrenched antisocial values and attitudes who become disruptive in normal groups. Similarly, accommodations are made for offenders with special needs (e.g., intellectual disabilities, autism spectrum, serious mental illness). These groups are offered at a slower pace and with limited written materials. CTPSB offers “responsivity groups” that are specifically oriented to assist clients with these sorts of difficulties, and Mr. Zemke reported that some special needs clients only attend responsivity groups. Of potential concern regarding programming for special needs clients is a lack of specific written curricula. Mr. Zemke reported that although accommodations are made, there is no formal guide for staff working with such clients; although there are plans to develop curricula in the near future.

The CTPSB treatment program is modeled largely after the National Sex Offender Treatment Program from Canada, which was developed in the late 1990s moving into the 2000s as a means to standardize programming for sexual offenders in that country. Mr. Zemke reported that the core assignments in the Canadian program form an important part of the CTPSB curricula. At present, the CTPSB uses the *SOTIPS* as its “treatment plan”; however, Mr. Zemke noted that this is something he is revisiting. Although the dynamic risk variables included in the *SOTIPS* will be important to consider in treatment planning for offenders on community supervision, it cannot stand on its own as a *bona fide* treatment plan. As such, it may be necessary for CTPSB staff to secure training in case conceptualization and treatment

planning, which would also be available from David Prescott, someone already familiar to CTPSB.

Overall, it would appear that the CTPSB is in something of a state of flux. Documents provided to me detailing what The Connection, Inc. intended to do in its programming (via documents submitted in 2015 as a response to the request for proposals issued by the CT Judicial Branch) were noted by Mr. Zemke as being outdated and not fully representative of the changes either already made or in process in the CTPSB. Mr. Zemke reported that he has a number of new staff members who are in need of training. As noted, CTPSB has contracted with David Prescott to train staff in self-regulation and Good Lives approaches to treatment, trauma-informed care, and motivational interviewing. Mr. Zemke also indicated that the CTPSB would be endeavoring to include protective factors in its treatment focus going forward and that he intended to secure training for staff in the SAPROF, an assessment tool focusing on protective factors (see de Vogel et al., 2009, 2012).

Programming for Women who Sexually Offend

Briefly, CT-DOC provides programming to female inmates convicted of sexually motivated offenses. The curriculum currently consists of 12 sessions, based largely on Charlene Steen's *Choices* (2006) workbook. This is likely to be more than adequate for the majority of female sexual offenders who are largely unlikely to reoffend sexually (see Cortoni et al., 2017). There are reportedly approximately 21 female sexual offenders in the CT-DOC.

In the Executive Summary submitted as part of its 2015 response to the CT Judicial Branch RFP, CTPSB noted that it offers treatment for female clients who have committed sexual offenses. Specifically, the Executive Summary notes that there are three groups available, in addition to individual treatment for those women who are not able to travel to those groups.

Responsivity Principle. It has previously been stated that interventions for offenders require individualization. The Responsivity Principle decrees that to be effective, program options must take into consideration the idiosyncratic aspects of individual offenders, including

such constructs as motivation, learning styles, and potential barriers to treatment success. A complaint that has been leveled at many sexual offender treatment programs is that they tend to use a one-size-fits-all approach that fails to consider these important responsivity domains. Such approaches are unlikely to achieve optimal outcomes for persons who do not fit the mold, such as offenders with special needs considerations (e.g., intellectual and other cognitive processing disabilities, serious mental illness, and other issues that might affect comprehension of treatment curricula, such as issues covered under the Americans with Disabilities Act [ADA; e.g., hearing, sight, etc.]). The literature is clear (see Blasingame et al., 2014; see also Wilson & Burns, 2011; Wilson et al., 2014) that modifications must be made to programming to ensure that persons with special needs can respond appropriately and achieve maximum benefit of treatment – in both institutional and community settings.

Motivation is another important responsivity construct requiring consideration in developing and offering effective interventions to persons who have sexually offended. A complicating issue here is that motivation has been poorly defined operationally and, as a consequence, its importance is difficult to quantify. It stands to reason that levels of motivation for change will vary across the population in need of service and their place in the clinical continuum (see Barrett et al., 2003; Stirpe et al., 2001; Wilson, 2009). Many programs use some version of the Transtheoretical Stages of Change model (see DiClemente & Prochaska, 1998) to rate their clients in regard to where they are on a continuum of preparation for change via treatment (i.e., precontemplation, contemplation, preparation, action, maintenance). Movement through this continuum of readiness for change is thought to be closely aligned with general success in treatment (Thornton, 2002).

One consideration in this line of inquiry regarding responsivity and motivation is related to denial and minimization. Prior to the Hanson meta-analyses, conventional wisdom was that persons in denial or minimization were unmotivated to change and disinterested in addressing issues of risk; thus, they were typically excluded from treatment as unlikely to succeed or because they were perceived as obstinate or otherwise antisocially unwilling to address their personal issues. Further, denial and minimization were seen as potent risk factors, such that persons who demonstrated these constructs were unlikely to receive community-based sentences or to be considered for early release. However, we now know that denial and minimization are

either unrelated to risk to reoffend, or their influence on recidivism is much more complicated than simple cause and effect (see Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). In some instances we may regard both denial and minimization as ego defenses, used by offenders to manage the cognitive dissonance that arises from recognition that they have engaged in harmful behaviors with others. In this line of thinking, denial or minimization may be less an indication of deception and lack of insight than they are psychological means used by offenders to protect against emotional collapse. Regardless, the literature is clear that denial and minimization are not necessarily related to either risk to reoffend or failure in treatment (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005).

Following from the previous paragraph, program curricula have been developed for so-called “deniers,” with outcomes quite similar to those achieved with “admitters” (see L.E. Marshall et al., 2008). It would appear also that preceding formal treatment with a “treatment readiness” preparatory module (see Cullen & Wilson, 2003; Prescott & Wilson, 2011; Wilson, 2009) increases the likelihood that persons in denial will succeed in treatment. L.E. Marshall and associates (2008) noted that, amongst their clients in a deniers program, several were ultimately able to take responsibility for their actions once the strong push to admit and accept responsibility was taken off the table. A typical scenario might be:

Clinician: Tell me what happened in your sexual offenses.

Client: I didn’t commit any sexual offenses.

Clinician: Are you sure that you did nothing that could have been viewed as offensive?

Client: No, the “victim” misinterpreted my behavior.

Clinician: OK, let’s say for a moment that you didn’t do anything wrong; look at where you are. You’re in prison having been convicted of Sexual Assault. Are there things that you may need to do or be aware of going forward, in order to make sure that you don’t find yourself in the same situation again?

Client: I suppose. What would I have to do?

Clinician: Let’s just try it and see how you make out.

With this admittedly passive recognition of a need to review conduct and circumstances, the client allows for the possibility of personal growth without having to admit any wrongdoing. L.E. Marshall and associates (2008) suggested that clients in denial or minimization who subsequently engage in treatment programming ultimately do better than those offenders in denial who do not entertain prosocial change.

Management of offenders in denial or exhibiting minimization has implications for program management; particularly with respect to use of polygraph examinations. There is a degree of controversy as to the relative value-added of polygraphy in both treatment and supervision of persons who have sexually offended. Proponents assert that knowing the client's full offense history, sexual thoughts and fantasies profile, and their adherence to treatment and supervision prescriptions is of paramount importance in effective risk management (see Ahlmeyer et al., 2000). Critics of polygraphy (e.g., Meijer et al., 2008) have pointed to difficulties with respect to the reliability and validity of the examination process. Also, the linkage between providing nondeceptive results on polygraph examinations and success or failure on community release has not been empirically demonstrated. This point is illustrated in the reality that the United States is the principal user of polygraphy in sexual offender risk management, yet rates of reoffending in jurisdictions that do not use polygraphy are not appreciably different from those in the United States. Violations of conditional release – often via failed polygraph evaluations – are, however, more prevalent in the United States.

Of other potential concern is the manner in which case managers interpret polygraph outcomes; specifically, deceptive results are generally received poorly, but inconclusive or nondeceptive results are not always received favorably. A strong reliance on polygraph evaluations also potentially increases the incidence of community supervision violations (VOP), even when the issue leading to deceptive results may not be specifically related to risk to reoffend. For those offenders likely to be reincarcerated following a VOP, this revolving-door experience can have drastic negative effects on attempts to establish stability in the community. In speaking with Probation staff for this evaluation, it was clearly reported that polygraph results do not form the basis of decisions to utter violations of community supervision. Rather, polygraph results are seen as a helpful tool to assist clients on supervision in maintaining treatment gains and remaining compliant with the terms of their release.

Another group of offenders causing great concern regarding responsivity are those who demonstrate highly entrenched antisocial values and attitudes (i.e., clients likely to be high in the Big Four predictors of general criminality). Clients with an antisocial personality orientation present a myriad of difficulties to both clinical and supervisory personnel, in that they continually test boundaries in a variety of domains and often resist treatment recommendations and risk management restrictions. Indeed, for some offenders with antisocial orientations, denial and minimization are more sport than ego defense and it has been said that for some highly antisocial clients, treatment may actually make them worse (Salekin, 2002; Seto & Barbaree, 1999). However, additional research (Mailloux et al., 2003) suggests that it is not programming that potentially makes antisocial clients worse; it is actually a failure to attend to issues of risk, need, and responsivity that is most contributory to failure. That is, highly antisocial clients require intensive treatment interventions that focus on reciprocal prosocial engagement and reducing antisocial values and attitudes (Looman et al., 2005; Mailloux et al., 2003).

In summary, developing an effective sexual offender treatment curriculum is not all that needs to be done to ensure positive outcomes for program participants. It is also critically important to ensure that all persons included in programming are actually able to interface with the materials and be successful. Sometimes, this requires modification of the curriculum to meet the responsivity concerns of those who might not necessarily fit the mold. As noted, common group of clients in need of responsivity consideration are persons with intellectual and other cognitive processing disabilities, persons with persistent mental illness, persons with ADA concerns, and those with highly entrenched antisociality that presents significant barriers to both participation and success.

RELEVANCE FOR CONNECTICUT

The population of persons in CT who have sexually offended is likely no different from any other jurisdiction in the United States or other similar nations. Although the majority of offenders will be without obvious responsivity concerns beyond a need for programming that attends to their individual risk and need profiles, there are no doubt clients who will require

special attention to ensure that they are also able to achieve positive treatment outcomes. In many unfortunate circumstances, persons with special needs and other responsivity concerns fall through the cracks, being perceived as unmotivated or antisocial when they may actually be demonstrating an inability to appropriately respond to the curricula they are offered (or are sometimes mandated to attend).

Policy #G 4.07e of the University of Connecticut Health Center – “Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Special Populations” outlines the policy and procedures relevant to ensuring specialized treatment services for persons with mental health and ADA concerns in prison settings. Clients with mental health concerns are to receive case management services while incarcerated, including treatment and discharge planning that takes into consideration both risk for sexual offending and mental health issues. The policy refers to specialized sexual offender groups with modified curriculum materials; however, the nature of those modifications is not specified. Bonta and Andrews (2016) assert that interventions are more likely to be successful if there is a written program guide that directs program staff coordinating the intervention.

The Connecticut Department of Corrections makes allowances for those clients with serious mental illness who are also in need of sexual offender treatment services through a dedicated program at Garner CI. Corrections treatment staff also reported that some offenders might be referred to a state psychiatric hospital if their mental health treatment needs cannot be met in a correctional institution.

Correctional treatment staff at Osborn CI noted a dearth of psychiatric services available to sexual offenders outside of the specific mental health facility stating, “[Osborn] desperately needs a psychiatrist.” This is a common complaint amongst many institutional treatment providers across the country and highlights a general lack of appropriately trained and available psychiatric professionals to meet the needs of sexual offender treatment programs. That said, the lack of psychiatric coverage presents difficulties for those programs dealing with higher risk, higher need offenders who may require assistance with mood stabilization and therapeutic sex drive reduction.

CTPSB documentation makes reference to specialized programming for clients with responsivity concerns, including provision of “responsivity” groups. However, Mr. Zemke identified current problems in providing specific interventions for clients with treatment readiness concerns (e.g., denial and minimization), entrenched antisocial values and attitudes, serious mental health conditions, and cognitive limitations (e.g., intellectual disability). While some accommodations are made, it would appear that most clients with responsivity concerns are mainstreamed with a degree of special attention. Given that many special needs clients have learned to be adept at presenting a cloak of competence and tend to approach difficult situations with an acquiescence bias (i.e., the tendency to go along with whatever people in positions of power suggest, even if they do not understand the implications), there is a need to be proactive in monitoring treatment progress (see Wilson & Burns, 2011)

Overall, it is apparent that of the three RNR principles important to consider in developing effective interventions for persons who have engaged in sexual offending, the one that requires the greatest attention in CT going forward is responsivity. In both institutional and community-based programming documentation, there is clear reference to a need to provide programming that attends to individual needs of clients; however, practical implementation appears to have fallen short of hopes and expectations. Treatment staff from Osborn CI and CTPSB identified that there are attempts made to place clients with responsivity concerns into specialized programming or “responsivity” groups, but neither provider could point to written guidelines specifying how that should be accomplished. As a consequence, it is likely that clients with special needs (particularly, those with cognitive limitations) are being subjected to treatment interventions that they do not fully understand. To be fair, this is a common difficulty amongst sexual offender treatment programs around the country and internationally. That does not, however, absolve CT sexual offender treatment providers from making better efforts to address the unique treatment and supervision needs that many of these clients present.

COMMUNITY SUPERVISION

The community is where the rubber meets the road in risk management of persons who have sexually offended. Until an offender is released, all activities with him/her have been undertaken in environments that are akin to a laboratory. Although opportunities to engage in sexually inappropriate conduct exist in jail, prison, or secure treatment settings, access to vulnerable target persons (e.g., children) are usually quite limited. Of course, the community presents a multitude of possible avenues to reoffending – all of which must be identified and competently managed.

The primary conduit for community risk management of persons who have sexually offended is a supervision officer – most often a probation or parole officer. Early models of supervision saw officers managing their caseloads with little to no consultation with others. We now know this to be insufficient to truly guard against recidivism and additional instances of victimization by known offenders, and each jurisdiction can likely point to at least one unfortunate incident that occurred with a sexual offender who was released in their state, province, etc. If there is any positive aspect to take away from these terrible events, it is that they have taught us how to be better in appreciating the need for a coordinated and collaborative approach to managing offenders in the community. Just as advances have taken place in the assessment and treatment of persons who have sexually offended, the same has been true of methods in supervision.

Collaborative Models

Beginning in the 1990s (see English et al., 1996), approaches such as the Containment Model started to enter the community supervision nomenclature. These approaches represented an early understanding that probation or parole supervision alone was unlikely to account for the holistic risk profile presented by many offenders in the community. In the Containment Model, a collaborative approach included case management coordination by a probation/parole officer who worked cooperatively with a treatment provider and a polygraph examiner. Together, these three personnel formed the so-called containment triad. While the PO managed the day-to-day supervisory framework, the treatment provider focused on managing criminogenic needs and the polygrapher was tasked with ensuring that the offender was adhering to his/her conditions of

release and treatment recommendations. This model quickly became the most popular approach to the community risk management of persons who have sexually offended, and appeared to work quite well within a relapse prevention framework.

As focus in assessment and treatment grew more holistic and comprehensive moving into the new millennium, there was also a need to reconsider how community risk management might also require some revision. Incorporation of RNR principles suggested that the list of potential stakeholders in need of consideration was larger than typical of the containment approach (see Wilson et al., 2000; 2009). It was also clear that training and professional support for front line risk managers (i.e., probation and parole officers) was also in need of bolstering. In today's community risk management endeavor, POs are highly trained experts who have considerably more understanding and technology available to more effectively manage their caseloads. POs are now routinely trained in motivational interviewing techniques, as well as being trained in actuarial risk assessment (e.g., *Static-99R*, *SOTIPS*) and other similar tools. In my opinion, it is quite reasonable to suggest that at least some of the significant reductions we have witnessed in regard to sexual recidivism rates (see Finkelhor & Jones, 2006) is attributable to the professionalization of community supervision officers.

Building on the containment foundation, other jurisdictions have attempted to be more inclusive regarding stakeholder representation. For instance, the Multi-Agency Public Protection Arrangement framework in the United Kingdom (see Wood & Kemshall, 2007) takes the containment approach and expands it by including at the risk management table local law enforcement, social service agencies (who may be providing housing and job search services), faith-based groups (e.g., Salvation Army, Circles of Support and Accountability – see Wilson & McWhinnie, 2013), and victims' advocacy groups or agencies (e.g., Stop It Now!, rape crisis centers), among others. The result is that the risk management process becomes much more comprehensive and representative of the community's true stake in preventing future victimization. A helpful side benefit is that agencies previously unaware or, perhaps, suspicious of each other's goals and agendas have become more closely allied towards that common goal. As above, it would be my position that this increase in cooperation, too, has contributed to lowered rates of sexual recidivism (and, alternatively, growth in more broadly defined community collaboration).

As much as collaboration may be the ultimate goal, there are potential drawbacks that sometimes arise. In the end, someone has to be the responsible party in any collaborative approach to risk management; and, in most cases that is likely to be the probation or parole officer. However, this is not to suggest that the perspectives of others are any less important to consider. Rather, it means that the buck must stop somewhere. Although there may be broad representation of non-statutory bodies, criticisms of the containment and MAPPA approaches have been that whenever something goes wrong (e.g., reoffense), those statutory agencies “circle the wagons” and leave the non-statutory parties out of the decision making process. While it is clear that there are situations in which law enforcement and probation/parole staff must make difficult decisions, if the non-statutory parties were valuable enough to be at the table when things were going well, they should also be valuable in problem-solving situations when things are not going well. This can certainly present challenges, but the resultant teambuilding can help inoculate communities against future difficulties by ensuring that all stakeholders understand and feel valued in their place at the risk management table. As such, best practice in community risk management is clearly a collaborative enterprise that appreciates and incorporates the viewpoints and concerns of a wide variety of stakeholders – professionals and laypersons.

Probation and Parole

Connecticut has somewhat complicated processes for sentencing and releasing sexual offenders. Offenders receiving sentences of two years or less are eligible for community release (transitional supervision) through the Department of Correction, while offenders receiving two years plus a day or more will ultimately fall under the jurisdiction of the Board of Pardons and Parole. In certain sexual offense cases, offenders are sentenced by the Court to a split sentence, which will result in a mix of incarceration and probation supervision. Split sentence offenders are also eligible for parole, but this presently does not happen or rarely happens. However, a benefit of split sentencing is that probation staff are notified six months in advance of a pending release. This provides an opportunity for probation staff to make contact with inmates – either in person or by videoconference – in order to begin release planning, which is well-supported in the clinical literature (see Willis & Grace, 2008, 2009). Otherwise, some offenders are eligible for special parole, with community case management provided by CT-DOC parole officers.

Apparently, special parole is a common circumstance under which sexual offenders are supervised in the community.

The Judicial Branch provides an elaborate policy regarding Adult Services: Sex Offender Supervision that dictates how community supervision will be accomplished. For the most part, the policies included in this document are in line with similar policies in other US jurisdictions. The document is comprehensive and covers the majority of domains important in establishing effective case management for persons who have sexually offended. Based on results of a clinical assessment, offenders are placed into categories of supervision according to the following matrix:

Clinical Assessment	Supervision Category
High	Sex Offender High
High/Moderate	Sex Offender High
Low/Moderate	Sex Offender Medium
Low	Sex Offender / Medium / Maintenance

It is interesting to note that there is a tendency to supervise offenders at the higher end of their clinical assessment category (e.g., High/Moderate = Sex Offender High, Low/Moderate = Sex Offender Medium, and Low = Sex Offender Medium / Maintenance). There appears to be no true “Low” supervision category, in spite of good evidence suggesting that a sizeable proportion of sexual offenders will be at the lower end of the risk continuum (see Hanson et al., 2016a,b). This is a common practice amongst US community supervision agencies, and likely reflects a longstanding bias that sexual offenders pose greater risk to the community than is borne out in research findings.

Sexual offender Registration

As is true across the United States, Connecticut maintains a publicly accessible sexual offender registry (SOR). In many cases, offenders remain on a registry long after they have completed all aspects of their sentences (incarceration, parole, or probation), which allows for a measure of monitoring over an extended period. However, as noted elsewhere in this report,

sexual offender registries are not without their critics. Of some concern is the way in which certain offenders are placed on the SOR and for how long. At present, CT uses an offense-based process to set registration terms; although proposals are being made to revise the SOR. Central to these proposals is a recommendation that offenders be differentially placed on either a law enforcement registry (not available to the public) or a publicly accessible registry. If implemented, low and moderate offenders could potentially be placed on the law enforcement SOR (10 and 20 years, respectively) while high-risk offenders would be maintained for life on the public registry.

RELEVANCE FOR CONNECTICUT

Probation and Parole

Depending on original sentencing, sexual offenders in CT may be supervised in the community under probation or parole circumstances, the former being managed by Adult Probation Services while the latter falls under the CT-DOC. It would appear that the processes can, at times, be very similar, but some access to services may vary according to the particular supervision stream to which the offender is accountable.

In completing this review, I had the opportunity to speak with probation staff from the New London and New Haven offices. Staff reported that sexual offenders are typically managed in the community for 10 years post-release (the minimum for sexual offenders; although non-contact offenders may apparently be on probation for five years). Referral to treatment is in most cases mandated and one probation officer noted, “Almost everyone is found appropriate for treatment.” This suggests a tendency to admit clients to treatment irrespective of RNR prescriptions. Indeed, probation staff also noted that even low risk offenders may be in treatment for three to five years, which is inconsistent with information provided by CTPSB.

Probation staff opined that a particular strength of the CT model of sexual offender risk management is the theory and “what’s on paper”; although concerns were expressed about

how often those guidelines are actually followed. A lack of statewide oversight of sexual offender management was noted, as was the potential for different offices to have slightly different practices. A tendency towards “over-supervision” was suggested and probation staff also questioned whether all standard probation conditions for sexual offenders were actually applicable to all sexual offenders. In this same line of thinking, probation staff questioned the value-added to community safety of mandatory minimum sentences, suggesting that some lower risk sexual offenders who might have done well on probation were sent to prison instead.

In regard to treatment services, probation staff were pleased that groups are mostly provided on-site at the local probation offices, which facilitates meetings with clients and case conferencing with treatment providers. Probation staff voiced some concerns about the size of some groups (up to 18 participants), as well as the relative experience of some younger treatment providers.

Collaboration

From early on, Connecticut demonstrated an understanding that collaboration is of key importance in building a best practice model of sexual offender risk management. Examples of this include:

- Offering treatment groups onsite at probation offices, so that “clinics” can be established where in clients may attend group and also meet with their PO on a regular basis.
- Weekly or biweekly “unit meetings” are held, which include the supervising officer, a Chief PO, the treatment provider, and a representative from victims services (formerly Connecticut Sexual Assault Crisis Services [CONNSACS]; now the Connecticut Alliance to End Sexual Violence).
- Opportunities for law enforcement personnel to accompany PO staff on compliance checks in the community.

- Opportunities for joint projects and contracts between CT-DOC and Adult Probation

Indeed, I know of no other jurisdiction that includes victim services as a key member of the case management team, and it is of no great surprise to find that this partnership was driven initially by the great victim advocate Gail Burns-Smith and policy analyst David D'Amora. Certainly, other services around the country include consultation with victim advocates, but rarely have I seen them included as an “equal party” to the process. However, while this comes with obvious benefits, there may also be potential drawbacks. Most professional frameworks in managing the risk posed by identified sexual offenders are “victim centered”; meaning that they consider the effects that case management decisions may have on victims – known, unknown, or future. However, while it is of great importance to consider those potential effects, there will be times when victim perspectives may not be fully in keeping with case management considerations. Ultimately, decisions will need to be made that balance victim concerns against allowing opportunities for offenders to rebuild their lives in the community. While it is an absolute truism that the processes involved in managing persons who have sexually offended must be sensitive to the experiences and concerns of persons who have been victimized, it would be my contention that those aspects and case management concerns may not always converge. With fairness and sensitivity to those differences, the Probation or Parole service must be the final arbiter of what happens going forward.

Registration

Sexual offender registries have long been used in the United States to maintain lists of persons previously convicted of sexual offenses and to provide information to both law enforcement and local communities as to who lives where and may be in need of monitoring. Although commonly employed, sexual offender registration remains a particularly contentious issue – with legislators and community members being greatly in favor of full transparency and researchers and sexual offender treatment personnel suggesting that there may be times

when registration actually impedes offender reintegration and might increase rather than decrease risk (see Letourneau et al., 2013; Levenson et al., 2016).

As is true across the United States, CT maintains a publicly accessible sexual offender registry (SOR). In many cases, offenders remain on a registry long after they have completed all aspects of their sentences (incarceration, parole, or probation), which allows for a measure of monitoring over an extended period. However, as noted elsewhere in this report, sexual offender registries are not without their critics. Of some concern is the way in which certain offenders are placed on the SOR and for how long.

Discussions with Probation staff raised concerns about how persons are placed on the registry and for how long. In one example, a PO noted that an offender who had sexually assaulted two of his children was allowed to plead down to a non-sexual offense (at least by statute), which allowed him to escape registration entirely. Conversely, a man (18) who had had sexual relations with a 14 year old “girlfriend” – apparently with the knowledge of her parents – will be maintained on the registry for 10 years. This caused the PO to question the logic involved in this process.

At present, CT uses an offense-based process to set registration terms – 10 years or lifetime; although proposals are being made to revise the SOR. Central to the draft proposal provided to me is a recommendation that offenders be differentially placed on either a law enforcement registry (not available to the public – LESOR) or a publicly accessible registry (PSOR). If implemented, low and moderate offenders could potentially be placed on the LESOR (10 and 20 years, respectively) while high-risk offenders would be maintained for life on the public registry. These decisions would be reached by a Sexual Offender Registration Committee comprised of experts that would be independent but within the Board of Pardons and Parole. Although decisions to place an offender on the LESOR would not be subject to appeal, offenders on the PSOR could petition the court to be transferred to the LESOR after five years, while offenders on the LESOR could petition for removal after 5/10 years or 10/20 years. No direct removal from the PSOR would be possible without first being transferred to the LESOR. There are also proposed provisions for retroactive changes to offenders currently registered.

Overall, the proposed changes to the CT-SOR appear quite reasonable and in keeping with RNR prescriptions. They allow for monitoring and management of individuals who have engaged in sexual violence, but they also provide mechanisms for offenders who have rehabilitated themselves to regain some measure of self-determination in the community. However, as they stand, the proposed improvements do not appear to operationally define such key concepts as (1) criminal offenses against a victim who is a minor, (2) nonviolent sexual offenses, and (3) sexual violent offenses. Although there may be a degree of correlation between these three designations and risk to reoffend, it is likely that exceptions to the rules would be more common than anticipated.

In a recent paper, Levenson et al. (2016) made the following recommendations regarding sexual offender management policy:

- Juveniles should not be subject to sexual offender registration
- Registration durations should be guided by risk assessment research
- Procedures for relief and removal from registries should be available
- Discretion should be returned to judges
- Residence restrictions should be abolished

By and large, the recommendations made by Levenson et al. (2016) are in line with the proposals currently under consideration by the CT Sentencing Commission.

SUMMARY & RECOMMENDATIONS

For a state with a small geographic footprint, Connecticut has contributed greatly to the field of sexual violence prevention. There are best practice models evident in the work done in this state. However, as is the case with any jurisdiction, there is room for improvement. In the preceding, I have provided a review of the literature regarding assessment, treatment, and risk management and have highlighted those areas that have contributed most to our collective leaps

forward in reducing harm in the community while ensuring opportunities for motivated offenders to reclaim their lives through self-reflection and treatment interventions.

There is now incontrovertible evidence that human service opportunities for offenders can and do reduce rates of reoffending more than punishment alone (see Aos et al., 2005; Lipsey & Cullen, 2007; Smith et al., 2002); however, those endeavors must adhere to certain well-described principles. Those principles are Risk, Need, and Responsivity – as defined by Bonta and Andrews (2016). Indeed, the literature is clear that the more treatment interventions adhere to these principles, the more likely they are to incrementally decrease recidivism and increase offender reintegration potential. Although Bonta and Andrews developed their model using general criminal offenders, Hanson and associates (2009) have shown clearly that these principles also apply to persons who have sexually offended.

The risk principle decrees that interventions should be at the same intensity level as the assessed level of risk: high to high, moderate to moderate, and low to low. Mismatching these two variables potentially leads to difficulties; not only when we under-intervene with high-risk offenders, but also when we over-intervene with lower risk offenders. This latter aspect is often overlooked in offender risk management. As a field, we seem content to apply stringent measures to sexual offenders, in spite of years of research showing that their reintegration potential is generally high and that their risk for reoffending is generally low. The tendency to over-supervise lower risk offenders is often reflected in a high violation to reoffense ratio. Some might argue that violations are actually prevention based on near-misses; however, this is not borne out when looks at differential rates of VOP usage across the country and internationally.

The need and responsivity principles govern the nuts and bolts of treatment provision. Following an assessment of risk to reoffend, it is important to specifically focus on those criminogenic need areas that led the offender into trouble in the first place. In this, we want to ensure that programming attends to the individualized presentation of the offender, even though many sexual offenders will attend group therapy with others who may not share the totality of their need profile. The individual elements are often addressed through ancillary program participation (e.g., cognitive problem-solving programs, alcohol and substance abuse treatment, or sexual arousal management modules, among others). It is true to say that not all offenders

share the same needs profile, and the onus is on treatment providers and clients to collaboratively craft a treatment plan that appropriately accounts for the issues experienced by the client. Which brings us to the responsivity principle. This is, by far, the most difficult of the RNR principles to manage appropriately. The responsivity principle requires that we consider the client as a person who brings both strengths and weaknesses to the table and we must develop interventions that account for issues such as learning style, motivation, and cultural concerns. While many programs seem to do well in addressing risk and need, they tend to fall down when it comes to specialized programming options for special clients. Issues of intellectual and cognitive disabilities, serious mental illness, entrenched antisocial values and attitudes, and other variables that would serve to diminish potential for treatment success must be considered if we truly want all clients to do well.

Overall, the principles and practices demonstrated in the Connecticut approach to assessment, treatment, and risk management of sexual offenders are in generally in line with what we would expect to see in a state with CT's pedigree. With the exception of a tendency to hold clients in treatment longer than likely required, the risk and need principles are more than adequately covered regarding treatment provision. However, as suggested above, CT falls prey to many of the same difficulties noted in other jurisdictions regarding ensuring responsivity. In both institutional and community-based programming, there is a clear understanding that responsivity is important – as indicated in program manuals and materials, but there are clear issues in implementation. Furthermore, there appears to be problems in regard to institutional to community continuity of care for offenders in treatment, fueled possibly by animosity between providers.

In regard to community supervision, there are two agencies involved – Department of Corrections and Probation, but only one treatment provider. There are also opportunities for representation of other important stakeholder groups, and CT's inclusion of victim services in the community supervision process likely represents something of a best practice. The guidelines for supervising sexual offenders are similar to those found in other jurisdictions. In CT, there is a tendency to shift sexual offenders to higher levels of treatment supervision, seemingly just because they are sexual offenders. Community-based classification of sexual offenders on probation seems to have no true "low risk" classification, in spite of credible evidence to support

a perspective that reoffense rates are low and that reintegration potential is high. Accordingly, this is apparently reflected in a relatively high rate of violations of community release. Bonta and Andrews (2016) are clear in recommending that, where feasible, treatment interventions for offenders are best accomplished in the community where there are opportunities for practice and feedback readily available in real-world circumstances. Research has shown that a combination of evidence-based supervision and treatment following RNR prescriptions can incrementally reduce reoffending in the community for sexual offenders (Wilson et al., 2000; 2009).

Beyond supervision and treatment in the community, all sexual offenders are subject to registration for either 10 years or life. At present, the CT system for determining placement on the law enforcement or publicly accessible registries is determined by offense parameters and not by level of risk to reoffend. Although this is not actually particularly uncommon, such a scheme fails to appreciate that many offenders who engage in offenses with relatively low levels of violence or overt victim harm may be at considerable risk to reoffend. Similarly, some offenders who engage in offenses that include levels of violence may not be at particularly high risk to reoffend. Levenson and associates (2016) have called for reforms to sex offender registration policies that include eliminating sexual offender registration for juveniles, risk-based procedures for determining level and duration of registration, opportunities for offenders to be removed from registries, a return of discretion to judges, and the abolition of residence restrictions.

The following recommendations are made to assist Connecticut in maintaining best practices already in place and to ensure greater achievements in areas in need of attention:

1. Assessment procedures for sexual offenders in Connecticut are generally in line with expectations according to research findings. However, use of dynamic risk scales (e.g., *SOTIPS*) to enhance ratings based on static risk scales (e.g., *Static-99R*, *Static-2002R*) is not practiced in all locales. Specifically, although use of *SOTIPS* in institutional settings is being contemplated, use of this scale has not yet been implemented. Of particular benefit to treatment providers, the *SOTIPS* provides a measure of in-treatment change.
2. I have little doubt that treatment providers in Connecticut are dedicated professionals who care greatly about the welfare and success of their clients. However, not all

providers appear fully knowledgeable about current treatment methods. This is also reflected in inconsistent documentation regarding what is supposed to happen in treatment.

- a. The Department of Corrections is encouraged to review current sexual offender treatment practices and consider developing a more extensive treatment manual that also includes documentation of program adjustments for special needs offenders and others with treatment interfering factors and other barriers to success.
 - b. At present, CTPSB is undergoing significant changes to its treatment program, including updating modules to include aspects of Good Lives and self-regulation theories, motivational interviewing techniques, and increased focus on trauma in clients as a responsivity concern. CTPSB is encouraged to ensure that these updates are incorporated into a comprehensive program description and treatment goals document.
3. Psychiatric services are difficult to acquire in forensic mental health settings. That said, a concerted effort should be undertaken to ensure that all sites providing sexual offender treatment have adequate psychiatric coverage.
4. Sentencing practices in Connecticut seem biased against probation for sexual offenders on the lower end of the risk continuum, potentially through offense-based sentencing schemes and the imposition of mandatory minimum sentencing. Bonta and Andrews (2016) are clear that, where feasible, treatment interventions are best offered in community settings. It is likely that many sexual offenders who could be managed directly on community supervision are being sent to prison. While this may be beyond the purview of this review, there is merit in Levenson et al.'s recommendation that discretion be returned to judges and that decisions regarding both sentencing and registration be made based on risk and not on potentially arbitrary classification schemes. Otherwise, it appears that at least some incarcerated sexual offenders have limited opportunities for early release, which could also serve to maintain some lower risk offender in prison for longer than necessary in keeping with RNR prescriptions.

5. While Connecticut states on paper that it adheres to the prescriptions of the Risk-Need-Responsivity model, there are issues in need of attention:
 - a. Use of a low, moderate, and high risk framework requires use of terminology that is not norm-referenced (see Hanson et al, 2016a; Hanson et al., 2017). Currently, there are efforts to reframe risk levels according to distributions observed in the offender population. Recommended specifiers on a 5-point scale would include I – very low risk, II – below average risk, III – average risk, IV – above average risk, and V – well above average risk.
 - b. Interventions for offenders at the lower end of the risk continuum should reflect their risk and need status. The temptation to view all sexual offenders as being at elevated risk simply as a byproduct of abhorrence of the details of their offenses leads to both over-supervision and over-treatment, as evidenced in higher VOP rates in CT relative to other jurisdictions and a tendency to maintain offenders in treatment for longer periods than is likely necessary.
 - c. Treatment offered in both institutional and community settings is not sufficiently responsive to the special characteristics that may inherent in some offenders (e.g., intellectual disabilities, mental health concerns, other treatment interfering factors and potential barriers to treatment success). Treatment personnel are strongly encouraged to monitor the progress of clients in treatment, being specifically mindful of those clients who appear to be falling through the cracks. Special needs clients require a higher degree of scrutiny in order to ensure that they receive services that are appropriately responsive to their individualized needs.
6. Further to 5b., VOP rates in CT appear to be relatively high in comparison to other jurisdictions and some probation staff have opined that, in some instances, a return to custody is not always because of an increased risk for reoffense; rather, many returns to custody occur as a matter of technical violation. Probation and parole officers are encouraged to consider other possibilities in managing VOPs, including consultation with members of the multidisciplinary team (e.g., treatment providers, probation/parole management, CT Alliance to End Sexual Violence).

7. Treatment in the Department of Corrections allows for short-term or introductory group interventions for lower risk offenders and more involved programming for those demonstrating higher treatment needs. However, it would appear that the short-term or other introductory group options are not always the terminal option for lower risk offenders, with many such offenders entering institutionally based treatment that may exceed their actual needs.
8. Staffing for sexual offender treatment programming appears inadequate in institutional settings. Treatment staff reported that not all incarcerated offenders are able to start and finish treatment before their end of sentence date and that many offenders are admitted to treatment based more on how soon they are likely to be released than how much they actually need the program.
9. Just as treatment for offenders in institutional settings appears to exceed requirements according to risk and need, the same appears to be the case for community-based treatment services. Although frameworks exist for short-term interventions for lower risk offenders, it appears they are under-utilized. Discussions with both probation officers and a community-based treatment client suggest that many clients may be held in treatment beyond what is required according to risk and need prescriptions.
10. Evidence-based assessment, treatment, and risk management of women who sexually offend is in its relative infancy in comparison to male sexual offenders. Cortoni et al. (2017) assert that women who sexually offend are different from their male counterparts and that they require different processes in risk management. Both institutional and community-based personnel are encouraged to remain abreast of the developing knowledge base in this regard.
11. Polygraph evaluations are utilized in community-based treatment, which is common across the United States. However, it would appear that these evaluations are often required at an early stage in treatment when participants are arguably more likely to be in precontemplative or contemplative stages of change. As such, an adversarial dynamic may result simply because clients have not established sufficient treatment readiness to appreciate the value of disclosure. Also, given the increasing number of clients being released from prison without institutional treatment experience, this is likely to be

exacerbated. It is recommended that consideration be given to conducting polygraph examinations towards the end of Phase I or, better still, early in Phase II.

12. Collaboration between the various government bodies and contracted agencies does not appear to be functioning optimally. At present, there appears to be a significant disconnect between institutional (UCHC) and community-based (CTPSB) treatment providers. I would not want to speculate as to the reasons for or the nature of the apparently acrimonious relationship between these two groups, but the current state of affairs does nothing to ensure continuity of treatment for offenders or to promote public safety for Connecticut. These fences must be mended.
13. As noted in 12, there are currently two providers – one institutional and one community-based. Questions have arisen as to whether it might be better to have one service provider across the board. Unless the two parties are able to resolve their differences, this may be an avenue to ensure continuity of care, both in terms of fidelity to a particular model of treatment and ensuring that offenders receiving institutional treatment services are adequately prepared for community aftercare.
14. Otherwise, collaboration between community-based groups appears to be functioning relatively well. Of particular interest is the inclusion of victim services in the multidisciplinary case management team. I have stated elsewhere in this report that I view this as a best practice element; however, some personnel interviewed expressed concerns that victim interests sometimes take precedence over community reintegration interests for offenders. While it is certainly not my intention to diminish the concerns felt by victims when offenders return to the community, it is not always possible to honor requests made by victims that are contraindicated by offender case management concerns. In the end, the probation or parole officer must be the final authority.
15. Probation staff noted during this evaluation that homelessness has dropped considerably with increased access to agency housing in CT; specifically accommodations through REACH and Chrysalis. Across the country, homelessness for released sexual offenders remains an area of considerable concern. Some of this is due to residence restrictions. In keeping with Levenson et al. (2016), I would advocate for either the abolition of residence restrictions or a risk-based framework governing where certain offenders are

permitted to reside. Otherwise, continued partnership with community-based housing providers will decrease the amount of community destabilization felt by some returning offenders solely as a result of few options for housing.

16. Currently, placement on the sexual offender registry is determined by type and circumstances of offense. Offenders may be placed on a publicly accessible registry (PSOR) for 10 years or life, or on a law enforcement only registry (LESOR). It would appear that use of the LESOR is rare. A draft of proposed improvements to Connecticut's sexual offender registry was provided as part of this evaluation. The prospective changes included in that document make a lot of sense and are in line with recommendations by researchers (Levenson et al., 2016). Of particular benefit would be the migration from offense-based registration to risk-based registration.
17. Further concerning registration, greater use of the LESOR is recommended over use of the PSOR. Additionally, proposals to allow certain offenders to petition for relief or removal from the registry according to specified criteria is an important element to consider.

CLOSING REMARKS

In closing, it has been my great pleasure to provide this review and evaluation regarding the assessment, treatment, and risk management of persons who have sexually offended in Connecticut. I hope that the comments and recommendations included herein will be of value to the Sentencing Commission as deliberations continue towards greater emphasis of evidence-based policy and procedure and engagement in best practices. I remain available for further consultation regarding these matters and this report.

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06/22/2017

APPENDIX A – DOCUMENTS REVIEWED

CT DOC, Policy #3.2, Special Management Unit, dated 05/08/2008

CT Court Support Services Division, Policy # 4.18, Adult Services Sex Offender Supervision, dated 10/01/2014

CT Board of Pardons and Paroles, rev. 04/21/2016

CT DOC, Policy #8.13, Sex Offender Programs, dated 10/31/2007

The Connection, Response to CSSD Request for Proposal #3503, Adult Sex Offender Services Statewide, Organization and Experience, received 3/23/2015

The Connection, Response to CSSD Request for Proposal #3503 Adult Sex Offender Services Statewide, Budget/Financial, received 3/23/2015

The Connection, Response to CSSD Request for Proposal #3503 Adult Sex Offender Services Statewide, Program Narrative, received 3/23/2015

CT DOC, Notification of Hearing for Sexual Treatment Need Score Based on Non-Conviction Information, Rev. 01/13/2012

CT DOC, Hearing for Sexual Treatment Need Score Based on Non-Conviction Information, Rev. 01/13/2012

CT DOC, Health Services Sex Offender Program, Dated 12/29/2015

CT DOC, Classification Manual, dated 2012

CT Superior Court, Court Support Services Division, rev. 01/2007

CT Superior Court, Court Support Services Division – Adult Probation, rev. 10/2010

The Connection, Community-based Services, Advocacy and Research for Connecticut, Sexual Offender Risk Assessment and Intake Recommendations, rev. 4/12/2016

The Connection, Inc., Phases of Treatment, undated

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program, Policy #G 4.07, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program: Orientation, Policy #G 4.07a, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Track 1 – Intake Process, Policy #G 4.07b, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Track 1 – Group Programming, Policy #G 4.07c, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Track 2 , Policy #G 4.07d, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Special Populations, Policy #G 4.07e, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Deniers Group Programming, Policy #G 4.07f, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Use of Pharmacological Agents, Policy #G 4.07g, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Release to Community, Policy #G 4.07h, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Risk Instruments, Policy #G 4.07i, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Classification Risk Scores, Policy #G 4.07j, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Referrals, Policy #G 4.07k, Effective Date: 05/01/2002

CT DOC, University of Connecticut Health Center, Correctional Managed Health Care, Policy and Procedures, Multidisciplinary Treatment Program Description: Sex Offender Program (SOP): Staff Credentials and Training, Policy #G 4.071, Effective Date: 05/01/2002

Statement of Understanding and Agreement Conditions of Interstate Parole, undated

Journal Client Information, Version 1.1, dated 04/15/2013

Due Process for Problem Sexual Behavior Not Supported by Conviction, dated 12/16/2011

CT Board of Pardons & Paroles, Notice of Hearing, undated

Parole and Community Services, Computer Access Agreement, PCS 3202, rev. 4/22/2009

Procedures for Inmates That Receive a Sexual Treatment Need Score Greater Than One (1) Based On Non-Conviction Information, rev. 03/25/2011

State of CT, Superior Court, Court Support Services Division, Sex Offender Conditions of Probation, rev. 3/2016

CT DOC, Parole and Community Services Division, Sex Offender Supervision Model, undated

The Connection, Treat Goals and Discharge Criteria, dated 6/2016

The Connection, CTPSB Community Intake Information and Roster Sheet, rev. 3/2017

The Connection, CTPSB Denial Policy and Procedure, dated 9/02/2010

CTPSB Phase One Workbook, Version 1.3: 8/2006

CTPSB Phase One Workbook – Table of Contents – New, revised 11/2016

UCHC, Sex Offender Program, Treatment Goals: Criteria for Success in Treatment, undated

Sex Offender Treatment Program Summary 2017, undated

6. Sex Treatment Need (S), undated

CT-DOC, Objective Classification Manual, Section III – Initial Classification Procedures, rev. 4/12

APPENDIX B – PERSONS CONSULTED

Tyrone Abrahamian, Chief Probation Officer II

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Alex Tsarkov, Sentencing Commission

Elizabeth Tugie, Offender Clarification and Population Management

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