Executive Summary: Health Impact Review of SB 5695

Concerning the Development of a Juvenile Special Sex Offender Disposition Alternative Treatment Court (2017-2018 Legislative Sessions)

Evidence indicates that SB 5695 has the potential to reduce the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, which in turn has the potential to improve health outcomes. However, data also indicate that SB 5695 has the potential to worsen health disparities by race/ethnicity.

BILL INFORMATION

Sponsors: Senators Darneille and Hunt

Summary of Bill:

- Authorizes counties to establish and operate juvenile special sex offender disposition alternative (SSODA) treatment courts.
- Establishes eligibility requirements for participation in SSODA treatment court including being age fifteen or younger at the time the sex offense was committed, no previous conviction of a sex offense or a serious violent offense as defined in RCW 9.94A.030, and found by the court to be amenable to sex offender treatment.
- Establishes that prior to being admitted into the treatment court the juvenile must, among other requirements, stipulate to the admissibility of the facts in the police report, and be found guilty by the court.
- Establishes that following these required actions, the court shall defer entry of an order of disposition pending consideration for admission and participation in the SSODA treatment court, and waive sex offender registration during the pendency of the case.
- Requires the creation of an individualized plan upon admission to juvenile treatment court that includes a number of specific components.
- Establishes that upon successful completion of the requirements of the SSODA treatment program, any convictions in the case shall be vacated and all charges in the case dismissed with prejudice.
- Provides that a juvenile may only be admitted to a SSODA treatment court one time and must complete the treatment court requirements by the time the offender turns twenty-one years old.
- Requires that if a juvenile fails to enter treatment court, or fails to meet the requirements and is dismissed from the program, the court shall enter an order of disposition per RCW 13.40.0357 and order the juvenile to register as a sex offender.

HEALTH IMPACT REVIEW

Summary of Findings:

This Health Impact Review found the following evidence regarding the provisions in SB 5695:

- Strong evidence that waiving the sex offender registration requirement for juveniles participating in SSODA treatment court will likely reduce the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing.
- Very strong evidence that reducing the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, will likely improve physical and mental health outcomes.
- Very strong evidence that SB 5695 has the potential to worsen health disparities by race/ethnicity. Relevant data is explored in further detail in the full Health Impact Review.

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Health Impact Review of SB 5695

Concerning the Development of a Juvenile Special Sex Offender Disposition Alternative Treatment Court

2017-2018 Legislative Sessions

August 14, 2017

Staff Contact: Alexandra Montaño

Contents

Introduction and Methods

A Health Impact Review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington State (RCW 43.20.285). For the purpose of this review 'health disparities' have been defined as the differences in disease, death, and other adverse health conditions that exist between populations (RCW 43.20.270). This document provides summaries of the evidence analyzed by State Board of Health staff during the Health Impact Review of Senate Bill 5695 (SB 5695) from the 2017-2018 legislative sessions.

Staff analyzed the content of SB 5695 and created a logic model depicting possible pathways leading from the provisions of the bill to health outcomes. We consulted with experts and contacted stakeholders with diverse perspectives on the bill. State Board of Health staff can be contacted for more information on which stakeholders were consulted on this review. We conducted objective reviews of the literature for each pathway using databases including PubMed and Google Scholar.

The following pages provide a detailed analysis of the bill including the logic model, summaries of evidence, and annotated references. The logic model is presented both in text and through a flowchart (Figure 1). The logic model includes information on the strength of the evidence for each relationship. The strength-of-evidence has been defined using the following criteria:

- **Not well researched:** the literature review yielded few if any studies or only yielded studies that were poorly designed or executed or had high risk of bias.
- **A fair amount of evidence:** the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.
- **Strong evidence:** the literature review yielded a large body of evidence on the relationship (a vast majority of which supported the association) but the body of evidence did contain some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher than average risk of bias; or there were too few studies to reach the rigor of 'very strong evidence'; or some combination of these.
- **Very strong evidence:** the literature review yielded a very large body of robust evidence supporting the association with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the association.

The annotated references are only a representation of the evidence and provide examples of current research. In some cases only a few review articles or meta-analyses are referenced. One article may cite or provide analysis of dozens of other articles. Therefore the number of references included in the bibliography does not necessarily reflect the strength-of-evidence. In addition, some articles provide evidence for more than one research question so they are referenced multiple times.

Analysis of SB 5695 and the Scientific Evidence

Summary of SB 5695

- Authorizes counties to establish and operate juvenile special sex offender disposition alternative (SSODA) treatment courts.
- Establishes eligibility requirements for participation in SSODA treatment court including being age fifteen or younger at the time the sex offense was committed, no previous conviction of a sex offense or a serious violent offense as defined in RCW 9.94A.030, and found by the court to be amenable to sex offender treatment.
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- Requires that if a juvenile fails to enter treatment court, or fails to meet the requirements and is dismissed from the program, the court shall enter an order of disposition per RCW 13.40.0357 and order the juvenile to register as a sex offender.

Scope of this Health Impact Review

RCW 13.40.162 outlines the eligibility and requirements for the SSODA program that is currently in place and SB 5695 authorizes county juvenile courts to establish and operate a treatment court for juveniles who qualify for SSODA. Therefore, given that the SSODA program already exists, this Health Impact Review will only assess the potential impacts to significant changes that SB 5695 would make to current law. Specifically, this HIR will examine what the impact of waiving sex offender registration during the pendency of a case will have on health and health disparities. Looking at the evidence regarding the effectiveness of the treatment court or other components of the program that already exist are beyond the scope of this HIR.

It is also important to note that sex offender registration can be a lifelong punishment and there are many barriers to getting removed from the registry. "The Jacob Wetterling Crimes against Children and Sexually Violent Offender Registration Act of 1994 was the first federal law to implement the practice of registering sex offenders in centralized databases (42 U.S.C. § 14071, 1994). This law requires a minimum 10-year listing for registrants, with a lifetime registration mandatory for serious offenses."[1] In the mid-1990s, many states drafted language to add children adjudicated delinquent of sex offenses to the registry.[2] Today, Washington is one of thirty-eight states that register both youth convicted in adult court and those adjudicated in the juvenile system.[2] Given that sex offender registration, and the

consequences that come with registration are lifelong, this review will also focus on impacts that go beyond youth and into adulthood.

Health impact of SB 5695

Evidence indicates that SB 5695 has the potential to reduce the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, which in turn has the potential to improve health outcomes. However, data also indicate that SB 5695 has the potential to worsen health disparities by race/ethnicity.

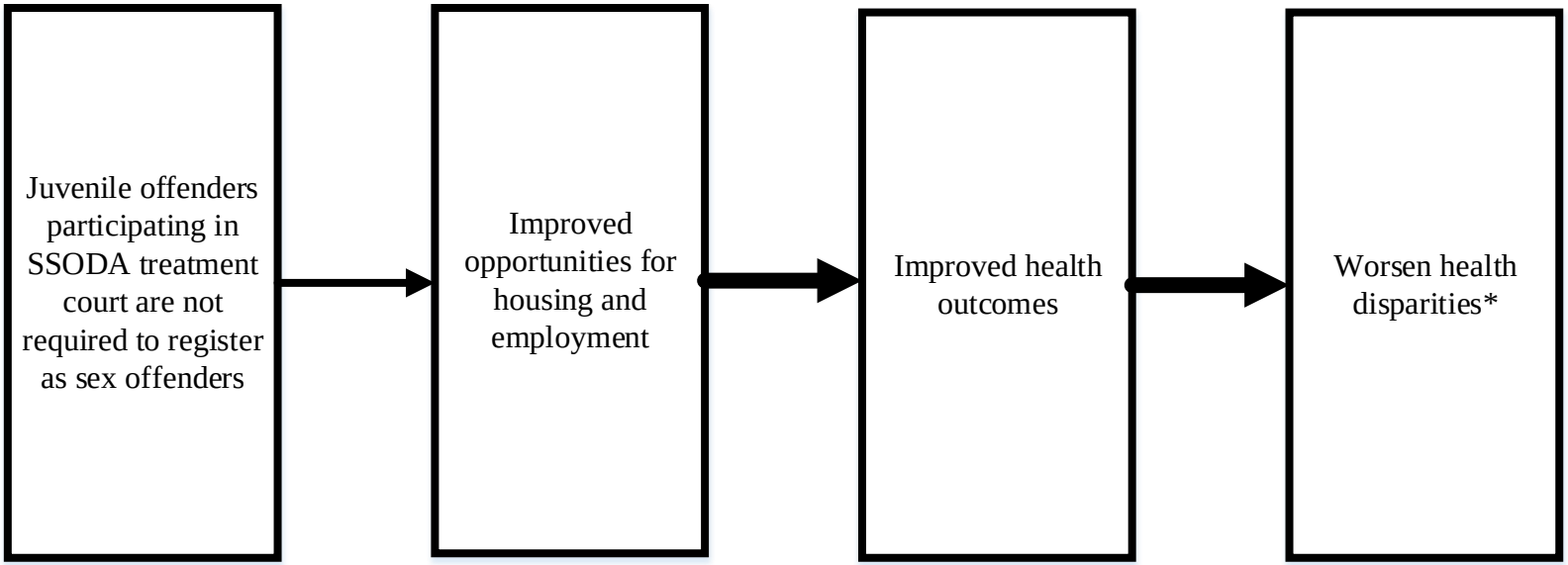
Pathways to health impacts

The potential pathways leading from the relevant provisions of SB 5695 to decreased health disparities are depicted in Figure 1. There is strong evidence that waiving the sex offender registration requirement for juveniles participating in SSODA treatment court will likely reduce the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing.[1-5] There is very strong evidence that reducing the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, will likely improve physical and mental health outcomes such as depression, anxiety, respiratory disorders, and heart disease.[6-9] There is very strong evidence that SB 5695 has the potential to worsen health disparities by race/ethnicity. Data has shown that communities of color experience worse health outcomes than their counterparts for many health measures,[10-16] and data on SSODA eligibility and participation demonstrate that youth of color are significantly less likely than white youth to receive a diversion, including SSODA.[17,18] Therefore, under this bill youth of color would be more likely to have to register as sex offenders, and as a result, would not benefit from improvements in health outcomes as a result of not registering at the same rate as white youth. And because youth of color are already more likely to experience health disparities, SB 5695 has the potential to worsen these health disparities by race/ethnicity.

Magnitude of impact

Data from the Washington State Caseload Forecast Council indicate that from 2002 through 2016, there have been 3,184 youth age fifteen and under eligible to participate in SSODA and of these, 1,653 youth have received the disposition (personal communication, April/May 2017). The number of youth that are eligible and that receive the disposition vary by year but in 2016, there were 161 youth eligible and 87 youth that participated in SSODA. It is unclear how many youth would be impacted by SB 5695 however given the similarities in the program structures, it is likely that the number of youth eligible for, and participating in the SSODA treatment court would be close to the numbers currently seen with SSODA. It is also important to note that a number of people would be indirectly impacted by this legislation as many reports have noted the tremendous impact that sex offender registration has on entire families.[2,3] For example, one article noted that 76.7% of youth offender registrants interviewed mentioned repercussions for their families including, "…adding to the family's economic challenges, difficulty in securing or maintaining an approved residence, and straining or severing family relationships."[2]

Logic Model



*See the full Health Impact Review for a detailed analysis of the likely impacts of SB 5695 on health disparities

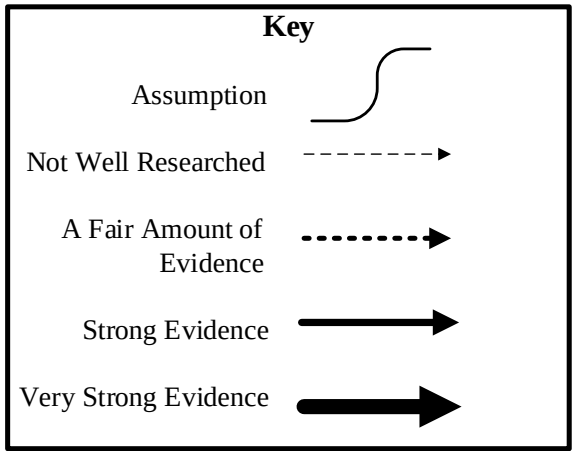


Figure 1
Relating to the Development of a Juvenile Special Sex Offender Disposition Alternative (SSODA) Treatment Court
SB 5695

Summaries of Findings

Will waiving the sex offender registration requirement for juveniles participating in SSODA treatment court reduce the burden of negative collateral consequences associated with sex offender registration?

There is strong evidence that waiving the sex offender registration requirement for juveniles participating in SSODA treatment court will likely reduce the burden of negative collateral consequences associated with sex offender registration. Evidence from the literature indicates that individuals required to register as sex offenders experience a number of negative outcomes including harassment, social stigmatization, loss of relationships, verbal and physical assault, restrictions on movement, depression, suicidal ideation, interruptions to education, financial stress, and loss of employment and housing.[1-5] While the strength of the evidence for the relationship between registration and any one negative collateral consequence varies substantially, when considering the body of evidence in aggregate it is clear that there are impacts associated with sex offender registration. Therefore, waiving the requirement for registration for juveniles participating in SSODA treatment court may reduce the burden of these collateral consequences.

Due to the large variation in potential negative consequences associated with sex offender registration, we were not able to review every possible impact. However, we analyzed the literature for the likely impacts of sex offender registration on employment and housing, which were most commonly cited as significant outcomes of registration.

Impact on employment

The most commonly reported consequence experienced as a result of registration is the inability to find and maintain employment.[1-5] Evidence from the literature indicates that 49.9% of registered sex offenders report losing a job[1] and 23.1% report being denied a promotion at work due to their registration status.[5] "While most employment applications, like college applications, request information about the applicant's criminal convictions, not juvenile adjudications, sex offender registration status must be disclosed by job applicants regardless of whether the individual was adjudicated delinquent or convicted in adult court...Certain institutions, including public schools, child care centers, and nursing homes, are legally required to investigate and obtain criminal histories of all applicants for professional or certified licensed positions. State laws prohibit individuals on the sex offender registry from applying for licenses and certifications which require a criminal background check, thus precluding registrants from becoming nurses, doctors, lawyers, and emergency medical technicians such as paramedics."[2] Beyond legal restrictions however, many registered individuals report that they have difficulty finding employment due to community and employee backlash.[3] Additional studies have revealed that many individuals experience financial hardship due to their inability to get a job.[1,3]

Impact on housing

Looking specifically at issues related to housing, one report references a number of studies that found that between 45% and 83% of adult registrants had difficulty finding and maintaining housing or experienced a loss of housing due to registration.[2] Further, over 44% of youth offenders interviewed for the report indicated that they had experienced at least one period of homelessness as a result of being a registered sex offender.[2] The authors also discuss how,

"[p]ublic housing authorities can also evict the family of a child on the sex offender registry. The federal Office of Housing and Urban Development allows local housing authorities to terminate assistance to an entire family if any member of the household is arrested or adjudicated delinquent of certain sex offenses."[2] Finally, many state laws place restrictions on an offender's ability to live near the homes of victims and therefore adds an additional challenge if the victim is a sibling or relative of the youth offender.[2]

Will reducing the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, improve health outcomes?
There is very strong evidence that reducing the burden of negative collateral consequences associated with sex offender registration, such as losing employment and housing, will likely improve health outcomes. Research indicates that, "[l]aid off workers are 54 percent more likely than those continuously employed to have fair or poor health, and 83 percent more likely to develop a stress-related condition, such as stroke, heart attack, heart disease, or arthritis."[6] Further, unemployed Americans are more likely to be diagnosed with depression and report feelings of sadness and worry compared to their employed counterparts.[6] One meta-analysis reported a main finding that, "…the negative effect of unemployment on mental health has an effect size of d = 0.51, meaning that the health level of unemployed persons is half a standard deviation below the health level of employed persons."[8] Results from an analysis of longitudinal studies demonstrates a relationship between losing a job and negative changes in mental health including indicators such as depression, anxiety, distress, and general well-being.[8] Data also suggest that returning to employment after a period of being unemployed is associated with an improvement in mental health indicators.[8]

Housing instability and homelessness has also been associated with a number of negative health outcomes. Evidence from a peer-reviewed literature review shows that in addition to health issues such as nutrition disorders; higher rates of respiratory disorders, skin and dental problems; infectious diseases; and injuries due to environmental exposure, accident and violence, individuals experiencing homelessness also have high rates of mental illness.[7] The National Alliance to End Homelessness estimates that approximately 50% of individuals experiencing homelessness are also experiencing a mental health issue and close to 25% experience serious mental disorders such as chronic depression, bipolar disorder, and schizophrenia."[7] Finally, housing instability has been associated with adverse outcomes such as increased morbidity due to asthma, school failure and delinquency, and difficulty maintaining medical routines related to chronic disease.[9]

Will improving health outcomes for juvenile offenders decrease health disparities?
There is very strong evidence that SB 5695 has the potential to worsen health disparities by race/ethnicity. While waiving the sex offender registration requirement for juveniles participating in SSODA treatment court will likely reduce the burden of negative collateral consequences associated with sex offender registration and therefore improve health outcomes for these youth. Youth of color are less likely than white youth to receive diversions, including SSODAs.[17,18] Data from the Washington State Caseload Forecast Council show that from 2002 through 2016, there were 3,184 youth under the age of 15 eligible for SSODA. Table 1 shows the number of youth age 15 and under eligible for SSODA between 2012 and 2016 broken down by race/ethnicity. Table 2 shows the number of youth age 15 and under that received SSODA by

race/ethnicity. These data demonstrate that African American, Hispanic, and Native American youth are statistically significantly less likely to receive SSODA than Caucasian youth (Table 2). These findings align with what has previously been shown in Washington and other states.[17,18] For example, a 2012 report by Washington's Task Force on Race and the Criminal Justice System demonstrated that with the exception of Asian/Pacific Islander youth, youth of color are less likely to receive a diversion, such as SSODA, relative to White youth.[17] Therefore, assuming that youth of color remain less likely to participate in SSODA than white youth, youth of color will not benefit at the same rate as white youth from any improvements in health resulting from not being required to register as sex offenders.

Data has shown that communities of color experience worse health outcomes than their counterparts for many health measures. In Washington, data indicates that American Indian/Alaska Natives and black residents had some of the highest age-adjusted death rates and shortest life expectancies at birth compared to other groups in the state.[15] Further, compared to white communities in Washington, communities of color also have higher rates of current tobacco use, diabetes, obesity, and poorer self-reported overall health and mental health.[10,13-16] Similar patterns are seen among youth as data also demonstrates that youth of color have worse health outcomes for many health measure compared to white youth.[11,12] For example, Healthy Youth Survey data show that 8th, 10th, and 12th grade respondents who identified as American Indian/Alaska Native (AI/AN) or Hispanic were significantly more likely than their white peers to report symptoms of depression.[12]

By reducing the negative collateral consequences associated with registering as a sex offender, SB 5695 has the potential to improve health outcomes for youth age 15 and under who participate in SSODA. However, data on SSODA eligibility and participation demonstrate that youth of color are significantly less likely to receive a SSODA diversion than their white counterparts. Therefore, youth of color would be more likely to have to register as sex offenders, and as a result, would not benefit at the same rate as white youth from any improvements in health as a result of not having to register as sex offenders. And because youth of color are already more likely to experience health disparities, SB 5695 has the potential to worsen these health disparities by race/ethnicity.

Table 1: Juvenile Special Sex Offender Disposition Alternative Eligibility
Youth 15 and Under
Race/Ethnicity by Fiscal Year

	2012	2013	2014	2015	2016	Total (2002-2016)
African American	21	23	16	17	19	329
Asian/Pacific Islander	4	5	0	3	1	43
Caucasian	154	166	144	116	99	2,354
Hispanic	23	26	31	31	25	290
Native American	6	7	4	7	5	81
Other/Unknown	10	4	3	6	12	87
Total	218	231	198	180	161	3,184

Data source: Washington State Caseload Forecast Council

Table 2: Juvenile Special Sex Offender Disposition Alternative Dispositions
Youth 15 and Under
Race/Ethnicity by Fiscal Year

	2012	2013	2014	2015	2016	Total (2002-2016)	Percent[1]
African American	7	10	5	9	7	120	36.47*
Asian/Pacific Islander	2	1	0	3	1	21	48.83
Caucasian	89	110	84	61	51	1,304	55.40
Hispanic	11	11	14	10	17	130	44.83*
Native American	4	4	2	1	2	29	35.80*
Other/Unknown	6	2	3	3	9	49	56.32
Total	119	138	108	87	87	1,653	52.92

* Indicates statistical significance at $p \leq 0.05$, reference category is Caucasian

[1]Percent is calculated as the total number of juveniles that received the disposition from 2002-2016 divided by the total number of eligible juveniles in that race/ethnicity category from 2002-2016

Data source: Washington State Caseload Forecast Council

Other considerations

We pursued a number of other research questions in order to determine if there are alternate pathways leading from the provisions in the bill to positive or negative health impacts. We ultimately did not include these pathways in the logic model on page four of this review because the available evidence does not support that these connection exist. We evaluated the evidence concerning the impact of sex offender registration on recidivism and community safety. One study provided an overview of relevant literature and concluded that the current body of literature fails to find support for an effect of registration and notification on sex offender recidivism.[19] This conclusion was supported by 4 out of 5 comparison group studies that the authors examined, although results from trend analyses were more varied.[19] Adding to the existing body of evidence, results from the author's original study found that registered sex offenders in South Carolina were not statistically significantly less likely to recidivate than non-registered offenders and there was no significant decline in first-time sex crime arrests following the implementation of the online sex offender registry.[19] Similarly, a paper from Washington state found that there was no statistically significant difference in sexual recidivism between offenders subjected to community notification and offenders in a control group.[20] "At the end of 54 months (4.5 years "at risk"), the notification group had a slightly lower estimated rate of sexual recidivism (19%) than the comparison group (22%). However, an inferential test comparing the rates failed to find a statistically significant difference in the levels of sexual recidivism ($c^2 = .219$; $p > .05$). This finding suggests that community notification had little effect on sexual recidivism as measured by official reports of new arrests."[20] One of the goals of registration and notification laws is to improve community safety by reducing recidivism however evidence from the literature indicates that the current laws are doing little to contribute to this goal and more research is needed to better understand this relationship.

Annotated References

1. **Frenzel Erika Davis, Bowen Kendra N., Spraitz Jason D., et al. Understanding collateral consequences of registry laws: An examination of the perceptions of sex offender registrants. *Justice Policy Journal.* 2014;11(2).**

This study by Frenzel et al. aimed to examine the collateral consequences of sex offender registration laws in Pennsylvania, Texas and Wisconsin. Sampling strategies in each state varied but primarily consisted of mailing surveys to a subset of individuals found on the sex offender registry. The authors utilized the survey from the Tewksbury 2005 paper and expanded the tool to include additional closed and open ended questions. The total sample included 436 individuals that were primarily white (76.1%), male (97.2%), required to register for life (69.1%), and had a mean age of 50.26 years. Survey respondents reported experiencing negative consequences of having to register including losing a job (49.9%), losing a place to live (54.3%), losing a friendship (51.7%), being harassed in person (41.8%), and being denied entrance to higher education (11.8%). Responses to open ended questions revealed that many individuals experience financial hardship due to their inability to get a job. The authors also discussed that the collateral consequences also impact families, friends, and neighbors.

2. ***Raised on the Registry: The Irreparable Harm of Placing Children on the Sex Offender Registries in the U.S.*: Human Rights Watch;2013.**

This report by Human Rights Watch aimed to better understand the impacts that sex offender registration has on juvenile offenders and their families. The investigators examined 517 cases of juvenile sex offenders from 20 different states and conducted in-person qualitative interviews with 281 youth offenders as well as family members of another 20 offenders. Further interviews were conducted with defense attorneys, prosecutors, judges, law enforcement, juvenile justice advocates, academic experts, victims of child-on-child abuse, and mental health professionals. Interviews revealed a number of negative consequences of juvenile sex offender registration including violence, interference with education, restrictions on movement, difficulties with employment and housing, and negative impacts for families. The most commonly reported consequence experienced as a result of registration is the ability to find and maintain employment. "While most employment applications, like college applications, request information about the applicant's criminal convictions, not juvenile adjudications, sex offender registration status must be disclosed by job applicants regardless of whether the individual was adjudicated delinquent or convicted in adult court...Certain institutions, including public schools, child care centers, and nursing homes, are legally required to investigate and obtain criminal histories of all applicants for professional or certified licensed positions. State laws prohibit individuals on the sex offender registry from applying for licenses and certifications which require a criminal background check, thus precluding registrants from becoming nurses, doctors, lawyers, and emergency medical technicians such as paramedics." Looking specifically at issues related to housing, the report references a number of studies that found that, depending on the study, between 45% and 83% of adult registrants had difficulty finding and maintaining housing or experienced a loss of housing due to registration. Further, over 44% of youth offenders interviewed for this report indicated that they had experienced at least one period of homelessness as a result of being a registered sex offender. The authors also discuss how, "[p]ublic housing authorities can also evict the family of a child on the sex offender registry. The

federal Office of Housing and Urban Development allows local housing authorities to terminate assistance to an entire family if any member of the household is arrested or adjudicated delinquent of certain sex offenses." Finally, many state laws place restrictions on an offender's ability to live near the homes of victims and therefore adds an additional challenge if the victim is a sibling or relative of the youth offender.

3. ***No Easy Answers: Sex Offender Laws in the U.S.*: Human Rights Watch;2007.**

This report by Human Rights Watch provides a history of sexual violence in the United States, an overview of sex offender registration laws, and a qualitative understanding of the collateral consequences that registration and notification has on individuals convicted of a sex offense and their families. The authors reviewed laws in 50 states about sex offender registration, community notification, and residency restriction. The authors further completed a literature review about issues relating to sex offender registration and interviewed 122 sex offenders and 90 individuals related to those offenders. Results from the qualitative interviews revealed a number of consequences of registration and community notification laws for both registrants and their families including threats to privacy, employment, violence, suicide, and depression. Most relevant to this review are the numerous accounts of difficulties finding and maintaining employment, which then often results in financial strain and feelings of despair and hopelessness. The authors indicate that some states have laws in place that prohibit sex offenders from working in schools, childcare centers, and other locations where they may be in regular contact with children. Beyond these restrictions however, many participants reported difficulty finding employment due to employer mandated background checks, community backlash, and pressure from other employees. The authors conclude the discussion on employment by summarizing literature that demonstrates that stable employment is a key factor in reducing the likelihood of reoffending among individuals who have previously committed crimes.

4. **Harris A. J., Walfield S. M., Shields R. T., et al. Collateral Consequences of Juvenile Sex Offender Registration and Notification: Results From a Survey of Treatment Providers. *Sexual abuse : a journal of research and treatment.* Dec 2016;28(8):770-790.**

Using a sample of treatment providers in the United States, Harris et al. aimed to understand the perceived impacts that juvenile sex offender registration and notification has on juveniles in terms of mental health, harassment and unfair treatment, school problems, living instability, and risk of reoffending. Recruitment was done through the membership roster for the Association for the Treatment of Sexual Abusers. The authors recruited providers that provide direct services to adolescents who have engaged in "sexually abusive behavior" for a total sample of 265 providers. Results indicate that providers believe that youth that are required to register as sex offenders are more likely to experience negative consequences compared to those youth that are not required to register. For example, providers reported that registered youth would be more likely to experience harassment, school problems, living instability, and mental health problems. Provider perceptions did not appear to be influenced by confounding factors such as provider demographics, practice type, or educational attainment.

5. **Tewksbury R. Collateral Consequences of Sex Offender Registration. *Journal of Contemporary Criminal Justice.* 2005;21(1):67-81.**

In this study, Tewksbury examined the consequences experienced by registered sex offenders as a result of their public registration as well as the degree to which offenders perceive that their registration status is known in the community. Data was collected through an anonymous questionnaire that was mailed to a random sample of offenders listed on the Kentucky Sex Offender Registry (n=121). The sample was primarily male (87.8%), white (88.8%), lived in a metropolitan county (52%), and had a mean age of 43.8 years. Results indicate that registered offenders report experiencing a number of negative consequences because of their registration status including losing a job (42.7%), denial of a promotion at work (23.1%), and losing or being denied a place to live (45.3%). Other negative experiences include harassment (47.0%), assault (16.2%), and threatening phone calls or mail (28.2% and 24.8% respectively). The author concludes that it is necessary to reevaluate the value and utility of sex offender registration in order to balance the goal of protecting the public with the unintended consequences registration has on individuals and their families.

6. ***Health Policy Snapshot: How Does Employment- Or Unemployment- Affect Health?*** **: Robert Wood Johnson Foundation;2013.**

This Health Policy Snapshot by the Robert Wood Johnson Foundation highlights research related to employment and health outcomes. Most notably, research indicates that, "[l]aid off workers are 54 percent more likely than those continuously employed to have fair or poor health, and 83 percent more likely to develop a stress-related condition, such as stroke, heart attack, heart disease, or arthritis." Further, unemployed Americans are more likely to be diagnosed with depression and report feelings of sadness and worry compared to their employed counterparts. The policy brief concludes with recommendations for employers about ways to be proactive in promoting health and safety on the job as a way to increase general well-being and retention of workers.

7. **Bharel M, Creaven B, Morris G, et al.** ***Health Care Delivery Strategies: Addressing Key Preventive Health Measures in Homeless Health Care Settings.*** **Nashville: Health Care for the Homeless Clinicians' Network, National Health Care for the Homeless Council, Inc.;2011.**

Bahrel et al. present data and evidence-based recommendations in regards to clinical practices for preventive care for individuals who are homeless or marginalized. To create this report, clinicians from the Health Care for the Homeless (HCH) Clinicians' Network created a Preventive Medicine Task Force (PMTF). This task force conducted a literature review and further evaluated the U.S. Preventive Services Task Force (USPSTF) recommendations for their potential impacts and barriers for persons experiencing homelessness. Evidence from the literature review shows that in addition to health issues such as nutrition disorders, higher rates of respiratory disorders, skin and dental problems, infectious diseases, and injuries due to environmental exposure, accident and violence, individuals experiencing homelessness also have high rates of mental illness. The National Alliance to End Homelessness estimates that, "approximately 50% of individuals experiencing homelessness have mental health issues, of which approximately 25% have serious mental disorders, including chronic depression, bipolar disorder and schizophrenia." Further, due to inadequate access to health care services, many individuals experiencing homelessness do not receive proper preventive care such as screening and treatment for chronic illness. Finally, based on the USPSTF recommendations and data from

the literature, the authors put forth their own set of recommendations that they believe will contribute to the highest impact of care within homeless health care settings.

8. **Paul Karsten I., Moser Klaus. Unemployment impairs mental health: Meta-analyses.** ***Journal of Vocational Behavior.*** **2009;74(3):264-282.**

This meta-analysis by Paul and Moser aimed to understand the effect that unemployment has on mental health using existing data from published literature. After applying strict inclusion criteria, the literature search yielded 237 cross-sectional studies and 87 longitudinal studies. The main finding from the meta-analysis was that, "the negative effect of unemployment on mental health has an effect size of d = 0.51, meaning that the health level of unemployed persons is half a standard deviation below the health level of employed persons." Results from the analysis of longitudinal studies demonstrated a relationship between losing a job and negative changes in mental health including indicators such as depression, anxiety, distress, and general well-being. Data also suggest that returning to employment after a period of being unemployed is associated with an improvement in mental health indicators. The authors noted that gender, occupational status, and unemployment duration were found to be significant moderators meaning that the effect sizes were larger among men, blue-collar workers and those experiencing short-term unemployment.

9. ***The Surgeon General's Call to Action to Promote Healthy Homes.*** **U.S. Department of Health and Human Services;2009.**

In this report, authors outline the importance of housing on the health of Americans. The report focuses first on the need for healthy homes and presents evidence regarding the connection between health and homes including topics such as air quality, housing structure, lead levels, accessibility, and disparities in access to healthy homes. Most relevant to this review, the report discusses that housing instability has been associated with adverse health outcomes such as increased morbidity due to asthma, school failure and delinquency, and difficulty maintaining medical routines related to chronic disease. Further discussion is had related to preventing housing instability and homelessness through programs that provide support services, provide home subsidies, and work on moving families from neighborhoods of concentrated poverty to mixed income level neighborhoods.

10. ***Health of Washington State: Mental Health.*** **Washington State Department of Health;2008.**

Washington Behavioral Risk Factor Surveillance System (BRFSS) data from 2004-2006 indicate that American Indians and Alaska Natives and non-Hispanic black individuals reported significantly higher rates of poor mental health compared to other groups. These relationships persisted after adjusting for additional factors such as age, income, and education. Washington BRFSS data also show an association between lower annual household income and poor mental health, a relationship that was also shown with education. It is well understood that mental health is also closely related to other areas such as employment opportunities, physical health, substance abuse. This report also highlights a Washington state study from 2002 that reveal that 16% of individuals in the state who were receiving publicly funded mental health services had at least one felony conviction, a rate over twice that of the general population.

11. **Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Prevalence And Trends Data: Washington-2014. 2014; http://apps.nccd.cdc.gov/brfss/page.asp?cat=XX&yr=2014&state=WA#XX. Accessed August 16, 2016.**

Behavioral Risk Factor Surveillance System data from 2011 indicate that young adults of color experience worse health outcomes than their white counterparts on a number of health indicators. While there were too few respondents in this age category to report rates at the state level, nationally these data indicate that black respondents between the ages of 18 and 24 were significantly more likely than white respondents to report that frequent poor physical or mental health prevented them from doing their usual activities. These rates were also higher for Native Hawaiian and other Pacific Islander, American Indian/Alaska Native (AI/AN), and Hispanic participants as well as those that reported multiple races or "other race," however these differences did not reach statistical significance using one year of data.

12. **Healthy Youth Survey. QxQ Analysis. 2016; http://www.askhys.net/Analyzer. Accessed June 22,2017.**

Washington Healthy Youth Survey data from 2016 indicate that Native American youth and youth of color are more likely than their white peers to report several negative health outcomes. For example these data show that 8th, 10th, and 12th grade respondents who identified as American Indian/Alaska Native (AI/AN) or Hispanic were significantly more likely than their white peers to report symptoms of depression. Over forty percent of AI/AN 10th graders (42.6% [95% CI 36.3- 48.9%]) reported feeling depressed compared to 33% of white 10th graders (33.0% [95% CI 34.8%-31.2%]). Among 8th graders, all other racial/ethnic groups were more likely than white students to report that they had contemplated suicide.

13. **Boysun Mike, Wasserman Cathy.** ***Health of Washington State Report: Tobacco Use.*** **Washington State Department of Health;2012.**

Boysun et al. report Washington state Behavioral Risk Factor Surveillance System (BRFSS) data from 2008-2010, which indicate that adults with lower incomes are significantly more likely to report smoking cigarettes than their counterparts. Further, American Indians and Alaska Natives (AI/AN) and black populations have significantly higher smoking rates than white, Hispanic, and Asian populations. There is also significant geographic variation among counties with southwest and northeast counties in the state reporting higher rates of smoking. These counties are also more likely to have high levels of poverty and lower proportions of the population with college degrees.

14. **Kemple Angela.** ***Health of Washington State Report: Diabetes.*** **Washington State Department of Health;2016.**

Kemple presents data from Washington regarding diabetes in the state. Washington data from the Behavioral Risk Factor Surveillance System (BRFSS) from 2012-2014 show that among adults, the percentage of persons with diabetes increased as household income decreased. This relationship was also true for education. Further, BRFSS data also show that age-adjusted

diabetes prevalence is highest among those who are Hispanic, American Indian/Alaska Native, and black.

15. **Poel A.** ***Health of Washington State Report: Mortality and Life Expectancy. Data Update 2015.*** **Washington State Department of Health;2015.**

Poel presents Washington state data on mortality and life expectancy. The data show that age-adjusted death rates were higher in Washington census tracks with higher poverty rates. The state data also show that American Indian/Alaska Natives, Native Hawaiian/Other Pacific Islanders, and black residents had the highest age-adjusted death rate and shortest life expectancy at birth compared to other groups in the state.

16. **VanEenwyk J.** ***Health of Washington State Report: Socioeconomic Position in Washington.*** **Washington State Department of Health;2014.**

VanEenwyk presents data about socioeconomic position in Washington State including differences within the state as well as statewide differences compared to national data. Data indicate that compared to the United States as a whole, fewer Washington residents are living in poverty and a higher percentage of residents ages 25 and older have college degrees. However, these economic resources are not evenly distributed among all Washington residents. Females in Washington were more likely to be living in poverty than males and were also more likely to have lower wages. Further, American Indian and Alaska Native, Hispanic, and black residents had higher percentages of living in poverty and lower median household incomes compared to other groups. Data also indicated that counties in eastern Washington were more likely to have high poverty rates and high rates of unemployment than counties in western Washington.

17. ***Juvenile Justice and Racial Disproportionality.*** **Washington State: The Task Force on Race and the Criminal Justice System;2012.**

This report by Washington's Task Force on Race and the Criminal Justice System highlights data which indicate that youth of color in Washington are over-represented at every stage of the juvenile justice system. For example, youth of color are more likely than their white peers to be arrested, referred to court, prosecuted, adjudicated guilty, incarcerated, and transferred to the adult system. Further, data from statewide court records for 2009 show that with the exception of Asian/Pacific Islander youth, youth of color are less likely to receive a diversion, such as a Special Sex Offender Disposition Alternative (SSODA), relative to White youth.

18. **Gilhuly Kim, Gaydos Megan, Avey Holly.** ***Reducing Youth Arrests Keeps Kids Healthy and Successful: A Health Analysis of Youth Arrest in Michigan.*** **Oakland, CA: Human Impact Partners;2017.**

This report by Human Impact Partners aimed to evaluate the health and equity impacts that arrest has on youth in Michigan, specifically in the city of Detroit as well as Wayne and Washtenaw Counties. The authors used a health impact assessment approach and based the report on peer-reviewed and non-peer-reviewed literature, expert interviews, data analysis from a number of federal and local sources, meetings with stakeholders, and interviews with young adults who had been arrested as youth. The most relevant finding from this report is that not only are youth of color disproportionately more likely to come into contact with the justice system, they are also

less likely to be offered diversion. The authors note that in general, juvenile diversion programs are associated with a 10% lower recidivism rate than traditional processes in the juvenile justice system.

19. **Letourneau Elizabeth J., Levenson Jill S., Bandyopadhyay Dipankar, et al.** ***Evaluating the Effectiveness of Sex Offender Registration and Notification Policies for Reducing Sexual Violence against Women.*** **2010.**

In this article, Letourneau et al. examined the impact of sex offender registration and notification laws in South Carolina on reductions in sexual crimes and if there were reductions, whether these were due to the deterrent effect of registration and notification or to changes in criminal justice processing. The article begins with a detailed overview of the current literature regarding the effectiveness of sex offender registration and notification laws on recidivism. The authors highlight that even though there are many challenges to synthesizing the findings of the literature due to differences in methods and state's sex crime laws, the patterns that emerge from the current body of literature fails to find support for an effect of registration and notification on sex offender recidivism. This conclusion is supported by 4 out of 5 comparison group studies that the authors examined, although results from trend analyses were more varied. Adding to the existing body of evidence, results from this study found that registered sex offenders in South Carolina were not statistically significantly less likely to recidivate than non-registered offenders and there was no significant decline in first-time sex crime arrests following the implementation of the online sex offender registry. The authors conclude with a number of policy recommendations with the goal of improving current registration and notification practices.

20. **Schram Donna D., Milloy Cheryl Darling.** ***Community Notification: A Study of Offender Characteristics and Recidivism.*** **Washington State Institute for Public Policy;1995.**

This report by the Washington State Institute for Public Policy examined the impact of community notification laws on recidivism among sex offenders in Washington. The sample included all sex offenders that were released from a Washington state prison between March 1, 1990 and December 31, 1993 who were given the highest level of community notification (Level III). The final sample included 125 adult offenders and 14 juvenile offenders as well as a comparison group of 90 individuals who were convicted of felony sex offenses and released from prison prior to the implementation of the community notification law. The finding most relevant to this paper indicates that there was no statistically significant difference in sexual recidivism between the community notification and control groups. "At the end of 54 months (4.5 years “at risk”), the notification group had a slightly lower estimated rate of sexual recidivism (19%) than the comparison group (22%). However, an inferential test comparing the rates failed to find a statistically significant difference in the levels of sexual recidivism (c^2 = .219; $p > .05$). This finding suggests that community notification had little effect on sexual recidivism as measured by official reports of new arrests." Further, although there was no comparison group for the juvenile offenders in the sample, the authors found that during the follow-up period 43% of juveniles were arrested for new sex crimes and 79% were arrested for any new offense. They conclude that given these findings, it appears that the community notification laws are not producing the desired effect of reducing recidivism.