

## **SHAPING THE FUTURE**

2019 ATSA Conference | Friday November 8 | 3:30 PM – 5:00 PM

**F-38**

### **Morbidity and Mortality in People Who Sexually Offend**

#### **Risk Factors Associated with Suicidality and Sexual Offending**

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In January of 2018, former *Glee* television star Mark Salling died by suicide following a guilty plea in U.S. Federal court related to possession of 50,000 pornographic images of children. His death preceded his sentencing hearing, which was expected to lead to years in a federal penitentiary. Later that year, international news outlets publicized the suicide deaths of two French priests recently accused of inappropriate and illegal sexual behavior involving their parishioners. In both cases, they died prior to formal arrest or investigation. Previous research has noted increased rates of suicidality and death by suicide among persons involved with the criminal justice system (e.g., Marzano, Hawton, Rivlin, Smith, Piper, & Fazel, 2016), though this is even more so true for persons arrested and/or convicted of sexual offenses (e.g., Brophy, 2003; Pritchard & Bagley, 2001; Prichard & King, 2004, 2005). In some cases, it has been evidenced that one's status as a person who has committed a sexual offense is in itself a risk factor for suicide attempts and self-harming behavior (e.g., Stinson & Gonsalves, 2014).

Those accused or convicted of sexual offenses are disproportionately characterized by a number of factors associated with increased suicide risk, including mental health concerns, histories of trauma and maltreatment, impulsivity, alcohol and substance abuse, alienation from important sources of social support, and willingness to engage in risky or dangerous behavior. Further, the stigma and public hostility toward sexual offending may only increase shame, internalized stigma, and feelings of worthlessness, all of which possibly contribute to greater suicidality. Persons who have engaged in illegal sexual behavior are at increased risk for engaging in suicidal behaviors and dying by suicide at multiple time points as they are processed through the criminal justice system. Unique risks are associated with the time following initial arrest, pre-trial detention, trial and sentencing, incarceration, post-incarceration, and during periods of supervision in the community. Understanding, detecting, and mitigating these risks are important for clinicians, case managers, and program administrators alike.

In this presentation, critical risk factors associated with suicidality and suicide attempts at varying stages of the criminal justice process will be reviewed and discussed. Additionally, strategies for suicide prevention and intervention for those in need will be included, along with important future directions for research policy related to suicide risk among persons who have engaged in illegal sexual behavior.

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### **Learning Goals:**

- Participants will be able to list important risk factors associated with suicidality in persons who have committed sexual offenses.
- Participants will be able to differentiate risk time points for persons who have committed sexual offenses.
- Participants will be able to list important suicide prevention strategies for persons who have committed sexual offenses.

### **Death on the Registry: Non-Natural Death and Shortened Life Expectancy for Persons on the Public Sex Offender Registry**

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Growing empirical research suggests that although the intended effects of public sex offender registries are to promote safety and prevent sex crime by known perpetrators, such efforts may instead increase community fear and stigma against offenders, as well as promote poor quality-of-life for those on such registries (e.g., Caputo & Brodsky, 2004; Levenson & Cotter, 2005; Levenson & D'Amora, 2007; Tewksbury, 2005). Highly publicized incidents involving vigilantes targeting persons on the sex offender registry and subjecting them to violence as well as the negative impact on an individual's ability to secure housing, employment, or other community support will likely compromise successful community reintegration and positive quality-of-life.

For the current study, a list of 434 persons on the Tennessee sex offender registry who had died during a five-year time span (2011-2016) while registered was obtained from the Tennessee Bureau of Investigation (TBI). A combination of information provided from TBI and online internet searches yielded data related to age and location at time of death, gender, racial or ethnic background, marital status, place of origin, cause of death, sexual offense leading to registration, and other known sexual offenses. Causes of death were then dichotomously coded in the following overlapping categories: 1) known cause, 2) non-natural death, 3) disease-related death, 4) suicide, 5) homicide, 6) accidental death, 7) drug-related death, 8) death under suspicious circumstances, 9) death while incarcerated, and 10) death while homeless. Those who did not have verifiable dates of death ( $n = 36$ ) were excluded. The resulting sample of 398 persons were 98% male ( $n = 390$ ) and 2% female ( $n = 8$ ), with an ethnic breakdown of 72.4% Caucasian ( $n = 288$ ), 23.9% African-American ( $n = 95$ ), 1.3% Hispanic ( $n = 5$ ), 0.5% Asian / Pacific Islander ( $n =$

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2), and 2% unknown ( $n = 8$ ). Individuals within the sample had committed an average of 1.33 sex offenses resulting in arrest ( $SD = 0.646$ , range 1-5).

Cause of death was established for only 37% ( $n = 147$ ) of the sample. Of those, 23% ( $n = 47$ ) were non-natural deaths, including six deaths by suicide (4.1%) and ten deaths by homicide (6.8%). A one-way ANOVA revealed that average age at time of death significantly differed by gender ( $F = 3.919$ ,  $p < 0.05$ ), with women dying an average of nearly ten years earlier than men, and by ethnicity ( $F = 8.613$ ,  $p < 0.001$ ), with non-Caucasian participants dying a range of seven to 13 years earlier than Caucasian participants. Additional analyses for this presentation will include comparisons of those with natural vs. non-natural deaths by demographic, regional, and offense-related characteristics, as well as similar comparisons between those with varying forms of non-natural death. Rates of overall death among those who are registered sex offenders in Tennessee, as well as rates of suicide death, homicide death, and drug-related deaths will be compared with state population norms in order to determine if persons who are registered sex offenders evidence differing rates of death than the general state population. Conservatively, those with unknown causes of death will be treated as natural for the purposes of these comparisons, and an estimated population size of 2,000 persons on the registry each year will be used to calculate relevant rates within these analyses. Implications for prevention, intervention, and risk management for offenders on the public sex offender registry will be discussed.

### **Learning Goals:**

- Participants will be able to understand unique challenges that exist for persons on the public sex offender registry that may lead to shortened life span and exposure to non-natural forms of death.
- Participants will be able to describe trends related to natural and non-natural deaths in persons on the registry of varying racial/ethnic groups and by gender.
- Participants will be able to identify strategies for prevention of suicide and other non-natural forms of death relevant to persons on the public sex offender registry.

**Jill D. Stinson, PhD**, is a licensed psychologist and an Associate Professor and Director of Clinical Training at East Tennessee State University. She received her dual doctorate in Clinical Psychology and Psychology, Policy, and Law from the University of Arizona prior to serving as the Director of Sex Offender Treatment at Fulton State Hospital with the Missouri Department of Mental Health. Her research focuses on sex offenders with serious mental illness, personality disorders, self-regulatory problems, and histories of early childhood maltreatment, as well as issues related to sex offender community re-entry, stigma, and suicidality. Dr. Stinson has authored three books related to sex offender etiology, treatment, and motivation to engage in therapy. She serves as an Associate Editor for ATSA's official journal, *Sexual Abuse*, and has been on the Professional Issues Committee, Public Policy Committee, Membership Committee, and several Conference Planning Committees for ATSA, with an appointment of Co-Chair for the 2020 ATSA Conference in San Antonio, Texas.