

Trends & Policies in Criminal Justice

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Evaluating the Effectiveness of Prison-Based Sex Offender Treatment Programs in Korea

Introduction

- As witnessed in December 2020 during the national protest against the release of Dusoon Jo, a notorious child sex offender, a thorough preparation for preventing sex offenders' recidivism is vital to the public safety.
- In Korea, a psychological treatment program so-called 'completion order' is issued to incarcerated sex offenders at the sentencing stage. It is now regarded as an essential reentry program for inmates to prevent recidivism, as shown by its increased frequency and standardized length of hours in court orders (ex: 100 hours for psychological treatment programs for sexual crimes).
- The psychological treatment program¹⁾, first began in 2011 for incarcerated sex offenders, has been offered in basic, intensive, and advanced courses since the second half of 2014 in accordance with each individual's risk of recidivism and length of completion order. The number of people who completed the psychological treatment program for sex offenders has increased from 2,071 in 2011 to 2,316 in 2016, 2,229 in 2017, and 2,226 in 2018²⁾. Evaluating the effectiveness of relevant policies is necessary as the number of people receiving treatment has increased, which results in expanding both human and material resource investment.

Keywords

※ Sex offender, child sex offender,
psychological treatment, assessment
of effectiveness, longitudinal analysis

¹⁾ There was a related educational program before 2011, but it was more of a short-term collective lecture.

²⁾ Refer to the internal data of the Korea Correctional Service of the Ministry of Justice

Research Methods

Following-up Recidivism Rates to Identify the Effectiveness of Sex Offender Treatment Program

- A group of people who completed the treatment program (treated group) and another group of people who did not (control group) were separately designated to analyze the effectiveness of the psychological treatment program. The former was composed of sex offenders who had been released after completing the program since the second half of 2014 in which the basic, intensive, and advanced courses were provided in accordance with the results of recidivism risk assessments (The release period is from January 2015 to February 2020). The latter was composed of sex offenders who were released during the same period without completing the treatment program, where the number of subjects and follow-up periods were adjusted to match those of the former.

Statistical Analysis of Established Data

- A survival analysis was conducted based on recidivism rates. The impact of various explanatory variables (such as whether a person

participated in the treatment program, the category of the sex offender, pre- and post-treatment scores, and the level of hazards of recidivism) was examined.

In-Depth Interviews

- Opinions of correctional officers in charge of policy execution from relevant ministries, therapists conducting the psychological treatment program, etc. were collected at expert advisory meetings regarding the operating method of the psychological treatment program for sex offenders.
- Separate interviews were conducted with those released after completing the psychological treatment program but imprisoned again, as well as non-recidivists.

Highlights

Treatment Effects

- Every scale improved in expected directions after treatment, especially the rape myth scale on the perception of sexual violence and the child sexual molestation scale. The treatment process had a positive impact on the overall cognitive evaluation of the sex offenders' self-image; a relatively higher scale of effects is observed in the self-esteem scale, which includes subjective well-being, as compared to other scales.

Pre- & Post-Test Index		Treated Group (Entire) (N = 6,028)			
		Standardized mean difference (SD)	t	df	Cohen'd
Self-esteem		1.82(4.10)	32.43***	5,313	0.44
Rape myth scale		14.68(23.72)	45.26***	5,350	0.62
Characteristics of state, expression of anger	Anger Expression	0.27(2.97)	-6.66***	5,348	0.09
	Anger Suppression	0.49(3.27)	11.03***	5,348	0.15
	Anger Control	0.47(4.34)	-7.85***	5,348	0.11
Impulsivity	Cognitive impulsivity	0.71(3.20)	16.35***	5,347	0.22
	Motor impulsivity	0.99(4.53)	16.00***	5,347	0.22
	Nonplanning	1.19(4.59)	18.91***	5,347	0.26
Child sex molestation scale		6.68(12.60)	38.75***	5,346	0.53

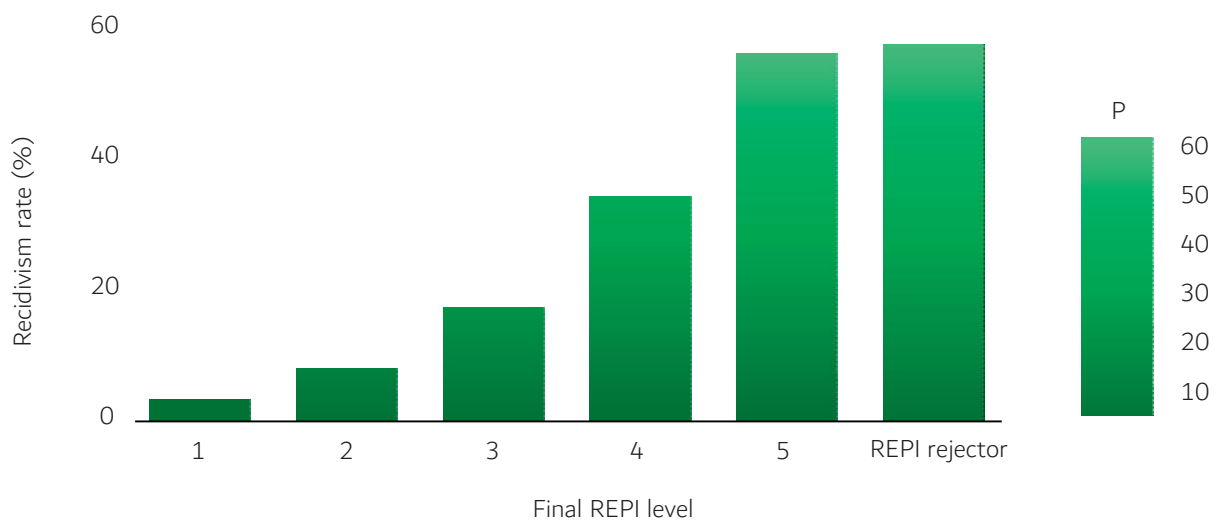
Loneliness scale		2.18(7.46)	21.33***	5,346	0.29
Sexual Coping scale		0.87(5.03)	12.56***	5,341	0.17
Interpersonal reactivity	Perspective-taking	0.86(4.28)	5.11***	651	0.20
	Empathy in fantasy	0.71(3.78)	4.78***	651	0.19
	Empathetic concern	1.01(4.04)	6.41***	651	0.25
	Personal	0.84(4.06)	5.31***	651	0.21
Hostility against women		1.24(4.21)0	11.43***	1,509	0.29
Sexual Fantasy	Intimacy	1.92(9.90)	4.96***	651	0.19
	Exploratory	1.40(7.90)0	4.49***	651	0.18
	Impersonal	2.35(8.34)	7.20***	651	0.28
	Masochistic/sadistic	1.76(7.76)	5.80***	651	0.23
Subjective Well-being	Cognitive well-being	4.90(9.44)0	13.26***	651	0.52
	Emotional well-being	8.22(15.58)	13.47***	651	0.53

The higher the Correctional Recidivism Prediction Index (REPI) and the final security level, the more likely to relapse.

- The recidivism rate of each final REPI level is 4.1% for Level 1, 8.7% for Level 2, 18.3% for Level 3, 36% for Level 4, and 58.5% for Level 5, which demonstrates that the higher the final REPI level, the more likely to relapse. The number of "REPI rejectors" was small (11 in the treated group and 6 in the control group), but

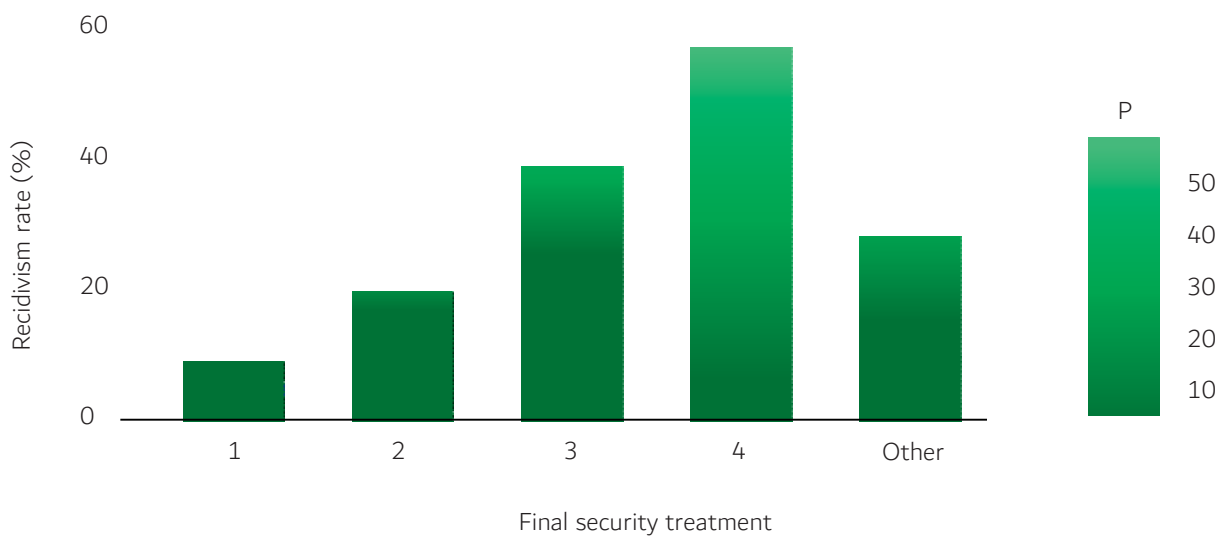
they showed the highest recidivism rate of 60%. Furthermore, an additional study on those who reject the REPI test is necessary.

- Changes in REPI levels are different between the treated group and the control group. The REPI levels of the former tend to be lower than those of the latter. The result of the Cochran-Mantel-Haenzel test, which determines whether there is a statistically significant difference between the treated group and the control group, was $M2=48.058^{***}$, a significant difference in the changes in REPI levels.



- It was found that the offender's final security level of placement is also closely related to the recidivism rates. Except for the "other" level (29.2%) for which the rank is unknown in the final security, the higher the final security level, the more likely to relapse. The recidivism rate was 9.7% for level 1 of the final security, 20.8% for level 2, 40.0% for level 3, and 59.0% for level 4; level 4 is approximately six times greater than level 1.

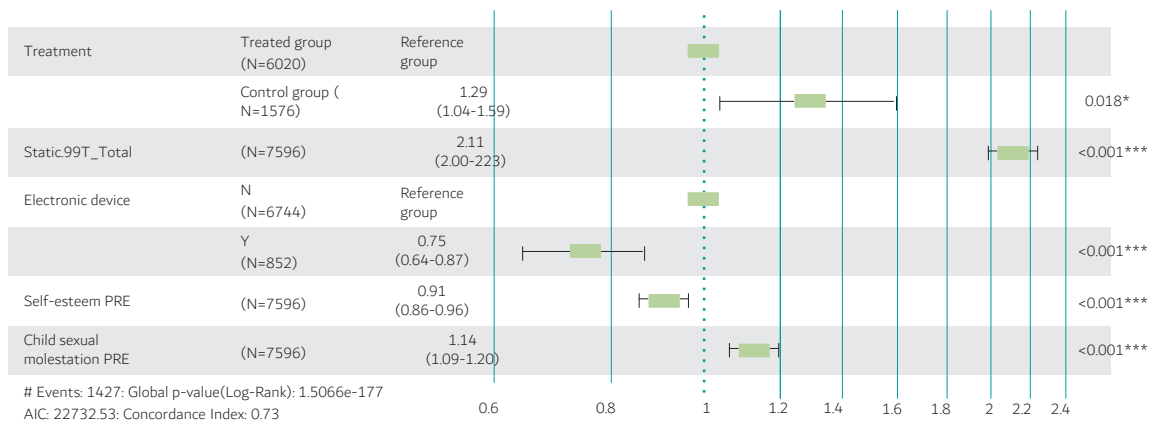
- Furthermore, the security levels tend to be lower in the treated group, similar to the trends found in the REPI levels. The results of the Cochran-Mantel-Haenszel test, which is conducted to see if the changes in the security levels of the treated group and the control group are significantly different, showed $M2=16.52^{***}$; meaning that the change patterns of the security level in the treated group and the control group were meaningful.



Comparison on Recidivism Rates between Treated and Control Groups

- The hazards of recidivism in the control group were compared with those in the treated group, which was referred to as the reference group. If the control variables are the same, the hazards of recidivism in the control group are 1.29 times higher than in the treated group. In other words,

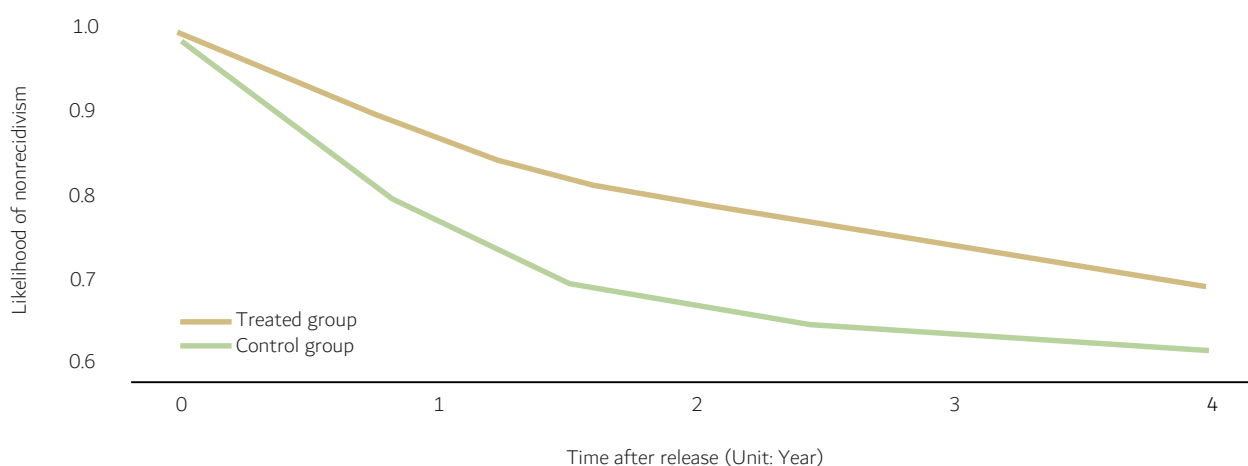
when the persons in each group were not ordered to wear an electronic device (electronic device "N"), along with the pretreatment scores for self-esteem, the pretreatment scores for self-esteem for child sexual molestation, and the total Static-99R points being controlled as average, the hazards of recidivism in the control group are higher by 29% than those of the treated group ($p < 0.001$), which can be interpreted that the correctional treatment program has a positive impact on reducing recidivism.



- The following life table shows the survival rate at the time of release: year 0, year 1, 2, and 3 respectively. The difference between the survival rate (88.9%) of the treated group and of the control group (81.6%) was 7.3% after year 1, 8.2% after year 2, and 7.5% after year 3.

- The survival function of the treated group is higher than that of the control group, which indicates that the correctional treatment program has a meaningful effect on reducing recidivism.

Time after release (year)	Survival rate of the treated group (%)	Survival rate of the control group (%)
Year 0	100.0	100.0
Year 1	88.9	81.6
Year 2	80.1	71.9
Year 3	74.1	66.5



Policy Proposals

Operating Reasonable Personnel Management in Correctional Administration for the Development and Maintenance of Expertise and Quality of Therapists

- Contrary to expectations, interviews with inmates who completed the program (repeat offenders) and ex-inmates (nonrepeat offenders) showed that the two groups were alike in response to the contents, particulars, and elements of the program. However, there were differences between the groups in the level of concentration and motive during the program and their determination not to repeat crimes, etc. In particular, it could be inferred that the “ability and type of the therapist” was a key element of ensuring

meaningful change, as she delivered the program content. A stronger resolve to refrain from repeating crimes was shown with a therapist maintaining therapeutic benefits after release, including mentoring, etc.

Significance of Management in Community after Release

- Providing a therapist’s expert opinion when an inmate completes his/her psychological treatment could be useful for formulating a community treatment or a probation plan. Such plans can include electronic devices or one-on-one intensive probation, which commences once the inmate is released. Connecting the computer systems of corrections and probation is necessary to transfer electronic treatment records to community treatment facilities to execute the above plan.

- During the interviews, inmates reported that they felt daunted in social life and suffered difficulties in establishing relationships after release, especially due to electronic anklets. Some inmates increased the risk of relapse by using inappropriate methods, such as alcohol, drugs, prostitution, or pornography to battle anxiety. It is noted that recidivism is directly related to inappropriate handling of stress. Therefore, increasing human resources is necessary to provide social support for ex-inmates with negative emotions and prevent such sentiments from worsening.
- It was revealed through in-depth interviews that nonrepeat offenders who returned to society overcame negative feelings by participating in mentoring programs, as well as support from their families. However, many repeat offenders lacked such relationships serving as social support. Therefore, it is necessary to give them opportunities for post-release mentoring programs or emphasize the positive role of supervising probation officers.

Expected Effects

Estimating the Effect of Preventing Recidivism in Psychological Treatment of Sex Offenders through Longitudinal Follow-up Research

- It is possible to generate basic research data and quantify the effects of related policies from the above proposals as well. Therefore, this study is expected to act as a barometer for measuring the effects of related policies through comparisons with figures in similar studies from other countries.
- Improving the quality of the psychological treatment program could be achieved by analyzing various factors (such as the operating method of the program and the therapist's effect) that affect the prevention of recidivism. Therefore, the program is expected to serve as an effective tool for preventing recidivism.