

## POSTER

### Subtypes of Juvenile Sex Offenders: Comparing Treatment Outcomes of the GCBT

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The aims of this present study were to explore subtypes of juvenile sex offenders (JSOs) and to compare the effect of group cognitive behavioral treatment (GCBT) among the subtypes.

In Study 1, results of self-report questionnaires of 450 JSOs (269 from probation center and 181 from juvenile training school) were used to classify the subtypes of JSOs. Dynamic risk variables of sexual recidivism (i.e., sexual preoccupation, distorted sexual coping strategy under stress, and sex-related cognitive distortion) and static variables (i.e., criminal history, family environment, and mental health) were chosen as the latent class indicators. As a result of latent profile analysis (LPA), 4-class solution was optimal, namely "Defensive" (54%), "Externalized" (31%), "Sexually Distorted" (12%), and "Externalized and Sexually Distorted" (3%) subtype.

In Study 2, effects of GCBT were observed according to subtypes which were classified in Study 1. To identify short-term treatment effect, scores of pre- and post- treatment evaluation of 294 JSOs who participated in the Study 1 were compared. Treatment effects could be found in three areas such as sex-related cognitive distortion, mental health, and sex-related behavior. "Externalized and Sexually Distorted" subtype showed the biggest degree of improvement in all areas, whereas "Defensive" subtype, which scored the highest at the tendency in seeking social desirability, showed the least change in most areas. In the case of "Externalized" subtype, they changed positively in sex-related cognitive distortion area but did not in sex-related behavior.

To identify long-term treatment effect, criminal records of 286 JSOs of Study 1 were tracked for at least 2 years and at most 8.5 years. Because sexual recidivism was observed in 12 (4.2%) of them only, group comparisons were conducted on the recidivism rates including both non-sexual and sexual recidivism. Differences of recidivism rates among the subtypes were not significant as far as the length of follow-up from 2- to 4-years is concerned. But recidivism rate of the "Externalized" subtype surpassed its non-recidivism rate from 5-year points, which made significant difference of recidivism rates among the subtypes at that time points. The result of the survival analysis on the four subtypes, "Externalized" subtype had the highest recidivism rate (64.6%) and "Defensive" subtype showed a slow but steady increase of recidivism rate (50.2%). Recidivism rates of "Sexually Distorted" (33.3%) and "Externalized and Sexually Distorted" (40%) subtypes increased very rapidly up to the 20-month point, but after that point there was no longer a sudden increase trend, and the overall recidivism rate remained below 40%. This result shows that in the case of the two groups involving sexual distortion, they could be divided between high recidivism risk juveniles and low recidivism risk juveniles. In conclusion, strategy of therapeutic intervention for each subtype is needed.