

Correcting Sex Offenders: An Examination of Professional Collaboration in the Sexual Assault Treatment & Intervention System

A Micro-Analysis of Jurisdictional Micro-Contestation, Responsibility Shifting, and Depoliticized Governance

Student : Zhu Yong-Cheng (National Cheng Kung University) Advisor: Harry Yi-Jui Wu
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BACKGROUND & PROBLEM STATEMENT

Policy Preceding Evidence

Taiwan's sexual assault intervention policies emerged rapidly in the 1990s, driven by feminist advocacy and high-profile criminal cases. Legislation was enacted prior to empirical validation.

- Medicalization & System Integration The 1994 Criminal Code amendment mandated "treatment before parole," establishing medicalization and bringing psychiatry, clinical psychology, and social work into the correctional system.
- Bifurcated Criminal Policy: Contemporary criminal policy increasingly combines rehabilitative and community-based measures with punitive and incapacitative controls. Taiwan's sex offender intervention system reflects this broader tendency through community treatment and supervision on one side, and post-sentence mandatory treatment on the other.

THEORETICAL FRAMEWORK

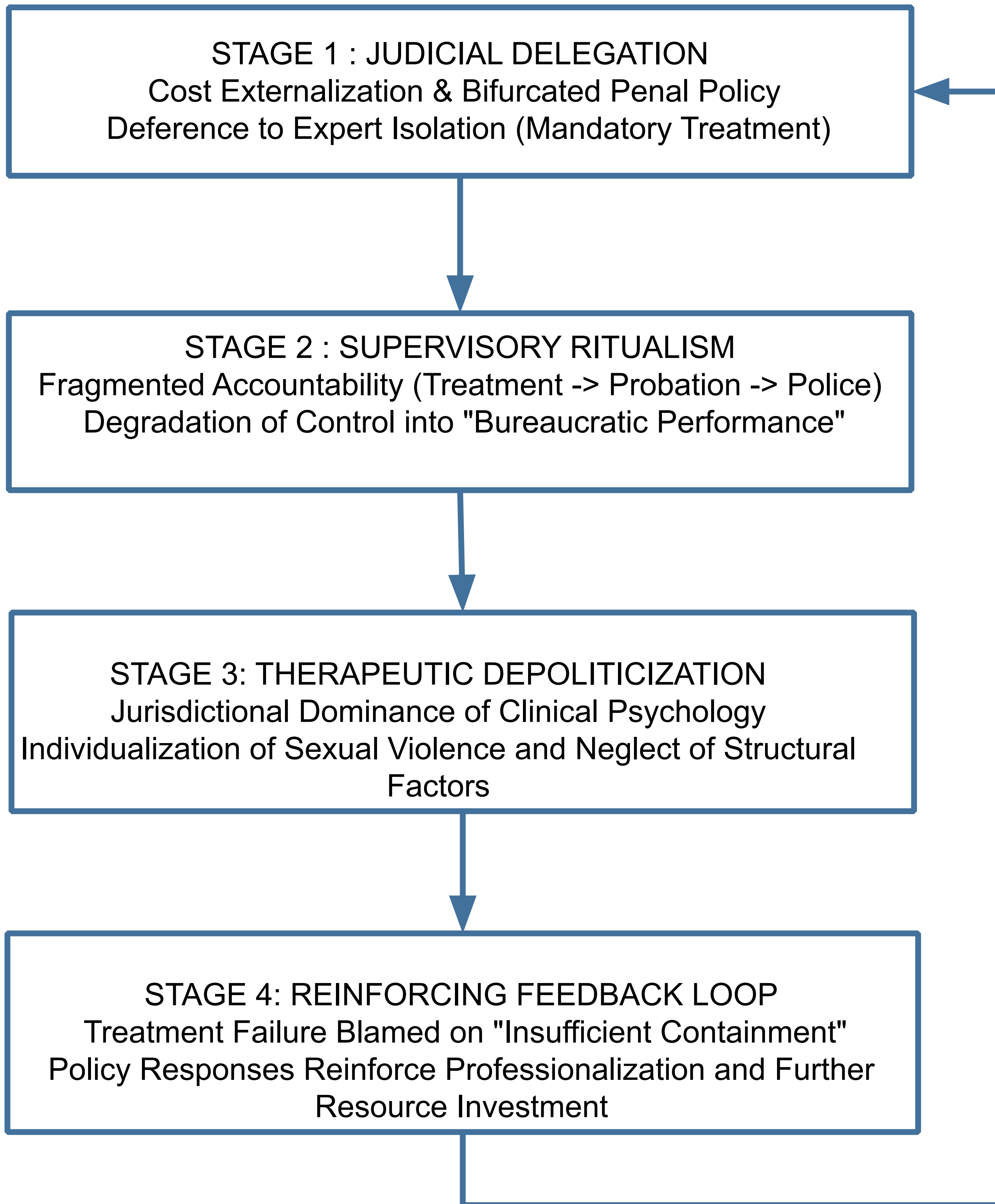
- **Sociology of Professions (Andrew Abbott)** Explores micro-contestations over jurisdiction, boundary work, and the delegation of "dirty work" (therapy) versus "pure work"(diagnosis/medication).
- **Culture of Control & Risk Governance (David Garland / Yu-Wei Hsieh)** Examines bifurcated penal policy, cost-externalization, and responsibility shifting across state apparatuses.
- **Feminist & Medicalization Critique (Catharine MacKinnon / Chia-Wen Lee)** Deconstructs the individualization and depoliticization of structural sexual violence.

METHODOLOGY

- **Extended Case Method (ECM)** Links micro-level clinical interactions to macro-level institutional structures.
- **In-Depth Qualitative Interviews** 12 primary practitioners (3 psychiatrists, 5 clinical psychologists, 3 social workers, 1 health official), supplemented by secondary interview materials concerning probation and policing.
- **Participant Observation & Secondary Data** 6-week internship in a prosecutor's probation office; over 40 hours of professional training/supervision observation; content analysis of government reports and court rulings.

CORE FINDINGS: THE THREE-LAYER ARCHITECTURE

- 1. Professional Knowledge: Individualization & Depoliticization Dominance of Psychological Mechanisms:** Cognitive Behavioral Therapy (CBT) and Relapse Prevention (RP) form the core curriculum, focusing on individual cognitive distortions while sidelining structural gender inequality and power dynamics.
 - **Intuitive "Libido Management" Practices:** For low-functioning or intellectually disabled offenders, practitioners rely on intuitive masturbation/desire-release strategies. This reinforces male biological determinism and ignores the harm of pornography-driven rape myths.
- 2. Intra-System Dynamics: Jurisdictional Micro-Contestation Withdrawal of Psychiatry:** Psychiatrists delegate time-consuming, low-CP-value psychotherapy ("dirty work") to psychologists, retreating to pure diagnosis and pharmacotherapy.
 - **The Dominant Position of Clinical Psychology:** Clinical psychology occupies a dominant role based on the "pathology-first" consensus, performing boundary work to limit the clinical roles of counseling psychologists and social workers.
 - **Consensus on "Continuous Treatment":** Across the treatment system, practitioners converge on the consensus that "treatment must continuously intervene", converting systemic sexual assault issues into technical demands for professional expansion.
- 3. Inter-System Dynamics: Responsibility Shifting & Bureaucratic Performance Judicial Retreat & Paper Tiger Dilemma:** The judiciary hesitates to revoke probation/parole for non-compliant offenders, forcing health authorities into cumbersome, low-efficiency administrative fines ("paper tiger" dilemma).
 - **High-Cost Post-Sentence Mandatory Treatment:** For high-risk offenders, the judiciary defers to expert assessments, using mandatory treatment (over NT\$200,000/person/month) as de facto permanent isolation under the guise of therapy.
 - **Fragmented Supervision:** Treatment avoids social control roles, shifting responsibility to probation; probation relies on police (e.g., daily check-ins). Lacking specialized tools, police check-ins degrade into bureaucratic performance art.



KEY CONCLUSION

- The sex offender intervention system operates in a closed loop where professional expansion and political responsibility-shifting reinforce each other.
- The overall effectiveness of treatment remains difficult to evaluate within a closed and weakly monitored therapeutic setting.
- The professionalization framework tends to individualize and depoliticize sexual violence, risking resource misallocation and narrowing the public imagination of "danger."

POLICY & PRACTICAL IMPLICATIONS

- **Abandon "Professionalization as the Sole Path"** Recognize that therapy requires internal motivation. Introduce user-fee models or judicial/supervisory alternatives for non-motivated offenders.
- **Acknowledge the Failure of Pseudo-Medical Isolation** Terminate post-sentence mandatory treatment that uses "therapy" as a cover for indefinite detention; return responsibility for coercive control to ordinary judicial mechanisms.
- **Deconstruct Practitioner Blind Spots** Encourage practitioners to look beyond individualistic models and address structural factors, selection effects, and existing normative or legislative flaws.
- **Establish Robust Oversight & Exit Mechanisms** Open the "black box" of treatment through peer reviews, spot checks of treatment recordings, and clear exit mechanisms for unfit therapists.

RESEARCH LIMITATIONS

- **Geographic & Sample Scope:** Interviews were primarily conducted in Central and Southern Taiwan; judicial and police perspectives were examined through secondary sources rather than primary interviews.
- **Theoretical Adaptation:** Further research is required to fully adapt Western sociology of professions and risk governance models to local Taiwanese legal practices.

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