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CURRENT CIRCUMSTANCES, MEASURES, AND EFFECTIVE INTERVENTIONS OF VIOLENT OFFENDERS AGAINST WOMAN AND CHILDREN IN THAILAND

Kattiya Ratanadilok[1]

1. CURRENT CIRCUMSTANCES

The rate of violence against girls and women in Thai society tends to increase every year. In 2015, it was found that Thailand had more than 23,977 violence cases, consisting of 10,712 cases against children and 13,365 cases against women. The three most reported types of violence against women were physical abuse, sexual abuse, and unwanted pregnancy in that order. For girls, sexual abuse was the most reported, followed by unwanted pregnancy, and then physical abuse.

The reported causes of violence involved the use of alcohol and illicit substances (28.79%), jealousy, unfaithfulness and brawling (24.04%). In 2013, Thailand was ranked by the United Nations Women's Organization for the report of physical violence against women as 36th out of 75 reported countries and 7th place out of a total of 77 countries for the report of sexual violence against women and girls (Kerdmuang et al., 2017).

There are several sources of statistical reports regarding the number of victims of violence. One prominent statistical report was from the center of service called One Stop Crisis Centers (OSCC); these crisis centers were established in 2000 by the Ministry of Public Health to provide comprehensive services and a referral system for children and women in crisis of violence. The statistical report of the OSCC during October 2015 to September 2016 from 558 hospitals around the country revealed that 20,018 cases, or an average of 55 cases daily, received services at the centers. Of this number, 18,919 were female (94.5%), 1,079 (5.40%) were male, and 20 (0.10%) were alternative genders.

Aggregated by age of victims, the highest number was persons' age 10 years to not more than 15 years, 4,863 persons (24.29%), followed by 25 years to not more than 45 years, 4,570 persons (22.83 %), and 15 to not more than 18 years, 3,299 persons (16.48 %) with the accumulated number of children from age 0 to less than 18 years old 9,848 cases (49.20%) of the total of 20,018 cases.

Classified by type of violence against the victims, the report showed that sexual abuse was the most prevalent accounting for 45.86% (10,288 cases of which 2,542 were on children under 15 years of age, and 1,834 cases were on children aged 15 years and over, but less than 18 years of age), followed closely by physical abuse (44.84%). The rest were a much smaller number including psychological abuse (1,338 cases accounting for 5.96%), being seduced/forced to take advantage of 448 cases accounting for 2%), and neglected and abandoned (301 cases accounting for 1.34%) (Office of Women's Affairs and Family Ministry of Social

[1]Director of Justice Research and Development, Office of Justice Affairs, MOJ, Thailand, Email: kat3ya@hotmail.com
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Development and Human Security, 2016).

Classified by type of perpetrators, regarding the 20,067 cases that came to the OSCC (of which one violent incident could have more than one perpetrator), it was found that the most prevalent was with their intimate partners (such as boyfriends, girlfriends, husbands, or wives) accounting for 58.49%; the rest were strangers (7.70%), friends (7.48%), relatives and siblings (6.61%), caretakers (such as parents and foster parents) (5.39%), and neighbors (4.82%) (Office of Women's Affairs and Family Ministry of Social Development and Human Security, 2016).

It is evident that violence against women and children in Thailand is increasing, and sexual abuse seems to be the most prevalent type of violence. Even though sexual abuse is considered as criminal conduct, it is known that not all victims of sexual abuse cases report their abuse to the authorities. However, once cases are reported to the authorities, it is the duty of the justice system to ensure appropriate treatment and to bring justice to the victims and the offenders. It is essential to look at the intervention that the criminal justice system has to treat these issues.

In Thailand there are three main departments under the administration of the Ministry of Justice that are responsible for processing and rehabilitating offenders after they enter into the criminal justice system: The Department of Juvenile Observation and Protection (DJOP), the Department of Probation (DOP) and Department of Corrections (DOC), and the Department of Juvenile Observation and Protection's (DJOP).

The Department of Juvenile Observation and Protection's (DJOP) main responsibilities are to prepare pre-sentencing reports and to keep custody and provide rehabilitation services for children (age 10 and not yet reaching 18 years at the time of offence) at pretrial and post-adjudication. The Department of Corrections' (DOC) main responsibilities are to keep custody of adult prisoners (age 18 or more at the time of committing an offence) at pre- and post-adjudication. And the Department of Probation's (DOP) main responsibilities are to provide probation services for both children and adults in the community. The DOP's main tasks include preparing the pre-sentence investigation report, supervising adult and child offenders who were sentenced to be on probation, and collecting and analyzing social background and related information of the prisoners who are eligible for parole or sentence remission (Department of Probation Ministry of Justice Thailand, 2014).

In the criminal justice system, the existing statistical report of types of crimes are not classified based on the types of victims, but rather on the types of offences. However, one could see the crime trend related to violence against women and children by looking at the types of criminal offences occurring in the country. Because the DJOP, DOC and DOP are all responsible for different groups of offenders – young offenders, adult offenders, and adult and child offenders that are to be treated in the community as in probation – and because there is no unified statistical report, it is necessary to study the number of offences collected from each department.

Although the violence against women and children (VAWC) may be most likely to relate to the two types of offences, physical offences and sexual offences, it is more than

likely that the majority of victims of sexual offences are women and children. To illustrate the magnitude of the problem and also to find measures of treatment against VAWC offenders among related organizations under the Ministry of Justice, sexual offences are emphasized as an example of intervention here in this paper.

Table 1. Department of Juvenile Observation and Protection: Number and Percentage of Children and Youth Offences Classified by Type of Offences

Types of Offences	2016		2017		2018		3 Years	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance-related offences	12,401	42.33	11,080	44.63	11,489	50.97	34,970	45.62
Physical offences	3,710	12.66	2,898	11.67	2,121	9.41	8,729	11.39
Offences against property	5,566	19	4,373	17.62	3,486	15.47	13,425	17.51
Sexual offences	1,409	4.81	1,278	5.15	982	4.36	3,669	4.79
Other offences	6,213	21.21	5,195	20.93	4,462	19.8	15,870	20.7
Total	29,299	100	24,824	100	22,540	100	76,663	100

Source: Department of Juvenile Observation and Protection's Information Technology Center

From the statistics collected from the Juvenile Observation and Protection Centers from 2016 to 2018 (see Table 1), 76,663 children and youth (age at the time of offence 10 to less than 18 years old) were prosecuted nationwide, with a tendency to decrease every year from 29,299 in 2016, to 24,824 in 2017, and to 22,540 in 2018. Substance-related offences were reported to be the highest with 45.62 percent. Other offences were 20.70 percent, and property offences were 17.51 percent. Physical offences were 11.39 percent, while sexual offences were the least reported with 3,669 cases, representing 4.79 percent.

Table 2. Department of Corrections: Number and Percentage of Adults Offences Classified by Type of Offences

Types of Offences	2016		2017		2018		3 Years	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance-related offences	173,496	68.77	192,934	70.78	255,425	73.07	621,855	71.11
Physical offences	24,774	9.82	22,650	8.309	27,095	7.75	74,519	8.52
Offences against property	33,586	13.31	36,068	13.231	43,155	12.34	112,809	12.9
Sexual offences	9,376	3.72	10,511	3.856	12,913	3.69	32,800	3.75
Other offences	11,040	4.38	10,438	3.829	10,995	3.15	32,473	3.71
Total	252,272	100	272,601	100	349,583	100	874,456	100

Source: Department of Corrections' Information Technology Center Development of Inmate Information Systems and Computer network as of 5 July 2019

Statistics of the Department of Corrections from 2016 to 2018 (see Table 2) indicated that in three years a total of 874,456 adult inmates were placed in prison, and the number increased every year, from 252,272 persons in 2016, to 272,601 and 349,583 persons in 2017 and 2018, respectively. When classified according to type of offence, the top four offences were offences related to substances (621,855 cases, accounting for 71.11 percent), followed by 112,809 cases with property, equivalent to 12.90 percent, physical offences was 74,519, accounting for 8.52 percent, and 32,800 cases were sexual offences, accounting for 3.75 percent.

Table 3. Department of Probation: The number and percentage of probationers Classified by Types of Offences

Types of Offences	2016		2017		2018		3 Years	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Substance-related offences	103,629	53.24	82,898	48.74	95,229	49.88	281,756	50.71
Physical offences	8,695	4.47	6,368	3.744	6,116	3.2	21,179	3.81
Offences against property	10,372	5.33	7,337	4.314	7,226	3.78	24,935	4.49
Sexual offences	2,203	1.13	1,463	0.86	1,374	0.72	5,040	0.91
Other offences	69,750	35.83	72,026	42.345	80,985	42.42	222,761	40.09
Total	194,649	100	170,092	100	190,930	100	555,671	100

Note: Statistics for new cases, fiscal year 2016-2018, data as of 27 June 2019

The Data in Table 3 shows the past three years' statistics from 2016 to 2018 of the number of probationers receiving services from the Department of Probation; it was found that there were a total of 555,671 probationers, with an average of 175,224 persons per year. The highest number was substance-related offences constituting 50.71 percent, followed by other offences at 40.09%. Property offences and Physical offences were at 4.49 and 3.81 percent respectively, while the lowest number, again, was sexual offences being 5,040 accounting for 0.91 percent.

As we can see from the three departments' statistical reports, sexual offences were entered into the criminal justice system the least when compared to the other main types of offences, DJOP (cases of children age 10-18 years old) at 4.79 percent, DOC (cases of adult inmates) at 3.75 percent and DOP (cases of probationers) at 0.91 percent in an average of three years (2016-2018). It may also be noted that the low number found in the DOP report may reflect the limitation in the type of offences that could be sentenced to probation.

When looking at the statistics of the repeated sexual offence, the statistical report from the DOC classified by the number of times that the sex offenders were sentenced to be imprisonment during 2016-2018 showed the number of prisoners in total cases of 32,768 sexual offences, 83.22 percent (27,270) were the first time to be sentenced to imprisonment 12.76 percent (4,182) having

a second time in prison for sexual offences and 1,316 persons, representing a percentage of 4.02 imprisoned for the third or more times.

When the sex offenders were sentenced to prison and released, about 9 percent recommitted an offence (any kind of offence) and were sent back to prison within one year. Based on a statistical report by the DOC, from a total of 6,623 prisoners imprisoned for sexual offences and released from prisons in 2016, 8.76 percent of them returned within one year, 14.85 percent within two years, and 22.04 percent within three years of release.

And when looking at statistics for 2017, from the total of 2,439 sexual offence prisoners, 217 (8.90%) prisoners recidivated (any kind of offence) within one year, and of those 217 repeat offenders, 24 (0.98%) repeated violations of sexual offences, and 13 persons convicted of rape and then released returned to commit the same type of offence within one year.

Even though the statistics of offences in sex-related cases are small compared to other types of offences, it is likely a case that affects people's sense of safety and trust in the criminal justice system the most, especially in cases of cruel, violent behaviour against young children. It is also possible that there are higher numbers of sexual crimes committed, but the victims may be hesitant to report, or may not be in a good state to report the offence to a competent official, resulting in a lower number for this type of offence when compared to other offences.

There is no doubt that sexual offence is a type of crime that strongly affects both the victims and the sense of safety and justice of the people in the society. When news of sexual offences committed against children by perpetrators who had previously committed such crimes and had already been prosecuted in the criminal justice system comes to light it attracts strong public interest. This causes damage to the confidence in the remediation process of the justice system and oftentimes leads to a call for more serious punitive measures that could risk violating the basic human rights of the offenders, thus becoming less effective in preventing recidivism. Therefore, it is important that the justice system develops more effective and evidence-based measures to address these problems.

2. CURRENT MEASURES

In Thailand, after entering into the justice system, at the pretrial stage, all of the alleged offenders (children and adults) have to go through investigation and assessment procedures to ensure that the court has adequate information to decide appropriate sentencing for them. After being adjudicated, the offenders enter into a treatment program conducted either in their community (sentenced to probation) or in residential placements such as juvenile training schools (if they are children) and prison (if they are adults); the duration and types of treatment program depend on the severity of the offence and the problems that the offenders have. Then before release they will go into the process of pre-release preparation to ensure successful reintegration. These are standard procedures for all of the offenders.

For specific treatment of sex offenders in Thailand, the Department of Corrections (DOC) has developed a treatment program, but the program serves the offenders on a voluntary basis due to the limited number of rehabilitative staff compared to the high number of sex offenders. As of 2016, there

were 14 prisons / correctional institutions (from the total of 143 institutions) that have organized treatment programs for sex offenders. For the Department of Juvenile Observation and Protection (DJOP) and the Department of Probation (DOP), there are no specific assessment procedures designed specifically for sex offenders, however, they do have individual assessments which could lead to a treatment plan directing the offender to receive specific treatment when appropriate and available in each setting.

For example, at the Juvenile Observation and Protection Center (JOPC) at pretrial stage, the juvenile classification and pretrial report will be conducted and prepared by a multidisciplinary team comprising of a probation officer, psychologist, social worker, and medical professional, such as a nurse or medical doctor, to examine the child by interviewing and assessing factors related to their upbringing, environment, educational background, history of substance abuse, physical and mental health, the ways they spend their leisure time or their recreation activities, history of negative and positive behaviour, including symptoms of conduct disorders (such as constantly violating the rights of others or violating rules, stealing, deceiving and bullying), their sexual behaviour, their relationship with friends and caregivers, and the possibility of the need for child welfare protection such as in the case of being the victim of abuse or of human trafficking.

All juvenile offenders will be asked a set of standard questions to determine the level and types of their problems. Thus, even though their offence may not directly relate to a sexual offence, they will always be asked questions related to their sexual experience to ensure that their treatment plan covers all of the areas that are important for them and responds to their individual risks and needs. Children who are found to have specific problems that need further assessment, such as by a psychiatrist, will be referred and receive treatment as needed.

All of the information gathered at the pretrial stage, collected from the child, their parents, and the environment, will be used to determine the level of risk and needs that will guide the type of sentencing and treatment program they should receive. In the event that children and youths are sentenced to be placed in the Juvenile Training School (JTS), formation in the pretrial report with the court order will be used to conduct additional assessment and classification for the purpose of creating an individualized treatment plan.

As of now, the Department of Juvenile Observation and Protection (DJOP) does not have a specific assessment or program designed to assess and treat children and young people with sexual offences, or improper sexual behaviour, due to the small number of these kinds of cases. However, the JTS's multidisciplinary team, including psychologists, social workers, nurses and educators, could provide treatments and intervention programs based on the youth's individual needs. Every youth residing in the JTS will receive a basic program covering life skills, education, occupational training, and health care to ensure age-appropriate growth and development. Forensic Cognitive Behavioural Therapy (Forensic CBT), emotional management, and life skills programs conducted by psychologists are available for youths that are deemed to benefit from the treatment.

In order to reduce the risk of inappropriate sexual behaviour, the Forensic CBT is a technique that addresses thoughts

and behaviours using a combination of adaptive thinking techniques and behaviour modification to help the youth change the way they think and act to be more socially appropriate, thus reducing the possibility of future re-offending. The JTS's also have a pre-release preparation procedure where juveniles who have been considered for release will be evaluated as to their level of readiness and the level of care that they may need after returning to their homes.

The preparation will include meeting with their caregivers such as family members or organizations with whom they will be residing and who will provide care for the youth after they leave the JTS. In cases where the youth will be released with a probation condition, the officers from the Provincial Probation office will be invited to a meeting to get acquainted with the youth and to help develop a plan of intervention and level of supervision in the community.

With or without a probation condition, the JTS has the duty to monitor and provide support for youths 12 months after release. The JTS's are currently implementing an evidence-based practice of comprehensive and thorough care based on the Risks and Needs Responsively (RNR) and Good Lives Model (GLM) for treatment and follow-up and support which are mainly done by social workers, focusing on five important factors that, if successfully served, the youth will successfully return to normal life and be less likely to reoffend. The five factors are a safe place to stay, education or an occupation that is meaningful for the youth, spending positive leisure time, having positive relationships with caregivers, and pro-social peer groups.

For probation services at pretrial stage, the court may order the Provincial Probation Office (PPO) to prepare a pretrial report for adult defendants. Similar to the Juvenile Observation and Protection Center (JOPC), the PPO does not have specific assessment and classification procedures or treatment programs for sexual offenders. At pretrial stage, the main tasks of the PPO staff are to gather information regarding the defendant's history and environment that led them to their criminal act, such as family history, past behaviour, education, occupation, health, mental health, history of offence, the condition of the offence, and the circumstances of the case.

The major differences between the OJOP and the PPO are that the PPO often has a much greater number of cases but fewer in variety and in number of professionals to conduct the assessment. With insufficient training and the limited number of officers, the assessment and intervention provided at the PPO cannot be comprehensive enough for the court to decide appropriate treatment for the offenders with more complicated risks and needs, such as are found in many of the sexual offenders.

After adjudication, if the offenders are sentenced to be on probation, in addition to scheduled supervision and monitoring, urine test (in the case of a drug-related offence), they may be assigned to attend some of the programs provided at the PPO such as group programs/activities aimed at providing moral development, self-understanding, life goal setting and family relationships. The DOP also has Volunteer Probation Officers (VPOs), and electronic monitoring services to track individuals according to court conditions, but their usage on the sex offender population has yet to be reported.

When the court sentences the sex offenders to imprisonment, each prison

under the administration of the Department of Corrections (DOC) will conduct preliminary interview and data collecting to classify the offenders for various purposes, but mainly to assess the prisoner and assign them to a prison that has an appropriate level of control (that is, high, moderate, and low security). Other purposes of classification at the prison include classification to separate the detainee for corrective training, including vocational training, education, or to specific work divisions based on their interest and availability. Another type of classification is the classification based on characteristics of the offenders in order to select inmates to receive specific rehabilitation programs; currently, the DOC has 10 programs available throughout the country (certain programs available in some prisons), for example, a treatment program for sex offenders, Alcohol and Substance Abuse Treatment, Anger Management Program or Domestic Violence Prevention Program, and Mindfulness programs such as Vipassana Training.

For the treatment program for sex offenders, the duration of training according to the curriculum in the rehabilitation process is set to be not less than 60 hours, divided into 2 main courses: 1) Basic course (no less than 30 hours), and 2) Case-specific (no less than 30 hours). The 30 hours' Basic course includes the following topics of training (3 hours each): Basic course for self-understanding, Motivation for change, Living according to sufficiency economy principles, Analysis and creation of self-employment, Creating awareness and responsibility, Preliminary laws that people should know, Skills to prevent recidivism, Weave family ties (Family counseling), Life skills, and Emotional management skills.

The 30-hours Case-specific course includes the following topics of training (3-6 hours each): Law and sanctions on sex offences, Understanding your own wrongdoing behaviour, Sex education and positive relations with the opposite sex, Management of specific stimuli, and Reconciliation activities and the development of social engagement (reconciliation between inmates and victims, inmates and societies, inmates and families). Therapy groups include music therapy, art therapy, drama therapy, sports therapy, and mindfulness therapy.

The total of number of inmates who attended the program in fiscal year 2018 (September 2017-18) was 1,220 (accounting for 10 percent of about 12,000 inmates sentenced for sexual offences in 2018). Although there were procedures in assessing inmates' personality and mental health prior to attending the programs, there was no specific assessment targeting risks, needs and responsivity to the individual inmates in relation to their type of offences. Systematic research and evaluation programs are needed to assess the program's effectiveness in preventing recidivism compared to the non-participating groups and its effect on various types of sexual offenders.

3. EFFECTIVE INTERVENTIONS

The etiology of the sex offence has been long studied. Current findings consistently suggest that the intermixture of bio-psycho-social factors contributes to sexual offending behaviour. For the biological factors, even though there have been findings on the co-occurrence of biological abnormalities in some of the sex offenders,

none of the research reports a single and direct causal relationship between the presence of a particular biological occurrence such as abnormalities in the brain, hormonal abnormalities, genetic defects, or intellectual functioning and the sexual offending.

Research on the psychological factors has found correlation between sexual offence and adverse conditions in an individual's early development, while personality theories have explained the association between a poor relationship with caregivers, which leads to low social skills and problems with intimacy later on in life, that could then contribute to development of sexual offending behaviours. In addition, the psychological findings have also pointed out that many sex offenders have cognitive distortions or thinking errors that may become their faulty beliefs about sexual assaults and their victims that maintain the deviant sexual behaviours among sex offenders, such as the belief of "no harm is done" or "the victim wants it and enjoys it" (U.S. Department of Justice, 2017). Moreover, thinking errors may develop from their own experience of being sexually assaulted when they were children. Findings have shown that many child victims of sexual assault who have thinking errors related to their own assault develop sexual offending behaviours as adults.

Social factors have not been found to be the single cause of sex offences, but are often combined with biological and psychological factors that lead to sexual assaults. For example, repeated exposure to sexually violent pornography may contribute to hostility toward women, acceptance of rape myths, decreased empathy and compassion for victims, and an increased acceptance of physical violence toward women (U.S. Department of Justice, 2017). But only individuals who are already prone to sexual-offending behaviour with limited ability in self-regulation and impulse control will be more likely to commit the offense, particularly when they are under the influence of drugs and alcohol. or under stress caused by their family or job.

In searching for effective interventions for sex offenders, researchers have long been interested in the biological causes of the problems and have even gone so far as to propose the use of "chemical castration" for the sex offenders. They reason that because some of the sex offenders were shown to suffer from certain types of mental disorders such as sexual dysfunctions and paraphilia they could not control their sexual urges. Fitzgerald (1990) pointed out that if the individual suffered from the persistent physiological or psychological conditions which make them incapable of controlling their behaviour, they should receive treatment, not punishment, for their conditions. This notion was agreed to by some researchers who explained that the sex drive is a basic biological factor and is controlled by biological regulatory systems which affect the quality and intensity of sexual arousal not the person's sense of right or wrong or willpower (Bradford & Pawlak, 1993; Meyer & Cole, 1997).

Along with these ideas, Ratkoceri (2017) reported that the antiandrogen treatment of sexual offenders has been shown to reduce the recidivism rate. The mechanism of action has been assumed to be through "asexualization" with its secondary effects on sexual behaviour. The author pointed out that pharmacological medical treatment is the necessary treatment of individuals with paraphilia to help protect their potential

victims and suggested the use of this type of chemical castration on a voluntary basis by individuals who consider that they are unable to control their sexual drives and need medical help (Ratkoceri, 2017).

Prevention of sexual offending with medical treatment for sexual urges alone continues to be highly questionable because sexual offending is a problem with multiple causes and must be addressed with multiphasic solutions. Individual differences are also an important factor to be considered. Hanson et al. (2009) pointed out that treatment may have a different impact, depending on the characteristics of the person and other contextual factors. As a result, treatment will be the most effective when it is tailored to the risks, needs and offence dynamics of individual sex offenders.

Przybylski (2015) was interested to know whether or not the treatment that works for the other types of crimes could be used to treat the individuals with sexual offences, and he reviewed the effectiveness of RNR (Risk–Need–Responsivity) programs on sex offenders based on a meta-analysis of 23 recidivism outcome studies that were used to treat general offenders. He concluded that treatment programs that adhere to the RNR principles for sex offenders, particularly cognitive-behavioural/relapse prevention approaches, can produce reductions in both sexual and nonsexual recidivism. Hanson et al. (2009) also found that treatment that adhered to the RNR principles of effective intervention showed the largest reductions in recidivism in sex offenders.

Each sex offender will be different and comes with his or her own set of risks and needs factors. The Risk–Need–Responsivity model is in fact a treatment model that is designed to address individual risks and criminogenic needs. A combination of services will be created and tailor-made to fit the characteristics and learning styles and life circumstances of each individual offender. For sex offenders to be treated effectively, they need to be thoroughly assessed (to cover their bio-psycho-social risks and needs factors), and then the individualized treatment plans are developed based on that understanding of the individuals.

Some research has indicated the need for more studies to assess the effectiveness of using the combination of psychological and pharmacological interventions to prevent sex offenders from reoffending. Dolan (2009) postulated that the effect of mediators such as positive support for non-offending behaviour, levels of supervision, and restricting access to victims are also important factors in creating programs to prevent recidivism in sex offenders. The author also stated that there is reasonable evidence to suggest psychological treatment in the form of cognitive behaviour therapy (CBT), combined with relapse prevention, intensive residential, and community-based sex offender treatment programs, reduces the risk of recidivism, while a small amount of literature also suggests that pharmacological treatments may have some utility. Schober et al. (2005) suggested from one small-scale study of five subjects that CBT combined with the pharmacotherapy reduced paedophilic fantasies and masturbation (supported by objective measures of arousal), and none of the cohort reoffended within the two years of the study.

Among many research findings on effective programs and the combination of the modalities, one example of promising comprehensive community-based treatment

programs for sex offenders stands out. This is the Circles of Support and Accountability (CoSA) model, a sex offender reentry intervention for high-risk, high-needs individuals convicted of a sexual offense. This program is designed to help the offenders reenter society by providing them with social support as they try to meet their employment, housing, treatment, and other social needs. The program utilizes the support from six trained and guided community members who act as volunteers to ensure that the multiple needs of the person released from incarceration is being responded to appropriately and in a timely manner. The goal of the program is to help the person learn to be accountable for their own actions.

Through the consistent help and support to regain their lives from a group of volunteers, the individual earns trust and friendships that are crucial for them to remain crime free and be a productive member of their communities. Wilson, Cortoni and Mc Whinnie (2009) reported that offenders in CoSA had an 83% reduction in sexual recidivism, a 73% reduction in all types of violent recidivism, and an overall reduction of 71% in all types of recidivism in comparison to the matched offenders. According to Duwe (2018a), the outcome evaluations of CoSA programs in Canada, the United Kingdom, and the United States have also shown the intervention to be effective in reducing recidivism. The cost-benefit analysis reported by Duwe (2018b) revealed that CoSA has largely reduced recidivism and has generated an estimated $2 million in cost savings by the state, resulting in a benefit of $40,923 per participant; that is, for every dollar spent on CoSA, the program has yielded an estimated benefit of $3.73.

In summary of the research findings on the effective treatment of sex offenders, comprehensive interventions using the Risk–Need – Responsivity, or RNR, model that addresses the compounded bio-psycho-social needs of each individual offender together with community based support demonstrated not only its effectiveness in helping reduce the risk of re-offending for the sex offenders, which would prevent future victims, but also in providing substantial savings in the financial costs for society.

4. CHALLENGES AND FUTURE POSSIBILITIES

From a review of the current situation, treatment programs for juvenile and adult sex offenders, and effective interventions, it is clear that more is needed in order for Thailand to be effective in dealing with violence against women and children. In this article, it has been suggested that although sexual offences may be small in number compared to other types of offences, the impact is high and affects the national policy on crime prevention, public feeling toward the offenders, people's willingness to assist in the offenders' reintegration and their trust in justice and its duty to rehabilitate the offenders and protect public safety.

To improve the situation, the nation needs to overcome several challenges. First, there is a lack of specific assessment and classification tools for various types of sex offenders, and a lack of evidence-based treatment programs for sex offenders. Another challenge is the inadequate knowledge and skills of related staff to perform classification and rehabilitation for these offenders. In addition, Thailand is faced with overcrowded

prison populations which has also led to offenders not receiving appropriate rehabilitation programs due to the disproportionate number of rehabilitation staff to the number of inmates under their care. Furthermore, the public's and policymakers' severe attitude toward sex-offenders and their call for even greater punishment is an obstacle for the related organizations to receive support for a more comprehensive rehabilitation and reintegration program for the offenders.

With regard to the law, the Ministry of Justice (MOJ) is currently reviewing the laws and regulations regarding the treatment of sex offenders to determine whether or not Thailand needs changes to the laws in order to be able to deal with this type of offender more effectively. These changes include introducing a Sex Offender Registration and Notification system, and Pharmacological Treatment. However, putting sex offenders under increasingly strict surveillance and registration systems needs to be thoroughly reviewed since it may generate reintegration difficulties for them and thus increase the likelihood of re-offending. Further research on the implementation and effectiveness of these additional methods would help prevent the launching of policies that have good intentions to protect society, but may in fact, be counter-productive to success.

Future possibilities remain in the quest for research projects to develop evidence-based classification and treatment programs that would require the researchers to conduct a systematic review of the characteristics of current inmates with sexual offenses in Thailand, develop assessment tools, classification systems, and effective treatment programs for this population.

Currently, the Justice Research and Development Institute of the Office of Justice Affairs (OJA) under the MOJ Thailand with the support of the Thailand Institute of Justice (TIJ) is developing just such a research project for these purposes. The research will explore assessment tools and treatment programs being used around the world and with the participation of the Department of Correction and mental health providers, the assessment and case studies of the various types of sex offenders will be conducted to gain knowledge about etiologies, causes, and pathways to sexual offending and reoffending.

All of these efforts will need to be done with the collaboration of related organizations, and with family and community involvement, for the successful social reintegration and recidivism prevention goals to be achieved.

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