

CURRENT CIRCUMSTANCES AND MEASURES ABOUT VIOLENCE AGAINST WOMEN AND CHILDREN AND RELATED OFFENDERS' TREATMENT IN THAILAND

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I. 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. Types of violence against women reported the most occurring against women were, first, physical abuse and, second, sexual abuse and unwanted pregnancy. For girls, the most prevalent was sexual abuse and unwanted pregnancy and then physical abuse. The reported causes of violence involved the use of alcohol and illicit substances (28.79%), and 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 the 36th out of 75 reported countries and ranked Thailand in 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 centre of service called One Stop Crisis Centers (OSCC); these crisis centres 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 from 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 centres. 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 age 25 years to not more than 45 years, 4,570 persons (22.83 %), and age level 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 Development and Human Security, 2016).

Classified by type of perpetrator, the 20,067 cases that came in contact with 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, or 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 neighbours (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. It is essential to look at the interventions 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 the Department of Corrections (DOC). The Department of Juvenile Observation and Protection's (DJOP) main responsibilities are to prepare presentencing reports and to take custody and

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provide rehabilitation services for children (age 10 and not yet reaching 18 years at the time of offence) at the pretrial and post-adjudication stages. The Department of Corrections' (DOC) main responsibilities are to take custody of adult prisoners (age 18 or more at the time of committing an offence) at the pre- and post-adjudication stages. The Department of Probation's (DOP) main responsibilities are to provide probation services for both children and adults in the community. 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 analysing 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 on the types of offences. However, one could see the crime trend related to violence against women and children by looking at the type of criminal offence occurring in the country. Because the DJOP, DOC and DOP all are responsible for different groups of offenders, being young offenders, adult offenders, and adults and children offenders that are to be treated in the community as in probation, and 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 leading to 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, there were 76,663 children and youth (10 to less than 18 years old at the time of offence) who were prosecuted nationwide, with a tendency to decrease every year from 29,299 in 2016 to 24,824 in 2017 and 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 with 3,669 cases, representing 4.79 percent.

Table 2. Department of Corrections: Number and Percentage of Adult 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

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Statistics from 2016 to 2018 showed that there were a total of 874,456 offences, with a tendency to increase every year, from 252,272 people in 2016 to 272,601 and 349,583 in 2017 and 2018, respectively. When classified according to type of offences, it was found that offences related to substances totalled 621,855, accounting for 71.11 percent, followed by 112,809 cases with property, equivalent to 12.90 percent. Physical offences totalled 74,519, accounting for 8.52 percent, while 32,800 cases were sexual offences, accounting for 3.75 percent.

Table 3. Department of Probation: The Number and Percentage of Probationers Classified by Type of Offence

Type of Offence	2016		2017		2018		3 years	
	Number	Percent	Number	Percent	Number	Percent	Percent	ร้อยละ
Substances 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

From the statistics of the past three years 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 people per year. The highest number was substance-related offences constituting 50.71 percent followed by the other offences, 40.09%. Property offences and physical offences were at 4.49 and 3.81 percent, respectively, while the lowest number was sexual offences totalling 5,040, accounting for 0.91 percent.

As we can see from the three departments' statistical reports, sexual offence is a type of offence that entered into the criminal justice system the least frequently compared to other types of offences: DJOP at 4.79 percent, DOC at 3.75 percent and DOP at 0.91 percent in an average of three years (2016-2018). It may be noted that the lowest number found in the DOP may reflect the limitation of type of offences that could be sentenced to probation. When looking at the statistics of the repeated offence, the statistical report from the DOC classified by the number of times that the offenders were sentenced to be imprisoned 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 time or more. When the sex offenders were sentenced to prison and released, about 9 percent committed an offence (any kind of offence) and were sent back to prison within one year. Based on a statistical report by the DOC, a total of 6,623 prisoners imprisoned for sexual offences were 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, there were 217 (8.90%) prisoners who 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 released by rape cases 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 a case that likely 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, but the victim of a sexual offence case may be hesitant to report or may be not in a state that can report to the competent official as compared to the victim in other types, resulting in the number of statistics of this type of offence that may be much fewer than in reality when compared to other offences. There is no doubt that a 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 sexual offences against children are committed by a perpetrator who had previously been prosecuted and convicted in the criminal justice system and are reported by news, it attracts strong public interest, also causing damage to confidence in the remediation process in the justice system and maybe leading to a call for more serious punitive measures that could lead to more severe problems such as risks of violating basic human rights of the offenders and thus becoming less effective in prevention of recidivism. Therefore, it is important that the justice system

develop more effective and evidence-based measures to address the problems.

II. 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 the treatment programme conducted either in their community (sentenced to probation) or in the residential placements such as in the juvenile training schools (if they are children) and prison (if they are adults); the duration and types of treatment programme depend on the severity of the offence and the problems that they have. Then before release they will be in the process of pre-release preparation to ensure successful reintegration. These are standard procedures for all of the offenders. For the specific treatment programme for sex offenders in Thailand, the Department of Correction (DOC) developed a treatment programme for sex offenders, but the programme is offered to the offenders on a voluntary basis due to the limited number of rehabilitative staff and the number of sex offenders. As of 2016, there were 14 prisons / correctional institutions (from the total of 143 institutions) that have organized treatment programmes 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 have an individual assessment which could lead to an individual treatment plan that may direct them to receive specific treatment when appropriate and available in each setting.

For example, at the Juvenile Observation and Protection Center (JOPC) at the pretrial stage, the juvenile classification and pretrial report will be conducted and prepared by a multidisciplinary team comprising a probation officer, psychologist, social worker and medical professional, such as nurse or medical doctor, to examine the child by interviewing and assessing factors related to their upbringing, their environment, educational background, history of substance abuse, their physical health and mental health, the ways they spent 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 behaviours, their relationships with friends and caregivers, and possibility of the need for child welfare protection such as in the case of being the victim of abuse or of human trafficking. All of the juvenile offenders will be asked a set of standard questions to determine level and types of problems. Thus, even though their offence may not relate to a sexual offence, they will always be asked questions related to their sexual experience to ensure that their treatment plan would cover all of the areas that are important for them and respond 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 to be assessed and receive treatment as needed. All of the information gathered at the pretrial stage, collected from the child, their parents and environment will be used to compute level of risks and needs that will guide the type of sentence and treatment programme that they should receive.

In the event that children and youth 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 creation of the individualized treatment plan for each of the youths. Up to now, the Department of Juvenile Observation and Protection (DJOP) has not had a specific assessment or programme 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 programmes based on the youth's individual needs. Every youth residing in the JTS will receive a basic programme covering life skills, education, occupational training and health care to ensure age-appropriate growth and development for the adolescent. Forensic Cognitive Behavioral Therapy (Forensic CBT), emotional management, and life skills programmes conducted by psychologists are available for the youth 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, behaviours that use a combination of adaptive thinking techniques, and behaviour modification to help the youth change the ways they think and act to be more socially appropriate, thus reducing the possibility of future reoffending. The JTS's also have a pre-release preparation procedure where the juveniles who will be released 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. If the youth will be released on probation subject to conditions, the officers from the Provincial Probation office will be invited to the 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 youth 12 months after release. The JTS's are currently implementing an evidence-based practice on comprehensive throughcare based on the Risks and Needs Responsively (RNR) model and the Good Lives Model (GLM) for treatment, 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, positive leisure time, positive relationships with caregivers, and pro-social peer groups.

For probation services at the 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 programmes for sexual offenders. At the 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 acts, such as family history, past behaviour, education, occupation, health, mental health, and history of offence, the condition of the offence, and the circumstances of the case. The major differences between the JOPC and the PPO are that the PPO often has a much greater number of cases and less in variety and in number of professionals to conduct the assessment. With the insufficient training and limited number of officers, the assessment and intervention provided at the PPO could not be comprehensive enough for the court to decide appropriate treatment for the offenders with more complicated risks and needs problems such as are found in many of the sexual offenders. After adjudication, if the offenders were 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 programmes provided at the PPO such as group programmes/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 sentenced the sex offenders to imprisonment, each prison under the administration of the Department of Corrections (DOC) will conduct preliminary interviews and data collecting to classify the offenders for various purposes but mainly to assess the prisoner and to assign them to a prison that has the appropriate level of control (that is, high, moderate, and low security). Other purposes of classification at the prison include classification to separate the detention 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 programmes; currently, the DOC has 10 programmes available throughout the country (certain programmes available in some prisons), for example, the treatment programme for sex offenders, Alcohol and Substance Abuse Treatment, the Anger Management Program or Domestic Violence Prevention Program, and Mindfulness programmes such as Vipassana Training.

For the treatment programme 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-hour). 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, skill to prevent recidivism, weave family ties (family counselling), life skill, and emotional management skills. The 30-hour 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, 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 number of inmates who attended the programme 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' personalities and mental health prior to attending the programmes, there was no specific assessment

targeting risks, needs and responsivity of the individual inmates in relation to their type of offences. Systematic research and evaluation programmes are needed to be conducted to assess the programme's effectiveness in preventing recidivism compared to the non-participating groups and its effect on various types of sexual offenders.

III. CHALLENGES AND FUTURE POSSIBILITIES

From the review of current circumstances of the situation and treatment of juvenile and adult sex offenders, it is clear that there are more things that are needed to be in place in order for Thailand to be more effective in dealing with the violence against women and children in these matters. In this article, it was assessed that the sexual offences may be small in number compared to other types offences, but the impact is quite high regarding the national policy on crime prevention, and public feeling toward offenders in their willingness to assist in the offenders' reintegration and the people's trust in justice in its duty to rehabilitate the offenders and to protect public safety. To improve the situation, the nation would need to overcome several challenges. First of all, there is a lack of specific assessment and classification tools for various types of sex offenders, and a lack of evidence-based treatment programmes for sex offenders. Another great challenge is the inadequate knowledge and skills of related staff to perform classification and rehabilitation for these offenders. Moreover, Thailand has been facing overcrowded prison populations, and this problem has also led to offenders not receiving appropriate rehabilitation programmes 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 moving toward a call for even more severe punishment is also an obstacle for the related organizations to receive support for a more comprehensive rehabilitation and reintegration programme 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 and posed important questions whether or not Thailand would need changes in the laws to be able to deal with this type of offender more effectively; these changes include sex offender registration and notification, and pharmacological treatment. The thought of putting sex offenders under increasingly strict surveillance and registration systems may need to be thoroughly reviewed since it may generate reintegration difficulties for them and thus increase the likelihood of reoffending. Further research of the purposes and effectiveness of the additional methods could help prevent the launching of policies that may 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 programmes that would require the researchers to conduct a systematic review of the characteristics of the current inmates with sexual offences in Thailand, develop assessment tools, classification systems, and effective treatment programmes for this population. Currently, the Justice Research and Development Institute of the Office of Justice Affairs (OJA) under the MOJ Thailand with support by the Thailand Institute of Justice (TIJ) is developing just such a research project for these purposes. The research will explore assessment tools and treatment programmes 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 aetiologies, causes and pathways to sexual offending and reoffending.

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

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