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Thailand's Sex Offender Rehabilitation Programs: Guidelines for Improvement

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Abstract

Sex offender rehabilitation programs mostly relate to western countries and their experience can be utilized to improve and develop the efficiency and effectiveness of the correctional systems in Thailand. This study used qualitative research design to identify issues currently being faced in the execution of Thailand's sex offender rehabilitation programs. In-depth interviews and focus groups with 30 respondents engaged in the work of the Thai Department of Corrections and/or the delivery of sex offender rehabilitation programs in Thailand were carried out. The results made evident the problems and limitations faced in the operation of these programs such as ineffective classification and lack of psychological assessment of sex offenders prior to their enrolment in such programs, insufficient content, intensity and duration of the programs as well as lack of standardization among respective prisons and inappropriate level of resources (including human resources and the provision of required spaces, instruments and technology) dedicated to delivering these programs. In addressing these issues, the study used the standards set by the United Kingdom as benchmark in operating similar sex offender rehabilitation programs. The study offers practical and pragmatic guidelines through which Thailand can ensure success of these rehabilitation programs.

Keywords: Guidelines, Sex Offender Rehabilitation Programs, Prison Systems, United Kingdom, Thailand

Introduction

Sex offences usually incorporate crimes that range from inappropriate or uninvited attempts to touch another person with the motive to commit a rape. The effects of such sex offences upon victims include fear, hallucinations, social anxiety, irritability, mental health breakdowns and suicidal ideation and action. In some cases, such indecent assaults may also result in pregnancy and transmission of sexually-transmitted diseases. The social effects of such sex offences on victims include social

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anxiety, depression, despair, hopelessness and self-devaluing (Edwards et al., 2011). Mkhize et al. (2020) found that sexual violence has risen at a rate manifesting a global epidemic, with such a culture becoming embedded as an accepted societal presence despite the serious damage it causes to the life and body of victims. The rates of rape and indecent assault in Thailand between 2017 and 2020 fluctuated (see Figure 1), yet they have remained worryingly high in all years. Thus, there is an evident need to address this issue.

According to the report of recidivism by the Office of Justice Affairs Thailand (2020), recidivism within 1 year was witnessed among 8.76% of offenders in this area, recidivism within 2 years was witnessed among 14.85% of offenders in this area and recidivism within 3 years was witnessed among 22.04% of offenders in this area.

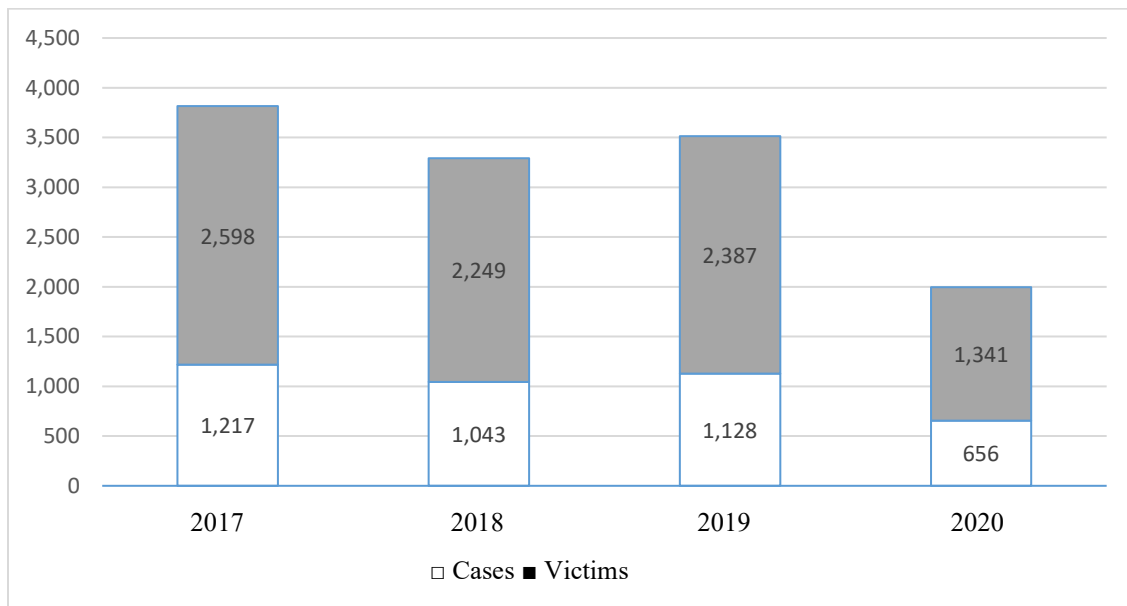


Figure 1: Recorded Rape and Indecent Assaults in Thailand (2017-2020)
Source: Royal Thai Police (2021)

The Ministry of Justice, Thailand has made significant efforts towards framing appropriate guidelines to operate sex offender rehabilitation programs. In these programs, the courses and lessons provided to offenders are designed to provide knowledge and to readjust attitudes based on the classification of the offender's crimes. However, in general, the courses have been constituted 1) to motivate the creation of group norms, 2) to lead to an understanding of the offence(s) committed, 3) to convey how sex offences affect victims, 4) to offer appropriate sex education, 5) to teach how good relationships can be formed with the opposite sex, 6) to teach the management of sexual emotions and behavioral adjustments in response to impulses, 7) to manifest social skills training, 8) to instill emotional control, 9) to detail stress management techniques, 10) to convey problem-solving skills and 11) to prevent recidivism (Department of Corrections Thailand, 2018). However, concerns are held that Thailand's sex offender rehabilitation programs encounter significant limitations and thus require feasible guidelines through which to improve the country's ability to reach its intended outcomes desired.

This study undertook in-depth interviews and focus groups with 30 respondents employed in the Thai Department of Corrections and engaged in the delivery of sex offender rehabilitation programs in Thailand. The outcomes of these interviews and focus groups were collated and analyzed in order to identify core issues. Notably, most prior research related to sex offender rehabilitation and treatment relates to western countries and thus has been utilized to improve and develop the efficiency and effectiveness of the correctional systems and offender management provisions of those jurisdictions. There is quite a dearth of research relating to sex offender rehabilitation and treatment in Thailand and the wider Southeast Asia region. Owing to this, it is rather difficult to enhance and strengthen the sex offender rehabilitation programs in this region. Hence, the present study addresses this gap while also making a comparison with the United Kingdom's provisions in this domain area. Thailand may learn lessons from the experience of a western nation and attempt to institute guidelines which respond closely in the context of Thai society.

Literature Review

- *Definition of Sexual Offences in Thailand*

The Thai Dictionary of the Royal Institute (2009) defines sexual assault as non-consensual sexual intercourse between a man and a woman. In Thai academic and legal fields, sexual assault pertains to a scenario when a man forcibly establishes sexual relations with a woman and is considered an indecent act of offence (Tinna & Charoenkwan, 2015). In this regard, indecency is denoted as an act that is inappropriate in convention, which is sexually inappropriate and/or which is embarrassing. For an offence to be manifested, such an act must be committed with intention (Tinna & Charoenkwan, 2015).

- *Rehabilitation Theory and Sex offenders' treatment and rehabilitation*

The main objectives of Rehabilitation Theory pertain to: 1) Understanding the cause of crime by focusing on offenders and their environment, 2) Finding means through which to correct offenders rather than to punish them, and 3) Enabling offenders to re-enter society and to live with others in society in a normal way. Kirchwey (1911) has argued that "...punishment cannot deter those who lack responsibilities because they have no idea of bad consequences that they will receive from committing offenses. It cannot deter persons of unsound mind because they usually try to oppose social norms. It cannot deter those who commit offenses with intelligence because they do not think that they will be caught. Therefore, punishment is not required for deterrence..." In short, rehabilitation programs should be instituted for the purpose of rehabilitating offenders and thereby enhancing their ability to re-enter society and to subsequently live a normal life rather than to manifest an additional form of punishment.

Rehabilitation Theory proposes that offenders should be given the opportunity to be rehabilitated and to reform themselves, therein becoming decent and unlikely to witness recidivism. Through this process, successfully rehabilitated offenders should be eligible to re-enter society. Accordingly, adequate learning and training (including vocational training) should be provided to offenders, whereby a focus is given to

aiding recovery rather than to punishing offenders. In some jurisdictions, such as the United States and Australia, offenders are rehabilitated in the community – with associated programs having been found to reduce recidivism (Colton et al., 2009; Heil & English, 2007; Heseltine et al., 2011). In this regard, the treatment offered should give emphasis to the mental health and behavioral acknowledgments of offenders and to the wider public health of society (Andrews & Bonta, 2003; Brown, 2010; Reitzel & Carbonell, 2006).

Sex offender treatment and rehabilitation has been greatly developed in recent years, with associated theories and guidelines having been adapted and improved to ensure they correlate and respond to a diverse range of circumstances. It has also been identified that effective sex offender rehabilitation must include the provision of dedicated programs, the employment of specialists, the cooperation of offenders and the engagement of stakeholders such as family members, volunteers and figures in the community (Bobbitt & Nelson, 2004; Harkins et al., 2012; Höing et al., 2016; Jones & Neal, 2019; Przybylski, 2015; Tyler et al., 2021).

Sex offender rehabilitation programs should focus on the level of risk and the needs of respective offenders (Brown, 2010). Offenders should also be treated in accordance with their characteristics (such as intelligence level), while treatment should only continue if the participant demonstrates enthusiasm and a desire to contribute to the success of the rehabilitation (Andrews & Bonta, 2003; Brown, 2010; Reitzel & Carbonell, 2006). Within the rehabilitation programs offered, correctional officers and or figures with specialization in rehabilitation, alongside the methods that they use, shall have a major impact upon the effectiveness of the rehabilitation achieved (Ferdik, 2018; La Vigne et al., 2008). Moreover, community attitudes towards sex offenders and towards their rehabilitation can influence the success faced in reducing recidivism among sex offenders. In this regard, when communities and the wider public begin to understand sex offenders and the causation of such offences, steps may be taken to prevent sex offenders from involving in reoffending (Höing et al., 2016).

- *Sex Offender Rehabilitation in the United Kingdom*

In the United Kingdom, sex offender treatment programs are offered via three distinct pathways (Ministry of Justice United Kingdom, 2013). These are detailed, respectively: First, a low intensity program is applied with low-risk sex offenders, designed to treat such sex offenders found to be in possession of and/or have disseminated child pornography. The duration of this treatment varies according to the risks identified in relation to each individual offender. Second, a high intensity program is applied with sex offences denoted as possessing a moderate, high or very high risk (according to Risk Matrix 2000s in Sex Offender Rehabilitation in the United Kingdom), those who are at low risk (according to Risk Matrix 2000s) but who have been sentenced for a sex offence or have been identified as having a problematic sexual desire and, finally, those sex offenders who have been sentenced to life imprisonment. Third, a healthy sex program is applied among those with intellectual disabilities.

In addition to these three aspects, a newly-designed “Program Needs Assessment” provision has also been instituted which focuses on categorizing and classifying levels

of offenders according to appropriate models based on risk, need, and responsibility. Under this provision, there are two main programs available for sex offenders – first, a Horizon Program, designed for sex offenders assessed to be at a moderate to high risk of sex crime and second, a Kaizen Program, designed for those assessed to be at a high or very high risk of sex crime. For the latter, three stages are followed, namely, first, “Getting Going” stage, which invokes preparedness, therein arising via small groups of not more than eight people or through one-to-one sessions; second, “My Journey” stage, which again comprises three steps through which participants identify how to live their own way, how to forget old feelings and behaviors and how to build existing strengths through which new skills can be developed and present/future risk situations avoided so as to prevent recidivism; finally, “New Me MOT” stage allows participants to learn together in a group and the provision of a self-assessment, risk management and skill development plan.

- *Sex Offender Rehabilitation in Thailand*

In Thailand, sex offenders are classified in relation to their appropriateness for rehabilitation, albeit at a very high and superficial level. The classification methods used in relation to sex offenders in Thailand focuses on analyzing the cause of an offender’s offence and their deviant behavior. Accordingly, the offender is placed in a rehabilitation program addressing certain needs. The main objective of these programs is firstly to prevent recidivism and secondly to eliminate the undesirable behavior of offenders. These programs are constituted of two aspects – making offenders understand the cause of their offence(s) and developing the offenders’ skills through which recidivism can be prevented.

Most sex offender rehabilitation programs in Thailand aim to (i) adjust the attitudes and sexual knowledge of offenders; (ii) reduce sexual deviancy and educate individuals as to how they can reduce inappropriate sexual desires; (iii) enhance the emotional control and relationship-building skills of offenders; (iv) raise awareness among offenders of the impact faced by victims and the wider consequences of their offences; and (v) heighten the understanding among offenders as to what causes recidivism and how this can be avoided. To achieve this, offenders are taught several norms and behavioral skills such as motivation and group norms, ability to identify what causes their offence(s) and what consequences are faced by their victims; sex education; positive relationship formation with the opposite sex; sexual emotional management and behavioral adjustments of the impulses; social skills; emotional control’ stress management; problem-solving skills; and recidivism prevention (Department of Corrections Thailand, 2018).

Such pre-program steps have a duration of at least one month. Within this period, the offender classification is done, rehabilitation needs are identified, orientation is provided and assessments (as to the offender’s personality, mental health, knowledge, skills, attitude and behavior) are undertaken. Once these steps have been completed, direct training activity takes place for at least 60 hours – including 30 hours of basic subjects learning and 30 hours of learning the specific subjects directly related to the offender in question.

At each stage of rehabilitation, there is a use of group mechanism, through which focus is given on developing problem-solving, group-working, cognition-adjustment

and emotion/attitude/behavior skills. Alongside this, the knowledge and life skills of participants are strengthened while group and individual vocational training is delivered based on the aptitude and needs of the participants. The prison/correctional institution administering the sex offender rehabilitation program shall cooperate both with the Public Sector and the Private Sector – such as by coordinating with psychiatric hospitals in the local area and inviting external entities (e.g., lecturers, psychiatrists, psychologists, police officers and organizations with specialization in the rehabilitation of sex offenders) to engage in the process. While this is the process set out as a best practice in Thailand by the Thai Department of Corrections, the present research has been undertaken to identify if these processes are successfully employed in practice and, if not, how this can be modified to achieve the desired results.

Methodology

This study adopted a qualitative research design undertaking in-depth structured interviews and focus group discussions. The key informants of this research constituted 18 individuals (prison superintendents, a director of a prison division, a professional penologist and a psychologist) and 12 Thai Department of Corrections officers. Purposive sampling technique was used to identify only such respondents that had significant experience in administering sex offender rehabilitation programs and possessing appropriate knowledge of the behavioral patterns of offenders. Another requirement to participate in the research was the possession of a minimum of three years' experience working with violent sex offenders.

There were three sets of questions for the Focus group and interviews, namely, the first part dealt with questions about the age, gender, position, experience and educational background of the key informants; second part dealt with questions about problems on sex offender rehabilitation program in Thailand; and the third part summarized recommendations from the key informants. Each in-depth interview lasted between 60-90 minutes while each focus group took a duration of 3 hours. A content analysis was carried out of the data obtained from both in-depth interviews and the focus groups. The content analysis produced a few core themes, which helped to produce suitable guidelines for the sex offender rehabilitation programs of Thailand.

Results

The content analysis of the available data resulted in some useful insights related to the primary problems of sex offenses and those which relate to the effectiveness of sex offender rehabilitation programs in Thailand. The assertions given below are derived solely from the collated responses of the research respondents.

- *Ineffective Classification and Psychological Assessment of Sex Offenders*

In Thailand, for the purpose of rehabilitation, sex offenders are not classified according to the pattern of their offence(s). Regardless of the sex offences committed, all offenders undergo the same rehabilitation programs. When making the assessment of sex offenders, no consideration is given or sought to the kind of sex offence(s) undertaken by the offender. Similarly, no consideration is given as to the

mental health or severity of any mental health illnesses of offenders either before or after their participation in a sex offender rehabilitation program. This causes a lack of insight into the causes of the crime(s) committed, nor it is possible to know about the societal or familial structure in which the offender grew up within nor it is known whether the offenders had any mental health issues that limited the capacity of the offender. All these are the limitations and result in a lack of complete understanding of the needs of respective offenders when they join a sex offender rehabilitation program in Thailand.

- *Non-Intensive and Non-Standardized Rehabilitation Content and Duration*

The content of each sex offender rehabilitation program operated in Thailand is primarily in the form of memorization-based teaching. The courses delivered do not focus on the development of the participants' skills (as are required by offender's post-release). Such skills could pertain to enacting emotional control, coping with internal provocations and adjusting behavioral approaches. As a result of this failure to develop appropriate skills, offenders may not gain the ability to control their emotions and mind-sets, and there is a likelihood that they shall reoffend. The programs in current use have been in operation for a long time and, despite gradual improvements, they have retained the same patterns. In addition, no standardization is found among the provisions of respective prisons/correctional institutions. Although the practical guidelines held are the same, the implementation undertaken is based on the discretion, understanding and potential/resources of each prison. In this regard, while the sex offender rehabilitation programs of Thailand have been designed to respond to offenders who have committed rape, contemporary sex offences are understood to more varied – for instance, prostitution is considered as a sex offence.

Another limitation noted by respondents was the average duration of such programs (60 hours), which was too short to achieve full effectiveness. Consequently, officers may not gain a comprehensive understanding of the mindset and behavior of individual offenders. It was also doubted whether, within this short period, offenders were able to adjust their mindset and behavior or learn the knowledge required after they were released. One of the psychologist informants opined: "there are not many opportunities to interact or talk face-to-face or in a group due to the short amount of time available. A 60-hour duration provides very little interaction, so we do not have the opportunity to get to know offenders or to know the behavior of each inmate." (A psychologist)

- *Lack of Human Resources*

The human resources available in each prison/correctional institution can help to interpret how long-used programs and the teaching offered can influence offenders, what skills should be gained by the participants and what measures should be adopted for the development of consciousness from offenders towards their victims and society. In this regard, people with specialization are needed, but their services are very limited and restricted due to the ineffective program resources in place. Prisons/correctional institutions in Thailand lack an adequate number of psychiatric specialists and operational officers responsible for operating sex offender

rehabilitation program. This problem is attributed to insufficient budgets to hire appropriate people, overcrowded prisons, and the failure to gain approval for the delegation of officers from the Office of the Civil Service Commission of Thailand. A prison superintendent informant shared: "A major problem faced is the lack of officers. We do not have psychiatrists nor applicants for fresh recruitment. The Office of the Civil Service Commission does not assign or delegate them. For instance, in sex or murder cases, one psychiatrist is required in each prison." (Spanning prison superintendent) Likewise, the director of a prison division confessed: "There are total 143 prisons in Thailand. An international standard states that there must be no more than 150,000 inmates in each nation. But in Thailand, there are 400,000 inmates. This does not include the 350,000 inmates who have been granted a royal pardon. At the same time, there are only 9,000 prison officers approximately. Thus, each officer is responsible for approximately 40–50 inmates, which exceeds the ratio set at the international level." (A director of a prison division)

- *Management of Correctional Agencies*

A professional penologist informant observed that rehabilitation activities are not planned in terms of place/location, resources available and the types employed. Hence, these activities do not result in the desired outcomes. The technology utilized is also insufficient for supporting such implementation. In addition, the penologist said, "the programs also lack readiness and budget. There is not enough budget to hire speakers or professionals for both basic and specific subjects to be taught together when they should be taught separately." (A professional penologist). Likewise, an officer of Thai Department of Corrections said, "there is limited space and equipment available; no tables and chairs to sit, listen to and engage in lessons. During the training, the program participants sit on the ground in open spaces. The lessons are disrupted by announcements or by the visitation of relatives or passing of other inmates towards the canteen. No media is provided to run the programs while the participants are seen talking and gossiping." (Thai Department of Corrections officers)

Discussion

This research study made evident a few limitations faced by Thai prisons/correctional institutions. A need is felt to address these limitations and in order to ensure the achievement of high-quality rehabilitation. The problems faced in the execution of Thailand's sex offender rehabilitation programs, as identified by the research respondents in this study, can be surmised into three areas: 1) the operational processes employed, 2) the resources available, and 3) the engagement of the offenders. While it is evident that a number of these aspects are already stated to be best practices by the Thai Department of Corrections, they either do not arise in practice or they are not intensive enough to achieve the effective rehabilitation of sex offenders. A few guidelines can be set out to ensure that steps are instituted to address these limitations and make the Thai sex offender rehabilitation programs a success.

First, and foremost, it is important to discontinue the currently prevailing generalized treatment pattern, which does not match with the need and the kind of the respective inmates attending the program. Currently, sex offenders attend such generalized rehabilitation programs that do not analyze the specific cause of their

offense nor they can be termed as appropriate to their specific needs. The resultant treatment and rehabilitation provided is thus liable to be inaccurate and may negatively affect offenders and society whereupon such offenders will be released. In other words, if appropriate rehabilitation is not provided, the risks of recidivism are heightened. This concern is consistent with several previous researches that have discussed similar fears and have emphasized that sex offender treatment and rehabilitation programs must tangibly address the mental health and behavioral acknowledgment of offenders alongside the wider public health of society (Andrews & Bonta, 2003; Brown, 2010; Reitzel & Carbonell, 2006).

It is therefore suggested that sex offenders, in order to ensure their rehabilitation, should receive such treatment that should be designed and be consistent with their ability to comprehend– e.g., offering different programs for those with different intelligence levels (Brown, 2010). Rehabilitation Theory has emphasized that focus must be given to offenders and their environments; treatment and rehabilitation must be consistent with offenders' characteristics so that it is much easier to improve their offending behavior and allow their reintegration into society. The study has also made evident that the standard of treatment offered is derived from the capacity of each respective prison/correctional institution. Hence, it is important to check the uneven and inconsistent outcomes of the sex offender treatments and rehabilitations by fixing minimum standards of the courses, their implementation and duration (Brown, 2010).

Correctional agencies in Thailand that play an important role in enhancing the desired outcomes of rehabilitation programs are encountering various management issues that affect the performance of such programs – such as insufficient budgets, lack of competent officers and inappropriate rehabilitation activities/instruments. The failure to provide resources and adequate manpower is a big threat not only to the success of rehabilitation programs, but also not being able to meet the needs of the participants and wider society. This is consistent with the study by La Vigne et al. (2008), which also highlighted the need of eight key aspects for correctional management– transportation, clothing/food/amenities, financial resources, documentation, housing, sufficient employment, health care and support systems.

A major issue in Thailand's sex offender rehabilitation programs is the issue of engagement and appropriate representation of the offenders. There is no screening process or classification of offenders in order to determine their appropriateness to attend a certain program. Another issue is the insufficient budget that restricts the affordability of mental health officers and specialists to be deployed in the rehabilitation program. When sex offenders are not classified according to their characteristics or the pattern of their offence(s) or when suitable health monitoring is not available, it is difficult for them to engage and involve in the rehabilitation program. As a result, when such sex offenders return to their family and community after their release, it would be difficult for others to understand a sex offender's needs. In order to gain optimum results from the offender's rehabilitation program, including the potential for recidivism, it is very important for a sex offender to get the support and acceptance of society members, family and friends when he returns to them (Bobbitt & Nelson, 2004; Ferdik, 2018; Knight & Simpson, 1996; La Vigne et al., 2008). It should be noted that currently Thailand has imposed a lot of restrictions for the family and community members, refraining them from playing any role in sex

offenders' rehabilitation. Such restrictions are levied due to a number of legal problems and official regulations, for which reason sex offenders may be unable to fully adjust to their family, community and post-release environment,

In light of the above-identified issues, a number of practical guidelines and recommendations can be offered to enhance the sex offender rehabilitation programs of Thailand. First and foremost, a big attention must be given to the program specifications, duration, standards and operation models of the sex offender rehabilitation programs of Thailand. It should also be ensured that such specifications and standards correspond to the context of Thai society, as well as are aligned with international standards. In this regard, Thailand may look at the system employed in England, whereupon effort is given to identifying the risk levels of sex offenders and to enacting accurate and specific treatment forms for respective offenders. Accordingly, Thailand should institute three different program types: (a) A low-intensity program for low-risk sex offenders, thereby being designed to treat sex offenders who have been charged with the possession, downloading and dissemination of child pornography and child sexual abuse (wherein the defendant and victim were partners and this was accepted by the victim's parents). The duration of a low intensity program should also be between 60-120 hours, set in accordance with the individual risks of each offender. (b) A medium-intensity program for sex offenders charged with sex offences. The duration of medium intensity programs should be between 120-250 hours, set in accordance with the individual risks of each offender. (c) A high-intensity program for sex offenders charged with sex offences or sexual motivations, and/o charged with reoffending through a sexual or violent offence post-release or for sex offenders with intellectual or mental health disorders. In such a case, all program participants should be required to attend a "healthy sex" program as part of their rehabilitation. The duration of a medium intensity program should be between 250-400 hours, set in accordance with the individual risks of each offender.

The second recommendation is to allocate appropriate resources including sufficient budgets to correction agencies, thereby allowing the hiring of the competent officers needed to witness the effective rehabilitation of offenders. In addition, rehabilitation activities should be designed and funded to allow offenders to access locations, instruments, technology and environments which facilitate their performance and thereby achieve adequate rehabilitation.

A third recommendation relates to undertaking of offenders' assessments. All offenders should be assessed, prior to their enrolment of a program, to ensure that they are enrolled in or are offered provisions which correspond to their needs. In addition, a formalized system of assessment should be instituted mid-program and at the conclusion of the program to ensure that appropriate progress has been made. This will allow an informed-decision to be made as to whether that offender should be released back into society.

Conclusion, Limitations and Implications

This qualitative research studied the problems and difficulties faced in the current sex offender rehabilitation programs operated in Thailand and undertook interviews and focus groups with 30 key informants (e.g., entities of the Thai Department of Corrections and figures involved in the sex offender rehabilitation programs of

Thailand). Through the insight gained, feasible guidelines were produced through which Thailand's sex offender treatment provisions could be enhanced. It was also suggested to look at the model and guidelines of other jurisdictions – such as that of the United Kingdom. It has been found that, in the Thai context, the primary problems faced are 1) ineffective classification and psychological assessment of sex offenders prior to their enrolment in rehabilitation programs, 2) the insufficient content, intensity and duration of the programs offered alongside the lack of standardization among respective prisons and 3) the inappropriate resources (including human resources and the provision of required spaces, instruments and technology) dedicated to ensuring these programs can be effectively delivered. These suggestions provide pragmatic, practical and detailed guidelines through which to address these issues, to enhance Thailand's prevention of recidivism among sex offenders and to ensure that Thailand's offerings in this area correspond to international standards.

The limitations of this research included a relatively small sample size and the consideration of only the UK as a comparable regime. Further research could be undertaken pertaining to other jurisdictions, including a few nations in Southeast Asia, to identify whether lessons can be learnt from the success and failures encountered elsewhere. It has also been evident that a majority of literature produced till date has focused on sex offender rehabilitation in the western world, with little effort made to explore sex offender rehabilitation and treatment in Thailand and the wider Southeast Asia region. It is recommended that the Thai Department of Corrections gives strong consideration to the suggested guidelines of this paper and undertake further research, potentially in collaboration with academic contributors, to understand how best to implement these changes and to nuance the guidelines held and programs instituted to respond to the diversity of sex offenders.

The implications of enacting these guidelines and of undertaking further work in order to strengthening the offering of Thai prisons/correctional institutions here could be immense in relation to the stronger rehabilitation programs for sex offenders in Thailand. It is also important for the safety of Thai society when sex offenders are released post-program and the ability of the Thai Department of Corrections to utilize its specialization in tackling this area. This research would provide a launching-off point from which the fundamental problems have been identified and initial steps taken as to launching a response that can significantly impact upon Thailand's sex offender rehabilitation regime.

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