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ARM
AUTOMATIC RESPONSE MECHANISM

2010
Updated version

WHAT TO DO
IN CASES OF SEXUAL VIOLENCE
FOR MIGRANT WOMEN

WOMEN'S EXCHANGE
(MAP FOUNDATION)

Supported by
American Refugees Committee (ARC)

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ACKNOWLEDGEMENTS (2003)

We pay tribute to the young woman and girl from Burma who took their rapists to military court in Thailand this year. Their struggle to pursue legal redress and the confusion experienced by support workers in assisting them through the process provided the impetus to put an automatic response mechanism (ARM) in place. Their journey through the legal system also provided the basic data for ARM.

We thank all the Akka, Arakan, Burman, Chin, Kachin, Karen, Karenni, Lisu, Mon, Naga, Pa-O, Palong, Shan, Tavoyan migrant and refugee women who organised and participated in the Women's Exchange groups and shared their experiences and wisdom. We thank all the women who interpreted at trainings and meetings as well as translated and proofread the multiple versions of ARM.

We thank the local Thai networks of women's NGOs and human rights bodies that have always supported the work of assisting victims of violence and facilitating access to social and legal services. We particularly thank the lawyers from Friends of Women Foundation and the Law Society of Thailand for always being there when needed.

It has been a rough ride. It is not easy to be reasonable in the face of silence and denial; but we appreciate that there is now more response to the calls from migrant and refugee women and we trust that in the future there will be a collective and collaborative response, which will holistically support survivors of violence.

The process of ARM has been made possible by the support MAP Foundation has received over the last four years for the Act Against Abuse project and the Women's Exchange project. Additional financial resources have been extended for the translation and production of ARM into several languages. For the generosity and solidarity of our donor partners we extend our many thanks to:

CARAM-Asia

IWDA (Australia)

NOVIB (the Netherlands)

Reproductive Health for Refugees Consortium

And to the Royal Thai Government and the people of Thailand for extending justice to all women on their soil.

We pay tribute once again to the women from Burma who have survived despite the lack of support and whose strength and coping mechanisms are an inspiration to all. We hope that in the future victims of violence will have greater choice in overcoming these distressing situations.

Women Exchange
MAP Foundation
Chiang Mai
September 2003

INTRODUCTION (2003)

Background to ARM (Automatic Response Mechanism)

Most people have little idea of where to go for help or what to do if you or someone you know has been raped. If migrant and refugee communities do not know what to do, do not know who to ask for assistance and help through the labyrinth of legal procedures, the victims of violence are at risk of being re-victimized, and communities can lose self-esteem and self-worth through the utter sense of powerlessness. ARM (Automatic Response Mechanism) outlines ten steps that victims of violence and their support workers can follow in cases of violence, and also gives ideas for activities to reduce violence in communities.

Migrant and refugee women living on the Thai-Burma border developed ARM. Over 600 women have been involved in putting ARM together. The process started indirectly four years ago, when a group of women from Burma started meeting on a monthly basis to exchange news. Called "Women's Exchange" these meetings provided a space for women from different ethnicities and different circumstances to come together to share. The meetings give women the chance to gain confidence in expressing their opinions, share experiences and to experiment with facilitating and translating. Over the last four years, migrant and refugee women have run these meetings regularly in five locations on the Thai-Burma border.

In addition to the monthly meetings special workshops have been organised by the Women's Exchange groups to explore issues of HIV/AIDS, reproductive health and the law in relation to violence against women. During all these workshops, sexual and gender-based violence emerged as an issue of major concern to the women. Women also participated in self-defence classes, attended women's art performances, played football, did yoga and participated in rallies and marches on International Women's Days. Violence was not an issue discussed in isolation; it was talked about in relation to the broader context of gender relations, class relations, and xenophobia. It was talked about in the safety of a group of women sharing together. It was talked about when women had developed tools and created an environment to do something positive.

Following the trainings on international and local Thai law about violence against women; the Women Exchange group asked for further trainings on how to actually use the law, particularly in relation to their lack of legal status.

During these four years, there were of course many cases of violence. Only a few of the "victims" were offered appropriate services; most had to survive with their own coping mechanisms. There was nothing at all available beyond the ethnic women's organizations. Now, some of these groups have basic counselling services in place and can arrange safe accommodation. A handful of women have pursued the Thai legal system to demand justice. All these women have faced many difficulties, many obstacles both from the wider society and from their own communities.

Some of the obstacles the women face can only be changed by amending national and international policies, which at present allow victims of violence to be deported to a country of violence, without offering safe sanctuary in the host or third country. Other obstacles demand long-term work with men to change the culture of violence and to redress the gender imbalance. But some of the obstacles can be overcome, to some extent, with information, with community support and understanding, and with cooperation between all those involved in providing support to the victim.

There are no case studies presented in ARM. This was a deliberate move. One of the principles of ARM is confidentiality, and we uphold that principle in our documentation. Instead, the women who experienced abuse, women's groups who provide support and who organize to reduce violence in their communities, have used their experience to outline a step by step process for other women. The Friends of Women foundation and other local NGOs and lawyers contributed their expertise from many years of providing support to Thai victims of violence. Along the way, international women's groups, UN agencies, camp committees and others were consulted and provided input.

Over the last eighteen months the Women's Exchange groups have painstakingly gone through version after version of ARM. With each adaptation, the women have sat together to discuss again. Each meeting has raised new questions, reached new women and increased awareness. The majority of the 600 women involved in this process have been women living outside of refugee camps. The one session on ARM in camp exposed a need for support of women's groups in camps to develop an appropriate set of steps relevant to their particular situation. The most immediate difficulties presented by women living in refugee camps were their physical isolation from Thai administration. A trip to the hospital or the police station might take several hours and would possibly require several days of negotiation to get the proper documentation. One of the other major issues was the debate about customary law. There was generally less awareness and understanding about the situation of violence in the camps. It is clear that the process to develop ARM in the refugee camps is in the beginning stages; it is a process, which needs to be holistic, and supported long-term.

For the moment then, ARM is a work in progress both for migrant women and refugee women. ARM will never be a finished document. It will need to constantly be changed, hopefully in response to the availability of improved services; but also because any improvements are also likely to bring some backlash and resistance. Violence against women is not a chance happening. It is a symptom of the power relations between men and women, and when these power relations are challenged, there will always be those who prefer to keep the status quo and will do whatever they can to stop the progress. ARM will need to respond to both the positive and the negative changes. As the old saying goes, a woman's work is never done; but we start the 21st century with great hopes that men will also take responsibility for men who commit violence and will work to stop further violence.

INTRODUCTION.2

Introduction to Updated Edition of ARM (2008)

Six years have passed since the original edition of ARM was published. This new edition of ARM includes corrections of translation errors, an expanded section on basic counselling techniques, and an update of the Thai law on rape. ARM was first developed through the input of migrant and refugee women along the Thai-Burma border during their monthly Women's Exchange forums. These Women's Exchange groups have used ARM as a reference book, a training manual and as an advocacy tool to call for more appropriate protocols in refugee camps and for better services and better access outside camps.

Using ARM as a step by step training manual has allowed more migrant and refugee women to better support victims of violence. The Women's Exchange groups have organized five day ARM trainings in their areas, which have included visits to the One Stop Crisis centres in hospitals, the police stations, and where possible the courts. These visits to the services have been very important for migrant and refugee women to gain experience in contacting local officials. We would like to take this opportunity to thank all the staff and officials who welcomed and encouraged us during our visits.

Each of these trainings provided further input into the development of ARM and this edition includes the changes to language and ideas of the women who participated in the training, including the addition of a more expanded section on basic counselling skills. Since the first edition of ARM, the Thai law on rape has changed. While previously the law on rape did not include the rape of men or the rape of a wife by her husband, the law was changed in 2007 to include marital rape and the rape of men. This edition outlines these amendments.

Most of the trainings with migrant and refugee women have been held in towns along the Thai-Burma border. When the trainings were held in refugee camps, it became clear that women in refugee camps face particular issues in responding to rape cases and these issues vary from camp to camp. Many of the camps are remote without tarmac roads, refugees have to get permission to leave the camps, which can take days, and transport is not always available. In some camps a medical unit can perform the medical check up and make a report which can be accepted by the Thai authorities, but in others they cannot. Most of the medical units in camps cannot perform the forensic tests. The enclosed nature of refugee camps continues to limit women's choices in cases of sexual violence. Establishing truly safe houses in closed communities is very difficult and women do not have the choice to move elsewhere. Because these issues are complex and specific to particular camps, it was agreed that this edition of ARM should focus on migrant and refugee women in non-camp based situations. The decision was particularly difficult because it was the courage of two camp-based refugee women who inspired the original

development of ARM and also because of the tremendous commitment and input by refugee women, many of whom are now the trainers and the leading advocates of women's rights in cases of violence against women.

However, it was a decision made, not from neglect, but from a desire to ensure that guidelines for responses are the most appropriate and effective to the particular situations of women. ARM has already motivated international agencies along the border to develop similar guidelines or protocols for camp-based situations. Our hope is that, just as ARM is now being updated in response to the constant and vibrant input of migrant and refugee women, the camp-based refugee women will be able to lead the process of updating and developing the guidelines or protocols for the camps.

Nearly 10,000 copies of ARM in English, Thai, Burmese, Karen and Shan have been produced and distributed to migrant and refugee women, to women's organizations, to Thai NGOs, to international NGOs, to hospitals, police stations, social workers and other relevant officials. Copies have even made their way to refugee camps in Africa, to Rwandan women, to refugee women in the UK and Australia. It has gained international recognition in publications such as the Forced Migration Review. (FMR19, Jan 2004).

Unfortunately, we cannot report a reduction in violence against migrant and refugee women. However, women have demonstrated greater confidence and skill in providing support for women who have been sexually abused. We can say with confidence that more victims of sexual violence can be assured of being understood, of being given space to recover and being given a voice in that recovery. Migrant and refugee women are also more assertive in accessing medical care, and asking for the appropriate services at the hospital. However it remains a major challenge for migrant and refugee women to get justice through the legal system. When women have taken their cases to the police station, there have been too many times that the police have refused to file the case or to follow up on cases. As I write today, a 14 yr old girl from Burma is fighting just to get her case of gang rape filed. The police yesterday refused, to file the case, saying that she liked to sleep around. Even when cases do get filed, little is done to find and prosecute the rapist. The contrast between the amount of energy and resources used for finding the rapist of foreign tourists versus the lack of energy and resources used for finding the rapist of migrant and refugee women is astounding. The principle of the Women's Exchange is that all women are equal and we should treat each other equally and we should all receive equal treatment. We still have much work to do to achieve our rights, and hope that the new edition of ARM will reach out once again to new generations of women, to new generations of social workers, and new generations of police.

Jackie Pollock, Women's Exchange, January 2008

HOW TO USE ARM (AUTOMATIC RESPONSE MECHANISM)

ARM is a ten-step process that aims to facilitate the process by which the victim can become a survivor

ARM takes victims of violence and their support group through counselling, support, medical assistance, legal assistance, and community support.

Although there are ten steps, not all victims of violence will want to follow through all ten steps. The ten steps provide information that the victim needs to know. At every step, she needs to be informed and she needs to make a decision. Her support persons need to respect her decisions and listen to her at every step. At the heart of ARM is the victim/survivor.

The first section of ARM, "ARM at a glance," offers an overview of ARM with a time frame. It shows the different steps, the key persons at each step, and the timeframe.

The main body of ARM details the role of each person in this step. Below each step is a list of possible problems that may be encountered. These are problems that have already been encountered by the migrant and refugee women involved in the process. Possible responses and suggestions are offered to overcome these problems. Some of these are long-term ideas and will not benefit the current victim, but may help prevent violence in the future.

There are two appendices to ARM. Appendix one is a list of hospitals with one stop crisis centres and their telephone numbers. Appendix Two is information about the emergency contraceptive pill. When you use ARM, we encourage you to keep notes on the process and make changes as appropriate to your situation.

As we have said ARM is a work in progress, and we welcome all input and contributions to making ARM relevant and useful. We reiterate once again, that ARM is only one small part of a response to violence. It acknowledges the violence that happens today, and hopes to contribute to creating an enabling and empowering environment for victims of violence. It is not a solution in itself, and should be used as part of an integrated program to address the economic, social and political causes of violence.

In ARM when referring to the woman who has been sexually abused or raped, we sometimes use the term "victim" and sometimes use the term "survivor". We choose to use both terms in recognition that the term survivor corresponds with a level of recovery.

Principles of ARM

- All those working on violence against women develop protocols regarding confidentiality and uphold them.
- Ethnic women's organisations as the front-line organisations are involved in designing and implementing programmes on sexual and gender-based violence.
- Support persons and organisations network work for the benefit of the victim.
- The victim/survivor is at the heart of ARM and makes the decisions. Her decisions are respected and followed.
- Sexual and gender-based violence are not isolated from the larger issues of gender, race, and class.
- Creating an enabling and empowering environment for women is pivotal to stopping violence.

Ten Steps of Automatic Response Mechanism

No	STEP	PEOPLE INVOLVED	TIME FRAME
1	VICTIM TALKS TO FIRST CONTACT	<ul style="list-style-type: none"> • Victim • First contact 	Depends on the victim. ARM can be used within three months of the incident or longer depending on the details of the incident
2	FIRST CONTACT ACCOMPANIES VICTIM TO WOMEN'S ORGANISATION OR NGO	<ul style="list-style-type: none"> • Victim, • First contact, • Counsellor at women's organisation or • NGO 	As soon as possible after the first contact is made
3	SUPPORT PERSON ACCOMPANIES VICTIM TO HEALTH CENTRE OR HOSPITAL	<ul style="list-style-type: none"> • Victim, • Counsellor • Health staff • Translator, • Driver. 	<ul style="list-style-type: none"> • If possible, within a few hours of the incident, if not, as soon as possible. • Emergency contraceptive pills need to be taken within 72 hours of the rape. • The hospital will be able to make a comprehensive forensic examination if the victim reports immediately after the rape and does not wash, change her clothes or urinate. • Where there is a one-step crisis centre in the hospital, the doctor can call the police. The victim can decide to have the police there now or take more time to make a decision.
4	SUPPORT PERSON/ GROUP PROVIDE SUPPORT TO VICTIM	<ul style="list-style-type: none"> • Victim, • Counsellor, • Persons selected by victim for support 	This support is on-going throughout the ten steps.
5	VICTIM AND SUPPORT PERSON REPORTS TO SYMPATHETIC BODIES	<ul style="list-style-type: none"> • Victim, • Counsellor, • Case worker from NGO, • Lawyer, • Human rights commissioner. 	The contacted sympathetic bodies should immediately respond to the requests of the victim and the Women's Organisation/ NGO.

6	SUPPORT PERSONS AND VICTIM REPORT CASE TO POLICE	<ul style="list-style-type: none"> • Victim, • Case worker from NGO, • Translator, • Police woman, • Social worker. • Witness 	<p>For the police to investigate and to arrest the perpetrator, it is best if the case is reported immediately to the police. However, the woman can report the case to the police any time within three months. If the victim is under 18yrs old, it is a case of gang rape, or the rape involved use of a weapon, the victim can report the case any time within 10 years.</p>
7	FOLLOW UP WITH POLICE	<ul style="list-style-type: none"> • NGO • Case worker, • Witness, • Translator, • Police, • Public prosecutor 	<p>The police should investigate and inform the public prosecutor within one month. The police should take the testimony of any witnesses.</p>
8	AWAITING COURT CASE	<ul style="list-style-type: none"> • Victim, • Case worker from women's organisation and NGO, • Immediate support community for victim, • Lawyer. 	<p>It depends on the police how quickly the case comes to court, it may take between 3 months and 2 years before the case comes to court. (if the perpetrator is let out on bail, the case must come to court within six months; if the perpetrator is not given bail, the case must come to court within 84 days)</p>
9	AT THE COURT	<ul style="list-style-type: none"> • Victim, • Case worker from NGO, • Lawyer, • Translator. 	<p>The victim may have to attend many court sessions over a period of one to two years.</p>
10	JUDGEMENT ISSUED	<ul style="list-style-type: none"> • Victim, • Case worker at WO and NGO, • Immigration, • Media. 	<p>The length of the case, from the beginning of reporting the case to the police until the judgment is issued, may take between one and two years. The victim may or may not require further emotional and social support. A migrant woman may be deported immediately after the case.</p>

	STEP ONE	MIGRANT WOMEN
1	<p>VICTIM TALKS TO FIRST CONTACT</p>	<p>Role of first contact</p> <p>The victim may first talk to a close friend, a witness, a relative or anyone near the incident. This person should try to:</p> <ol style="list-style-type: none"> 1. listen to the victim 2. show empathy 3. not blame, judge or criticize 4. respond to the needs of the victim 5. offer information about women's organizations 6. offer to accompany the victim to women's organization or NGO. 7. maintain confidentiality, not tell anyone without the permission of the victim <p>The role of the first contact is to support and respond to the victim's immediate needs; it is not to get information or details of the rape.</p> <p>If you are the first person to talk to the victim your reaction and behaviour is very important. Sometimes it is difficult to know what to say. It is hard to find the right words to reflect your concerns and to be sympathetic.</p> <p>These are just some suggestions to help you if you are the first contact:</p> <p>1. You can say to the victim:</p> <ul style="list-style-type: none"> • I am happy that you survived • It's not your fault. • I am sorry that this happened to you <p>2. You may say then:</p> <ul style="list-style-type: none"> • Do you want to see a doctor now? Are you bleeding? ((she may also have internal bleeding or injuries so it is best to go to the doctors immediately) • Where were you going when the rape/incident occurred? Was anyone with you at the time? Is someone currently waiting for you? (For these type of questions, you will need to make sure if it is necessary to check the safety of others as well, for example if she has children waiting for her at school or at home. You will need to arrange for someone else to stay with the children or ensure their safety). • Do you want me to make a phone call or contact anyone?

		<p>3. What you can say to introduce the women's organisation;</p> <ul style="list-style-type: none"> • I know some women who know what to do in situations like these, they are (Shan , Karen etc.) women's organisations and have a lot of experience helping women, Would you like to talk to them? • Do you want me to take you to see them? <p>4. Listen</p> <ul style="list-style-type: none"> • if the victim wants to talk to you and tell you what happened / you should listen to her • if she does not want to talk to you , you should let her take her time
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GAPS/PROBLEMS	POSSIBLE RESPONSES
<ul style="list-style-type: none"> • The community may not have any information about violence and rape • Victim may not want to talk to anyone (afraid, shy, upset etc) • Women may not be believed • The first contact may not be able to fulfil this role; she/he may not be aware of the issues, she/he may be judgmental; she/he may not know women's organizations. • The first contact may not have the time, resources or legal status to assist the victim 	<ul style="list-style-type: none"> • Distribution of posters and brochures in the community with basic information on violence and what to do in cases of rape i.e.do not shower, do not change clothes, etc. • Ongoing empowerment and capacity building activities of migrant women • Ongoing awareness campaigns in community such as adding violence against women to the agenda of community meetings • Organise activities with men to raise awareness and reduce violence against women community • Organise ongoing campaigns and trainings about of sexual and gender-based violence and related legal issues • Organise workshops on basic counselling principles with women. • Widespread dissemination of telephone numbers of women's organisations, NGOs, and government agencies with the names and contact details of key persons and with description of the roles of each agency, • including information about free telephone hotline services where available

	STEP TWO	FOR MIGRANTS
2	<p>First Contact Accompanies Victim to Women's Organisation or NGO</p>	<p>Role of First Contact</p> <p>At this point the first contact can;</p> <ol style="list-style-type: none"> 1. accompany the victim to women's organisation 2. stay or leave depending on the wishes of the victim 3. maintain strict confidentiality <p>Role of women's organisation or NGO</p> <p>The women's organisation or NGO should try to;</p> <ol style="list-style-type: none"> 1. arrange a private space to receive the victim/survivor 2. listen to the victim/survivor 3. offer emotional support 4. explain the importance of a health check-up and the procedure of a health check-up 5. ask the victim if she is ready to go to hospital (should go as soon as possible, without washing or changing clothes) 6. if the women's organisation needs support from an NGO; contact an NGO and ask for assistance 7. the NGO appoints a person to assist and coordinate with the women's organisation 8. support person accompanies victim to the clinic 9. everyone involved keeps information in strictest confidence 10. arrange a safe place for the victim to stay with a support person <p>Sometimes it is difficult to know what to say. Here are some suggestions for the staff of the Women's Organisation:</p> <ul style="list-style-type: none"> • Would you like to sit here? Can I sit with you or would you like to be alone for a moment? (if she would like to be alone, you should make sure she sits in the area where you can see her, to ensure her safety). • Explain who you are and briefly about your organization. • Is there anyone you want me to contact? <p>When you talk to survivor tell her that:</p> <ul style="list-style-type: none"> • It is not your fault. Nobody should be raped • I am glad you survived (if the survivor feels guilty that she trusted the perpetrator or that she did not fight back, tell her that she did not do anything wrong. The fact that she survived is the most important thing.)

		<ul style="list-style-type: none"> • I am sorry that this happened • I wanted to let you know that we can talk in private. I will not talk about this with anyone else unless you want me to • How do you feel now?(let her know that how she is feeling is normal) • Do you want to tell me what happened? • Do you want to go to the hospital? • The hospital can take care of your injuries, they can provide the treatment and they can do a physical and internal examination for you. • The hospital can write a medical report which you can use if you want to take legal action to prosecute the perpetrator. • Do you want me to take you to the hospital? • Do you want more information about the hospital? <p>If she does not want to go to the hospital:</p> <ul style="list-style-type: none"> • Do you usually use contraceptives? Ask what type of contraceptives (the pill, Depo provera, the injection?) • Ask if she is currently using these contraceptives? If she is not currently using these contraceptives inform her, that if the man penetrated you with his penis, you can take some action to prevent pregnancy. You can take the emergency contraceptive pill. These pills help prevent you from becoming pregnant. I have some here. Would you like to take the emergency contraceptive pill? Provide information as supplied in Appendix 2. • What would you like to do now? • Do you need somewhere to stay? If she says yes, then organize suitable accommodation for her. • Is she says no, Do you want me to take you back home? Do you want to come to talk to me again? • Do you want me to visit you at home? • Give her your phone number. <p>Things to Remember. Women who have been raped or sexually assaulted experience different feelings. She may feel at different times:</p> <ul style="list-style-type: none"> • Guilty • Powerless • Angry • Ashamed • Anxious • Confused • Fear
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		<ul style="list-style-type: none">• Distracted• Unconfident• Sometimes women may not want to eat or sleep. She may lack the ability to concentrate. Different women will respond in different ways and her feelings will change each day. It will be difficult for her to relate the experience of rape and to understand her own reactions and other people's reactions. However it is very important the survivor receive empathy and support
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POSSIBLE PROBLEMS	SUGGESTED RESPONSES
<ul style="list-style-type: none"> • It is difficult to maintain confidentiality in close communities • Difficulties in providing safe accommodation and ensuring continuing security • Women's organisation may not have members trained to fulfil the steps • Lack of human resources in organisations means that women trained as counsellors also have other duties, may not have time to give proper counselling. Counselling is not seen as a position in of itself. • In situations where women's organizations are in crisis (raided, closed down, not allowed to function etc); migrants are left without any assistance 	<ul style="list-style-type: none"> • Organisations hold policy discussions to develop guidelines for members on issues of confidentiality • Women's organizations should have safe houses, if not, they should contact other organizations. • Training for selected members of Women's organisations to provide counselling to victims • Organisations appoint counsellors as a position within the organisation. More strict selection of trainees for counselling training. Trainees who pass the training are expected to work continually as counsellors • Inform national and international NGOs and human rights groups of the situation. • Document the situation.

	STEP THREE	ROLE OF Women's Organisation*
3	<p>Support person accompanies victim to Health Centre or Hospital</p>	<p>The women's organization should appoint one person to be responsible and she should:</p> <ol style="list-style-type: none"> 1. Provide information about the medical treatment and process before accompanying the victim/survivor to the hospital 2. Accompany the victim/survivor to the health centre/hospital/one stop crisis centre or clinic 3. Provide translation/support if needed or wait until the doctors have finished 4. Request a women doctor for the victim and inform the doctor about any treatment or medication provided to the victim prior to coming to the hospital 5. Explain to the doctor any first aid or medications provided to the victim (i.e. emergency contraceptive pill) 6. Encourage the doctor to explain what and how she will make her examination of the victim 7. After the doctor has completed the examination, confirm that the doctor has filled in the incident report form 8. If victim requests, listen to the doctors instructions for taking any medication (in order to be able to explain to the victim later) 9. Makes arrangements for payment 10. Keep strict confidentiality <p>ROLE OF HOSPITAL</p> <ol style="list-style-type: none"> 1. Provide a private space to receive the survivor and take her information 2. Explain procedure 3. Conduct an examination and provide treatment, by female staff <ul style="list-style-type: none"> • The doctor should treat both internal and external injuries • Offer emergency contraceptive (in case of penetrative sex) if the WO has not already given. Offer access to/administer prophylactic treatment for STDs • Offer STD check or make an appointment for STD check in two weeks time • Makes an appointment for further physical and mental checks and treatment (i.e. counselling and pregnancy test; HIV counselling) <p><input type="checkbox"/> This medical examination as outlined above can be conducted at anytime</p>

		<p>4. Conduct a forensic examination as detailed below;</p> <ul style="list-style-type: none"> • Collect evidence from vagina (sperm, pubic hair). • Collect Evidence from the mouth by using cotton swabs • Collect evidence from under the fingernails (skin of perpetrator) • Take photographs for evidence. • Complete the incident report form and any other documentation necessary for related authorities <p><input type="checkbox"/> The forensic examination needs to be conducted as soon as possible, at least within 72 hours of the incident.</p> <p>THE VICTIM/survivor</p> <ol style="list-style-type: none"> 1. Gives as many details as possible to the doctor 2. Asks the doctor anything she wants to know 3. Tells the support person when/where she wants her to be
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POSSIBLE PROBLEMS	RECOMMENDED COURSE OF ACTION
<ul style="list-style-type: none"> • One stop crisis centres may not provide confidentiality • There may not be a one stop crisis centre in the nearest hospital • Lack of coordination between women's organisations and medical teams • Women's organisations can help registered migrants but have difficulty helping unregistered migrants 	<ul style="list-style-type: none"> • Women's organisations and NGOs should make contact with the One stop crisis centre in their area and hold discussions regularly. • Contact Friends of Women organisation to discuss the needs of a one stop crisis centre in your area. • Regular meetings between women's organisation and medical team(OSCC) to facilitate understanding and agree upon procedure • System of referral to NGO. Discussion and meetings between WO and NGOs to determine role and responsibilities of each partner

WHAT THE LAW SAYS;

On Access To Health Care For Migrant

- Everyone has the right to access hospitals for health care.
- Registered migrants can receive treatment under the 30 baht universal health care system.
- Other migrants will need the help of an organisation to pay the fees or to discuss with the social worker to reduce or waive the fees.

On Procedure In Case Of Rape:

- Report the rape to a doctor at the hospital.
- Do not change your clothes, shower or urinate before you go to the hospital.
- The doctor should examine you and write a report.
- The doctor may give you the emergency contraceptive pill to prevent unwanted pregnancy.
- In the case where you have not been given the emergency contraceptive pill and become pregnant from the rape, you are legally entitled to an abortion if you want one.
- The doctor should ask if you want to file a case with the police.
- You can choose to file the case immediately, or to wait to think about it, and file later.

In cases of rape where:

- The victim is under 18
- The victim is so severely traumatised she cannot make her own decision, the hospital is legally obliged to inform the police.

In all other circumstances, the victim makes her own decision of whether or not to inform the police.

One stop crisis centre (OSCC)

One-stop crisis centres have been established in hospitals for women and children who are victims of violence. The centres can conduct physical and emotional examinations, collect documentation, provide treatment and can look into issues of protection and safety. . The centre has a multi-functional unit providing comprehensive services for victims of violence such as legal advice, and provision of shelter and economic support if needed. The centre should be able to provide medical treatment, psychological counselling and coordinate with other government and non-governmental services.

Who are at OSCC:

Doctor, Psychologist, Social Worker who has experience with victims of violence

Services Available at OSCC:

Physical examination and treatment

Psychological examination and treatment

- Temporary shelter
- Contact police to take legal action
- Follow up and visit the victim

	STEP FOUR	FOR MIGRANTS
4	NGO/VO Provides Support To Victim	<p>ROLE OF Women’s Organisation or NGO</p> <ol style="list-style-type: none"> 1. Ensures the victim has a safe place to stay with a support person 2. Asks the victim who she wants to be with her/helps create a supportive environment for her 3. Visits the victim regularly and offers counselling 4. Explains all possible actions and possible outcomes 5. Gives the victim time to think about options and ask questions 6. Gets any additional information needed from relevant agencies, without disclosing names and places 7. Writes a detailed report/incident report form and keeps it confidential <p>THE VICTIM</p> <ol style="list-style-type: none"> 1. Takes time to recover physically and emotionally 2. Asks anything she wants to know

POSSIBLE PROBLEMS	RECOMMENDED COURSE OF ACTION
<ul style="list-style-type: none"> • Contacting other agencies and getting the information needed without disclosing too many details and violating confidentiality • Women’s organisation or NGO may not have the skills to write the report. 	<ul style="list-style-type: none"> • Organise consultation meetings with support groups. • Training for women’s groups on filling in incident report forms.

AFTER STEP FOUR

After Step Four, the victim may decide she does not want to take any further action. She may want to take time to recover and to have support from the community, the women's organisation.

If she decides she does not want to take any further action, support her in her needs:

- a. she may want to stay quietly to rebuild her life
- b. she may wish to have access to some spiritual and/or emotional healing (religion, meditation, counselling, yoga etc)
- c. she may wish to express her feelings about the rape in some other form i.e. creative writing, art, drama.

These needs are not necessarily independent of each other. She may need to do one or two things at any one time. If she wants to continue further action she may also need these types of support as well.

If she decides she wants to take action, but she is unsure exactly what action, proceed to Step Five.

If she decides she wants to take legal action, proceed to Step six

AT THIS POINT THE VICTIM HAS EXPRESSED INTEREST IN TAKING THE CASE FURTHER, BUT HAS NOT YET COMMITTED TO TAKING THE CASE TO COURT. SHE HAS CONSENTED TO INCIDENT BEING REPORTED TO BODIES (LAW SOCIETY OF THAILAND AND HUMAN RIGHTS COMMISSION) WHO HAVE THE POWER TO TAKE THE CASE FURTHER. BUT AT THIS POINT SHE IS STILL EXPLORING THE POSSIBILITIES.

	STEP FIVE	THE ROLE OF NGO and women's organisation
5	<p>Report to Sympathetic Bodies</p>	<p>For migrants:</p> <ol style="list-style-type: none"> 1. Reports incident with details to Law Society of Thailand, women's organisation and informs National Human Rights Commission of proceedings. <p>ROLE OF LAW SOCIETY OF THAILAND</p> <ol style="list-style-type: none"> 1. provide lawyer for the victim 2. coordinate between the related authorities to provide protection for victim, witness and organizations who assist in ensuring the safety of victims 3. provide information to the victim and women's organization on the legal process <p>ROLE OF HUMAN RIGHTS COMMISSION. THEY ARE AUTHORISED</p> <ol style="list-style-type: none"> 1. To monitor the actions of the various government stakeholders involved in the case 2. To receive the documentation of the proceedings to be used for advocacy to government 3. to invite government stakeholders to report on the process of the case <p>Role of all concerned bodies</p> <ol style="list-style-type: none"> 1. collectively work out a plan of action with clearly outlined responsibilities for all involved. <p>THE VICTIM</p> <ol style="list-style-type: none"> 1. decides what action she would like to take next

POSSIBLE PROBLEMS	RECOMMENDED RESPONSES
<ul style="list-style-type: none"> • The sympathetic bodies may all have their own agenda, and not coordinate as expected on the case • The Women's organisation may not have the skills to monitor the progress of the cases • If the victim is mentally ill, a young child or severely traumatised, she may not be able to decide for herself. • Information may be leaked to the press or media during the case. 	<ul style="list-style-type: none"> • Discussion sessions at regular intervals with all concerned on ARM, to introduce and make changes as needed from the experience of community of using ARM to improve the process • Training on monitoring for women's organisations • Rape in any of these cases is considered to be statutory rape and the case is automatically taken to court. There should be discussions and agreements among those closest to the victim in order to provide an ongoing support system. <ul style="list-style-type: none"> - Advocate for laws to protect the rights of victims of abuse in media reports - Meetings with media to seek cooperation on reporting incidents of violence

WHAT THE VICTIM NEEDS TO KNOW TO MAKE A DECISION ABOUT TAKING LEGAL ACTION;

Documented Migrants

If the victim is a migrant who has a card (workers registration, hill tribe card or any other card issued by Thai authorities):

She can take the case to court and stay in Thailand legally while her card is still valid.

However there is not yet an effective witness protection program in Thailand, so it is hard to guarantee her and the witnesses' safety.

Undocumented Migrants

If the victim is a migrant who has no documentation, she has the right to take the case to court; but there is no set legal provision for her to legally stay in Thailand during the case.

Currently, NGOs can ask for her to stay temporarily to access to justice. At the end of the court proceedings, immigration will deport her. The NGO can quietly monitor the deportation, to ensure she is not followed or harassed by the rapist.

IF, AFTER THE DISCUSSIONS IN STEP FIVE,

THE VICTIM DECIDES SHE WOULD LIKE TO FOLLOW A LEGAL ROUTE, PROCEED TO STEP SIX.

IF THE VICTIM DECIDES SHE DOES NOT WANT TO FOLLOW A LEGAL ROUTE, SHE MAY WANT TO

- Become an advocate against violence against women
- Stay quietly and rebuild her life
- Have access to some spiritual and/or emotional healing (religion, meditation, counselling, yoga etc)
- Express the incident in some creative form (creative writing, drama, art)

These decisions are not necessarily independent of each other; she may do two or more things at any one time. Her decisions must be respected and supported.

	STEP SIX	FOR MIGRANTS
6	REPORT TO POLICE	<p>ROLE OF NGO</p> <ol style="list-style-type: none"> 1. arrange transport for the victim to the police station and accompany her there 2. advocate for the survivor and support her to access to justice 3. ensure the safety and protection of the survivor and any witnesses 4. provide legal advice and support the survivor throughout the process 5. arrange for the safety and security of the victim with the local governmental department <p>ROLE OF SOCIAL WELFARE DEPARTMENT</p> <ol style="list-style-type: none"> 1. ensure that the victim has a safe place to stay and coordinate with government or with an NGO or with the guardian of the victim <p>ROLE OF POLICE</p> <ol style="list-style-type: none"> 1. Offer a private interview space and arrange for the presence of a policewoman, social worker and translator 2. In case where victim/survivor is under 18 years old, arrange for the presence of a social worker, attorney, guardian and psychiatrist

		<p>3. Interview the survivor with respect, ensuring confidentiality</p> <p>4. Read the report form back to the survivor, allowing time for translation</p> <p>5. Check that the arrangements have been made to ensure the safety and security of the victim and provide any necessary protection.</p>
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PROBLEMS	RECOMMENDED COURSE OF ACTION
<ul style="list-style-type: none"> • Police stations do not always have women police officers. • Police often do not have any understanding of how the victim feels and how to ask questions sensitively. • Police stations may not have a special room for interviewing the victim. • Police may not respect the need for a translator and may not give adequate time to read back the statement. • Difficulties in ensuring the safety of the victim 	<ul style="list-style-type: none"> • Advocacy and support for women police officers at all police stations, • Trainings for police on issues of violence against women, • Advocate for and monitor the adherence to the criminal procedure code which calls for all police stations to have special rooms for interviewing children and victims of violence. • Networking meetings between women’s organisations, NGOs and police to make joint commitments, including guaranteeing the protection and safety of victim and witnesses. • Distribute information to assist and protect witnesses. • To avoid repeated questioning, use pre-recorded interview VDO as evidence in court. Child victims do not have to testify in court. • Campaign for the Witness Protection Act to be implemented effectively.

WHAT THE LAW SAYS:

For the rights of migrants to use the law:

- All people on Thai soil have the right to protection under the law. Anyone who has been abused, exploited or is a victim of a criminal act can open a case and go through legal proceedings.

FOR THE PROCEDURE IN A RAPE CASE

- Go to the police station and report the rape. Take the doctor's report with you. It is best to go immediately or within one or two days. You do however have the right to report anytime during the following three months.
- The police will ask the victim questions about the rape and the rapist.
- Witnesses should also report to the police station; or the police should go and interview the witnesses.
- The police should arrest the rapist or issue a warrant for the arrest.
- The police should report the case to the Public prosecutor.

If the victim or the witness is a minor (under 18yrs old)

- According to The Criminal Procedure Code Amendment Act (No.20), B.E.2542 special procedures should be arranged for complaints, investigations and testimonies involving witness, victim or perpetrator who is under 18 years of age,
- The inquiry official shall take the statement of the child in a room specifically arranged for this purpose. A psychologist, social worker, or another person whom the child requests to be present at the inquiry, shall participate in the inquiry.
- Such inquiry shall be recorded on video and audiotape to be used as evidence in the court, so that the child does not have to repeat the testimony many times or in front of the accused.
- If the victim or the witness has to identify the rapist it should be through a one-way mirror or other method where they do not have to face each other.
- Abused children should be protected from confronting perpetrators and being asked insensitive questions.
- If the room with the equipment is not ready, the police station must set aside a special room with tables and chairs for those who need to be present.
- The police will make a report.

Compensation

In some cases the police may propose compensation as settlement. The victim can accept compensation and close the case. Or she can refuse compensation and take the case to court.

The police do NOT have the right to suggest compensation in the following cases:

1. the rape victim is under 15 yrs old
2. the rape victim is critically injured or dead
3. there were more than two rapists
4. the rapist had a gun or a bomb

5. the rapist is the father, grandfather or teacher of the victim
6. the rape happened in a public place in view of others
7. the rape victim was under the protection of the rapist at the time of the rape i.e. prison warder, immigration officer,
8. the rapist is the guardian of the rape victim i.e. mental health care

In cases of compensation

- In cases of rape which are not exempted from compensation, the police can propose to negotiate with the rapist to pay compensation as settlement. The victim can accept compensation and close the case, or she can refuse compensation and take the case to court.

- If the victim is offered compensation, she should receive all the money before the police make the settlement report. There have been cases of the police writing settlement reports that women received 50,000 baht when they actually only received 10,000 baht.

- In cases of compensation there is no expectation that there will be a lawyer present. But it is advisable to have a paralegal assistant, NGO staff or women's organization present to provide support in the negotiations.

Court case

A court case for rape can take between one and two years to reach completion.

- If the case goes to court, the victim will need to attend court every time the court makes an appointment.
- If she is a registered migrant and can continue working, she can continue at her place of work.

After a compensation settlement or at the completion of the compensation negotiations:

- If the victim is an unregistered migrant she may be deported.

	STEP SEVEN	FOR MIGRANTS
7	Follow Up With Police	<p>ROLE OF NGO</p> <ol style="list-style-type: none"> 1. monitor police and court actions, ensuring minimal delay and appropriate action 2. Liaise between police and women’s organisation and survivor 3. In cases where compensation can be offered, accompany the victim in the negotiations and supports a fair and reasonable settlement 4. Report any mishandling of justice; coercion or threats to The National Human Right Commission and consider taking legal action. <p>ROLE OF POLICE</p> <ol style="list-style-type: none"> 1. Investigate the case, collect evidence 2. Interview witnesses with translator present if necessary 3. Arrest the alleged perpetrator 4. Follow the required procedure with the public prosecutor according to the justice system 5. in cases where compensation can be offered, police mediate the negotiation

PROBLEMS	RECOMMENDATIONS
<ul style="list-style-type: none">• Witness may be afraid to report to the police.• Corruption may take place, the police may take money from rapist or from the family of rapist• Lack of follow up on the part of the police; due to discrimination (gender, class, xenophobia)• Carrying compensation money is dangerous for migrants	<ul style="list-style-type: none">• NGOs play an active role in monitoring the follow up and reporting any cases of corruption to the Human rights commission and taking legal action

	STEP EIGHT	FOR MIGRANTS
8	Awaiting the Court Case	<p>ROLE OF NGO and Women’s organisation</p> <ol style="list-style-type: none"> 1. Provide ongoing support and counselling 2. Provide support for survivor’s decisions 3. Provide support to survivors immediate caretakers 4. Arrange for survivor to meet lawyer 5. Arrange for translator <p>ROLE OF LAWYER</p> <ol style="list-style-type: none"> 1. Explain court procedure to survivor 2. Familiarise survivor with the courtroom and the roles of those present such as judge or court staff 3. Explain all possible outcomes 4. Be prepared for survivor to change her mind.

PROBLEMS	SUGGESTED RESPONSES
<ul style="list-style-type: none">• As more stakeholders become involved, communication and coordination between them may become more complex and• the wishes of the victim may not always be heard or respected.• Women's organisation may not be able to provide safe accommodation.	<ul style="list-style-type: none">• Women's organisations as the organisations closest to the victim are given the lead role in voicing the concerns and needs of the victim.• Joint efforts are made to provide safe accommodation.

	STEP NINE	FOR MIGRANTS
9	At the Court	<p>MIGRANTS and Women’s Organisations</p> <p>ROLE OF NGO</p> <ol style="list-style-type: none"> 1. NGO or WO should provide for practical needs of survivor and witness (i.e. food, accommodation, clothes etc.) 2. Provide transport to court 3. Liaise with lawyer and women’s organisation 4. Arrange a translator/transportation (fees paid by court), if court does not pay for translator and transportation NGOs should paye) 5. Accompany to court <p>ROLE OF LAWYER</p> <ol style="list-style-type: none"> 1. Represent the survivor in court 2. Explain proceedings to survivor and companions 3. Liaise between court and NGO or WO <p>ROLE OF COURT</p> <ol style="list-style-type: none"> 1. Record the testimony of the survivor, defendant, and witnesses in court 2. Set up the date for next court appointment 3. Issue judgment, inform survivor of the judgment, if found guilty, punish the perpetrator an inform him of his punishment.

PROBLEMS	RECOMMENDATIONS
<ul style="list-style-type: none">Few women from the women's organisations can go to court and support the survivor because they don't have Thai language skills or any legal status.	<ul style="list-style-type: none">Thai law and language training for migrant paralegal volunteers or WO staff for them to understand Thai.Advocacy for temporary legal status for migrant paralegal volunteers.Advocacy for safe emergency shelter for survivors.Advocacy for migrant workers registration for migrants to be able to register and work legally in Thailand

	STEP TEN	FOR MIGRANTS
10	Court Issues Judgement	<p>ROLE OF NGO and/women’s organisation</p> <ol style="list-style-type: none"> 1. write up detailed report of proceedings and legal process 2. discusses with survivor how the documentation will be used 3. in case of case being abandoned, discuss with survivor other possible actions: i.e. media, petition 4. if the victim is deported, liaise with immigration to monitor the deportation 5. make organisations available for survivor to access when needed <p>ROLE OF IMMIGRATION</p> <ol style="list-style-type: none"> 1. if the woman is an undocumented migrant, immigration will arrange for her deportation

PROBLEMS	RECOMMENDATIONS
<ul style="list-style-type: none">• Sometimes survivor will not be satisfied with the judgment• Women's organisations do not have good contacts with the media.	<ul style="list-style-type: none">• File an appeal to the court. Release information about the case to the media• NGOs and Women's organization compile and circulate list of sympathetic people working in media.

WHAT THE LAW SAYS:

**Criminal Code, as amended B.E. 2550 (2007), Title IX,
Offences Relating to Sexuality**

Section 276

Whoever engages in sexual intercourse with another person by taking advantage of the person's inability to resist, by committing an act of violence, or by deception of his/her identity, shall be punished with imprisonment of four to twenty years and fined between eight thousand and forty thousand baht.

Sexual intercourse, according to the first paragraph, means committing the perpetrators' sexual desire through vaginal intercourse, anal intercourse, oral intercourse, or penetration committed by an object to a person's genitalia or anus.

If the offence according to the first paragraph has been committed by threat or use of any type of gun or explosive or committed by multiple persons (i.e. gang rape) the offender shall either be punished with imprisonment of fifteen to twenty years and a fine of thirty thousand to forty thousand baht or with imprisonment for life.

If the offence committed according to the first paragraph has been committed between spouses and the couple desire to cohabit, the court may impose a lighter sentence than described by law or substitute imprisonment with an order prescribing behaviour. In the cases where the Court orders a sentence of imprisonment and one of the parties no longer desires to cohabit and seeks a divorce, that party shall inform the court and the court shall inform the public prosecutor to proceed to file a suit for divorce.

Section 277

Whoever engages in sexual intercourse with a child who is not yet over fifteen years old and is not his/her spouse, with or without consent, shall be punished with imprisonment of four to twenty years and fined between eight thousand to forty thousand baht.

Sexual intercourse, according to the first paragraph, means committing the perpetrator's sexual desire through vaginal intercourse, anal intercourse, oral intercourse, or penetration committed by an object to a person's genitalia or anus.

If the offence according to the first paragraph is committed against a child who is not over 13 years old, the offender shall be punished with either imprisonment of seven to twenty years and fined between fourteen thousand to forty thousand baht or with imprisonment for life.

If the offence according to the first or third paragraph is committed by the participation of multiple persons (gang rape) without the child's consent, or by threat of a gun, explosive, or weapon, the offender shall be punished with imprisonment for life.

For the offence as provided in the first paragraph, if the offender is not over 18 years old and the child is over 13 years old but not yet over 15 years old and is with the consent of the child, and later the court grants permission for the parties to marry, the offender shall not be punished. If such marriage is granted by the court while the offender is serving his sentence, the Court shall suspend the sentence.

Domestic Violence Victim Protection Act, B.E. 2550 (2007)

Section 3. In this Act:

“Domestic violence” means any act committed with an intention to cause physical or mental harm, or ill health or an act committed intentionally in a manner that may cause physical or mental harm or ill health of, a family member or any coercion or undue influence conducted with a view to make a family member to do something, refrain from doing something or accept any illegal act, but not including an act committed through negligence;

“Family member” means a spouse or ex-spouse, a person who cohabits or used to cohabit as husband and wife without marriage registration, child, adopted child, member of family, including the persons who live mutually in the same household;

Section 4.

Whoever conducts any act which is domestic violence is said to commit domestic violence conduct and shall be liable to imprisonment for a term of not exceeding six months or to a fine of not exceeding six thousand Baht or to both.

The offence under paragraph one shall be compoundable offence, but having no effect to the offence under the Penal Code or other laws. If the offence under paragraph one has also be the offence against bodily harm under section 295 of the Penal Code, such offence shall be compoundable offence.

APPENDIX ONE

1. Hospitals and health centres which have centres (One Stop Crisis Centres or Centres for the Protection of Women and Children). These centres offer medical check ups, counselling and filing of reports.

- If the victim does not want to go to the police station; the one stop crisis centre should be able to call the police to come to the centre, but in reality the police often refuse to go. There should be a woman police officer and counsellors present.
- Women can give testimony on VDO.
- The OSCC should also offer help obtaining legal assistance.
- Should also provide emotional counselling for the survivor.

In Thailand these centres are located in:

Bangkok	
1. Wachira Medical faculty hospital	Tel: 02-2443277 – 8 Fax: 02-2414517
2. Central hospital	Tel: 02-2216141-50
3. Taksin hospital	Tel: 02-4371206
4. Charoen Krung Pracharak hospital	Tel: 02-2897000 ,
5. Nong Jokk hospital	Tel: 02-5431307,
6. Lung Por Taweesak	Tel: 02-4293574 – 9
7. Lak Krapang hospital	Tel: 02-3267711
Central Region	
1. Phaotharam Hospital	Tel: 032-355300-15 ext 479,480
2. Ratchaburi hospital	Tel: 032-327901-8 ext 1307
3. Somdetphraphutthalertla Hospital	Tel: 034-711248
4. Saraburi hospital	Tel: 036-3165555 036222381 - 2
5. Banmee hospital	Tel: 036-472051
6. Pathum Thani Hospital	Tel: 02-5988888

Northern Region

1. Majarah Chiang Mai (Suan Dork)	Tel:	053-947000
2. Nakornping Hospital (Chiang Mai)	Tel:	053-999200
3. Chiang Rai Prachanukhor Hospital	Tel:	053-711300
4. Chiangkam hospital	Tel:	054-451300-1 Ext- 316
5. Phayao hospital	Tel:	054-410511
6. Praphutthachinnarat hospital (Phitsanaluk)	Tel:	055-219844
7. Phrae hospital	Tel:	054-533500
8. Lampang hospital	Tel:	054-223623-31 ext 1200-1,054-217045
9. Uttaradit hospital	Tel:	055-411064 -ext 2149
10. Mae Sot General Hospital, Tak	Tel:	055 531229

Eastern Region

1. Chon Buri Hospital	Tel:	038-931000
2. Rayong Hospital	Tel:	038-611104

Northeastern Region

1. Khon Khaen hospital	Tel:	043-337958 - 9
2. Maharaj Nakhon Ratchasima hospital	Tel:	044-254990 - 9
3. Roi Et Hospital	Tel:	043-518000
4. Udon Thani hospital	Tel:	042-244249, 042-348248
5. Amnat Charoen Hospital	Tel:	045-511941-8
6. Loie Hospital	Tel:	042- 811678

Southern Region

1. Krabi Hospital	Tel:	075-611212
2. Chumporn Hospital	Tel:	077-503672,
3. Takuapha Hospital	Tel:	076-421770
4. Yala Hospital	Tel:	073-244711
5. Suratthani Hospital	Tel:	077-272231,
6. Phuket	Tel:	076-212950

If there is not a one stop crisis centre in your area, go straight to the local state hospital. If you have number of OSCC in your area please add the telephone number.

APPENDIX TWO

EMERGENCY CONTRACEPTIVE PILL (ECPs)

What are ECPs?

ECPs are the use of oral contraceptives within 72 hours after sexual intercourse to prevent pregnancy. They should only be used in emergencies: in cases of rape, unprotected sex or condom breakage. Women's organisations can keep a supply of ECPs for emergency cases.

What types of ECPs are available?

There are two families of emergency contraceptive pills. They are POPs (progestin only pills) and COCs (combined oral contraceptives)

POPs

contain only levonorgestrel. One dose equals 0.75mgs of levonorgestrel. In Thailand it is sold as **POSTINOR** in a small box with two tablets; one box costs about 35 baht. Take one dose within 72 hours after unprotected sexual intercourse, and then take another dose 12 hours later. The sooner you take the first dose the more effective. It is 95% effective if taken within 24 hours and 85% if used within 72 hours.

COCs

57% effective if used within 72 hours, 85% effective if used within 24 hours
Contains both levonorgestrel and ethinyl estradiol
In Thailand most pharmacies sell the COCs in sets, you should ask for an emergency contraceptive for 72 hour usage. The set costs between about 60 – 100 baht.

How to ask for emergency contraceptives in Thailand:

The general word for emergency contraceptive is: "*ya met kum gam nert chuk chern*"
But for the POP you can just ask for POSTINOR

Who can use ECPs?

Any young woman can use ECPs, even those who cannot regularly use oral contraceptives because of migraine headaches, severe heart and blood vessel disease or acute liver disease.

Are there any side effects of ECPs?

Yes. They include:

Nausea
Vomiting
Headaches
Dizziness
Fatigue
Breast tenderness

Irregular uterine bleeding

Missed menstruation

Side effects can be unpleasant but typically do not last more than 24 hours after the second dose is taken. Nausea and vomiting are more common with COCs than with POPs. Antiemetic drugs can help minimize these side effects.

Counselling issues:

- Counsel about proper pill dosage.
- Possible side effects for ECPs containing estrogen: nausea and vomiting.
- Antiemetic drugs can help reduce nausea. Nausea and vomiting less common with progestin-only ECPs.
- Start within 72 hours after unprotected intercourse. The earlier the more effective.
- Counsel to have a pregnancy test if menstruation is more than one week late.
- If vomiting occurs within two hours of taking pills, some experts recommend repeating the dose.
- You can obtain ECPs at the pharmacy.
- ECPs do not cause menstrual bleeding to start immediately. Menses may start a few days earlier or later than usual.