

ARM (automatic response mechanism)

AUTOMATIC RESPONSE MECHANISM

“ARM”

What to do in case of sexual violence for migrant and refugee women

WOMEN EXCHANGE

MAP FOUNDATION

with support from

CARAM-ASIA

IWDA

N(O)VIB

Reproductive Health for Refugees Consortium

2003

AUTOMATIC RESPONSE MECHANISM “ARM”

What to do in case of sexual violence for migrant and refugee women

WOMEN EXCHANGE

November 2003

Printed in Thailand

**Published by : Map Foundation
P.O.Box 7, Chiang Mai University
Chiang Mai 50202, Thailand.
Email: map@mapfoundationcm.org**

**Cover Design and photo by Estelle Cohenny-vallier,
October 2003**

ACKNOWLEDGEMENTS

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 on the part of support workers to assist in that 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 Exchange groups and shared their experiences and their wisdom. We thank all the women who interpreted in trainings, meetings and translated and proof read the multiple versions of ARM.

We thank the local Thai networks of women's NGOs and human rights bodies that 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 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 all the women from Burma, migrant and refugee, who have survived despite the lack of support, whose strength and coping mechanisms are an inspiration to all. We hope that in the future victims of violence will have choices in their modes of survival.

Women Exchange and Act Against Abuse Project
MAP Foundation
Chiang Mai
September 2003

INTRODUCTION

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 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 were organised with the Women 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, of class relations, of xenophobia. It was talked about in the safety of a group of women who had shared 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 some 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 faced 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.

ARM (automatic response mechanism)

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 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 change, hopefully in response to better services being available and improvements; 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 too will take responsibility for men who commit violence and will also work to stop further violence.

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 and will not benefit the current victim, but may help prevent violence in the future.

There are three appendices to ARM. Appendix one is a list of support organisations and telephone numbers. Appendix Two is information about the emergency contraceptive pill. And Appendix Three offers an example for creating your own ARM resource book. When you use ARM, we encourage you to keep notes on the process.

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 one more time, 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.

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 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 is not isolated from the larger issues of gender, race, and class.
- ❖ Creating an enabling and empowering environment for women is pivotal to stopping violence.

ARM (automatic response mechanism)

No	STEP	PEOPLE INVOLVED	TIME FRAME
1.	VICTIM TALKS TO FIRST CONTACT	Victim, first contact	Depends on the victim. ARM can be used within three months of the incident (see exceptions -step one)
2.	FIRST CONTACT ACCOMPANIES VICTIM TO WOMEN'S ORGANISATION OR NGO	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	Victim, counsellor, health staff, translator, driver	If possible, within a few hours of the incident, if not, as soon as possible. Emergency contraceptive pills need to be taken with 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	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	For refugees: victim, head of women's organisation, counsellor, translator, camp committee, UNHCR staff, lawyer. For migrants: 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	For refugees: victim, UNHCR, translator, driver, policewoman, social worker. For migrants: victim, case worker at NGO, translator, policewoman, social worker.	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, or it is a case of gang rape, or rape with a weapon involved the victim can report the case any time within 10 years.

ARM (automatic response mechanism)

7.	FOLLOW UP WITH POLICE	For refugees: UNHCR, Thai support NGO, witness, translator, police, public prosecutor For migrants: NGO case worker, witness, translator, police, public prosecutor	The police should investigate and inform the public prosecutor within one month. The police should take the testimony of any witnesses.
8.	AWAITING COURT CASE	For refugees: victim, case workers from women's organisation, immediate support community for victim, UNHCR, lawyer, camp committee. For migrants: victim, case worker from women organisation and NGO, immediate support community for victim, lawyer.	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)
9.	AT THE COURT	For refugees: victim, witness, case worker at WO, UNHCR, lawyer, translator, driver For migrants: victim, case worker at NGO, lawyer, translator.	The victim may have to attend many court sessions over a period of one to two years.
10.	JUDGEMENT PASSED	For refugees: victim, UNHCR, case worker at WO, media. For migrants: victim, case worker at WO and NGO, immigration, media.	From the beginning of reporting the case to the police and the judgement being passed it will 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.

ARM (automatic response mechanism)

	STEP ONE	Migrant and refugee women
1.	VICTIM TALKS TO FIRST CONTACT	<p>Role of first contact 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"> listen to victim show empathy not blame, judge or criticize respond to the needs of the victim offer information about women's organizations offer to accompany the victim to women's organization or NGO. keep confidentiality, not tell anyone without the permission of the victim <p>The role of the first contact is to support and respond to the victims immediate needs; it is not to get information or details of the rape.</p>

GAPS/PROBLEMS	POSSIBLE RESPONSES
<ol 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 fulfill this role; she/he may not be aware of the issues, she/he may be judgmental; she/he may not know the women's organization. the first contact may not have the time, resources or legal status to assist the victim 	<ol style="list-style-type: none"> Distribution of posters and brochures with basic information on violence and what to do in cases of rape i.e. do not shower etc On-going empowerment activities of migrant and refugee women On-going awareness campaigns in community On-going awareness campaigns of sexual and gender based violence issues in the community Workshops on basic counseling principles with women. Advertising the Women's organization's contact; role, services provided. Widespread dissemination of telephone numbers of women's organisations and NGO's and names of key persons in each section of refugee camp, Free telephone hotline service

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

	STEP TWO	FOR MIGRANTS and Refugees outside of camp
2.	REPORTS TO WO OR NGO	<p>Role of First Contact At this point the first contact can;</p> <ul style="list-style-type: none"> a) accompany the victim to women’s organisation b) stay or leave depending on the wishes of the victim c) keep strictest confidentiality <p>Role of women's organisation or NGO The women's organisation or NGO should try to;</p> <ul style="list-style-type: none"> a) arrange a private space to receive the victim/survivor b) listen to the victim/survivor c) offer emotional support d) explain the importance of a health check-up e) explain the procedure of a health check-up f) ask the victim if she is ready to go to hospital (should go as soon as possible, without washing or changing clothes) g) if the women's organisation needs support from NGO; contacts the NGO and asks for assistance h) the NGO appoints a person to assist and coordinate with the women's organisation i) support person accompanies victim to the clinic j) everyone involved keeps strictest confidentiality k) arranges a safe place for the victim to stay with a support person

ARM (automatic response mechanism)

POSSIBLE PROBLEMS	SUGGESTED RESPONSES
It is difficult to keep confidentiality in close communities	Organisations hold policy discussions to develop guidelines for members on issues of confidentiality
Difficulties in keeping a safe place safe	In refugee camps, work with camp committee leader to provide security for victim
Women's organisation may not have members with training to fulfill the steps	Training for selected members of Women's organisations to provide counselling to victims
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 a position.	Organisations appoint counsellors as a position within the organisation. More strict selection of trainees for counselling training. Trainees who pass the training expected to work as counsellors.
In situations where women's organizations are in crisis (raided, closed down, not allowed to function etc); migrants are left without any assistance	Inform national and international NGOs and human rights groups of the situation. Document the situation.

ARM (automatic response mechanism)

	STEP THREE	ROLE OF Support Persons from the NGO or Women's Organisation*
3.	HEALTH CENTRE	<p>The support person is appointed by the women's organisation or NGO for this case. She will:</p> <ul style="list-style-type: none"> a) accompany the victim/survivor to health centre/hospital/one stop crisis centre b) provide translation/support if needed or waits for victim c) request a women doctor for the victim d) provide the doctor with information about any medication given to the victim prior to coming to the hospital (ie emergency contraceptive pill) e) encourage the doctor to explain what and how she will make her examination to the victim f) confirm that the doctor has filled the report form g) if victim requests, also listen to instructions for any treatments (to explain to victim later) h) makes arrangements for payment i) keeps strictest confidentiality <p>ROLE OF HOSPITAL</p> <ul style="list-style-type: none"> A. Provide a private space to receive the survivor and take her history B. Explain procedure C. Conduct an examination and provide treatment, by female staff D. Conduct a forensic examination and complete the incident report form and any other documentation necessary for Thai authorities E. Offer emergency contraceptive (in case of penetrative sex) F. Offer access to/administer prophylactic treatment for STDs G. Offer STD check or makes an appointment for STD check in two weeks time H. Makes an appointment for further checks (ie counselling and pregnancy test; HIV counselling) <p>THE VICTIM/survivor</p> <ul style="list-style-type: none"> a. Gives as many details as possible to the doctor b. Asks the doctor anything she wants to know c. Tells the support person when/where she wants her to be

POSSIBLE PROBLEMS	RECOMMENDED COURSE OF ACTION
One stop crisis centres may not provide confidentiality and may be insistent on informing the police	Women's organisations and NGOs should make contact with the One stop crisis centre in their area and hold discussions regularly.
There may not be a one stop crisis centre in the nearest hospital	Contact Friends of Women organisation to discuss the needs of a one stop crisis centre in your area.
Lack of coordination between women's organisations and medical teams	Regular meetings between women's organisation and medical team to create understanding and agreed procedure
Women's organisations can help registered migrants but have difficulty helping unregistered migrants	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 Migrants And Refugees

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 or refugees 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 up a report.

The doctor may give you the emergency contraceptive pill to prevent pregnancy.

In the case of not being given the emergency contraceptive pill and being pregnant from the rape, you are legally entitled to an abortion if you want one.

The doctor should ask if you want to file the 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 obliged legally to inform the police. In all other circumstance, the victim makes her own decision of whether or not to inform the police.

ARM (automatic response mechanism)

	STEP FOUR	FOR MIGRANTS and refugees
4.	NGO/VO PROVIDES SUPPORT	<p>ROLE OF Women's Organisation or NGO</p> <ul style="list-style-type: none"> a) Ensures the victim has a safe place to stay with a support person b) Asks the victim who she wants to be with her/helps create a supportive environment for her c) Visits the victim regularly and offers counselling d) Explains all possible actions and possible outcomes e) Gives the victim time to think about options and ask questions f) Gets any additional information needed from relevant agencies, without disclosing names and places g) Writes up a detailed report/incident report form <p>THE VICTIM</p> <ul style="list-style-type: none"> a) Takes time to recover

POSSIBLE PROBLEMS	RECOMMENDED COURSE OF ACTION
How to contact other agencies, and get the information needed without disclosing too many details and breaking confidentiality.	Training for all staff in women's organisations and regular meetings with support groups.
Women's organisation or NGO may not have the skills to write up the report.	Training for writing up 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 on the camp committee.

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 re-build her life
- b) she may wish to have access to some spiritual and/or emotional healing (religioun, meditation, counselling, yoga etc)
- c) she may wish to express her feelings about the rape in some other form ie 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 to have any of these types of support as well.

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

If she decides she wants to take legal action, proceed to Step Five.

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

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 (UNHCR, CAMP COMMITTEE, LAW SOCIETY, 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>WOMEN’S ORGANISATION OR NGO REPORTS THE CASE TO SYMPATHETIC BODIES</p>	<p>For migrants:</p> <ul style="list-style-type: none"> a) Reports incident with details to Law Society of Thailand. b) Informs National Human Rights Commission of proceedings. <p>For refugees outside of camp:</p> <ul style="list-style-type: none"> a) Reports to camp committee and UNHCR b) Reports back to victim/liases between sympathetic bodies and victim c) Monitors and documents proceedings <p>ROLE OF LAW SOCIETY OF THAILAND</p> <ul style="list-style-type: none"> a) provide lawyer for the victim b) accompany NGO to talk to governor to provide protection for victim, witness and organisations assisting in the case c) in case of refugees works with UNHCR to provide information to the victim on the legal process <p>ROLE OF HUMAN RIGHTS COMMISSION ARE AUTHORISED</p> <ul style="list-style-type: none"> a) To monitor the actions of the various government stakeholders involved in the case b) To receive the documentation of the proceedings to be used for advocacy in future c) To advocate on behalf of the victim in media (if requested by the victim) <p>Role of all concerned bodies</p> <ul style="list-style-type: none"> a) collectively work out a plan of action with clearly outlined responsibilities for all involved. <p>THE VICTIM</p> <ul style="list-style-type: none"> a) decides what action she would like to take next

ARM (automatic response mechanism)

POSSIBLE PROBLEMS	RECOMMENDED RESPONSES
Section leaders and camp committees are predominantly men, the women may not feel comfortable discussing with them, and may not have the power or the negotiation skills to truly represent the victims wishes.	To have a group especially trained to go to the camp committee or approach authorities who may not be sympathetic.
Camp committees and section leaders have to deal with many issues, issues of violence against women may not be prioritised.	Gender trainings for camp committees and section leaders. Increase the number of women on the camp committee and as section leaders. And develop a women's section of the camp committee.
UNHCR or the Human Rights Commission may not be able to ensure protection in the area, particularly if they do not have a presence there constantly.	
The sympathetic bodies may all have their own agenda, and not coordinate as expected on the case	Discussion sessions at regular intervals with all concerned on ARM, to introduce and make changes as needed from the experience of using ARM
The Women's organisation may not have the skills to monitor the progress of the cases	Training on monitoring for women's organisations
If the victim is mentally ill, a young child or severely traumatised, she may not be able to decide for herself.	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 ensure an on-going support system.
Information may be leaked to the press or media during the reporting.	

ARM (automatic response mechanism)

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

If she is a refugee and was raped in the camp:

The camp committee may prefer to take the case through the local, customary law.

UNHCR will prefer for the case to be taken through a Thai court system.

If the perpetrator was a Thai soldier, police, person of authority, there may be threats to the women's organisation, to the camp committee, to the refugees.

The victim has the right to take the case to court, to be given papers to travel to the court and to remain in the camp after the court case.

If the victim is a refugee and was raped outside the 200m limit of the camp:

By law she will be treated as an illegal migrant, but in most cases, if the rape was committed in the vicinity of the refugee camp, the lawyer can plead for special circumstances for the woman to remain in the camp.

If the victim is a migrant who has a card (workers registration, blue 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 operative.

However there is no witness protection in Thailand, so it is hard to guarantee her safety.

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 legality during the case.

Currently, NGOs can ask for her protection under the Trafficking MOU and this may also be possible under the Labour MOU currently being drafted. At the end of the court proceedings, the immigration will deport her. The NGO can quietly monitor the deportation, to ensure she is not followed or harassed by the rapist.

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

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

- A) stay quietly and re-build her life
- b) she may wish to have access to some spiritual and/or emotional healing (religion, meditation, counselling, yoga etc)
- c) become an advocate against violence against women
- d) 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	REFUGEES using Thai law	MIGRANTS
6.	REPORT TO POLICE	<p>ROLE OF UNHCR</p> <ul style="list-style-type: none"> a) arrange for transport for the victim to the police station and accompanies her there b) advocates for the survivor c) ensures the safety and protection of the survivor and any witnesses d) provide legal advice and support for the survivor throughout the process e) provides support and assistance for the alleged perpetrator if he is a refugee f) Arranges for the safety and security of victim (accommodation, food, basic needs, safety, protection) <p>ROLE OF POLICE</p> <ul style="list-style-type: none"> a) Offers a private interview space and arranges for the presence of policewoman, social worker and translator (in case of under 18 year old, arranges for presence of social worker, guardian and psychiatrist) b) Interviews the survivor with respect, ensuring confidentiality c) Reads the report form back to the survivor, allowing time for translation d) checks that arrangements have been made for the safety and security of the victim and provides any necessary protection 	<p>ROLE OF NGO</p> <ul style="list-style-type: none"> a) arrange for transport for the victim to the police station and accompanies her there b) advocates for the survivor c) ensures the safety and protection of the survivor and any witnesses d) provide legal advice and support for the survivor throughout the process e) arranges for the safety and security of the victim with the local Social Welfare department <p>ROLE OF SOCIAL WELFARE DEPARTMENT</p> <ul style="list-style-type: none"> a) ensures that the victim has a safe place to stay either making arrangements for the victim to stay in a government home or with an NGO or with the guardian of the victim <p>ROLE OF POLICE</p> <ul style="list-style-type: none"> a) Offers a private interview space and arranges for the presence of policewoman, social worker and translator (in case of under 18 year old, arranges for presence of social worker, guardian and psychiatrist) b) Interviews the survivor with respect, ensuring confidentiality c) Reads the report form back to the survivor, allowing time for translation d) checks that arrangements have been made for the safety and security of the victim and provides any necessary protection.

ARM (automatic response mechanism)

PROBLEMS	RECOMMENDED COURSE OF ACTION
Border police stations do not always have women police officers.	Advocacy for women police officers at all police stations, and especially along the border.
Police often do not have any understanding of how the victim feels and how to ask questions sensitively.	Trainings for police on issues of violence against women, especially police based on the border.
Police stations may not have a special room for interviewing the victim.	Advocate for and monitoring of the Criminal procedure act which calls for all police stations to have special rooms for interviewing children and victims of violence.
Police may not respect the need for a translator and may not give adequate time to read back the statement,	
The refugee camps have laws but do not have the means of implementing them. i.e there is no prison.	
Ensuring the safety of the victim and witnesses.	Networking meetings between women's organisations, camp committees, UNHCR, NGOs and police to make commitments to protect the victim and witnesses. Campaigning to support the witness protection act.

ARM (automatic response mechanism)

WHAT THE LAW SAYS:

For the rights of migrants and refugees to follow a legal route:

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

FOR THE PROCEDURE IN A RAPE CASE

Go the police station and report the rape. Take the doctors report with you. It is best to go immediately or within one or two days. You do however have the right to report 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 Procedures Code, Article 133 all police stations should have a special room to interview victims and witnesses under 18yrs old. During the interview, the public welfare official, child psychologist and public prosecutor must be present with the police officer (preferably a woman police officer) The room should either have a one-way mirror or be videotaped to ensure the safety during interview.

If the victim or the witness has to identify the rapist it should be through the 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.

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:

- a) the rape victim is under 15 yrs old
- b) the rape victim is critically injured or dead
- c) there were more than two rapists
- d) the rapist had a gun or a bomb
- e) the rapist is the father, grandfather or teacher of the victim
- f) the rape happened in a public place in view of others
- g) the rape victim was under the protection of the rapist at the time of the rape i.e. prison warden, immigration officer,
- h) the rapist is the guardian of the rape victim i.e. mental health carer

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 compensation report. There have been cases of the police writing that women received 50,000 baht but 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 para-legal assistant, UNHCR or NGO staff present to support in the negotiations.

Court case

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

If the case is going to court, the victim will need to stay in Thailand for the duration of the court case. If she is a refugee from the camp, she can stay in the refugee camp. If she is a registered migrant and can continue working, she can stay at her place of work. If she is an unregistered migrant, arrangements will have to be made for her to stay either with the Social Welfare department, or with an NGO with the agreement of the Social Welfare Department.

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

If the victim is an unregistered migrant she will be deported.

If the victim is a refugee from a camp, she can stay in the camp.

If the victim is a refugee who was raped outside the camp (beyond the 200metres limitation), she is liable to deportation but may be able to call on the support of human rights groups for the right to return to the refugee camp.

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

	STEP SEVEN	For refugees	For migrants
7.	FOLLOW UP WITH POLICE	<p>ROLE OF UNHCR</p> <ul style="list-style-type: none"> a) monitors police and court actions, ensuring minimal delay and appropriate action b) liaises between police and women’s organisation and camp committee c) in cases where compensation can be offered, accompanies the victim to the negotiations and supports a fair and reasonable compensation d) reports any mishandling of justice; coercion or threats <p>ROLE OF POLICE</p> <ul style="list-style-type: none"> a) Investigate the case, collecting evidence b) Interview witnesses with translator present if necessary c) Arrest the alleged perpetrator d) Follows the required procedure within the justice system e) In cases where compensation can be offered, police mediate the negotiation 	<p>ROLE OF NGO</p> <ul style="list-style-type: none"> a) monitors police and court actions, ensuring minimal delay and appropriate action b) liases between police and women's organisation and survivor c) in cases where compensation can be offered, accompanies the victim in the negotiations and supports a fair and reasonable compensation d) reports any mishandling of justice; coercion or threats <p>ROLE OF POLICE</p> <ul style="list-style-type: none"> a) Investigate the case, collecting evidence b) Interview witnesses with translator present if necessary c) Arrest the alleged perpetrator d) Follow the required procedure within the justice system e) in cases where compensation can be offered, police mediate the negotiation

PROBLEMS	RECOMMENDATIONS
Witness may be afraid to report to the police.	
Corruption; police may be paid off by the rapist or family of the rapist	UNHCR and NGOs play an active role in monitoring the follow-up and report any suspected case of corruption to the National Anti-corruption agency
Lack of follow up on the part of the police; due to discrimination (gender, class, xenophobia)	UNHCR and NGOs play an active role in monitoring the follow up and report any cases of discrimination to the Human rights commission.
Women's organisations do not have close contact with UNHCR.	UNHCR and women's organisations develop plans jointly.
Carrying compensation money is dangerous for migrants and refugees. Migrants and refugees have nowhere safe to keep money and cannot open bank accounts.	Advocacy for the rights of migrants and refugees to open bank accounts.

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

	SREP EIGHT	REFUGEES in cases using Thai law	MIGRANTS
8.	AWAIT COURT CASE	<p>ROLE OF WOMEN'S ORGANISATION</p> <ul style="list-style-type: none"> a) provide on-going support and counselling b) provide support for survivor's decisions c) ensure survivor has a supportive environment d) provide support to survivors immediate carers <p>ROLE OF CAMP COMMITTEE</p> <ul style="list-style-type: none"> a) sensitise community to the case b) report any incidents of threats to security to UNHCR <p>ROLE OF UNHCR</p> <ul style="list-style-type: none"> a) Arrange for survivor to meet lawyer b) Arrange for translator <p>ROLE OF LAWYER</p> <ul style="list-style-type: none"> a) Explain court procedure to survivor b) Familiarise survivor with the court and the positions of those present c) Explain all possible outcomes d) Be prepared for survivor to change her mind. 	<p>ROLE OF NGO and Women's organisation</p> <ul style="list-style-type: none"> a) provide on-going support and counselling b) provide support for survivor's decisions c) ensure survivor has a supportive environment d) provide support to survivors immediate carers e) Arrange for survivor to meet lawyer f) Arrange for translator <p>ROLE OF LAWYER</p> <ul style="list-style-type: none"> a) Explain court procedure to survivor b) Familiarise survivor with the court and the positions of those present c) Explain all possible outcomes d) Be prepared for survivor to change her mind.

STEP EIGHT: AWAITING COURT CASE

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

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

	STEP NINE	REFUGEES using Thai law	MIGRANTS
9.	ATTEND COURT	<p>ROLE OF WOMEN'S ORGANISATION</p> <ul style="list-style-type: none"> a) inform NGO or UNHCR of practical needs of survivor and witness (ie food, accomodation, clothes etc) b) arrange with UNHCR for transport of victim to court c) provide moral support <p>ROLE OF UNHCR</p> <ul style="list-style-type: none"> a) provide for practical needs of survivor and or witness b) arrange transport c) liase with lawyer and women's organisation d) arrange a translator/transportation e) accompany to court <p>ROLE OF LAWYER</p> <ul style="list-style-type: none"> a) represent the survivor in court b) explain proceedings with survivor and companions c) liase between court and UNHCR 	<p>ROLE OF NGO</p> <ul style="list-style-type: none"> a) provide for practical needs of survivor and witness (ie food, accomodation, clothes etc) b) provide transport to court c) liase with lawyer and women's organisation d) arrange a translator/transportation some (fees paid by court) e) accompany to court <p>ROLE OF LAWYER</p> <ul style="list-style-type: none"> a) represent the survivor in court b) explain proceedings with survivor and companions c) liase between court and NGO

STEP NINE: AT THE COURT

PROBLEMS	RECOMMENDATIONS
Few women from the women's organisations can go to court and support the survivor because they don't have Thai language, or any legal status.	Advocacy for temporary legal status for migrant para-legal volunteers. Thai language training for these migrant para-legal volunteers.

GAPS/PROBLEMS	POSSIBLE RESPONSES

ARM (automatic response mechanism)

	STEP TEN	REFUGEES using Thai law	MIGRANTS
10.	COURT PASSES JUDGEMENT	<p>ROLE OF UNHCR</p> <ul style="list-style-type: none"> a) in case of compensation, make arrangements for survivor to receive compensation b) write up detailed report of proceedings <p>ROLE OF WOMEN'S ORGANISATION</p> <ul style="list-style-type: none"> a) document proceedings b) liase with UNHCR to ensure survivor gets compensation c) makes organisation available for survivor to access when needed for counselling, support or advocacy d) discusses with survivor how the documentation will be used e) in case of case being dropped, discusses with survivor other possible actions: media, petition f) obtain a copy of the judgement for future reference and to be used as a precedent in future cases 	<p>ROLE OF NGO and/women's organisation</p> <ul style="list-style-type: none"> a) in case of compensation, make arrangements for survivor to receive compensation b) write up detailed report of proceedings c) makes organisation available for survivor to access when needed for counselling, support or advocacy d) discusses with survivor how the documentation will be used e) in case of case being dropped, discusses with survivor other possible actions: ie media, petition f) if the victim is deported, to liaise with immigration to monitor the deportation <p>ROLE OF IMMIGRATION</p> <ul style="list-style-type: none"> a) if the woman is an undocumented migrant, immigration will arrange for their deportation

PROBLEMS	RECOMMENDATIONS
Judgements do not always adequately respond to the crime.	Petition to relevant authorities. Take the case to the media
Women's organisations do not have good contact with the media.	Circulate list of sympathetic media people

<p>WHAT THE LAW SAYS:</p> <p>CRIMINAL LAW Article 276</p> <p>“Whoever has sexual intercourse with a woman, who is not his wife, against her will, by threatening with any means whatsoever, by doing any act of violence, by taking advantage of the woman’s inability to resist, or by causing the woman to mistake him for another person,</p> <p>shall be punished with imprisonment of four to twenty years and a fine of 8,000 to 40,000 baht.”</p>
--

APPENDIX ONE

HOSPITAL AND HEALTH CENTRES

One stop crisis centres

These centres are located in hospitals . The one stop crisis centres offer;
 medical check ups
 counselling
 filing the report

if the victim does not want to go to the police station; the one stop crisis centre can call the police to come to the centre.

There should be a woman police officer and counsellors present.

Women can give testimony on VDO.

The centre should also offer help getting legal assistance.

These centres are located in:

Bangkok

- | | | |
|-------------------------------------|-----|-------------------------|
| 1. Wachira Medical faculty hospital | Tel | 02-2461400 |
| 2. Central hospital | - | 02-2216141-50 |
| 3 Taksin hospital | - | 02-24371206,02-4384208 |
| 4. Charoen Krung Pracharak hospital | - | 02-2891153 , 02-2890224 |
| 5. Nong Jekk hospital | - | 02-5431307, 02-5431150 |
| 6. Lung Por Taweesak | - | 02-4293055 |
| 7. Lak Krapang hospital | - | 02-3267232-3 |

Central Region

- | | | |
|-------------------------------------|---|-----------------------------------|
| 1. Phaotharam Hospital | - | 032-355300-15 ext 479,480 |
| 2. Ratchaburi hospital | - | 032-327901-8 ext 1307 |
| 3. Somdetphraphutthalertla Hospital | - | 034-723044-9 ext 6118 |
| 4. Saraburi hospital | - | 036-223812 |
| 5. Banmee hospital | - | 036-628031 |
| 6. Pathum Thani Hospital | - | 02-5815733 ext 228231, 02-5811297 |

Northern Region

- | | | |
|---|---|--------------------------------------|
| 1. Nakronping Hospital | - | 053-890755 ext 272,274,128,203 |
| 2. Chiang Rai Prachanukhor Hospital (Hotline) | - | 053-711300 ext 285,703 , 053-765537 |
| 3. Chiangkam hospital | - | 054-451300-1 H- 316 |
| 4. Phayao hospital | - | 054-410501-11 ext 1116,1520 |
| 5. Praphutthachinnarat hospital | - | 055-219844 ext 2132 |
| 6. Phare hospital | - | 054-511584 |
| 7. Lamphang hospital | - | 054-223623-31 ext 1200-1, 054-217045 |
| 8. Uttaradit hospital | - | 055-414484-8 ext 575 |

Eastern Region

- | | | |
|-----------------------|---|--------------------------|
| 1. Chon Buri Hospital | - | 038-274200-7 ext 538 |
| 2. Rayong Hospital | - | 1669,038-617745 ext 2136 |

Northeastern Region

- | | | |
|---------------------------------------|---|--------------------------------|
| 1. Khon Khaen hospital | - | 043-336789 ext 1258 |
| 2. Maharai Nakhon Ratchasima hospital | - | 044-341310-38 ext 1199 |
| 3. Roi Et Hospital | - | 043-518200 ext 152, 043527168 |
| 4. Udon Thhani hospital | - | 042-245555, 042-24655 ext 3132 |
| 5. Amnat Charoen Hospital | - | 045-511941-8 ext 221-3 |

Southern Region

- | | | |
|------------------------|---|---------------------------------|
| 1. Krabi Hospital | - | 075-611212 ext 2017 |
| 2. Chumporn Hospital | - | 077-505940, 01-7371615 |
| 3. Takruapha Hospital | - | 076-421770 ext 5016, 1118 |
| 4. Yala Hospital | - | 073-212558 |
| 5. Suratthani Hospital | - | 077-272231, 077-284700 ext 2073 |

If there is not a one stop crisis centre in your area, go straight to the local state hospital.

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, 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 that 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.

APPENDIX Three

DEVELOPING YOUR OWN SUPPORT NETWORK BOOK

You can

Make a SUPPORT NETWORK BOOK OR A SET OF CARDS

1. List the names of other organisations in your area that work with victims of sexual violence
2. List their address, telephone number and the name of a person to contact.
3. Make this list available to all staff in your programme
4. Ensure clients that any referrals you make will be confidential.

You can also divide your support network book or cards into different categories. For example:

Name of organisation Address Telephone

- Organizations/clinics that provide contraceptive services

- Organizations/clinics that provide STI screening and treatment

- Organizations/clinics that work with HIV/AIDS prevention or care
- Organizations/clinics that offer HIV/AIDS testing
- Organisations/clinics that provide services for victims of sexual violence or abuse
- Organisations/clinics that offer reproductive health services
- Organisations/clinics that provide psychological or mental health counselling
- organizations that work with adolescents
- organisations that provide legal advice or services to women
- organizations that work with women or adolescent women or children