

[Thailand]

Stop Child Abuse by One Stop Crisis Center (OSCC) of the Police General Hospital, Bangkok, Thailand

Chanthana VITAVASIRI*¹

Since 1992, Thailand had ratified the Convention on the Rights of the Child (CRC), both GOs and NGOs have focused on strengthening child protection system to diagnose and prevent repeated abuse. The Police General Hospital aimed to develop both medico-legal investigation and medical management for child abuse, which includes sexual abuse, physical abuse, and mental abuse. Among the three categories of child abuse, sexual abuse is the most traumatized and taboo subject. In the 1990's, the hospital treated 200–300 cases of sexually abused children between 10 to 14 years old annually. On the other hand, there were only around 10–20 cases of physically abused children annually. Hence, the hospital paid more attention in management of sexually abused children. In 2000, Police General Hospital set up One Stop Crisis Center (OSCC) to develop and integrate medico-legal examination, diagnosis, management, and protection of child abuse more efficiently. The protocol for medico-legal examination, evidence collection, and chain of custody was developed to support police investigation. OSCC set up the protocol of physical examination, diagnosis, treatment, and prevention of sexually transmitted diseases (STD) that covered Gonorrhoea, Chlamydia, HIV, and Syphilis. Police General Hospital was the first institution to set up criteria of HIV post-exposure prophylaxis (HIV PEP) and to prescribe

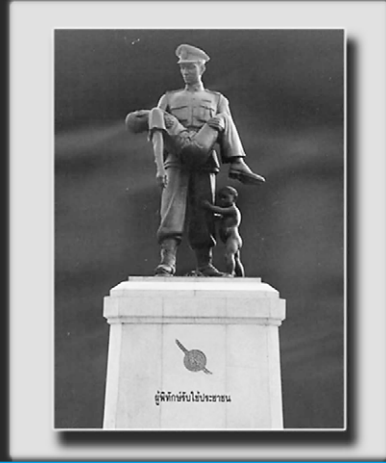
anti-retrovirus drugs for sexual assault cases. OSCC could manage STD within 2 hours from investigation. After medical treatment, psychosocial evaluation and prevention of repeated attack would also be provided by social workers and a multi-disciplinary team. In order to encourage co-operation and standard practice, OSCC established many training courses for physicians, nurses and social workers in examination, diagnosis, treatment, and prophylaxis for STD, especially HIV PEP, and for officers in child interrogation and multidisciplinary team management. Case conferences among a team in the hospital, law makers, officers, and NGO were conducted regularly. Within a decade, the Thai government enacted the Child Protection Act in 2003 and the Domestic Violence Act in 2008. The amendment of the Criminal Code and Criminal Procedure Code was completed in 2008 to further protect children and women. Nowadays, OSCC of the Police General Hospital managed 800–1000 children and youth under the age of 18 (400–500 of which were under the age of 15) annually. Nevertheless, child abuse cases reported to officers are only the tip of an iceberg. The multi-disciplinary team of OSCC will further develop a surveillance and management system and effectively provide both medical and complete forensic evidence for prosecution to stop child abuse.

*1 Chief of International Relations, The Medical Association of Thailand, Bangkok, Thailand (math@loxinfo.co.th).

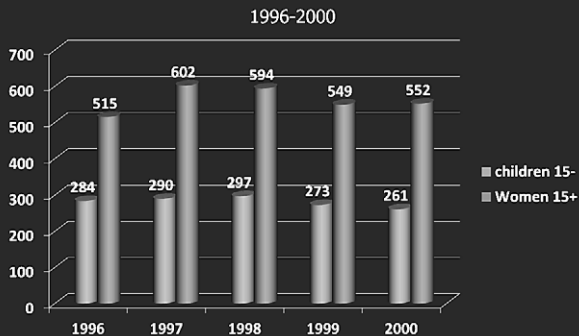
This article is based on a presentation made at the Symposium “Be Human Stop Child Abuse” held at the 28th CMAAO General Assembly and 49th Council Meeting, New Delhi, India, on September 13, 2013.

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Pol. Maj. Gen. Chanthana Vitavasiri



Women and Children who came to verify sexual assault 1996-2000



Sexually Abused Children

Defined as the involvement of dependent, developmentally immature children in sexual activities that they do not fully comprehend and are unable to give informed consent

Children = 0-18 years old (CRC)

Problem Tree



Objectives Tree



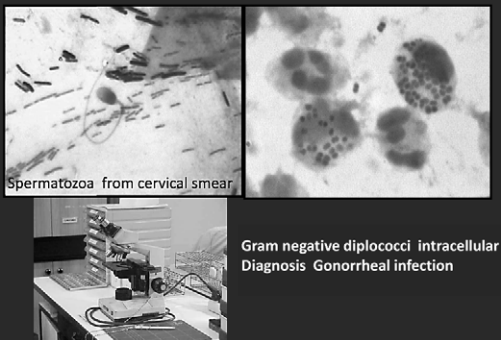
Early diagnosis and Rapid verification



Sexual Transmitted Diseases

STD	Diagnostic test	Incubation Period	Sexual assault
Gonorrhea	1.Smear and stain 2. culture	3-5 day	diagnose
Chlamydia trachomatis	Cervix or Rectal and Urethral culture	5-7 day	diagnose
Trichomonas vaginalis	Wet mount and culture of vaginal discharge	5-28 day	very suspicious
Condyloma acuminata (anogenital warts)	Biopsy of lesion	4 wk-18 day	suspicious
Herpes Simplex	Tschank 's smear base of Ulcer	2-5 day	suspicious
Bacterial vaginosis	Smear, stain uae culture	5-28 day	Non specific
Syphilis	Blood for VDRL	10-90 day-6 M.	diagnose
HIV	Blood for HIVAb	3-6 M	diagnose
HBV	Blood for HBsAg HBsAb	3-6 M	Non specific
HCV	Blood for HCVAb	3-6 M	Non specific

Cervical Smear and Gram's stain



Chlamydia Quick Test Immuno-chromatographic



Detect *Chlamydia trachomatis* Antigen



Psycho-social support. Prevent repeated attack

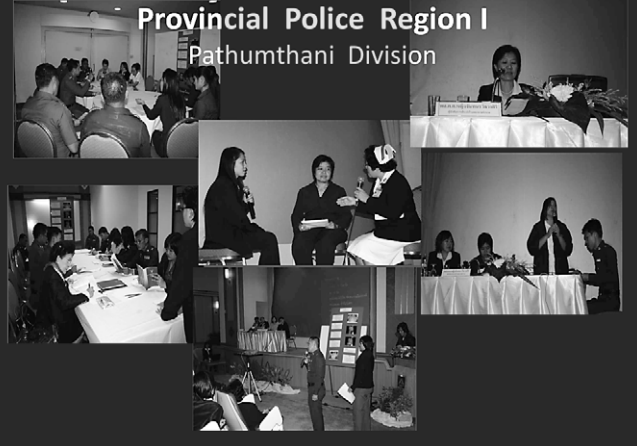


Education and Training Course for Officers



Metropolitan Police Bureau

Provincial Police Region I
Pathumthani Division



Case conference
Multidisciplinary team in the hospital



Case Conference
Police Officer, Law maker and Multidisciplinary team

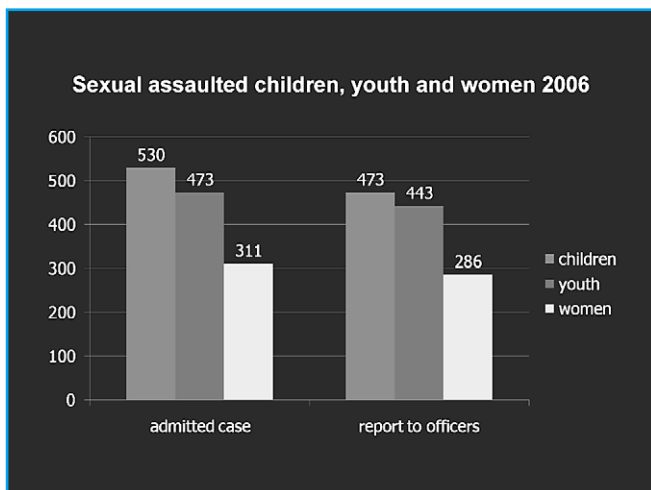
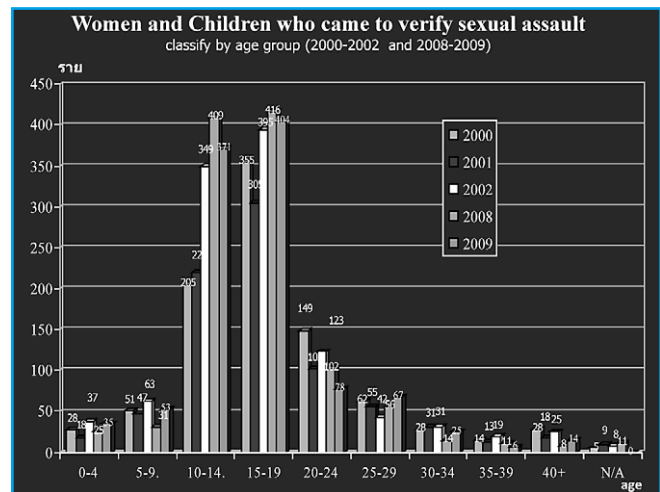
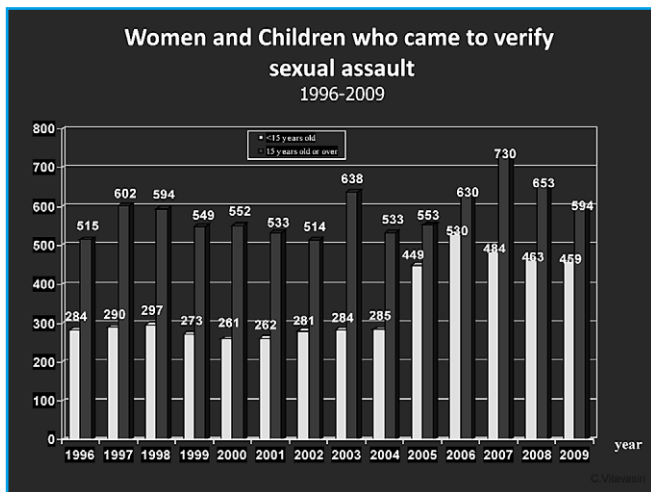


Child's protection Law Development

- 2003 Child Protection Act
- 2008 Domestic Violence Act
- 2008 Child Interrogation in Criminal Procedure Code
- 2008 Criminal Code (Option 276)
- 2008 Thai Constitution

Interrogation Room in
Police General Hospital





GC and Chlamydia Infection 2009

	laboratory test number	GC (number)	GC (%)	Chlamydia infection (number)	Chlamydia infection (%)	Both (number)	Both %
Children	462	12	2.6	42	9.1	4	0.9
Women	633	13	2.1	58	9.2	3	0.5
Total	1,097	25	2.3	100	9.12	7	0.64

Initial Blood Testing Result 2009

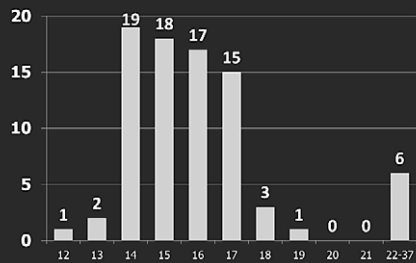
	Blood test no.	HBsAg +ve %	HBsAb +ve %	HIVAb +ve %
Children	430		25.0	0.232
Women	552	3.3	19.7	0.543
Total	982	2.2	23.8	0.407

Blood Test, HIV PEP, 28-day course and Follow up

	Blood test	HIV PEP %	28-day course %	3-6 month Follow up %
Children	430	38.4	11.8	25.8
Women	552	41	17.4	29.3
Total	982	38.25	14.8	27.8

One case seroconversion

Age of pregnant victims in 2009

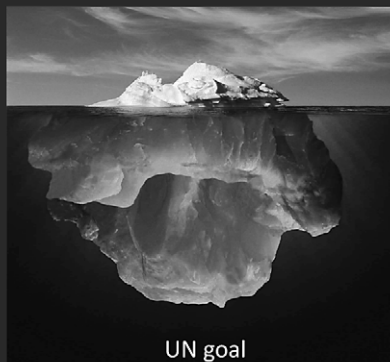


Pregnancy test positive (85 cases) 7.7 %
 Minimum age of Pregnant Victims 12 year-old
 Average age of Pregnant Victims 16.5 year-old

OSCC Police General Hospital

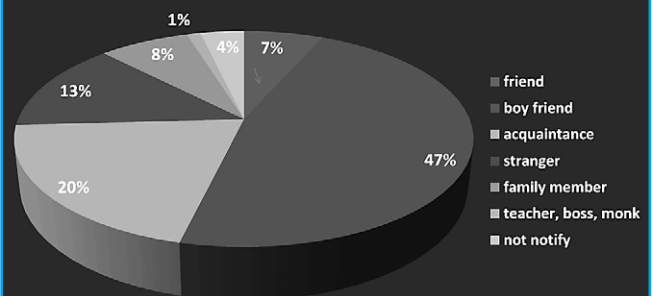


Conclusion

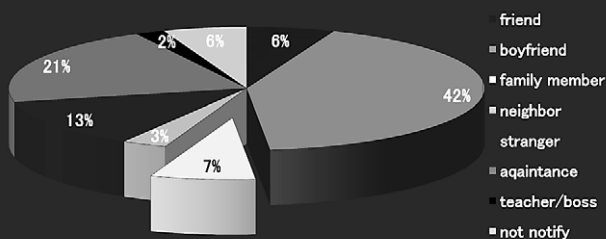


UN goal
 " Best interest of the child must be primary concern."

Perpetrator of sexual assault children 15- year-old 2010



Perpetrator of sexual assault children 15- year-old 2009



Criteria for HIV prophylaxis

1. Status HIVAb negative
2. Verify sexual assault
3. Come to the hospital within 72 hours
4. Rapist's status HIVAb positive, high risk profile

Risk of HIV transmission

1. Virus (Viral load, Virulence, Resistant strain)
2. Route (Anal, Vaginal, Oral)
3. Ulcerative or Inflammation
4. Trauma, Bleeding
5. Times
6. Others; Menstruation, IUD Circumcision

Probability of transmission of HIV from single exposure

Percutaneous Exposure	0.0032
Receptive anal	0.008 - 0.032
Insertive anal	0.006
Receptive vaginal	0.0005 - 0.0015
Insertive vaginal	0.0003 - 0.0009
Receptive fellatio with ejaculation	0.0004

Triple drugs prophylaxis should be considered in

- * HIV infected rapist
- * Anal exposure
- * More than one attacker
- * Seriously injured victims