# Health Sector Responses to Violence against Women in Thailand

Siriwan Grisurapong *

* *Faculty of Social Sciences and Humanities, Mahidol University, Salaya, Nakhonpathom 73170*

*The comprehensive hospital service for women victims of violence has been initiated in Thailand half a decade ago. Presently, there is at least 1 provincial hospital provided this service for this group of women in each region of Thailand. These hospitals have to adjust their service flows, reform the case recording system, increase technical capacity, change negative attitude towards the victims and create linking network to legal and other social service systems. Although some assessment and improvement of these services are needed before expansion of these models to other public hospitals throughout the country will be undertaken. However data from these hospitals demonstrated that women victims of violence received better and more effective services from these initiatives.*

***Keywords:*** *Violence against women, One-stop crisis center, A comprehensive hospital service, Thailand*

***J Med Assoc Thai 2004; 87(Suppl 3): S227-34***

Violence against women (VAW) is a major problem in Thailand although few data sources are available to back this up. However, some key reports and statistical data, albeit scattered in collecting, can be noted here. Friends of Women Foundation compiled news from the first page of 5 leading newspapers (Thairath, Dailynews, Matichon, Khaosod, Bangkok-biznews) in 1997-1999 related to VAW issue, it was found that most are raped cases or attemted. Victims were in age ranged 2-106 years old and perpetrators were in age ranged 11-85 years. The same compilation in 2000-2001 revealed that 228 cases of VAW had been reported[1,2]. Thirty nine per cent of these cases ended with the death of a wife whereas 14 per cent were death of husband committed by wife. Killing of wife was 5 per cent when killing of children by mother and father were 6 and 7 per cent respectively. There are indications that sexual abuse trend has increased and the acts are becoming more aggressive.

WHO summarized from their surveys that 10-50% of women have experienced violence from their partners at least once in their lifetime, 20-25% have been raped or forced to have sex by their partners, and domestic violence is one of the ten causing death in women 15-44 years old[3].

A survey to identify domestic violence in women aged 15-49 years old as population-based data carried out by Archavanitkul et al. showed that 41% of women in Bangkok and 47% of women in a central province experienced some physical or sexual violence from their spouse[4]. More than half of this group of women had been abused more than 1 time. One-third of these women who suffering with physical injury did not seek medical or other social services as well as did not know any agencies providing assistance on this issue. Almost one-half of those injured and seeking medical services did not tell the truth about their injury. Women who have been abused tended to use analgesic drug and tranquilizer as well as having suicidal attempt more than those who have no such experience.

Thompson and Pangvet summarized the statistics of those who have called the Hot-line center within 6 months of the year 2000 that there were 891 cases of domestic violence and 131 raped cases[5]. Report of the National Police office also demonstrated that women who have been physical and sexual assaults have been reported to the police approximately 1 case per hour.

*Correspondence to : Grisurapong S, Faculty of Social Sciences and Humanities, Mahidol University, Salaya, Nakhonpathom 73170, Thailand.*

Health personnel are the most important people to help women victims of violence since they are the first group of people whom women who have been injured ask for help[6,7]. But most hospitals did not have any specific services provision to respond to women being assaulted or reporting systems to identify this group of women. If hospital staff did not sensitive to or had no interest in this problem, hospitals will not be able to provide appropriate assistance or make any relevant referral to these women. Studies indicated that health personnel lacked the relevant knowledge, tools and skills to deal with this group of women. These made them afraid or uncomfortable to approach these women[8]. Initiating of a comprehensive hospital service which has been called one-stop crisis center (OSCC) and training to health personnel to improve their sensitivity to VAW have proved that they can greatly improve identification of victims and adequate response to battered women[9].

The first Thai OSCC has been established as a pilot project in Khonkaen hospital in 1999. It aims to provide a comprehensive service for women victims of violence and be a model to other public hospitals in provision of such services. In 2001, approximately 20 provincial hospitals throughout the country have established their own OSCC by encouragement and supporting from the Ministry of Public Health (MOPH). In 2002, they have been assessed regards to the progress toward model OSCCs. It was found that only 5 hospitals have well-established OSCCs, 7 hospitals need some support in terms of training and network establishment and 8 hospitals are still at the beginning period of this initiative. Nevertheless, it can be said that there are provincial hospitals in every region of Thailand provided comprehensive services to victims of violence and work like a model for other provincial hospitals in their own regions. Beside the establishment of OSCC in every region of Thailand, MOPH also supported in production of manuals/guidelines for health care professional to deal with women who are victims of violence. The national surveillance system of cases related to VAW have also been included by MOPH as a part of Injury information-based reports in order to use for policy and program development at the national level.

In order to assess and analyze the situation of health sector responses to VAW, this paper aims to describe the broad picture of comprehensive hospital services provided in Thailand, problems encountered and lessons learned from these initiatives and policy implication for development of further interventions.

**Material and Method**

The data used in this paper are drawn from several sources included: a project of the establishment of comprehensive services for women victims of violence (undertaken in 1999-2005), reports of the Epidemiology Department and the Department of Support to Health services, MOPH, reviews of research findings and reports on VAW issues and in-depth interviews with key informants who have experience in policy implementation on VAW and services provision to women victims of violence.

A research project to establish comprehensive services for women victims of violence has been initiated in Khonkaen hospital (a provincial hospital in the Northeast of Thailand) in 1999. During 1999-2001, it aims to set up a model for other hospitals in provision of comprehensive services to victims of violence. This comprehensive service will be an integrated approach from each related departmental service within the hospital and other support services in other sectors such as legal services and social welfare services. In order to fulfill this objective, manuals/protocols for hospital staff have been developed to assist them in dealing with victims of violence, training to improve knowledge and change attitude of staff has been provided as well as assessment of the effectiveness of the existing hospital service system to this group of women. In 2001-2003, the project support expansion of these comprehensive services form health care system to police service system, communities and school. Training to increase knowledge in VAW issues and change attitude towards victims of violence have been provided to polices, community key persons and student. Advocacy of Khonkaen hospital as a model in provision of comprehensive services to other public hospitals has also been undertaken. From the year 2003 to present, the project aims to enhance the comprehensive services in Khonkaen province by making an impact at the national level. This enhancement has been focussed on transferring of knowledge and skills in provision of services to victims of violence to both within the health care sector and to other sectors.

The Epidemiology department has carried out National Injury Surveillance by gathering data from approximately 24 provincial hospitals throughout the country. The reports of this surveillance included numbers and some characteristics of women who have been physical and sexual assaults as well as some details of physical and sexual assault events. As a unit which supporting of health care service provision in public hospitals, the Department of support to

Health Services has provided some budgets and technical support to approximately 20 public hospitals to initiate comprehensive hospital services in their own settings. After few years of this initiative, data have been reported regards to numbers of clients in the OSCCs and assistance which have been provided to them.

Reviews of research findings and reports related to provision of health care services to women victims of violence carried out in Thailand were undertaken to draw the outcome and policy implications of these documents. Lastly, some key points have been identified by in-depth interviews to key health care personnel in Chumporn, Khonkaen and Rayong provincial hospitals and decision makers in MOPH.

## Results

Since all OSCCs which have been established in approximately 20 public hospitals has the same pattern of service and style, reviews of these hospital services will summarize the whole situation and point out only some particular issues which should be focused.

### *Number and characteristics of women victims of violence who come to use OSCC services*

Although the proportion of female patients who have been physical and sexual assaults were not high compared to all cases reported of severe injury but the mortality rate of 5.2% reflected a crucial number that should be interested by health care sector (Table 1). Most women in this category were in the reproductive age whereas only 7 and 21% were younger than 15 and older than 45 years old. When types of assaults have been considered, 30% of the cases have been injured by physical power, 21% by blunt objects and 19% by sharp objects. Noteworthy, one-tenth of the women has been physical injured by gun. Ten per cent of victims were cases with sexual assaults (Table 2). Although data have also drawn from hospitals without OSCC establishment but it can give a broad picture of women who have been assaulted in Thailand. When data from hospitals with OSCC have been analyzed, the similar findings have been demonstrated (Table 3). If we look at types of abuse by dividing victims into 2 groups: girls (younger than 18 years old) and women (older than 18 years old). Most girls (49%) have been referred to OSCC due to sexual abuse whilst women tended to come with physical abuse (Table 3). When types of support to this group of girls and women have been considered, health care cost is in the top priority, following with emergency contraceptive method, antibiotic drugs, prophylactic drug for HIV prevention, traveling cost, support in terms of material and cash respectively (Table 4). Hospitals which is on process to establish OSCC, therefore, have to prepare for such kinds of support to their clients.

**Table 1.** Surveillance Report of female who have been physical and sexual assaults in 24 provincial hospitals in 2002

| Characteristics | % |
|---|---|
| Proportion of female who have been physical & sexual assaults to cases reported of severe injury | 14.2 |
| Age groups | |
| - < 15 years | 7.2 |
| - 15-44 years | 71.7 |
| - 45-60 up | 21.1 |
| Mortality rate | 5.2 |

Remarks: 24 provincial hospitals included: Utradit, Nakhonratchasima, Khonkaen, Lampang, Chonburi, Ratchburi, Nokhonssawan, Ubonratthani, Pitsanulok, Yala, Nakhonsrithamrat, Hat Yai, Janthaburi, Chieng Rai, Rayong, Trang, Nopharatratchathani, Lertsin, Udornthani, Nakhonpathom, Suratthani, Prajinburi, Phra Nung Klao, Ayuthaya
Sources: National Injury Surveillance Report, Epidemiology Department, MOPH 2002

**Table 2.** Surveillance Report of types of physical and sexual assaults to women in 24 provincial hospitals in 2002

| Types of physical & sexual assaults | % |
|---|---|
| - Physical assault | |
| ➢ Using physical power | 30.0 |
| ➢ Using blunt objects | 21.2 |
| ➢ Using sharp objects | 19.1 |
| ➢ Using gun | 11.7 |
| - Sexual assaults | 9.8 |
| - Others | 8.2 |

Remarks: 24 provincial hospitals included: Utradit, Nakhonratchasima, Khonkaen, Lampang, Chonburi, Ratchburi, Nokhonssawan, Ubonratthani, Pitsanulok, Yala, Nakhonsrithamrat, Hat Yai, Janthaburi, Chieng Rai, Rayong, Trang, Nopharatratchathani, Lertsin, Udornthani, Nakhonpathom, Suratthani, Prajinburi, Phra Nung Klao, Ayuthaya
Sources: National Injury Surveillance Report, Epidemiology Department, MOPH 2002

**Table 3.** Per cent of clients of one-stop crisis center (OSCC) reported from 15 provincial hospitals in 7 months (October 2002-April 2003)

| Types of abuse | Age (years) / per cent | | | |
|---|---|---|---|---|
| | < 18 | | ≥ 18 | |
| - Physical abuse | 215 | (35.71) | 848 | (67.41) |
| - Mental & emotional abuse | 92 | (15.28) | 113 | (08.98) |
| - Sexual abuse | 295 | (49.00) | 297 | (23.61) |
| Total | 602 | | 1,258 | |

Remarks: 15 provincial hospitals included: Utradit, Nakhonratchasima, Samutsongkram, Khonkaen, Leui, Lampang, Roiet, Chonburi, Ratchburi, Chumporn, Nakhonsawan, Ubonratthani, Pitsannlok, Pathumthani, Yala
Sources: Data reported to Department of Support to Health Services, MOPH

**Table 4.** Types of support provided to clients of one-stop crisis center (OSCC) reported from 15 provincial hospitals in 7 months (October 2002-April 2003)

| Types of support | Number / per cent | |
|---|---|---|
| - Health care cost | 376 | (38.33) |
| - Emergency contraceptive method | 251 | (25.59) |
| - Antibiotic drugs | 123 | (12.54) |
| - Prophylaxis for HIV prevention | 67 | (06.83) |
| - Travelling cost | 70 | (07.14) |
| - Support in terms of material | 50 | (05.10) |
| - Support in terms of cash | 44 | (04.41) |
| Total | 981 | |

Remarks: 15 provincial hospitals included: Utradit, Nakhonratchasima, Samutsongkram, Khonkaen, Leui, Lampang, Roiet, Chonburi, Ratchburi, Chumporn, Nakhonsawan, Ubonratthani, Pitsannlok, Pathumthani, Yala
Sources: Data reported to Department of Support to Health Services, MOPH

**Table 5.** Comparison of mean of knowledge and attitude scores between Experimental and control hospitals 6 months after training

| Hospitals Scores | Control | | Experimental | | T Value | P Value |
|---|---|---|---|---|---|---|
| | X | SD | X | SD | | |
| Knowledge | 10.99 | 1.94 | 10.51 | 1.73 | 1.878 | .05 |
| Attitude | 34.59 | 7.84 | 33.90 | 3.94 | -.874 | .40 |

P = .05

### *Function of OSCC in Thai public hospitals*

The first OSCC in Thailand has been established following the example of such services provided in Malaysia. Information of protocols/manual/guidelines for health personnel working with women victims of violence used in Australia, the USA and the Philippines have been drawn. From this information, it has been determined that OSCC in Thailand should be open 24 hours a day and should be located in the emergency room of the hospital so that it can provide crisis services around the clock. The detailed functions of it are:

- Screening and identify cases who are victims of violence (from women who come to use services in OPDs and emergency room)
- History taking and physical exam
- Collecting of any forensic evidence and related information and keep it confidential
- Record data and notify related health professionals
- Give essential treatments and counseling
- Provide basic legal assistance and assess of client's safety
- Provide temporary shelter
- Respond to immediate need
- Refer to other related network
- Follow up for continuity of care
- Rehabilitative services
- Hot line service
- Distribution of knowledge on VAW to public

Functions of the Thai OSCC which are different from such kinds of services in western countries are screening all women who come to visit and screen only women who have some indications. Although hospital staff who work at the front lines have been trained how to identify women victims of violence, but screening only women with some indications have been considered to be more appropriate in Thai settings. Other functions that may be quite different from routine services hospital provided are provision of basic legal assistance and assessment of client's safety, provision of temporary shelter and hot line. Usually, these kinds of services are new for hospital staff. They have to be trained for relevant knowledge, tools and skills in order to be capable in provision of these services to this group of women. In other countries such as Malaysia and the Philippines, NGOs will be responsible in providing support, refuge and counseling services through the hospital. In Thailand, it has been determined that training of hospital staff to carry out these tasks by themselves are more effective and give a better chance in sustainability of the program. NGOs, legal and other govern-

ment services will be brought to the center only in cases who need a special attention in these areas.

***Training to health personnel to deal with women victims of violence***

One of the most important component in establishing of OSCC is to provide technical and gender sensitive training to health personnel in order to increase knowledge and skills and change their attitude in dealing with this group of women. Although most hospitals focused more on training in technical capacity but it has been realized that training on gender issues is essential in changing attitude of staff towards victims of violence. Training to increase technical competence included: how to screen and identify cases, collecting of relevant data and forensic evidence, basic essential package of treatment, counseling techniques and other related services. For the training on gender issues, the contents included: women's health and right, gender roles and power relationship, myth & realities about VAW, factors that perpetuate domestic violence, etc. In order to measure the effectiveness of this training, the pilot model in Khonkaen hospital has been designed to assess knowledge and attitude of hospital staff on VAW before and after training. For the sake of comparison, when Khonkaen hospital was counted as an experimental case, Udornthani hospital, which is a provincial hospital similar to Khonkaen hospital, had been included as the control case. The measurement of knowledge and attitude of hospital staff had been undertaken as a pre-test in both hospitals. One month after measurement, the training had been provided to Khonkaen hospital staff. Six month after training, the measurement of knowledge and attitude as a post-test had been undertaken in both hospitals again. The results demonstrated that knowledge scores on VAW had increased in the experimental hospital but there is no change in attitude scores between experimental and control hospitals. This finding indicated that it is not difficult to increase knowledge on VAW in hospital staff but it is not easy to change their attitude regards to victims of violence. This notion has been confirmed by the measurement of knowledge and attitude in police and student in the middle school when the same procedure had been applied. Knowledge scores on VAW in police and student who had been trained increased after training but there was no change in attitude scores. To establish OSCC in any hospitals, it should be aware that it take time to change attitude of hospital staff towards victims of violence although training had been provided.

***Building network within hospital and to other related services***

In order to provide a comprehensive service as a one-stop center, network among departments in the hospital has to be well established. Before establishing OSCC, injured women with physical or sexual assaults who come for hospital services will be referred to each related hospital department in order to get services she need. From this process, she will be re-victimized according to the hospital procedures for service provision. A comprehensive service in this concept require health personnel in each related hospital department to come to the center to provide services to victims at one time. In order to meet this aim, health personnel in these departments must be well aware of OSCC's services and ready to follow such agreement. Not only well collaboration within the hospital is required, but linking network to staff in the legal and other social service system is also essential. Cases of victims of violence often require services from polices in prosecuting and social welfare personnel in temporary shelter, money support or occupational training if she decide to leave the relationship with her partner. Staff of OSCC must create a good relationship with staff in these service systems. Hospital staff who never enter into such kind of collaboration will find it difficult to create network with legal staff and staff form other organizations. Assessment of OSCCs which have not been well established demonstrated that lack of a strong collaboration both within and to outside hospitals is a major factor leading to failure in the OSCC establishment. Inadequate training and raising awareness of related health personnel also lead to poor collaboration within hospitals and result in non-compliance when they have been called to OSCC to provide services.

***Case record and hospital information system***

Like hospitals in other countries, hospitals in Thailand did not have any specific policy, procedures or reporting formats aimed to identify women who have been assaulted since hospital classification systems did not include any specific items of women being assaulted. It will be included in the category of "Injury". Frequently, it will be offseted by other categories of injury. It is also difficult for hospitals to identify the seriousness of the problem. When OSCCs have been established, a specific form

has been developed purposively to record data and information of cases coming with VAW issues. This form can provide data in details of the victims and the perpetrators, as well as all injuries, wounds, treatments and forensic evidences which have been collected. For the sake of confidentiality of patient's data, this from will be kept in OSCC rather than put it together in the patient's file. But hospitals which OSCCs just newly established, may not have any specific forms to record data of these cases and found that it is difficult to provide statistics on the number of these women or the services they have provided in details. Another major problem of the case record and hospital information system is its usefulness for legal charges. When case record is incomplete and inadequate to use as an evidence in legal process, it will affect the victims when they want to make any execution. Establishment of OSCC is, therefore, helpful in development of protocols for health personnel to guide them what should be recorded or collect as an evidence.

***Involvement of community in comprehensive services of women victims of violence***

Hospital response to VAW has been counted as a secondary prevention action aims to detect violence in time or to terminate it at the possible juncture[10]. Primary prevention action to obviate violence before it occurs is also important but it need more partners since the target group is the public at large. Communities play an important role in this action since they can disseminate knowledge on VAW to public, make a surveillance and provide primary assistance to victims as well as give support when victims go back from hospitals. Communities in this ideology may include from people in the neighborhood up to staff of local organizations. Fig. 1 demonstrated a network for comprehensive services for women victims of violence. At the village level, volunteers can work with community leaders, women's groups and adolescent groups in giving information on VAW, make a surveillance and identify cases who are victims of violence, give primary assistance and make a referral to health care system if needed. At the subdistrict level, health stations will play a key role in working with other groups in the communities such as civil society groups, women's groups, community leaders and staff of subdistrict administrative organizations in provision of primary and respond to immediate need while a referral to the higher level has been made. At the district level, district hospitals can be units which physical and emotional care have been provided as well as response to other need by collaboratively work with police, community leaders and other related district organizations. An effective referral system with other organizations at the provincial level can also be made at this level. At the provincial level, provincial hospital can be the main health facility in response to physical, psychological and sexual abuse. The provincial hospital can establish network with police, prosecutors, NGOs, provincial welfare units and other related organizations in order to provide a compre-

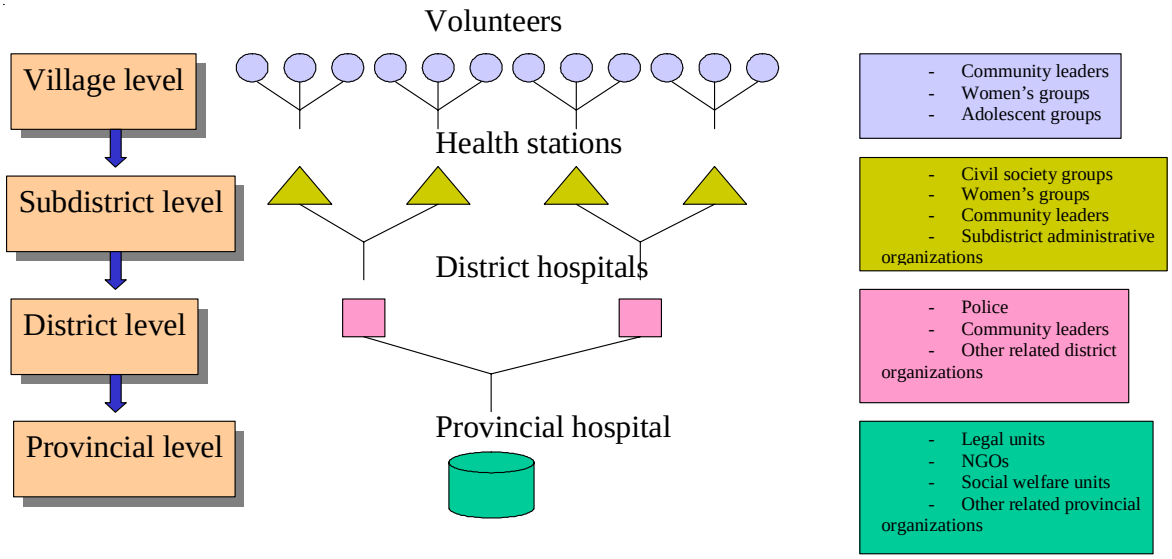


**Fig. 1** Establishing of a network for comprehensive services for victims of violence

hensive service for women victims of violence. Dealing with victims of violence, hospital staff have to prepare for involvement of communities and building a network with them if a comprehensive service is needed.

***MOPH policy in establishment of OSCCs and its feasibility***

At the beginning of this year, a mandatory policy to establish OSCC in every public hospital at the provincial level throughout the country has been undertaken. But there is no clear determination of plans and budget to support its implementation. Experience of MOPH in expansion of hospitals with OSCC from 1 model hospital into 20 hospitals demonstrated that such services can not be simply made as "just start it". Preparation of health personnel by training to increase technical competency and understand gender relationship is very essential in provision of these services. Adequate support and awareness of its importance from hospital administrators are also a key component to run this center. Reform of service flows and recording system are also in need as an enabling environment for its implementation. Five years of experience for Thailand in establishing OSCC has shown that only hospitals with adequate support or having champion leaders or strong determined-mind of staff are key factors leading to real success in establishment of OSCC or to make it sustainable after establishment. If MOPH really want to see this comprehensive service occur in every provincial hospital, a definite plan and program implementation should be formulated. In addition, although an initial assessment of the effectiveness of the establishment of OSCC has been undertaken but a systematic evaluation may be more useful before any national implementation start. Reviews of reports from the USA showed that assessment of patient satisfaction to the services and job impact to the service providers are very helpful in adjustment and expanding of these centers. As we have already had some hospitals with OSCC, an evaluation of its functions and services is highly recommended.

**Conclusion, Discussion and Recommendation**

Thai public hospitals just recently started to provide a comprehensive service for women victims of violence which has been called OSCC. Like other countries in this region, these OSCCs aim to provide the highest quality of medical and forensic services around the clock, as well as counseling and other support services needed by this group of women. In order to meet these aims, hospitals and health personnel have to be prepared for these changes either in terms of service flows, health information recording systems or increasing technical competence and changing of "blaming the victims" attitude. The initial assessment demonstrated that only 4-5 hospitals have been considered as hospitals with well-established OSCC while the rest of these hospitals still need some support to make their initiatives in these services sustainable. However, hospital statistics demonstrated that, in average, at least a child or a woman has to come for this service within a week[11].

Function of Thai OSCCs may be a bit different from such services in her surrounding countries. The Philippines, India and Vietnam let their NGO partners provided support, refuge and counseling services through the hospital[12-14]. It has been agreed among the key person who establish OSCC that training their own health personnel to take responsibility of the major services provided by OSCC will make it more sustainable. Experience from Khonkaen hospital in training nurses to provide all counseling services because there are no psychologists or psychiatrists worked in the hospital has proved that they can work on this responsibility very well. Services of OSCC must be integrated into routine hospital services rather than make it like "stand-alone" services. But to make this integration, several agreement and discussion have to be performed among health personnel in each department. Although training usually being provided to hospital staff when OSCC has been opened, but due to the high turn-over rate and a large number of newly-recruited hospital staff, re-training to hospital staff should be included. It has been raised from the OSCC team that it may be the appropriate time to think of integrating VAW issues into the curriculum of medical and nurse student. The Philippines is the only country in this region that VAW and comprehensive hospital services have been included in the medical curriculum.

Lastly, as MOPH has mandated a new policy for all provincial hospitals through out the country to establish OSCC for women victims of violence. There is a need to plan and determine functional steps in assisting these hospitals to begin these services. Some budget for capacity building are needed as well as for reforming of hospital recording system on these cases. Facilitating for building network both within hospital and to other related system should be focussed since it is a new thing for several hospitals. Planning for research and periodically assessment of this service

provision should be added as a component of OSCC service. If any hospital has any potential to go beyond the comprehensive services for victims of violence, such as making an intervention to the perpetrators, launching the primary prevention of VAW, MOPH should provide a strong support to them since these are services go concomitantly with OSCC.

**Acknowledgement**

This paper was based on data from the project on "Hospital services for women victims of violence: an intervention program" funded by the Ford Foundation

**References**

1. Friends of Women Foundation. "Violence against Women: experience and recommendation from private sectors" A paper presentend in the conference on "From state of Knowledge to resolutions: the case of violence in Thai society" Health System Research Institute, 9-10 November 2000.
2. Friends of Women Foundation. "The situation of domestic violence" A paper distributed by Friends of women Foundation, 2002.
3. World Health Organization. Fact sheet: Violence against women, June 2000.
4. Archavanitkul K, et al. "Intimate Partner Violence and Women's Health in Thailand" WHO Multi Country Study on Women's Health and Life Experiences, Paper reported in 2003.
5. Thompson S, Pongwet M. "Information system development of violence indicators in Thailand" Paper reported by GDRI, the Promotion of Women's status Association, 2000.
6. McAfee cited in Abdullah R, et al. Battered Women in Malaysia: Prevalence, Problems and Public Attitudes, A summary report of women's Aid organization, Malaysia's National Research on Domestic Violence, 1995.
7. World Health Organization. "Violence against women: a priority health issue, FRH/WHO/97.8, Geneva, 1997.
8. Heise LL, et al. "A violence against women: the hidden health burden, Washington DC, the World Bank, 1994.
9. Warshaw (1987) cited in Abdullah R, et al Battered Women in Malaysia: Prevalence, Problems and Public Attitudes, A summary report of women's Aid organization, Malaysia's National Research on Domestic Violence, 1995.
10. Egger R, Froeschl E, Lercher L, Logar L. Oesterreichische and internationals strategien zur Praevention von Gewalt, Vienna, 1998.
11. Panjapiyakul P. "Statistics on Physical Injury from 21 Public Hospitals in 2003" Report from the Minister of Public Health, 2004.
12. Balayon, T. "NGOs: Working as partners with public hospitals to respond to VAW" Paper presented at the Asia-Pacific Conference in Reproductive and Sexual Health, 6-9 October 2003, Bangkok, Thailand.
13. Deosthali P. "How can hospitals in low-resource settings respond to VAW: can communities involve?" Paper presented at the Asia-Pacific Conference in Reproductive and Sexual Health, 6-9 October 2003, Bangkok, Thailand.
14. Mai LTP. "From zero to a one-stop crisis center: Experience from Vietnam" Paper presented at the Asia-Pacific Conference in Reproductive and Sexual Health, 6-9 October 2003, Bangkok, Thailand.