CHAPTER I

BACKGROUND AND RATIONALE

Sexual assault is broadly defined as unwanted sexual contact of any kind. Among the acts included are rape, incest, molestation, fondling or grabbing and forced viewing of involvement in ponography. Drug – facilitated behavior was recently added in. When sexual activity occurs between a significant older person and a child, it is referred to as molestation or child sexual abuse rather than sexual assault [1,2]. The victimization by violence has led women to a tragic loss of healthy life. The financial costs of sexual assault are enormous; intangible costs, such as emotional suffering and risk of death from being victimized, are beyond measurement. Thus, this is a major public health problem [1,2]. The female population in Thailand is approximately 33 million in 2005, with the ratio of age interval 0–14 years: 15-64 years and over 65 years equaling 23.9%: 68.6% and 7.5% respectively. The statistics from Police General Hospital (PGH) and the Royal Thai Police Information System center in 2000, 2001, 2002, and 2003 indicated that the ratio of sexual assault victims who came to PGH vesus all reported cases were 957/4037 (23.7%), 845/3847 (21.9%), 1101/4435 (24.8%), and 1365/5041 (26.5%) respectively [3]. So PGH is the largest source of sexual assualt data in Thailand.

PGH is a 750 bed hospital, located at Pathumwan district, in the central part of Bangkok. PGH is a referral center of sexual assault victims, there are about 100 sexual assault cases per month. The reason is that sexual assault is a violent crime and victims who want to take legal action against offenders have to inform the police. PGH is responsible for providing physician witnesses, so most victims are referred to PGH for physical and forensic medical examination.

In many countries, including Thailand, there is significant underreporting of sexual assault, especially in men. The reasons are complex and multifaceted but typically include fear of retribution or ridicule, and a lack of confidence in investigators, police, and health workers [2,4]. In Pakistan, India and many countries in Asia, rape cases are increasing, but most of them are unreported because of the stigma attached

to such abuse or wrong social ideas about sexual assault [5,6]. With 7 – 36% of women, including 3 – 36% of child worldwide victimized by rape, the fear of rape haunts women and child throughout their lives [7].

In Thailand, there are few retrospective studies concerning sexual assault. Ruangkanchanasetr S. et al. (2005) found that rape was reported by 2.4% in 2311 adolescents of 8 schools in Bangkok [8]. In the past, there were only 2 retrospective studies in PGH, and the studies concluded that most victims were adolescent , low education, and children victims were estimated to be about 25% of overall victims. Moreover, most children were associated with physical injuries, threatened with some kinds of weapons and assaulted by single assaillant [9,10].

For the motivating factors of rape, a study of 137 convicted male rapists from 3 prisons in Thailand, Ortrakul found that 13% were under the influence of Marihauna or thinner and 10.9% on analgesics. The precipitating factors were alcohol drinking and women seduction [11].

In 1994, Jongpanichgultorn S. et al reported 284 child victims at PGH with mean age of 12.5 years. Most sexual assault events occurred at night. Thirty two cases (11.2%) were physical injuried and 15 cases (5.3%) were assaulted by assailants carrying guns or other weapons. Eighty percent of the victims were attacked by single assailant, 12% suffered physical injuries and 32% got genital injuries. The vaginal fluid specimens were tested positive for sperm in 12% and acid phosphatase in 32% [10].

In the survey of 6,159 college students enrolled at 32 institutions in U.S.A., 54% of women had been the victim of some form of sexual abuse. Of these incidences, 57% occurred on date, while 73% of the perpetrators and 55% of the victims had used alcohol or other drugs prior to the assault [12]. However, 2.2% of the sexually assaulted victims in U.S.A.were 50 years or older [13].

The methods of approach of the offenders may be con or blitz [2].

Con : the offender approaches the victim openly using a subterfuge, trick, or ruse. He may offer some sort of assistance or request directions. He is initially pleasant and friendly and may even be charming. His goal is to gain the victim's confidence and (when he is in apposition to overcome any resistance she might offer) capture her. Quite

often and for different reasons, he exhibits a sudden change in attitude toward the victim once she is under his control.

Blitz : A person using the blitz approach immediately employs injurious force in subduing his victim. He allows her no opportunity to react physically or negotiate verbally and will frequently gag, blindfold, or blind his victim. His attack may occur from either the front or rear. Most often he uses his fists or some other blunt force, but he may also use disabling gases or chemicals, strangulation, or suffocation techniques. The use of this approach suggests hostility toward women, an attitude that may also be reflected in his relationships with females outside the rape environment.

The health consequences of sexual assaults are varied, including physical and psychological effects, both in the short term and in the long term. Most sexual assaults can have devastating long-term psychological effects, influencing and radically altering a person's entire life course[14].

Concerning physical consequences, individuals who have experienced sexual assault may suffer a range of physical injuries (genital and non-genital), or in extreme cases, death. Mostly, physical injury of the victims are mild to moderate degree, less than half sought healthcare for injuries [15,16]. Mortality can be caused either by the act of violence itself, or acts of retribution (e.g. honor killings or as a punishment for reporting the crime) or suicide. In addition, rape victims are at increased risk from unwanted pregnancy, unsafe abortion, sexually transmitted infections (STIs) including HIV infection, sexual dysfunction, infertility, pelvic pain and pelvic inflammatory disease, urinary tract infections [17]. Genital injuries in women are most likely to be seen in the posterior fourchette, labia minora, hymen,and/or fossa navicularis. Non-genital physical injuries typically include the following: bruises and contusions; lacerations; ligature marks to ankles, wrists, and neck; pattern injuries (i.e. hand prints, finger marks, belt marks, bite marks; anal or rectal trauma [14]. Most of Thai sexual assault victims were mildly physical injured [9,10].

Infection can be transmitted during nonconsensual contact, but the risk is small [5,18]. STIs occur as a result of rape in 4% to 30% of patients [19,20]. The risk of acquiring HIV from sexual assault involving anal or vaginal penetration and exposure to ejaculate from a perpetrator with HIV is conservatively estimated to be at a minimum of 2

per 1,000 contacts. The actual per-contact risk is higher if other factors are present, such as the presence of tissue injury, blood exposure, or the presence of inflammatory or ulcerative STIs[21].

In Thailand , there have never been researched on sexual assault in hospitals for a long period by collecting the data prospectively. We therefore decided to conduct this descriptive study by using prospective data collection to ensure completeness of data collection.