



MEASURING THE SHADOW PANDEMIC:

VIOLENCE AGAINST WOMEN DURING COVID-19

COUNTRY REPORT: THAILAND

EXECUTIVE SUMMARY

The COVID-19 pandemic has led to harsh economic shocks in Thailand, impacting women's vulnerability to violence and abuse. As a result, women have felt less safe, struggled with mental and emotional health issues and been subjected to more dangerous situations over the past year. In addition, there is an unmet need for violence against women (VAW) support services, further exacerbating conditions amid a growing number of support-seekers.¹ The downstream impacts of COVID-19 vary in type and severity, based on pre-existing factors, including socioeconomic status and vulnerability to other stressors.

This research delved into the relationships between ways of measuring VAW and related demographic, behavioural and socioeconomic factors and found that COVID-19 has had significant negative impacts on women not feeling safe in public places as well as on their mental and emotional well-being. Among the drivers of these feelings, external stressors such as food insecurity and family relations stood out as having an impact not only on experiences of safety but also on women's well-being overall.

¹ Langerak, Annelie. 2020. "Thailand's Silent Pandemic: Domestic Violence during COVID-19." Heinrich Boll Stiftung. 1 July. <https://th.boell.org/en/2020/07/01/covid-19-domestic-violence>.

1. INTRODUCTION

The World Health Organization's (WHO) Global Database on the Prevalence of Violence against Women has used modelled estimates to derive the prevalence of various types of VAW. The best VAW estimate that exists at the country level is for intimate partner violence. For the years 2000–2018, the model estimated that 24% of women aged 15–49 had experienced intimate partner violence in Thailand.²

Since the pandemic began, rapid assessments conducted by UN Women using administrative data from police, VAW hotlines and other service-providers suggest an increase in reported cases of violence against women and girls. Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have had an impact on VAW risk factors, especially for women and girls who faced multiple forms of discrimination. As a result of the COVID-19 pandemic, calls to the Thai Government's Social Assistance Centre increased by at least 34%, from women in violent situations seeking help.³

Within this context, UN Women commissioned Ipsos to conduct a rapid gender assessment survey on the impact of COVID-19 on women's well-being and safety in 13 countries across regions. In adapting the surveying methodology to be feasible in the COVID-19 context, proxy measures on experiences of VAW were used to collect data on sensitive topics to reduce the risk to the respondents, and thus may not be directly comparable to other studies conducted before the pandemic.

Having reliable data that was collected in line with methodological, safety and ethical standards, without putting women at greater distress and risk of violence, was critical to informing where policies and programmes can respond to the UN's system-wide efforts to scale up actions to address VAW in the context of COVID-19.

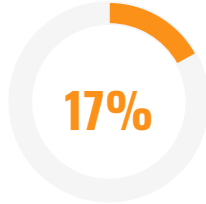
This report details the findings of the survey in Thailand from May to June 2021. It was conducted with women aged 18 and older who had access to a mobile phone – among this group, an estimated 90% of women own mobile phones.⁴

2 WHO. N.D. Prevalence of VAW Database. <https://srhr.org/vaw-data/data>.

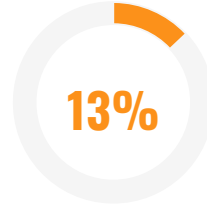
3 UN Women. 2020. "What happened after COVID-19 hit Thailand." <https://www.unwomen.org/en/news/stories/2020/11/what-happened-after-covid-19-hit-thailand>.

4 Consultative Group to Assist the Poor (CGAP). 2018. "New Insights on Women's Mobile Phone Ownership." CGAP Working Paper. p. 5. <https://www.cgap.org/sites/default/files/researches/documents/Working-Paper-New-Insights-on-Womens-Mobile-Phone-Ownership-Apr-2018.pdf>

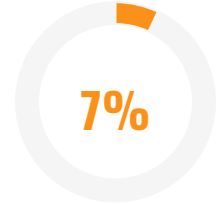
KEY FINDINGS



Verbal Abuse



Sexual Harassment



Physical Abuse



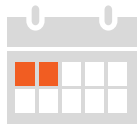
10%

of women feel unsafe in their homes.



23%

said this has gotten worse as a result of the COVID-19 pandemic.



5%

of women live in households with conflict among adults at least weekly.



8%

said conflict between adults has become more frequent as a result of the COVID-19 pandemic.



11%

of women think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community.



57%

said this has gotten worse as a result of the COVID-19 pandemic.



25%

of women think that physical harm, abuse and harassment are a problem for women in their community.



6%

of women think physical harm, abuse, and harassment has gotten worse since the onset of the COVID-19 pandemic.



39%

of women feel unsafe walking alone at night.



6%

of women feel unsafe walking alone during the day.



8%

of women think that it is common for women to be harassed in public.



2. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

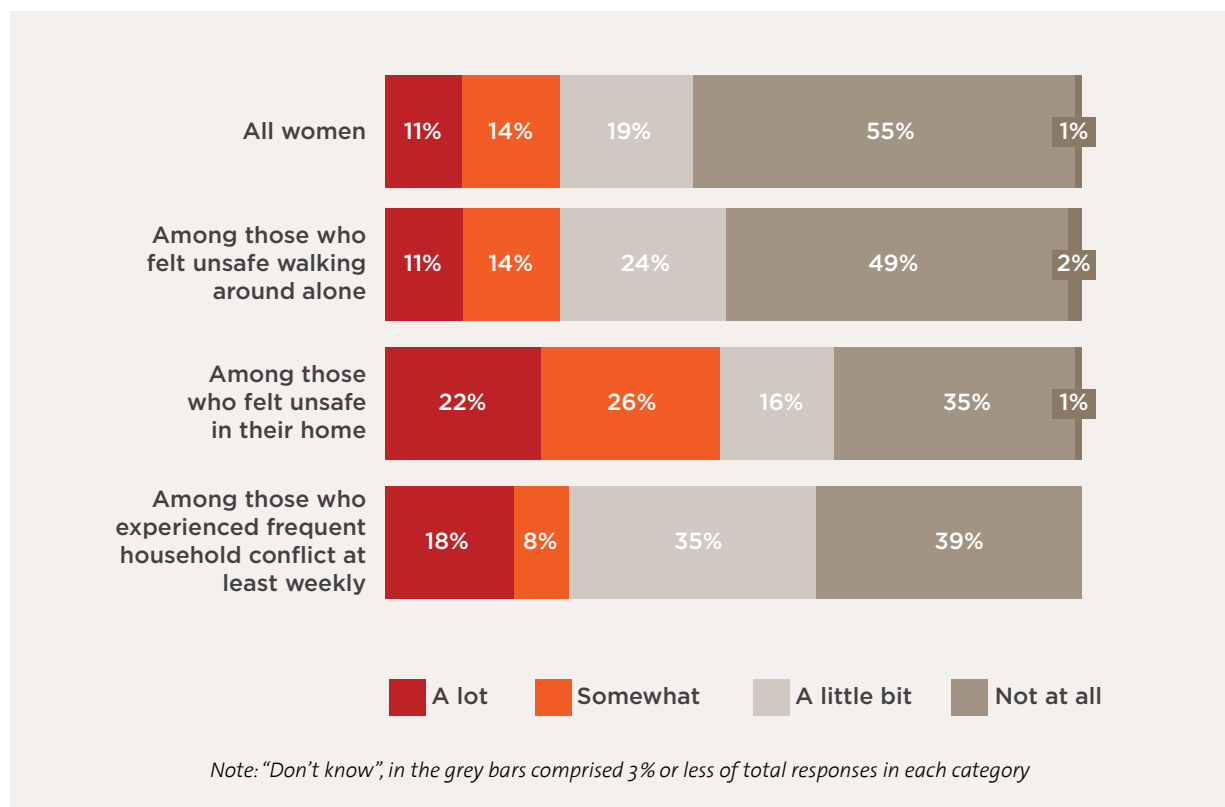
2.1. Perceptions of violence against women in the community

When asked about violence, abuse and harassment in their community, a quarter of women (25%) said they believe it is a problem⁵ and an additional 19% said it was “a little bit” of a problem. This was particularly the case for women in urban areas (30%), who were more than twice as likely to say that violence, abuse

and harassment were a problem compared to women in rural areas (14%).

Violence, abuse and harassment in the community was also more likely to be perceived as a problem by women who: earn an income, experienced a decrease in income since the start of the pandemic, and who experienced frequent conflict or felt unsafe in their homes.

FIGURE 1
Extent to which violence, abuse or harassment is a problem in their community



⁵ Combined responses “A lot” and “Somewhat” when asked about the extent of the problem.

Although few women (6%) perceived that violence, abuse and harassment has increased in their community since the start of the COVID-19 pandemic, those who felt unsafe or lived in households with frequent conflict were significantly more likely to report this (19% and 14%, respectively, compared to 5% of women who did not), indicating that COVID-19 may have exacerbated existing tensions and feelings of insecurity rather than creating new ones.

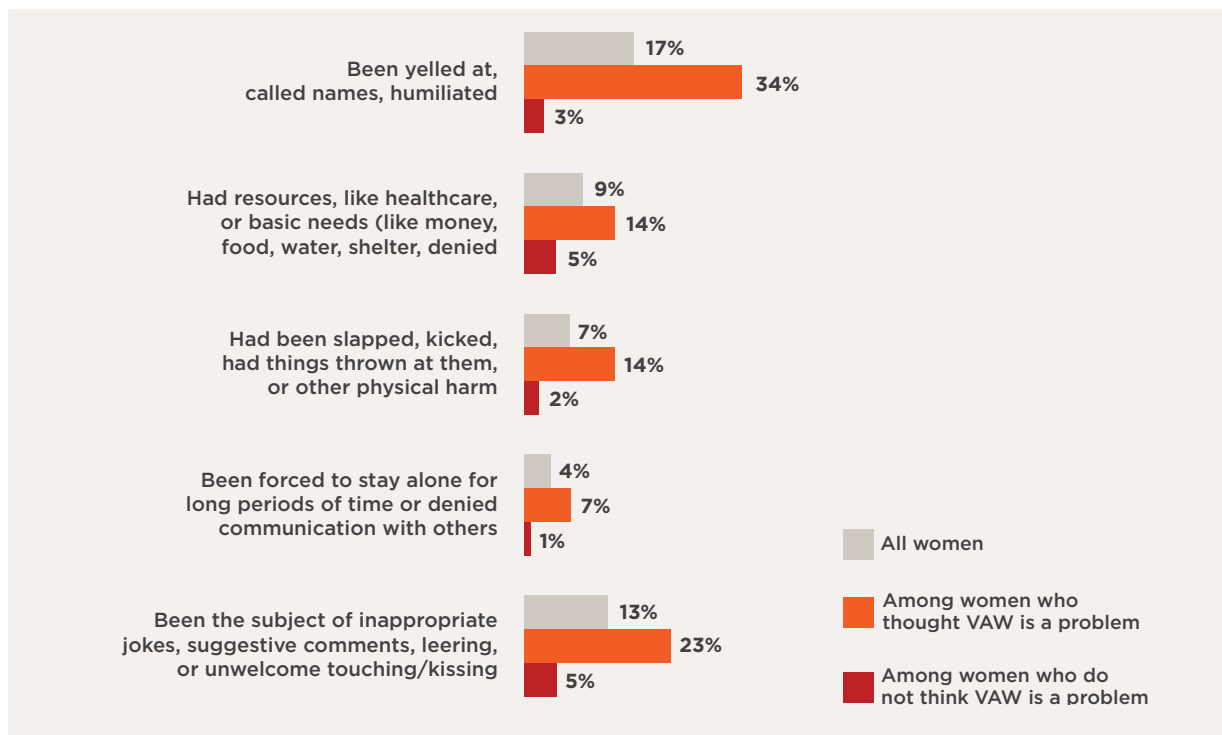
2.2. Proxy measures of violence against women in the community

When considering ways to measure violence against women at the community level, it is important to keep in mind the context of the study. Due to the remote nature of this survey, indirect questions were asked as proxy indicators of VAW, meaning it is not possible to distinguish respondent experiences from those of other women in their community or to

know whether this violence occurred within or outside of the household. Therefore, although data from this study should not be interpreted as prevalence data, it nevertheless provides critical information on the impact of COVID-19 on women’s perception of safety and well-being.

Women were asked whether they, or any woman they knew, had been experiencing different forms of VAW since the start of COVID-19, such as violence, denial of basic needs, sexual harassment, restrictions or verbal abuse. Women who said they thought VAW was a problem in their community were significantly more likely to say that they or someone they knew had experienced any form of VAW. This was also true of women in households that were jointly headed (by herself and her husband), among women who earned an income, as well as those aged 18–29 (particularly when it came to physical abuse, verbal abuse and sexual harassment).

FIGURE 2
Percentage of women who reported experiencing or knowing another woman who has experienced different types of violence, by whether they think VAW is a problem in their community



More specifically, women who lived in urban areas were more likely to say that they or a woman they knew had experienced verbal abuse (20%, compared to 10% of women in rural areas) and harassment (15%, compared to 8% of women in rural areas), suggesting that these types of VAW may be more prevalent in urban areas.

Women who said they were currently living with a partner were more likely than others to have experienced, or know a woman who has experienced, physical abuse (10% compared to 5% of single, divorced or widowed women) or verbal abuse (21%, compared to 11% of single, divorced or widowed women), suggesting that these types of abuse may be experienced most often at the hands of a partner.

Women who said they have a disability were less likely to report having experienced or knowing someone who has experienced physical abuse (4%, compared to 8% of women who said they do not have a disability). However, they were much more likely to have experienced or know someone who has experienced a denial of basic needs (19%, compared to 6% of women who said they do not have a disability) and harassment (21%, compared to 11% of women who said they do not have a disability).

Women who reported that they or another woman they know had been subject to verbal abuse or sexual harassment were more likely to have experienced moderate or severe food insecurity (72% and 66%, respectively) when compared to women that did not (28% and 35%, respectively), indicating that structural and economic factors could be a significant driver of violence against women.

3. SAFETY IN THE PUBLIC SPHERE

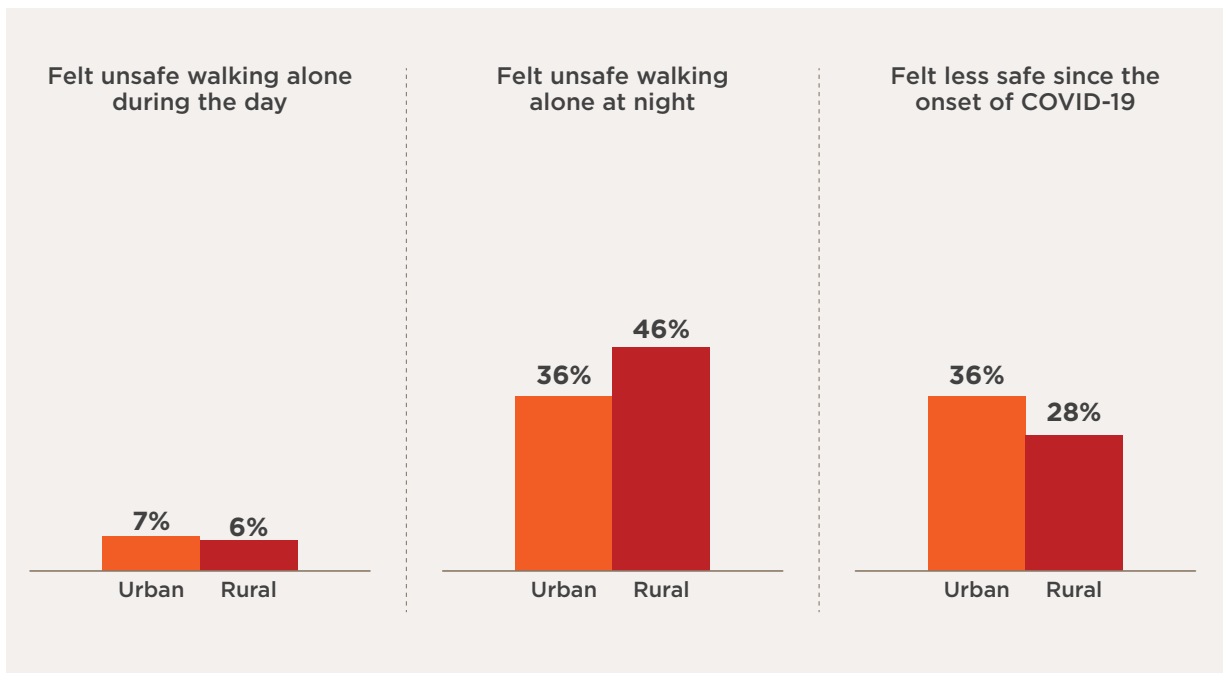
3.1. Personal safety in the public sphere

When out in their communities, an overwhelming majority of women said they feel safe walking around the areas where they live during the day (93%). This drops to 61% when asked the same question about walking alone at night, with a third (34%) saying they have felt less safe since the start of COVID-19. Women aged 60 and over and those that are

widowed were more likely to feel unsafe alone in public than their younger or married counterparts, whether it was during the day or at night.

Experiences of safety also differed across type of location, with women living in rural areas more likely to say they have felt unsafe while walking alone at night and women living in urban areas more likely to say that the COVID-19 pandemic has had a negative impact on their feelings of safety.

FIGURE 3
Perceptions of safety while out in public, by location



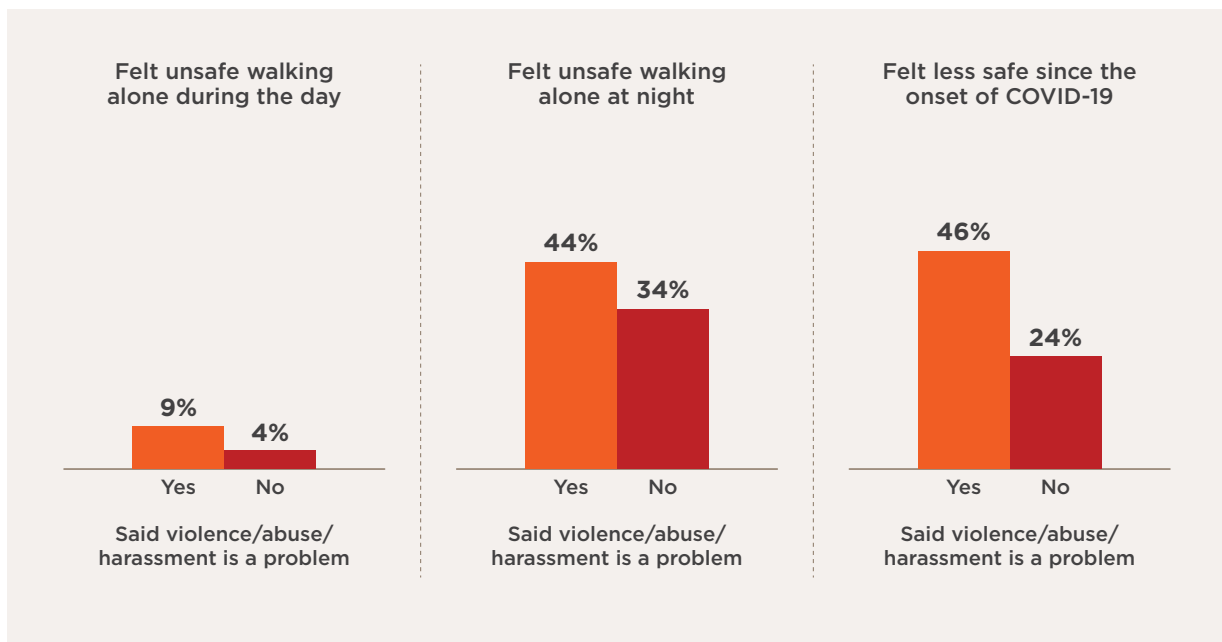
3.2. Women’s perceived safety in the public sphere

The data show a clear trend between women’s perception of their own personal safety and their perception of violence and harassment in the community, which has worsened significantly since the onset of COVID-19. About 4 in 10 women (39%) said they feel unsafe walking in public at night. However, among women

who think VAW is a problem in their community, this rate increases to 44%. This group of women were nearly twice as likely to feel less safe since the onset of COVID-19.

There was also a direct correlation between women who thought that harm, abuse or harassment are problems in their community and women who reported that their feelings of safety have decreased since the onset of COVID-19.

FIGURE 4
Percentage of women who felt unsafe, by their perceptions of safety in their communities



The majority of women (90%) expected that women experiencing harassment or abuse in the public sphere would seek help, with one third (33%) saying they thought women would seek support from family and less than a quarter (24%) of women said that they would seek help from the police, suggesting that this type of VAW may be largely underreported to authorities.

Although it is clear that women had an increased sense of anxiety and fear outside of the household, this had not stopped most of them from engaging in public. A large majority of women (82%) said that they leave their house at least once a week and still see their friends and social groups with some frequency, despite constraints related to the COVID-19 pandemic and shifting feelings of safety.

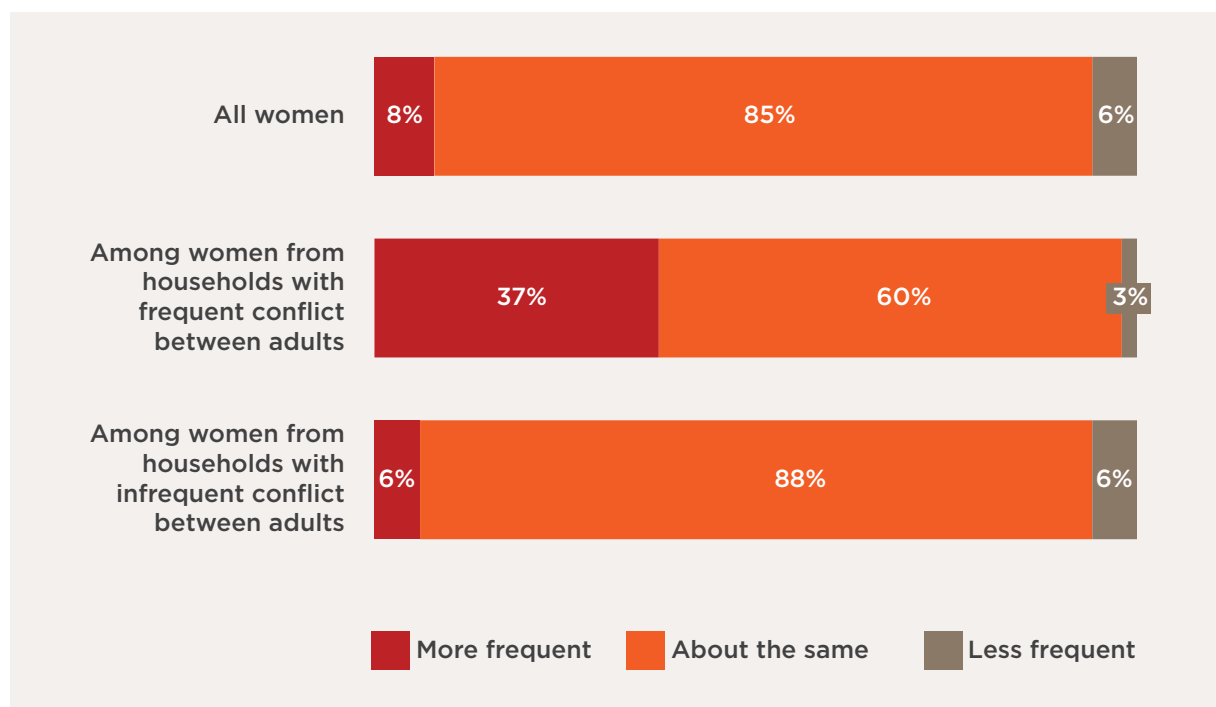
4. SAFETY INSIDE THE HOME

4.1. Personal safety inside the home

When it comes to safety at home, only 5% of women said that there has been conflict between adults in their household at least weekly over the past six months and 55% said they have had no conflicts at all. A large majority of women (85%) said that COVID-19 has had

no impact on the frequency of arguments in their household. Those who experienced conflict more often were significantly more likely to say that the frequency had increased as a result of the pandemic, suggesting that already existing household tensions had been exacerbated.

FIGURE 5
Changes in household conflict as a result of COVID-19

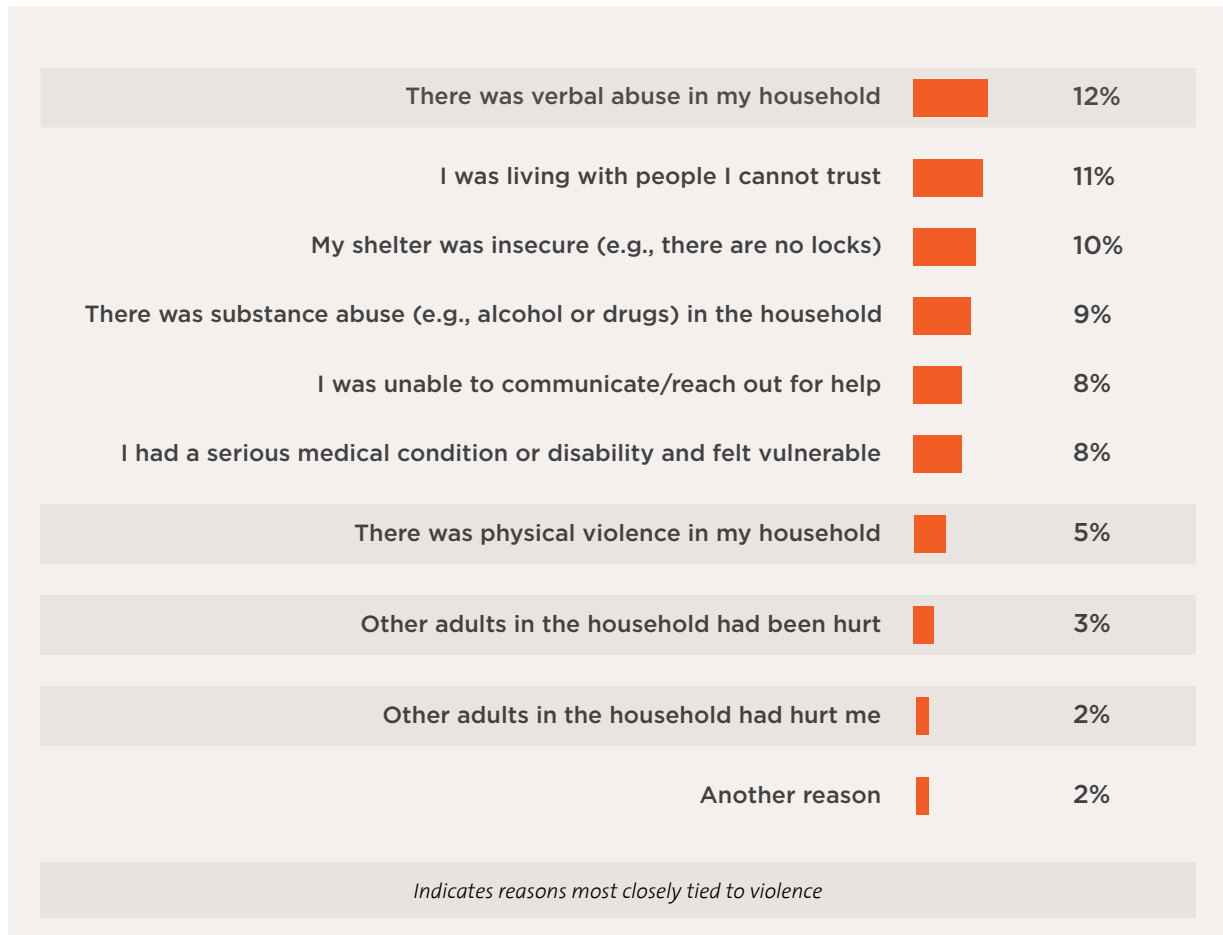


One in 10 women (10%) said they have felt unsafe in their household in the last six months, and 55% of these women said that the COVID-19 pandemic has made things worse (23% of women overall). Women who felt unsafe in their homes were more likely to have

children or be the head of their household, but they were not more likely than others to be moderately or severely food insecure. When asked why they have felt unsafe in their homes, women cited verbal abuse (12%) and issues around trust (11%) as the main factors.

FIGURE 6

Reasons women felt unsafe in their homes, among the 10% who reported feeling unsafe



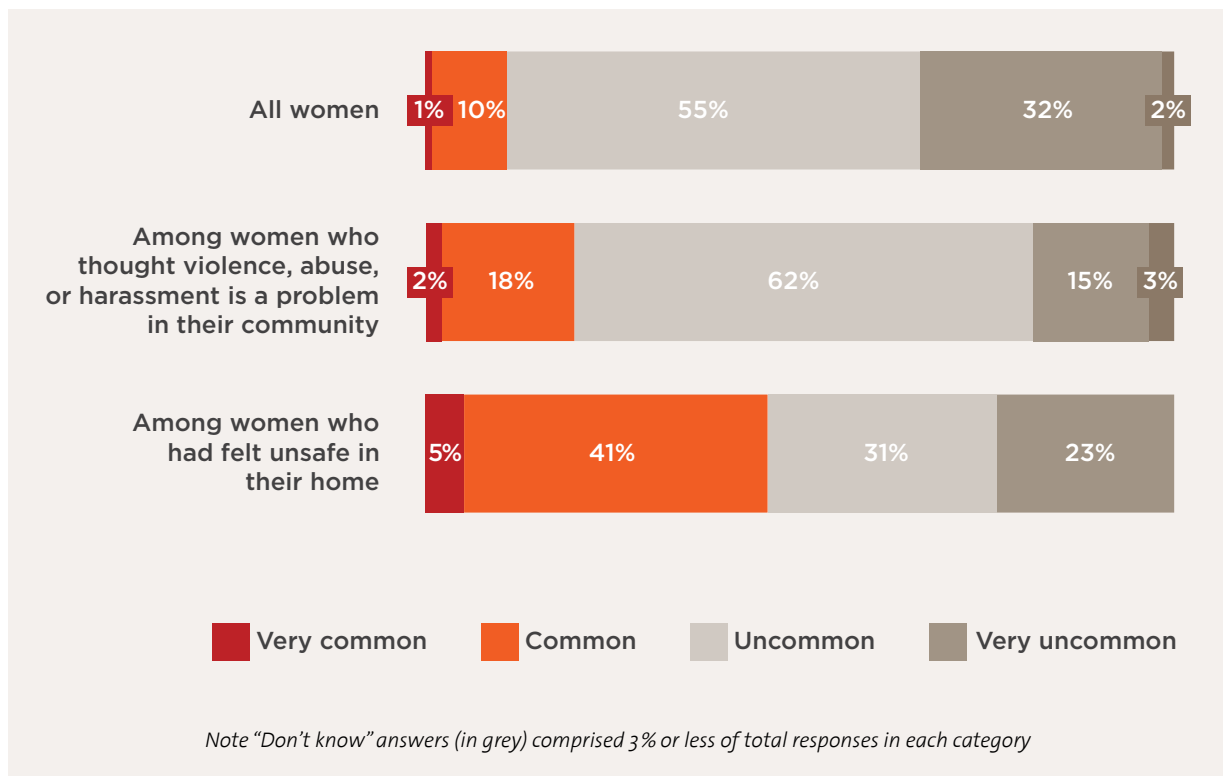
4.2. Women’s perceived safety inside the home

When considering the broader community, 11% said they think that the experience of verbal or physical abuse at the hands of a partner is ‘common’ for women.⁶ Out of women who

perceived violence, abuse, or harassment as a problem in their community, 21% felt verbal or physical abuse at the hands of a partner is a common occurrence for women. The majority of all women (57%) thought things have gotten worse since the start of the pandemic.

6 Combines responses of “very common” and “common”.

FIGURE 7
Perception of partner abuse, by opinion and experience of VAW



Women who reported feeling unsafe in their own home were much more likely to think that abuse at the hands of a partner is common for women, as were women living in urban areas, and women who said that they or a woman they know has experienced any type of VAW.

These data points suggest that women may be including their own experiences when reporting on the experiences of women 'in their community'. This bolsters the evidence-based theory that women who report abuse happening within their homes or in others' homes are more likely to think that abuse is common in the community overall.

Similar to experiences of violence outside the home, the majority of women (87%) said they believe that women would seek out help if

they experienced verbal or physical abuse at the hands of a partner, and many said they think these women would seek support from family (43%), followed by the police (23%), indicating that domestic violence may also be underreported to authorities.

Further, women who said that they have felt unsafe in their own home were significantly more likely to suggest that women would seek help from friends or family (63%) when compared to those that have not felt unsafe in their homes (46%). Conversely, women that said they have not felt unsafe in their homes were much more likely to suggest that women would seek help from the police (24%, compared to 9% among women who said they have felt unsafe in their homes).

5. IMPACTS OF VIOLENCE AGAINST WOMEN

In Thailand, there appears to be a correlation between feelings of safety and experiences of violence for women inside and outside of the household. For instance, women who felt unsafe walking alone were three times as likely than those who did not to say that they had felt unsafe inside their home, and nearly twice as likely to say that the COVID-19 pandemic had made things worse.

Women who felt unsafe walking around alone were also more likely to say that there was frequent conflict between adults in their household and that the COVID-19 pandemic had made this conflict more frequent. Women in this group were also more likely to think that violence at the hands of a partner was a common occurrence (20%, compared to 5% among women who did not feel unsafe walking alone).

FIGURE 8
Percentage of respondents who reported safety issues in their home, by their experience of safety outside the home

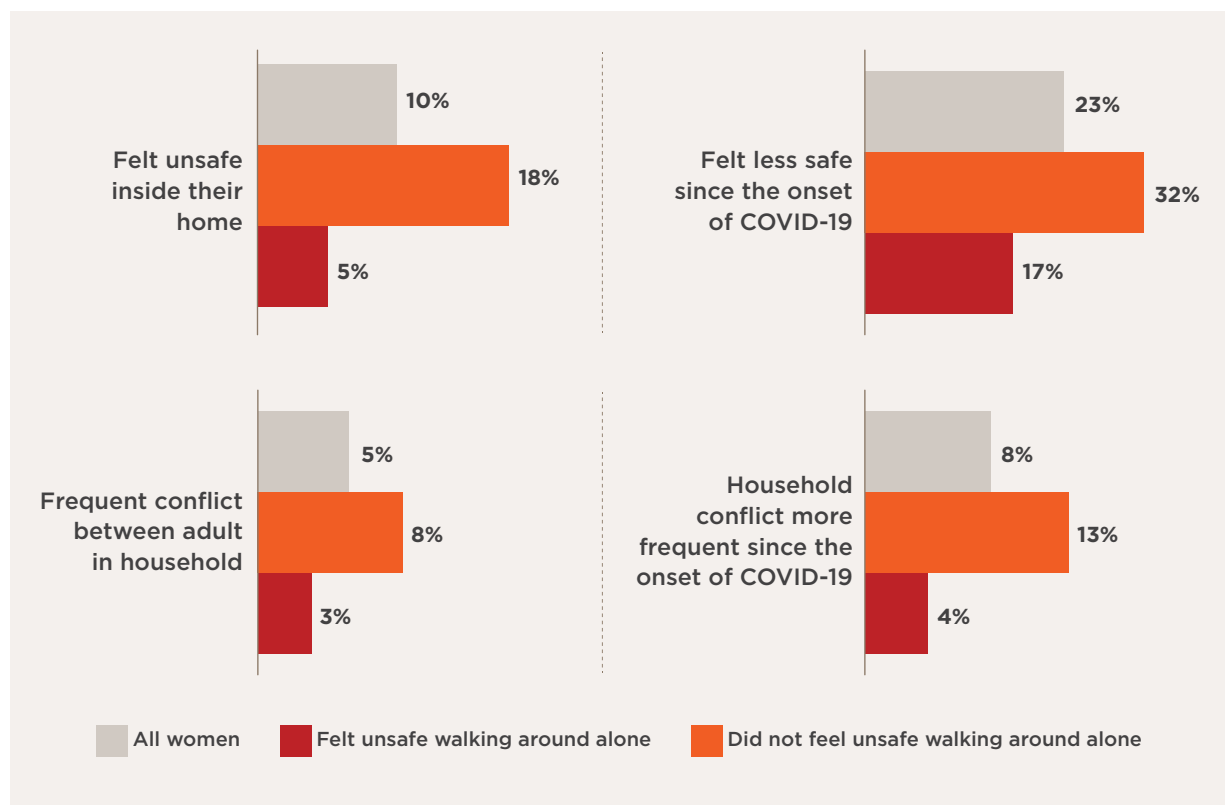
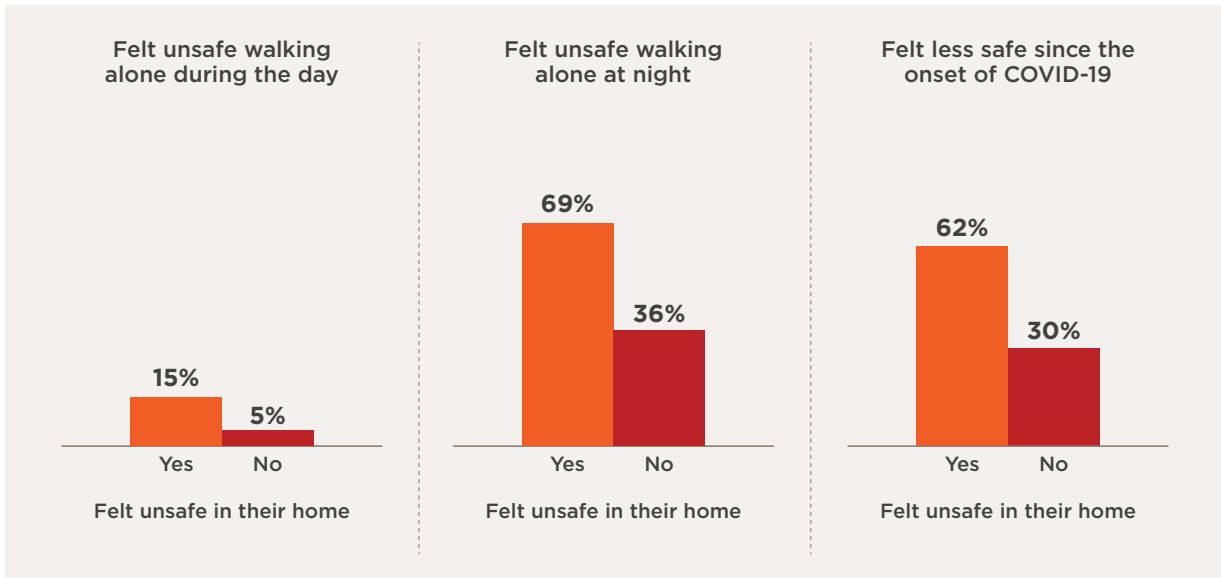


FIGURE 9

Percentage of respondents who reported safety issues in public areas, by their experience inside the home

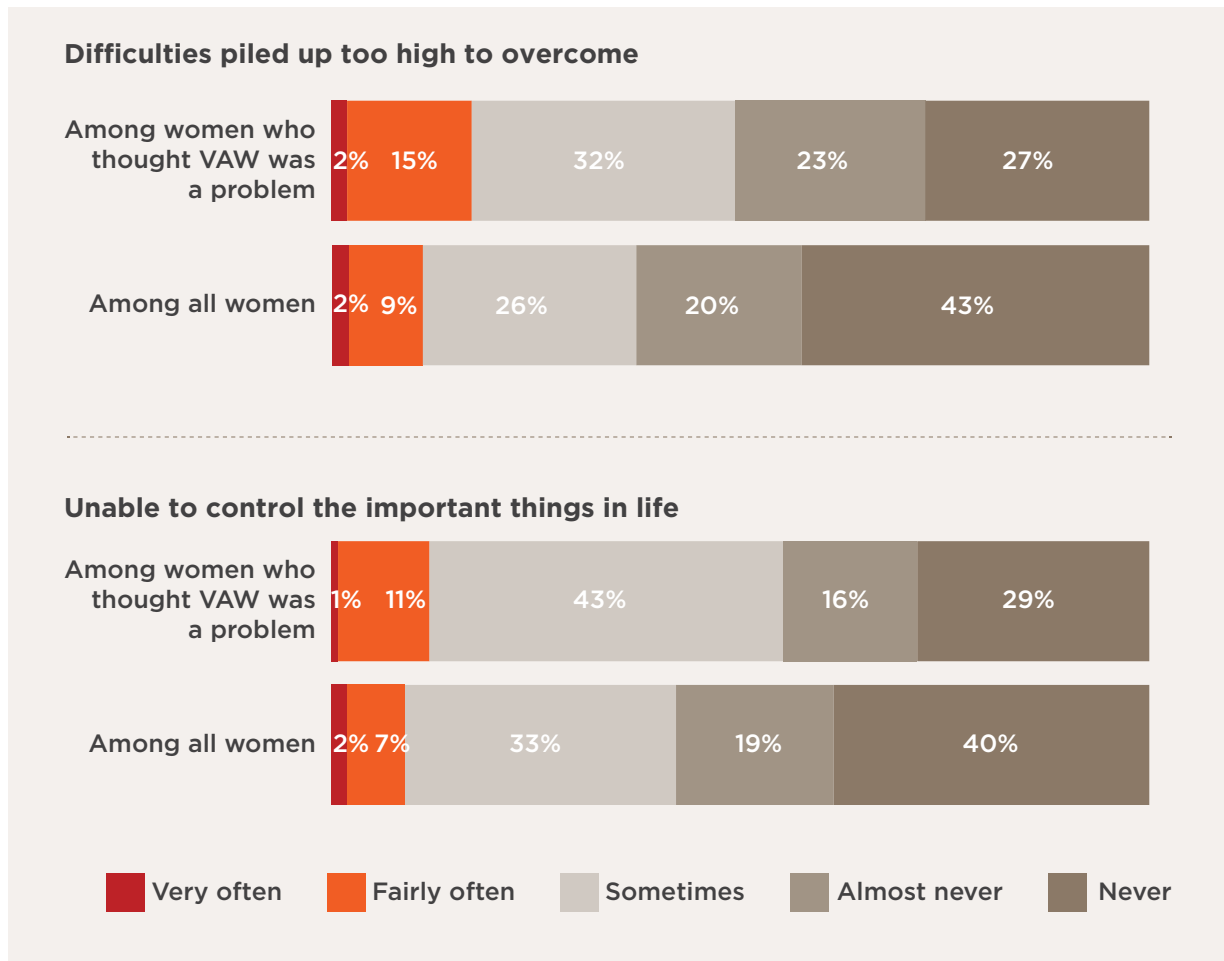


In addition to intersectional impacts of experiencing violence both inside and outside of the home, this study indicates strong relationships between VAW and women’s feelings of mental and emotional well-being.

Women who said that VAW is a problem in their community tended to be more likely to report mental health issues. Additionally,

women who reported experiencing safety issues were more likely than those that did not to say that the COVID-19 pandemic has made their mental and emotional health worse and had an overall negative impact on their well-being. Those women that had not experienced safety issues were more likely to say COVID-19 had no impact at all on their well-being.

FIGURE 10
Measures of mental health, by opinion of VAW



The majority of women who said they did not struggle with these measures of mental health were not likely to be food insecure. This suggests, as previous reports have found, that the negative impacts of COVID-19 may be felt the strongest by those who were already experiencing hardship.

Violence against women in both public and private spheres was also observed when analysing women’s socialization and movement patterns. Women who reported feeling safe, whether it was in their own home or when they were in the public sphere, were more likely to leave the house daily.

6. RECOMMENDATIONS

The impact of COVID-19 on VAW and gender inequality was significant. Women in Thailand face an enhanced risk of VAW as a result of the economic shocks of COVID-19.⁷ Since the pandemic began, the country has seen more than twice as many women arriving at the One-Stop Crisis Centres for women and girls suffering from violence and abuse.⁸ Moreover, around a quarter of women (27%) are likely to be food insecure, whether moderately or severely, and 82% said they had lost income due to the COVID-19 pandemic. Therefore, external stressors that can increase the risk of VAW are clearly on the rise.

Given the intersectionality of VAW, policy and programmatic interventions need to be tailored to the factors driving different experiences of violence. Not only does the type of response that is best suited to address VAW vary based on the specific experiences of women, but the resources they seek out vary as well. This work stresses the importance of partnering with the existing infrastructure that supports women in vulnerable situations to empower communities with the full suite of resources they may need to support women. Considering this, the research supports three recommendations:

1. Conduct further research to measure direct prevalence, as well as the social norms and behavioural drivers that underlie not only VAW but also the taboos that exist around it in Thailand.

While this study provides insightful information about the current state of VAW in Thailand, it is critical to conduct further research to understand the nuances that could not be captured, due to methodological and situational

barriers. Since no VAW prevalence data has been collected in Thailand, it is recommended that a nationally representative prevalence survey should be conducted to better measure the magnitude of VAW. If social distancing and stay-at-home measures continue to compromise the implementation of face-to-face data collection, innovative remote methods could be explored, provided that they adhere to globally agreed methodological, safety and ethical standards.

In addition to a large-scale quantitative survey, formative qualitative research could be used to help understand where there may be barriers to discussing VAW and what measures could be used to provide reliable estimates. This research is critical not only for understanding how women experience, are impacted by, and talk about VAW, but also for tracking any future programming or interventions that seek to bring about change.

2. Focus on educational and prevention programming, in particular destigmatizing and breaking taboos around talking about VAW, are required before it is possible to know the full extent of VAW in Thailand.

In order to understand the full extent of VAW in Thailand it is critical to undertake programming focused on destigmatizing the topic in order to encourage women to participate in further research comfortably and openly. The results from this study clearly show that VAW remains a taboo topic that women are not comfortable discussing and have conflicting feelings about. In comparing data collected in this survey through various techniques, particularly projective questions (like the vignettes) with those about women's own safety, there

7 United Nations Thailand. Social Impact Assessment of COVID-19 in Thailand. p. 124.

8 Langerak 2020 and UN Women 2020.

is inconsistency in responses, inferring that perhaps not all questions were answered completely candidly.⁹

Further, the findings suggest that women who experience safety issues in the home are significantly less likely than those who do not to reach out for help through official channels. This supports the belief that VAW is especially underreported in Thailand, and that VAW remains an issue that most women believe should be dealt with within the family.

3. Have VAW interventions meet people where they live and work, through existing social networks and resources, while considering how VAW programming could be mainstreamed through policy interventions in other areas.

The complex nature of VAW – particularly in countries like Thailand, where the topic is still considered taboo – calls for a comprehensive policy approach that mainstreams the issue and its impacts across a number of areas. For instance, it is important to capitalize on programming that is already working with women in their communities to provide additional education and support on VAW. In particular,

due to the strong correlation between women’s feelings of safety in public spaces and in the household, programming that addresses women’s safety and vulnerabilities generally stands out as an area to diversify. As with any programme implementation, however, it is critical to acknowledge the impacts that change in household dynamics have on relational stress between family members, as well as the downstream effects that may result from shifting connections outside the community. This can easily do more harm than good if not carefully accounted for.

Additionally, centralized resources may not be accessible for all women experiencing violence from a partner or other household member, not only because domestic violence is often considered a private matter but also because of a lack of accessibility and fear of repercussions. Such cases require careful placement of resources in informal channels where women feel comfortable, for instance through family centres, community health workers, or community or religious leaders.

9 This was perhaps a contributing factor influencing the low response rates to this survey overall and high refusals among women who were contacted. For more information on this, please see the Technical Report.

7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing to mobile numbers between 30 April–18 June 2021. The total number of completed interviews was 1,202. During the survey period, Thailand’s COVID-19 caseload was rising sharply (where case counts ranged from roughly 1,900 to 3,500 per day).¹⁰ Thailand had imposed limited nightly curfews during the uptick of COVID-19 cases from May 2021. Despite the vaccination drive beginning as early as March, only 3% of the population was fully vaccinated by June 2021.

The survey sample was drawn via random-digit dialing among the population with mobile phone numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Women over the age of 60 were also specifically targeted with an existing database to ensure adequate coverage of this age group. The percentages for each age group in this survey are within 2 percentage points of each age group in Thailand’s 2020 Census data, and weighting is used to achieve a matching distribution.¹¹

Age group	Percentage of adult women based on Census data	Percentage of adult women from sample data
18–29	20%	22%
30–39	18%	19%
40–49	20%	21%
50–59	19%	17%
60+	23%	21%

10 Johns Hopkins University Coronavirus Resource Center data.

11 National Statistical Office. N.D. <http://statbbi.nso.go.th/staticreport/page/sector/en/01.aspx>

DEFINITIONS

Community: A term referencing the geographic area in which the respondent lives.

Food insecurity: This study used the World Food Programme/Food and Agriculture Organization formulation to measure food insecurity with an eight-statement battery of questions. These data can be used to establish estimates of the proportion of the sample who are moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module.¹² Any references in the report to prevalence of moderate

or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

Partnered: A term referring to women who are married or living/cohabiting with a partner.

Violence against women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

¹² The FIES software developed by FAO can be found online at <https://fies.shinyapps.io/ExtendedApp/>

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