**Thailand’s Response to the questionnaire Call for Submissions: COVID-19 and the increase of domestic violence against women**

**Background information**

1. Amidst the spread of COVID-19, the Royal Thai Government has monitored the situation closely and implemented a series of measures as deemed necessary, including temporary urgent measures implemented since 26 March 2020, in order to protect the public health safety and peaceful living of people in the country. Following close consultations with all stakeholders, the Government has also conducted reviews of their necessity and revised the measures. A compilation of the Government’s measures and related documents appears in the Annex.
2. Thailand has been recognized as one of the countries that have thus far successfully contained COVID-19. Consequently, several measures including a lockdown have been gradually lifted. The curfew was completely removed on 15 June 2020.
3. **To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis.**

1. According to the Social Assistance Center under the Ministry of Social Development and Human Security (MSDHS), over 400-1,200 calls were received per day during January – May 2020, but the number of reported cases of violence and domestic violence did not significantly change during January – May 2020. Before the pandemic of lockdown, there were 195 and 185 cases of reported violence cases in January and February 2020, respectively, of which 131 and 166 cases were identified as domestic violence. The number rose to 203 cases of reported violence and 154 cases of domestic violence in March 2020. It dropped to 180 and 137 cases in April 2020 and rose again to 214 and 169 in May 2020. The data is not disaggregated by gender of victims, however.

1. In parallel, the Women and Men Progressive Movement Foundation, a civil society partner of the MSDHS, received 12 reported cases of domestic violence and violence against women, including rape and sexual assault during 1 April – 15 May 2020, which increased from 8 cases during the same period in 2019.
2. **Are helplines run by the Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic**?
3. A series of helplines and support services have been operated or funded by different government agencies and civil society organizations with the aim to assist all those in need in the society, including foreign nationals. To name a few, they include the MSDHS’ Social Assistance Center Hotline 1300, the Ministry of Foreign Affairs’ Consular Department Hotline 02-572-8442, the Ministry of Justice’s ‘Justice Care’ Hotline 1111 press 7,   
   the Ministry of Interior’s Damrongdhama Center Hotline 1567, etc.
4. During the pandemic, the Government has strengthened the capacity of existing mechanisms, including by collaborating with its partners from different sectors in designing more accessible and reachable channels or platforms for those in vulnerable situations and/or under specific circumstances. Among them are the following:

(1) The 24–hour Social Assistance Center Hotline 1300 has provided practical, emotional, material and financial support to those experiencing difficulties, disadvantage and social isolation, including family poverty, violence and domestic violence, beggary, housing and human trafficking since 2013. During the time of COVID-19, the Government has increased the number of responders from 15 lines to 60 lines. Compared to the fiscal year 2019 (October 2018 – September 2019), the number of calls rose from 335 to 732 a day in April 2020. Most calls were about: (1) financial support for families (560 cases); (2) domestic violence and other violence (171 cases); and (3) assistance for homeless persons (122 cases).

(2) The Ministry of Public Health (MOPH) has established the OICDDC Hotline regarding COVID -19 to support all foreigners regardless of their countries of origin. The Hotline provides guidance on how to stay and travel safely in Thailand during the COVID-19.

(3) The COVID – 19 Migrant Hotline 1422 was launched by the Ministry of Public Health in partnership with the World Health Organization (WHO), the International Organization for Migration (IOM), the Ministry of Foreign Affairs and other health-related organizations. Available in the Cambodian, Lao and Myanmar language, the Hotline has provided information to migrant workers in Thailand to manage the risk of infection.

1. In addition, government agencies and civil society organizations, such as the Pavena Foundation for Children and Women, the Friends of Women Foundation and the Thai Health Promotion Foundation and the Safe Cities for Women Thailand, have tirelessly provided professional advice and services, including those of social workers and lawyers, to those in need on various issues such as domestic violence, sexual violence and access to justice.

**3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?**

1. Restrictions in connection with the nighttime curfew were completely removed on 15 June 2020, as mentioned in paragraph 2.
2. As mentioned in paragraph 3, the number of cases of violence against women and domestic violence has not significantly increased during the time of the pandemic. If a case of violence occurred, the temporary measures, including movement control measures, did not prohibit assistance to be provided to the victims through existing mechanisms, as further explained in paragraph 10. Victims were able to leave their dwellings to report their cases, seek help and also travel to hospital.
3. In spite of the temporary measures as mentioned in paragraph 1, Thailand continued to implement provisions under anti-discrimination and gender equality-related legislation and measures assisting women victims of domestic violence, such as the Domestic Violence Victims Protection Act, B.E. 2550 (2007) and the Criminal Code criminalizing marital rape. Further measures include setting up a coordination centre, providing temporary measures to protect victims, prescribing involvement of a government multidisciplinary team, and providing protection for victims at every stage of legal proceedings from filing a complaint to conducting court proceedings. More information on temporary shelters can be found in paragraphs 11-13.

**4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?**

1. The MSDHS has 8 child and family care centres across the country. It also works with civil society organizations, such as the Women and Men Progressive Movement Foundation, to assist victims in reporting to the police and providing temporary shelters, emergency homes and safe places for urgent cases for those who cannot return home because of domestic violence.
2. Any person that falls into the scope of “helpless persons” in accordance with the Protection of Helpless Persons Act, B.E. 2557 (2014) is eligible to seek protection through the process indicated in Section 23 of the said Act. With their consent, that person will be provided an assistant and support at an institution or a centre for helpless persons before being transferred to responsible agencies. If deemed necessary and appropriate and for their benefit, the institution may continue admitting them under its care.
3. In addition, the Department of Social Development and Welfare of the MSDHS provides temporary shelter, food and medical care for homeless persons and persons in difficult situations. The MSDHS’ Women and Family Development Learning Centres across   
   the country with a capacity to accommodate 547 persons also provide holistic care in response to special needs of women including single mothers and families. They make available adequate social, emotional and medical support, and vocational education for a duration of 14 days to 3 months. Residing mothers not only learn parenting skills, but also acquire skills and knowledge to build a stable life after COVID-19.
4. **Are protection orders available and accessible in the context of the COVID-19 pandemic?**
5. Protection orders are available in accordance with related laws and regulations. More information can be found in paragraphs 10 and 12.
6. **What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

1. Thailand’s effort to minimize the impact of COVID – 19 on access to justice is demonstrated by measures enhancing the use of information communication technology (ICT) for remote access among courts and other justice institutions, such as the police, prosecutors, lawyers and prisons, and related mechanisms such as committees and commissions established by the law, including via video or telephone hearing in legal process and virtually proceeding some parts of legal process. At the same time, the courts had to reduce physical contact, such as court hearing and appearances, and therefore 160,000 cases were postponed from 24 March – 31 May 2020 to 1 June 2020 onwards.
2. Indeed, for certain cases, the Thai Courts of Justice have initiated digitalization of case management systems and the e-filing system in civil cases even before the COVID-19 outbreak.
3. Besides, several measures were initiated in order to ensure access to justice for all, such as by decreasing the costs of judicial proceedings, developing an online dispute settlement process, avoiding and limiting imprisonment punishment and replacing it with provisional release.

**7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.**

1. Thailand has been able to maintain medical and health services during COVID-19. Thai medical doctors, nurses and other health personnel have been praised for their tireless contribution to keep the services available for everyone during the time of COVID-19.   
   The Universal Health Coverage scheme is a key success factor in containing COVID-19.   
   It has also been supported by national wide and village–level rural health volunteers, who have worked closely with local communities.
2. Since 2013, Thailand has launched the One Stop Crisis Centre (OSCC), responding to and preventing violence against women and girls, and providing reproductive health in all hospitals across the country. Services under the OSCC include 24-hr hotlines managed by trained staff, a network of over 22,000 crisis centres and 1,300 mobile units to access communities nationwide.
3. The Ministry of Public Health (MOPH) has provided information to and raised awareness of officers and executives of the Ministry, including provincial public health medical doctors and directors of all hospitals, on violence against women, domestic violence and family planning during the outbreak. In addition, guidance on sexual and the reproductive health services during COVID-19 has been given to health care personnel, whereas   
   the recommendations to breastfeeding mothers with confirmed COVID -19 have been developed. (As of 16 April 2020, 2 breastfeeding mothers with confirmed COVID-19 have been found in Thailand.)

**8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.**

1. In Thailand’s views, key challenges include: a lack of disaggregated data; a shortage in social workers; and a need for effective coordination and close collaboration among multi – stakeholders. At the same time, a systematic and comprehensive approach to prevent and combat the pandemic is to be enhanced, including by synchronizing information at national, regional and international levels. In addition, according to the Women and Men Development Foundation, the lack of public transportation during the curfew and financial difficulties of the victims of violence also prevented the victims reporting violence cases.

**9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.**

1. The National Human Rights Commission of Thailand (NHRC) handles complaints or petitions from people, whose human rights are alleged to have been violated, through its website and correspondent phone number during the time of the pandemic. However,   
   the NHRC has not received any complaint regarding violence against women during   
   the pandemic.
2. Further examples of good practices by CSOs have been mentioned in paragraphs 4, 7 and 11. CSOs have also collaborated with related government agencies to promote participation of people including those affected in the process of policy-making and enhancing social protection at the national level. At the provincial level, CSOs in the field also take part in collecting disaggregated data, assessing them, and strengthening the capacity of local communities, including in food security, health security and natural resources management, in both tackling and preventing the COVID-19 situation.

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