

A SURVEY OF KNOWLEDGE TOWARD VIOLENCE AMONG THAI POPULATION

Surang Jatchavala

Department of Disease Control, Ministry of Public Health, Muang, Nonthaburi
Graduate School, Suan Sunandha Rajabhat University

E-mail: surangjat@hotmail.com

Siriluck Jittrabiab

Department of Disease Control, Ministry of Public Health, Muang, Nonthaburi
Graduate School, Suan Sunandha Rajabhat University

E-mail: Siriluck.ji@ssru.ac.th

Kanchana Srisawat

Department of Disease Control, Ministry of Public Health, Muang, Nonthaburi
Graduate School, Suan Sunandha Rajabhat University

E-mail: Kanchana.s@moph.mail.go.th

Abstract

Background: Violence is a persistent public health and social issue in Thailand, affecting people across all demographics and regions. It leads to physical, psychological, and socioeconomic harm. Rising concerns, especially regarding interpersonal violence such as domestic and gender-based violence, highlight the need to understand public awareness and knowledge. This study aimed to assess the level of knowledge about violence among the Thai population aged 20 years and above. **Methods:** A stratified survey was conducted from December 2024 to March 2025 across 10 provinces, 5 with the highest and 5 with the lowest reported cases of assault based on national injury surveillance data. The questionnaire, adapted from CDC tools, covered 15 knowledge-based items on violence. **Results:** A total of 2,232 questionnaires were collected, with 1,942 complete responses included in the analysis. Results revealed that the majority of respondents were female (60.0%) and aged 20–24 years (26.0%). Most participants obtained information about violence from social media, particularly Facebook (73.0%) and X/Twitter (45.6%). Overall, 79.4% of participants demonstrated an excellent level of knowledge about violence. However, knowledge gaps persisted in key areas such as the prevalence of male victims and the leading causes of fatal injuries. Statistically significant differences were observed between the two provincial groups in terms of gender, age, income, and prior experience of assault, although no significant difference in overall knowledge scores was found. **Conclusion:** The study found that while most respondents demonstrated excellent overall knowledge about violence, critical gaps remain particularly regarding male victimisation and causes of fatal injuries. Despite demographic differences between provinces with high and low assault rates, overall knowledge levels did not significantly differ. These findings highlight the need for targeted education efforts to address specific misconceptions and ensure comprehensive understanding across all groups.

Keywords: Knowledge, violence, knowledge survey

Introduction

Violence remains a persistent public health and social challenge, affecting individuals across all demographic groups and geographic regions. Its consequences range from physical injuries and psychological trauma to long-term socioeconomic disadvantages for victims, families, and communities. In Thailand, the rising concern about violence particularly

interpersonal violence such as physical assault, domestic abuse, and gender-based violence has prompted the need for a deeper understanding of the public's knowledge and perception of the issue.

Public awareness and knowledge about violence are critical components in both the prevention and early intervention of violent incidents. Well-informed individuals are more likely to recognise early warning signs, seek support, report incidents, and contribute to violence prevention within their communities. However, gaps in knowledge, influenced by demographic and socioeconomic factors, may hinder these actions and perpetuate harmful myths or cultural beliefs that normalise violence.

In response to these concerns, this study was designed to survey the level of knowledge about violence among the Thai population, focusing on individuals aged 20 years and above. The research aimed to assess not only the general awareness of violence-related concepts but also to identify disparities in knowledge across different demographic groups, including age, gender, income, education, and prior experiences of violence.

To ensure a comprehensive understanding, the study was conducted across ten provinces in Thailand, selected based on the National Injury Surveillance (IS) database (Division of Injury Prevention, 2022, 2021). Five provinces with the highest reported assault cases and five with the lowest were included, allowing for a comparative analysis between regions with differing levels of violence prevalence. Data were collected from December 2024 to March 2025 using a stratified sampling method and a structured questionnaire adapted from established tools developed by the U.S. Centers for Disease Control and Prevention (CDC).

The findings from this study are expected to inform future policy development, public health education campaigns, and targeted interventions aimed at reducing violence and promoting safety across Thai society. By identifying both strengths and gaps in public knowledge, the study contributes valuable insights into the factors influencing violence awareness and provides a foundation for more effective violence prevention strategies.

Research Objectives

To survey knowledge among Thai population about violence.

Scope of Research

1. Population Scope

A total of 9,887,467 population based on the mid-year Thai population 2021.

2. Variable Scope

- Independent variable consisted of gender, age, status, educational level, income, knowledge resource(s), and experience of violence.
- Dependent variable i.e., knowledge on violence.

3. Time Scope

Data was collected during January to May 2025 (5 months).

Research Methodology

This study employed a survey research design using stratified sampling. Data was collected between January to May 2025 from the general population aged 20 years and above, residing in 10 target provinces. These provinces were selected based on reported cases of violence, including: 5 provinces with the highest number of reported assault cases (Group 1): Khon Kaen, Udon Thani, Ratchaburi, Nakhon Pathom, and Surat Thani and 5 provinces with the lowest number of reported assault cases (Group 2): Chonburi, Nakhon Nayok, Phra Nakhon Si Ayutthaya, Nonthaburi, and Nakhon Ratchasima

The questionnaire was developed based on a survey created to assess health literacy regarding violence prevention among individuals aged 20 years and above. The content was partially adapted from Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools, Second Edition (2005) (Dahlberg L.L., et al., 2005), published by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

The research team drafted the questionnaire and conducted meetings to ensure content coverage and make necessary adjustments for alignment with the study's context. The draft questionnaire was then reviewed by five experts who evaluated each item for relevance to the research objectives, to assess content validity using the method of Rovinelli and Hambleton (Rovinelli & Hambleton, 1977). The Index of Item-Objective Congruence (IOC) was found to be 0.80. Sample size was calculated by applying Cochran (Bartlett, et al., 2001) formula which gave at least 1,359 cases should be enough for analysis.

1. Research Steps

1.1 Planned data collection based on the data from the National Injury Surveillance (IS) database.

1.2 Selected 10 provinces from 2 groups i.e., 1) 5 provinces which reported highest assault number and 2) 5 provinces which showed lowest records on assault.

1.3 Adopt questionnaire from CDC and try out 36 cases.

1.4 Conducted data collection both online and onsite by explaining the objectives and ensuring the protection of volunteers' rights.

1.5 Once volunteers give consent to participate, we distributed the questionnaires for self-administration. If any volunteer is unable to complete the questionnaire independently, the researchers will read the questions aloud to them.

2. Data Collection

Data was collected by questionnaire among 2,232 cases.

3. Data Analysis

Descriptive statistics were used to analyse frequencies and percentages, and Student's t-test was applied to test differences between two groups. Criteria to classify level of knowledge on violence is shown in Table 1 and details of questions and correct answers are presented in Table 2.

Table 1 Criteria and Interpretation for Levels of Knowledge on Violence

Level of knowledge	Criteria (Score (based on 15 questions, 1 point per question))	Meaning
Excellent	80.0 – 100.0% (12.0-15.0 points)	Demonstrates a very high level of understanding about violence.
Good	70.0-79.9% (10.0-11.9 points)	Shows a good grasp of the topic, with moderate understanding of key concepts.
Fair	Below 70.0% (Below 10.0 points)	Indicates limited knowledge; further learning and improvement are recommended.

Table 2 List of 15 questions and correct answers

Question	Correct answer
1. Violence against children is a minor issue.	It's not a minor issue.
2. Domestic violence is a personal matter.	It's not a personal matter.
3. The place where victims are most often abused is at home.	Yes
4. Gunshots are the leading cause of death.	Yes
5. Assaults with sharp objects cause the most severe injuries.	Yes
6. The number of reported special criminal cases under the Anti-Trafficking in Persons Act increased in 2020.	This reported decreasing number of about 23.8% in 2019.
7. Youth aged between 15-29 years are the most physically assaulted group.	Yes
8. Bullying is a form of violence.	Yes
9. Drug use is one of the causes of violence.	Yes
10. All of us can help prevent violence from occurring.	Yes
11. Females are the most common victims of assault.	Males are the most common victims of assault.
12. Sexual assault is the main cause of higher fatalities compared to other forms of assault.	It is not sexual assault. It is assault by other and unspecified firearm discharge.
13. More than half of the victims of violence seeking help from the One-Stop Crisis Center (OSCC) are between 20 to 30 years old.	Yes
14. Victims of violence are most frequently assaulted between 00:01 – 06:00 hrs.	16.00 – 03.00 hrs.
15. Male victims are most severely injured by assaults with sharp objects, while female victims are most severely injured by sexual assault.	Assault by sharp objects was the leading cause of severe injury among both males and females.

Research Results

A total of 2,232 samples were collected. After excluding incomplete responses, 1,942 participants who completed all questions remained for analysis.

- **General characteristics**

The majority of participants were female (1,166 individuals, accounting for 60.0%), while males numbered 776 (40.0%). In terms of age, most respondents were between 20 – 24 years old (504 individuals, 26.0%), followed by those aged 25 – 29 years (416 individuals, 21.4%). Regarding occupation, the largest group were students (375 individuals, 19.3%), followed by government officers/state enterprise employees or those working in public sector agencies (340 individuals, 17.5%).

For marital status, half of the respondents were single (979 individuals, 50.4%), followed by those who were married (673 individuals, 34.7%). In terms of education level, more than half of the participants had a bachelor's degree (1,081 individuals, 55.7%). Monthly

income was primarily between 15,000–29,999 Baht (777 individuals, 40.0%), followed closely by those earning less than 15,000 Baht (768 individuals, 39.5%).

Regarding sources of knowledge (where multiple answers were allowed), most participants obtained information from Facebook pages (1,417 individuals, 73.0%), followed by X (Twitter) (886 individuals, 45.6%), and books (839 individuals, 43.2%).

As for experiences of having been assaulted, the majority reported never having been assaulted (1,517 individuals, 78.1%), followed by those who had experienced assault (325 individuals, 16.7%), and those who were unsure (100 individuals, 5.1%).

The knowledge questionnaire on violence consists of a total of 15 questions, which were reported by 1,942 cases and presented into 2 groups i.e., group 1 is for provinces which reported highest assault number and group 2 is for provinces which showed lowest records on assault. When analysing the number of respondents who correctly answered each question on the knowledge of violence (Figure 1), it was found that the question with the lowest correct response rate for group 1 was Q6 “The number of reported special criminal cases under the Anti-Trafficking in Persons Act increased in 2020” where the correct answer is this reported decreasing number about 23.8% in 2019. Only 64 respondents answered this question correctly, accounting for 6.9%. However, the lowest correct answer for group 2 is Q11 “Females are the most common victims of assault” whereas the correct answer is the most common victim is males rather than females. Only 122 cases (13.1%) were correct.

On the other hand, the question with the highest correct response rate for group 1 was Q8 “Bullying is a form of violence” the answer is “yes” which revealed 858 (92.0%) correct response. Similarly, group 2 showed the highest correct answer for this question from 856 respondents (91.7%).

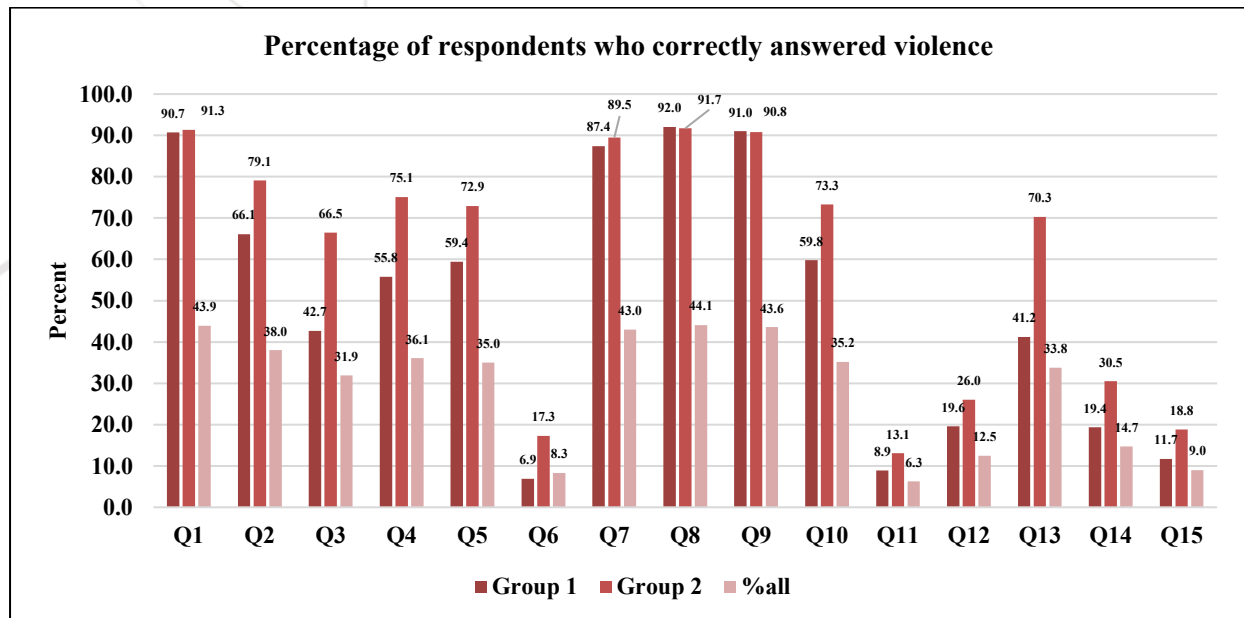


Figure 1: Comparison the percentage of respondents who correctly answered violence between Group 1 and Group 2 (Group 1; n1 =933, Group 2; n2=1,009, Overall; N=1,942)

When categorising levels of knowledge (Figure 2), it was found that the overall sample demonstrated an excellent level of knowledge about violence (n = 1,542, 79.4%). Within this group, Group 1 had an excellent level of knowledge but in smaller numbers compared to Group 2 (Group 1: n = 729, 37.5%, and Group 2: n = 813, 41.9%).

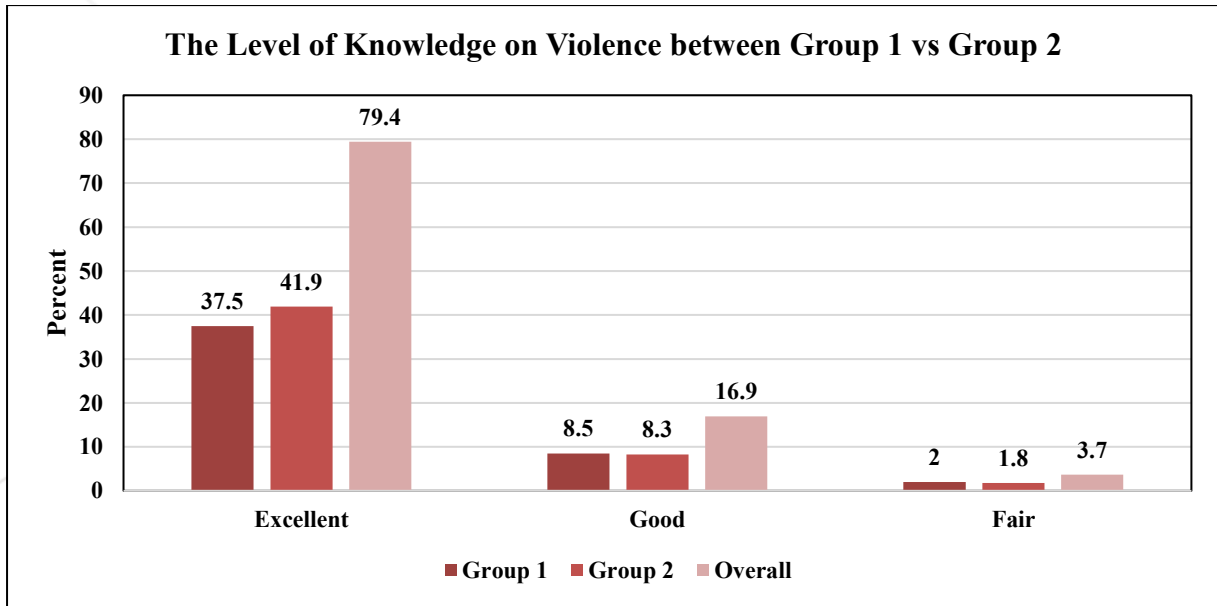


Figure 2: Comparison the level of knowledge on violence between Group 1 and Group 2 (Group 1; n1 =933, Group 2; n2=1,009, Overall; N=1,942)

When comparing gender, age group, occupation, marital status, education level, income, experience of having been assaulted, and knowledge about violence (Table 3), it was found that gender, age, monthly income, and history of having been assaulted differed significantly between the two groups at a statistically significant level. However, occupation, marital status, and knowledge about violence showed no statistically significant differences between the two groups.

Table 3 student's t-test for equality of means between Group 1 (n1=933) and Group 2 (n2=1,009)

	t-test for Equality of Means						
	t	df	p	Mean Difference	SE Difference	95% CI	
						Lower	Upper
Gender	4.3	1937.3	0.0*	0.1	0.0	0.1	0.1
Age	4.8	1686.0	0.0*	0.5	0.1	0.3	0.7
Occupation	1.6	1937.0	0.1	0.2	0.1	0.0	0.4
Status	-0.6	1940.0	0.6	0.0	0.1	-0.2	0.1
Income	-3.1	1725.2	0.0*	-0.1	0.0	-0.2	-0.1
Experience of assault	-2.9	1940.0	0.0*	0.0	0.0	-0.1	0.0
Knowledge score	0.9	1939.8	0.3	0.1	0.1	-0.1	0.2

From Figure 3, a comparison between Group 1 and Group 2 revealed that Group 1 had fewer male participants than Group 2, while Group 2 had a higher proportion of female participants. This resulted in a statistically significant difference in gender distribution between the two groups ($t = 4.3, p = 0.0$). Regarding age, the majority of participants in Group 1 were aged 20–24 years ($n = 304, 15.7\%$), whereas in Group 2, the majority were aged 25–29 years ($n = 287, 14.8\%$). This age distribution showed a statistically significant difference between

the two groups ($t = 4.8, p = 0.0$). In terms of monthly income, most participants in Group 1 earned less than 15,000 THB ($n = 470, 24.2\%$), while in Group 2, the majority earned 15,000–29,999 THB ($n = 496, 25.5\%$), indicating a statistically significant difference in income levels between the two groups ($t = -3.1, p = 0.0$). With respect to experience of having been assaulted, the two groups also showed a statistically significant difference ($t = -2.9, p = 0.0$), with fewer individuals in Group 1 reporting past experiences of assault ($n = 139, 7.2\%$) compared to Group 2 ($n = 186, 9.6\%$).

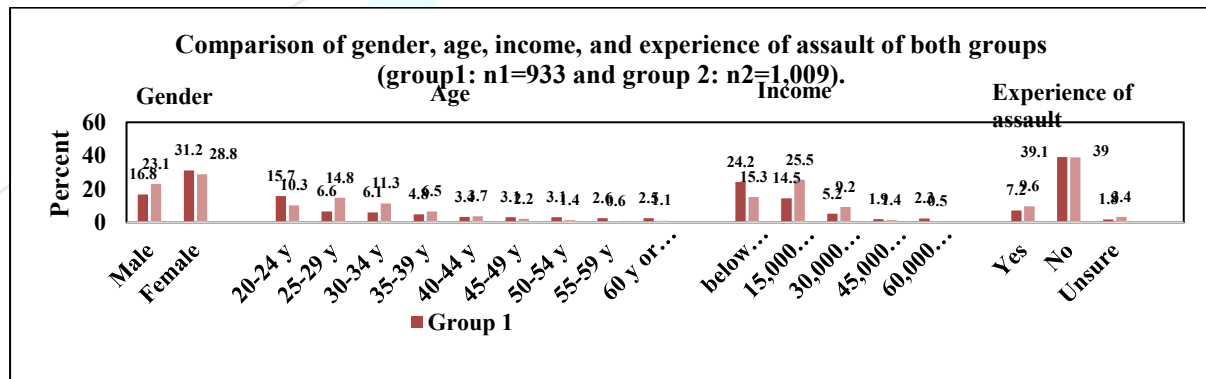


Figure 3: comparison of gender, age, income, and experience of assault of both groups (group1: n1=933 and group 2: n2=1,009).

Discussion

This study provides insights into the demographic characteristics, sources of knowledge, levels of understanding, and personal experiences related to violence among individuals residing in ten selected provinces in Thailand. The results reveal several important patterns and statistically significant differences between respondents from provinces with high and low reported rates of assault.

Overall, the majority of respondents were female (60.0%), aged primarily between 20–24 years (26.0%), and held at least a bachelor's degree (55.7%). A large proportion were students (19.3%), followed by individuals working in the public sector (17.5%). Nearly half of the respondents were single (50.4%), and most had a monthly income below 30,000 Baht, with two main income brackets: under 15,000 Baht (39.5%) and 15,000–29,999 Baht (40.0%). These findings suggest that the study sample largely comprises young, educated individuals with modest income levels, which may influence their access to information and perceptions of violence.

Knowledge about Violence

The findings demonstrate an encouraging level of knowledge, with 79.4% of all respondents classified as having excellent knowledge about violence. Group 2 (provinces with lower assault rates) had a slightly higher proportion of individuals in this category (41.9%) compared to Group 1 (37.5%).

In examining knowledge at the item level, both groups showed strong awareness that bullying is a form of violence and that drug use is a contributing factor to violence with over 90% of respondents in each group answering correctly. However, critical gaps in knowledge remain. For instance, only 6.9% of Group 1 and 17.3% of Group 2 correctly identified the decreasing trend in human trafficking cases under the Anti-Trafficking in Persons Act.

Furthermore, only a small percentage (8.9% in Group 1 and 13.1% in Group 2) correctly stated that males, rather than females, are the most common victims of assault, indicating a persistent gender-related misconception.

These results suggest that while general knowledge is high, specific knowledge, particularly around statistical trends and commonly held myths requires further education and clarification through public health messaging.

Differences Between Provinces with High and Low Assault Rates

Statistical analyses revealed significant differences between the two groups in terms of gender, age, income, and experience of being assaulted. Group 1 had fewer male participants and a younger average age, while Group 2 had more females and individuals aged 25–29 years. Income disparities were also observed, with a higher proportion of Group 1 earning less than 15,000 Baht, while Group 2 had more individuals in the 15,000–29,999 Baht bracket.

In terms of experiences of violence, Group 2 reported a higher rate of past assault experiences (9.6%) than Group 1 (7.2%), a difference that was statistically significant. This may reflect variations in local reporting systems, awareness levels, or actual incidence rates, warranting further investigation into regional differences in violence exposure and reporting behaviors.

Interestingly, while knowledge scores did not differ significantly between groups, the differences in exposure to violence and socioeconomic characteristics may influence the application of that knowledge in real-world scenarios. For example, individuals with lower income or prior experiences of violence may face more barriers in accessing support services or acting on their knowledge to prevent violence.

Conclusion

The study found that while most respondents demonstrated excellent overall knowledge about violence, critical gaps remain particularly regarding male victimisation and causes of fatal injuries. Despite demographic differences between provinces with high and low assault rates, overall knowledge levels did not significantly differ. These findings highlight the need for targeted education efforts to address specific misconceptions and ensure comprehensive understanding across all groups.

Recommendations

Based on the study findings, the following recommendations are proposed regarding policy implication that should prioritise based on the study findings so as to enhance knowledge and prevent violence among the general population. The violence prevention programmes should include prioritise as below.

First, multi-sectors should develop and implement targeted public education campaigns (Jatchavala, et al., 2025) focusing on specific misconceptions identified in the study such as the true profile of assault victims (e.g., males being more commonly assaulted) and the actual causes of severe injuries. These campaigns should be tailored to reach younger individuals, males, and lower-income groups who showed greater knowledge gaps.

Second, relevant authorities and NGOs should utilise social media (e.g. Facebook and X) as the most cited sources of information in order to raise awareness and should leverage these platforms to disseminate accurate, engaging, and up-to-date information about violence prevention, victims' rights, and available support services.

Third, relevant government sectors should integrate violence prevention modules into the educational curriculum and workplace training programmes to build long-term awareness

and empower individuals with the tools to identify, prevent, and respond to violent situations (Jatchavala, et al., 2025).

Fourth, the Ministry of Public Health should strengthen access to reporting mechanisms and support services such as the One-Stop Crisis Center (OSCC), especially in areas with high assault incidence. This includes improving visibility, trust, and accessibility of services for both male and female victims.

Fifth, relevant sectors should develop region specific intervention programmes which may include localised workshops, community safety programmes, and collaboration with local leaders to address the unique social dynamics and risk factors in each area.

Finally, academic institutes and professional entities should conduct additional studies focusing on vulnerable subgroups such as the elderly, freelancers, and those in informal occupations to gain a deeper understanding of their unique risks, barriers to knowledge, and service access.

References

- Bartlett, J. E., Kotrlik, J. W., & Higgins, C. C. (2001). Organizational research: Determining appropriate sample size in survey research. *Information Technology, Learning, and Performance Journal*.
[https://www.scirp.org/\(S\(i43dyn45teexjx455qlt3d2q\)\)/reference/ReferencesPapers.aspx?ReferenceID=1588649](https://www.scirp.org/(S(i43dyn45teexjx455qlt3d2q))/reference/ReferencesPapers.aspx?ReferenceID=1588649)
- Dahlberg, L. L., Toal, S. B., Swahn, M., & Behrens, C. B. (2005). *Measuring violence-related attitudes, behaviors, and influences among youths: A compendium of assessment tools* (2nd ed.). Centers for Disease Control and Prevention.
https://www.cdc.gov/violenceprevention/pdf/yv_compendium.pdf
- Division of Injury Prevention. (2022). *Assault situation from Injury Surveillance (IS)*.
https://public.tableau.com/app/profile/violence.dip/viz/IS_16393805942680/IS
- Division of Injury Prevention, Department of Disease Control. (2021). *Thailand situation report on assault during BE 2558–2562 (AD 2015–2019)*.
<https://ddc.moph.go.th/uploads/publish/1175720210909094610.pdf>
- Jatchavala, S., Jittrabiab, S., & Srisawat, K. (2025). Literacy of violence and assault. *Journal of Allied Health Sciences Suan Sunandha Rajabhat University*, 10(1), 71–81.
<https://he04.tci-thaijo.org/index.php/JAHS/article/view/1023>
- Rovinelli, R. J., & Hambleton, R. K. (1977). On the use of content specialists in the assessment of criterion-referenced test item validity. *Tijdschrift Voor Onderwijsresearch*, 2(2), 49–60.