

Findings from Cambodia's Violence Against Children Survey 2013

Summary



**PROTECT
OUR
CHILDREN**
CAMBODIA



Findings from Cambodia's Violence Against Children Survey 2013

Summary

Adapted from “Findings from Cambodia's Violence Against Children Survey 2013” by the Ministry of Women's Affairs, UNICEF Cambodia, US Centers for Disease Control and Prevention. Cambodia: Ministry of Women's Affairs, 2014.

Government Commitment to End Violence against Children



Ministry of Interior



Ministry of Education
Youths, and Sport



Ministry of Health



Ministry of Justice



Ministry of Cult and
Religion

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Phnom Penh, October 2014

PREFACE

Violence against children is a serious human rights, social and public health issue in many parts of the world and its consequences can be devastating. No country is immune, whether rich or poor. Violence erodes the strong foundation that children need for leading healthy and productive lives and violates the fundamental rights of children to a safe childhood. Violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable.

The United Nations Secretary-General's World Report on Violence Against Children (2006) was the first and most comprehensive global study on all forms of violence against children. The aim was to research, report and make recommendations on violence in the multiple settings where children live, including the home and family, in schools, care and justice systems, the workplace and the community. Overarching recommendations from this global study included the need to 'develop and implement systematic national data collection and research' urging States to improve data collection and information systems in order to identify the most vulnerable children, inform policy and programming at all levels and track progress towards the goal of preventing violence against children.

The Cambodian Government ratified the Convention on the Rights of the Child in 1992 along with other international declarations related to violence against men, women and children, thereby recognizing and respecting the fundamental rights of all human beings, including the rights of children. The articles of the Convention have been integrated into the Constitution of Cambodia and provide the basis for enforcing laws prohibiting domestic violence and addressing the needs and concerns of children who have been abused. Efforts to prevent and respond to violence against women and children are an integral part of the commitment of the Cambodian Government to uphold the rights of each child to his or her human dignity and physical integrity.

The Kingdom of Cambodia was the first country in East Asia and the Pacific to undertake a national prevalence study on violence against children. The results of the Violence Against Children Survey 2013 provide, for the first time, national estimates that describe the magnitude and nature of sexual, physical and emotional violence experienced by girls and young women and boys and young men in childhood. The report highlights the particular vulnerabilities of boys and girls to sexual violence and the negative health consequences of these experiences on their childhoods and beyond. The results indicate that many Cambodian children experience multiple incidents of physical, emotional and sexual violence growing up; violence is often perpetrated by the very people children love and in places children ought to feel safe. Most children never talk to anyone about their experiences nor do they reach out for help. When they do, they encounter many challenges.

The information presented in this report is designed to help support efforts in Cambodia to develop and implement effective child-friendly prevention strategies as well as to improve service provision for all Cambodians, especially children, both boys and girls, who experience violence.

The Violence Against Children Survey was made possible with strong cooperation, partnership and commitment from governmental ministries and agencies represented in the multi-sectoral Steering Committee on Violence Against Children. Taking this opportunity, on behalf of the Ministry of Women's Affairs, I would like to express my deep thanks to the steering committee represented by focal points from the Ministry of Social Affairs, Veterans and Youth Rehabilitation, the Ministry of Health, the Ministry of Planning, the Ministry of Justice, the Ministry of Interior, the Ministry of Education, Youth and Sports, the Ministry of Tourism, the Ministry of Labour and Vocational Training, the Ministry of Information, the Ministry of Cult and Religion, the Cambodian National Council for Children and the National AIDS Authority.

I also express my sincere thanks to the United Nations Children's Fund (UNICEF) and the US Centers for Disease Control and Prevention (CDC) for their technical and financial support for all the processes of the Violence Against Children Survey in Cambodia.

On behalf of the steering committee, the Ministry of Women's Affairs is proud to have coordinated the study, but recognizes the most important challenge lies ahead: how to break the silence and how to translate the study findings into responses that will reduce the prevalence of violence against children. With this in mind, the Steering Committee on Violence Against Children will continue to cooperate together and is committed to developing a national action plan to prevent and respond to violence against children.

It is time to move from research into action. Collaboration, coordination and commitment are needed across sectors and entities—health, social welfare, education, justice—and at all levels—national, provincial, district and lower levels. Development partners, civil society, the private sector and individual citizens all have important roles to play.

We count on the commitment of our national and international partners as well as key line ministries and government agencies to achieve our goal to end violence against children. Together we can stand up for zero tolerance on child abuse and violence.

To promote dissemination of this report and to ensure effective follow up to its recommendations I hereby commend the contents to a wide national and global audience.



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Minister
Ministry of Women's Affairs
Kingdom of Cambodia

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PUBLICATION INFORMATION AND SUGGESTED CITATION

The Cambodian Violence Against Children Survey (CVACS) was guided by the multi-sectoral Steering Committee on Violence Against Children led by the Ministry of Women's Affairs, co-chaired by the Ministry of Social Affairs, Veterans and Youth Rehabilitation, and consisting of key line ministries and government agencies from social welfare, the police and legal system, education, health, tourism, labour, and religion and with national and international agencies and non-governmental organizations regularly attending meetings. The study was coordinated by UNICEF Cambodia with technical guidance and assistance provided by the National Institute of Statistics of the Ministry of Planning and the Centers for Disease Control and Prevention's Division of Violence Prevention.

Funding for the implementation and coordination of the survey was provided by the United Nations Children's Fund and the US Centers for Disease Control and Prevention.

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The findings and conclusions of this report are those of the authors and do not necessarily represent the official position of the United Nations Children's Fund or the US Centers for Disease Control and Prevention.

CDC authors conducted weighting and data analysis in support of this report and consulted with the Government of Cambodia on evidence based strategies to prevent violence against children and youth. Any policy recommendations contained within this document with regard to budget allocations or statutory changes are the recommendations of the Government of Cambodia and do not reflect an endorsement of the CDC or the U.S. Government.

KEY TERMS AND DEFINITIONS

1. Sexual Violence

Sexual violence is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offences, including completed non-consensual sex acts (i.e., rape), attempted non-consensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. In this survey, questions were posed on four types of sexual abuse and four types of sexual exploitation:

1.1 Sexual Abuse

Sexual abuse is defined as including:

- **Unwanted Sexual Touching:** if anyone, male or female, ever touched the respondent in a sexual way without their permission, but did not try and force the respondent to have sex of any kind
- **Attempted Unwanted Intercourse:** if anyone ever tried to make the respondent have sexual intercourse of any kind without their permission, but did not succeed
- **Physically Forced Intercourse:** if anyone ever physically forced the respondent to have sexual intercourse of any kind regardless of whether the respondent did or did not fight back
- **Pressured Intercourse:** if anyone ever pressured the respondent in a non-physical way, to have sexual intercourse of any kind when they did not want to and sex happened. When someone pressures someone else into sex, it could involve things like threats, harassment, and luring or tricking the other person into having sex.

1.2 Sexual Exploitation

- If anyone has ever given the respondent money, food, gifts, or any favours to have sexual intercourse or perform any other sexual acts with them

1.3 Non-contact Sexual Violence/Exploitation

- If anyone ever made the respondent upset by speaking to them in a sexual way or writing sexual things about them
- If anyone ever forced the respondent to watch sex photos or sex videos against their will
- If anyone ever forced the respondent to be in a sex photo or video against their will

More sexual violence related definitions:

- Unwanted Completed Sex: a combination of physically forced and pressured sex as defined above.
- Sexual Intercourse for Females: Includes someone penetrating a female's vagina or anus with their penis, hands, fingers, mouth, or other objects, or penetrating her mouth with their penis.
- Sexual Intercourse for Males: Includes someone penetrating a male's anus with their penis, hands, fingers, mouth, or other objects, or penetrating his mouth with their penis; this can also include someone forcing the male's penis into their mouth, vagina, or anus.

2. Physical Violence

Physical acts of violence such as being slapped, pushed, punched, kicked, whipped, or beat with an object, choked, smothered, tried to drown, burned, scalded intentionally, or used or threatened with weapon such as a knife or other weapon. In this survey, respondents were specifically asked about physical acts of violence perpetrated by intimate partners, parent or adult relative or community members:

- If someone ever slapped or pushed the respondent (for intimate partners only)
- If someone ever punched, kicked, whipped, or beat the respondent with an object
- If someone ever choked, smothered, tried to drown, or burned the respondent intentionally
- If someone ever used or threatened the respondent with a knife or other weapon

3. Emotional Violence

Emotional violence is defined as a pattern of verbal behaviour over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child's mental health, or his/her physical, mental, spiritual, moral or social development. Emotional acts of violence such as being told you were not loved, someone wished you had never been born or being ridiculed or put down. In this survey, we specifically asked about emotional acts of violence perpetrated by parents or caregivers:

- If someone ever told the respondent that they were not loved, or did not deserve to be loved
- If someone ever said they wished the respondent had never been born or were dead
- If someone ever ridiculed the respondent or put them down (for example said that they were stupid or useless)

LIST OF KEY ACRONYMS

CDC	Centers for Disease Control and Prevention
CI	Confidence interval
CVACS	Cambodia Violence Against Children Survey
STI	sexually transmitted infection
UNICEF	United Nations Children's Fund
VACS	Violence Against Children Survey



Section 1: Introduction and Background

1. INTRODUCTION AND BACKGROUND

Violence against children is recognized as a global human rights and public health issue, with significant negative impact on children's health and social development. The impacts of violence against children can be profound and can affect a child's development throughout their life. In addition to short-term impacts such as physical injury and emotional trauma, experiencing violence in childhood is associated with a number of emotional and behavioural problems in adolescence and adulthood. Exposure to violence can lead to social stigma and discrimination against the child and their family, particularly (but not only) in cases of sexual violence. Violence has profound consequences on the individual child and their family, the wider community and ultimately society as a whole, as it raises questions about what is permissible and can result in the ongoing cycles of re-victimization and reoccurrence of violence.

The results of this 2013 Cambodia Violence Against Children Survey (CVACS) provide, for the first time, national estimates that describe the magnitude and nature of sexual, physical and emotional violence experienced by girls and young women and boys and young men in Cambodia. This information is designed to help support efforts in Cambodia to develop and implement effective child-friendly prevention strategies as well as to improve service provision for all Cambodians, especially children, who experience violence. If its underlying causes are identified and addressed, violence against children is entirely preventable.

The objectives of the survey were to provide nationally representative data on the prevalence of physical, emotional and sexual violence perpetrated against boys and girls; identify risk and protective factors; identify the health and social consequences associated with violence against children; assess the knowledge and utilization of services available for children who have experienced violence; identify areas for further research; and make recommendations to the Government of Cambodia and international and local partners on developing, improving and enhancing prevention and response strategies to address violence against children.

The current study is based on UNICEF's successful partnership with the US Centers for Disease Control and Prevention (CDC) in implementing national surveys on violence against children in African countries and in Haiti. Nine countries in the East Asia and Pacific region expressed a serious interest in conducting similar data collection. Cambodia was the first country in the Asia-Pacific region to conduct a violence against children survey (VACS), with the recommendation for undertaking this effort identified by the Government. In a partnership since 2009, the Government of Cambodia and UNICEF have collaborated closely with the CDC in the United States of America, to design and implement CVACS. Line ministries, as members of the multi-sectoral government stakeholder Steering Committee on Violence Against Children, applied their specific areas of expertise at relevant stages in the process through technical working groups. Of paramount importance was the study's adherence to strict and comprehensive ethical guidelines on research on violence issues, particularly in relation to seeking parental consent, while protecting the confidentiality of participants. Fourteen teams (male and female groups) were recruited and trained, and implemented the survey between February and March 2013. Fieldwork was monitored on an ongoing basis by a working group led by the National Institute of Statistics of the Ministry of Planning, the Ministry of Women's Affairs, the Ministry of Social Affairs, Veterans and Youth Rehabilitation, UNICEF and CDC.

The study consisted of a cross-sectional household survey of 13- to 24-year-old females and males that was designed to produce national level estimates. The sampling frame was originally compiled by the National Institute of Statistics for the national population census in 2013. A total of 2,560 individuals were invited to participate in the study with 1,121 females and 1,255 males completing the questionnaire (2,376 in total) for an overall response rate of 91% for females and 89.9% for males. In order to produce national level estimates sample weights were produced using a three-step statistical weighting procedure: (step 1) computation of base weight for each sample respondent; (step 2) adjustment of the base weights for non-response; and (step 3) post-stratification calibration adjustment of weights to known population totals. SAS (version 9.3) was used for data management and analysis to produce weighted point estimates and standard error calculations. All results were calculated using sampling weights to yield nationally representative estimates.

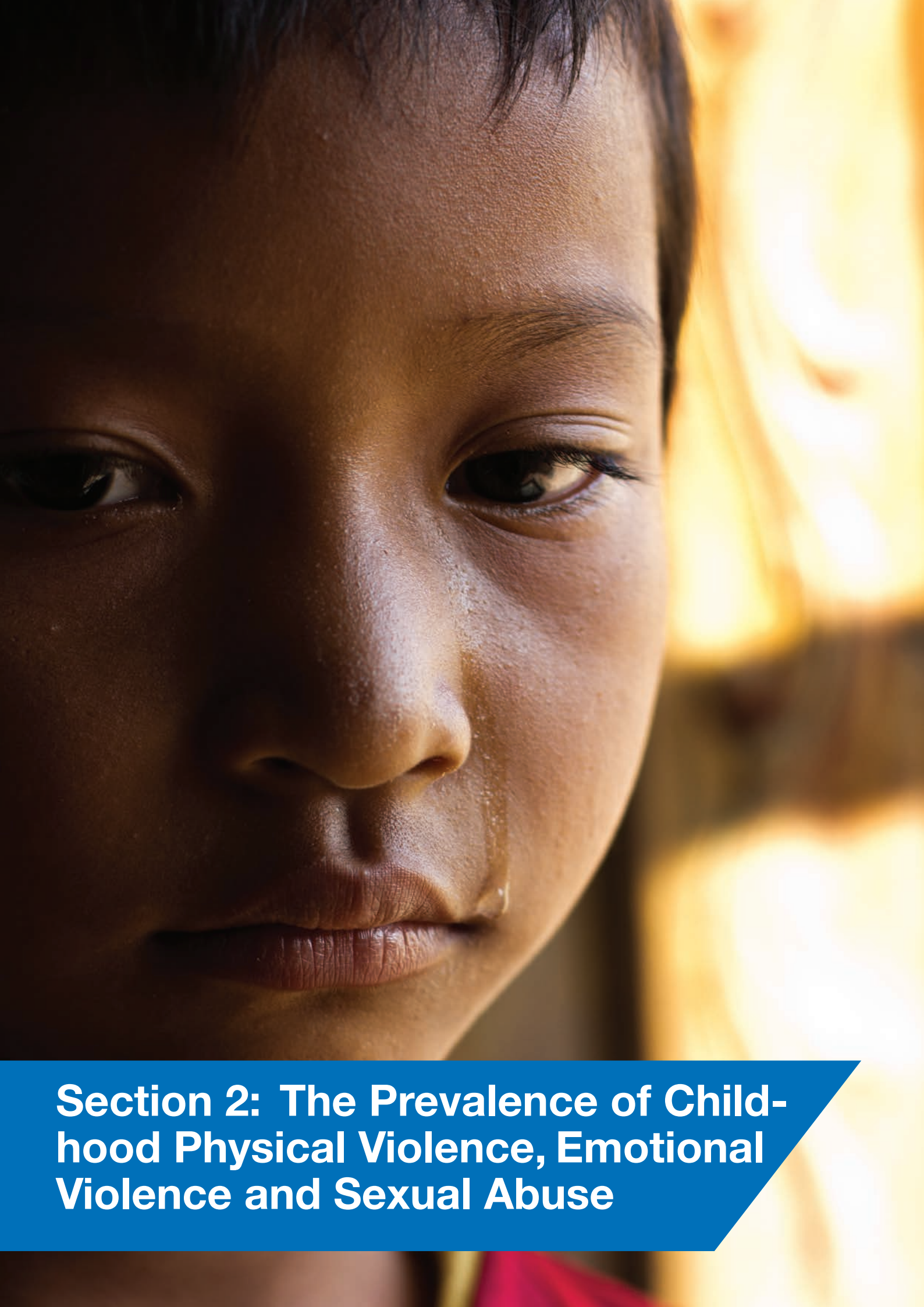
In addition to the national survey, the process implemented qualitative research to inform and generate a better and more in-depth understanding of the VACS' quantitative findings, with a focus on the disclosure of violence. An overall research framework was tailored to different age groups that were divided by sex. In total, 117 participants took part: 55 females and 62 males. The qualitative findings presented in the report are meant to add to understanding the context in which the quantitative findings are presented, however cannot be directly compared¹.

It should be noted that while all age groups were asked to report incidents of violence prior to the age of 18, the survey makes a distinction between groups aged 13 to 17 and 18 to 24. However, the data from these two groups cannot infer information on trends over the last few years as it is not directly comparable: those surveyed aged 13 to 17 have not yet reached age 18 and so their responses form an incomplete dataset compared to the 18 to 24 year olds, who have all reached this age. The method used in this report to statistically 'test' for differences between groups was to compare

¹ Source: Ministry of Women's Affairs, UNICEF Cambodia. Findings from Cambodia's Violence Against Children Survey 2013: Qualitative Research. Cambodia: Ministry of Women's Affairs, 2014.

confidence intervals (CI) for point estimates to determine whether they overlapped or not. For all point estimates, CIs were calculated. For the purposes of this report, the CI overlap method was used. This conservative method determines statistical difference by comparing the CIs for two estimates: if the CIs do not overlap then the estimates are considered “statistically different” and flagged in the text.

The findings highlight an urgent need to address violence against children in Cambodia across sectors and in settings where children spend most of their time, particularly their homes, communities and schools. Ongoing commitment from the Steering Committee on Violence Against Children will ensure that the findings are heard, distributed and acted upon in a comprehensive manner, with involvement by key line ministries and partners.



Section 2: The Prevalence of Childhood Physical Violence, Emotional Violence and Sexual Abuse

2. The Prevalence of Childhood Physical Violence, Emotional Violence and Sexual Abuse

Overview

Childhood physical violence

- Over half of both females and males aged 18 to 24 (52.7% and 54.2%, respectively) reported at least one experience of physical violence prior to age of 18
- Females and males aged 13 to 17 reported similar rates of physical violence (61.1% and 58.2, respectively)
- More than three quarters of females and males aged 18 to 24 (81.9% and 85.6%, respectively) who experienced physical violence prior to age 18 experienced multiple incidents of physical violence

Childhood emotional violence

- Almost 2 in 10 females and a quarter of males aged 18-24 experienced emotional violence by a parent or caregiver prior to age 18
- Nearly 3 out of 10 females and males 13 to 17 years of age experienced emotional violence by a parent or caregiver
- Approximately 8 in 10 females and males aged 18 to 24 who experienced emotional violence prior to age 18 reported multiple instances of emotional violence

Childhood sexual abuse

- More than 4% of females and 5% of males aged 18 to 24 reported at least one incident of sexual abuse before the age of 18
- More than 6% of females and 5% of males aged 13 to 17 reported at least one experience of sexual abuse prior to the age of 18
- Among those aged 18 to 24 who experienced sexual abuse prior to age 18, approximately 7 in 10 females and nearly 9 in 10 males experienced multiple incidents of sexual abuse
- Among the 18 to 24 year olds, the average age for first incident of sexual abuse was 15 years for females and 10 years for males

Overlap of types of violence

- Approximately 6 in 10 females and males aged 18 to 24 experienced at least one form of violence during their childhood

Physical violence, emotional violence and sexual abuse experienced prior to age 18

Many of Cambodia's children experience physical violence in particular, but also emotional violence and sexual abuse. Physical violence was the most commonly reported type of violence experienced by respondents aged 18 to 24: just over 50% reported at least one incident of physical violence prior to the age of 18 (Figure 1). Emotional violence in childhood was reported by one in five females and one in four males aged 18 to 24. Approximately 5% of males and females aged 18 to 24 years reported at least one experience of childhood sexual abuse prior to age 18.

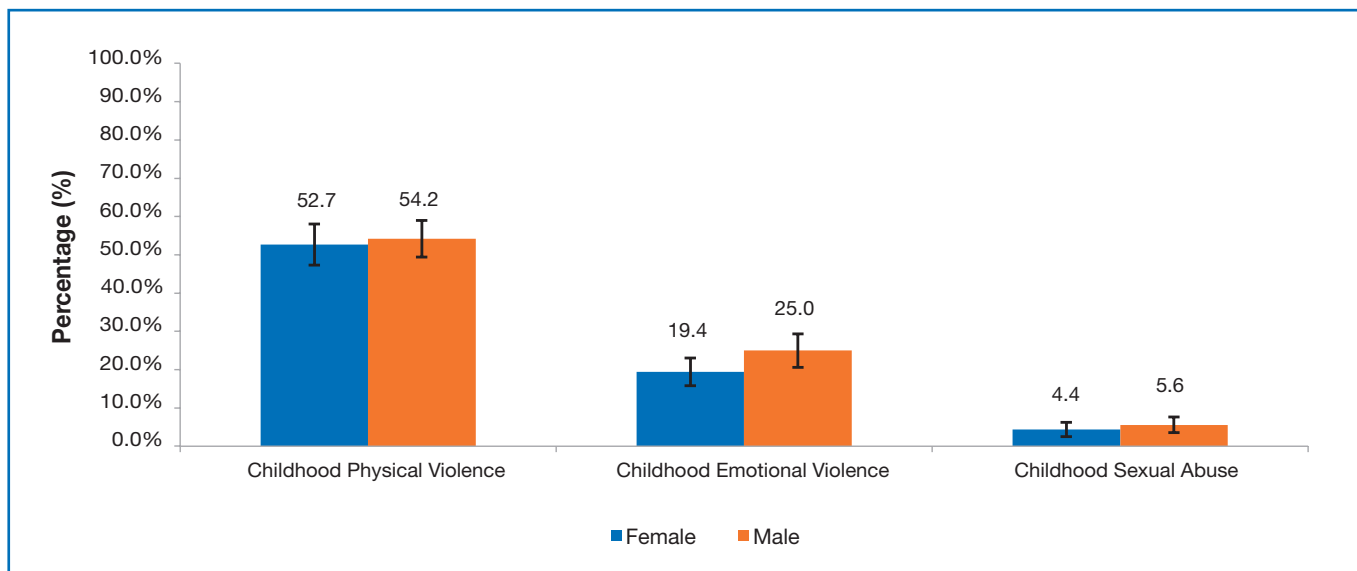


Figure 1: Physical violence, emotional violence and sexual abuse experienced prior to 18, as reported by 18-24 year olds – Cambodia VACS, 2013

Approximately 60% of respondents aged 13 to 17 reported at least one incident of physical violence prior to the age of 18 (Figure 2). Emotional violence was reported by one in four females and males aged 13 to 17. Among those in the 13 to 17 age range, 6.4% of females and 5.2% of males reported at least one incident of sexual abuse.

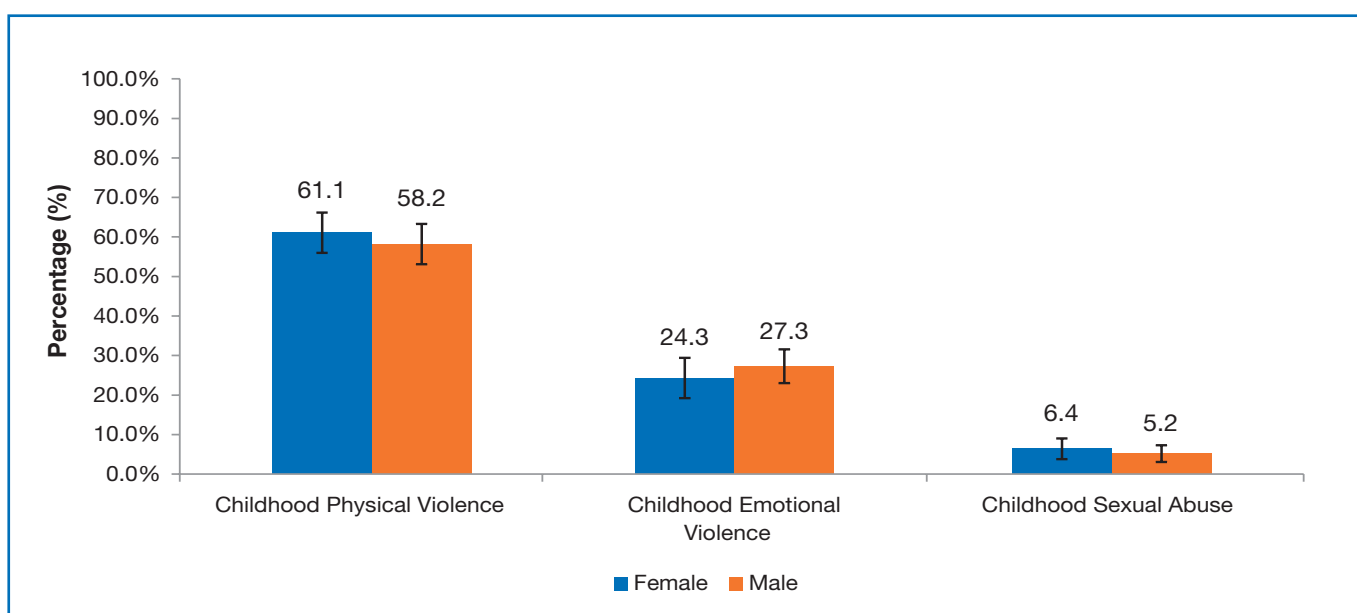


Figure 2: Physical violence, emotional violence and sexual abuse experienced, as reported by 13-17 year olds – Cambodia VACS, 2013

Experience of physical violence, emotional violence and sexual abuse multiple times prior to age 18

Physical violence, emotional violence and sexual abuse can occur multiple times in childhood. Among respondents aged 18 to 24 who reported experiencing physical violence before the age 18, more than three quarters experienced multiple incidents (Figure 3). Among 18 to 24 year olds who reported emotional violence, most (approximately 8 in 10) of both females and males reported multiple instances of emotional violence prior to age 18. More than 7 in 10 females and nearly 9 in 10 males aged 18 to 24 who experienced sexual abuse experienced multiple incidents prior to age 18.

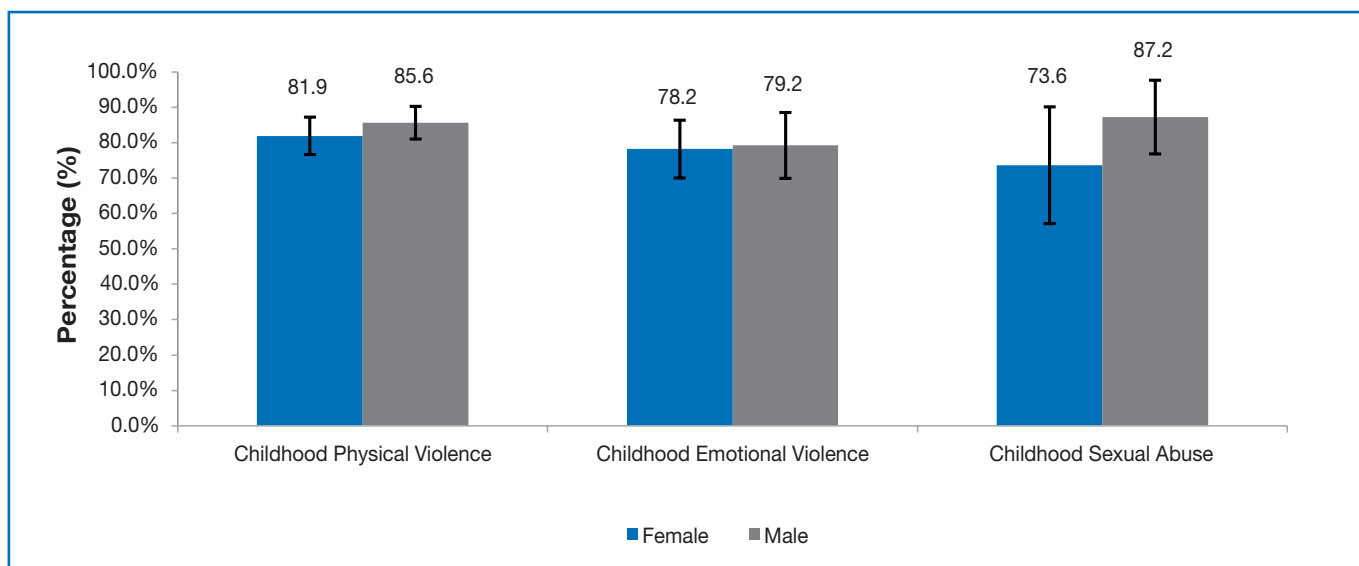


Figure 3: Multiple incidents of physical violence, emotional violence and sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood physical violence, emotional violence or sexual abuse – Cambodia VACS, 2013

More than half of respondents aged 13 to 17 who reported experiencing physical violence experienced multiple incidents of physical violence (Figure 4). Of the 13 to 17 year olds who reported experiencing emotional violence, approximately 7 out of 10 females and 8 out of 10 males indicated that they experienced more than one incident of emotional violence. Among the younger age group, more than half of females and 8 in 10 males aged 13 to 17 experienced incidents of sexual abuse more than once.

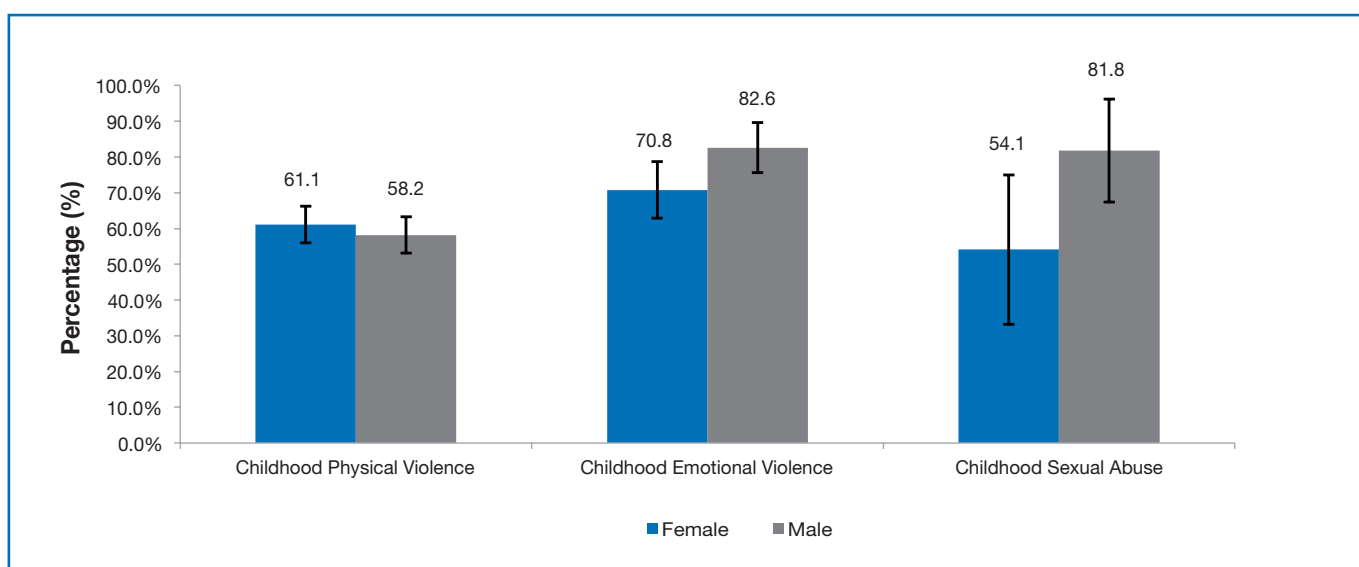


Figure 4: Multiple incidents of physical violence, emotional violence and sexual abuse as reported by 13-17 year olds who experienced any physical violence, emotional violence or sexual abuse – Cambodia VACS, 2013

Age at first experience of sexual abuse prior to age 18

Age at first victimization can vary. The age at first incident of sexual abuse among 18 to 24 year olds who reported incidents prior to age 18 differed significantly by sex, with two thirds of females experiencing their first incident between ages 16 and 17 while almost three quarters of boys who reported experiencing abuse prior to age 18 were age 13 or younger at the first incident (Figure 5). The average age of the first incident of sexual abuse among the 18 to 24 year olds was 15 years for females and 10 years for males.

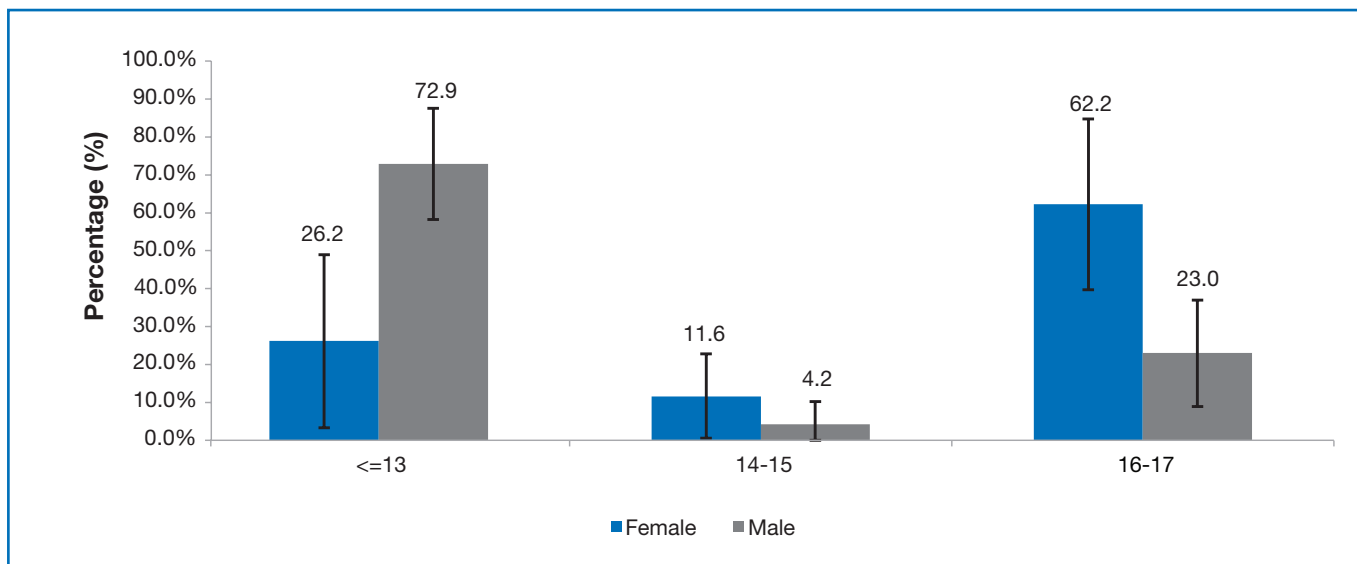


Figure 5: Age at the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse – Cambodia VACS, 2013

Overlap of types of violence: Physical violence, emotional violence and sexual abuse

Approximately 4 in 10 females and males aged 18 to 24 experienced one form of violence before the age of 18. Another 16.1% of females and 21.5% of males aged 18 to 24 experienced more than one form of violence in their childhood (Figure 6).

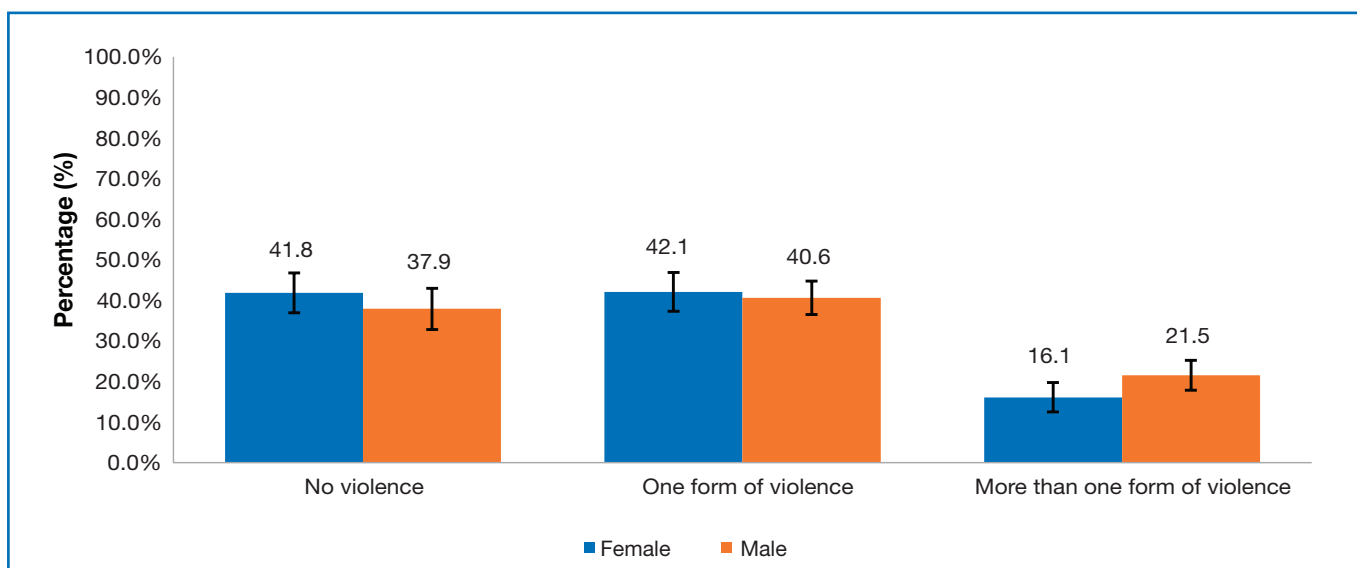


Figure 6: Distribution of the number of types of violence experienced prior to age 18, as reported by 18-24 year olds – Cambodia VACS, 2013

Among respondents aged 13 to 17, approximately one quarter of females and males reported to have experienced more than one form of violence (Figure 7).

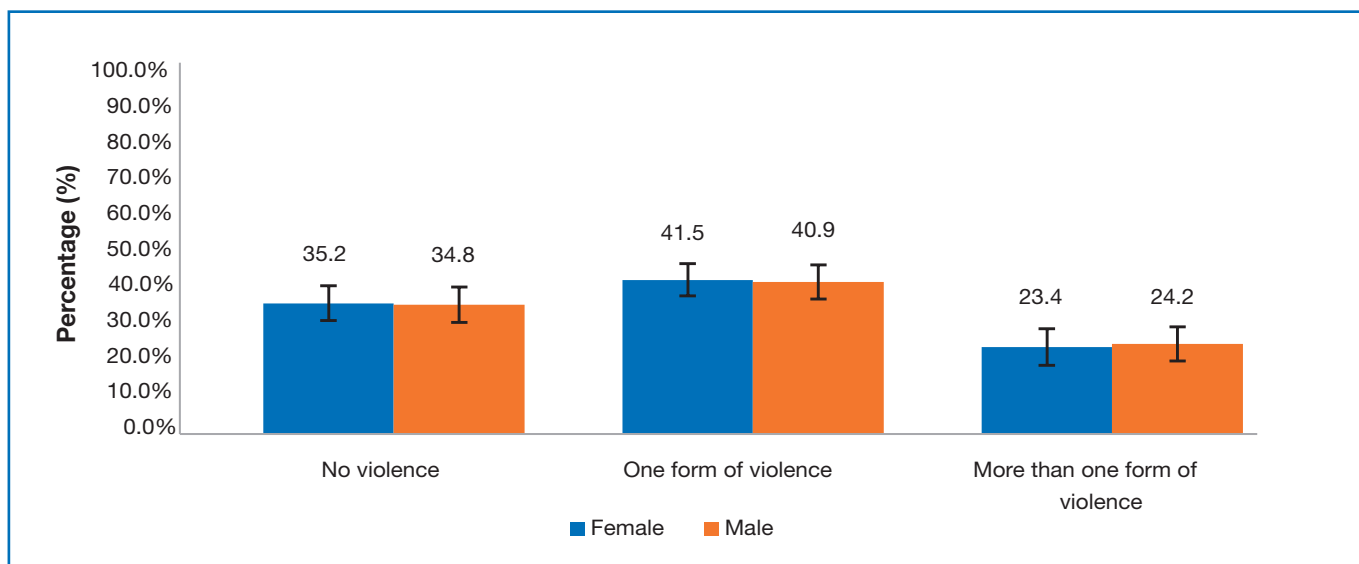


Figure 7: Distribution of the number of types of violence experienced, as reported by 13-17 year olds – Cambodia VACS, 2013

Experiences and impacts of physical violence, emotional violence and sexual abuse

Reflections from qualitative research with children and young people on violence

Childhood physical violence

Participants of all ages readily identified experiences of violence, both those experienced personally and witnessed in schools, homes and communities. In school, violence was reported as occurring between children of the same age, usually in the form of bullying and fighting, and children also reported being beaten by children older than them. Children described a wide range of ways that physical discipline can be meted out by teachers as punishment for unapproved behaviours by the children, ranging from minor indiscretions to serious misbehaviours. Direct experiences of violence in the home were described by some female participants and more often by male participants, but nearly all were able to recall incidents of violence in other people's homes in their communities.

Childhood emotional violence

Both female and male participants of all ages described being "blamed" and "cursed at" by parents, which made them feel "sad", "depressed" and "demotivated to study". The main concern, arising from "shouting", "blame" and "cursed at", was that children did not always understand why they were being admonished. They reported finding these actions confusing and they indicated a build-up of resentment towards their parents or caregivers. They said they would prefer that their parents explained any problematic behaviour or concern to them, giving advice, talking and engaging them.

Childhood sexual abuse

Most female groups discussed specific instances of sexual violence including rape, being touched inappropriately on the chest (females), bottom, penis or vagina. Males did not volunteer sexual violence as a type of violence, although they were open to discussing it when asked direct questions. Males appeared to have varying knowledge of sexual violence, with some saying they had heard rumours of a person being raped while others cited specific examples that they were aware of in their communities. Both females and males linked sexual violence to trafficking. They talked about sexual assaults of girls, mainly by male adults, as well as violence against women perpetrated by husbands.

Source: Ministry of Women's Affairs, UNICEF Cambodia. Findings from Cambodia's Violence Against Children Survey 2013: Qualitative Research. Cambodia: Ministry of Women's Affairs, 2014.

Box 1: Experiences and impacts of physical violence, emotional violence and sexual abuse



Section 3: Perpetrators of Violence Against Children

3. PERPETRATORS OF VIOLENCE AGAINST CHILDREN

Overview

- Mothers were the most common perpetrator of the first incident of childhood physical and emotional violence among all respondents.
- Teachers were the most common perpetrators of physical violence outside of home settings among all respondents, with male teachers more often cited than female teachers across all groups.
- Neighbours, family members, friends and dating partners were commonly implicated as perpetrators of the first incident of childhood sexual abuse
- The majority of perpetrators of the first incident of childhood sexual abuse were five or more years older than the victim
- Among 18 to 24 year olds, multiple perpetrators were involved in more than 1 in 10 of the first incident of childhood sexual abuse involving females and over a quarter of those involving males

In order to focus prevention efforts, it is necessary to know who the perpetrators of violence against children are. Available information on perpetrators of violence in Asia has tended to focus more on perpetrators of sexual violence against adult women. Less is known about perpetrators of sexual violence against girls and boys. This section describes the perpetrators of physical violence, emotional violence and sexual abuse against children in Cambodia.

Perpetrators of first incident of physical violence prior to age 18

Among females and males in both age groups, parents, caregivers and other adult family members were the most common perpetrators of childhood physical violence followed by community members (Figure 8 and Figure 9).

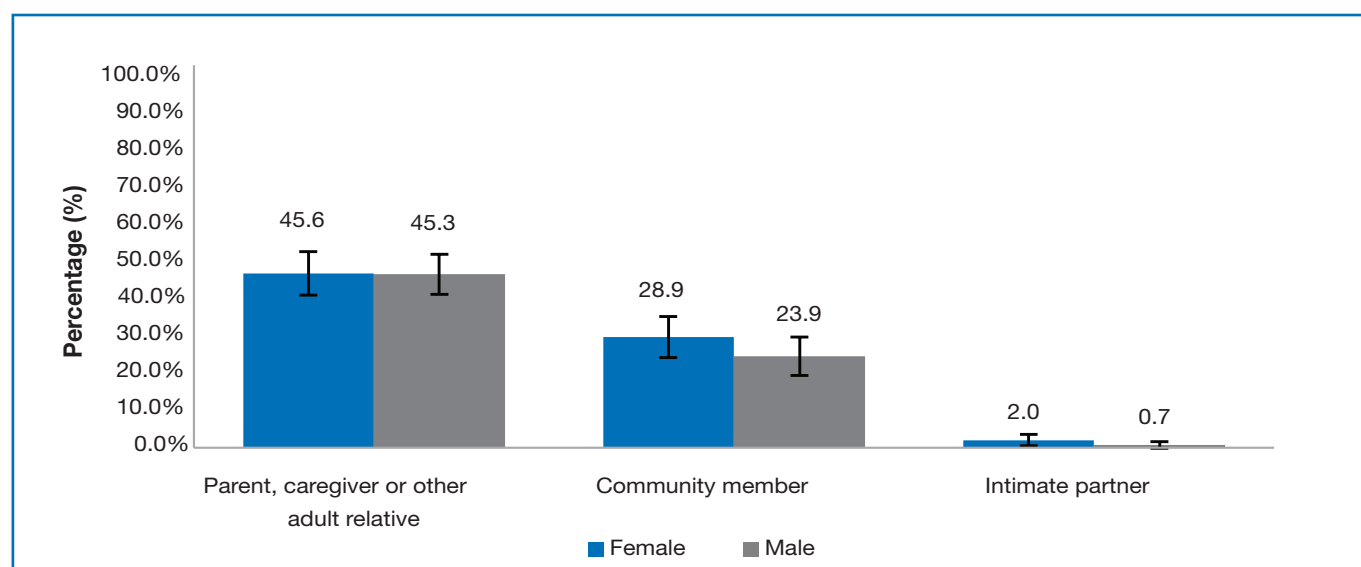


Figure 8: Any physical violence by type of perpetrator, as reported by 18-24 year olds – Cambodia VACS, 2013

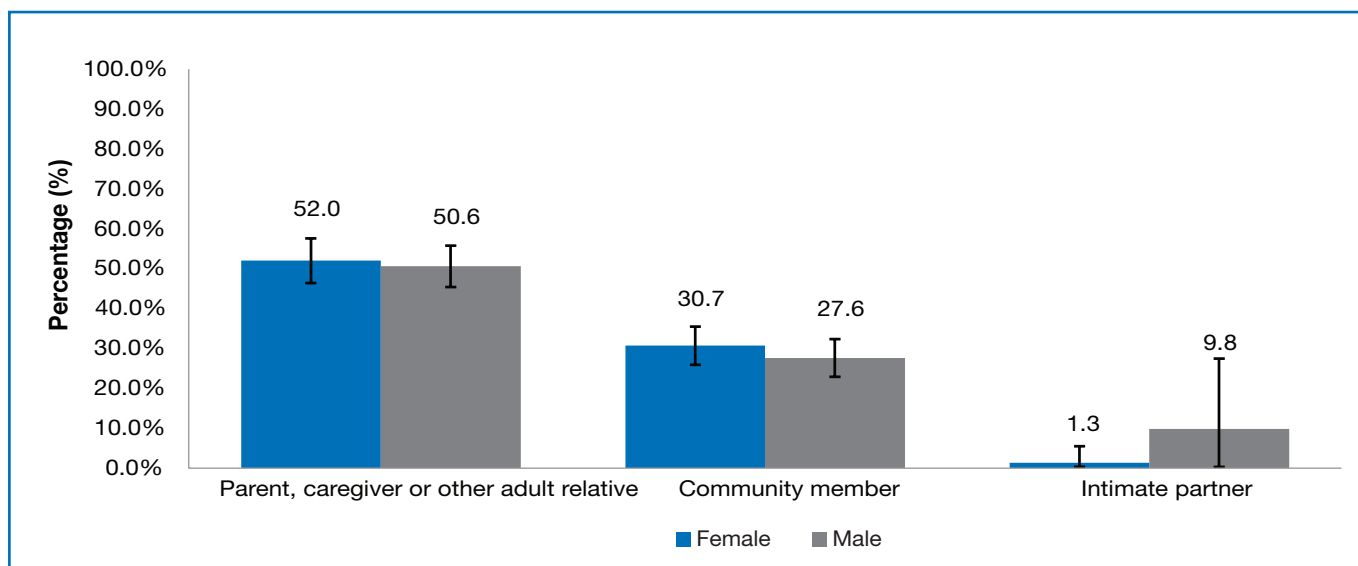


Figure 9: Any physical violence by type of perpetrator, as reported by 13-17 year olds – Cambodia VACS, 2013

Parents are often abusers. Among 18 to 24 year olds who experienced physical violence from a parent, caregiver or adult relative prior to age 18, the majority reported that the perpetrator of the first incident of physical violence was a parent, and especially mothers (Table 1). Almost one in three females (30.7%) and more than one in three males (39.1%) reported their father or stepfather as the perpetrator of the first incident of childhood physical violence.

Table 1: Perpetration of physical violence prior to age 18 by family members, as reported by 18-24 year olds who experienced any childhood physical violence by family members – Cambodia VACS, 2013

	Females (n=268)	Males (n=280)
	% (95% CI §)	% (95% CI)
Parents, caregivers and other adult relatives		
Father/Stepfather	30.7 (24.3 - 37.1)	39.1 (33.0 - 45.3)
Mother/ Stepmother	56.9 (49.2 - 64.5)	54.4 (48.3 - 60.6)
Brother/Stepbrother	7.0 (3.6 - 10.4)	6.0 (2.7 - 9.4)
Sister/Stepsister	6.9 (2.4 - 11.4)	1.4 (0.2 - 2.7)
Uncle/Aunt	1.3 (0.0 - 3.2)	0.9 (0.0 - 2.1)
Cousin	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)
Grandparent	0.4 (0.0 - 1.1)	0.0 (0.0 - 0.0)
Other Relative/Caregiver ¹	0.3 (0.0 - 0.9)	0.0 (0.0 - 0.0)

¹ Other caregivers include caregiver of respondents and other people in home
 § 95% confidence interval

Similar to those in the older age group, among 13 to 17 year olds who experienced violence from a parent, caregiver or other adult relative, the majority reported that the perpetrator of the first incident of physical violence was a parent, and especially mothers (Table 2). A father or stepfather was the second most likely perpetrator of the first incident for both females and males (18.7% and 36.3%, respectively) with males twice as likely to report a father or stepfather as females.

Table 2: Perpetration of physical violence prior to age 18 by family members, as reported by 13-17 year olds who experienced any childhood physical violence by family members – Cambodia VACS, 2013

	Females (n=271)	Males (n=324)
	% (95% CI§)	% (95% CI)
Parents, caregivers and other adult relatives		
Father/Stepfather	18.7 (13.5 - 23.9)	36.3 (30.6 - 42.0)
Mother/ Stepmother	63.6 (56.7 - 70.5)	55.1 (49.1 - 61.1)
Brother/Stepbrother	10.2 (6.7 - 13.7)	3.8 (1.3 - 6.4)
Sister/Stepsister	4.2 (1.0 - 7.4)	1.4 (0.0 - 2.7)
Uncle/Aunt	2.2 (0.6 - 3.7)	1.5 (0.3 - 2.6)
Cousin	0.5 (0.0 - 1.5)	0.0 (0.0 - 0.0)
Grandparent	1.4 (0.0 - 2.9)	1.0 (0.0 - 2.3)
Other Relative/Caregiver ¹	0.5 (0.0 - 1.4)	0.3 (0.0 - 0.9)

¹ Other caregivers include caregiver of respondents and other people in home
 § 95% confidence interval

Teachers are also frequent perpetrators of childhood physical violence. Females and males in both age groups who experienced childhood physical violence by someone living in the community most frequently cited male teachers as the perpetrator of the first incident of physical violence, followed by female teachers.

Among females and males aged 18 to 24 who experienced physical violence by someone living in the community prior to the age of 18, two in three females and two in five males reported that a male teacher was the perpetrator of the first incident of physical violence prior to age 18 (62.2% and 43.8%, respectively) (Figure 10). Over a quarter of females and one fifth of males reported female teachers as the perpetrator of the first incident prior to 18 (26.8% and 19.5% respectively).

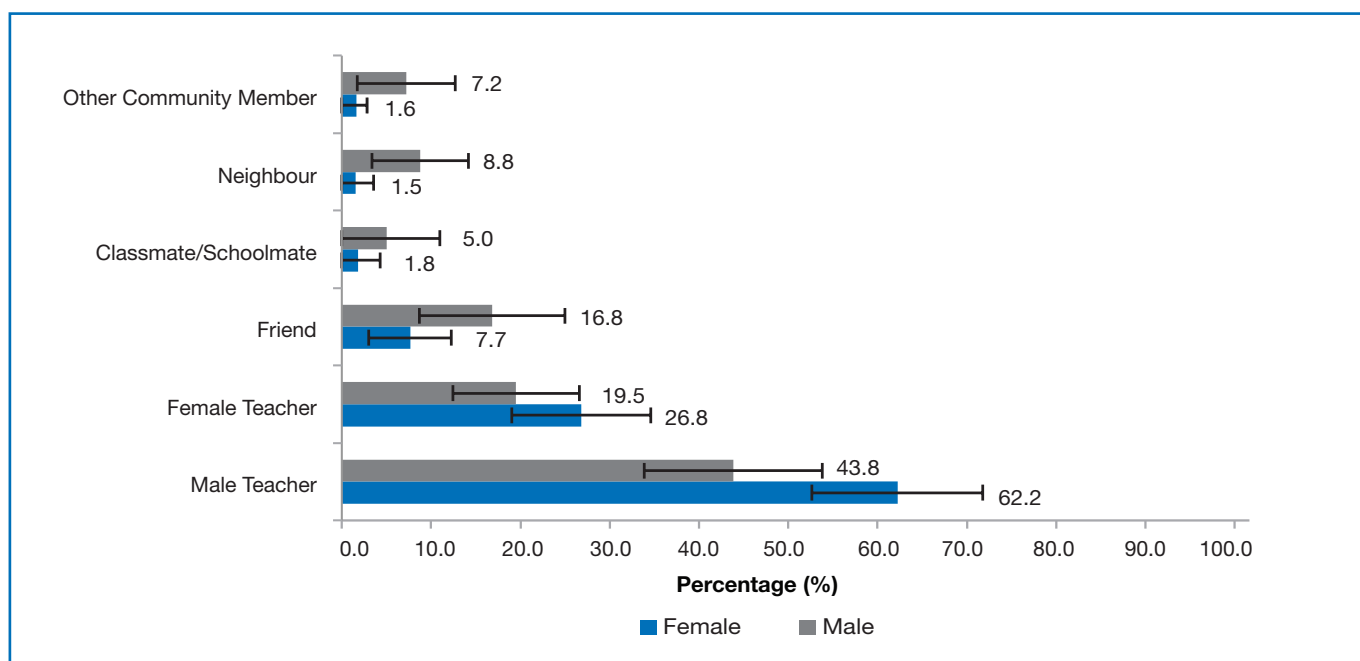


Figure 10: Perpetration of physical violence prior to age 18 by community members, as reported by 18-24 year olds who experienced any childhood physical violence – Cambodia VACS, 2013

Among 13 to 17 year olds who experienced violence by someone living in the community, over half of both females and males aged 13 to 17 reported that a male teacher was the perpetrator (58.6% and 51.7%, respectively) (Figure 11). Approximately one fifth of females and males in this age group reported female teachers as the perpetrator of the first incident (20.5% and 18.0%, respectively).

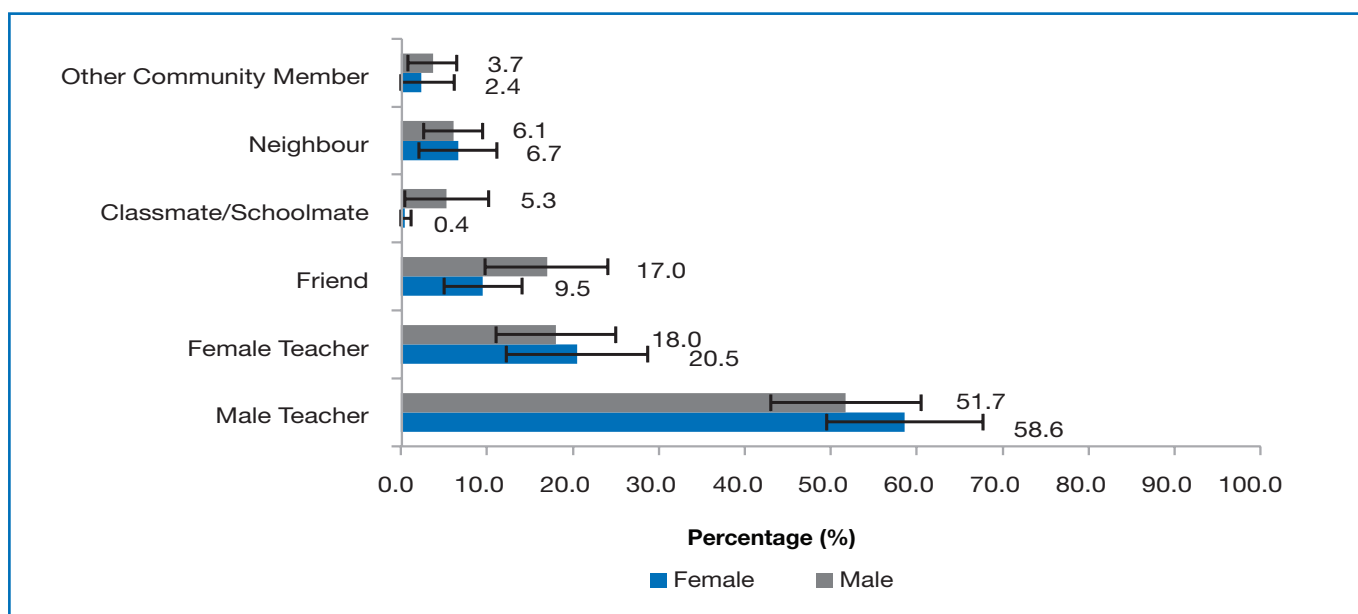


Figure 11: Perpetration of physical violence by community members, as reported by 13-17 year olds who experienced any childhood physical violence – Cambodia VACS, 2013

Perpetrators of first incident of emotional violence prior to age 18

Mother and fathers can be emotionally abusive. Mothers or stepmothers were the most frequently cited perpetrator of the first incident of childhood emotional violence by females and males in both age groups followed by fathers or stepfathers (Table 3). Fathers or stepfathers were cited more frequently among males than females aged 13 to 17.

Table 3: Perpetration of emotional violence prior to age 18 by family members, as reported by 18-24 and 13-17 year olds who experienced any childhood emotional violence by family members – Cambodia VACS, 2013

	% (95% CI [§])	% (95% CI)
18 to 24 years old	Females (n=108)	Males (n=150)
Father/Stepfather	14.3 (7.5 - 21.2)	23.4 (15.2 - 31.6)
Mother/Stepmother	56.9 (45.9 - 67.9)	59.3 (48.4 - 70.2)
Brother/Stepbrother	6.7 (2.2 - 11.3)	7.0 (1.8 - 12.2)
Sister/Stepsister	11.5 (3.1 - 19.9)	2.5 (0.4 - 4.5)
Uncle/Aunt	6.5 (1.3 - 11.6)	2.4 (0.0 - 4.8)
Grandparent	0.9 (0.0 - 2.6)	0.3 (0.0 - 0.8)
Cousin	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)
Other Relative/Caregiver ¹	2.4 (0.1 - 4.8)	1.8 (0.0 - 4.0)
13 to 17 years old	Females (n=126)	Males (n=164)
Father/Stepfather	7.9 (2.9 - 12.8)	23.0 (15.8 - 30.2)
Mother/Stepmother	53.8 (42.8 - 64.7)	58.3 (48.8 - 67.7)
Brother/Stepbrother	7.7 (2.0 - 13.5)	6.8 (1.8 - 11.8)
Sister/Stepsister	11.7 (4.3 - 19.2)	4.6 (1.4 - 7.8)
Uncle/Aunt	4.8 (1.1 - 8.6)	0.4 (0.0 - 1.2)
Grandparent	3.7 (0.0 - 7.6)	2.4 (0.0 - 4.9)
Cousin	1.1 (0.0 - 3.2)	0.8 (0.0 - 2.0)
Other Relative/Caregiver ¹	6.4 (0.1 - 12.7)	1.2 (0.0 - 3.0)

¹ Other caregivers include caregiver of respondents and other people in home

[§] 95% confidence interval

Perpetrators of first incident of sexual abuse prior to age 18

Children in Cambodia often know their sexual attackers. Among both female and male 18 to 24 year olds who experienced sexual abuse prior to age 18, neighbours were the most common perpetrator of the first incident of childhood sexual abuse (Figure 12). The next most likely perpetrator for females aged 18 to 24 was a boyfriend or romantic partner (23.9%) and for 18- to 24-year-old males was a family member (33.1%). No males reported that the first incident of sexual abuse was perpetrated by a stranger. However, a stranger was reported as the perpetrator for 1 in 10 females (10.9%).

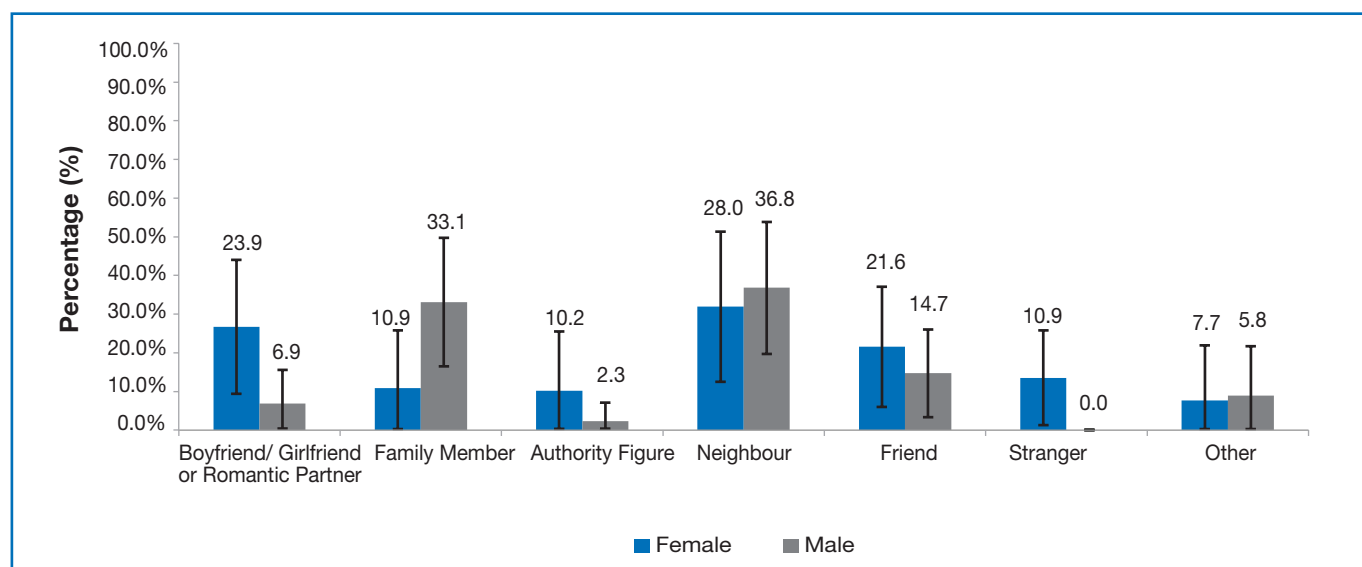


Figure 12: Perpetrators of the first incident sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any sexual abuse – Cambodia VACS, 2013

Among females aged 13 to 17, friends were the most common perpetrators of the first incident of sexual abuse while among males aged 13 to 17, family members were most frequently cited (Figure 13). One in five females (21.6%) reported that a boyfriend or romantic partner was the perpetrator of the first incident of sexual abuse while no males reported a girlfriend or romantic partner as a perpetrator. Similarly, no males reported the perpetrator was a stranger, while a stranger was the perpetrator reported by more than 1 in 10 females.

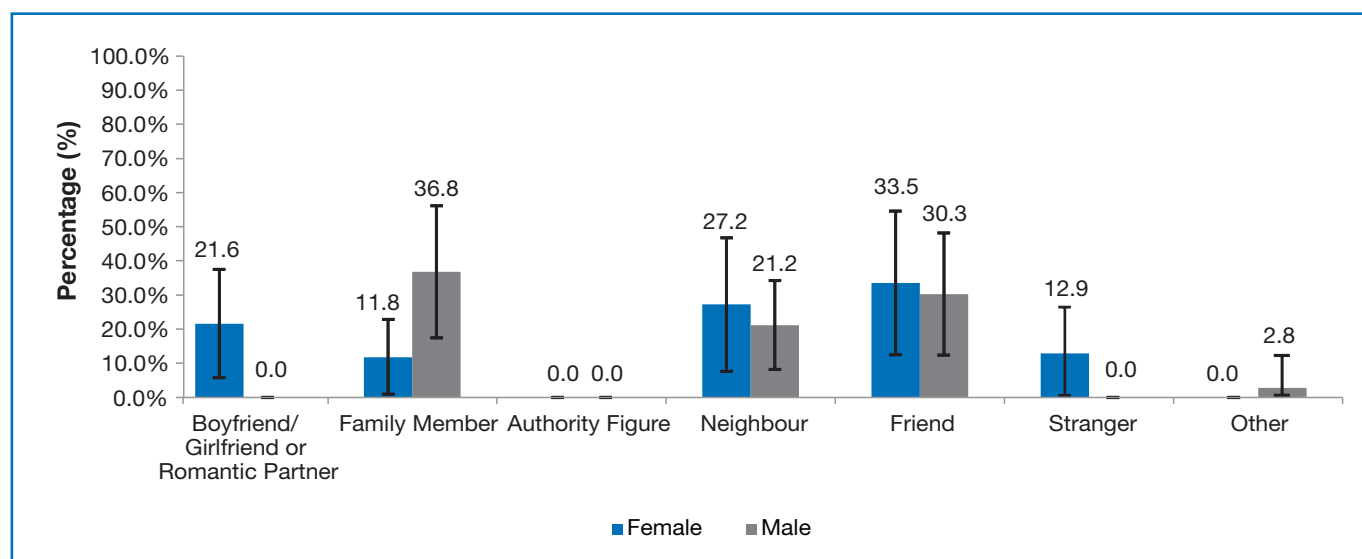


Figure 13: Perpetrators of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse – Cambodia VACS, 2013

Sexual attackers are usually older. More than 6 in 10 females and 7 in 10 males aged 18 to 24 reported that the perpetrator of the first incident of child sexual abuse was five or more years older (Figure 14). Among 13 to 17 year olds, more than half of both females and males reported that the perpetrator of the first incident of sexual abuse was five or more years older.

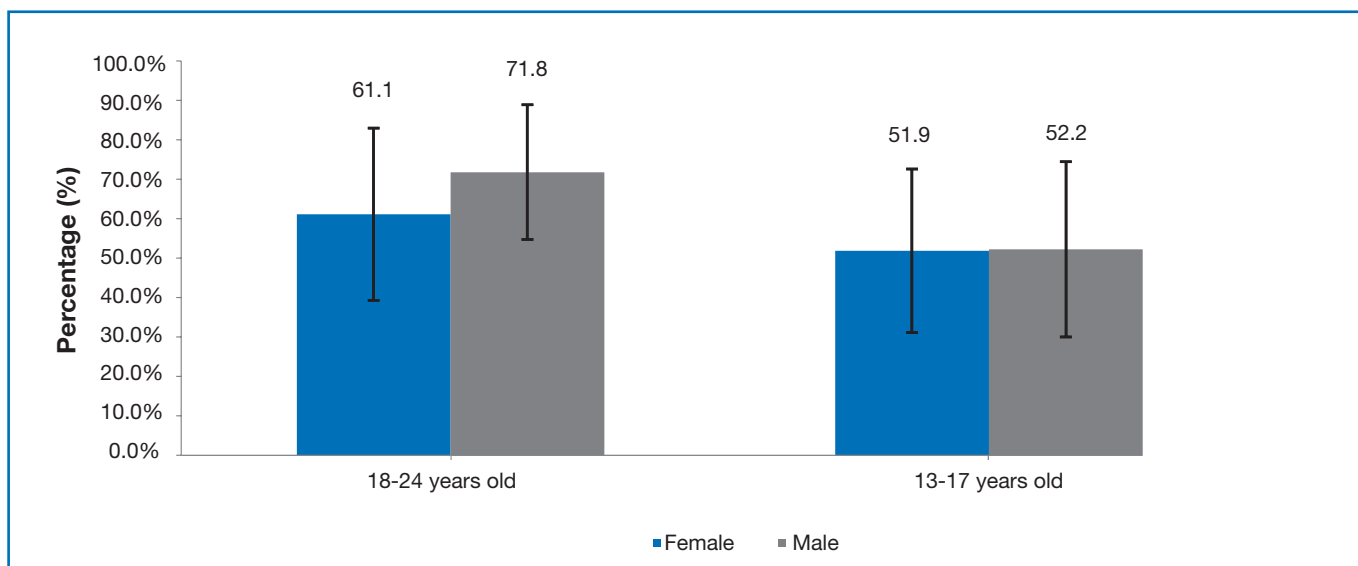


Figure 14: Perpetrators of the first incident of childhood sexual abuse 5 or more years older, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse – Cambodia VACS, 2013

Sexual abuse by more than one perpetrator is not uncommon in Cambodia. Among 18 to 24 year olds, multiple perpetrators were involved in more than 1 in 10 of the first incidents of childhood sexual abuse involving females and in over a quarter of those involving males (Figure 15). Among 13 to 17 year olds, approximately one in eight females and one in six males reported multiple perpetrators at the first incident of sexual abuse.

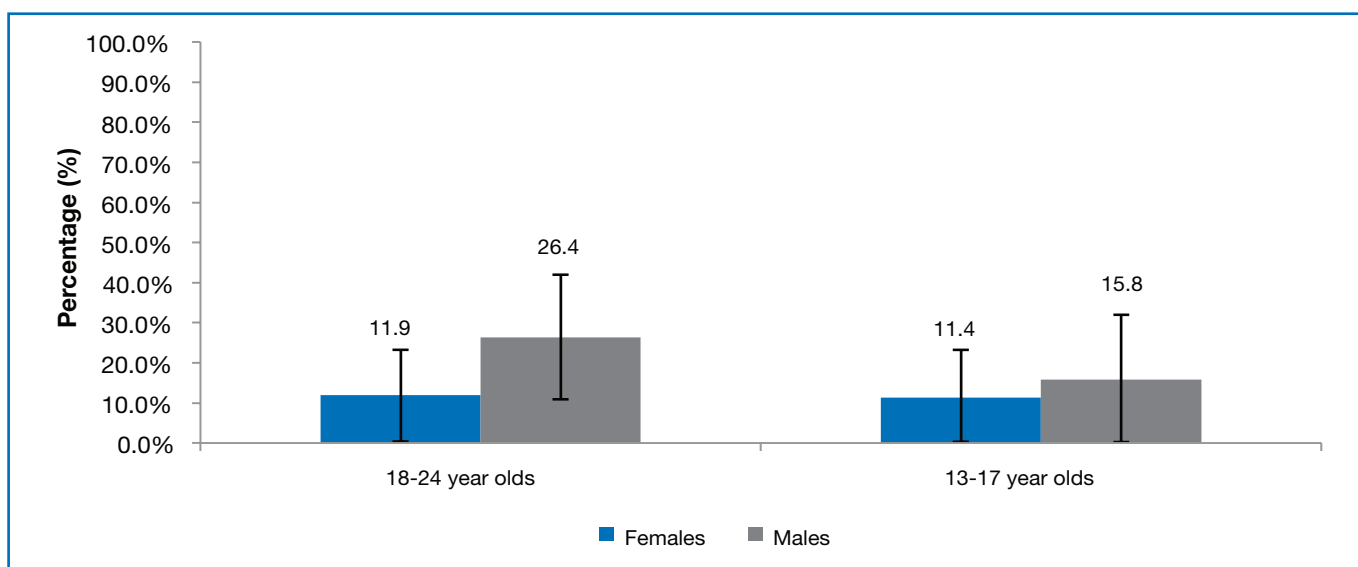


Figure 15: More than one perpetrator at the first incident of sexual abuse prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse – Cambodia VACS, 2013



Section 4: Context Sexual Abuse

4. WHERE CHILDHOOD SEXUAL ABUSE OCCURS

Overview

- The respondent's home was the most commonly reported location of the first incident of childhood sexual abuse for almost half of females and over a third of males aged 18 to 24 who experienced sexual abuse prior to age 18
- School was the location of the first incident of childhood sexual abuse for 17.2% of females and 12.9% of males aged 18 to 24 and 26.3% of females and 10.4% of males aged 13 to 17 who experienced sexual abuse prior to age 18
- Among 13 to 17 year olds, males were significantly more likely than females to report the respondent's house as the location of the first incident of sexual abuse (45.6% and 8.3%, respectively)

In addition to defining the perpetrators of violence, the study sought to understand where and how violence and abuse took place in order to focus prevention efforts. This section describes the locations where respondents experienced their first incidents of sexual abuse before the age of 18.

Childhood sexual abuse often occurs at home. The respondent's home was the most commonly reported location of the first incident of childhood sexual abuse for almost half of females and over a third of males aged 18 to 24 who experienced sexual abuse prior to age 18 (Table 4). The school was the location of the first incident of childhood sexual abuse for 17.2% of females and 12.9% of males aged 18 to 24.

Table 4: Location of first incident of sexual abuse prior to age 18, as reported by 18-24 year olds– Cambodia VACS, 2013

	Females (n=26)	Males (n=33)
	% (95% CI [§])	% (95% CI)
18 to 24 years old		
Respondent's Home	42.9 (23.2 - 62.6)	39.8 (17.4 - 62.3)
Perpetrator's Home	9.4 (0.0 - 22.6)	9.2 (0.0 - 21.5)
Someone else's Home	11.1 (0.0 - 23.3)	11.0 (0.0 - 23.9)
On a road	11.5 (0.0 - 25.4)	20.9 (3.9 - 37.9)
School	17.2 (4.6 - 29.7)	12.9 (2.4 - 23.3)
Public Place/Guest House ¹	0.0 (0.0 - 0.0)	1.8 (0.0 - 5.5)
Temple (Pagoda)	5.7 (0.0 - 13.6)	0.0 (0.0 - 0.0)
Other ²	16.6 (0.6 - 32.6)	10.5 (0.0 - 22.1)

¹ Includes guest house, resort, rental house, village, sports centre.

² Includes market/shop, inside a car/bus, lake/river/body of water, field/natural area, bar/restaurant/disco/club, workplace.

§ 95% confidence interval

Among 13 to 17 year olds, males were significantly more likely than females to report their house as the location of the first incident of sexual abuse (at 45.6% and 8.3%, respectively) (Table 5). School was the location of the first incident of sexual abuse for over a quarter of females and 1 in 10 males aged 13 to 17 who experienced sexual abuse.

Table 5: Location of first incident of sexual abuse, as reported by 13-17 year olds – Cambodia VACS, 2013

	Females (n=31)	Males (n=28)
	% (95% CI [§])	% (95% CI)
13 to 17 years old		
Respondent's Home	8.3 (0.0 - 18.1)	45.6 (25.5 - 65.7)
Perpetrator's Home	13.1 (0.0 - 30.6)	10.2 (0.0 - 23.9)
Someone else's Home	24.7 (3.9 - 45.6)	12.6 (0.0 - 27.6)
On a road	11.3 (0.0 - 24.2)	6.5 (0.0 - 18.6)
School	26.3 (9.2 - 43.4)	10.4 (0.0 - 21.0)
Public Place/Guest House ¹	4.0 (0.0 - 11.8)	1.2 (0.0 - 3.8)
Temple (Pagoda)	0.0 (0.0 - 0.0)	5.6 (0.0 - 16.3)
Other ²	16.4 (1.2 - 31.7)	7.8 (0.0 - 17.5)

1 Includes guest house, resort, rental house, village, sports centre.

2 Includes market/shop, inside a car/bus, lake/river/body of water, field/natural area, bar/restaurant/disco/club, workplace.

§ 95% confidence interval

Where children and young people felt safe and vulnerable

Reflections from qualitative research with children and young people on violence

In the qualitative research, girls and young women most frequently said they felt most safe in places where there were many other people, such as markets and certain shops. Their biggest fear was being alone in an isolated place where they felt at risk, particularly of sexual violence. In comparison, boys and young men seemed to prefer less crowded places because they felt less at risk of being drawn into fights or of being challenged by groups of youths, compared to crowded places like festivals and parties. Despite the fear of physical punishment, schools were also regularly cited as safe places where children enjoyed spending time. Whether places were busy or quiet, near or far from home, a recurring theme was that anywhere that alcohol was consumed or marijuana was smoked posed a risk of violence for boys and girls.

Source: Ministry of Women's Affairs, UNICEF Cambodia. Findings from Cambodia's Violence Against Children Survey 2013: Qualitative Research. Cambodia: Ministry of Women's Affairs, 2014.

Box 2: Where children and young people felt safe and vulnerable



Section 5: Service-Seeking Behaviour

5. Service-Seeking Behaviour for Sexual Abuse

Overview

- Among 18 to 24 year olds who experienced sexual abuse prior to age 18, half of females and only one in five males told anyone about an incident of sexual abuse (50.6% and 20.6%, respectively)
- Among 18 to 24 year olds who experienced sexual abuse prior to age 18, only approximately one third of females and less than 6% of males sought help

Throughout much of the world, violence against children, especially sexual violence, remains a hidden problem and has thus been a neglected area of research. Children who experience violence are often reluctant to let others know about their experiences for a variety of reasons including guilt, shame, fear of not being believed, or even being reprimanded for what has occurred. Furthermore, service providers in many countries are not always available or equipped to handle cases of violence. Adequate health, criminal justice, and social services are crucial for the immediate protection of children as well as their recovery and in preventing future violence.

The survey sought to understand the frequency with which respondents had told someone else about an experience of sexual abuse or physical violence or sought help. It further asked those who did not seek help about their reasons for not doing so.

Disclosure and seeking help for sexual abuse

Most victims do not disclose sexual abuse and few seek help following an incident of sexual abuse. In relation to telling someone about and seeking help for sexual abuse, among 18 to 24 year olds who reported sexual abuse prior to age 18, half of females and only one in five males said they told anyone about an incident of sexual abuse, and only approximately one third of females and less than 6% of males sought help (Figure 16).

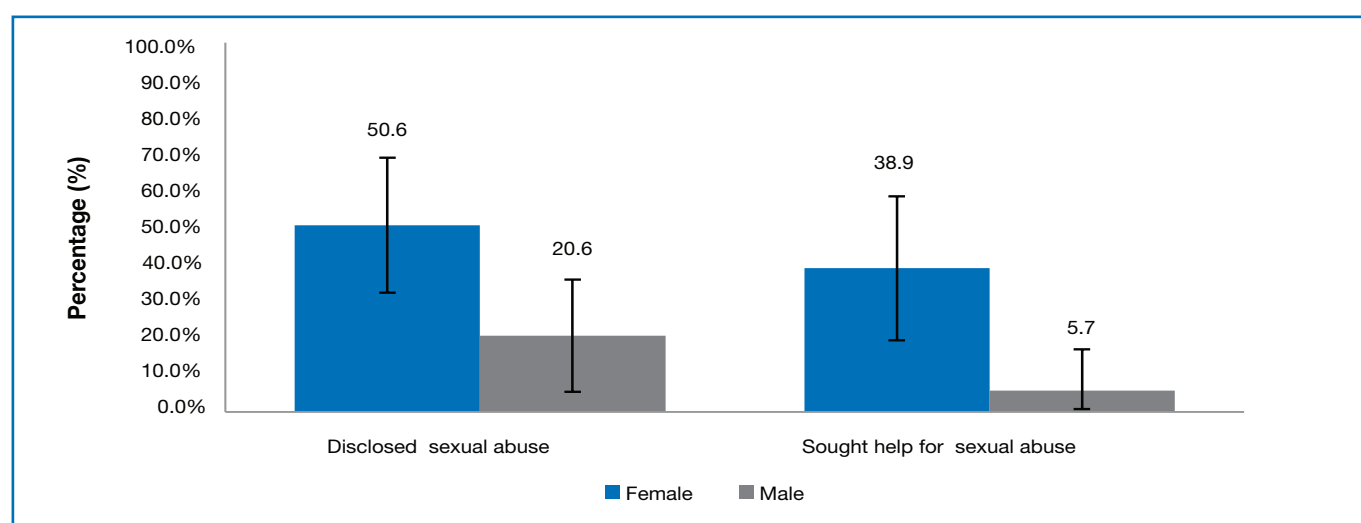


Figure 16: Disclosure and help seeking behaviour for an incident of sexual abuse, as reported by 18-24 year olds – Cambodia VACS, 2013

Among respondents aged 13 to 17 who experienced sexual abuse, slightly over half of females and only one in seven males told someone about an incident of sexual abuse, with females significantly more likely to have told someone than males (Figure 17). Females aged 13 to 17 who experienced sexual abuse were also significantly more likely to seek help for an incident of sexual abuse compared to males: slightly more than one in three females and 1 in 20 males aged 13 to 17 sought help for an incident of sexual abuse.

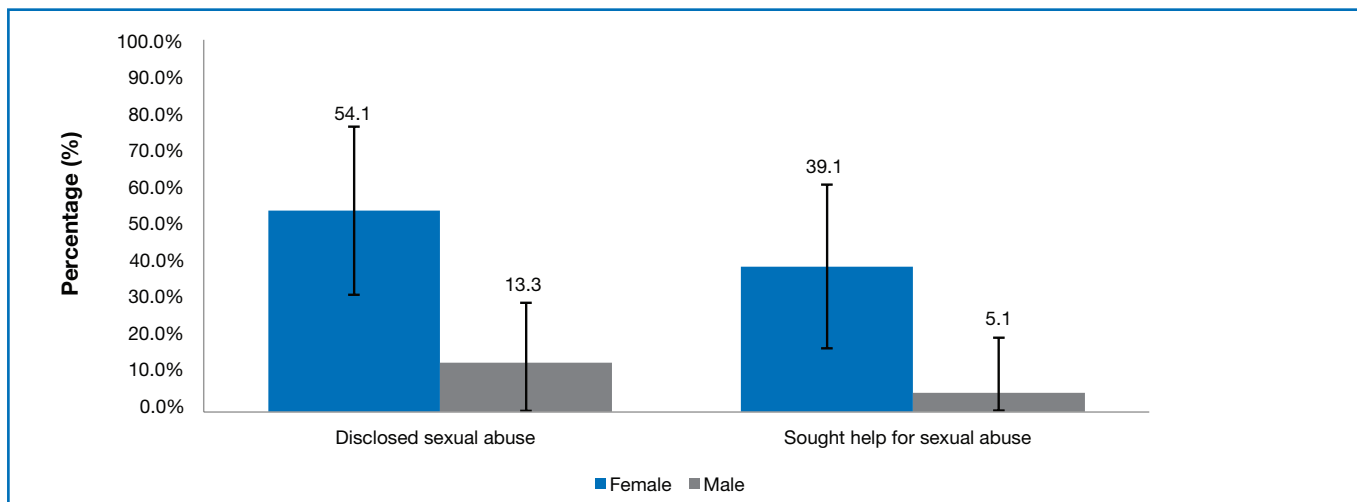


Figure 17: Disclosure and help seeking behaviour for an incident of sexual abuse, as reported by 13-17 year olds – Cambodia VACS, 2013

Reasons children do not seek help for incidents of sexual abuse

Given the small sample sizes of both 18 to 24 year olds and 13 to 17 year olds who experienced sexual abuse prior to age 18, respondents of all ages are aggregated in this sub-section on reasons for not seeking help.

For females and males across age groups, individual-level barriers (e.g., preferences to maintain personal privacy or avoid embarrassment for themselves and/or their family; not wanting or needing services; not thinking the sexual abuse was a problem; feeling as though it was their fault) were overwhelmingly cited as reasons for not seeking help for incidents of childhood sexual abuse (Figure 18). Male respondents were three times more likely than females to report that they did not seek help because they did not think the sexual abuse was a serious problem. Relationship-level barriers (e.g., fear of getting into trouble; dependence on the perpetrator; being threatened by the perpetrators; being afraid of being abandoned) were cited by 32.4% of males and no females, while 5.9% of females and 7.6% of males reported structural-level barriers (e.g., not knowing where to go to seek help).

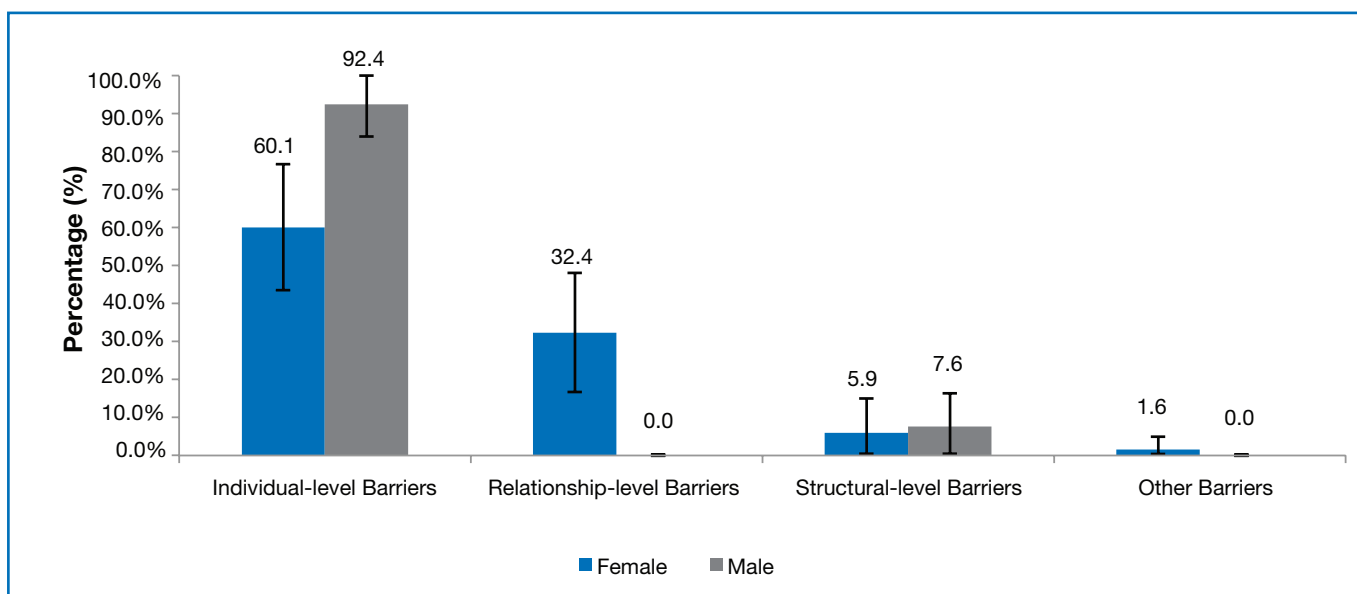


Figure 18: Barriers to seeking help for sexual abuse, as reported by 13-24 year olds who experienced any childhood sexual abuse – Cambodia VACS, 201

Service-seeking behaviour

Reflections from qualitative research with children and young people on violence

In the qualitative research, participants talked about the reasons that children do not tell others, especially adults, about incidents of violence that are committed against them or that they witness. A major reason among girls and young women not disclosing or seeking help was that they feared being admonished for gossiping (“Make yourself clean first” [before you say bad things about someone else]) and being told to mind their own business. They reported that it was particularly difficult to talk about sexual violence because adults might find it unacceptable for females to speak words of a sexual nature, regardless of the context. Boys said that they did not tell anyone about specific incidents, because they were too shy, they felt that there was no point because no one could help, and feared being accused of gossiping about adults. Older males complained about inconsistent police and judicial action which discouraged them from reporting violence and seeking help. Males were more likely than females to explicitly state that they did not or would not tell someone about an incident of violence. In cases of serious violence, some girls in Phnom Penh said they knew of a phone hotline they could call for help.

Source: Ministry of Women’s Affairs, UNICEF Cambodia. Findings from Cambodia’s Violence Against Children Survey 2013: Qualitative Research. Cambodia: Ministry of Women’s Affairs, 2014.

Box 3: Service-seeking behaviour



Section 6: The Consequences of Violence Against Children

6. THE CONSEQUENCES OF VIOLENCE AGAINST CHILDREN

Overview

Consequences of childhood physical violence

- Females 18 to 24 years of age who experienced childhood physical violence were significantly more likely to report moderate mental distress, to experience suicidal ideation and report symptoms of STIs than those who did not experience physical violence
- Males 18 to 24 years of age who experienced physical violence prior to age 18 were more likely to have been drunk and smoked cigarettes in the past 30 days than those who did not experience physical violence
- More than twice as many females aged 13 to 17 who experienced physical violence, compared to females who did not experience physical violence, reported an STI diagnosis or symptom in the last 12 months
- The prevalence of having multiple sexual partners in the past 12 months was significantly higher among males aged 19 to 24 who reported childhood physical violence than males who reported no experiences of physical violence prior to age 18 (15.4% and 3.0%, respectively)

Consequences of childhood emotional violence

- Mental health outcomes showed statistically significant associations across all age and gender groups
- Females 13 to 17 and 18 to 24 years of age who experienced childhood emotional violence were more likely to have ever intentionally hurt themselves and to report symptoms of STIs than those who did not experience emotional violence

Consequences of childhood sexual abuse

- Females 18 to 24 years of age who experienced sexual abuse prior to age 18 were more likely to experience suicidal ideation than those who did not experience sexual abuse
- Males 13 to 17 years of age who experienced childhood sexual abuse were more likely to have reported symptoms of sexually transmitted infections (STIs) than those who did not experience sexual abuse

Childhood violence and health consequences

This section describes mental health and health outcomes among respondents who did and did not experience childhood physical violence, emotional violence or sexual abuse. The analyses were restricted to females and males aged 19 to 24 to ensure no overlap of experiences of sexual violence and risk-taking behaviours. This analytic strategy ensures that exposure to childhood sexual violence preceded involvement in sexual risk-taking behaviours and that there is no confusion between the identification of sexual violence and risk-taking behaviours.

Childhood physical violence is associated with poorer health for women and men. When compared to girls who had not experienced childhood physical violence, those who experienced physical violence in childhood were more likely to:

- report moderate mental distress (53.4% versus 34.2% among 18-24 year olds)
- experience suicidal ideation (15.3% versus 5.6% among 18-24 year olds)
- report an STI diagnosis or symptom in the last 12 months (48.1% versus 23.2% among 18-24 year olds and 30% versus 15.3% among 13-17 year olds)

Boys who had experienced childhood physical violence were more likely than those who had not experienced physical violence in childhood to:

- drink alcohol in the past 30 days (79.5% versus 66.3% among 18-24 year olds)
- smoke cigarettes in the past 30 days (31.5% versus 18.7% among 18-24 year olds)

Emotional violence is taking its toll on children. Both boys and girls who experienced childhood emotional violence reported negative health effects. When compared to girls who had not experienced childhood emotional violence, those who experienced emotional violence in childhood were more likely to:

- report moderate mental distress (62.8% versus 39.8% among 18-24 year olds and 42.4% versus 21.6% among 13-17 year olds)
- report an STI diagnosis or symptom in the last 12 months (53.1% versus 32.2% among 18-24 year olds and 40.1% versus 19.2% among 13-17 year olds)
- have ever intentionally hurt themselves (21.7% versus 5.9% among 18-24 year olds and 10.5% versus 2.3% among 13-17 year olds)

Boys who had experienced childhood emotional violence were more likely than those who had not experienced emotional violence in childhood to:

- report moderate mental distress (52.6% versus 25.8% among 18-24 year olds and 42.3% versus 14.6% among 13-17 year olds)

Childhood sexual abuse can be associated with poorer health for women and men. An STI symptom or diagnosis in the past 12 months was reported by half of females aged 18 to 24 who indicated that they experienced sexual abuse prior to age 18 and a third of females who reported no experiences of sexual abuse prior to age 18. Females in this age group (18 to 24) who experienced sexual abuse prior to age 18 were more likely to experience suicidal ideation than those who did not report experiencing sexual abuse. Almost half of females aged 13 to 17 who experienced sexual abuse reported an STI diagnosis or symptom in the last 12 months, compared to more than one in five females who experienced no sexual abuse (48.3% and 22.6%, respectively). Males 13 to 17 years of age who experienced childhood sexual abuse were more likely to have reported symptoms of STIs than those who did not experience sexual abuse (23.6% and 4.8% respectively). Among respondents of all ages who experienced violence prior to age 18, more females than males reported an STI diagnosis or symptom in the past 12 months.

Sexual risk behaviour

This section examines the prevalence of risk-taking behaviours of respondents in the previous 12 months and their association with experiences of physical and emotional violence and sexual abuse prior to age 18. The analyses were restricted to females and males aged 19 to 24 to ensure no confusion between the identification of childhood sexual violence and risk-taking behaviours prior to the age of 18.

Among female and male respondents aged 19 to 24 who reported having sexual intercourse in the past 12 months, nearly 1 in 5 males and 1 in 10 females reported infrequent condom use (19.1% and 7.6%, respectively) (Figure 19). More than 1 in 10 males (11.3%) but no females reported having two or more sexual partners in the past 12 months. Transactional sex in the past 12 months was reported by 1.6% of females and 1.0% of males.

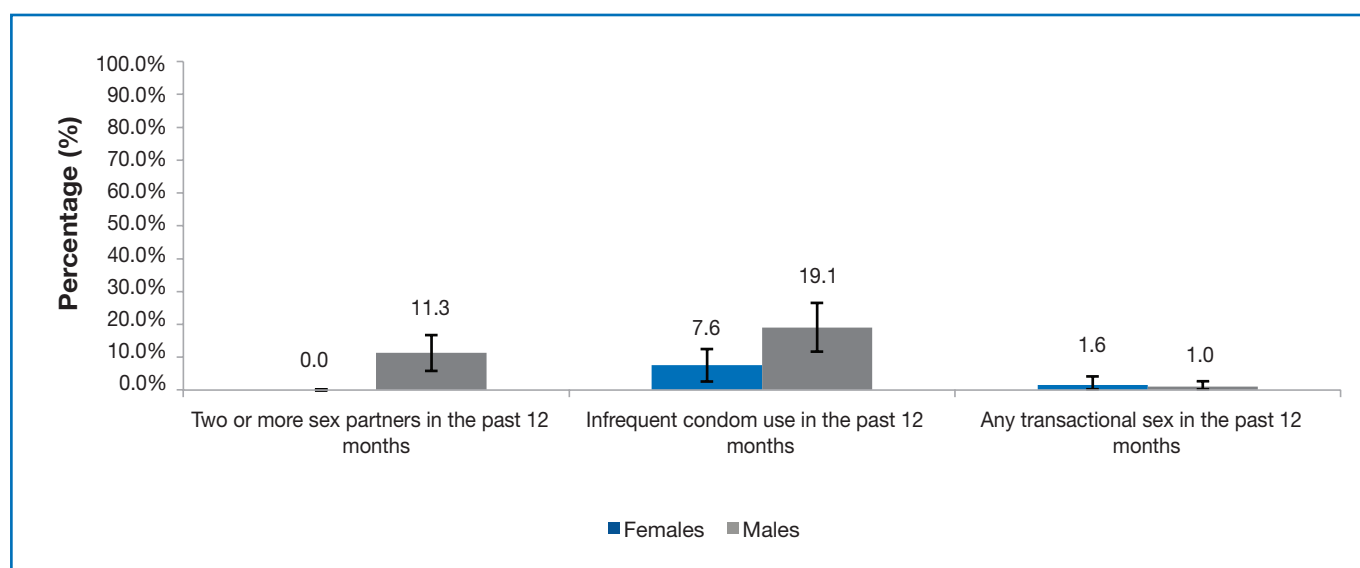


Figure 19: Sexual risk-taking behaviours in the past 12 months, as reported by 19-24 year olds – Cambodia VACS, 2013

The sample size of respondents who disclosed experiencing childhood sexual abuse was too small to calculate reliable estimates of association with sexual risk-taking behaviours, while there were no associations found between childhood emotional violence and sexual risk-taking behaviours. Childhood physical violence was associated with sexual risk-taking behaviours: the prevalence of having multiple sexual partners in the past 12 months was significantly higher among males aged 19 to 24 who reported childhood physical violence (15.4%) than males who reported no experiences of physical violence prior to age 18 (3.0%). The sample size of respondents who disclosed experiencing childhood sexual abuse was too small to calculate reliable estimates of association with sexual risk-taking behaviours, while there were no associations found between childhood emotional violence and sexual risk-taking behaviours.

HIV testing knowledge and behaviour

This section describes the respondents knowledge and practices related to HIV testing in general. Respondents were asked about their knowledge of HIV testing and whether they had ever tested for HIV and received the results and whether or not they ever had sexual intercourse.

Approximately three quarters of females and males aged 18 to 24 knew of a place to go for an HIV test (Figure 20). There was a statistically significant difference between females and males who reported they had never been tested for HIV, with more males (78.2%) aged 18 to 24 reporting that they had never tested for HIV compared to females (62.6%). Three quarters of females and males aged 18 to 24 who tested for HIV reported receiving their results.

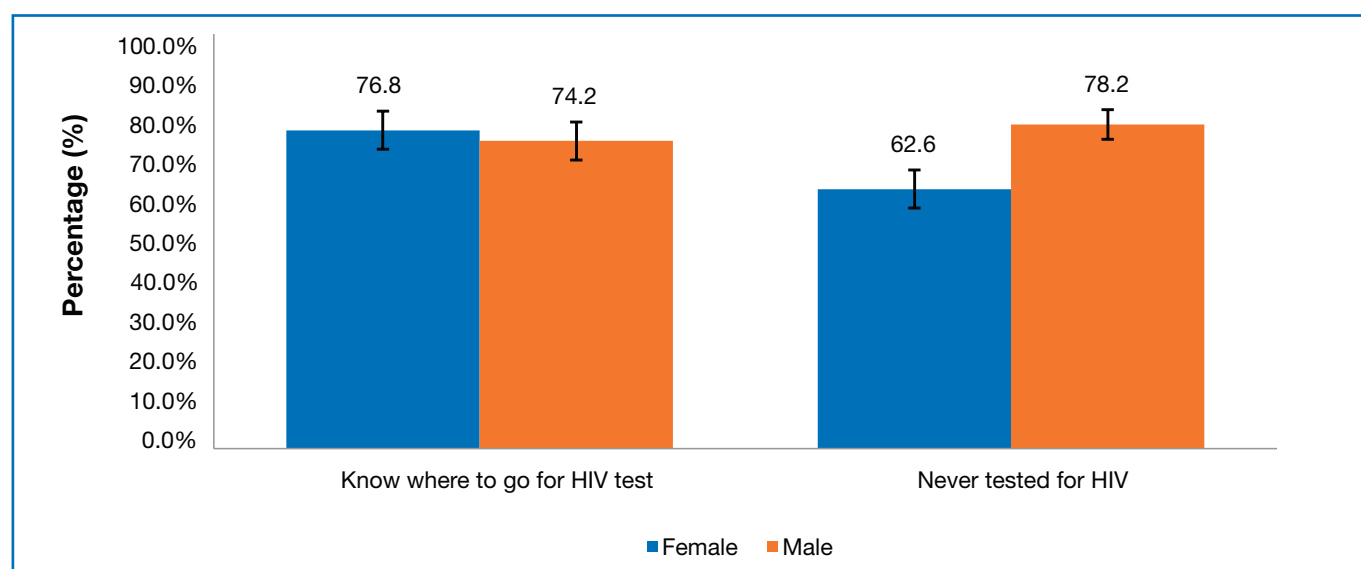


Figure 20: HIV testing knowledge and behaviour, as reported by 18-24 year olds – Cambodia VACS, 2013

Fewer respondents aged 13 to 17 said they knew where to get tested for HIV (53.8% females and 45.1% males) (Figure 21). The majority of females and males aged 13 to 17 indicated never attending testing for HIV (97.5% and 96.8%, respectively).

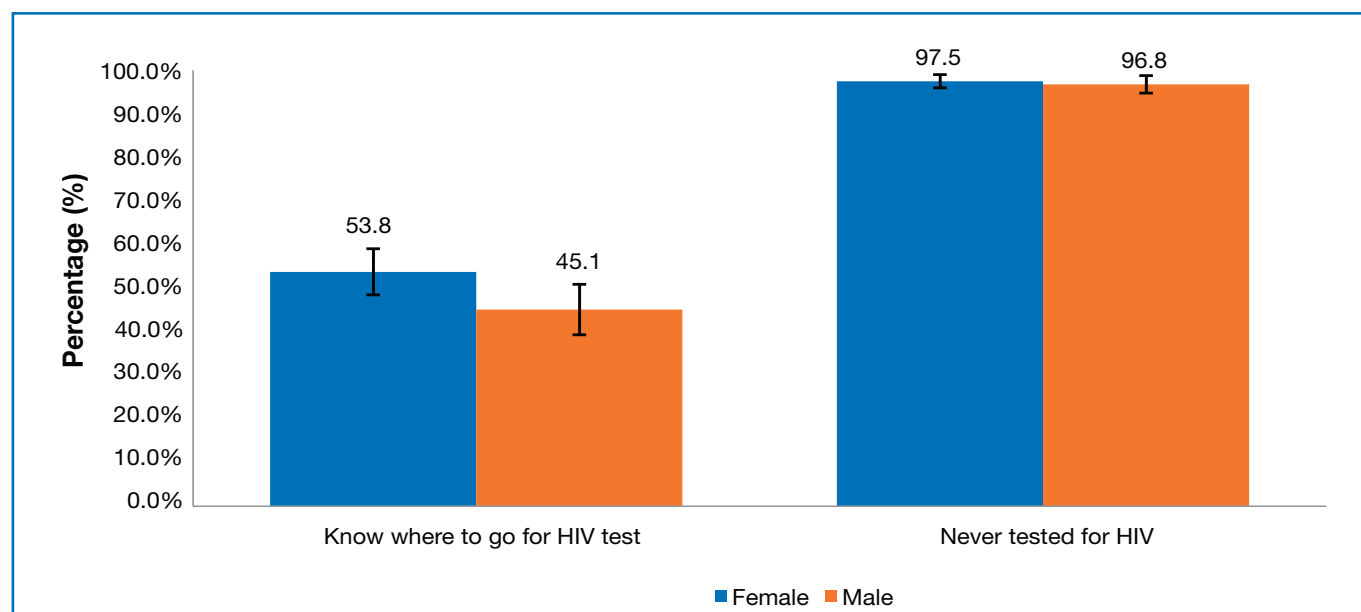


Figure 21: HIV testing knowledge and behaviour, as reported by 13-17 year olds – Cambodia VACS, 2013



Section 7: Attitudes Towards Gender and Violence

7. Attitudes Towards Gender and Violence

Overview

- About a third of respondents believe that it is acceptable for a husband to hit or beat his wife under one or more circumstances
- Attitudes on gender bias in sexual practices and intimate partner violence did not differ by sex or age, with more than 9 in 10 females and males across ages endorsing at least one negative gender attitude
- Females were more likely than their male counterparts to report using violence against a current or previous spouse or partner

Social and cultural norms shape the way members of a society think and behave. They are often deeply ingrained in the values and practices of a society and provide an indication of acceptable or unacceptable behaviour.

Attitudes toward spousal violence

In the survey, respondents were asked if a husband was justified in beating his wife in five different situations: if she goes out without telling him; if she neglects the children; if she argues with him; if she refuses to have sex with him; or if she prepares bad food.

About a third of males and females condone spousal physical violence. Between 35.0% and 40.2% of females and males across age groups said they believed “it is acceptable for a husband to hit or beat his wife” under one or more circumstances (Figure 22).

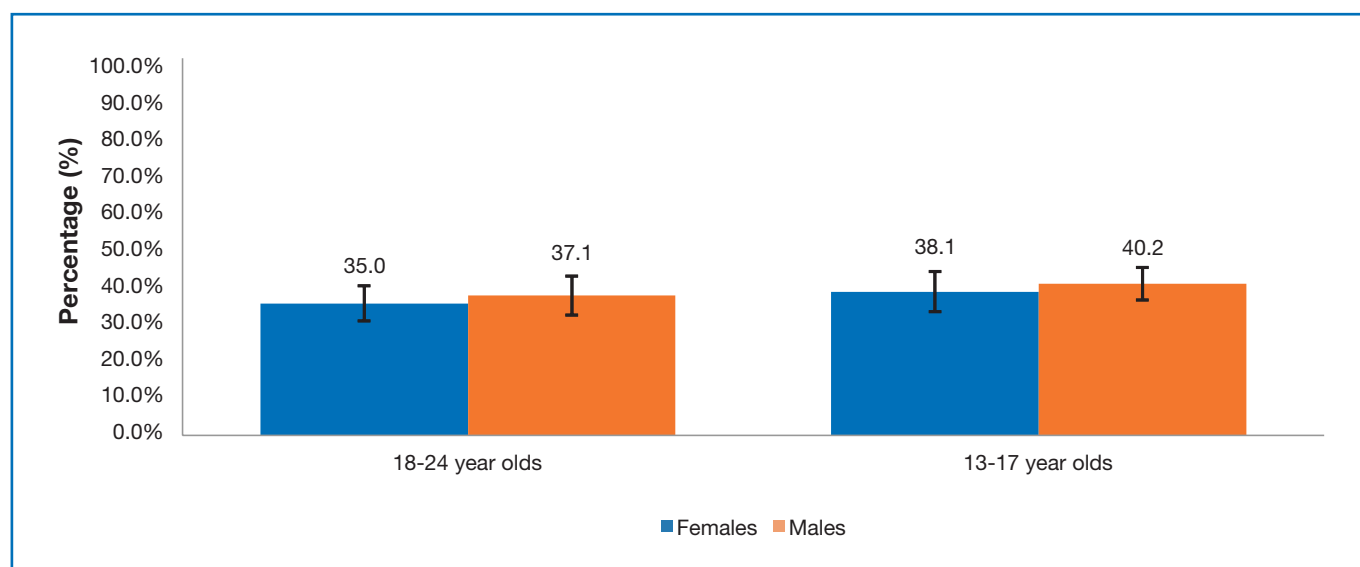


Figure 22: Endorsement of one or more circumstances where spousal abuse is acceptable, as reported by 18-24 and 13-17 year olds – Cambodia VACS, 2013

Attitudes toward the role of gender in sexual practices and intimate partner violence

The survey also looked at attitudes and acceptance of gender biases towards sexual practices and intimate partner violence, asking respondents if men decide when to have sex; men need more sex; men need other women; women who carry condoms are “loose”; or women should tolerate violence to keep the family together.

Almost all males and females condone gender biases towards sexual practices and intimate partner violence. In general, attitudes on gender bias in sexual practices and intimate partner violence did not differ by sex or age, with more than 9 in 10 females and males across ages endorsing at least one negative gender attitude (Figure 23).

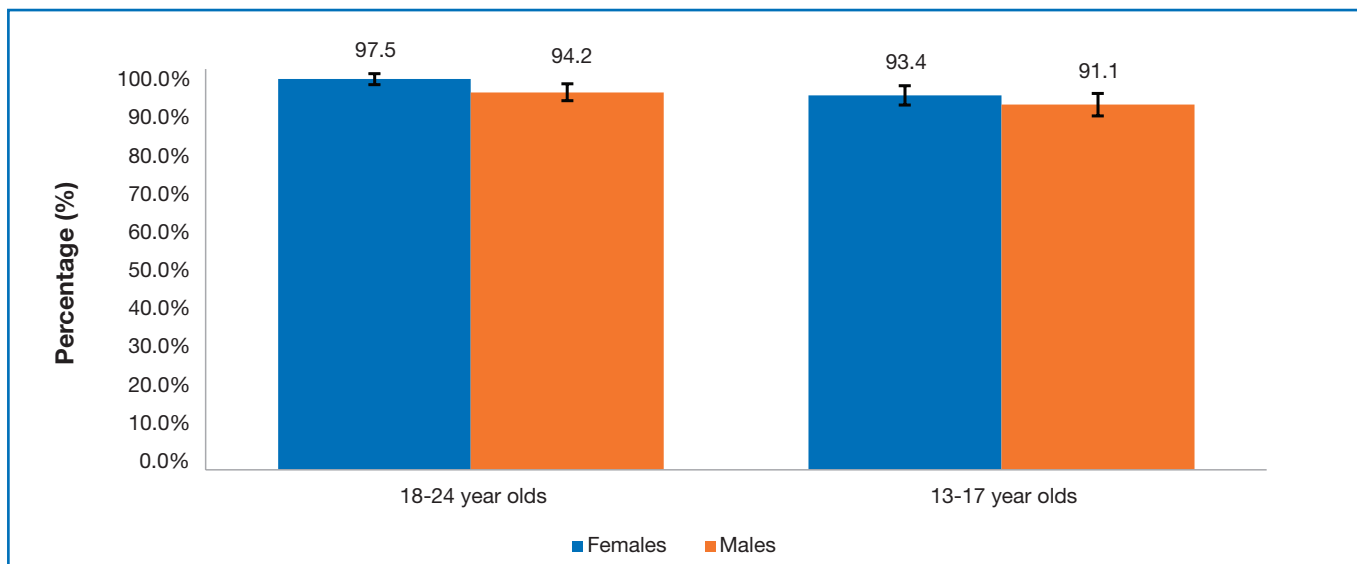


Figure 23: Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 18-24 and 13-17 year olds – Cambodia VACS, 2013

Violence against an intimate partner

Females were more likely to report they had engaged in physical violence against an intimate partner. Among all respondents, females were more likely than their male counterparts to report that they had engaged in physical violence against a current or previous spouse or partner (Figure 24).

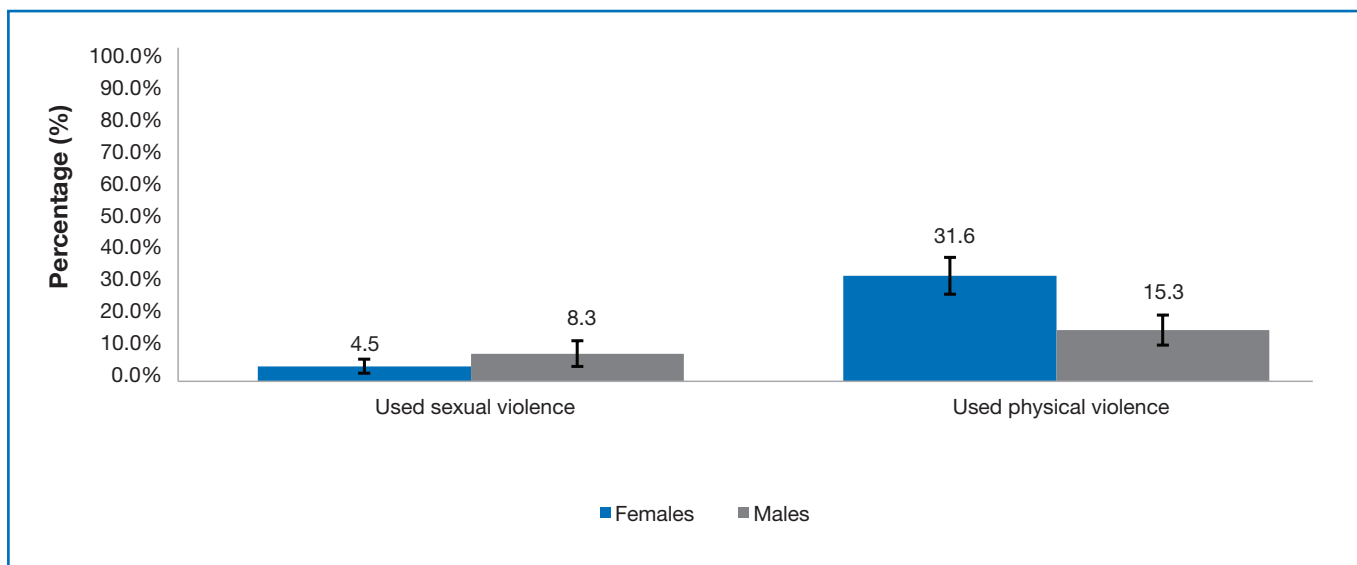


Figure 24: Ever engaged in sexual or physical violence towards a current or previous partner or spouse, as reported by 13-24 year olds – Cambodia VACS, 2013

Females aged 18 to 24 who experienced childhood physical violence were found almost twice as likely as their male counterparts to report that they had engaged in violence against a previous or current partner or spouse (Figure 25).

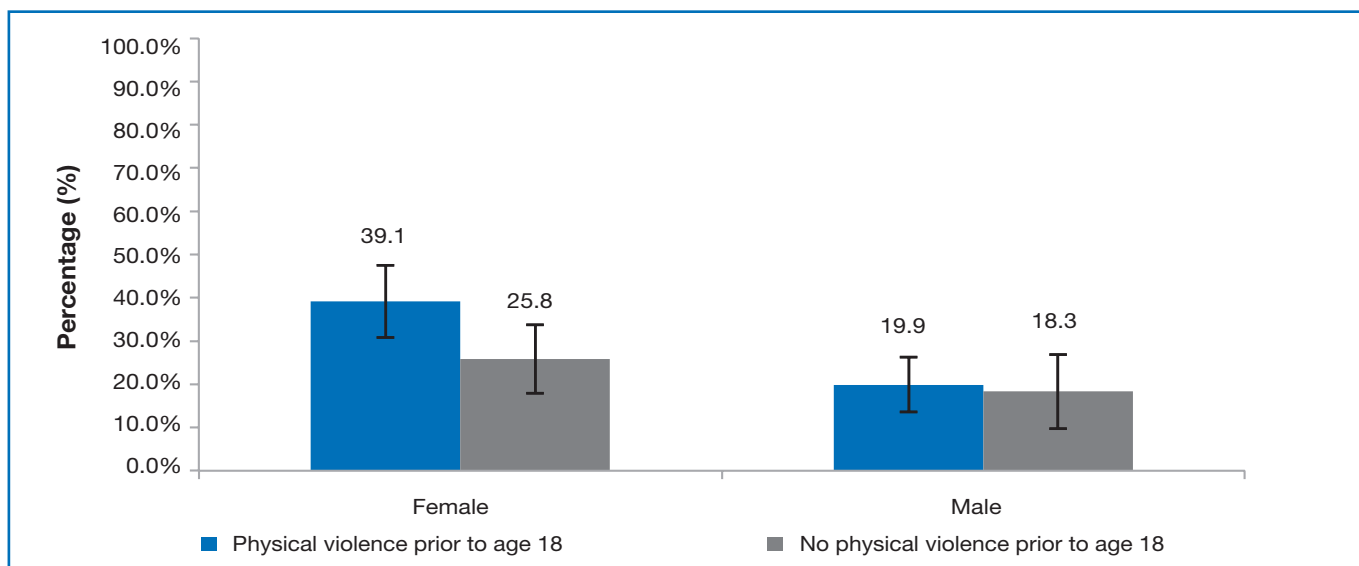


Figure 25: Ever engaged in intimate partner violence by experiences of childhood physical violence, as reported by 18-24 year olds – Cambodia VACS, 2013

Attitudes towards gender and violence

Reflections from qualitative research with children and young people on violence

The question on whether a woman should tolerate violence to keep her family depended on the location for female participants. All females in Phnom Penh groups agreed that tolerating violence could lead to divorce and affect their children's futures. In contrast, females from Prey Veng disagreed with the statement. Younger males mostly disagreed that women should tolerate violence because it would not lead to happiness, while older males viewed tolerance of a violent situation as unacceptably perpetuating the problem. Both boys and girls were concerned that a child would end up separated from their parents if a mother did not tolerate violence.

Source: Ministry of Women's Affairs, UNICEF Cambodia. Findings from Cambodia's Violence Against Children Survey 2013: Qualitative Research. Cambodia: Ministry of Women's Affairs, 2014.

Box 4: Attitudes towards gender and violence

A close-up, high-contrast photograph of a person's face, focusing on the eyes and nose. The person has dark skin and is looking slightly upwards and to the right. The lighting is warm and dramatic, highlighting the texture of the skin and the intensity of the gaze. A blue banner with white text is positioned at the bottom of the image.

Section 8: Implications for Prevention and Response

8. Implications for Prevention and Response

This study, and the results herein, represent a critical step in addressing the problem of violence against children in Cambodia by providing evidence in its most basic form—information on the magnitude and characteristics of the problem. The results of this survey will help the Government of Cambodia to enhance its efforts to raise awareness of violence against children and establish a stronger foundation for both prevention and response.

The ability to describe the prevalence of violence at the national level is an essential first step towards preventing violence in communities and making the institutions that should provide protection and services to children accountable. Efforts to prevent violence form part of the Government's national commitments to uphold the right of each child to his or her human dignity and physical integrity.

The fact that much of the violence experienced by participants went undisclosed until the survey was conducted reflects the acceptance of violence by children themselves, but also its acceptance by adults and wider society as there are few reporting mechanisms and obvious routes to seeking help by children. International conventions on the rights of children and national laws on violence against children are theoretical and not always applied in practice. This was evident in schools for example, where, in spite the fact that corporal punishment is explicitly prohibited under art.35 of the Education Law 2007 and art.12 of the Sub-Decree on the Teachers Professional Code, Cambodian teachers were nevertheless commonly reported as perpetrators of violence. What this study was not able to investigate was the views of teachers in regards to implementing corporal punishment and whether they approve or disapprove of it, or whether many have simply never questioned its role in education. More constructive and less harmful disciplinary methods at homes and in schools, rather than physical and emotional punishment, have the potential to promote learning, understanding and ultimately improved behaviour among children with a subsequent reduction in the need for punitive measures.

The study also revealed that significant proportions of Cambodia's children experience physical violence in particular, but also emotional violence and sexual abuse. There seems to be low awareness of the harm caused by these types of violence, least of all around the emotional and psychological impacts. In general, children are not encouraged to voice their opinions or concerns and in some cases are actively discouraged from doing so, according to the participants in the qualitative research. Though the barriers that prevent children from seeking help for incidents of violence are certainly structural because there are so few institutional and formal routes for reporting violence, the quantitative survey showed that individual barriers were far more frequently cited. These include children's fear of what others will think of them and beliefs that they were responsible for the violence.

The study results lay bare the fact that additional prevention and response efforts are necessary to address the needs of children. National and international stakeholders alike recognize that preventing violence against children in Cambodia is further complicated by the influence of poverty and a weak social protection framework. Given the scarcity of resources allocated for child protection, it will be critical for the government of Cambodia to increase financial investments and investments in human resources to address prevention and response. The government will need to build on existing prevention and response initiatives across more recognized structures such as public health and education, and those aimed at addressing specific and well-recognized health problems, such as HIV/AIDS, making the planned multi-sectoral response all the more important. In other settings, direct support to government structures (national and sub-national structures that form part of these reporting structures) by international partners and donors has helped to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children's vulnerability as it is represented in the study findings, with specific measures to prevent and respond to violence against children and protect children most at risk. As further understanding of violence in Cambodia emerges from this study, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Cambodia's children.

National prevention and response efforts to violence against children in Cambodia need to overcome many barriers to reduce and end violence against children. Children and adult attitudes towards violence against children need to be changed so that it is no longer accepted; children's views and voices need to be heard; and structurally, through law and policy, schools, social and health services, community governance and law enforcement, a holistic and coordinated approach is needed to raise awareness of existing laws, to introduce new legislation and policy, and mobilize all stakeholders to comprehensively prevent violence and respond effectively and sensitively to children who experience violence.

Recommendations

The Violence Against Children Steering Committee led an inclusive and participatory process to formulate recommendations with four strategic areas of focus: prevention; response; laws and policies; and monitoring and evaluation; with capacity building as a cross-cutting issue.

Preventing violence against children

1. Change cultural and social norms that support violence

- Develop and implement a behaviour and social change strategy to address the social and cultural norms that legitimize and promote violence against children, including child sexual abuse
- Mobilize communities to take a zero tolerance approach to corporal punishment and other forms of violence against children and to speak out against those who practice and condone it
- Involve children in challenging the norms and attitudes that legitimize and accept violence against children, including the acceptability of violent forms of child discipline and peer violence
- Strengthen the implementation and enforcement of the Professional Code of Conduct for Child Protection of all those working directly with children and their families

2. Increase safe, stable and nurturing relationships between children and their parents and caregivers

- Strengthen community-based outreach activities and programmes to provide family support, child development education, and raise the awareness of parents of the impact of violence against children and increase their knowledge of non-violent forms of child discipline
- Mobilize religious leaders to raise awareness and speak out against all forms of violence against children and to prevent physical and emotional violence

3. Promote gender equality to prevent violence against women and girls

- Promote gender equality to end violence against children, especially girls, through media campaigns and school- and community-based interventions.
- Strengthen the prevention of violence in teen love and peer relationships, promoting positive gender norms

4. Ensure schools are safe places for children and free from violence

- Strengthen and scale up the child-friendly schools policy with increased attention to all forms of violence against children in schools and with school-based primary prevention programmes to ensure schools are safe places for children and children are taught norms that condemn all forms of violence
- Develop a teacher training package and train teachers on non-violent forms of child discipline to end corporal and degrading punishment in schools
- Strengthen the implementation and enforcement of the Teachers Professional Code

5. Reduce the availability and harmful use of alcohol

- Develop a law prohibiting the sale of alcohol to those below the age of 18
- Prohibiting commercial advertisement encouraging children and adolescents to consume alcohol
- Raise awareness on the harmful impact of alcohol among parents and caregivers and children and adolescents

Responding to violence against children

1. Improve the utilization of legal, health, and social response services for sexual abuse and physical violence

- Conduct campaigns to empower children and their families to report incidents of violence and abuse, and ensure children understand their rights.
- Coordinate and harmonize existing hotlines responding to violence against children and ensure children and their families know who to call or approach and are aware of the benefits of services.
- Establish safe and confidential reporting systems in schools that enable children to speak out and report incidents of violence.

- Ensure health centres are safe places for children to speak out and report incidents of violence, ensure confidentiality, and operate from the principle of ‘do no harm’.
- Ensure police stations are safe places for children to speak out and report incidents of violence, ensure confidentiality, and operate from the principle of ‘do no harm’.

Laws and policies to prevent and respond to violence against children

- Continue to raise awareness of children, families, communities and those working directly with children and their families on relevant laws and policies that protect children from violence and abuse
- Strengthen enforcement of existing legislation and policies that protect children from violence and abuse and ensure perpetrators are punished for their crimes in accordance with the law
- Adopt a zero-tolerance stance toward perpetrators of violence against children to increase trust in the legal system and end the practice of somroh samruol, or the settlement of cases out of court
- Conduct a gap analysis of existing legislation relevant to the issue of violence against children
- Develop a coordinated multi-sector, multi-annual and costed action plan to prevent and respond to violence against children with a monitoring and evaluation framework
- Actively and consistently advocate for increased budget allocation across sectors to address child protection issues and integrate child protection issues into the sectoral plans and budgets of relevant ministries and institution
- Stimulate a civil society response to complement government-led child protection awareness raising, prevention and response services

Monitoring and evaluation

- Establish and implement a user-friendly monitoring mechanism to collect data from relevant ministries and institutions around the prevention and response to violence against children
- Evaluate specific prevention and response actions to measure their impact and ensure they are continually improved
- Periodically implement the Violence Against Children Survey
- Deepen the analysis of these survey data to uncover patterns that can inform prevention strategies and public policies, complemented by qualitative research to deepen understandings of the context of violence against children
- Conduct further research on violence against children living outside households, children with disabilities, children living with HIV/AIDS as well as other forms of violence not covered in VACS

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