

# Cambodia - Violence Against Children Survey in Cambodia 2013

**Ministry of Women's Affairs, Ministry of Social Affairs, Veterans and Youth  
Rehabilitation, National Institute of Statistics**

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## Overview

### Identification

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ID NUMBER  
KHM-NIS-VACS-2013-v01

### Version

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VERSION DESCRIPTION  
Version 1.0.

PRODUCTION DATE  
2013-02-10

### Overview

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#### ABSTRACT

Violence against children under 18 years of age is a major human rights violation and social and health problem throughout the world. Generally, child abuse is divided into three major categories: physical, emotional, and sexual, all of which can have significant short- and long-term health consequences for children. These include injury, sexual and reproductive health problems, unintended pregnancy, increased risk of HIV, mental health issues, alcohol and drug abuse, social ostracism, and increased incidence of chronic disease in adulthood. Those who have experienced childhood violence are more likely to engage in risk behaviors as adolescents and adults, and may be more likely to become perpetrators themselves.

The key objectives of Cambodia VACS are:

- To estimate the national prevalence of physical, emotional and sexual violence perpetrated against boys and girls, including touching without permission, attempted sexual intercourse, physically forced sexual intercourse, and pressured sexual intercourse perpetrated against boys and girls prior to turning age 18 and more recently;
- To identify risk and protective factors for physical, emotional and sexual violence against children to inform stakeholders and guide prevention efforts;
- To identify the health and social consequences associated with violence against children;
- To assess the knowledge and utilization of medical, psychosocial, legal, and protective services available for children who have experienced sexual, emotional and physical violence;
- To identify areas for further research; and
- To 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 as part of a larger, comprehensive, multi-sectoral approach to child protection.

KIND OF DATA  
Sample survey data [ssd]

UNITS OF ANALYSIS  
Household

Individual (Eligible from 13-24 years old)

### Scope

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## NOTES

The scope of the VACS include:

### 1. Sexual Violence

- Sexual touching
- Attempted sex
- Physically forced sex
- Pressured sex

### 2. Physical Violence

- Physical violence by an adult relative
- Physical violence by an intimate partner
- Physical violence by people living in the community

### 3. Emotional Violence

- When you were growing up did a parent or caregiver ever

## Coverage

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### GEOGRAPHIC COVERAGE (1)

National

### GEOGRAPHIC COVERAGE (2)

Urban and rural areas

### GEOGRAPHIC COVERAGE (3)

Twenty (20) domains:

1. Banteay Meanchey
2. Battambang
3. Kampong Cham
4. Kampong Chhnang
5. Kampong Speu
6. Kampong Thom
7. Kampot
8. Kandal
9. Kratie
10. Phnom Penh
11. Preah Vihear
12. Prey Veng

13. Pursat
14. Ratanak Kiri
15. Siem Reap
16. Sihanoukville
17. Stung Treng
18. Svay Rieng
19. Takeo
20. Oddar Meanchey

## UNIVERSE

Children aged 13-24 years old, male and female, who have been victims of physical, emotional, and sexual violence

## Producers and Sponsors

## PRIMARY INVESTIGATOR(S)

Name	Affiliation
Ministry of Women's Affairs	MOWA
Ministry of Social Affairs	MOSA
Veterans and Youth Rehabilitation	VYR
National Institute of Statistics	NIS

## OTHER PRODUCER(S)

Name	Affiliation	Role
Centers for Disease Control and Prevention	US Headquarters	Questionnaire development; preparation of ethical protocol for in-country and CDC IRB review; preparation of sampling requirements; preparation of all training materials for interviewers; conduct of training of the trainers who will be responsible for leading the training of the field team; preparation of all in-field study materials; in-field technical assistance; preparation of data entry screens; coordination of data cleaning process; act as lead in data analysis and report writing
United Nations Children's Fund		Assistance in garnering support from stakeholders; technical support to the VACS Steering Committee and technical working groups; review (as well as provide input) of all relevant survey documents, tools and reports; assistance in the development of the response plan for respondents; technical expertise on child protection in Cambodia; input into report writing; guidance on program and policy implications from the final report; support in the dissemination of the final report; and coordination of key stakeholders around programmatic and policy action as a result of the survey findings
National Institute of Statistics	Ministry of Planning	Provide updated census data to design the sample; provide input into sample design; provide maps of selected enumeration areas; update mapping and listing of EAs; submit ethical protocol to the National Ethics Committee; recruit and train data collection staff; collect data and supervise data collection; conduct quality control of data collection; participate in analyzing survey results and report writing
VACS Steering Committee		Provide assistance in the review of the study protocol, data collection tools, and study field procedures; assist in the dissemination of study findings back to the ministries and organizations that the members represent; support the national plan for disseminating results; participate in the national programming and policy action resulting from study findings

## FUNDING

<b>Name</b>	<b>Abbreviation</b>	<b>Role</b>
United Nations Children's Fund	UNICEF	
Royal Government of Cambodia	RGC	

## Metadata Production

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### METADATA PRODUCED BY

<b>Name</b>	<b>Abbreviation</b>	<b>Affiliation</b>	<b>Role</b>
Oun Sokunthea	OST	National Institute of Statistics	Documentation of the study

### DATE OF METADATA PRODUCTION

2013-07-22

### DDI DOCUMENT VERSION

Version 01 (July 2013) - Original documentation.

### DDI DOCUMENT ID

DDI-KHM-NIS-VACS-2013-v01

## Sampling

### Sampling Procedure

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VACS 2013 makes use of a four-stage cluster sample survey design. In the first stage, a total of 225 villages were selected using probability proportional to size with an allocation by urbanization (27% urban/ 73% rural). In stage 2, enumeration areas known as EAs - the primary sampling units based on geographical subdivisions in Cambodia determined by the department of demographic statistics, censuses and surveys - were selected. The 225 sample EAs were gendered (106 female and 119 male EAs) and one EA was randomly selected from each of the 225 sampled villages. In stage 3, a fixed number of 25 households were selected by equal probability systematic sampling from each selected EA. In stage 4, one eligible respondent (female or male depending on the EA) was randomly selected from the list of all eligible respondents (females or males) 13-24 years of age in each household.

The sampling frame was originally compiled by the National Institute of Statistics for the national population census in 2013. In preparation for several national surveys, the sampling frame was updated in 2012 and takes into account the 2011 reclassification of urban areas in Cambodia.

To calculate separate male and female prevalence estimates for violence victimization, a split sample was used. This means that the survey for females was conducted in different EAs than the survey for males. The split sample approach serves to protect the confidentiality of respondents, and eliminates the chance that a male perpetrator of a sexual assault and the female who was the victim of his sexual assault in the same community would both be interviewed. The design also eliminates the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed.

Prior to the implementation of the survey, a mapping and listing team, primarily composed of supervisors identified for the actual survey, visited all of the randomly selected EAs from the second stage of sampling. It was necessary to map and list all structures within each EA. After the list was constructed, a cluster of 25 households, based on sample size estimates, were selected using either simple random selection, or systematic selection with a random start.

During survey implementation, 25 households were randomly selected in each EA. Upon entering a randomly selected household, interviewers were tasked to identify the head of household or the person representing the head of household in order to introduce the study and complete a household list to determine eligibility of household members to participate in the study. The head of household were requested to participate in a short (15 minute) survey to assess the socio-economic conditions of the household (Appendices W/AA). When there was more than one eligible participant, the interviewer randomly selected one respondent using the Kish Method. If there was no eligible participant, the household was still requested to participate in the household questionnaire. In the case that the head of household is a female or male 13-24 years old, she or he was included in the household listing and may be selected as the respondent. In this case, she or he completed the household questionnaire and the respondent questionnaire. If the selected respondent was not available after three attempts or refused to participate, the household was skipped regardless of whether another eligible respondent existed in the household, thus, the household was not replaced.

For more details please refer to the technical document IRB Protocol VACS Cambodia Final.

### Response Rate

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A total of 1121 female respondents and 1255 male respondents completed the survey. Response rates were 94% for and 92% for the female and male respondents, respectively.

# Questionnaires

## Overview

The development of a standardized global questionnaire was led by CDC scientists with extensive external consultation. A broad range of academic background and subject-matter expertise is represented in the team at CDC and among the external consultants who developed this tool. The questionnaire draws questions and definitions from a number of well-respected survey tools which has the benefit of (a) being able to compare data on various measures with other studies as a useful validation and an interesting comparison and (b) using measures that have already been field tested in other studies. In addition, the questionnaire has been previously implemented in five other countries (i.e. Swaziland, Tanzania, Kenya, Zimbabwe and Haiti) after being adapted based on vital country-level review by stakeholders.

The following international and violence surveys helped to inform the questionnaire:

- Cambodia Demographic and Health Survey (CDHS)
- National Intimate Partner and Sexual Violence Surveillance System (NISVSS)
- The Child Sexual Assault Survey (CSA)
- Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)
- ISPCAN Child Abuse Screening Tool (ICAST)
- HIV/AIDS/STD Behavioral Surveillance Surveys (BSS)
- Youth Risk Behavior Survey (YRBS)
- National Longitudinal Study of Adolescent Health (Add Health)
- World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women
- Behavioral Risk Factor Surveillance System (BRFSS)
- Hopkins Symptoms Checklist
- ISPCAN Child Abuse Screening Tool (ICAST)

The questionnaire has been further adapted for Cambodia (Appendices W/AA, X/BB, Y/CC). Consultation with key informants from Cambodia and input from stakeholders participating in the Technical Working Group on Questionnaire Development (part of the Steering Committee), who are familiar with the problem of violence against children, child protection, and the cultural context, helped to further adapt the questionnaire and survey protocol for Cambodia.

The questionnaire includes the following topics: demographics; parental relations, family, friends and community support, school experiences, sexual behavior and practices; physical, emotional, and sexual violence; perpetration of sexual violence, health outcomes associated with exposure to violence; and utilization and barriers to health services. The background characteristics of the study respondents and the head of household survey include questions that assess age, socio-economic status, marital status, work status, education, and living situation. The sexual behavior and HIV/AIDS component utilizes questions from the CDHS, BSS, and WHO Multi-country study. Sexual behavior questions are divided among the following topics: sexual behavior, including sex in exchange for money or goods, pregnancy, and HIV/AIDS testing. The sexual violence module, the primary focus of the study, includes questions on the types of sexual violence experienced and important information on the circumstances of these incidents, such as the settings where sexual violence occurred and the relationship between the victim and perpetrator. This information will be collected on the first and most recent incidents of sexual violence, which will include a question on whether sexual violence occurred within the past 12-months. In addition, we developed several questions assessing potential risk and protective factors, including attitudes around sexual violence. Some of these questions were based on DHS, YRBS, and Add Health. We also ask questions regarding the negative health and social consequences as well as health-seeking behaviors related to these events.

The questionnaire was administered in Khmer and has already been translated into Khmer (Appendices AA, BB, CC). The Technical Working Group on Questionnaire Development made up of representatives from the ministries of women's affairs, justice, social affairs, planning (National Institute of Statistics), tourism, and education, as well as UNICEF Cambodia, Save the Children and a local NGO, Social Services of Cambodia, have reviewed the Khmer questionnaire to ensure definitions and question context have remained comprehensive and intact. The pilot was aimed to provide an opportunity to test the questionnaire to ensure that the intent of questions is consistent after translation and appropriate for the Cambodian context.

## Data Collection

### Data Collection Dates

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Start	End	Cycle
2013-02-10	2013-03-25	N/A

### Data Collection Mode

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Face-to-face [f2f]

### Data Collection Notes

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Data collection for the Cambodia VACS 2013 was carried out using the EDC system. The EDC which stands for Electronic Data Capture (EDC) is a computerized system designed for the collection of data in electronic format. EDC replaces traditional paper-based data collection to streamline the data collection process, eliminate the need for data entry, and expedite the time to compile the VACS data and prepare it for analysis.

Using a personal laptop or netbook M&A Companion 2600, running Windows 7 and the specialized survey collection software CSPro V5.0, interviewers conducted the interviews and collected data in real time.

Trainings were conducted to form 14 field teams to be responsible for data collection in one of the 14 survey domains (comprised of the 20 provinces). There are 6 teams for female and 8 teams for male. Field teams were each composed of 6 people:

1. For Female team: 1 field supervisor and 5 interviewers, all females.
2. For Male team: 1 field supervisor and 5 interviewers, all males.

### Questionnaires

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## Data Collectors

Name	Abbreviation	Affiliation
National Institute of Statistics	NIS	Ministry of Planning
Students		University

## Supervision

Each survey team was composed of five interviewers and one supervisor. There were 6 survey coordinators. As an additional precaution to ensure confidentiality and trust, team composition and assignments were such that team members will not be designated to administer the survey in a community where they are likely to know or be known by any of the respondents.

The supervisor was responsible for providing direct supervision of the overall survey implementation in the field. Supervisors were not directly participating in the interview process; however, they were responsible for ensuring that interviewers have followed appropriate procedures for obtaining consent and providing a list of support services to all respondents and/or direct referrals for those who need them. Supervisors participated in all aspects of the training, with focused sessions on sampling procedures and assignment of sampling areas. Further, they conducted the pilot of the survey in an EA not included in the study sample.

Supervisors were males and females who are Cambodian and therefore can speak Khmer and who are culturally sensitive. Additional selection criteria were education, experience, and leadership/management skills. Supervisors were identified by NIS.

Male supervisors supervised teams composed of male interviewers, whereas female supervisors supervised teams composed of female interviewers.

## Data Processing

### **Data Editing**

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The data from the field were aggregated daily by each supervisor and survey coordinator. There were no unique identifiers in the database that could ever be linked to a respondent. Data cleaning and preliminary data analysis were done immediately following data collection so that prompt feedback can be provided to partners.

The EDC system which was used for data collection includes a series of graphical screens for data entry and a validation component to check the validity of entered data.

## Data Appraisal

No content available