



NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

SUMMARY REPORT

FOREWORD

The Royal Government of Cambodia recognizes that violence against women is a serious social and public health concern and is rooted in gender inequality. The health and social consequences are staggering. Violence not only affects the women who are survivors themselves, but the children who are exposed to it and ultimately the broader community. This calls for a comprehensive and coordinated response across sectors and levels of society that is informed by strong evidence and international best practice.

In recent years, the Royal Government of Cambodia has made important strides in addressing violence against women, including through the Law on Domestic Violence and Protection of Victims (2005) and the Second National Action Plan on Violence against Women (2014-2018). This report is the result of the population-based household survey launched in 2014 to strengthen the evidence base and inform further action, adapting the WHO standardized methodology to collect data and generate national estimates on the prevalence, causes and consequences of violence against women and girls.

The WHO methodology, developed for the Multi-country Study on Women Health and Domestic Violence against women (2005), has become known as the gold standard for the measurement of violence against women. In the last 10 years, the methodology has been implemented in numerous countries and settings globally as well as in the region. The variation in prevalence within and between settings shows that violence is not inevitable, but that it can be prevented and its impact reduced. Valid and comparable data are the basis for sound policy and action.

In Cambodia, the study rigorously documents the magnitude and nature of sexual, physical and emotional violence experienced by women. It finds that women are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. Among women who reported that they had been injured by their partner, almost all (90%) reported that they had been hurt badly enough to need health care. While violence against women remains under-reported and its health consequences under-recognized, the study finds that women in Cambodia face significant physical, mental, sexual and reproductive health consequences from such violence. Intimate partner violence is not only a leading public health threat, but one with which many people are familiar. This study confirms that women who disclose their experience of violence most often do so to family members or neighbours. Social mobilization can therefore increase the visibility of this issue and community awareness that it is not acceptable.

We hope that the information presented in this report will strengthen Cambodia's efforts to effectively prevent and respond to violence against women and improve services for all Cambodians, especially women who experience violence.

We appreciate the strong cooperation, partnership and commitment from governmental ministries and other partners behind this study. On behalf of the study's Steering Committee, the Ministry of Women's Affairs is proud to promote dissemination to a wide national and global audience and ensure effective follow up of the study's recommendations.

Let us continue working together to end violence against women and girls.



Dr. ING Kantha Phavi
Minister
Ministry of Women's Affairs
Kingdom of Cambodia



35%

BACKGROUND

Violence against women (VAW), in its many forms and manifestations, and across all settings, is a violation of human rights and fundamental freedoms. Around the world, many women experience violence regardless of age, class, race and ethnicity. Most of this violence is driven by the fact that they are women, and related to gender roles in society. Violence against women is

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AL., 2013; WHO, 2013).**

**According to most recent global estimates*

predominately perpetrated by men, and most often by intimate partners. According to most recent global estimates, 35% of women aged 15 years or older globally have experienced physical and/or sexual violence during their lifetime (Devries et al., 2013; WHO, 2013). Intimate partner violence is the leading cause of homicide in women globally (Stockl et al., 2013) and has many other major short- and long-term health consequences (WHO, 2013). The economic and social costs associated with VAW are significant, and global evidence shows that violence consistently undermines development efforts at various levels, affecting physical, human and social capital (WHO, 2005).

In Cambodia, the state of research on violence against women points toward widespread experiences of violence across the country (CDHS, 2012; Fulu et al., 2013). Women of all cultures and classes are subjected to many forms of physical, psychological, sexual and economic violence. This includes, but is not limited to intimate partner violence (IPV), rape and sexual assault, sexual harassment, acid violence and trafficking (MoWA, 2008).

The Royal Government of Cambodia (RGC) has made a strong commitment to addressing violence against women by introducing a number of legislative and policy reforms including domestic violence legislation and a national action plan. Cambodia has demonstrated its strong commitment to promoting gender equality and ending VAW by ratifying several core international human rights conventions. In addition, there is widespread recognition among Cambodian government leaders that having quality data on the prevalence and health and other consequences of different forms of VAW is essential to increase awareness, inform evidence-based programming and policies, including the NAPVAW, and to monitor

progress in the implementations of such interventions.

Between 2014-2015, to fill the identified knowledge gaps, the Royal Government of Cambodia with support from the World Health Organization (WHO) and UN Women conducted a national prevalence study using the WHO multi-country study methodology. This methodology was selected because it has been widely used and is known to produce reliable data, that can be used for cross-country comparisons, and it adheres to internationally recognized ethical and safety standards.

STUDY OBJECTIVES

- ESTIMATE THE PREVALENCE AND FREQUENCY** of different forms of VAW: physical, sexual, emotional and economic violence against women by intimate partners, as well as sexual and physical violence by perpetrators other than partners (in this document also referred to as ‘non-partners’) since the age of 15, and sexual violence before the age of 15;
- DETERMINE THE ASSOCIATION** of physical and/or sexual intimate partner violence with a range of health and other outcomes;
- IDENTIFY FACTORS** that may be associated with either reducing (protective factors) or increasing (risk factors) women’s risk of physical and/or sexual intimate partner violence;
- DOCUMENT THE STRATEGIES** and services that women use to cope with violence by an intimate partner.
- INCREASE NATIONAL CAPACITY** and collaboration among researchers and women’s organisations working on domestic violence;
- INCREASE AWARENESS** about and sensitivity to partner violence among researchers, policy-makers and health care providers;
- CONTRIBUTE TO THE DEVELOPMENT** of a network of people committed to addressing violence against women.



METHODS AND SAMPLE

A population based cross-sectional household survey was implemented in Cambodia in 2015. In each of the selected household only one woman aged 15-64 was selected to be interviewed. Trained interviewers enter the answers to the questionnaire immediately on computers. This method is called Computer-Assisted Personal Interviewing (CAPI). The Cambodia Study followed the WHO ethical and safety guidelines for research on violence against women which emphasises the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data. A Steering committee and technical working groups composed of key partners in the government including the Ministry of Women's Affairs, the Statistics Division and others, the United Nations family, with leadership from UN Women, local and international NGOs, and other development partners provided guidance on the research and its use to inform policies and programmes.

Women's experience of intimate partner violence and non-partner violence were measured by asking a series of behaviour specific questions related to each type of violence as outlined in Box 1.

The Study focused primarily on “domestic

violence” experienced by women, also known as violence by an intimate partner, or IPV because globally this has been shown to be the most pervasive form of VAW. Included in this were acts of physical, sexual and emotional violence by a current or former intimate partner (husband/partner), whether married or not. In addition, the Study also examined controlling behaviours, including acts to constrain a woman's mobility or her access to friends and relatives and extreme jealousy. For the purposes of the analyses, the questions on intimate partner violence were divided into those related to ‘moderate’ violence and those considered ‘severe’ violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury, while recognizing that any violence can be harmful. For each act of physical, sexual or emotional violence that the respondent reported as having happened to her, she was asked whether it had happened ever or in the past 12 months, and with what frequency. The study also included questions on women's socio-demographic characteristics, health related experiences, and help-seeking and coping strategies in order to gauge a broader understanding of the central factors related to women's experiences of intimate partner violence.

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OPERATIONAL DEFINITIONS OF VIOLENCE

USED IN THE NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

PHYSICAL VIOLENCE BY AN INTIMATE PARTNER

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled
- Was hit with a fist or something else that could hurt
- Was kicked, dragged or beaten up
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a weapon against her

SEXUAL VIOLENCE BY AN INTIMATE PARTNER

- Was forced to have sexual intercourse when she did not want to, for example by being threatened or held down
- Had sexual intercourse when she did not want to because she was afraid of what partner might do if she refused
- Was forced to do anything else sexual that she did not want or that she found degrading or humiliating

EMOTIONAL VIOLENCE BY AN INTIMATE PARTNER

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (eg by yelling or smashing things)
- Perpetrator verbally threatened to hurt her or someone she cared about

ECONOMIC VIOLENCE

- Prohibited from getting a job, going to work, trading, earning money or participating in income generation projects
- Had her earnings taken from her against her will
- Partner refused to give her money she needed for household expenses even when he had money for other things (such as alcohol and cigarettes)

PHYSICAL VIOLENCE IN PREGNANCY

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

CONTROLLING BEHAVIOUR BY AN INTIMATE PARTNER

- He tried to restrict contact with her family of birth
- He tried to keep her from seeing friends
- He insisted on knowing where she was at all times
- He got angry if she spoke with another man
- He was often suspicious that she was unfaithful
- He expected her to ask permission before seeking health care for herself

PHYSICAL VIOLENCE SINCE AGE 15 YEARS BY OTHERS (NON-PARTNERS)

- Since age 15 years someone other than partner beat or physically mistreated her

RAPE SINCE AGE 15 YEARS BY NON-PARTNERS

- Was forced by non-partner into sexual intercourse when she did not want to, for example by threatening her, holding her down, or putting her in a situation where she could not say no.

SEXUAL VIOLENCE (NON-RAPE) SINCE AGE 15 BY NON-PARTNERS

- A non-partner attempted but did NOT succeed in forcing her into sexual intercourse when she did not want to, for example by holding her down or putting her in a situation where you could not say no.
- Touched her sexually against her will. This includes for example touching of breasts or private parts.
- Made her touch their private parts against her will.

CHILDHOOD SEXUAL ABUSE

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to.

KEY TERMINOLOGY

EVER-PARTNERED WOMEN

The definition of ‘ever-partnered women’ is central to the study, because it defines the population that could potentially be at risk of IPV, and hence becomes the denominator for prevalence figures. For the purposes of this Study, a broad definition of partnership was used, since any woman who had been in a relationship with an intimate partner, whether or not they had been married, could have been exposed to the risk of violence. In general, the definition of ‘ever-partnered women’ includes women who were or had ever been married or in a common-law relationship. It also covers dating relationships.

INTIMATE PARTNER VIOLENCE

Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. The definition covers violence by both current and former spouses and partners. This study measured physical, sexual, emotional and economic violence.

PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE

While the study measured physical, sexual, emotional and economic violence, the data presented on consequences and risk and protective factors focuses on women’s experiences of physical and/or sexual partner violence which refers to women who have experienced at least one act of physical or sexual violence, or both by an intimate partner.

VIOLENCE BY NON-PARTNERS

The survey also explored the extent to which women report experiencing violence by perpetrators other than a current or former male partner. It included questions on physically abusive behaviour by such perpetrators since the age of 15 years, in different contexts (at school or work, by a friend or neighbour or anyone else). Follow-up questions explored the frequency of violence for each perpetrator.

PREVALENCE

The prevalence of VAW refers to the proportion of “at-risk” women in a population who have experienced violence. For some kinds of violence, such as sexual violence, all women may be considered “at risk”. For others, such as IPV, only women who have or have had an intimate partner could be considered at risk.

PAST 12 MONTHS (PRIOR TO INTERVIEW)

The 12 months prevalence rate shows the proportion of women who experienced one or more acts of violence in the past 12 months and thus close to the point of time of measurement.

It includes violence that has just started, as well as violence that could have been ongoing since many years. It could have stopped in the past 12 months or still be ongoing at the time of measurement, as long as it took place in this 12 months period.

LIFETIME

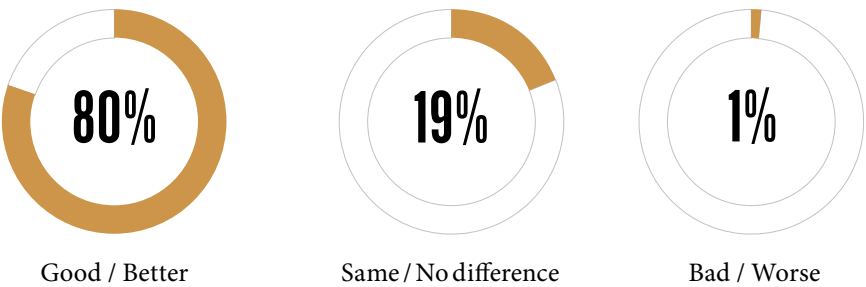
The prevalence rate shows us the proportion of women in the current population who ever experienced one or more acts of violence at any time in their life (and thus by definition they include women that are also measured in 12 month prevalence).

As with 12 month prevalence it does not tell us how long it lasted or how often, it just tells us if it ever happened, even if it was only once.

Overall, the total sample size achieved was 3574 women aged 15-64 years, of whom 3043 were defined as ever-partnered (married or otherwise).

98% of women who were selected to be interviewed completed a full interview.

Respondent’s satisfaction with interview



Overall, most respondents found participating in the survey to be a positive experience and expressed sincere gratitude that they were able to share their experiences with someone else with the confidence that whatever they said would be confidential. On many occasions, the interviewer was the only person with whom they had ever shared this information.

When asked at the end of the interview if they felt better, no different or worse after the Interview an overwhelming

majority, 80 %, said they felt better. Less than one percent of all participants reported that they felt bad or worse after the interview.

This confirms that although domestic violence may be considered by some to be a private family matter, women want to, and benefit from, sharing their experiences when asked in a confidential setting and in a respectful and kind manner. This is consistent with what WHO has found in most other countries.

“After the interview, they [respondents] said thank you to me several times. They felt much better and less worried”.

-Interviewer

MAIN FINDINGS

1/ PREVALENCE & PATTERNS OF INTIMATE PARTNER VIOLENCE

2/ PREVALENCE AND PATTERNS OF NON-PARTNER VIOLENCE

3/ ATTITUDES TOWARDS VIOLENCE

4/ THE IMPACT OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ON WOMEN'S PHYSICAL AND MENTAL HEALTH

5/ THE IMPACT OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ON REPRODUCTIVE HEALTH AND CHILDREN'S WELLBEING

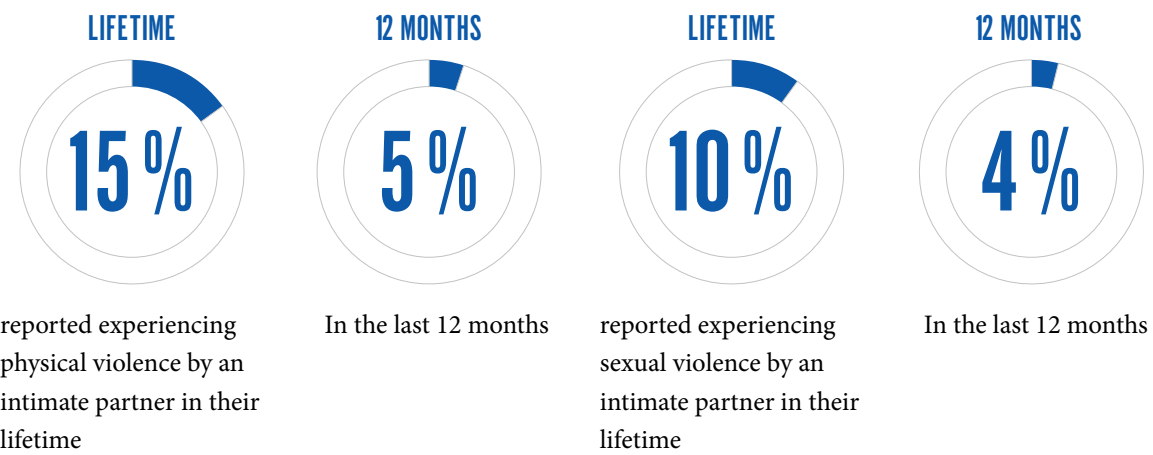
6/ WOMEN'S COPING STRATEGIES AND RESPONSE TO PARTNER VIOLENCE

7/ RISK AND PROTECTIVE FACTORS ASSOCIATED WITH WOMEN'S EXPERIENCES OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE

1/ PREVALENCE & PATTERNS OF INTIMATE PARTNER VIOLENCE

ONE IN FIVE EVER-PARTNERED WOMEN AGED 15-64 REPORTED EXPERIENCING PHYSICAL AND/OR SEXUAL VIOLENCE BY AN INTIMATE PARTNER IN THEIR LIFETIME

Among ever-partnered women aged 15-64, 15% reported experiencing physical violence by an intimate partner in their lifetime, and 5% within the last 12 months. 10% reported experiencing sexual violence by an intimate partner in their lifetime, and 4% in the last 12 months.



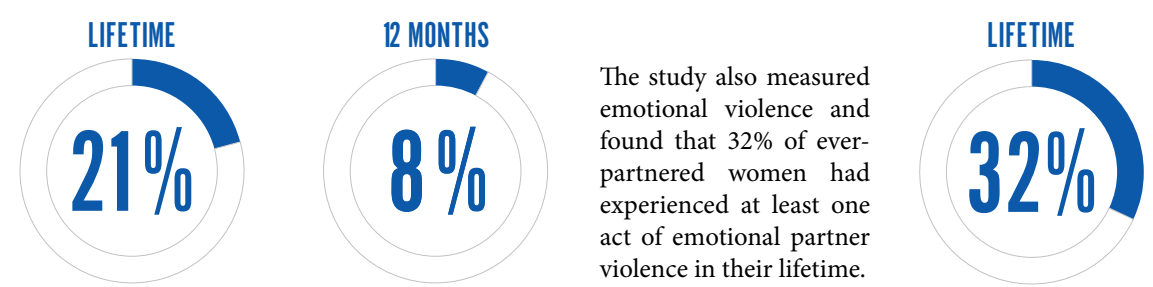
reported experiencing physical violence by an intimate partner in their lifetime

In the last 12 months

reported experiencing sexual violence by an intimate partner in their lifetime

In the last 12 months

Overall, the lifetime prevalence of physical and/or sexual intimate partner violence, among ever-partnered women aged 15-64 years was 21% and the current prevalence (within the last 12 months) was found to be 8% (see Figure 2).

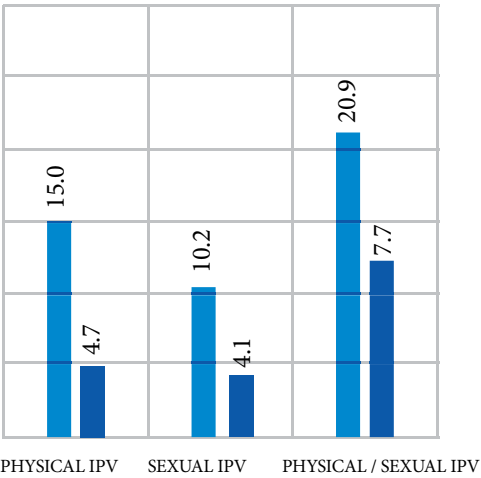


The study also measured emotional violence and found that 32% of ever-partnered women had experienced at least one act of emotional partner violence in their lifetime.

Figure 2:

Percentage of ever-partnered women aged 15-64, reporting different types of intimate partner violence by time period.

12 M IPV prevalence
Lifetime IPV prevalence



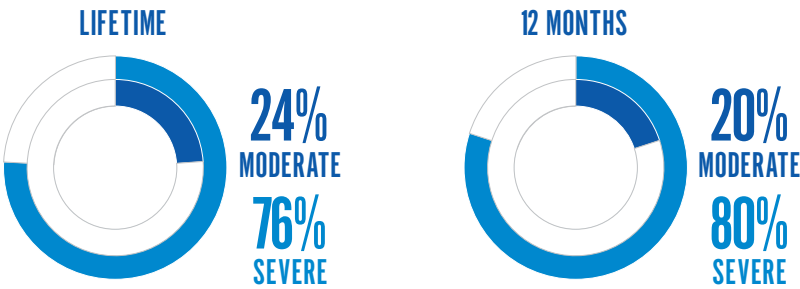
WOMEN’S EXPERIENCES OF INTIMATE PARTNER VIOLENCE IS FREQUENT, AND THE MAJORITY OF WOMEN REPORT SEVERE FORMS OF VIOLENCE

Of those women who reported experiencing physical or sexual partner violence, three-quarters had experienced more severe forms of violence (see Figure 3). Furthermore, for all types of violence the study found that women are much more likely to experience frequent acts of violence rather than a one-off incident.

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Figure 3:

Proportion of women who had experienced physical and/or sexual partner violence reporting experiencing moderate acts versus severe acts



THERE IS CO-OCCURRENCE BETWEEN DIFFERENT FORMS OF PARTNER VIOLENCE EXPERIENCED BY WOMEN

The study found that a partner who is violent often uses multiple types of violence that, as discussed above, violent events do not occur as isolated incidents but commonly represent a pattern of ongoing abuse. The majority of women surveyed experienced either a combination of emotional, physical and sexual violence by an intimate partner, or emotional and physical violence. A smaller proportion of women reported experiencing sexual violence without physical violence. One in three women was found to have experienced at least one form of controlling behaviour by a partner.

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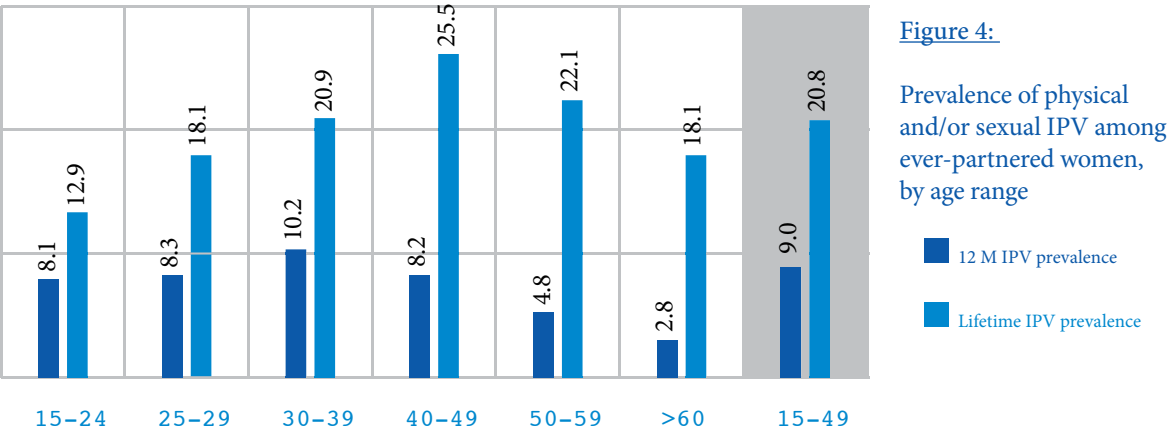


Figure 4:
Prevalence of physical and/or sexual IPV among ever-partnered women, by age range

- 12 M IPV prevalence
- Lifetime IPV prevalence

2/ PREVALENCE AND PATTERNS OF NON-PARTNER VIOLENCE

WOMEN ALSO EXPERIENCE VIOLENCE BY NON-PARTNERS, HOWEVER INTIMATE PARTNER VIOLENCE IS THE MOST COMMON FORM OF VIOLENCE AGAINST WOMEN

The study found that 14% of all women had experienced physical violence by a non-partner in their lifetime. 4% of women aged 15-64 reported experiencing sexual violence by a non-partner after the age of 15, and 2% reported experiencing sexual violence by a non-partner before the age of 15 years (childhood sexual abuse). The reports of childhood sexual abuse in particular likely represent an underestimation because of the high degree of stigma associated with this form of violence.

THE PERPETRATORS OF PHYSICAL VIOLENCE BY A NON-PARTNER ARE LIKELY TO BE KNOWN TO THE VICTIM

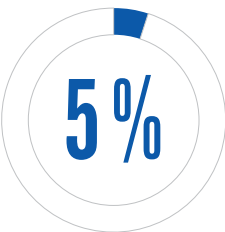
The perpetrators of non-partner violence were usually known to the victim. Parents, siblings and friends were identified as the most common perpetrators of physical non-partner violence whilst strangers, work colleagues and friends were identified as the most common perpetrators of non-partner sexual violence after the age of 15. Friends and acquaintances, together with other family members were cited as the most common perpetrators of childhood sexual abuse by respondents.

ONE FIFTH OF WOMEN REPORTED THAT THEIR FIRST SEXUAL EXPERIENCE WAS COERCED OR FORCED

The majority of women surveyed responded that their first experience of sexual intercourse had been something they wanted to happen. However, 20% of women reported that their first sexual encounter was either coerced (mainly) or forced (see Figure 5).

NEW FORMS OF SEXUAL HARASSMENT ARE EMERGING

Five percent of women reported having experienced any form of sexual harassment in their lifetime, which included workplace harassment. The most common form of sexual harassment was via electronic devices, which reflects an emerging form of harassment related to the increased access to and use of technology.

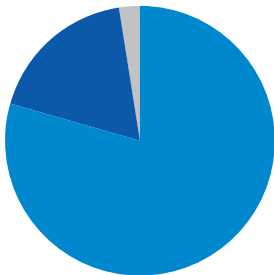


reported having experienced any form of sexual harassment in their lifetime

■ Wanted ■ Coerced ■ Forced

Figure 5:

Percentage of women reporting forced first experience of sexual intercourse (among women who had ever had sex)



3/ ATTITUDES TOWARDS VIOLENCE



THERE IS A HIGH DEGREE OF TOLERANCE AND ACCEPTANCE TOWARDS THE USE OF VIOLENCE AGAINST WOMEN



Almost half of the women (49%) in the study agreed that under certain circumstances a husband is justified in beating his wife. The justifications for violence most commonly agreed with by respondents were unfaithfulness of the wife (37% of all women) and not taking proper care of the children (35% of all women). Ever-abused women were more likely to agree with the justifications for violence than those women who have never experienced intimate partner violence.

MOST WOMEN AGREED THAT IT WAS ‘ACCEPTABLE’ FOR A WIFE TO REFUSE SEX UNDER SOME CIRCUMSTANCES, HOWEVER 1 IN 5 WOMEN FELT THAT A WIFE COULD NOT REFUSE SEX UNDER ANY OF THE GIVEN CIRCUMSTANCES

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Women’s views on when it is ‘acceptable’ for a wife to refuse sex by her husband reflect cultural beliefs about the role of women in marital relationships. Most women did find it ‘acceptable’ for a wife to refuse sex under some circumstances – the most common grounds found ‘acceptable’ were if the wife was ill or if her husband was drunk. The fewest number of women however agreed that a wife could refuse sex because she did not want to. Roughly one fifth of women felt that it was unacceptable to refuse sex under any of the circumstances presented in the study.



4/ THE IMPACT OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ON WOMEN'S PHYSICAL AND MENTAL HEALTH

WOMEN ALSO EXPERIENCE VIOLENCE BY NON-PARTNERS, HOWEVER INTIMATE PARTNER VIOLENCE IS THE MOST COMMON FORM OF VIOLENCE AGAINST WOMEN



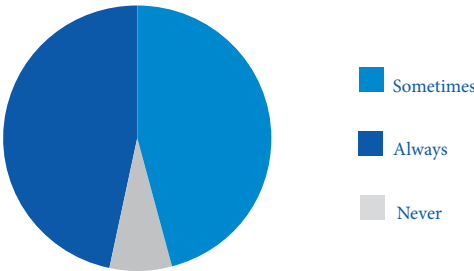
Of women who had experienced physical and/or sexual violence by a partner reported that the violence had affected their physical or mental health considerably.

Many ever-partnered women who have experienced physical and/or sexual IPV consider that the violence affects their health and ability to function normally. Two thirds (66%) of women who had experienced physical and/or sexual violence by a partner reported that the violence had affected their physical or mental health considerably. 25% of the women who had experienced physical and/or sexual partner violence reported having been injured at least once in their lifetime. They reported a variety of injuries, ranging from bruises and abrasions, to broken teeth and internal injuries. Although 90% of ever-injured women reported that they had been hurt badly enough to need health care, nearly 47% never sought medical attention. (see Figure 6).

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Figure 6:

Proportion of women who received health care, among those who needed it due to injuries from physical partner violence



WOMEN WHO HAVE EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ARE SIGNIFICANTLY MORE LIKELY TO REPORT PAIN OR DISCOMFORT AND PROBLEMS WITH MEMORY OR CONCENTRATION IN THE PAST 4 WEEKS

After adjusting for age and education, the study showed a statistically significant association between women's experiences of physical and/or sexual partner violence and experiencing pain or discomfort, problems with memory or concentration, and experiencing any of the health problems asked about, in the past 4 weeks. Women who experienced violence by an intimate partner were more likely than women who had not experienced violence to report that their general health was poor or very poor, however this association lost significance when adjusted for age and education.

Women who have experienced violence were also significantly more likely to report current smoking and frequent alcohol consumption. This is consistent with other evidence that the impact of violence goes far beyond the direct injuries caused by violence and has a broad range of long-term indirect consequences.



WOMEN’S EXPERIENCES OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE SERIOUSLY AFFECT THEIR MENTAL HEALTH

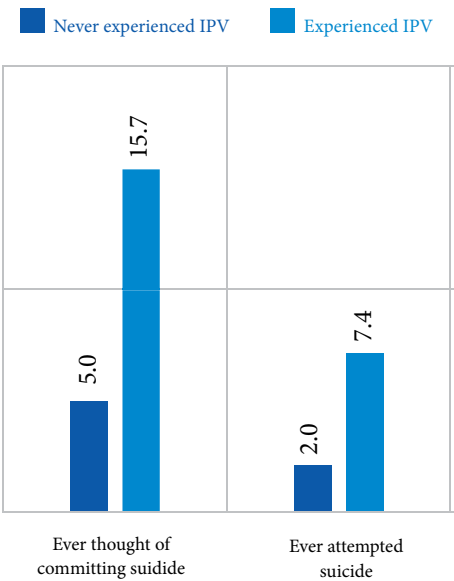
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Women who have experienced physical and/or sexual partner violence were found to be significantly more likely to be suffering from a higher degree of emotional distress, in comparison to women who have not experienced partner violence. Moreover, women who had experienced IPV were significantly more likely to have had suicidal thoughts and more likely to have attempted suicide, compared with women who had not experienced IPV (Figure 7). This highlights the very serious consequences of IPV as well as the need for more comprehensive mental health services.

Figure 7:

Percentage of women reporting suicidal ideation and suicidal attempts according to their experiences of physical and/or sexual intimate partner violence*

* Association between experiences of IPV and suicidal thoughts and attempts found to be statistically significant



5/ THE IMPACT OF PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ON REPRODUCTIVE HEALTH AND CHILDREN'S WELLBEING

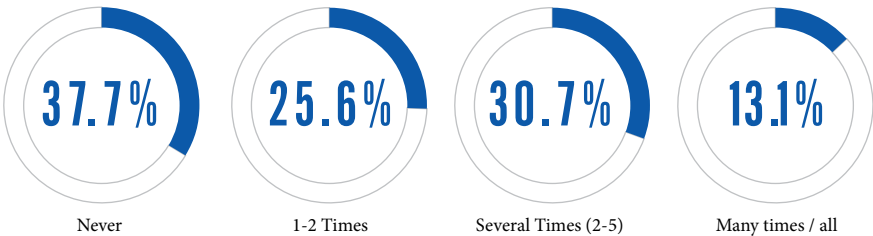
CHILDREN OF WOMEN WHO EXPERIENCE PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ARE MORE LIKELY TO HAVE EMOTIONAL AND BEHAVIOURAL PROBLEMS

Approximately 70% of women who had experienced physical partner violence reported that their children were present during incidents of violence

Approximately 70% of women who had experienced physical partner violence reported that their children were present during incidents of violence (see Figure 8). Of those women who reported experiencing IPV and had one or more children aged 6-12 living at home, 15% reported that their children had some emotional or behavioural problems (frequent nightmares, wetting the bed often, very timid or withdrawn, or aggressive), in comparison to 11% of non-abused women. Furthermore, children living in violent homes were twice as likely (statistically significant association) to fail or repeat a year at school, and to stop or drop out of school.

Figure 8:

How often children were present during violence incidents, among women who had experienced physical partner violence



WOMEN HAVE EXPERIENCED PHYSICAL AN/OR SEXUAL PARTNER VIOLENCE ARE AT SIGNIFICANTLY GREATER RISK OF ABORTION AND MISCARRIAGE

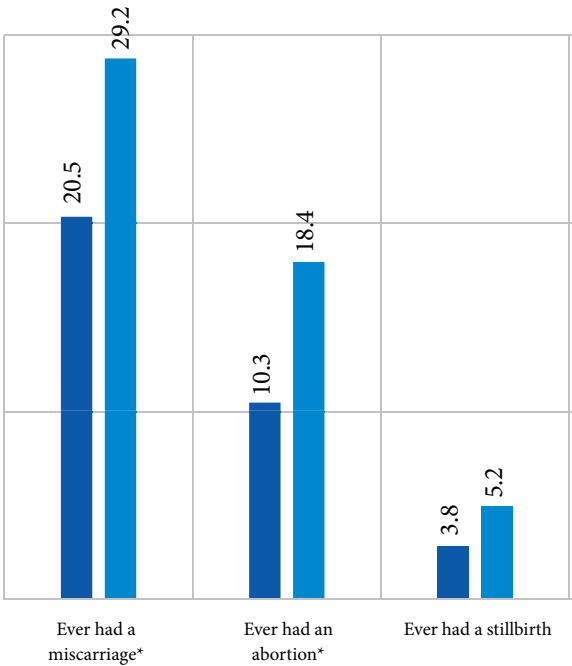
4% of women who had ever been pregnant reported being physically abused during at least one pregnancy. Women who had experienced any physical and/or sexual partner violence were significantly more likely to report miscarriages and abortions (Figure 9). The association with still birth was not found to be statistically significant. In addition, the results showed that women who had experienced physical and/or sexual violence were less likely to be currently using contraception than women who had not experienced violence (although this was not statistically significant), which may reflect the fact that women experiencing violence have less control over reproductive health choices.

“He beat me until I miscarried my six-month pregnancy. He stepped on my abdomen. Two days later, my abdomen hurt, and the baby came out, and I didn’t think I could survive.” - Woman interviewed in Kampong Thom

Figure 9:

Percentage of ever-pregnant women reporting having had a miscarriage, an abortion or a still birth, according to their experience of physical and/or sexual intimate partner violence

* Associations between experiences of IPV and miscarriage and abortion found to be statistically significant



WOMEN WHO HAVE EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE ARE MORE LIKELY TO HAVE AN UNINTENDED PREGNANCY

The study found that women who experienced physical and/or sexual partner violence were significantly more likely to report that their last pregnancy was unintended, and to have consumed alcohol during their last pregnancy, in comparison to women who reported never experiencing partner violence. This suggests that the experience of violence is associated with risky behaviours implying potentially negative effects on pregnancy outcome.

A higher percentage of abused women reported not receiving antenatal and post-natal care during their last pregnancy, however this association was not found to be statistically significant. Overall a high proportion of women in Cambodia received antenatal care although only half reported receiving post-natal care.

PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE DIRECTLY IMPACTS WOMEN'S PRODUCTIVITY

The physical, mental and reproductive health consequences of violence adversely impact women's productivity.

One third of ever-partnered women who had experienced IPV reported missing at least one day of paid work in the previous 12 months due to their experiences of violence.

On average women reported missing 3 days of paid work in the past 12 months due to their experiences of physical and/or sexual violence. 11% of women who experienced physical and/or sexual partner violence reported also reported that they had been unable to carry out at least one day of unpaid work activities in the past 12 months.

6/ WOMEN'S COPING STRATEGIES AND RESPONSE TO PARTNER VIOLENCE

HALF OF ALL WOMEN WHO HAD EXPERIENCED PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE HAD NEVER TOLD ANYONE, AND WHEN THEY DID TELL SOMEONE IT WAS MAINLY FAMILY, FRIENDS AND NEIGHBOURS

Almost half (49%) of those women who reported experiencing intimate partner violence had never told anyone about the violence.

This means that for many women, their interviewer was the first person to whom they disclosed violence. Among those women who had told someone about the violence, the majority told family members or neighbours.

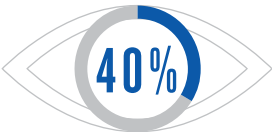
ONLY 24% OF WOMEN WHO HAVE EXPERIENCED PHYSICAL AND/OR SEXUAL PARTNER VIOLENCE HAVE SOUGHT FORMAL HELP FROM SERVICES

– Among women who had experienced physical or sexual violence from an intimate partner, only 24% had sought help from a formal service. For those who did, the majority went to either their local leader (15%) or to the police (11%) . Only 2% of women either sought legal advice or went to the courts for help. This may suggest that the legal and justice sector needs to be made more accessible to women, and it may also reflect the fact that many women do not want to see their partners criminalized even though they want the violence to stop.

Health clinics (5%) and shelters (5%) were also reported by women who had experienced physical and/or sexual partner violence as places where they had sought assistance. This is a common pattern globally but clearly shows that services need to be made more survivor friendly and accessible, and that because few women seek formal support, interventions that target the wider population are also needed.

MOST WOMEN REPORTED SEEKING HELP BECAUSE OF THE SEVERITY AND IMPACT OF THE VIOLENCE, BUT MANY WOMEN DO NOT SEEK HELP BECAUSE THEY THINK VIOLENCE IS NORMAL OR THEY ARE ASHAMED

Women who reported going to at least one service for assistance reported doing so because she could not endure the violence anymore, and because she was afraid the violence would worsen (See Figure 10). Many women also reported that they were encouraged by family or friends to seek help, or did so because they saw their children suffering because of the violence.



Of women who did not seek services for help stated that they did not seek help because they believed that the violence was ‘normal’ or not ‘serious’.

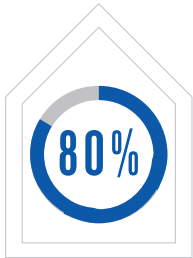
Other reasons cited were that they were embarrassed or ashamed, or they feared losing their children or bringing shame to the family.

Figure 10:
Reasons for seeking help (among women who sought help) and not seeking help (among women who had not sought help) in order of the most common responses

- Could not endure anymore
- Family/friends encouraged
- Afraid of more violence
- Saw children suffering
- Partner threatened/hit the children
- Badly injured
- Afraid he would kill her
- Thrown out of home
- Afraid she would kill him

- Violence considered normal/not serious
- Embarrassed or ashamed
- Afraid she would lose her children
- Felt it would bring a bad name to her family
- Fear of threats or consequences
- Afraid the relationship would end
- Believed that no one would help her
- Did not know where to get help

THE MAJORITY OF WOMEN IN ABUSIVE RELATIONSHIPS DID NOT LEAVE. AMONG THOSE WHO HAD LEFT AN ABUSIVE RELATIONSHIPS TEMPORARILY, LATER RETURNED BECAUSE THEY DO NOT WANT TO LEAVE THEIR CHILDREN



of women who had experienced partner violence reported never leaving home because of the violence.

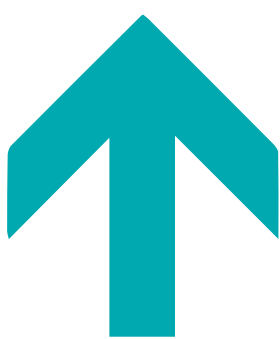
For those who did leave, the reasons behind leaving for most women were similar to those given for seeking help and reflected the severity of the violence and concern for the well-being of their children. However, the most common reasons given by women who reported returning home after leaving temporarily was because they did not want to leave the children (47%) and because their partner asked them to

return (30%). Similarly, women who chose not to leave at all mostly reported it was because they did not want to leave the children. The next most common reason women gave for staying despite violent incidents was because they believed the violence to be normal (17%). This aligns with the reasoning behind many women’s decision not to seek help or go to any services for help.



7/ RISK AND PROTECTIVE FACTORS ASSOCIATED WITH WOMEN'S EXPERIENCES OF PHYSICAL AND/OR SEXUAL INTIMATE PARTNER VIOLENCE

Multi-variate logistic regression was conducted to understand better the factors that increase women's risk of experiencing intimate partner violence, or those that protect against it. The results of the analysis found the following to be significant factors associated with women's experiences of physical and/or sexual partner violence:



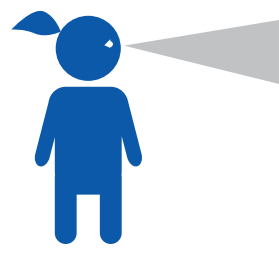
RESPONDENT'S LOWER LEVEL OF EDUCATION



HAVING A MALE PARTNER WITH ALCOHOL REGISTRATION (AT LEAST ONCE OR TWICE)

FACTORS THAT INCREASE WOMEN'S RISK OF EXPERIENCING INTIMATE PARTNER VIOLENCE

RESPONDENT WITNESSING THEIR MOTHER BEING ABUSED AS A CHILD



HAVING A MALE PARTNER WHO WAS VIOLENT AS A CHILD



HAVING A MALE PARTNER WHO WAS VIOLENT WITH OTHER MEN

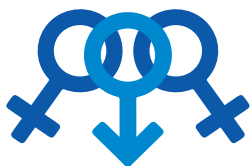


RESPONDENT EXPERIENCING PHYSICAL VIOLENCE AS A CHILD

ER WHO DRANK
GULARLY
(WICE A WEEK)



ING A MALE PARTNER
O WAS WITH OTHER
EN AT THE SAME TIME
HE WAS WITH THE
PONDENT



RESPONDENT HAVING ATTITUDES
THAT JUSTIFIED OR NORMALISED
VIOLENCE BY HUSBAND
AGAINST WIFE



HAVING A MALE PARTNER WHO
WAS CONTROLLING
TOWARDS RESPONDENT



However, individual factors do not necessarily cause violence and do not function in isolation. Indeed, a number of individual factors together reflect a broader underlying context of gender inequality and power imbalances between women and men. Within a broad social context, these individual factors reproduce and reflect social norms, structures, and values related to gender and power, and remain underlying, foundational drivers of violence against women.

**WOMEN’S EXPERIENCES OF INTIMATE PARTNER VIOLENCE ARE DRIVEN IN PART BY GENDER
INEQUALITY AND THE NORMALIZATION OF VIOLENCE**

The underlying construct of gender inequality and violence-condoning norms are related to the perpetration and experience of violence.

In general, women in Cambodia who believe that under some circumstances a husband is justified in beating his wife are significantly more likely to experience IPV, compared with women who do not share that belief.

This highlights the importance of challenging the normalization of violence against women.

**EDUCATION IS A KEY PROTECTIVE FACTOR FOR
WOMEN AGAINST INTIMATE PARTNER VIOLENCE**

**WOMEN’S EXPERIENCES OF INTIMATE PARTNER
VIOLENCE ARE REFLECTED IN A MODEL OF
MASCULINITY WHICH PROMOTES VIOLENCE**

Women’s education reflects the importance of women’s social and economic empowerment, and was found to be an important protective factor against intimate partner violence in this study. The study found that women who had secondary or higher levels of education were less likely to experience intimate partner violence as compared to those women who had primary or no education.

In terms of men’s characteristics, their controlling behaviour, involvement in fighting with other men, extramarital relationships, and alcohol abuse were found to be strongly associated with women’s experiences of violence. These factors combined reflect a model of masculinity which relates to dominance and control over women, toughness and strength, and heterosexual performance. Together these patterns of behaviour reinforce gender inequalities and increase the likelihood of violence against women.

**WOMEN WHO HAD WITNESSED OR EXPERIENCED VIOLENCE AS CHILDREN ARE AT GREATER RISK
OF EXPERIENCING PARTNER VIOLENCE, SUGGESTING THAT VIOLENCE IS IN PART SOCIALLY
LEARNT AND NORMALISED**

Women who had witnessed their mother being abused or had themselves experienced physical violence as children were more likely to experience IPV. The association between physical punishment in childhood and adult domestic violence suggests that the beating of children normalises violence as a form of conflict resolution and punishment. Children in violent homes are thus more likely to learn to use violence instead of more constructive and peaceful methods to resolve conflict, and they are more likely to be victimized. Children witnessing violence are also more likely to experience a range of other behavioural and emotional problems later in life. This emphasises the need for greater prevention of child abuse, and the promotion of positive and non-violent family and school environments.



ALCOHOL ABUSE CAN BE A TRIGGER FOR INTIMATE PARTNER VIOLENCE

Alcohol use by the respondent's partner was found to be associated positively with IPV which is consistent with other studies. The role of alcohol however must be placed within a broader context of gender inequality and power imbalances between men and women, as the culture around drinking is connected with models of masculinity that promote violence against women (Brickell 2008; McIlwaine and Moser 2004; Alcaez and Suarez 2006). The literature on women's experiences of violence indicate that the role of alcohol is context specific, and that combined with a number of other factors it can become a trigger

of violent episodes, rather than the cause of them. Alcohol is seen to contribute to violence by provoking conflicts, reducing inhibitions and providing a social space for punishment at the family level (Jewkes, Levin and Penn-Kekana 2002; Lee, 2007). It is necessary to remember however that the use of alcohol does not explain the underlying imbalance of power within relationships where one partner exercises coercive control. Prevention programs aimed at VAW therefore should not focus solely on reducing alcohol consumption in the hope that it will eliminate VAW.



CONCLUSIONS AND RECOMMENDATIONS

The National Study on Women's Health and Life Experiences is the first population-based survey which measures the prevalence of women's experiences of VAW and their health consequences in Cambodia. Previous studies have indicated the widespread nature of violence against women in Cambodia, and this study confirms that earlier research (CDHS, 2012; Fulu et al., 2013).

The findings of this comprehensive study show that women are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. IPV includes physical, sexual, emotional and economic violence, and therefore effective prevention and response to violence against women and girls requires more inclusive strategies, long term commitment and coordination among key stakeholders. Women also experience violence by non-partners, although it is still often by people known to them.

The study conclusively shows that violence against women is a major public health issue with long term physical, mental and reproductive health consequences. Further, women's experiences of violence have serious negative impacts on their children's well-being and on their productivity and ability to participate fully in society.

The analysis of factors related to women's experiences of violence shows that ending violence against women requires women's full empowerment, via the elimination of gender inequalities and discrimination, particularly exercised through social norms that encourage a model of manhood premised on dominance and undermine women's

rights. Alongside this, addressing child maltreatment and alcohol abuse, and ensuring women's education are crucial for tackling violence against women. It is necessary to develop programs that promote positive and non-violent family, home and community environments based on gender equality and respect.

The Royal Government of Cambodia has already made important strides in addressing violence against women and girls including through the Law on Domestic Violence and Protection of Victims, the National Action Plan on Violence Against Women, and the Second National Action Plan on Violence Against Women. The following recommendations reflect the specific key findings of this study, but build on the Government's achievements so far. The recommendations below draw strongly from NAPVAW and are intended to complement and support the existing national frameworks and approaches for prevention and response. Overall, violence prevention and response plans should be multi-sectoral, interlinked, and coordinated in a strategic manner. They should also be incorporated into the larger social development, gender equality and human rights frameworks and plans.

**violence against
women is a major
public health issue**

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NATIONAL SURVEY ON WOMEN'S HEALTH AND LIFE EXPERIENCES IN CAMBODIA

SUMMARY REPORT

The National Study on Women's Health and Life Experiences is the first population-based survey which measures the prevalence of women's experiences of VAW in Cambodia. Previous studies have indicated the widespread nature of violence against women in Cambodia, and this study confirms that research.

