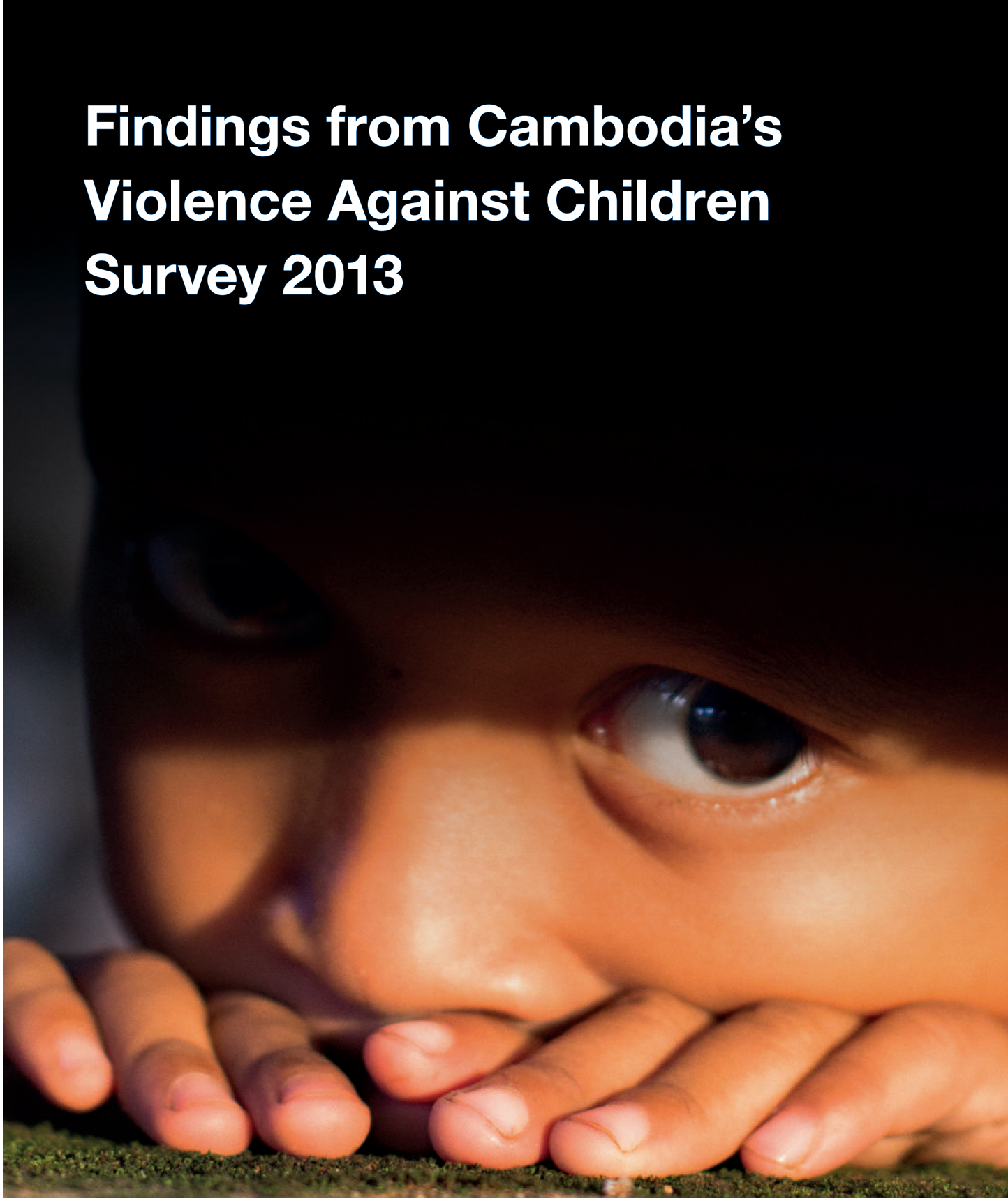
# Findings from Cambodia's Violence Against Children Survey 2013



PROTECT OUR CHILDREN
CAMBODIA

# Findings from Cambodia's Violence Against Children Survey 2013

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.

Dr. ING Kantha Phavi
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.

## Recommended Citation:

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

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.

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## FOLLOW-UP ACTION TO STUDY FINDINGS

***Multi-sectoral Steering Committee***
Partners Multi-sectoral Steering Committee
UNICEF Cambodia
Centers for Disease Control and Prevention

# 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 |
| EA | enumeration area |
| EAPRO | Regional Office for East Asia and the Pacific |
| FINALWGT | final weight |
| FSC | First Step Cambodia |
| MoEYS | Ministry of Education, Youth and Sport |
| MoH | Ministry of Health |
| MoP | Ministry of Planning |
| MoSVY | Ministry of Social Affairs, Veterans and Youth Rehabilitation |
| MoWA | Ministry of Women's Affairs |
| NGO | non-governmental organization |
| NIS | National Institute of Statistics |
| PSU | primary sampling unit |
| SPSS | Statistical Package for the Social Sciences |
| SSC | Social Services of Cambodia |
| STI | sexually transmitted infection |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| VACS | Violence Against Children Survey |
| WHO | World Health Organization |

# EXECUTIVE SUMMARY

The results of the 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. 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 study consisted of a cross-sectional household survey of 13- to 24-year-old females and males to estimate the burden of violence against children in Cambodia. Specifically, the survey estimates lifetime prevalence of childhood violence before age 18 and the prevalence of childhood violence in the 12 months prior to the survey among 13 to 17 year olds. The sampling frame was originally compiled by the National Institute of Statistics (NIS) 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), which produces individual response rates of 93.7% for females and for males of 92.1%. In addition to the national survey, a qualitative research was carried out to inform and generate a better and more in-depth understanding of the quantitative findings of the CVACS, 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 in the qualitative research: 55 females and 62 males which was conducted in November 2013. The qualitative findings are meant to add to understanding the context in which the quantitative findings are presented, however cannot be directly compared.

The findings from the survey indicate that violence against children is a serious problem in Cambodia: more than half of all Cambodian children experienced some form of physical violence prior to age 18 by an intimate partner, parent or adult relative, or community member. Roughly a quarter of Cambodian children are emotionally abused while growing up: almost 1 in 5 females and a quarter of males aged 18 to 24 years, and nearly 3 in 10 females and males aged 13 to 17, experienced emotional violence by a parent, caregiver or other adult relative prior to age 18. Lastly, rates of childhood sexual abuse are significant: 4.4% of females and 5.6% of males aged 18 to 24 experienced some form of sexual abuse prior to age 18. More than 6% of females and 5% of males aged 13 to 17 reported at least one experience of childhood sexual abuse. These results have significant implications for the design and implementation of prevention and response programmes in Cambodia. If its underlying causes are identified and addressed, violence against children is entirely preventable.

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 the 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 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 NIS of the Ministry of Planning (NIS/MoP), the Ministry of Women's Affairs (MoWA), the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY), UNICEF and CDC.

## KEY FINDINGS[1]

### *Prevalence of violence against children*

**Physical violence experienced in childhood:** Physical violence was the most commonly reported type of violence by all participants regardless of age or sex. 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 18. Females and males in the younger age group, 13 to 17 years, reported similar rates of physical violence (61.1% and 58.2, respectively). Among all respondents who reported experiencing physical violence before age 18, more than three quarters experienced multiple incidents. Children were

1 The qualitative findings are meant to add to understanding the context in which the quantitative findings are presented, however cannot be directly compared. See for 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.

commonly exposed to violence at home and in the community: in the 12 months prior to the survey, over a third of both females and males aged 13 to 17 had witnessed physical violence in their home. Four in 10 witnessed violence in their community during the same period.

**In the qualitative research**, participants of all ages readily identified experiences of violence 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 behaviour, 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.

**Emotional violence experienced in childhood:** Emotional violence in childhood was reported by one in five females and one in four males aged 18 to 24. 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. Nearly 3 of 10 females and males 13 to 17 years of age experienced emotional violence by a parent or caregiver. Almost 1 in 10 females and males 13 to 17 years of age reported emotional violence by a parent or caregiver in the past year. Among females and males 13 to 17 years of age who experienced emotional violence by a parent or caregiver, the majority (70.8% of females and 82.6% of males) reported multiple instances of emotional violence.

**In the qualitative research**, 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. Children 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.

**Sexual abuse experienced in childhood**: 4.4% of females and 5.6% of males aged 18 to 24 experienced at least one incidence 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. Sexual abuse was likely to have occurred multiple times in childhood: 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. Of those aged 18 to 24 who first had sexual intercourse before age 18, one in four females and 1 in 11 males reported this intercourse as unwanted, meaning they were forced or coerced into sex. The age at the first incident of childhood sexual abuse among those aged 18 to 24 differed by sex with most girls (62.2%) experiencing their first incident at 16-17 years while most boys (72.9%) experienced their first incident at age 13 or younger. The average age for first incident of sexual abuse was 15 years for females and 10 years for males aged 18 to 24.

**In the qualitative research**, 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.

**Overlap of childhood sexual, physical, and emotional violence:** Approximately 6 in 10 of both females and males across all ages experienced at least one form of violence during their childhood, physical, emotional, and/or sexual. Nearly one quarter of females and males aged 13 to 17 reported to have experienced more than one form of violence.

***Perpetrators of violence against children***

**Perpetrators of childhood sexual violence:** Among both female and male 18 to 24 year olds who experienced sexual abuse prior to age 18, neighbours were the most common perpetrators of the first incident of sexual abuse. Among females aged 13 to 17, friends were the most common perpetrator of the first incident of sexual abuse, while males aged 13 to 17 were more likely to cite family members as the perpetrator of the first incident of sexual abuse. More than half of all respondents who experienced sexual abuse prior to age 18 reported that the perpetrator of the first incident was five or more years older. Among 18 to 24 year olds, multiple perpetrators were involved in more than 1 in 10 of first incidents of sexual abuse involving females and over 1 in 4 of those involving males. For both females and males aged 13 to 17 and 18 to 24, the great majority of perpetrators of the first incident of sexual abuse were male. Females were the perpetrator in the first incident of sexual abuse, prior to age 18, reported by approximately 1 in 4 females and 1 in 10 males aged 18 to 24.

**Perpetrators of childhood physical violence:** Mothers were the most common perpetrator of the first incident of childhood physical violence among females and males aged 13 to 17 and 18 to 24. Teachers were the most common perpetrators of physical violence outside of home settings among females and males aged 13 to 17 and 18 to 24, with male teachers more likely to be cited than female teachers across all groups.

**Perpetrators of childhood emotional violence:** Mothers or stepmothers were the most commonly cited perpetrator of the first incident of childhood emotional violence by females and males in both age groups followed by fathers or stepfathers. Fathers or stepfathers were cited more often among males than females aged 13 to 17.

***Context of childhood sexual abuse***

**Where and when the sexual abuse occurred:** Of those who experienced sexual abuse prior to age 18, the respondent's home was the most commonly reported location of the first incident of sexual abuse for almost half of females and over a third of males aged 18 to 24. School was the location of the first incident of sexual abuse for 17.2% of females and 12.9% of males aged 18 to 24 and 26.3% females and 10.4% males aged 13 to 17. Among males aged 13 to 17, the respondent's home was reported at significantly higher rates than any other location except for someone else's home. For females, sexual abuse was more likely to occur in the evening than late at night.

**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, particularly 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.

***Service-seeking behaviour for violence***

Almost half of females and over three quarters of males aged 18 to 24 never told anyone about an incident of sexual abuse. A similar number of females, and close to 9 out of 10 males aged 13 to 17 never told anyone about an incident. Among 18 to 24 year olds, approximately a third of females and only 1 in 17 males sought help following an incident of sexual abuse. Similar results were found for those aged 13 to 17. In regards to physical violence, less than a third of Cambodian females and 1 in 8 males aged 18 to 24 sought help for any incidence of physical violence. Similar results were found for those aged 13 to 17. Among those who sought help, most did so from relatives (84% and 85% for females and males, respectively).

**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 for them 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. In cases of serious violence, some girls in Phnom Penh said they knew of a phone hotline they could call for help.

***Health outcomes of childhood abuse and violence***

In Cambodia, exposure to violence as a child was associated with a range of short-term health consequences, including moderate mental distress, sexually transmitted infections (STIs), self-harm and suicidal ideation. For example, females aged 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. Similarly, 13- to 17-year-old males who experienced childhood sexual abuse were more likely to have reported symptoms of STIs than those who did not experience sexual abuse.

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, experience suicidal ideation, and report an STI diagnosis or symptom in the last 12 months. Boys who experienced childhood physical violence were more likely than those who had not experienced physical violence in childhood to: drink alcohol and smoke cigarettes in the past 30 days.

Experiences of childhood emotional violence were also associated with 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, report a STI diagnosis or symptom in the last 12 months, and to have ever intentionally hurt themselves. Boys who experienced childhood emotional violence were more likely than those who had not experienced emotional violence in childhood to report moderate mental distress.

Reducing the prevalence of violence against children in Cambodia is, therefore, likely to reduce the incidence and costs of future mental and physical health problems in the population.

**In qualitative discussions** children described all the ways that they or children they knew reacted when they experienced violence. Emotional responses of children to all types of violence were universally negative. Children indicated that while some violence elicits feelings of shame and embarrassment, other instances of violence provoke suicidal tendencies. Within this range of adverse effects, many children reported that behaviour could be affected by an inability to study, feelings of unhappiness, not wanting to go to/stay at the place the violence occurred, and avoidance of those who perpetrated the violence. Many also described that victims of violence could feel anger and humiliation, wish for revenge, engage in atypical activities (such as risk behaviour or suffering extreme emotions), run away from home, and often suffer from depression.

***Violence and sexual risk behaviour***

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. There were no other significantly statistical differences in sexual risk taking behaviours between participants who reported childhood experiences of violence and those that reported none.

***HIV testing knowledge and behaviours***

Approximately three quarters of both females and males aged 18 to 24 knew of a place to go for an HIV test. More than half of females and close to half of males aged 13 to 17 knew where to go for an HIV test. More Cambodian males aged 18 to 24 reported that they had never been tested for HIV (78.2%) than females (62.6%). Most females and males aged 18 to 24 (68.7% and 66.6%, respectively) reported to have never been tested for HIV because they felt they did not need a test or they were at low risk of HIV transmission.

***Attitudes towards spousal violence and the role of gender in sexual practices and intimate partner violence***

Nearly two in five females aged 13 to 17 and one in three females aged 18 to 24 believed that it is acceptable for a husband to hit or beat his wife under one or more circumstances. Two in five males aged 13 to 17 and more than one in three males aged 18 to 24 endorsed a husband's use of physical violence 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. Among all respondents, females were more likely than their male counterparts to report using physical violence against a current or previous spouse or partner.

**In the qualitative research**, the question on whether a woman should tolerate violence to keep her family together depended on the location for female participants. All females in Phnom Penh groups agreed that not 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 violence. Both boys and girls were concerned that a child would end up separated from their parents if a mother did not tolerate the problem.

## KEY RECOMMENDATIONS

### *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 suport and 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-based 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 school 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
- Prohibit commercial advertisement encouraging children and adolescents to consume alcohol
- Raise awareness on the harmful impact of alcohol among parents and caregivers, 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 that respond to violence against children and ensure children and their families know who to call or approach and are aware of the benefits of service.
- 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'

2. ***Strengthening cross-sector child protection systems and responses***

- Strengthen and scale up accessible, free, child-friendly and gender-sensitive services that respond to violence and abuse and support children, both boys and girls, and their families
- Implement integrated child-friendly and gender-sensitive response systems to abuse and violence against children, both boys and girls, especially child sexual abuse, in relevant sectors with minimum operating standards, guidelines and procedures
- Establish and coordinate an integrated referral system across relevant sectors to respond to abuse and violence against children
- Strengthen the capacity and sensitize all those working directly with children and their families to identify, respond, report and refer cases of violence and abuse of children, both boys and girls, and ensure they are guided by 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 the implementation 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" settlements 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 CVACS
- 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 CVACS

# Section 1: Introduction and Background

# 1. Introduction and Background

## 1.1. Introduction

Violence against children is a global human rights and public health issue, with significant negative impact on children's health and social development. The Convention on the Rights of the Child states that all children have the right to be protected against all forms of violence, exploitation and abuse, including sexual abuse and sexual exploitation.[2] The short- and long-term effects of such violence and exploitation are severe, not only for the survivors, but also for families and communities, and constitute a serious societal concern.[6-8] According to the World Report on Violence and Health, child abuse or maltreatment "…constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power."[9] This definition encompasses physical, emotional and sexual forms of violence.

Accurate data on the prevalence of violence against children worldwide is limited. Available information, however, including the United Nations Secretary-General's World Report on Violence Against Children, indicates that violence against children is a major problem that exists across countries.[10] This was the first study to demand collective responses to address violence against children globally and regionally and request that states take action. In 2002, almost 53,000 children younger than 17 died as a result of homicide worldwide.[11] A study on child disciplinary practices at home, with data from 35 low- and middle-income countries, indicates that on average, three quarters of children between the ages of 2 and 14 were subjected to some kind of violent discipline: while almost three quarters of children experienced psychological aggression, about half experienced physical punishment.[12]

Sexual violence against children is of particular concern globally. In 2002, the World Health Organization (WHO) estimated that 150 million girls and 73 million boys under the age of 18 had experienced sexual violence involving physical contact.[8] The 2005 WHO Multi-country Study on Women's Health and Domestic Violence Against Women found that between 1% and 21% of women surveyed experienced sexual abuse before the age of 15.[13] A 2009 study in the Solomon Islands found that 37% of women aged 15-49 reported that they had experienced sexual abuse when they were under the age of 15.[1] Severe physical abuse in the preceding month was reported by 29.3% of children surveyed in Vietnam and 14.6% of children surveyed in Laos [People's Democratic Republic PDR)] in Multiple Indicator Cluster Surveys. The same sources recorded 89.7% of children in Vietnam and 62.5% of children in Laos PDR experiencing psychological abuse in the preceding month.[14] In the Philippines in 2008, 15.1% of women aged 15 to 19 reported experiencing physical violence and 9% reported experiencing sexual violence.[2] Fewer studies exist on sexual violence against boys, but international studies from 2003 and 2004 suggest that between 3% and 29% of men experienced some form of sexual abuse during childhood.[3, 4] Estimates of the numbers of children who have been commercially sexually exploited in the region range from 8,000 to 20,000 in Vietnam, 100,000 in the Philippines and 200,000 in both Thailand and China.[5] Despite the availability of very general knowledge about the magnitude of sexual violence against children, the availability of national Cambodia data on which to base policy and programmatic actions is still very limited.

Violence against children can have a profound impact on core aspects of emotional, behavioural and physical health as well as social development throughout life. These consequences may vary depending on a child's age when abused, including before birth; for example when women who are pregnant experience violence, or alcohol or drug exposure impacts on fetal development.[15] Other defining factors in the severity of violence against children include the duration and intensity of the abuse or neglect, the child's innate resiliency, and co-occurrence with other maltreatment or adverse exposures such as the mental health of the parents, or violence between parents.[16, 17] Short-term impacts include physical injury and emotional trauma (e.g., post-traumatic stress syndrome and depression).[18-20] Sexual violence, in particular, is associated with an increased risk of a range of sexual and reproductive health problems, including unwanted pregnancy, pelvic inflammatory disease, infertility, gynaecological disorders, and the transmission of HIV and other sexually transmitted infections.[18] Among female adolescents and women, the frequency of pregnancy as a result of rape varies from 5% to 18%, and younger women who experience rape often have an increased rate of unintended pregnancies.[18]

Experiencing violence by parents, caregivers and others is associated with a number of emotional and behavioural problems in adolescence and adulthood, including aggression, delinquency, conduct disorder, substance use, poor academic performance, post-traumatic stress disorder, anxiety, depression, reduced self-esteem and suicidal behaviour.[4, 16] Exposure to violence has also been associated with a variety of behavioural health risks such as smoking and obesity and specific health problems such as diabetes and ischemic heart disease.[8] In addition, exposure can have negative consequences for cognitive development, including language deficits and reduced cognitive functioning.[21] Moreover, exposure to violence can lead to social stigma and discrimination against the child and their family, such as in cases of sexual violence. Violence not only has profound consequences on the children and their family, but the wider community and ultimately society. It raises questions about what is permissible and can result in the ongoing cycles of re-victimization and reoccurrence of violence. The threat and the acts of violence present in the community impact not

2 Articles 19 and 34 of the Convention on the Rights of the Child, 1989.

only the children who have experienced them, but also those who have not. Despite the scientific evidence showing an unacceptably high prevalence of violence against children, this critical human rights, health and social problem has not received adequate attention in many countries.

Violence against and the exploitation of children is increasingly receiving greater attention as an important and widespread problem in Cambodia. Though violence against children is preventable, timely and complete data is needed to support the development and implementation of effective prevention and protection strategies. The results of the 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.

## 1.2. Background

Cambodia has a population of approximately 14.3 million, 39.1% of whom are under the age of 18.[22] The nation ranks 138 on the Human Development Index out of 182 countries.[23] Inequalities in terms of access to basic services are widespread and 80% of the population live in rural areas.[24] Average life expectancy at birth is 63, below the regional average of 72 for developing countries in East Asia and the Pacific.[25] Between 1976 and 1977 life expectancy at birth was as low as 32 years (Figure 1.1).[25] The under-five mortality rate was 54 per 1,000 live births in 2010.[26] HIV prevalence was estimated at 0.6% in 2011, having declined from 1.1% in 2006.[27]

In its recent history, Cambodia's development and progress experienced significant setbacks as a result of internal and external conflicts beginning in 1970 that saw the monarchy deposed, invasions and occupation, and over 100,000 tons of ordnance dropped in the east as Cambodia was drawn into the USA-Vietnam war [31], causing between 40,000 and 150,000 deaths.[32-35] Most infamous is the period of rule by the Communist Party of Kampuchea, or the Khmer Rouge, between 1975 and 1979, during which an estimated 2 million to 3 million Cambodians died as a result of political executions, disease, starvation and forced labour.[36] The Khmer Rouge continued to mount insurgencies and cause instability into the 1990s and after the 1993 elected coalition government restored the monarchy. Cambodia has been gradually recovering from the economic, demographic and psychological devastation of decades of conflict.

Cambodia's has made important development gains in recent years and demonstrated that with political leadership, effective strategies and resourcing, significant changes can take place across the country. Most notably, Cambodia's HIV response has seen the overall prevalence decline as mentioned and has achieved over 80% treatment coverage with 48,362 active antiretroviral therapy patients at end of the third quarter in 2012.[28] Cambodia is currently working towards achieving its ambitious National Social Protection Strategy to provide social safety nets and targeted social protection mechanisms [29] that will positively impact the country's poor and vulnerable, 90% of whom live in rural areas.[30]

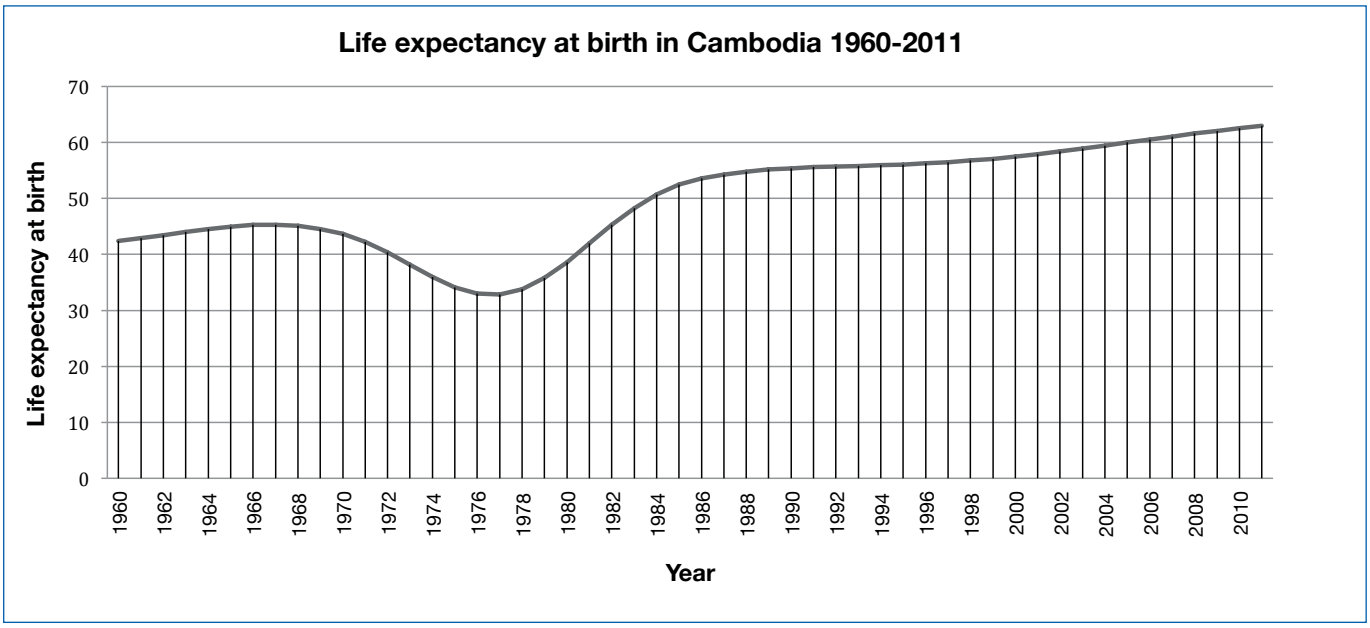



**Figure 1.1: Life expectancy at birth in Cambodia 1960-2011 [25]**

Violence against young men, women and children is increasingly recognized as an important human rights, health and social challenge in Cambodia. The national legal framework includes a number of provisions designed to prevent violence and protect Cambodian children and adults from violence. The Constitution of Cambodia lays a foundation for protecting women and children from domestic violence and includes the following provisions:

- The right to life, personal freedom and security (Article 32).
- The law shall guarantee there shall be no physical abuse against any individual (Article 38).
- The right to equality of men and women before the law (Article 31).
- Protection from discrimination based on gender (Article 45).
- Protection of the rights of children (Article 48).
- The health of the people shall be guaranteed (Article 72).

Judicial and criminal law included the United Nations Transitional Authority in Cambodia code between 1992 and 1993 that criminalized extreme cases of battery, rape, and indecent (sexual) assault. Rape is also a crime under Article 5 of the Law on Aggravating Circumstances of the Felonies, 2001 and Articles 239-241 of the Penal Code, 2009. The Law on The Prevention of Domestic Violence and The Protection of Victims protects husbands, wives, dependent children and all other persons living under the roof of the house.[38] The law established intervention by local authorities and protection via an order issued by the provincial courts. However, Art. 8 of the Domestic Violence Law permits the act of disciplining family members through measures that are conducted with "noble nature" or that "follow the nation's good custom and tradition," as long as they are conducted in accordance with the principles of human rights and children's rights conventions. Article 1045 of the Civil Code permits discipline against children by parental power holders to the extent that they deem necessary. These provisions are left open to an interpretation that allows physical punishment of children as a form of discipline. And although rape is a crime in Cambodia, forced sex is often not seen as a crime when it is between a husband and wife or intimate partners.[37] The legal situation is further complicated by gaps in the laws and policies: the Penal Code defines the age of sexual consent at 15 without guidelines on statutory rape; there is no policy of mandatory reporting of child abuse by relevant professional groups; and national legislation lacks clear provisions on the establishment of effective systems for identification, reporting and referral of cases of violence against, abuse and exploitation of children in areas such a school settings, day-care centres, health centres and in the justice (prison) system. More specifically there is a lack of clarity on reporting of violence and abuse cases occurring in residential care institutions. There is also no existing national legislation that requires the establishment of separate juvenile courts; specialized police, clerk, judges, prosecutors and social workers in juvenile cases; child-friendly procedures; diversion measures as well as follow-up procedures for children in conflict with the law who are younger than 14. There are insufficient provisions in domestic legislation when it comes to the treatment of child victims in the criminal justice system. In addition the practice of out-of-court settlements, or somroh somruel, is carried out without clear guidelines and often prevents victims from seeking redress in the formal legal system, aided by an engrained lack of trust in the criminal justice system and the difficulty of pursuing criminal charges (due to costs such as forensic examinations, legal fees, transportation to courts).

Cambodia has adopted international treaties and signed several international declarations related to violence against men, women and children, which provide a basis for enforcing laws prohibiting domestic violence and addressing the needs and concerns of children who have been abused (Box 1.1).

**International treaties and declarations adopted by Cambodia that promote the protection of children from violence**

**The Universal Declaration of Human Rights (1948)**

- **Everyone has the right to life, liberty and security of person. (Article 3)**
- **No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. (Article 5)**

**Convention on the Elimination of Discrimination Against Women (1980)**

- **The marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory. (Article 16)**

**Convention on the Rights of the Child (1989)**

- **Children (under age 18) shall be protected from all kinds of physical violence or mental abuse by parents or caregivers including cruel punishment, neglect, sexual abuse and exploitation. (Article 19)**
- **Parents/guardians have the right (and duty) to provide direction to the child in accordance with the evolving capacities of that child. (Article 5)**

**Box 1.1: International commitments relevant to prevention of and protection from violence adopted by Cambodia**

Cambodia's current policy framework for preventing and responding to violence against children includes Cambodia's Millennium Development Goals, adapted to the specific national context. Cambodia's Millennium Development Goal 3 is to "Promote Gender Equality and Empower Women". It includes the target to reduce significantly all forms of violence against women and children.[39] In addition, child protection can be found in Cambodia's national responses to gender equality: Neary Rattanak is Cambodia's national strategic plan for gender equality and is in its third five-year phase (2009–2013).[40] It specifically aims to ensure legal protection of women and girls (Strategic Area 3) in the context of preventing violence against them including domestic violence, human trafficking and sexual and labour exploitation. While Neary Rattanak III facilitates mainstreaming gender into government reform programmes,[3] it also aims to build on and support the implementation of national plans and policies that promote the protection of children and eliminate violence against children, such as the National Strategic Development Plan; the Education for All policy; the National Action Plan to Combat Violence Against Women; the National Program on the Promotion of Social Morality and Women's Value; the National Action Plan on the Suppression of Human Trafficking and Sexual Exploitation; the Social Security Policy; the Strategic Plan on Women, Girls and HIV/AIDS; and the sectoral gender mainstreaming action plans.

With the current strong level of national commitment to preventing violence against children, a nationally representative study of the magnitude of violence against children can enhance these efforts by supporting advocacy, informing national planning and budget processes, and monitoring the impact of violence against children. To date, the majority of data available on violence against children in Cambodia is based on non-probability or opportunity samples. This means they provide important information about specific sub-sets of the population, for example children in a concentrated area or young people with a defining relevant characteristic such as living on the streets, but the data cannot be used reliably to infer the probability of violence against children in the wider population.

The only previous nationally representative sample survey was the Cambodia National Youth Risk Behavioural Survey in 2004, a self-administered school-based survey, which included questions on sexual behaviour, violence, substance use, traffic safety, nutrition, mental health and exercise.[41] Although less than 2% reported sexual activity, 33% of all young people said they personally knew young men who had taken part in gang rapes. Among the 148 respondents who reported sexual activity, 23 respondents (mainly young people in school) said they had forced someone to have sex. Among sexually active young people, 6.1% said they had been forced to have sex, equating to 53.8% of sexually active girls and 2.2% of sexually active boys out of school. A study in 2007 among 12 to 15 year olds found that 1.2% of respondents reported directly experiencing rape by an adult, and that rape was reported more frequently among boys (1.8%) than girls (0.6%).[42] Surveys of non-governmental organizations (NGOs) found that 36.7% of victims of trafficking for sexual exploitation were children in 2009 [43] and 41% were children over a two-year period (2007–2008).[44] Corporal punishment is generally widely accepted in Cambodia as part of disciplining children and young people. In the 2007 study mentioned above, 43.2% of young people had experienced physical punishment by a parent and 29.2% experienced physical punishment by a teacher.[42]

Although these and other past studies have raised awareness about the problems of violence in Cambodia and spurred action, they limit the ability to estimate the national magnitude of violence against children in several ways. First, most have been conducted with adults or special populations and recent surveys have not focused on children or adolescents, thus preventing independent estimates of the scale of the problem affecting children nationwide. Second, the studies were conducted in different regions in Cambodia and often used different definitions and measurements of sexual violence experienced during childhood. This makes it difficult to generalize the findings of a single study to all of Cambodia or combine the studies to get an overall picture (national estimates) of violence against children in Cambodia. Finally, while some of these past studies of violence have raised the awareness of the problem of violence against children, the majority have neglected violence against boys. The combination of these factors makes it difficult (based on current data) to establish national estimates of the extent of violence against children. Moreover, the lack of sufficient and reliable data on violence against children contributes to the inability of agencies to make informed programmatic decisions related to the problem.

The CVACS was conducted in response to these concerns and as part of a wider regional initiative. The United Nations Study on Violence Against Children triggered a substantive consultative process on forms of child maltreatment in the East Asia and Pacific region with national and regional consultations from 2005 onwards. During the High-Level Meeting on Cooperation for Child Rights in the Asia Pacific Region, held in Beijing in November 2010, governments from 28 countries adopted the Beijing Declaration on South-South Cooperation for Child Rights in the Asia Pacific Region, which contains a particular emphasis on child protection and child welfare. To this end, countries committed to a regional dialogue on best practices and lessons learned on child rights, as well as to building adequately resourced national child protection and welfare systems. The discussion paper presented by UNICEF[4] as an input to this regional dialogue underscored the importance of collecting and analysing national baseline data in the region, a point that was reiterated by the Special Representative of the UN Secretary-General on Violence against Children, Marta Santos Pais, during the discussions. 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 Swaziland, Tanzania, Kenya, Zimbabwe and 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 VACS.

3 E.g., decentralization and de-concentration reform, public administration reform, public financial management reform, legal and judicial reform, and land reform.
4 East Asia and the Pacific Regional Office.

The Cambodian Government identified the need for a national study on violence against children and approached UNICEF and other partners to explore the prevalence of sexual and gender-based violence. The Ministry of Women's Affairs (MoWA) and the Ministry of Social Affairs, Veterans and Youth (MoSVY) led the implementation of CVACS by establishing and co-chairing an inter-ministerial steering committee. The study was coordinated by UNICEF Cambodia with technical guidance and assistance provided by CDC. The steering committee has played, and will continue to play, a critical role in ensuring government ownership across sectors from the onset of the survey design to the development of the programmatic response to the findings.

The objectives of the survey as articulated in the Terms of Reference were 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;
- Identify risk and protective factors for physical, emotional and sexual violence against children to inform stakeholders and guide prevention efforts;
- Identify the health and social consequences associated with violence against children;
- Assess the knowledge and utilization of medical, psychosocial, legal and protective services available for children who have experienced sexual, emotional and physical 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 as part of a larger, comprehensive, multi-sectoral approach to child protection.

## 1.3. Organization of the Report

Following the introduction to and background of the CVACS, the methodology section explains in detail the national study design, sample size calculation and sampling frame for the survey. In addition, the survey development and the intensive preparation for the study implementation, including interviewer and supervisor training and pilot testing, are described. The definition of key survey constructs, quality control, data entry and cleaning, and data analyses and weighting procedures are also detailed in the methodology section. Section 2 of the report provides demographics for 13 to 24 year olds living in Cambodia.

Sections 3 to 14 provide a portrait of violence against children in Cambodia. This picture is based on the results of the quantitative national survey conducted in 2013, with additional supporting and explanatory information gained from qualitative research conducted in November 2013. To summarize:

- Prevalence of childhood sexual, physical and emotional violence (sections 4 to 6);
- Overlapping occurrence of sexual, physical and emotional violence (Section 7);
- Perpetrators of violence against children (Section 8);
- Context and circumstances in which sexual violence against children occur (Section 9);
- Children's knowledge and utilization of services for those who have experienced sexual, physical and emotional violence (Section 10);
- Health and social consequences of experiencing childhood violence (Section 11);
- Relationship between sexual risk behaviour, HIV testing behaviours and childhood experiences of sexual violence (Section 12);
- Correlation between childhood violence and vulnerability factors such as orphanhood and level of education (Section 13);
- Childhood violence and attitudes towards spousal abuse (Section 14); and
- Key results and recommendations to stakeholders 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 (sections 15 and 16).

All data tables referenced in the text of the report can be found in the Appendix A at the conclusion of the report and Appendix B details the sampling allocations, weighting, quality assurance and estimates of sampling error.

# Section 2: Methodology of the Violence Against Children Survey

# 2. Methodology of the Violence Against Children Survey

## 2.1. Preparation

The Cambodian Government and UNICEF have been in partnership to design and implement the CVACS since 2009, when MoWA approached UNICEF with concerns about reported recent trends in sexual violence in the country. With the ministry's previous experience conducting national studies, strong interest and support from the minister, and its role as the lead ministry on gender-based violence issues in Cambodia, MoWA was considered the obvious lead for this study on violence against children. MoWA's expertise and commitment was complemented by active participation of MoSVY, which co-chaired the steering committee as the lead ministry responsible for the care and protection of children. UNICEF provided technical and financial support to the Government of Cambodia. Close collaboration with CDC was instrumental throughout the preparation of the study and the agency provided substantial technical support.

The steering committee includes representation from key line ministries and national and international agencies and NGOs regularly attend steering committee meetings (see Box 2.1). The strong relationships developed through this committee created an effective infrastructure that will enable the survey results to be translated into programmatic actions. The initiative actively continues to engage key stakeholders from a wide range of sectors and will continue to expand its collaboration after the dissemination of these findings to generate further partnerships to address violence against children.

**Cambodia VACS Steering Committee**

***Members***
**Ministry of Women's Affairs; Ministry of Social Affairs, Veterans and Youth Rehabilitation; National Institute of Statistics of the Ministry of Planning; Ministry of Education, Youth and Sport; Ministry of Health; Ministry of Tourism; Ministry of Interior; Ministry of Justice; Cambodian National Council for Children; National AIDS Authority; Ministry of Cult and Religion; Ministry of Labor and Vocational Training; Ministry of Information; UNICEF Cambodia**

***Partners***
**International: UNICEF EAPRO; UNICEF HQ; UN Women/Partners for Prevention; UNDP; UNFPA; CDC; WHO; UNAIDS; USAID; Together for Girls**

**NGOs**
**Social Services of Cambodia; First Step Cambodia; Save the Children; Plan International; World Vision; Friends-International**

**Box 2.1: CVACS Steering Committee**

While preparations for CVACS progressed, government ministries and UNICEF worked closely to mainstream violence against children into existing national strategies, action plans and budgets related to gender-based violence. This helped to increase the visibility of the study, increase comprehension of the need for integrated approaches across a broad range of government stakeholders, and lay the foundations for better coordination of prevention and response efforts around violence both nationally and sub-nationally. The approach prioritized national ownership and a multi-sectoral response, which greatly enhanced the process. The CVACS aligned with the Government's commitment to the Convention on the Rights of the Child and other international human rights instruments and the national survey supports government efforts to translate international commitments into national action.

A key capacity building opportunity for the steering committee was a study tour to Tanzania, which provided delegates with first-hand experience and a deeper understanding of implementing and delivering a nationally representative study on violence against children, as well as insights into the development of follow-up actions and programmes.

Technical working groups provided a constructive strategy for representatives of the steering committee to apply their specific areas of expertise at relevant stages in the process. Four technical working groups focused on sample design, questionnaire review, response plan, and monitoring and follow up, and were guided by the steering committee (Figure 2.1).

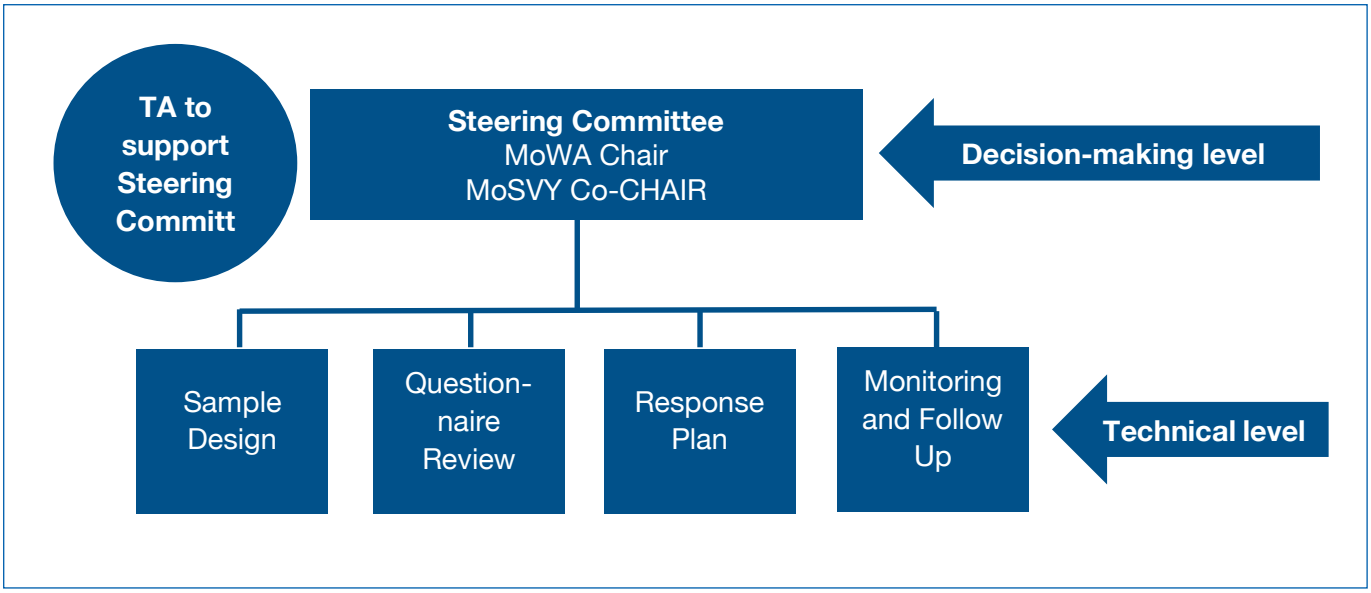



**Figure 2.1: Structure for the violence against children survey in Cambodia**

### 2.1.1. Survey Questionnaire Development

The questionnaire had two components: a short demographic survey of the head of household and a comprehensive survey including questions about childhood violence asked of 13- to 24-year-old female or male respondents. The questionnaire was developed using questions from previous international and national surveys.[5]

The questionnaire was translated into and administered in Khmer and took approximately 60 minutes to conduct with each participant. Consultation with key informants from Cambodia and input from stakeholders participating in the Technical Working Group on Questionnaire Development, who were 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 steering committee and technical working groups examined the questionnaires and other survey tools in detail for accuracy and cultural relevance. The pilot was conducted and provided an opportunity to ensure that the intent of questions was consistent after translation and appropriate for the Cambodian context.

### 2.1.2. Ethical Review

WHO guidelines on the safety and ethics in studies of violence against women were adhered to in this national survey. The National Ethics Committee for Health Research by the National Institute of Statistics of the Ministry of Planning (NIS/MoP) and the CDC's Institutional Review Board, which safeguards the human rights and welfare of research subjects, independently reviewed and approved the study. In-country ethical approval was achieved within one week as a result of clear government leadership and ownership of the research, as well as broad representation of eight line ministries and the thorough preparation process.

According to the WHO guidelines, it was important that the survey not be introduced into the household and wider community as a survey on violence. Instead, it should be framed as a study on health and life experiences. This guideline was modified for violence research involving children taking into consideration not only the risk of retaliation against children but also the rights of parents or primary caregivers to know what their children are being exposed to in the survey. As such, the initial parental/primary caregiver consent mentioned "community violence" as part of a list of broad topics that were included in the survey, such as access to health services and education, in order to obtain permission to speak with the study respondent while also informing parents or primary caregivers that sensitive topics were included in the survey. No reference was made to violence that may be occurring in the home or being perpetrated by the head of household or other household members.

### 2.1.3. Supervisor and Interviewer Training and Selection

A total of 14 teams (eight male and six female teams) composed of four to six interviewers and one supervisor collected the data. Given the split sample survey design, supervisors and interviewers were the same gender as the participants that were interviewed. Supervisors were more experienced and typically older than interviewers. Supervisors were recruited

5 E.g., Cambodia Demographic and Health Survey; National Intimate Partner and Sexual Violence Surveillance System; The Child Sexual Assault Survey; Longitudinal Studies of Child Abuse and Neglect; ISPCAN Child Abuse Screening Tool; HIV/AIDS/STD Behavioural Surveillance Surveys; Youth Risk Behaviour Survey; National Longitudinal Study of Adolescent Health; WHO Multi-country Study on Women's Health and Domestic Violence Against Women; Behavioural Risk Fact Surveillance System; Hopkins Symptoms Checklist; and ISPCAN Child Abuse Screening Tool.

based on their experience with large surveys, experience working with computers, management experience, and/or counselling experience. They were required to be professional, committed to maintaining the survey protocol procedures and respectful towards interviewers, respondents and community members.

Based on advice from implementing similar studies in other countries, priority was given, where possible, to candidates with some background in health care, social science or counselling, with at least a secondary education, and to those who had previous experience conducting surveys. Furthermore, interviewers selected were those who looked physically young (and were mostly under 32 years old) so that respondents felt that they were sharing sensitive information with someone who was more likely to be seen as a peer rather than an authority figure. Most important, however, was the attitude of candidates, which was required to be friendly and eager to learn, respectful, responsive to directions, committed to following the protocol, and able to establish a supportive interview environment. All staff received training before conducting the survey. Specifically, supervisors received 11 days of training in November 2012, in addition to participating in the two-day pilot study, and assisted with the 15-day training of the interviewers and live practice data collection. Interviewers were trained over 15 days in January 2013, including field practice. The training sessions covered the following topics:

- background on the purpose of the study and on data collection and design
- a participatory review of the questionnaire and practice interview techniques in class, including role playing
- sampling procedures and assignment of sampling areas
- procedures for and importance of maintaining confidentiality
- sensitivity toward study subjects
- importance of securing and maintaining privacy during the interview
- referral services and procedures
- identification and response to adverse effects
- interviewer safety as well as referral services and procedures for the interviewers
- quality assurance and quality control of data
- human subjects research protection
- electronic data collection procedures

While CDC and NIS led the technical sessions, NGOs led sessions on:

- beliefs and facts about violence against children
- child development and the needs of children
- violence against boys and young men
- the impact and indicators of abuse
- how to communicate with children
- talking about violence and sex
- vicarious trauma and self-care

Years of social work experience in Cambodia meant that the two NGOs — Social Services of Cambodia and First Step Cambodia — fully understood the issues and cultural context in which the survey took place. One of the NGOs was part of the technical working group on the response plan and both NGOs regularly attended steering committee meetings and were therefore familiar with the study process and trusted and respected by government partners. The NGOs were also responsible for implementing the response plan developed by the Technical Working Group on Response Plan, led by MoSVY and approved by the steering committee. UNICEF played a critical role in ensuring a balance between the need for technical adherence and accuracy and the need to adjust to the local context, capabilities and realities.

### 2.1.4. Supervisor and Interviewer Roles and Responsibilities

The supervisors were responsible for making contact with village chiefs/community leaders, locating the selected households from the mapping and listing, introducing the survey to the selected households, supervising the interviewers and aggregating their team's survey data. Additionally, they provided daily progress updates, communicated with NIS field supervisors and served as the point of contact to activate the response plan when respondents requested professional assistance and/or counselling. The interviewers were responsible for completing consent forms, conducting the interviews, identifying respondents who requested professional assistance and/or counselling and offering the list of services as indicated by the response plan protocol.

## 2.2. Pilot

Prior to the implementation of the national household survey in Cambodia, a pilot test of the survey was conducted in four communities (two rural and two urban) that were not part of the official survey. In addition to testing the survey instrument itself, the pilot enabled testing of the survey procedure for randomly selecting households and survey participants, as well as the procedures for providing support to the respondents. After pilot testing, a number of changes were made to the female and male questionnaires.

## 2.3. Fieldwork

Fieldwork was conducted by NIS between 10 February 2013 and 22 March 2013.

### 2.3.1. Timing and Selection of Households and Respondents

First, a household census was performed listing the age and gender of each person in the household. All households were eligible for the household questionnaire, which collected basic socio-economic information and consent was obtained (see below). If the household contained an eligible respondent (male/female based on the gendering of the selected primary sample unit aged 13 to 24 years) the household was eligible for both the household and respondent questionnaire and consent was obtained (see below).

Feedback from survey teams showed that interviews in Cambodia were mainly conducted early in the morning (around 6 a.m.), during lunchtime or in the evening when respondents had returned from school or work. Few interviews took place outside these times. The household questionnaire took about 25 minutes to complete depending on household characteristics. The respondent questionnaire took up to an hour and half when violence was disclosed and up to two hours when a respondent found the interview challenging or upsetting, and needed additional time to explain their experiences.

### 2.3.2. Data Collection Procedures

To protect respondent confidentiality, it was important that the specific content of the survey that pertained to violence was not disclosed to community members or authority figures. Each survey team carried a letter of service order, signed by the senior minister of planning, which listed all survey team members and their roles and briefly described the survey details such as dates and locations, general reference to the survey on life experience of young people, and method of transport. This letter was used to gain signed approval from provincial authorities (and district and commune authorities, where necessary) in order to access villages. Upon entering a village, the first point of contact for survey teams was the village chief (or deputy village chief) who assisted with identifying and introducing the interviewers to households. According to survey teams, this approach made it easier to locate and access families, who were reassured to participate in the survey due to the presence of the village chief.

### 2.3.3. Field Quality Control Checks

Fieldwork was monitored on an ongoing basis by a working group led by NIS, MoWA, MoSVY, UNICEF and CDC. This was important for the general quality of data collection, but also essential as Cambodia was the first country to use electronic notepads to implement the survey. In general, spot checks by international staff from UNICEF Cambodia and CDC were limited in order not to draw attention to the survey teams and bring about more interest and questions about the survey, which would increase the chance of the specific focus of the survey on violence against children being divulged and thus increase the risk to respondents.

## 2.4. Ethical Considerations

### 2.4.1. Privacy and Confidentiality

Interviews were completed in private spaces in and around the homes of respondents, or if this was not possible, in public spaces such as a school or a pagoda, or private spaces outdoors. Privacy and confidentiality were the biggest concerns, both to protect individual respondents and to increase the likelihood that respondents would feel comfortable enough to disclose their experiences. To facilitate securing a private place, all interviewers were provided with a plastic mat so they could conduct the interview in a location far enough away from others e.g., under a tree in the garden. This proved extremely effective, particularly in rural areas, where some parents raised concerns (due to cases of kidnapping and trafficking) about children being interviewed too far away from home. Interviewers were also trained on strategies to deal with potential interruptions during interviews.

Given the sensitive nature of the survey, confidentiality agreements were signed by interviewers and supervisors, as well as the drivers who accompanied the teams. Drivers often waited around for long periods of time and initiated conversation

with community members or are invited to wait in their homes. Given that drivers were with survey teams for several weeks, it was possible they might have overheard discussions among field teams about the survey or respondents.

### 2.4.2. Informed Consent

After selecting an eligible participant, the interviewer first asked for consent from the head of household to participate in a short survey about the household. This head of household survey contributed to the assessment of the socio-economic conditions of the household. Beyond data collection, an additional purpose of the head of household survey was to provide the head of household an opportunity to participate in the survey.

Having gained parental or caregiver consent, an eligible female or male, selected in the female or male enumeration area respectively, was then read the contents of an initial information form that introduced the survey as an opportunity to learn more about young peoples' health, educational and life experiences in Cambodia by a trained female or male interviewer. Both males and females were informed through the initial information form that participation was completely voluntary. At the end of the initial information form, verbal assent to provide more information about the study was obtained from each participant.

The trained interviewer obtained informed assent in the households where the selected respondent was a minor (13–17 years old). Once the interviewer and respondent ensured privacy, the trained interviewer read the contents of a verbal assent form.

### 2.4.3. Referrals (Response Plan)

There is evidence that the majority of adult women find that talking about their experiences of violence is beneficial and appreciate having the opportunity to be asked questions about it.[45-51] In addition, there is some evidence that adolescents and young adults are willing to talk about their experiences of abuse under a supportive structure.[52] Nevertheless, respondents may recall frightening, humiliating or painful experiences, which may cause a strong emotional response. Therefore the protocol ensured that a response plan was developed and implemented. If a respondent became upset during the interview (e.g., tearful or angry), disclosed any form of abuse and or maltreatment, or indicated that he or she did not feel safe in their current living situation, an appropriate referral was made. No services were forced upon any respondent who did not wish to report abuse, and all referral information was kept strictly confidential.

All respondents were provided a list of local and national services regardless of whether experiences of violence were reported. To ensure the nature of the survey would not be revealed to non-respondents, the list did not include services necessarily associated with violence, although such services were embedded in the general list. Interviewers were instructed to indicate to respondents which organizations and agencies provided services and support specifically for children and adults affected by violence.

The Response Plan was developed by the Technical Working Group on Response Plan, led by MoSVY in close collaboration with Social Services Cambodia and First Step Cambodia and approved by the steering committee. A total of 26 referrals were made by survey teams during the course of fieldwork (Figure 2.2). Not all teams made a referral (five of six female teams and two of eight male teams); 24 of 26 referrals involved females; and one female team made significantly more referrals than any other team.

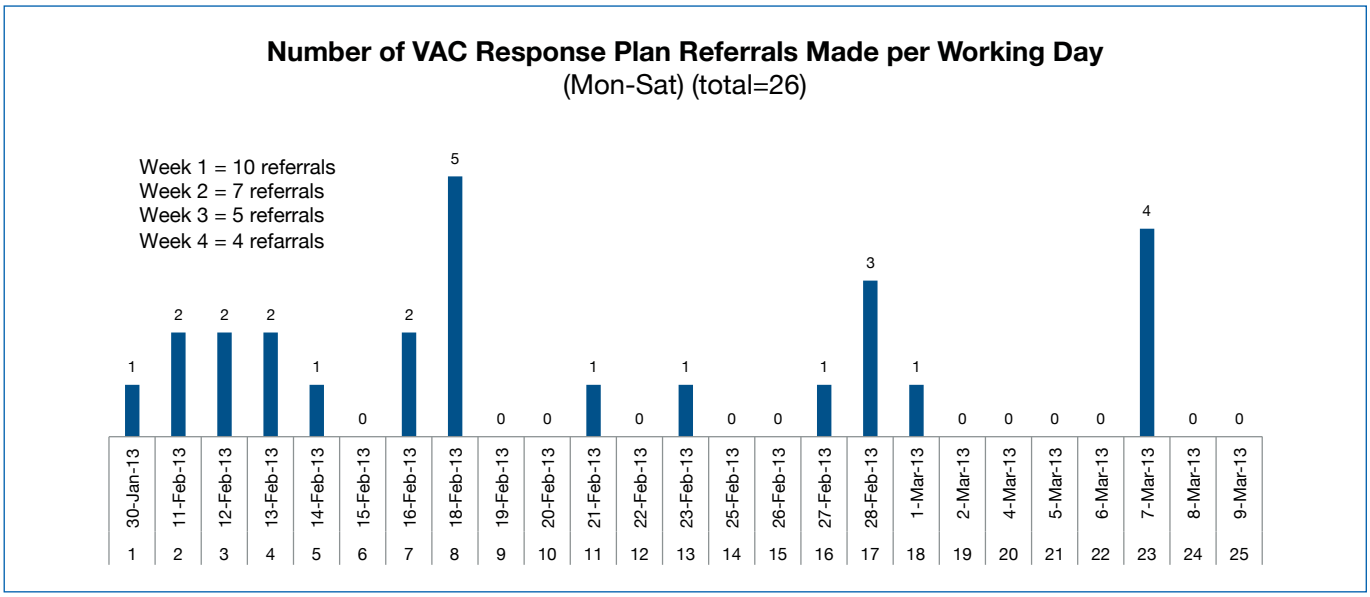



**Figure 2.2: Number of referrals made during fieldwork**

A combination of telephone counselling and outreach by social workers was offered depending on the respondent's preferences. All respondents who requested face-to-face support were reached within 48 hours. No acute cases—a respondent who self-identifies as being in immediate danger—were identified. It was, however, planned to assess these cases on a case-by-case basis, in collaboration with MoSVY and relevant authorities, in order to best respond to the individual situation. MoSVY and its provincial counterparts also made the necessary arrangements to accommodate cases where a respondent under the age of 18 needed to be removed from home or placed in a temporary shelter, however, such cases were also not identified. Referral to counselling and social work services was offered to respondents at the time of interview, however UNICEF, government and the implementing NGOs ensured that counselling and social work services continued, as necessary, once fieldwork was completed. Social workers also made every effort to refer the respondent to additional government or NGO health, education, legal and other services, as appropriate and available.

## 2.5. Study Design and Sampling

### 2.5.1. Study Design

The CVACS 2013 was a cross-sectional household survey of 13- to 24-year-old females and males that was designed to produce national estimates. Cross-sectional surveys reflect a representative randomly selected subset of the population, at one specific point in time, providing estimates of indicators of interest at an acceptable level of precision by age group and other socio-demographic factors.

In the CVACS, the 13 to 24 age group was disaggregated into two age sub-groups for most of the analysis: a 13 to 17 age group and an 18 to 24 age group. Lifetime estimates of violence during childhood were based on responses from participants aged 18 to 24 reporting on their experiences prior to the age of 18. The 13 to 17 age group yielded information on events occurring in the past 12 months (current estimates of violence against children). Additionally, because of limited sample size, lifetime data for the 13 to 17 age group are also presented.

The national household survey using a four-stage cluster sample survey design was conducted between December 2012 and March 2013. 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 two, enumeration areas known as EAs—the primary sampling unit (PSU) 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) and one EA was randomly selected from each of the 225 sampled villages. In stage three, a fixed number of 25 households were selected by equal probability systematic sampling from each selected EA. In stage four, one eligible respondent (female or male depending on the EA) was randomly selected from the list of all eligible respondents (females or males) aged between 13 and 24 in each household and administered the questionnaire.

### 2.5.2. Sampling Frame

The sampling frame was originally compiled by NIS 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 approach was used. This means that the survey for females was conducted in different EAs than the survey for males. The split sample approach served to protect the confidentiality of respondents and eliminate 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 eliminated the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed.

### 2.5.3. Sampling Size Calculation

As a national household survey of females and males aged 13 to 24, the implementers anticipated completing interviews with 1,008 females and 1,008 males based on required sample size and consideration of response rates described below. The sampling strategy involved selecting villages—the PSU and EAs—and a second sampling unit based on geopolitical units. The EA represents a province-district-commune-village-rural/urban area in Cambodia. The updated sampling frame file provided by NIS consisted of 28,761 EAs containing 14,172 villages and 2,836,596 households and 14,478,658 persons. As part of a globally standardized methodology, CVACS followed the recommendation that the geopolitical area units should generally contain between 250 and 500 households and at least 1,000 geopolitical units be in the frame.

## 2.6. Data Quality, Weighting and Analyses

### 2.6.1. Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling in order to represent the total population. VACS uses a three-step 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.

Base weights were calculated that were inversely proportional to the overall selection probabilities for each sample respondent (step 1). Calculations in this stage included probabilities of selection of EAs, selection of households, gender specification and selection of eligible individuals.

In step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix B includes Table B2 showing household and individual response rates). In this step, non-response adjustments were made for non-responding EAs, non-responding households and non-responding respondents. There were no non-responding EAs in either the male or female datasets so no PSU-level non-response adjustment was necessary. The household-level non-response adjustment was performed by using weighted data by urbanization and EA. For the person-level non-response adjustment, weighting cells were formed taking into account urbanization, age group (13-17 or 18-24) and sex. In the VACS protocol, it is recommended that any household- or person-level non-response adjustment component that exceeds 3.0 should be set to 3.0. For the 2013 CVACS, there were no values larger than 3.0 in either the household-level and the person-level adjustment factors for non-response.

In the final stage of the weighting process (step 3), calibration adjustment was done to adjust weights to conform with NIS 2012 population projections distributed by urbanization, age group (13-17 or 18-24) and sex. These variables were used to form weighting cells. Appendix B tables B7 and B8 present the post-stratification calibration adjustment factors for female and male EAs.

### 2.6.2. Response Rates

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), giving individual response rates for females of 93.7% and for males of 92.1%.

A total of 5,625 households were visited during the study. The households visited for each of the two groups were 2,650 for females and 2,975 for males. The household response rates were 97.2% for females and 97.7% for males.

The combined household and individual response rates provide an overall response rate for females of 91.0% and for males of 89.9%. Appendix B includes a table showing household and individual response rates.

### 2.6.3. Quality Control and Data Management

Cambodia was the first country to use notepads for electronic data collection in VACS. Given the complexity of the skip patterns and logic sequencing (to route the respondent to the logical sequence of questions based on respondent response), the electronic data collection eliminated routing errors, reduced training needs on skip pattern sequencing and significantly reduced data entry errors.

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

### 2.6.4. Analysis of Data

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.

## 2.7. Technical Notes to Reader

### 2.7.1. Interpreting Weighted Percentages and 95% Confidence Intervals

Because the results presented in this report are based on a sample rather than a census, there is a degree of uncertainty and error associated with the estimates. Sampling weights were created (see above details) and applied to each individual record to adjust for the probability of selection, differential non-response and calibration to the census population. The CVACS analysis file includes a variable representing the final weight (FINALWGT) and a variable representing the basic

sample design (PSU and STRATA) on each individual record. All analysis should be conducted using a statistical software package (e.g., R, SAS 9.2/9.3; SPSS v18, STRATA) that contains complex sample procedures that incorporate the FINALWGT, PSU and STRATA. By using the appropriate software that takes into account the complex sample design, accurate standard errors can be produced for each estimate.

### 2.7.2. Differences Between Weighted Estimates

The method used in this report to statistically 'test' for differences between groups was to compare confidence intervals (CI) for point estimates to determine whether they overlapped or not. For all point estimates, CIs were calculated. For the purpose 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.

### 2.7.3. Definition of Unstable Estimates

For VACS, estimates based on responses from fewer than 25 respondents are considered unstable. An asterisk, or *, is displayed in tables in place of all unstable estimates.

### 2.7.4. Treatment of Missing Data

When calculating the national estimates for most measures, missing values were excluded from the analysis.

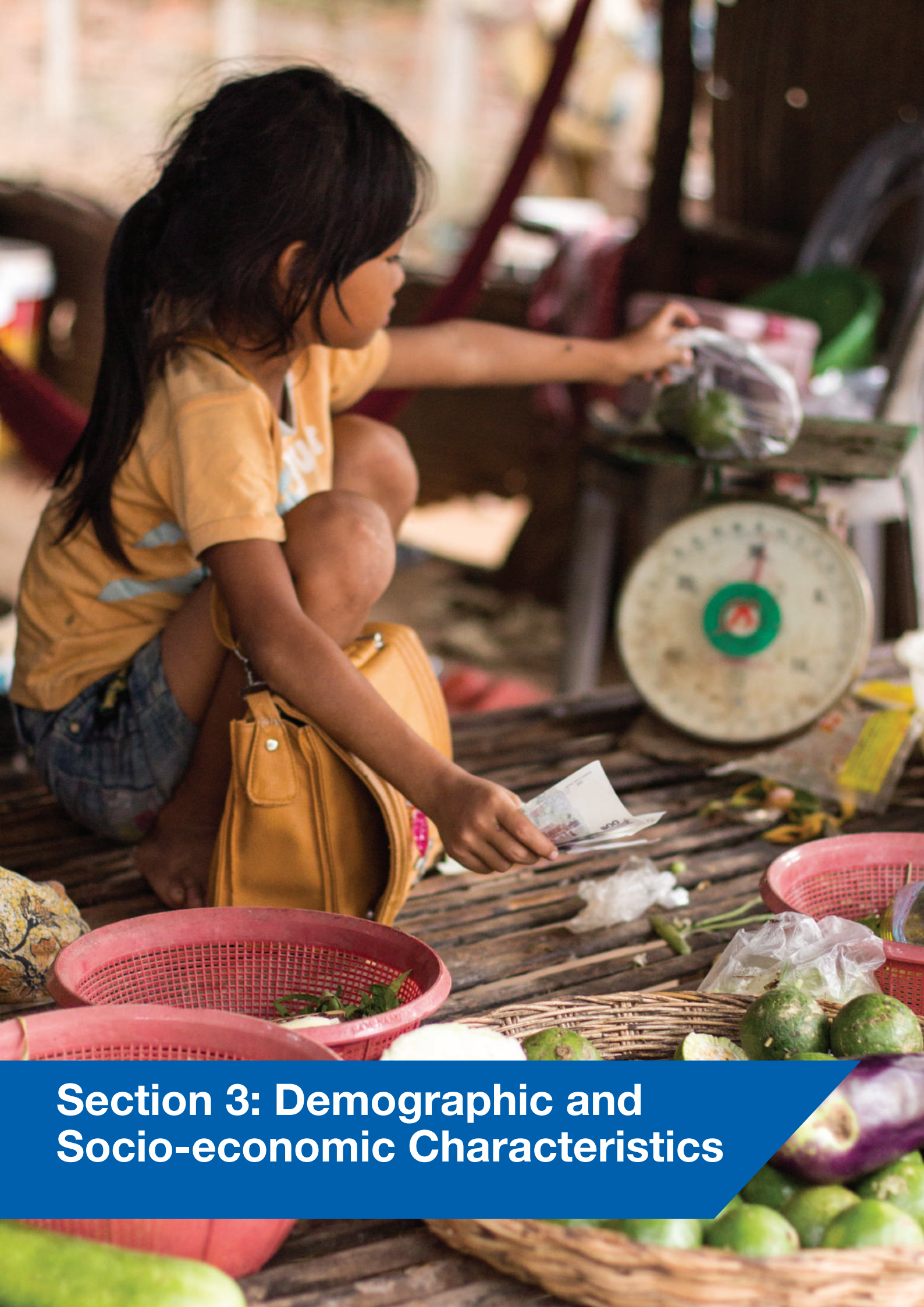
## 2.8. Qualitative research

In addition to the national survey, the process implemented qualitative research to inform and generate a better and more in-depth understanding of the quantitative findings of the CVACS with a focus on the disclosure of violence. The qualitative component took place over approximately two weeks in November 2013 and had three objectives:

- To identify obstacles and enabling factors related to the disclosure of sexual and physical violence from the perspective of children and young people
- To explore personal boundaries and perceptions of children and young people in terms of physical and sexual violence
- To assess help-seeking behaviour and preferences of children and young people in terms of information and services that respond to VAC

A comprehensive methodology was prepared and implemented, including research tools specifically designed to respond to the objectives and consent processes and a response plan drawn from the quantitative research phase (Appendix C).

The qualitative findings shown throughout the report are meant to add to understanding the context in which the quantitative findings are presented, however cannot be directly compared.



# Section 3: Demographic and Socio-economic Characteristics

# 3. Demographic and Socio-economic Characteristics

**Overview**

- **A total of 2,376 respondents (1,121 females and 1,255 males) aged 13 to 24 participated in the CVACS 2013**
- **The majority had attended school, but 1 in 22 females (4.2%) and 2.7% of males had never attended school**
- **Three quarters of females and males aged 13 to 17 who had ever attended school were currently attending at the time of the survey**
- **Approximately 1 in 12 females and 1 in 100 males aged 18 to 24 who were ever married or lived with someone as if married, were first married or living with someone as if married, prior to age 18**
- **Among those aged 13 to 17, about 4 in 10 of both females and males reported ever working for money or goods**

This section describes selected demographic characteristics of survey respondents aged 13 to 24 and their households. These characteristics include distributions for sex, age, education status, orphan status, food intake, marital status, working for money or goods, household composition and household economics.

## 3.1. Gender and Age Distribution

Overall, 1,121 females and 1,255 males aged 13 to 24 years participated in CVACS (a total of 2,376) (Table 3.1). Among female participants, 44.2% were aged 13 to 17 years and 55.8% were aged 18 to 24 years. Among males, 46.8% were aged 13 to 17 years and 53.2% were aged 18 to 24 years.

**Table 3.1: Per cent distribution of female and male respondents by age group (Appendix A, Table A1) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Age Group** | | |
| 13-17 years old | 44.2 (41.0 - 47.4) | 46.8 (43.1 - 50.4) |
| 18-24 years old | 55.8 (52.6 - 59.0) | 53.2 (49.6 - 56.9) |

§ 95% confidence interval

## 3.2. Education

Approximately one third of females and over 40% of males had completed primary school (34.7% and 41.5%, respectively) (Table 3.2). One in five females (21.0%) and one in six (16.7%) males had completed secondary school. More than 1 in 10 females (12.6%) and less than 1 in 20 males (3.3%) had completed higher education. One in 22 (4.2% of) females and 2.7% of males had never attended school.

**Table 3.2: Per cent distribution of female and male respondents by education status (Appendix A, Table A2) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Age Group** | | |
| Never attended school | 4.2 (2.7 - 5.7) | 2.7 (1.6 - 3.8) |
| Less than primary school | 27.6 (22.8 - 32.4) | 35.8 (31.3 - 40.2) |
| Primary school | 34.7 (31.3 - 38.1) | 41.5 (37.9 - 45.1) |
| Secondary school | 21.0 (17.5 - 24.4) | 16.7 (13.6 - 19.8) |
| Higher than secondary school | 12.6 (9.1 - 16.0) | 3.3 (1.4 - 5.3) |

§ 95% confidence interval

Approximately three quarters of 13 to 17 year olds who had ever attended school were currently attending school at the time of the survey (Figure 3.1): 72.4% of females and 73.4% of males. Among the 18 to 24 year olds who had ever attended school, males were almost twice as likely as their female counterparts to be attending school at the time of the survey (38.1% and 19.8%, respectively). Across both age ranges, under half of females and over half of males were in school at the time of the survey among those who had ever attended school (43.6% and 54.7%, respectively).

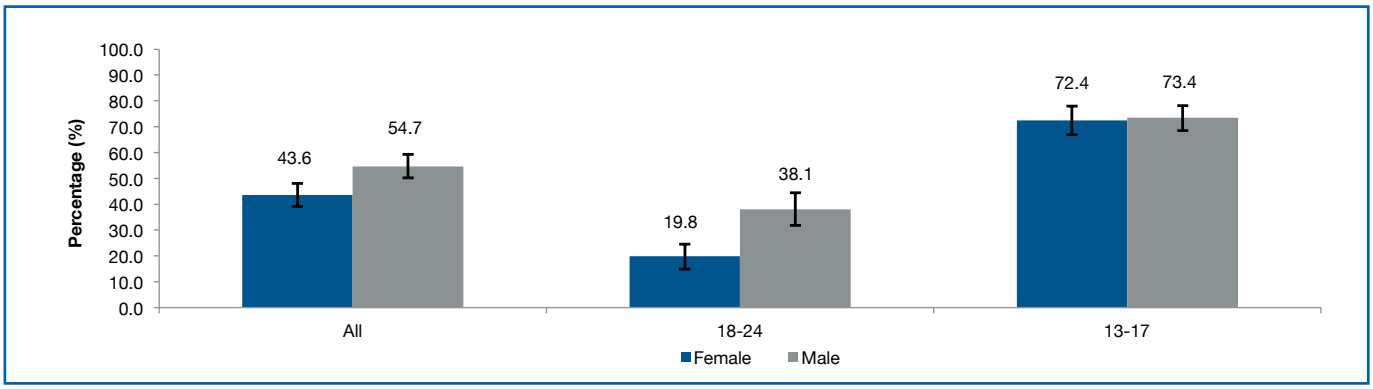



**Figure 3.1: Per cent distribution of female and male respondents currently attending school (Appendix A, Table A3) – Cambodia VACS, 2013**

## 3.3. Age of Head of Household

The head of the household, or the person who makes the majority of economic and family-related decisions in the household, was most commonly between the ages of 31 and 50 for both females and males (51.4% and 55.7%, respectively) (Table 3.3).

**Table 3.3: Per cent distribution of female and male respondents by age of head of household (Appendix A, Table A4) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Reported Head of Household Age** | | |
| <=18 | 0.0 (0.0 - 0.1) | 0.0 (0.0 - 0.0) |
| 19-30 | 7.7 (5.9 - 9.6) | 4.0 (2.8 - 5.2) |
| 31-50 | 51.4 (48.0 - 54.8) | 55.7 (52.1 - 59.3) |
| 51+ | 40.8 (37.1 - 44.6) | 40.3 (37.0 - 43.6) |

§ 95% confidence interval

## 3.4. Marital Status

Significantly more females than males from both age groups reported ever being married or living with someone as if married (Table 3.4). Among those aged 13 to 17 years low proportions of females and males (2.6% and 0.7%, respectively) reported ever being married or living with someone as if married. In Cambodia, marriage is not legal before the age of 18 for females and 20 for males without parental consent. Among those aged 18 to 24, 39.9% and 16.1% of females and males respectively, reported ever being married. Approximately 8% of females and 1% of males aged 18 to 24 who were ever married or lived with someone as if married, were first married or living with someone as if married, prior to age 18 (7.6% and 1.0%, respectively).

| Table 3.4: Per cent distribution of male and female respondents by marital status (Appendix A, Table A5) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females (n=1121) | | Males (n=1255) | |
| | n | % (95% CI§) | n | %(95% CI) |
| **Ever Been Married or Lived with Someone as if Married** | | | | |
| 13-17 years old | 517 | 2.6 (0.7 - 4.5) | 642 | 0.7 (0.0 - 1.4) |
| 18-24 years old | 599 | 39.9 (34.3 - 45.6) | 613 | 16.1 (12.9 - 19.4) |
| **Ever Married or Lived with Someone as if Married prior to age 18 (18-24 year olds)** | | | | |
| 18-24 years old | 599 | 7.6 (5.3 - 9.9) | 613 | 1.0 (0.1 - 1.8) |

§ 95% confidence interval

## 3.5. Household Economic

In order to understand the socio-economic resources of the households in which respondents lived, the head of the household was asked about their household economics. The questions were asked of the heads of households because of their presumed knowledge of these resources.

Table 3.5 and Appendix A, Table A6 show that around half of females and males lived in households with access to electricity (56.8% and 49.2%, respectively). Close to 9 in 10 households reported owning a mobile phone and about one in six households reported owning a non-mobile phone. Around three-fourths reported owning a television. Males were significantly more likely than females to live in households owning a radio (37.3% and 46.7%. respectively). Few households reported owning a refrigerator.

Bicycles and motorcycles were the predominant family-owned modes of transportation. Around two thirds of households reported owning land that could be used for agricultural purposes and close to two thirds reported owning livestock or farm animals.

| Table 3.5: Per cent distribution of household economic resources by female and male respondents (Appendix A, Table A6) – Cambodia VACS, 2013 | | |
|---|---|---|
| | Females (n=1120) | Males (n=1244) |
| | % (95% CI§) | %(95% CI) |
| **Household Effects** | | |
| Electricity | 56.8 (49.2 - 64.5) | 49.2 (42.1 - 56.3) |
| Radio | 37.3 (33.5 - 41.0) | 46.7 (43.0 - 50.5) |
| Television | 72.2 (67.3 - 77.1) | 73.9 (69.7 - 78.2) |
| Mobile Phone | 88.8 (86.4 - 91.2) | 89.2 (87.0 - 91.3) |
| Non-Mobile Phone | 16.8 (13.5 - 20.0) | 15.4 (12.3 - 18.5) |
| Refrigerator | 9.4 (6.4 - 12.5) | 7.4 (4.8 - 10.0) |
| **Family-Owned Modes of Transport** | | |
| Bicycle | 73.0 (68.6 - 77.4) | 79.4 (75.9 - 82.9) |
| Motorcycle | 68.6 (63.7 - 73.6) | 68.4 (63.9 - 72.8) |
| Animal Drawn Cart | 16.0 (11.5 - 20.6) | 16.1 (12.3 - 19.9) |
| Car or Van | 8.2 (5.6 - 10.9) | 7.3 (5.1 - 9.6) |
| Hand Tractor | 12.0 (8.0 - 16.1) | 15.5 (11.5 - 19.4) |
| **Land and Livestock Ownership** | | |
| Own land for agricultural purposes | 65.4 (60.3 - 70.5) | 71.8 (66.9 - 76.6) |
| Own livestock or farm animals | 63.8 (58.3 - 69.3) | 64.0 (58.9 - 69.1) |

§ 95% confidence interval

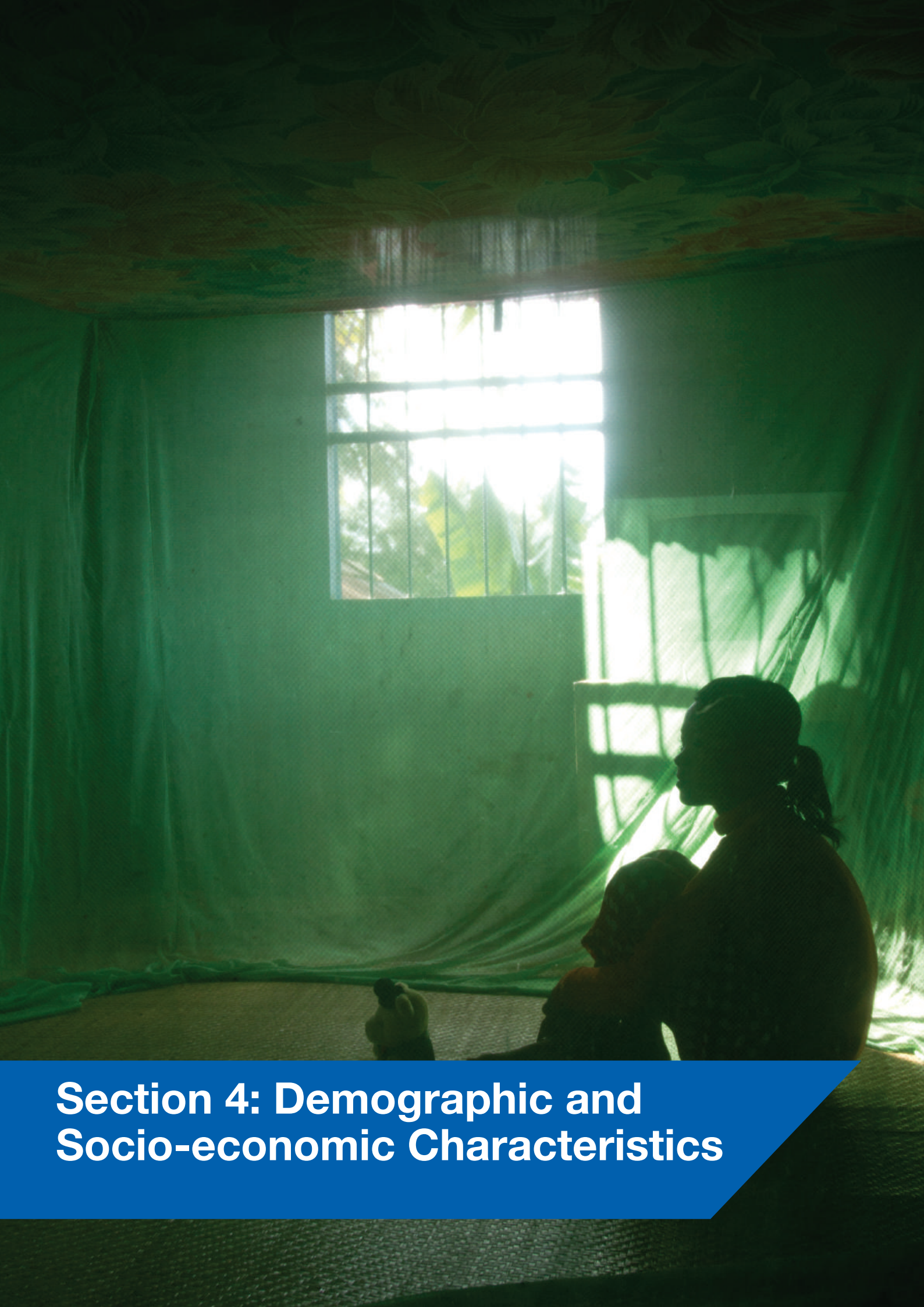
## 3.6. Working for Money or Goods

Among those aged 18 to 24, similar proportions of females and males (66.6% and 67.5%, respectively) reported ever working for money or goods (Table 3.6). Among those aged 13 to 17 in the sample, slightly more females than males (41.7% and 37.2%, respectively) had ever worked for money or goods.

**Table 3.6: Per cent distribution of female and male respondents by work status (Appendix A, Table A7) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Ever Worked for Money or any other payment** | | | | |
| 13-17 years old | 522 | 41.7 (35.8 - 47.6) | 642 | 37.2 (32.2 - 42.2) |
| 18-24 years old | 598 | 66.6 (61.4 - 71.8) | 611 | 67.5 (62.5 - 72.6) |

§ 95% confidence interval



# Section 4: Demographic and Socio-economic Characteristics

# 4. The Prevalence of Childhood Sexual Violence

**Overview**

- **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 who had sexual intercourse as a child, 1 in 4 females (24.2%) and 1 in 11 males (8.9%) aged 18 to 24 reported that the first incident of sexual intercourse was unwanted**
- **Among those aged 18 to 24 years who experienced sexual abuse prior to age 18, almost 7 in 10 females and 9 in 10 males experienced multiple incidents of sexual abuse**
- **Almost 1 in 10 females and males experienced non-contact sexual violence among those aged 13 to 17 years**

This section describes the prevalence of sexual violence against children in Cambodia. The most common ages at which sexual violence occurs for females and males, as well as the types of sexual violence experienced by children, are also highlighted.

## 4.1. Sexual abuse experienced prior to age 18

Sexual violence is any sexual act that is perpetrated against someone's will. In this survey, respondents were asked about sexual violence that included sexual abuse, sexual exploitation and non-contact sexual violence.
Respondents were asked about four types of sexual abuse:

- unwanted touching in a sexual way: 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:
- 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 nonphysical 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.

Among 18 to 24 year olds, there was no significant difference between the per cent of female (4.4%) and males (5.6%) who experienced any type of sexual abuse prior to age 18 years (Figure 4.1).

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 4.1).

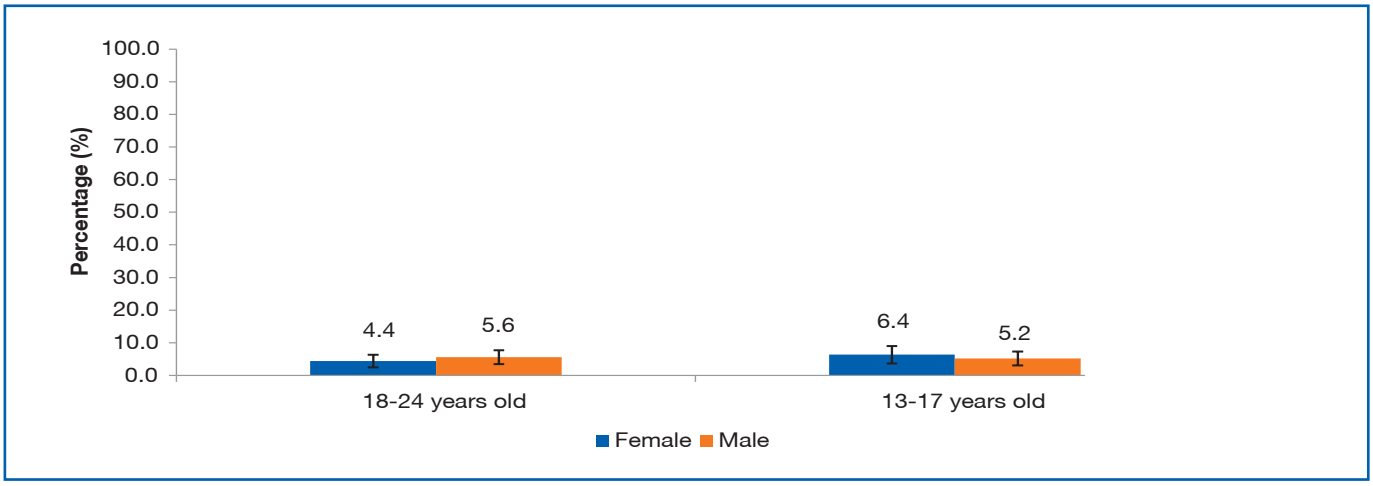



**Figure 4.1: Sexual abuse experienced prior to 18, as reported by 18-24 and 13-17 year olds (Appendix A, Table A8) – Cambodia VACS, 2013**

## 4.2. Sexual abuse against children in the past 12 months (13-17 year olds)

Examining experiences of sexual abuse in the year before the survey among 13 to 17 year olds contributes to understanding the current pattern and context of violence in Cambodia.

Three per cent of females and less than 1% of males aged 13 to 17 reported at least one incident of sexual abuse in the 12 months prior to the survey (Figure 4.2). Females aged 13 to 17 reported significantly higher levels of sexual abuse than males in the same age group.

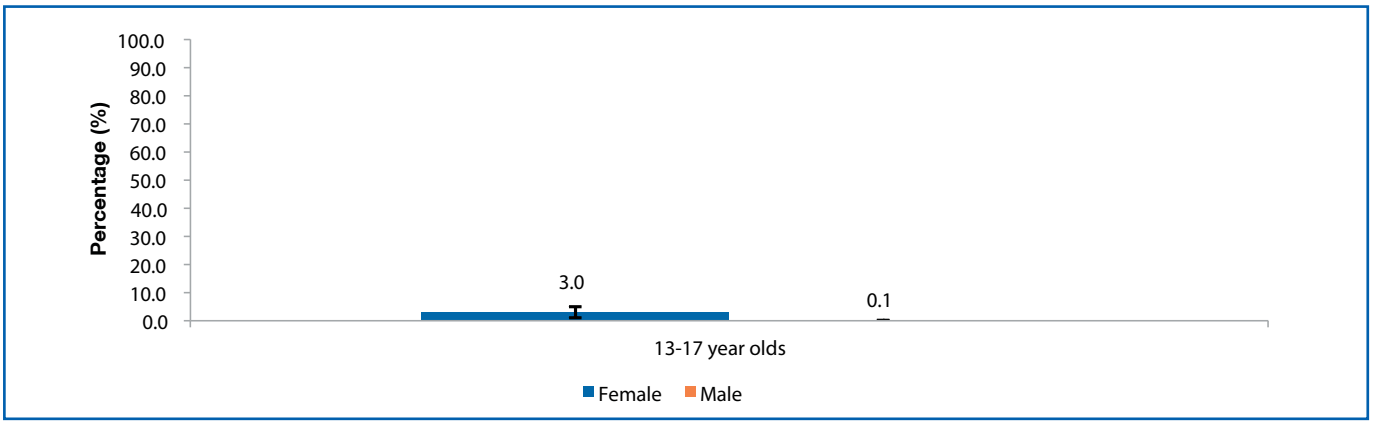



**Figure 4.2: Sexual abuse experienced in the past 12 months, as reported by 13-17 year olds (Appendix A, Table A8) – Cambodia VACS, 2013**

## 4.3. Types of sexual abuse experienced prior to age 18

Figure 4.3 and Figure 4.4 depict the types of sexual abuse experienced prior to age 18 as reported by respondents aged 18 to 24 and 13 to 17, respectively.

The most common type of sexual abuse experienced by both males and females in both age groups was unwanted sexual touching with 5.5% of males and 3.3% of females aged 18 to 24 years and 5.0% of males and 5.9% of females aged 13 to 17 years reporting experiences of unwanted sexual touching before the age of 18. Unwanted sexual touching was followed in frequency of reporting by unwanted attempted sex with 2.5% of females aged 18 to 24 years, 1.2% of females aged 13 to 17 years and 0.5% of males aged 18 to 24 years reporting experiences of unwanted attempted sex prior to age 18, except for males aged 13 to 17 who reported physically forced sex more often (0.5% and 0.3% respectively).

Experience of pressured sex prior to age 18 was reported by less than 1% of respondents: 0.7% of females aged 13 to 17 years; 0.5% of females aged 18 to 24 years; 0.2% of males aged 18 to 24 years; and no males aged 13 to 17 years. Physically forced sex prior to age 18 was reported by 1.5% of females aged 18 to 24, 0.3% of females aged 13 to 17, 0.5% of males aged 13 to 17 and no males aged 18 to 24 years.

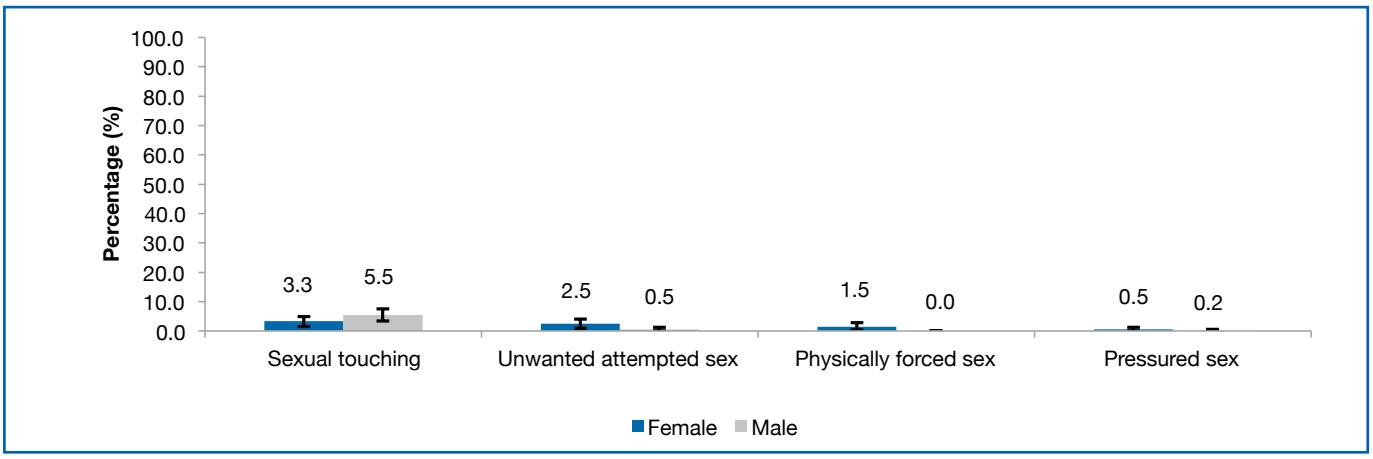



**Figure 4.3: Types of childhood sexual abuse experienced, as reported by 18-24 year olds (Appendix A, Table A9) – Cambodia VACS, 2013**

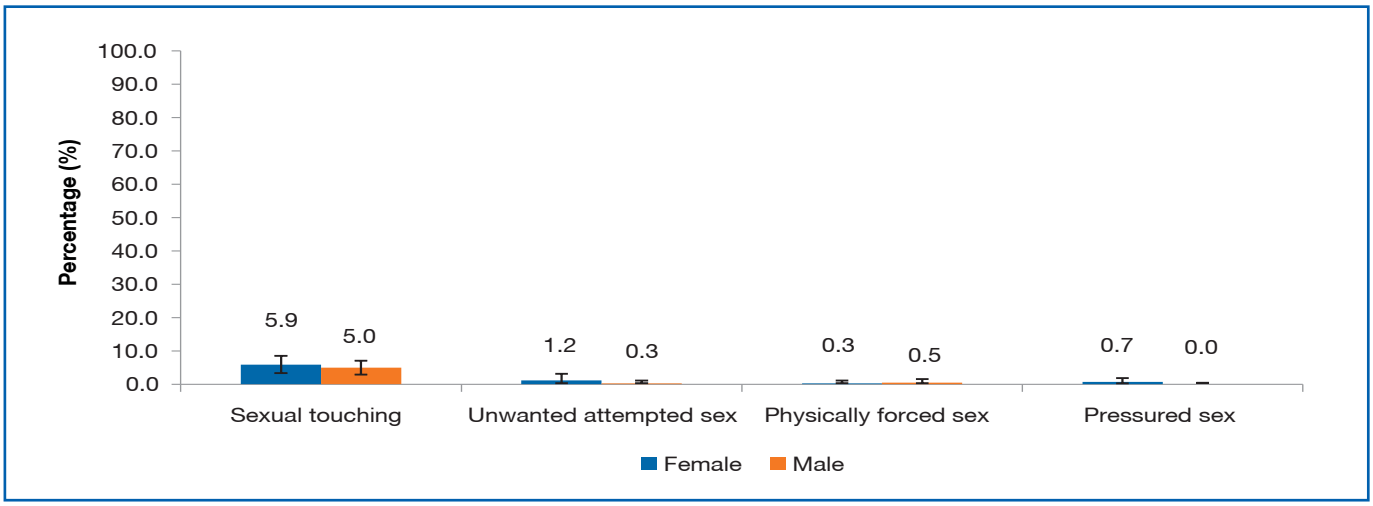



**Figure 4.4: Types of sexual abuse experienced, as reported by 13-17 year olds (Appendix A, Table A9) – Cambodia VACS, 2013**

## 4.4. Types of sexual abuse in the past 12 months (13-17 year olds)

Figure 4.5 depicts the types of sexual abuse reported by respondents aged 13 to 17 in the 12 months preceding the survey. The most common type of sexual abuse experienced by 13- to 17-year-old females and males was unwanted sexual touching (2.0% and 0.1%, respectively). No other types of sexual abuse were reported among males aged 13 to 17 years.

Among females aged 13 to 17, 1.1% reported unwanted attempted sex, 0.3% reported physically forced sex and 0.2% reported pressured sex in the past 12 months (Figure 4.5).

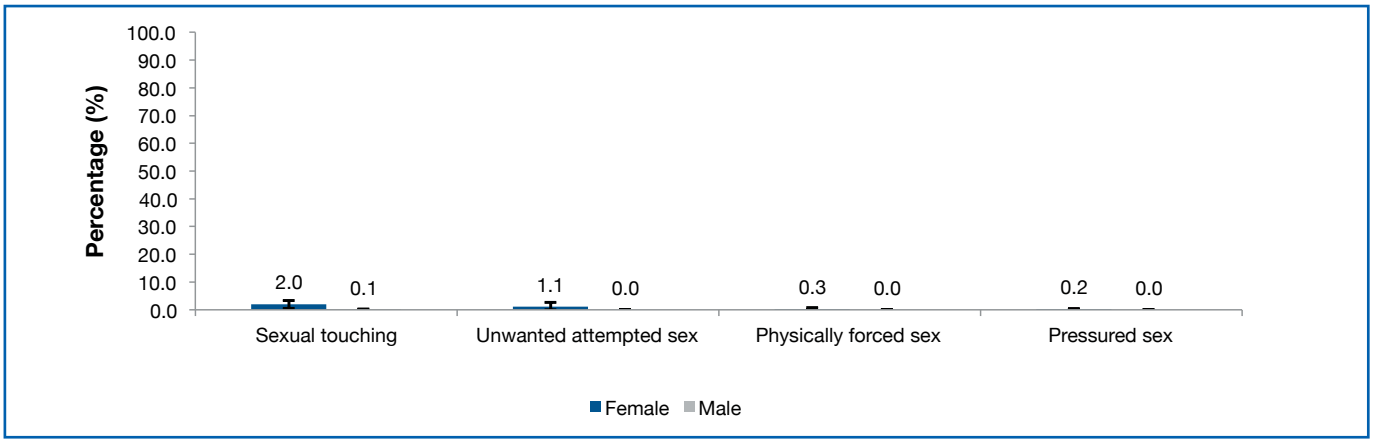



**Figure 4.5: Types of sexual abuse experienced, as reported by 13-17 in the past 12 months (Appendix A, Table A9) – Cambodia VACS, 2013**

## 4.5. Unwanted sexual intercourse prior to age 18

Among those whose first sexual intercourse was prior to age 18, the first experience of sexual intercourse as a child was unwanted for nearly one in four (24.2%) females and almost 1 out of 10 (8.9%) males aged 18 to 24 (Figure 4.6). Due to the small sample size of those aged 13 to 17 who reported to have ever had sexual intercourse, it was not possible to reliably estimate whether or not the first sexual intercourse was unwanted.

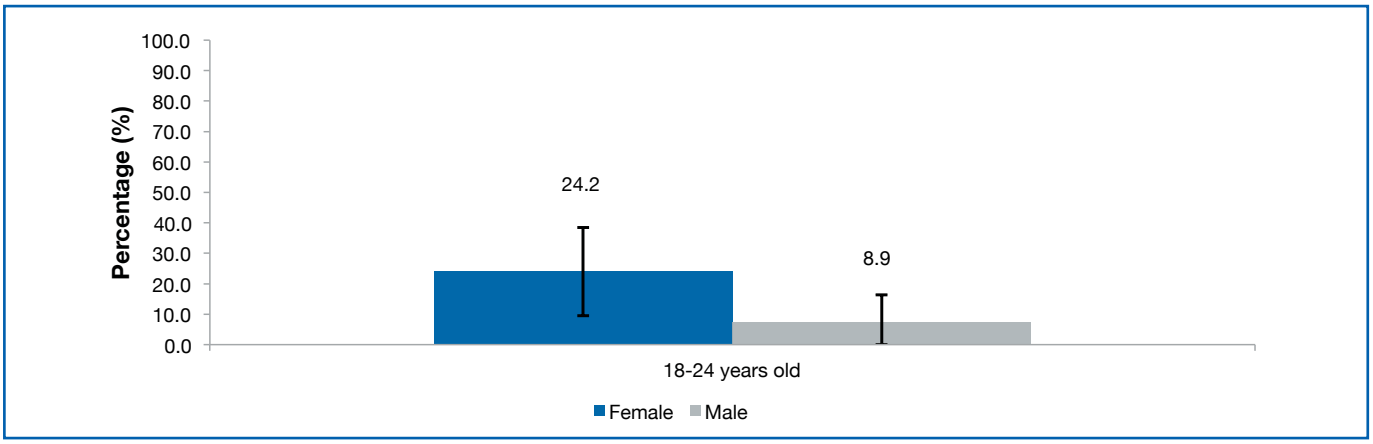



**Figure 4.6: First experience of sexual intercourse prior to age 18 was unwanted, as reported by 18-24 year olds whose first sexual intercourse was prior to age 18 (Appendix A, Table A10) – Cambodia VACS, 2013**

## 4.6. Experience of sexual abuse multiple times prior to age 18

To better understand how often sexual abuse was occurring in children's lives, all respondents reporting childhood sexual abuse were asked how many times they had experienced such abuse prior to age 18. The majority of both females and males across ages who reported sexual abuse prior to age 18 experienced more than one incident (Figure 4.7).

Among respondents aged 18 to 24 who had experienced sexual abuse prior to age 18, almost three quarters (73.6%) of females and nearly 9 out of 10 males (87.2%) experienced more than one incident of sexual abuse. Among respondents aged 13 to 17 years who experienced sexual abuse prior to age 18, 81.8% of males and 54.1% of females experienced more than one incident of sexual abuse.

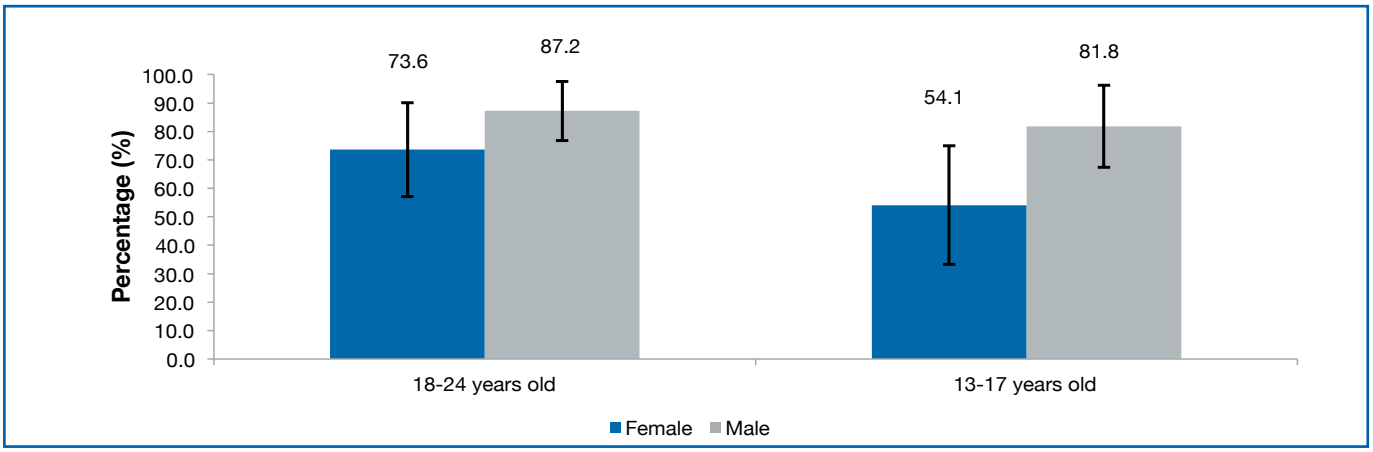



**Figure 4.7: Multiple incidents of sexual abuse prior to age 18, as reported by respondents who experienced any childhood sexual abuse (Appendix A, Table A11) – Cambodia VACS, 2013**

## 4.7. Age at first experience of sexual abuse prior to age 18

The age at which 18 to 24 year olds first experienced sexual abuse prior to age 18 is described to better understand the period during which the sexual abuse occurred.

The age at first incident of sexual abuse prior to age 18 among those aged 18 to 24 differed significantly by sex with most girls (62.2%) experiencing their first incident prior to age 18 at 16-17 years while almost three quarters of boys (72.9%) experienced their first incident prior to age 18 at age 13 or younger (Figure 4.8). Over a quarter of girls (26.2%) experienced their first incident prior to age 18 at age 13 or under. 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.

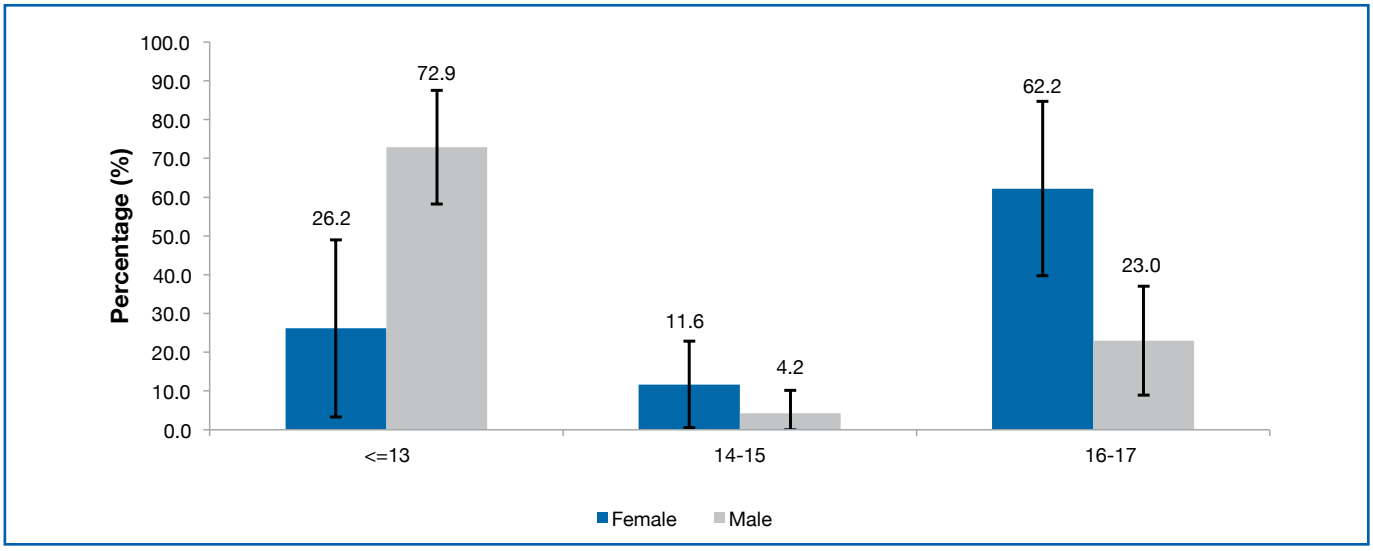



**Figure 4.8: Age at the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced childhood sexual abuse (Appendix A, Table A12) – Cambodia VACS, 2013**

## 4.8. Sexual exploitation prior to age 18

Sexual exploitation is defined in CVACS as incidents where females or males prior to age 18 received money, food, gifts or favours in exchange for sex.

Among 18 to 24 year olds, 1.6% of females and 0.1% of males reported receiving money, food, gifts or other favours for sexual intercourse, or to perform other sexual acts, prior to age 18 (Figure 4.9). Among 13 to 17 year olds, the proportion of respondents who reported ever receiving money, food, gifts, or other favours for sex was 0.9% of females and 0.1% of males.

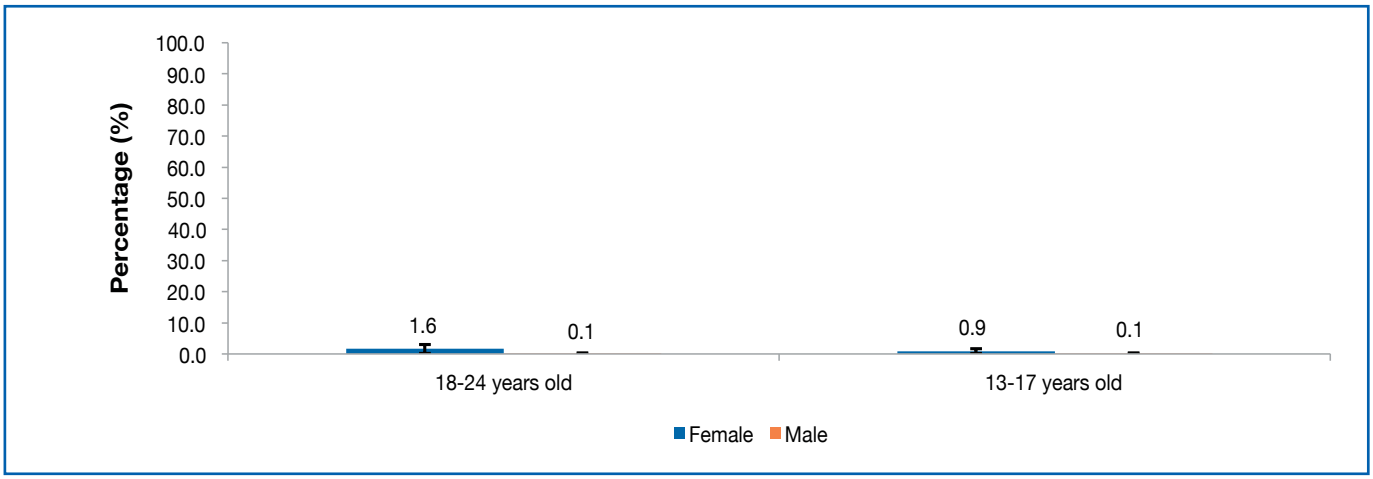



**Figure 4.9: Sexual exploitation prior to age 18, as reported by respondents 18-24 and 13-17 years old (Appendix A, Table A13) – Cambodia VACS, 2013**

## 4.9. Non-contact sexual violence prior to age 18

Non-contact sexual violence includes being upset by someone speaking or writing sexual things about the person, being forced by someone to watch sex photos or videos, or being forced to be in a sex photo or video.

Among 18 to 24 year olds, 6.0% of females and 4.7% of males reported experiencing non-contact sexual violence prior to age 18 (Appendix A, Table A14). There were no differences by gender among respondents aged 18 to 24 years old who reported they were upset about someone speaking or writing sexual things about them prior to age 18 (5.8%) and (3.1% for females and males, respectively) (Appendix A, Table A15). Being forced by someone to watch sex photos or videos against their will prior to age 18 was reported by 1.7% of males and 0.3% of females. No females reported being forced

to be in a sex photo or video against their will prior to age 18, but 0.3% of males did report this experience.
Among those aged 13 to 17, almost 1 in 10 females (9.9%) and males (9.2%) experienced non-contact sexual violence (Appendix A, Table A14). Most of these females and males (9.1% and 5.5%, respectively) reported they were upset by someone speaking or writing sexual things about them (Figure 4.10). Almost half of males (4.3%) and 1.6% of females aged 13 to 17 who experienced non-contact sexual violence reported that they were forced by someone to watch sex photos or videos against their will while no females and 0.2% of males reported that they were forced to be in a sex photo or video against their will.

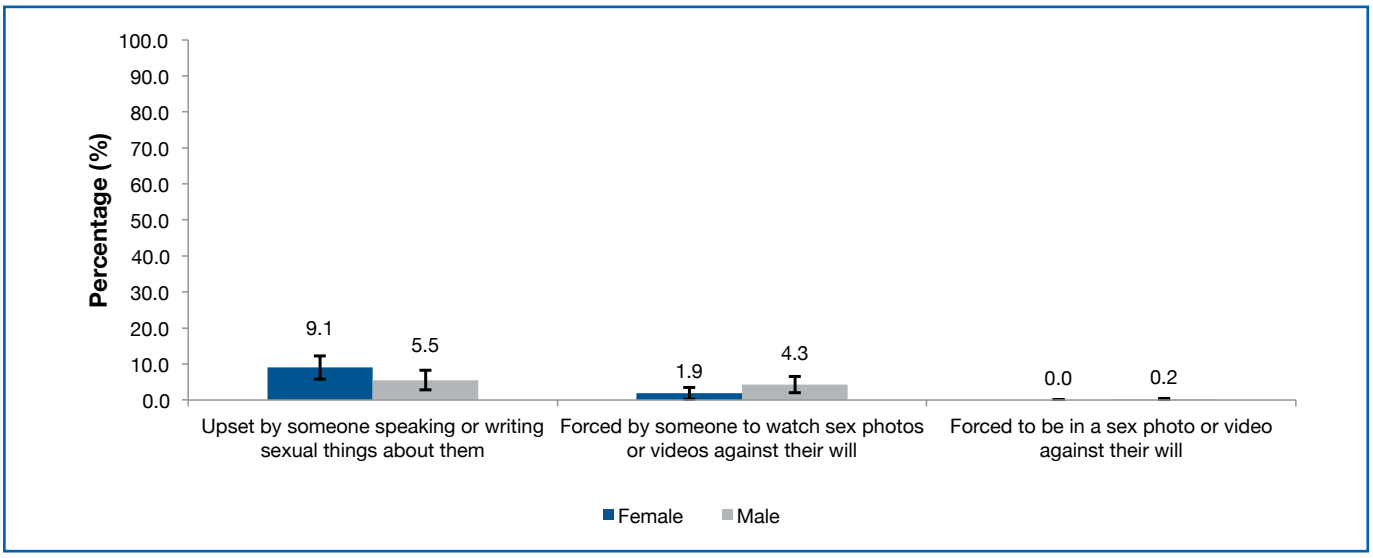



**Figure 4.10 : Types of non-contact sexual violence experienced, as reported by 13-17 year olds (Appendix A, Table A15) – Cambodia VACS, 2013**

## 4.10. Non-contact sexual violence in the past 12 months (13-17 year olds)

Among 13 to 17 year olds, 5.2% of females and 4.5% of males reported experiencing non-contact sexual violence in the past 12 months (Appendix A, Table A14) with 5.0% of females and 3.2% of males reporting they were upset by someone speaking or writing sexual things about them in the past 12 months (Appendix A, Table A15).

## Experiences and impacts of sexual abuse

***Reflections from qualitative research with children and young people on violence***

In general, knowledge of sexual violence increased with age among participants, although this was not consistent across all locations and groups of children and young people. Females of all ages were aware of types of sexual abuse and violence, while some younger boys had not heard of the terms used to describe sexual violence.

Most groups of females and males cited incidents of serious sexual violence that they had heard about including cases of girls or young women being raped and murdered. They talked about sexual assaults on girls, mainly by male adults, as well as violence against women perpetrated by husbands.

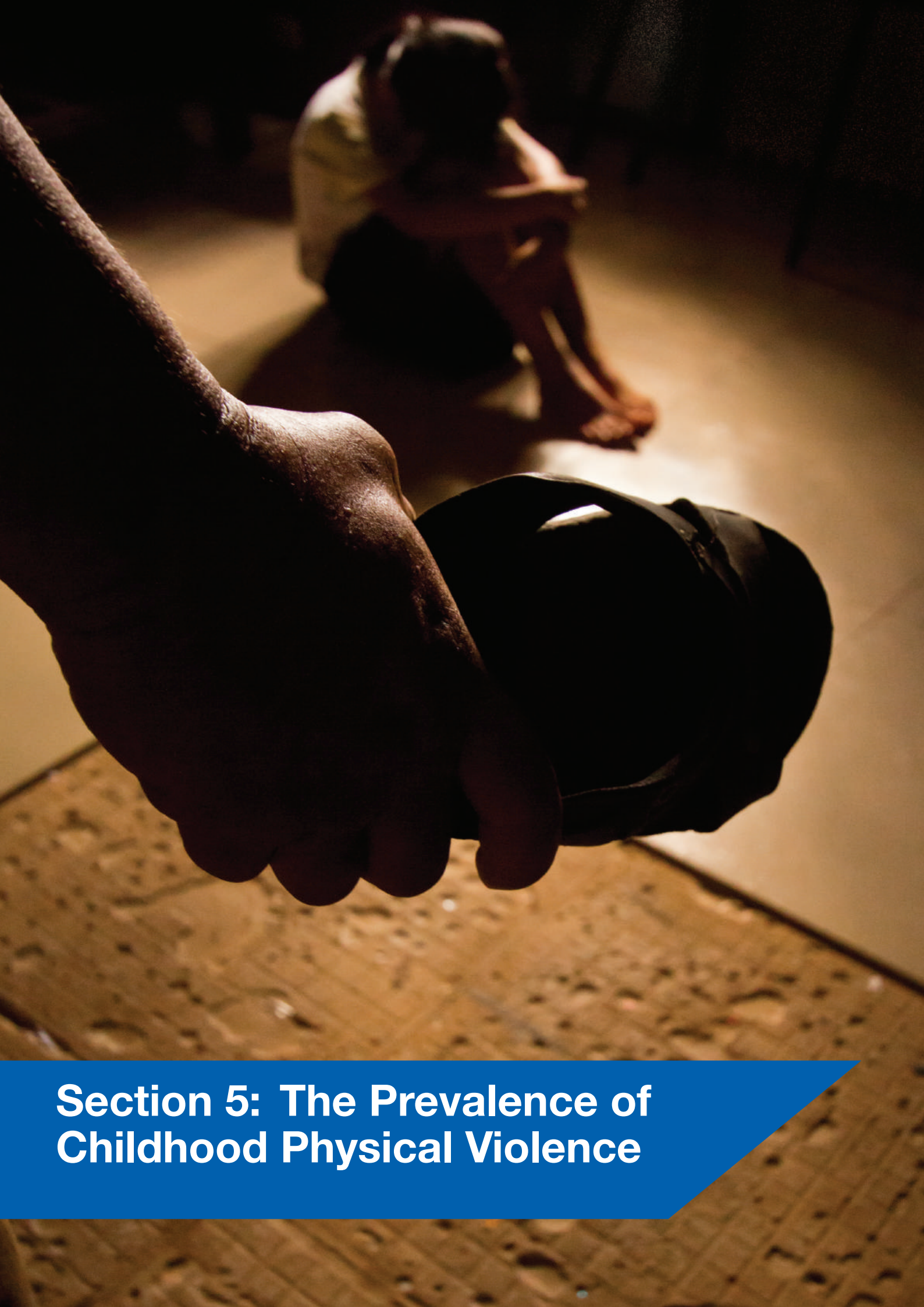
Girls and young women talked about their fears of being "caught" by a male in isolated places, particularly fields or certain roads, or places that were quiet at certain times, including pagodas. Boys described their constant worry about having their trousers or shorts pulled down and their genitals exposed by adults and older boys. The adults seem to do this from a place of fun, but some of the boys said they found it frightening, and many said they found it humiliating, it made some cry and it made it them feel hurt, angry and powerless.

Sexual abuse was mentioned in the context of school by only two female participants, one who said that strangers occasionally entered the school grounds and exposed their genitals to female students, but another reported her experienced of being told by a male teacher that he would give her good grades if she had sex with him. School was also identified as a place where there was pressure from classmates to have sex.

For victims of sexual violence, participants described the changes in behaviour that they expected to see often based on their recollection of specific cases. Children affected by sexual violence may feel lonely and become shy and feel as if they have nothing to live for. They may use drugs, lack motivation to study and act without concern for the consequences of their actions. Girls described their fear of their confidentiality being breached if they disclosed sexual violence, which could result in gossip or scorn. Discussing rape that happened to someone else seemed to be discouraged as well. Girls and young women emphasized the shame that victims of sexual violence experience: they may face rejection, become stigmatized and no one would want to marry them. The shame is increased if someone is a victim of gang rape. Participants disagreed about whether it was acceptable to talk about incidents of rape and gang rape. Most said they would not speak about it because they felt that other people's families were none of their business and they were afraid of being accused of gossiping, criticized for speaking about issues related to sex. Others thought that it was important to talk about it, especially to warn others of potential dangers, and at the same time be mindful that they should not mention the name of victims in order to protect their privacy and not bring shame on them.

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 4.1: Experiences and impacts of sexual abuse**



# Section 5: The Prevalence of Childhood Physical Violence

# 5. The Prevalence of Childhood Physical Violence

**Overview**

- **Over half of both females and males aged 18-24 years (52.7% and 54.2%, respectively) reported at least one experience of physical violence prior to age of 18**
- **Similar rates of physical violence were reported by both females and males aged 13-17 years with 61.1% of females and 58.2% of males reporting at least one experience of physical violence**
- **More than three fourths of females and males aged 18-24 years (81.9% and 85.6%, respectively) who experienced physical violence prior to age 18 experienced multiple incidents of physical violence**
- **Four in 10 of 13 to 17 year olds reporting witnessing physical violence in the community in the past 12 months (42.8% of females and 46.1% of males)**

In this study, physical violence was measured by asking respondents if an intimate partner, parent or adult relative, or community member had slapped, pushed or hit them with a fist, referred to as "punched" in the rest of the report, kicked, whipped or beaten them with an object, choked, smothered, tried to drown them, burned, used or threatened to use a gun, knife or other weapon.

## 5.1. Physical violence experienced prior to age 18

Physical violence was the most commonly reported type of violence experienced prior to age 18 across all respondents. Over half of both females and males aged 18 to 24 years (52.7% and 54.2%, respectively) experienced physical violence before the age of 18 (Figure 5.1). Females and males in the younger age group, 13 to 17 years, reported similar rates of physical violence (61.1% and 58.2, respectively).

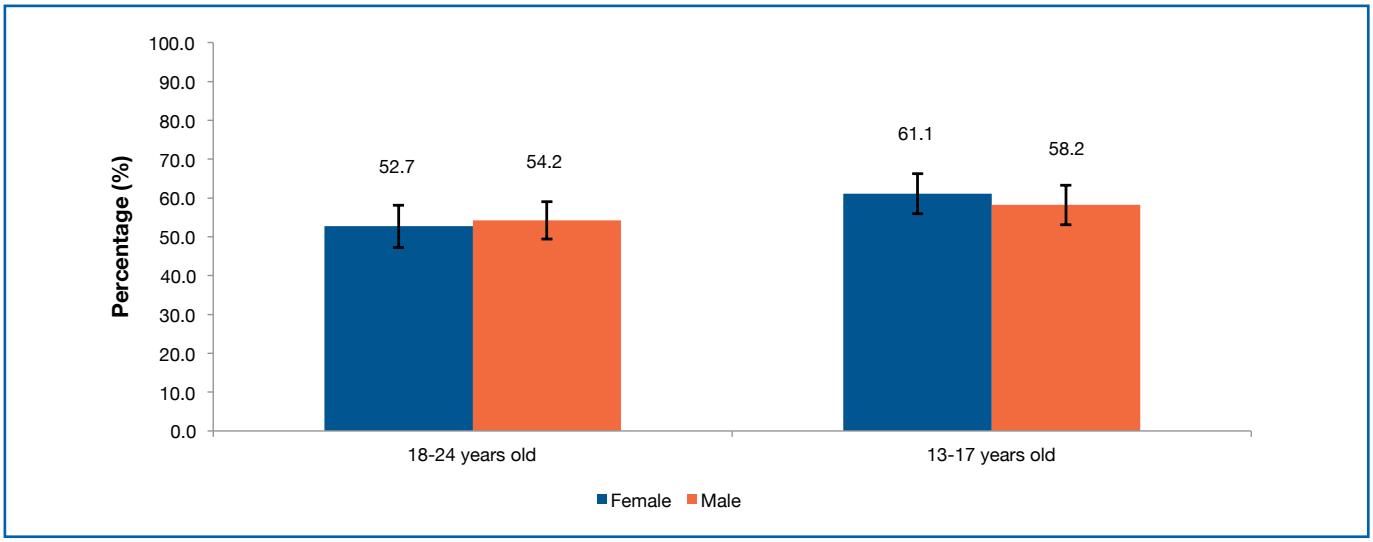



**Figure 5.1: Physical violence experienced prior to age 18, as reported by 18-24 and 13-17 year olds (Appendix A, Table A16) – Cambodia VACS, 2013**

## 5.2. Physical violence in the past 12 months (13-17 year olds)

During the year preceding the survey, more than 1 in 10 females (15.3%) and males (12.5%) aged 13 to 17 experienced some type of physical violence (Figure 5.2).

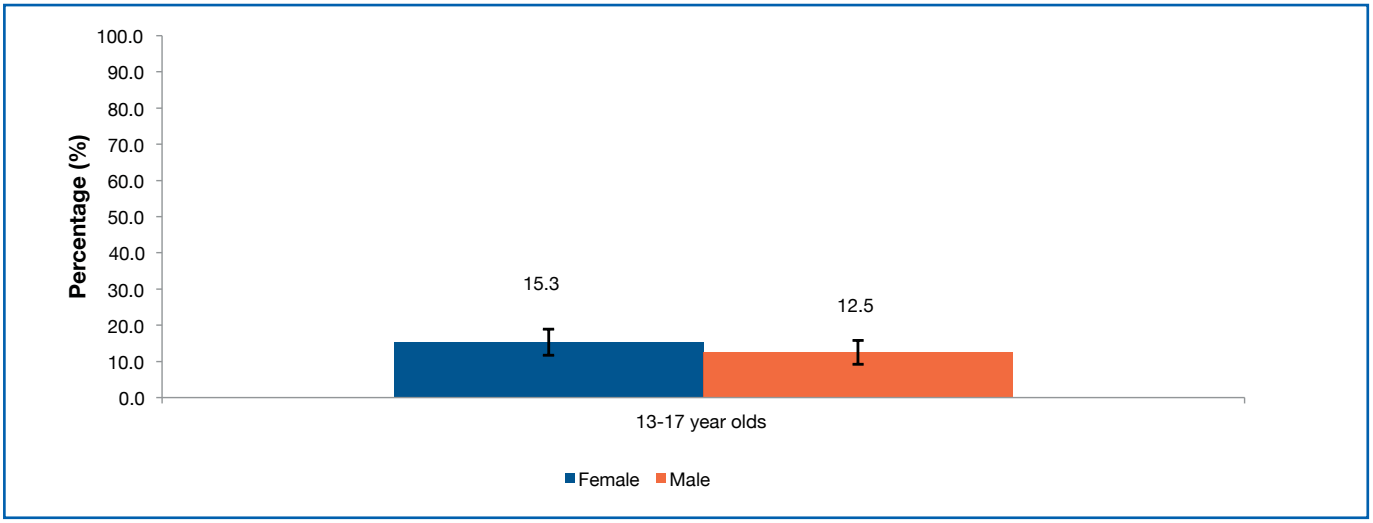



**Figure 5.2: Physical violence experienced in the past 12 months, as reported by 13-17 year olds (Appendix A, Table A16) – Cambodia VACS, 2013**

## 5.3. Types of physical violence experienced prior to age 18

The most common type of physical violence experienced by both males and females in both age groups was being punched, kicked, whipped or beaten with an object. This was reported by the majority of 18 to 24 year olds who experienced physical violence prior to age 18 (52.1% of females and 53.7% of males in Figure 5.3) and similarly among females and males aged 13 to 17 years (61.0% and 57.9%, respectively) in Figure 5.4.

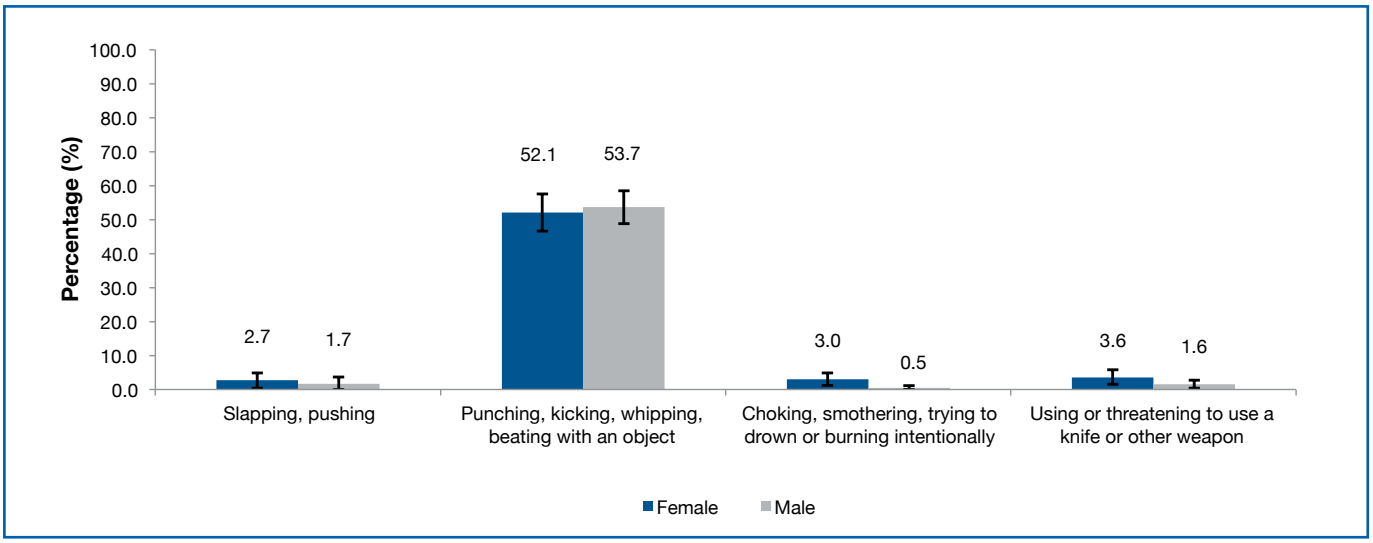



**Figure 5.3: Types of childhood physical violence experienced, as reported by 18-24 year olds (Appendix A, Table A17) – Cambodia VACS, 2013**

Almost 1 in 10 males (9.8%) aged 13 to 17 reported being slapped or pushed (Figure 5.4). Using or threatening to use a weapon was reported by 1 in 20 (5.4%) males aged 13 to 17 and 3.6% of females in the same age range.

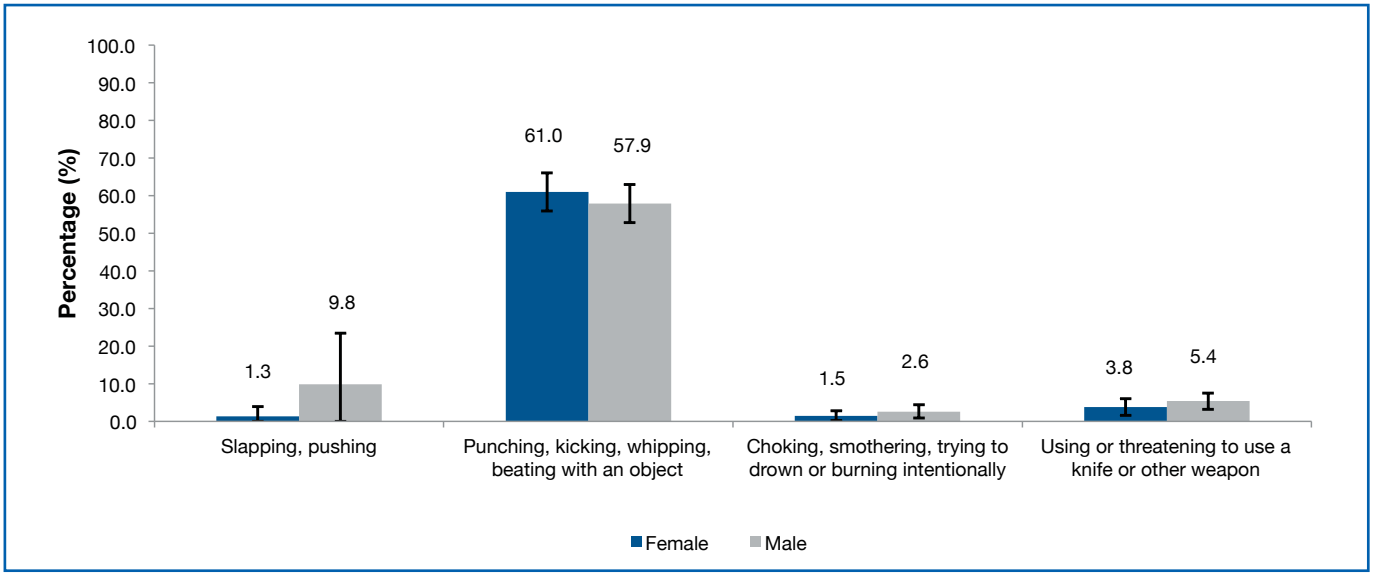



**Figure 5.4: Types of physical violence experienced, as reported by 13-17 year olds (Appendix A, Table A17) – Cambodia VACS, 2013**

## 5.4. Types of physical violence experienced in the past 12 months (13-17 year olds)

With regard to the type of physical violence, more than 1 in 10 females (14.5%) and males (11.5%) aged 13 to 17 experienced being punched, kicked, whipped or beaten with an object in the year preceding the survey (Figure 5.5).

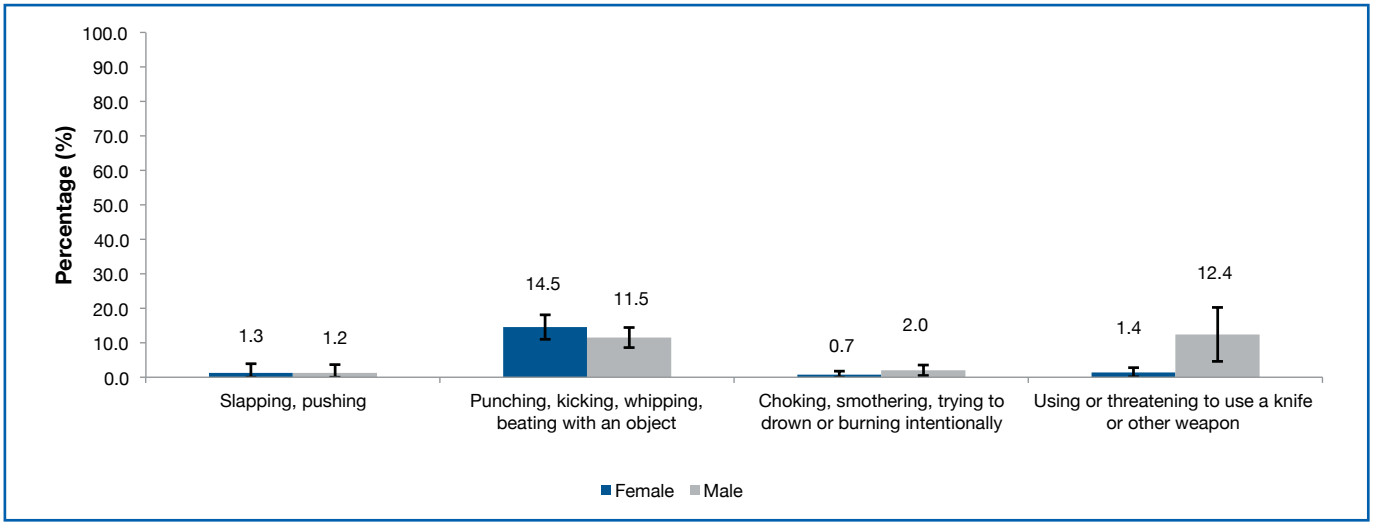



**Figure 5.5: Types of physical violence experienced, as reported by 13-17 year olds in the past 12 months (Appendix A, Table A17) – Cambodia VACS, 2013**

## 5.5. Experience of physical violence multiple times prior to age 18

To understand how often physical violence was occurring in children's lives, respondents of all ages were asked the number of times they experienced such violence prior to age 18.

Among the 18 to 24 year olds who reported experiencing physical violence prior to age 18, more than 8 in 10 of both females and males experienced more than one incident of physical violence (81.9% and 85.6%, respectively) (Appendix A, Table A18).

Similarly, among the 13 to 17 year olds who reported experiencing physical violence, 74.6% females and 83.9% of males experienced more than one incident of physical violence (Appendix A, Table A18).

## 5.6. Experience of physical violence multiple times in the past 12 months (13-17 year olds)

Among respondents aged 13 to 17 who experienced physical violence in the preceding 12 months, 85.8% of females and 89.8% of males experienced more than one incident of physical violence (Appendix A, Table 18).

## 5.7. Age at first experience of physical violence prior to age 18

The age at which respondent's first experienced physical violence prior to age 18 is described in this section to better understand when the physical violence occurred.

Eight in 10 females and three quarters of the males aged 18 to 24 years (83.9% and 77.4%, respectively) who reported physical violence prior to age 18 experienced their first incident of physical violence before 12 years of age (Figure 5.6).

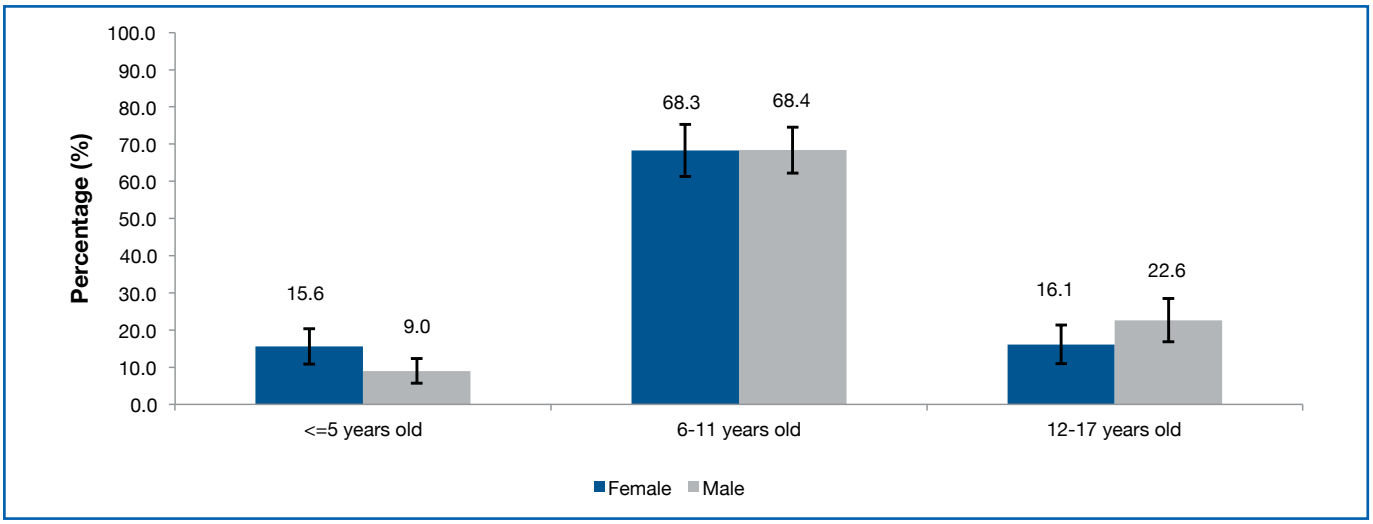



**Figure 5.6: Age at the first incident of physical violence prior to age 18, as reported by 18-24 year olds who experienced childhood physical violence (Appendix A, Table A19) – Cambodia VACS, 2013**

## 5.8. Witnessing physical violence in the home prior to age 18

To further explore the circumstances of physical violence, the survey asked respondents whether they witnessed any physical violence in the home or community prior to the age of 18, and in the previous 12 months.

Among 18 to 24 year olds, 15.3% of females and 18.1% of males reported witnessing violence in the home prior to age 18 (Figure 5.7). One in five females (20.6%) and one in four males (24.5%) aged 13 to 17 reported witnessing physical violence in the home.

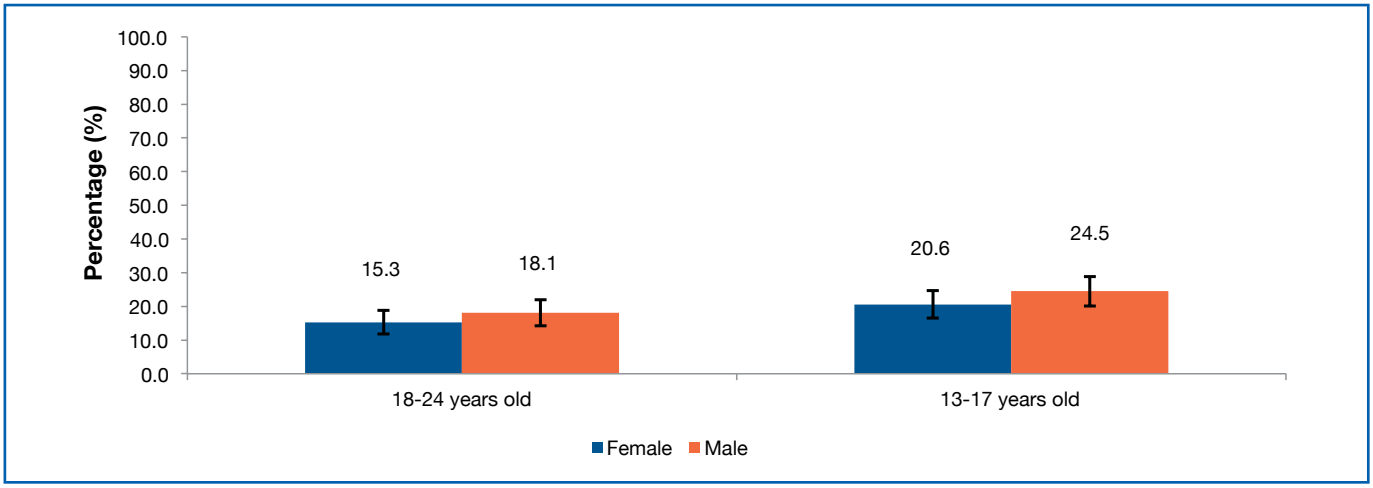



**Figure 5.7: Witnessed physical violence in the home prior to age 18, as reported by 18-24 and 13-17 year olds (Appendix A, Table A20) – Cambodia VACS, 2013**

Among the 13 to 17 year olds who witnessed physical violence in the home, 37.4% of females and 34.7% of males reported witnessing physical violence in the past 12 months (Figure 5.8).

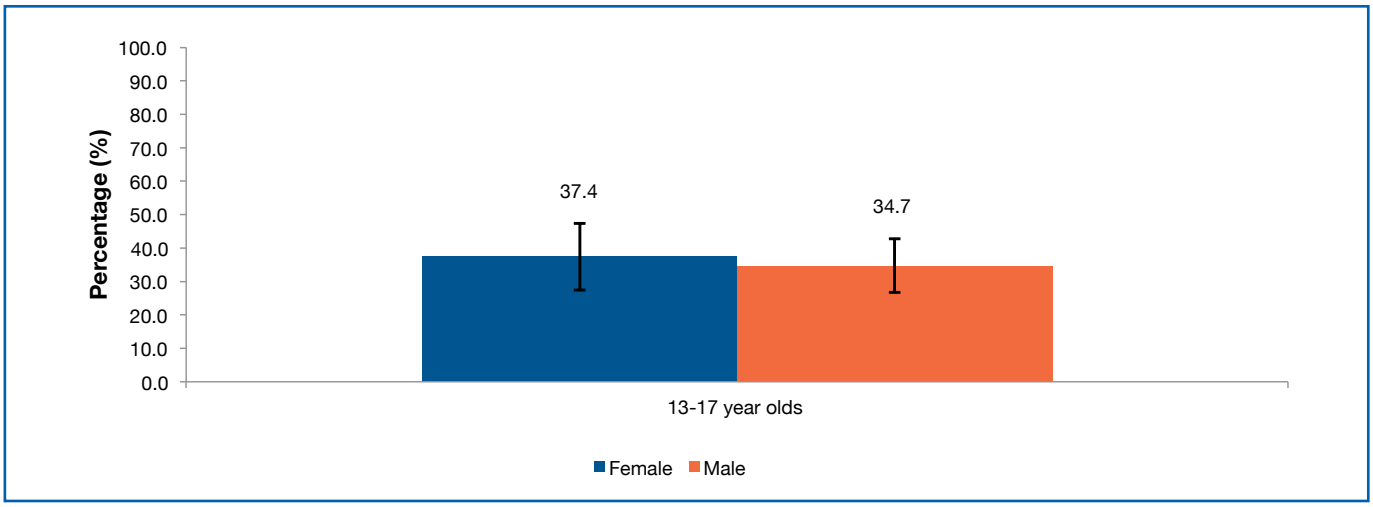



**Figure 5.8: Witnessed physical violence in the home in the past 12 months, as reported by 13-17 year olds (Appendix A, Table A20) – Cambodia VACS, 2013**

## 5.9. Witnessing physical violence in the community prior to age 18

Higher proportions of respondents reported witnessing any physical violence in the community across all age ranges and sexes (Figure 5.9). Among 18 to 24 year olds, 38.3% of females and 43.7% of males witnessed physical violence in the community prior to age 18. More 13 to 17 year olds reported witnessing physical violence in the community with over half of females and males reporting witnessing physical violence in the community (57.8% and 55.4%, respectively).

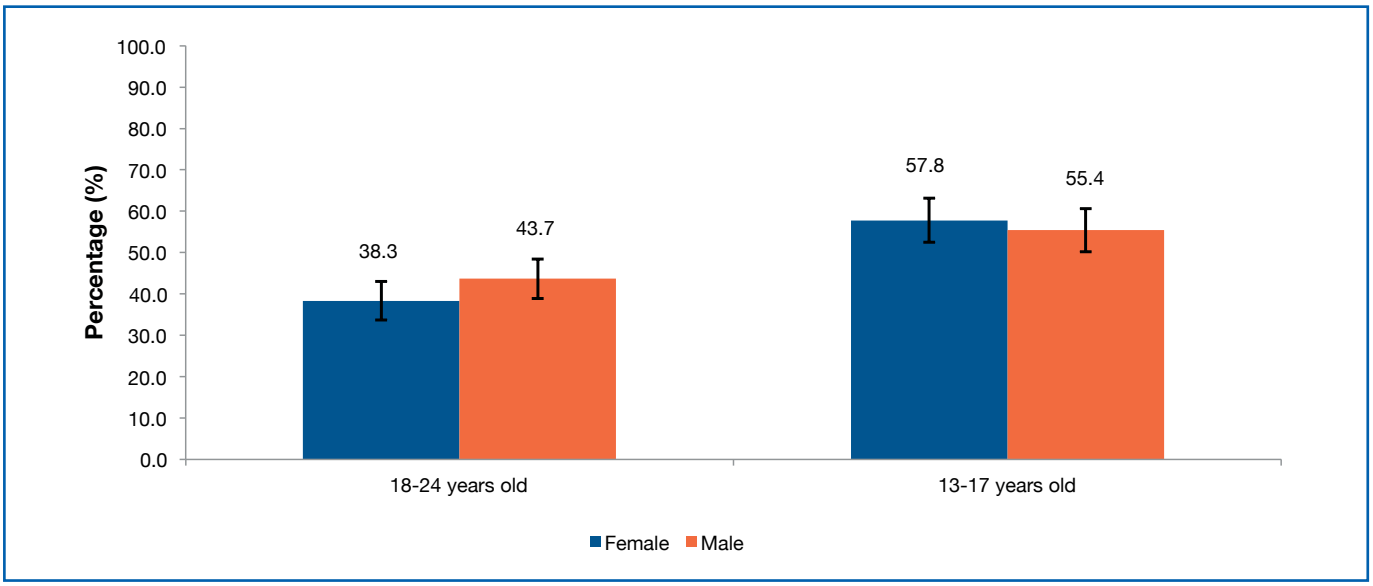



**Figure 5.9: Witnessed physical violence in the community prior to age 18, as reported by 18-24 and 13-17 year olds (Appendix A, Table A20) – Cambodia VACS, 2013**

Among 13 to 17 year olds who witnessed physical violence in the community, more than one in three females and males witnessed physical violence in the past 12 months (42.8% and 46.1%, respectively in Figure 5.10).

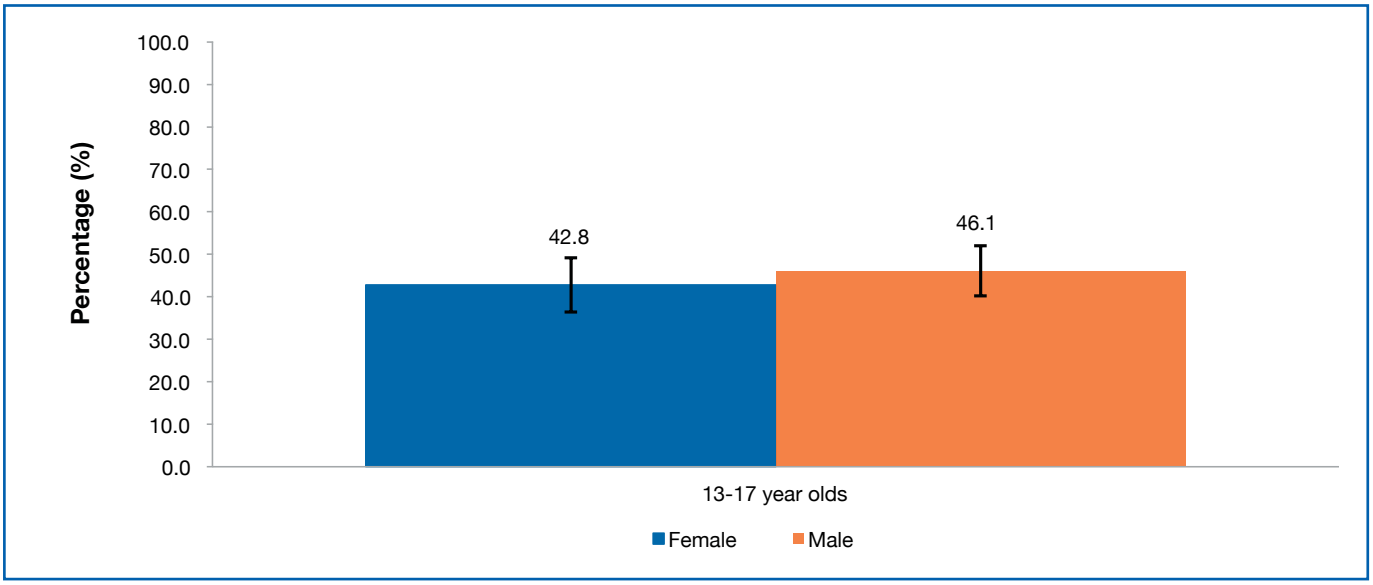



**Figure 5.10: Witnessed physical violence in the community in the past 12 months, as reported by 13-17 year olds (Appendix A, Table A20) – Cambodia VACS, 2013**

## Experiences and impacts of physical violence

***Reflections from qualitative research with children and young people on violence***

Participants of all ages readily identified experiences of violence experienced personally and witnessed in schools, homes and in communities.

In school, violence occurred between children of the same age, usually in the form of bullying and fighting, but also being beaten by children older than them. Children described a wide range of ways that physical discipline can be metered out by teachers as punishment for unapproved behaviours by children from minor indiscretions to serious misbehaviours. Some punishment methods included direct physical contact such as being beaten with a belt (for committing violence), being hit or hurt on various parts of their body (hit on the palm of hand, heads banged together, hair or sideburns pulled, twisting the skin on the thigh of girls, twisting the skin on the stomach, pinching, including on the face), being hit with a small stick or ruler especially on the ends of fingernails, and being forced to punch the table or whiteboard themselves or bang the ends of their fingernails on a hard surface. Non-contact physical punishments included being made to stand on one leg/foot during break time, made to stand for long periods of time including under the sun, being made to run around the school, made to do push-ups, made to crawl across the floor, made to raise their hand and keep their mouth open, and made to do labour activities such as clean toilets, fetch water and water flowers or dirt, and cut the grass.

Other disciplinary measures were non-physical, such as being excluded from class for an hour for not wearing a name tag or being fined for being late. Being late might cost a student 500 riel. Missing a day might cost US$1. Misbehaviour might be punished by being forced to buy paper or a book from the teacher. Other fines were much higher: older boys said they were marked as 20 days absent if they parked their motorbike in the wrong place, i.e., US$20. Boys discussed the discipline in schools more than girls.

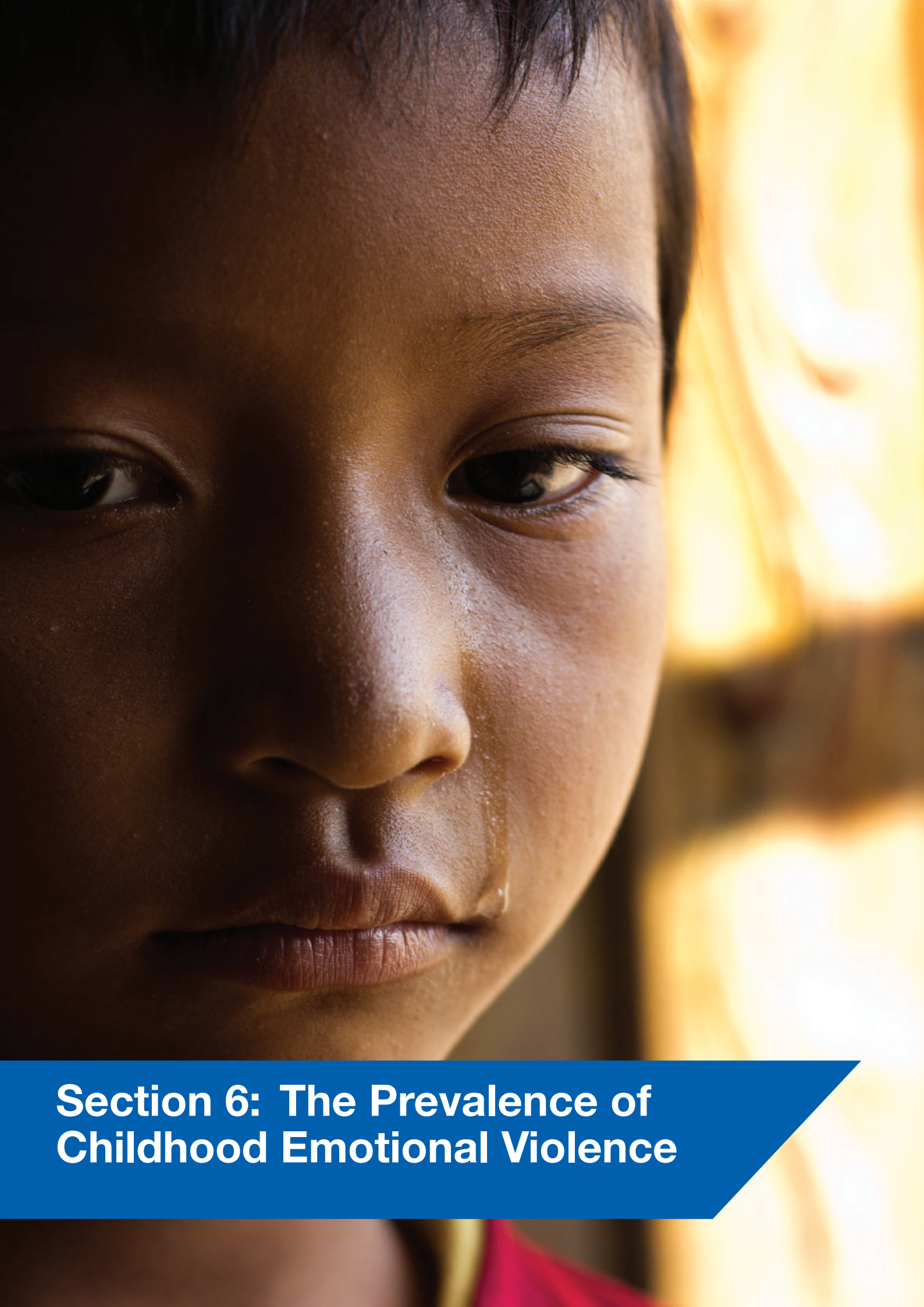
When asked how they were affected, participants' reactions to physical discipline in schools were consistent across all the age groups for both females and males. They described the consequences as feeling sad, embarrassed, anger and fear, along with not wanting to attend school or to study.

Violence in the home was described as direct experiences by some female participants and more frequently by male participants, but nearly all were able to recall incidents of violence in other people's homes in their communities. A child talked about a couple in his village who regularly fought and their children lived at their grandmother's house because they were afraid of their parents' arguments. Another child recalled seeing a mother beat her 10-year-old daughter with a bamboo stick the same morning of the workshop demanding that she go to school. Children also discussed incidents that resulted in serious injury to children, such as a mother who beat her two children, one of which was about eight years old and she beat him unconscious. The child recalling the incident said his uncle, a neighbour of the woman, intervened. The police arrested and jailed the woman, and brought both the woman's children to the hospital. This highlighted some of the differences in attitudes towards violence against children in that violence that resulted in requiring medical treatment was reported as responded to by authorities. This included violence perpetrated by parents as well as teachers. But if the violence did not result in serious injury, there was a sense that there was nothing to be done and children resigned themselves to accepting that they were powerless.

Violence within a community, whether experienced directly or by proximity to the incidents, seemed to have a significant effect on children. Females described reactions from children who had experienced violence as ranging from disappointment to suicide. Females aged 18 to 24 described the emotional impacts of violence in more nuanced terms, including mental health effects, behavioural changes and feelings of isolation. Males described feelings of frustration, humiliation and anger.

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 5.1: Experiences and impacts of physical violence**



# Section 6: The Prevalence of Childhood Emotional Violence

# 6. The Prevalence of Childhood Emotional Violence

**Overview**

- **Almost 2 in 10 females and a quarter of males aged 18 to 24 experienced emotional violence by a parent or caregiver prior to age 18**
- **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**
- **Nearly 3 out of 10 females and males 13 to 17 years old experienced emotional violence by a parent or caregiver**
- **Almost 1 in 10 females and males 13 to 17 years olds reported emotional violence by a parent or caregiver in the past year**
- **Among females and males 13 to 17 years old who experienced emotional violence by a parent or caregiver, the majority (70.8% of females and 82.6% of males) reported multiple instances of emotional violence**

In the survey, emotional violence was measured by asking respondents about such actions as being told that they were not loved, or did not deserve to be loved, someone saying that they wished the respondent had never been born or was dead, or being ridiculed or put down (for example saying that the respondent was stupid or useless) before they turned 18. Emotional violence by friends or peers was excluded from the prevalence estimate.

## 6.1. Emotional violence experienced prior to age 18

Almost one in five females and a quarter of males aged 18 to 24 experienced emotional violence before the age of 18 (19.4% and 25%, respectively) (Figure 6.1). Over a quarter of both females and males aged 13 to 17 reported incidents of emotional violence (24.3% and 27.3%, respectively).

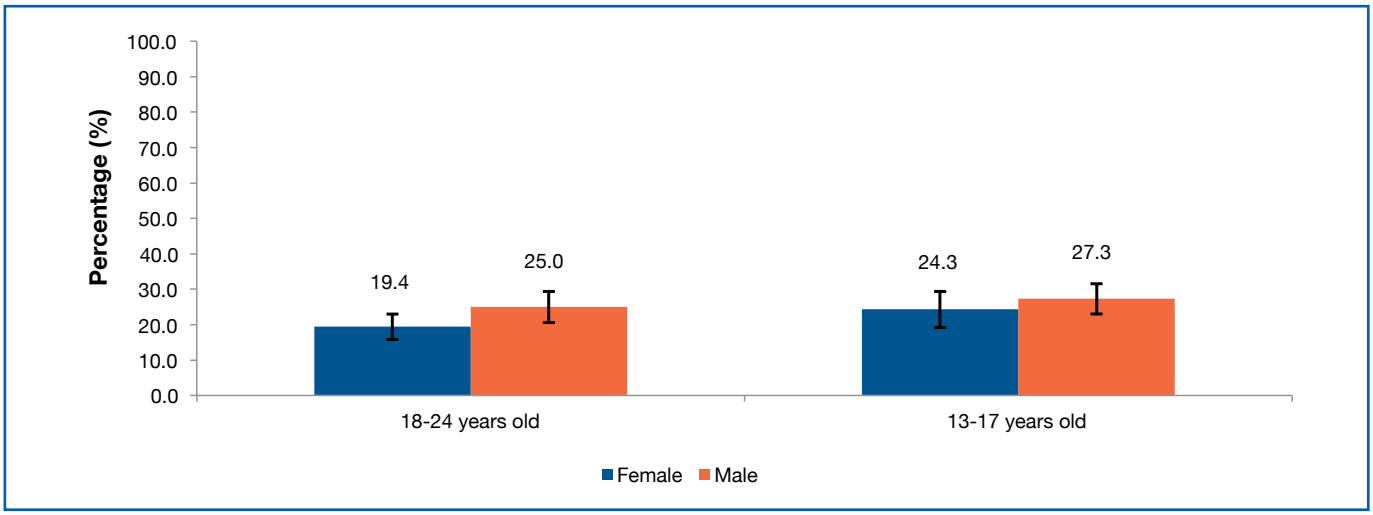



**Figure 6.1: Emotional violence experienced prior to 18, as reported by 18-24 and 13-17 year olds (Appendix A, Table A21) – Cambodia VACS, 2013**

## 6.2. Emotional violence in the past 12 months (13-17 year olds)

During the year preceding the survey, 1 in 10 females (9.7%) and males (9.6%) aged 13 to 17 experienced some type of emotional violence (Figure 6.2).

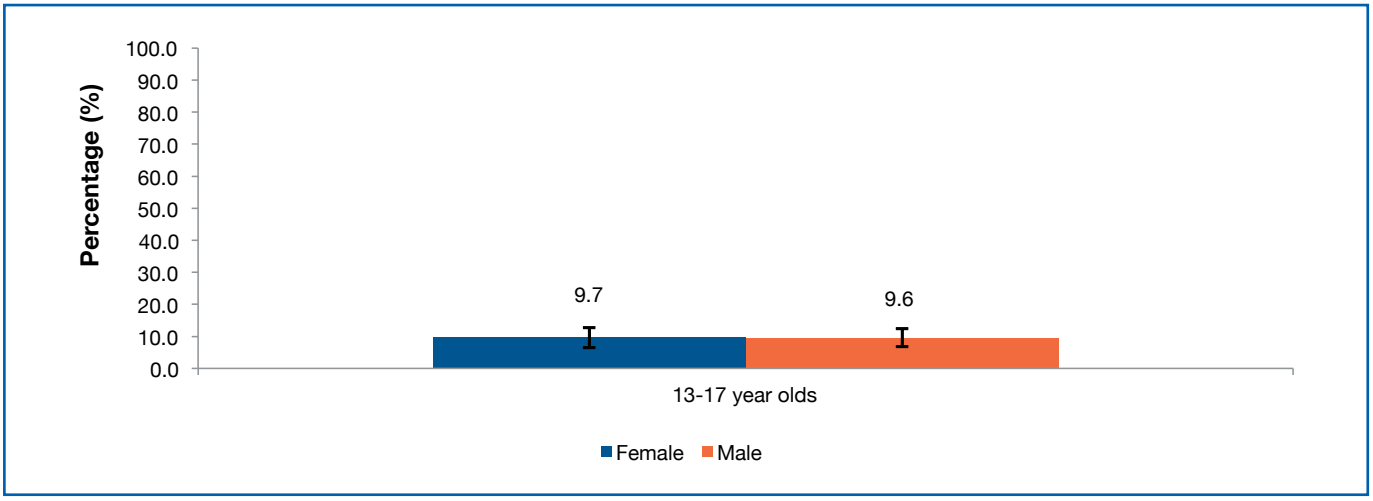



**Figure 6.2: Emotional violence experienced in the past 12 months, as reported by 13-17 year olds (Appendix A, Table A21) – Cambodia VACS, 2013**

## 6.3. Types of emotional violence experienced

Among 13 to 17 year olds[6], 20.7% of males and 15.0% of females reported that they were ridiculed or put down, 18% of males and 15.1% of females said they were told that they were not loved or did not deserve to be loved, and 9.4% of males and 8.2% of females said that they were told by an adult that they wished they had never been born or were dead (Figure 6.3).

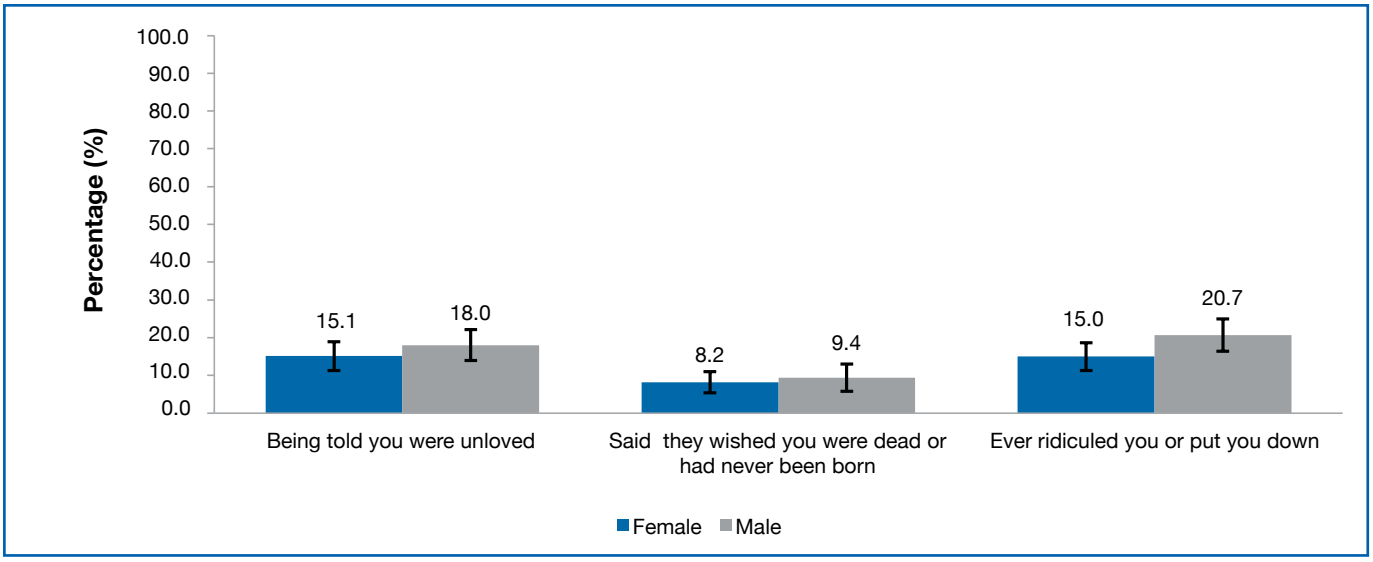



**Figure 6.3: Types of emotional violence experienced, as reported by 13-17 year olds (Appendix A, Table A22) – Cambodia VACS, 2013**

## 6.4. Experience of emotional violence multiple times prior to age 18

Respondents who had experienced at least one incidence of emotional violence were asked if they had experienced multiple incidences prior to age 18 to better understand how often emotional violence was occurring in children's lives (Figure 6.4).

Overall, experiencing single incidents of emotional violence was much less common than experiencing multiple incidents. Of those 18 to 24 year olds who reported experiencing emotional violence prior to age 18, over three quarters of both females and males experienced more than one incident of emotional violence before the age of 18 (78.2% and 79.2%, respectively).

Of the 13 to 17 year olds who reported experiencing emotional violence, approximately 7 out of 10 females and nearly 8 out of 10 males experienced more than one incident of emotional violence (70.8% and 82.6%, respectively).

6 Analysis of emotional violence by type was not possible for the 18-24 year olds because of the structure of the questions in the survey.

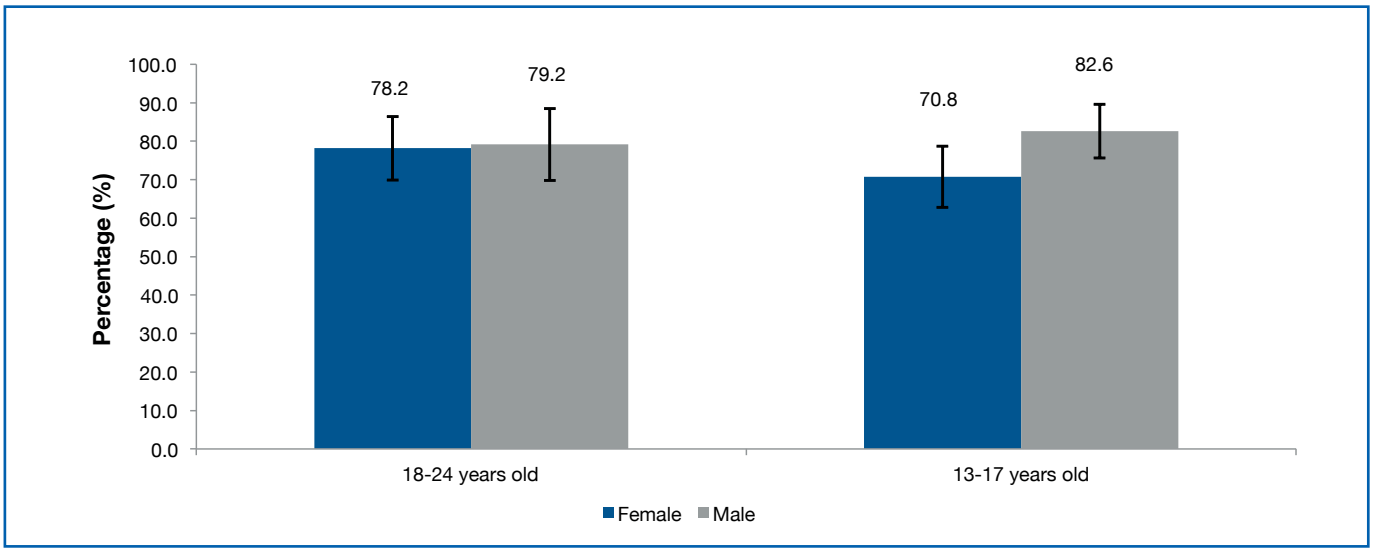



**Figure 6.4: Multiple incidents of emotional violence prior to age 18, as reported by respondents who experienced any childhood emotional violence (Appendix A, Table A23) – Cambodia VACS, 2013**

## 6.5. Experience of emotional violence multiple times in the past 12 months (13-17 year olds)

Among respondents aged 13 to 17 who had experienced emotional violence in the preceding 12 months over three quarters of females (78.1%) and nearly all males (94.0%) experienced more than one incident of emotional violence (Figure 6.5).

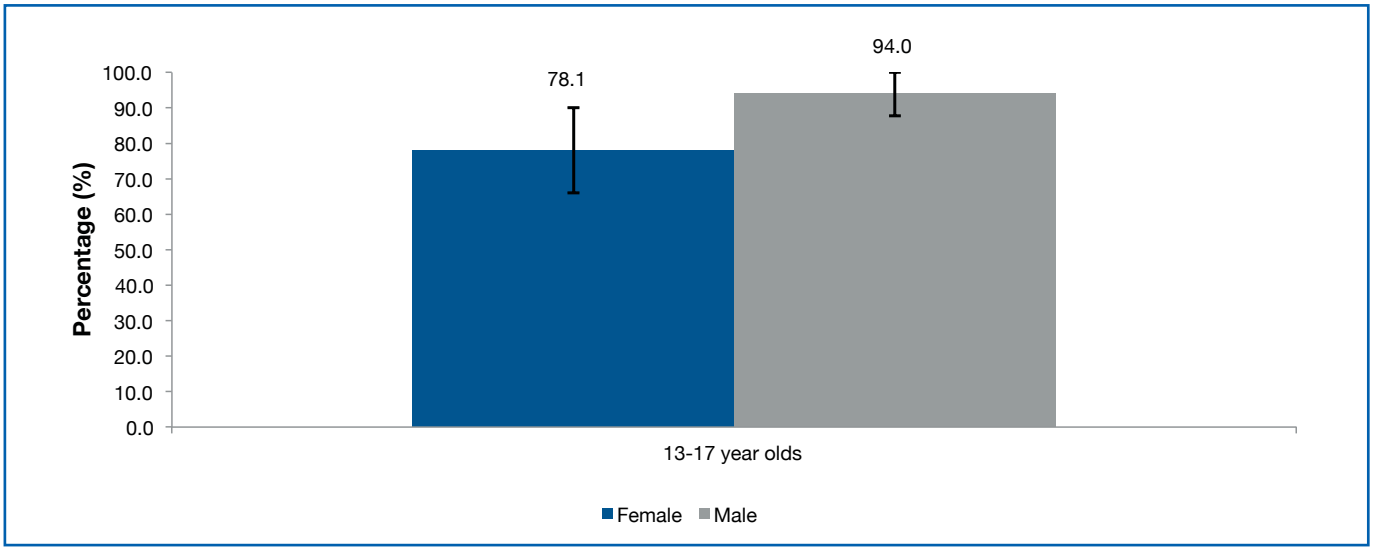



**Figure 6.5: Multiple incidents of emotional violence in the past 12 months, as reported by 13-17 year olds who experienced any emotional violence (Appendix A, Table A23) – Cambodia VACS, 2013**

## 6.6. Age at first experience of emotional violence prior to age 18

The age at which respondents first experienced emotional violence prior to age 18 is described to better understand when the emotional violence occurred.

Over half of both females and males aged 18 to 24 who experienced emotional violence before age 18 experienced their first incident of emotional violence before 12 years of age (Figure 6.6). Among females who experienced emotional violence prior to age 18, 51.2% experienced their first incident before the age of 12. Over half of males who experienced emotional violence prior to age 18 (53.5%) experienced the first incident before the age of 12.

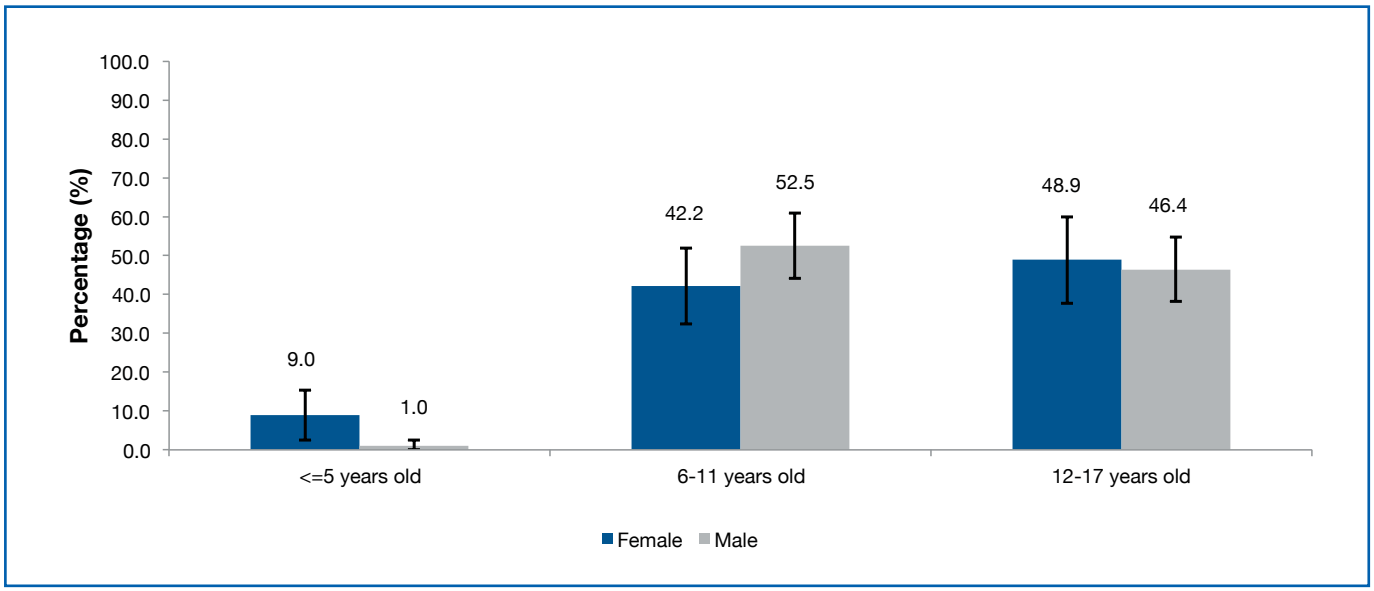



**Figure 6.6: Age at first experience of emotional violence prior to age 18, as reported by 18-24 year olds who experienced any childhood emotional violence (Appendix A, Table A24) – Cambodia VACS, 2013**

## Experiences and impacts of emotional violence

***Reflections from qualitative research with children and young people on violence***

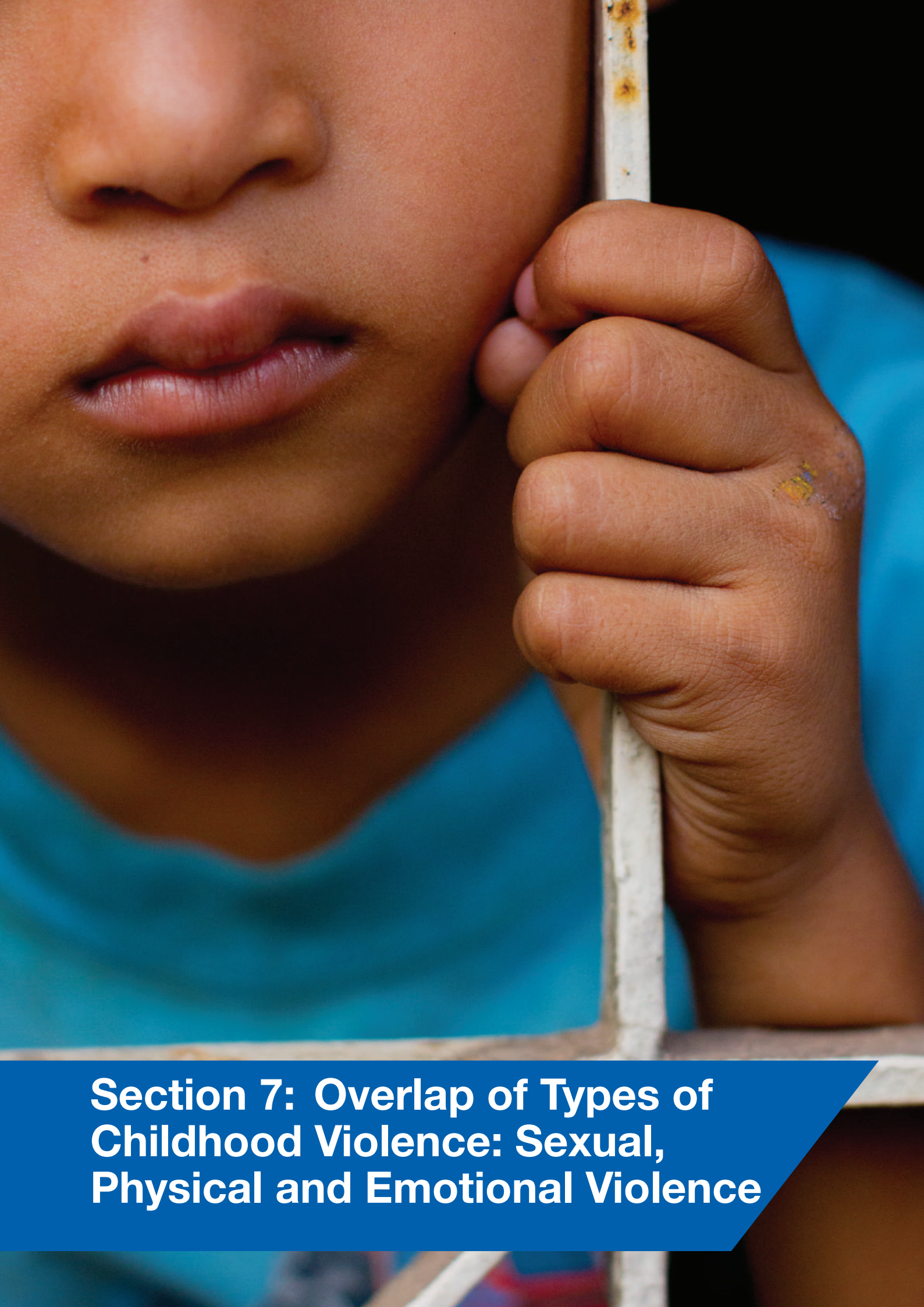
Both female and male participants of all ages described being blamed, insulted, humiliated and cursed at by parents, which made them feel sad, depressed and demotivated to study. Younger males added anger, shouting from parents, and arguing with parents as examples of verbal violence. They also discussed the emotional impact of other types of violence as well as their general treatment by adults. One male vocalized strong feelings that verbal abuse was more hurtful to a child than beating, though others held the opposite opinion. When asked what happened when children share ideas with adults, a participant reported that adults said "It is not your business" (male aged 13-15).

The issue of neglect was not explicitly included in the study but participants raised it as a form of violence. Both female and male participants talked about children being expelled from home, sometimes for the whole night, being kept out of school in order to work at home, and being deprived of food.

The main concern was that children did not always understand why they were being admonished. They found this confusing and they built resentment towards their parents. They said they would prefer that their parents explained things to them, gave them advice and talked to them.

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 6.1: Experiences and impacts of emotional violence**



# Section 7: Overlap of Types of Childhood Violence: Sexual, Physical and Emotional Violence

# 7. Overlap of Types of Childhood Violence: Sexual, Physical and Emotional Violence

**Overview**

- **Approximately 6 in 10 females and males aged 18 to 24 experienced at least one form of violence during their childhood**
- **Almost 6 in 10 females and males aged 13 to 17 experienced at least one form of violence**
- **Almost one quarter of females and males aged 13 to 17 experienced multiple types of violence**

This section focuses on the overlap between the different forms of violence measured in this study – sexual, physical and emotional violence.

These findings are presented in comparison with data on children who experienced one type of violence only, those who experienced more than one form of violence, and those that experienced no violence. Recognizing the overlap of different forms of violence and understanding linkages between them highlights the multiple risks that children face and facilitates assessments of risk and planning effective responses.

Coordination and collaboration is needed across organizations and entities that address distinct forms of violence, as well as the multiple systems of health and protection. These include hospitals and clinics, social welfare, police and legal services, which need to come together to build an integrated child protection system of prevention and care for individuals who have experienced violence.

## 7.1. Multiple types of violence experienced prior to age 18 (18-24 year olds)

Among respondents aged 18 to 24, more than 40% of females and males experienced one form of violence prior to age 18 (42.1% and 40.6%, respectively) (Figure 7.1). Approximately one in six females (16.1%) and almost one in four males (21.5%) aged 18 to 24 reported to have experienced more than one form of violence in childhood (Figure 7.1 and Appendix A, Table A25).

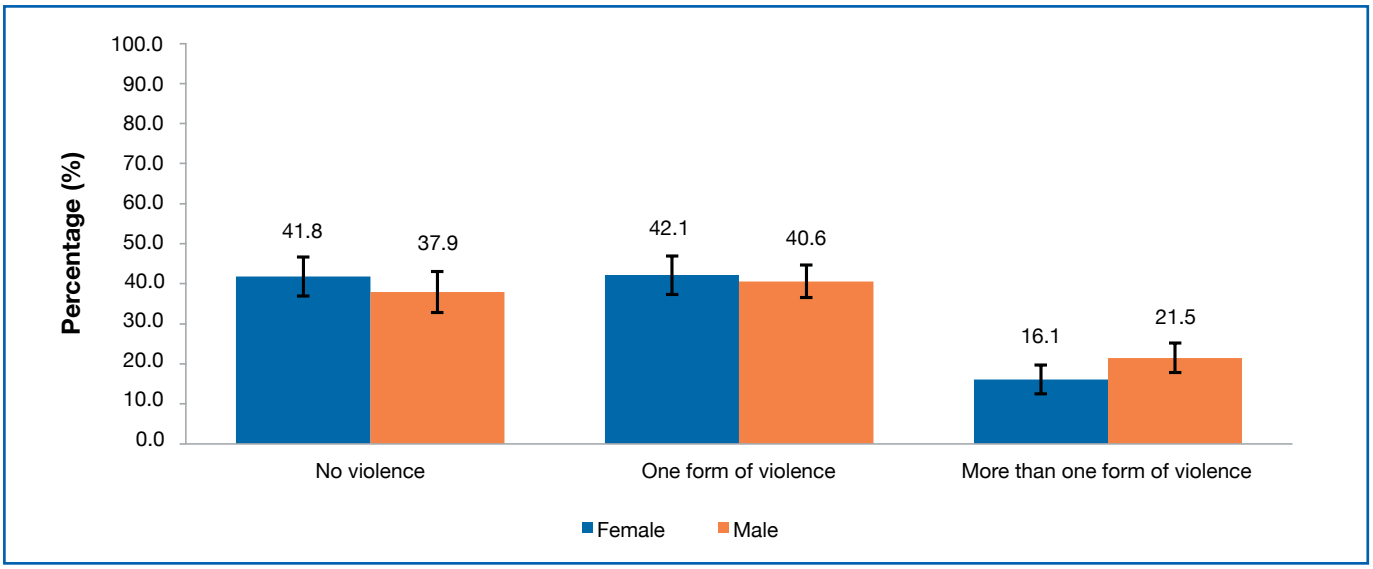



**Figure 7.1: Distribution of the number of types of violence experienced prior to age 18, as reported by 18-24 year olds (Appendix A, Table A25) – Cambodia VACS, 2013**

## 7.2. Multiple types of violence experienced (13-17 year olds)

Similar proportions of females and males aged 13 to 17 years experienced no violence (35.2% and 34.8%, respectively), one form of violence (41.5% and 40.9%, respectively), and more than one form of violence (23.4% and 24.4%, respectively) (Figure 7.2 and Appendix A, Table A25).

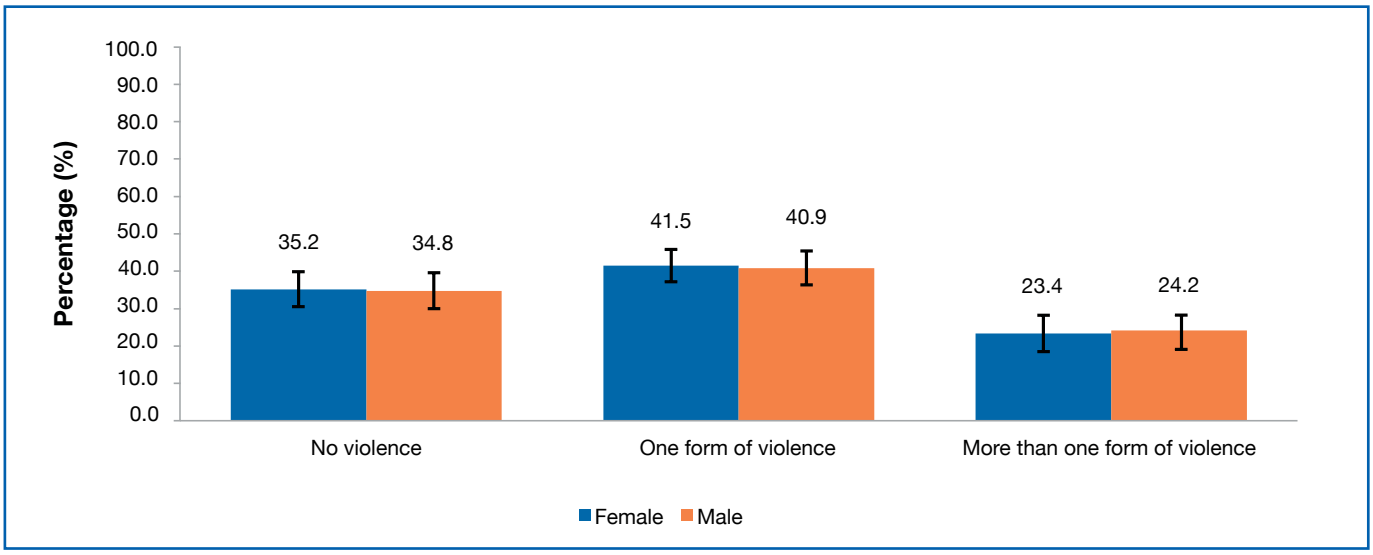
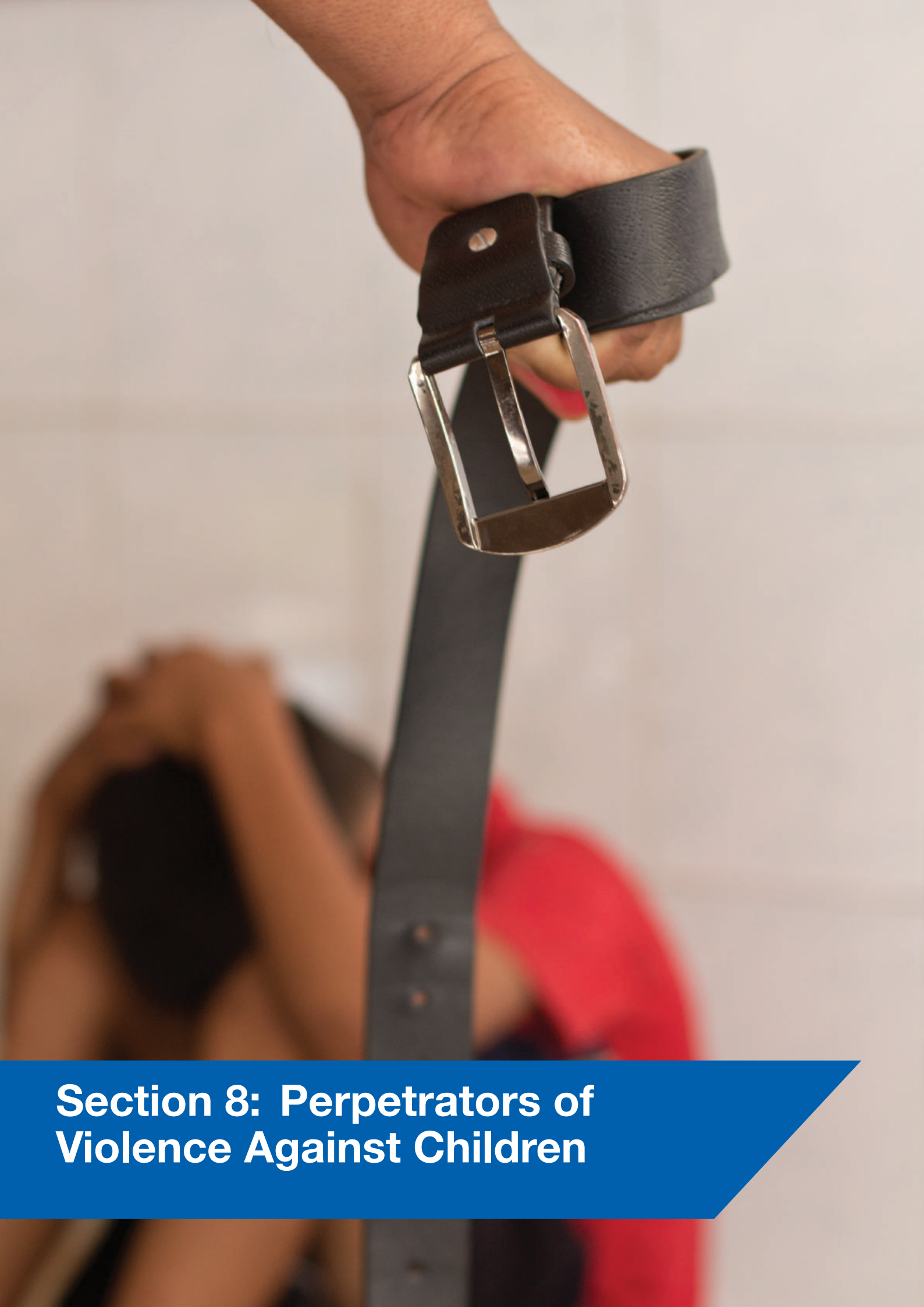



**Figure 7.2: Distribution of the number of types of violence experienced, as reported by 13-17 year olds (Appendix A, Table A25) – Cambodia VACS, 2013**



# Section 8: Perpetrators of Violence Against Children

# 8. Perpetrators of Violence Against Children

**Overview**

- **Among female and male 18 to 24 year olds who experienced sexual abuse prior to age 18, neighbours were the most common perpetrators of the first incident of sexual abuse**
- **Among females aged 13 to 17 who experienced sexual abuse, friends were the most common perpetrator of the first incident of sexual abuse while among males aged 13 to 17 family members were the most frequently cited perpetrator of the first incident of sexual abuse**
- **Among 18 to 24 year olds who experienced sexual abuse, multiple perpetrators were involved in more than 1 in 10 of the first incidents of childhood sexual abuse involving females and over one in four of those involving males**
- **For females and males aged 13 to 17 and 18 to 24 who experienced sexual abuse, the great majority of perpetrators of the first incident of childhood sexual abuse were male**
- **Females were the perpetrator in the first incident of sexual abuse prior to age 18 in first incidents reported by approximately 1 in 10 females and 2 in 10 males aged 18 to 24 who experienced sexual abuse**
- **Mothers were the most common perpetrator of the first incident of childhood physical and emotional violence among females and males aged 13 to 17 and 18 to 24 who experienced physical or emotional violence**
- **Teachers were the most common perpetrators of childhood physical violence outside of home settings among females and males aged 13 to 17 and 18 to 24 who experienced physical violence, with male teachers cited more often than female teachers across all groups**

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 sexual abuse and physical and emotional violence against children in Cambodia.

## 8.1. Perpetrators of first incident of sexual abuse prior to age 18

The findings presented below focus on the perpetrators of the first incidents of sexual abuse among both 18 to 24 year olds (Figure 8.1) and 13 to 17 year olds (Figure 8.2) who experienced any type of sexual abuse prior to the age of 18. It includes the age difference between the respondent and the perpetrator (Figure 8.3), the sex of the perpetrator (Figure 8.4 and Figure 8.5) and whether there was more than one perpetrator at the first incident (Figure 8.6). All data relates to the reported first incident of sexual abuse prior to age 18.

### 8.1.1. 18 to 24 year olds

Figure 8.1 shows that of the 18 to 24 year olds who reported experiencing sexual abuse prior to age 18, approximately one in three females and males cited neighbours as the perpetrator of the first incident (28.0% and 36.8%, respectively). The next mostly 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%). In the great majority of cases, the perpetrator was known to the respondent. 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%).

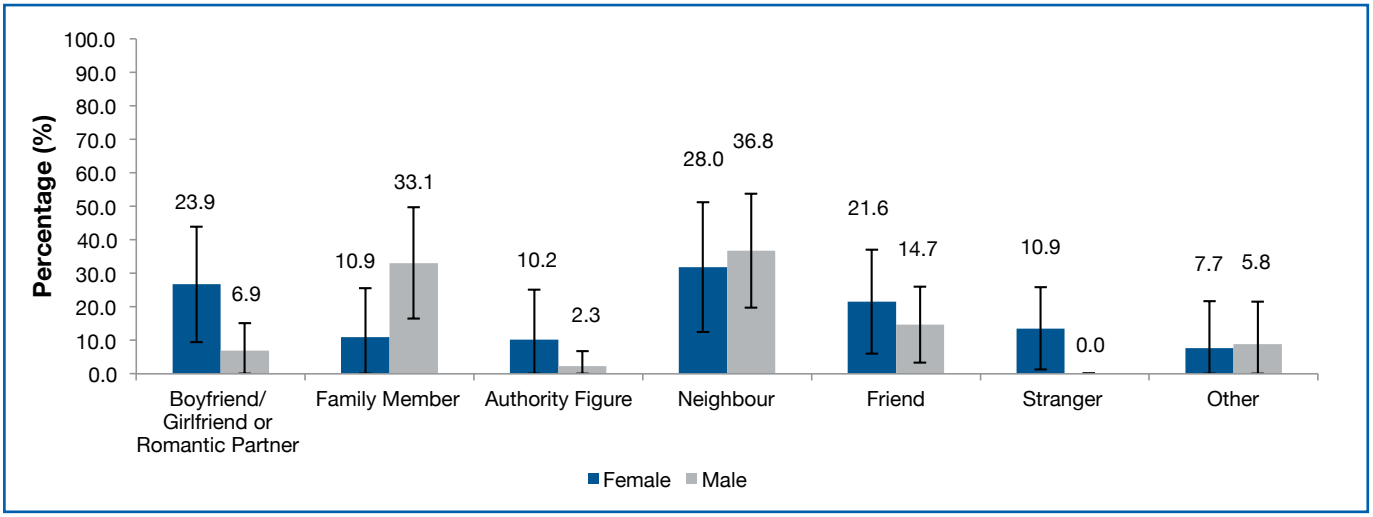



**Figure 8.1: Perpetrators of the first incident sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A27) – Cambodia VACS, 2013**

### 8.1.2. 13 to 17 year olds

Among 13- to 17-year-old females who experienced sexual abuse, the most common perpetrator of the first incident of sexual abuse was a friend (33.5%), whereas among 13- to 17-year-old males it was a family member (36.8%) (Figure 8.2). 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 that the perpetrator was a stranger, while a stranger was the perpetrator reported by more than 1 in 10 females (12.9%).

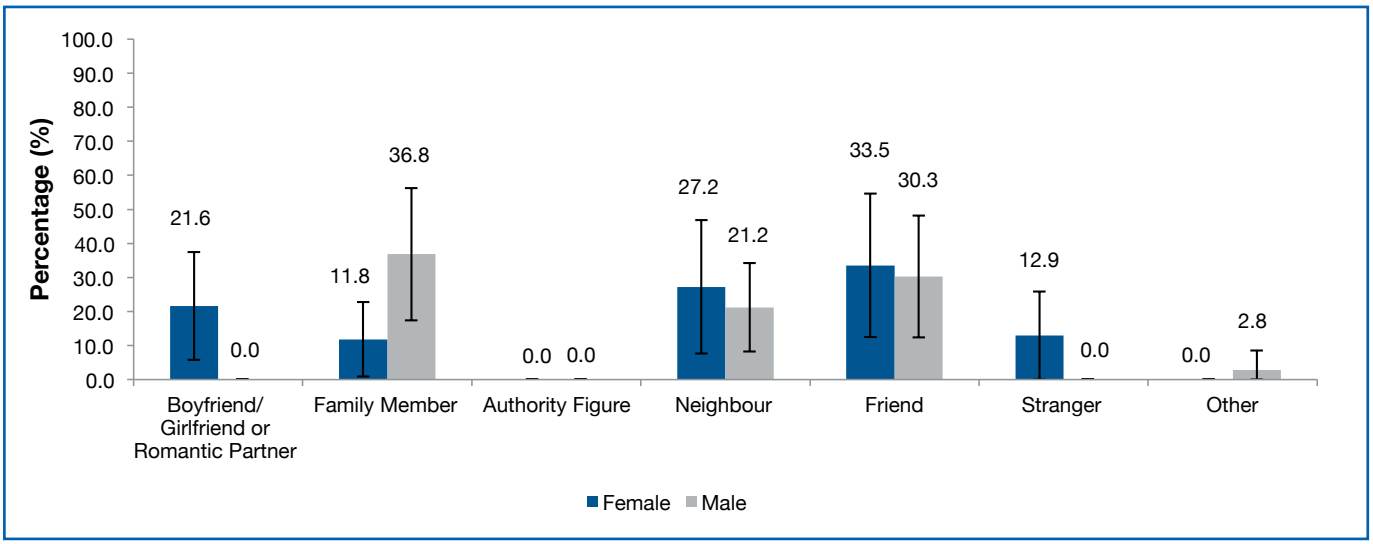



**Figure 8.2: Perpetrators of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse (Appendix A, Table A27) – Cambodia VACS, 2013**

### 8.1.3. Age differences between perpetrators of first incident of sexual abuse prior to age 18 and respondents

More than 6 in 10 of both females and males aged 18 to 24 reported that the perpetrator of the first incident of child sexual abuse was five or more years older (61.1% and 71.8%, respectively) (Figure 8.3). Among females and males aged 13 to 17 years, about half reported that the perpetrator of the first incident of sexual abuse was five or more years older than them (51.9% and 52.2%, respectively).

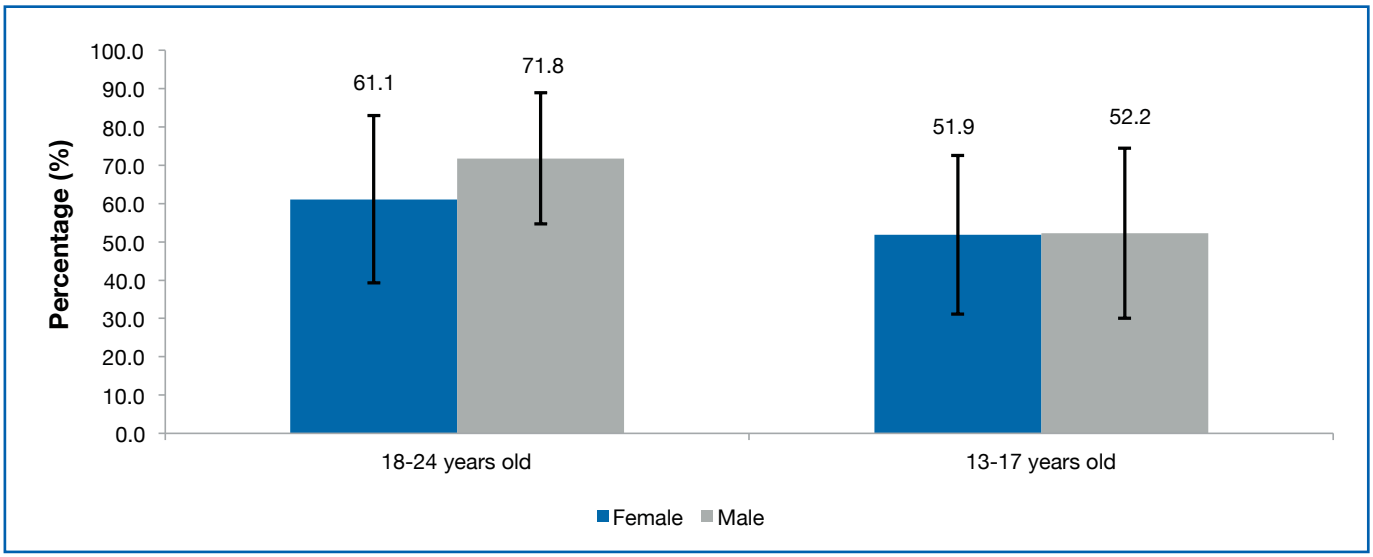



**Figure 8.3: Perpetrators of the first incident of childhood sexual abuse five or more years older, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Appendix A, Table A28) – Cambodia VACS, 2013**

### 8.1.4. Male and female perpetrators of sexual abuse prior to age 18

The sex of the perpetrator of the first incident of childhood sexual abuse was most likely to be male for the majority of females and males aged 18 to 24 (Figure 8.4) and 13 to 17 (Figure 8.5). Among the 18 to 24 year olds who experienced sexual abuse prior to age 18, the perpetrator was male for more than three quarters of males (84.3%) and more than four out of five females (75.6%). Similarly, among 13- to 17-year-old females and males a substantial majority of perpetrators were male (71.1% and 78.5%, respectively).

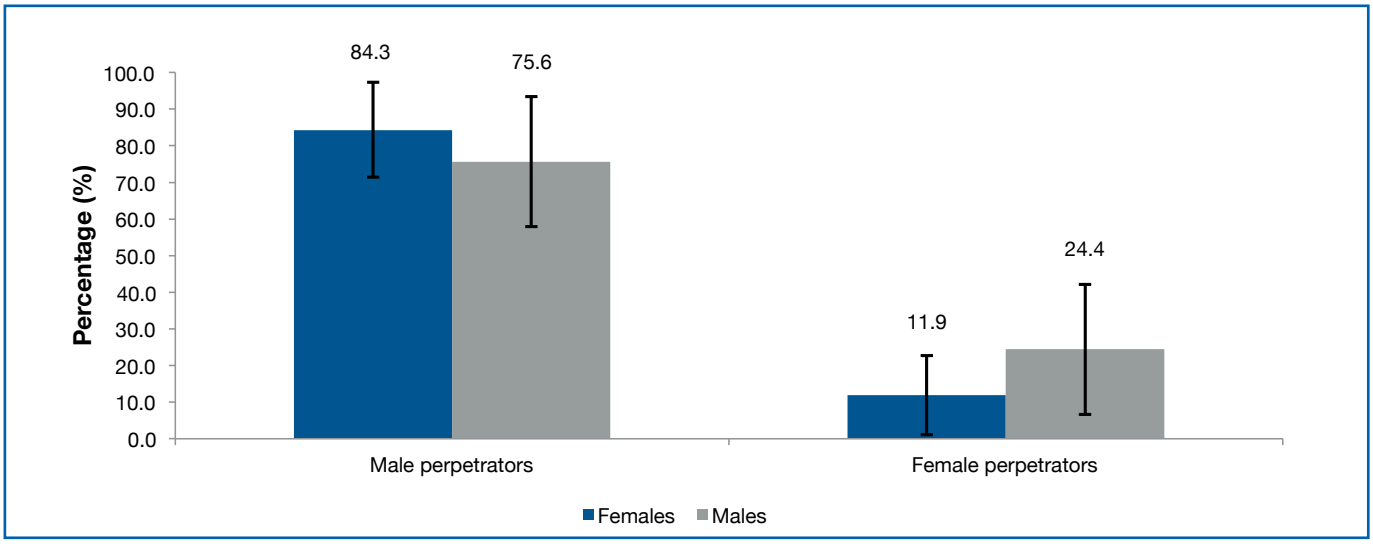



**Figure 8.4: Sex of perpetrators of the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A29) – Cambodia VACS, 2013**

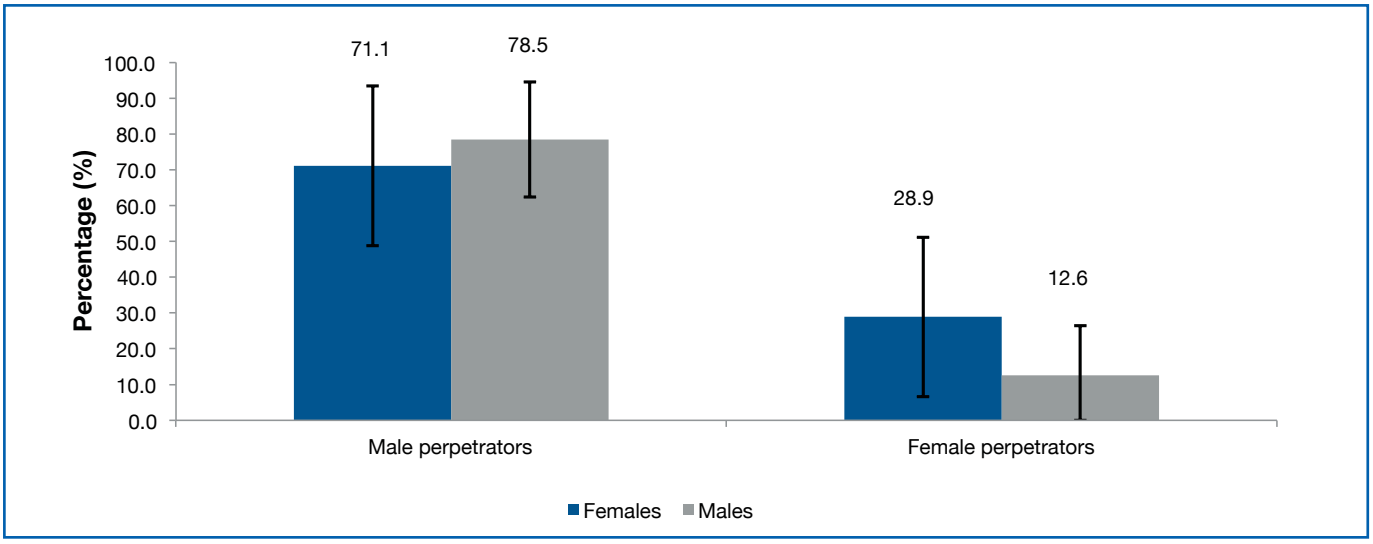



**Figure 8.5: Sex of perpetrators of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse (Appendix A, Table A29) – Cambodia VACS, 2013**

### 8.1.5. More than one perpetrator of sexual abuse prior to age 18

Anecdotally, the prevalence of group or gang rape has been noted in Cambodia as well as other countries in the region. This survey gathered data on whether respondents experienced sexual abuse (including rape) by multiple perpetrators (Figure 8.6). The sample size of respondents who experienced sexual abuse was too small to gain statistically significant estimates of the involvement of multiple perpetrators for specific types of sexual abuse such as rape. Consequently, although rape by multiple perpetrators could not be analyzed specifically, figures for all types of sexual abuse were analyzed. More than 1 in 10 females (11.9%) and over a quarter of males (26.4%) aged 18 to 24 reported that the first incident of child sexual abuse was perpetrated by more than one person. Among 13 to 17 year olds, one in eight females (11.4%) and one in six males (15.8%) reported that the first incident of sexual abuse involved more than one perpetrator.

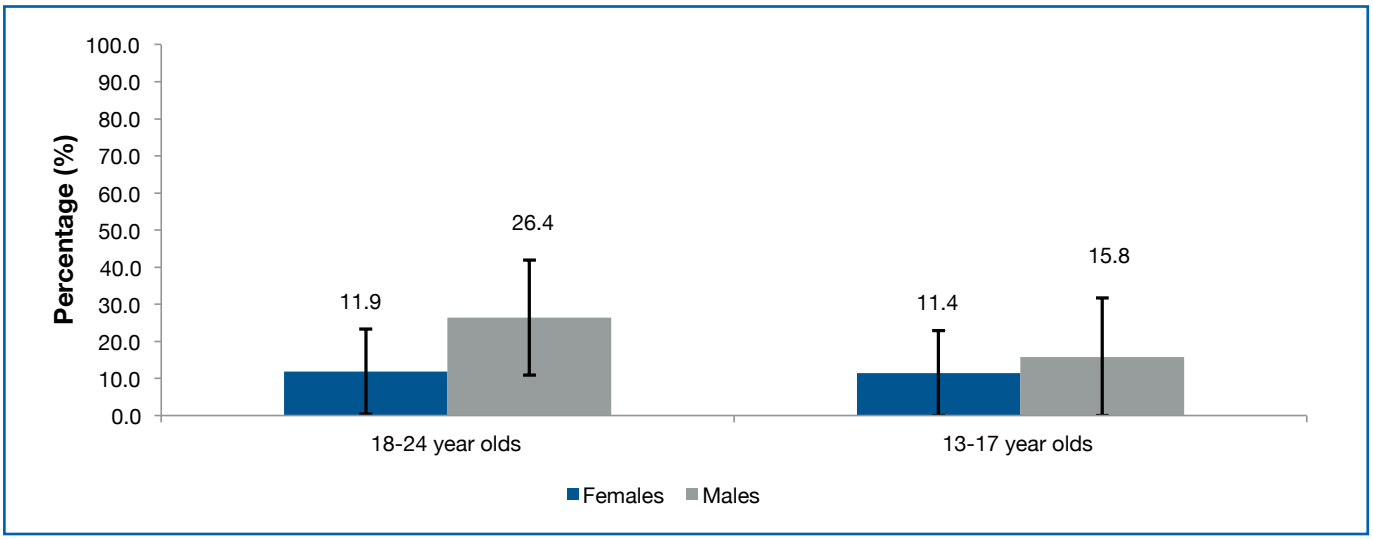



**Figure 8.6: More than one perpetrator at the first incident of sexual abuse prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Appendix A, Table A30) – Cambodia VACS, 2013**

## 8.2. Perpetrators of first incident of physical violence prior to age 18

This section presents survey results among respondents who experienced physical violence prior to age 18 perpetrated by intimate partners, parents, caregivers, or other adult relatives, and community members such as teachers, friends and authority figures.

Among 18 to 24 year olds who experienced physical violence before age 18 and 13 to 17 year olds who experienced physical violence, information was collected on the specific types of intimate partners, parents, caregivers, adult family members and community members who perpetrated the first incident of physical violence against the respondent prior to age 18.

Figure 8.7 shows that parents, caregivers and other adult family members were the most common perpetrators of childhood physical violence among 18 to 24 year olds. Few intimate partners were reported as perpetrators of physical violence prior to age 18.

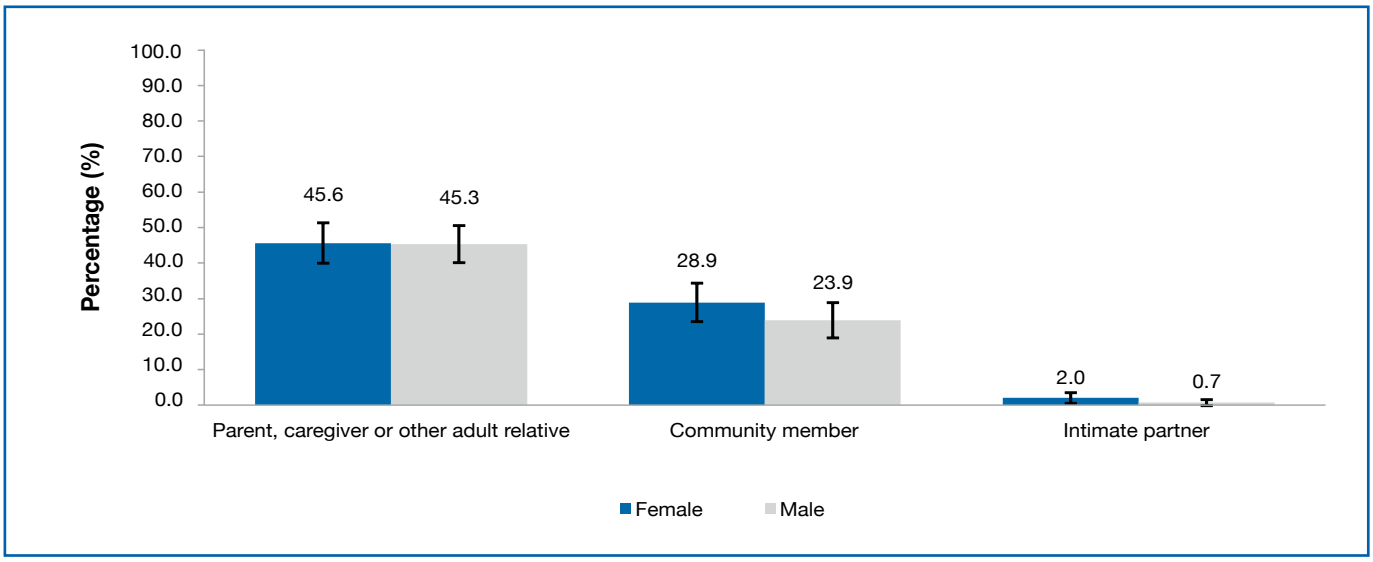



**Figure 8.7: Any physical violence by type of perpetrator, as reported by 18-24 year olds (Appendix A, Table A31) – Cambodia VACS, 2013**

Respondents aged 13 to 17 were similarly likely to have experienced physical violence by a parent, caregiver or other adult relative or a community member (Figure 8.8). Among respondents aged 13 to 17, 9.8% of males and 1.3% of females reported experiences of physical violence perpetrated by an intimate partner.

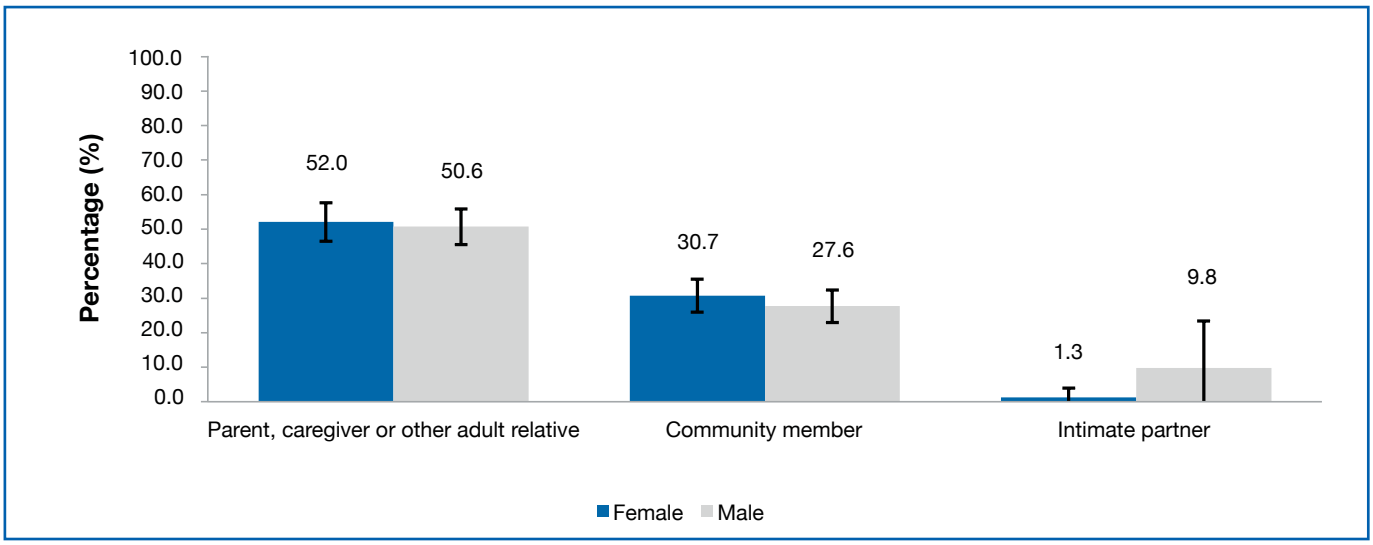



**Figure 8.8: Any physical violence by type of perpetrator, as reported by 13-17 year olds (Appendix A, Table A31) – Cambodia VACS, 2013**

### 8.2.1. 18 to 24 year olds – Intimate partner perpetrators

It was not possible to present data on type of intimate partner of the first incident of physical violence prior to age 18 because the sample size was too small for analysis (Appendix A, Table A32).

### 8.2.2. 18 to 24 year olds – Parent, caregiver or other adult relative perpetrators

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 (Figure 8.9). Over half of females and males aged 18 to 24 reported their mother or stepmother as the perpetrator of the first incident of physical violence prior to age 18 (56.9% and 54.4%, respectively). Almost one in three females (30.7%) and more than one in three males (39.1%) reported that their father or stepfather as the perpetrator of the first incident of childhood physical violence.

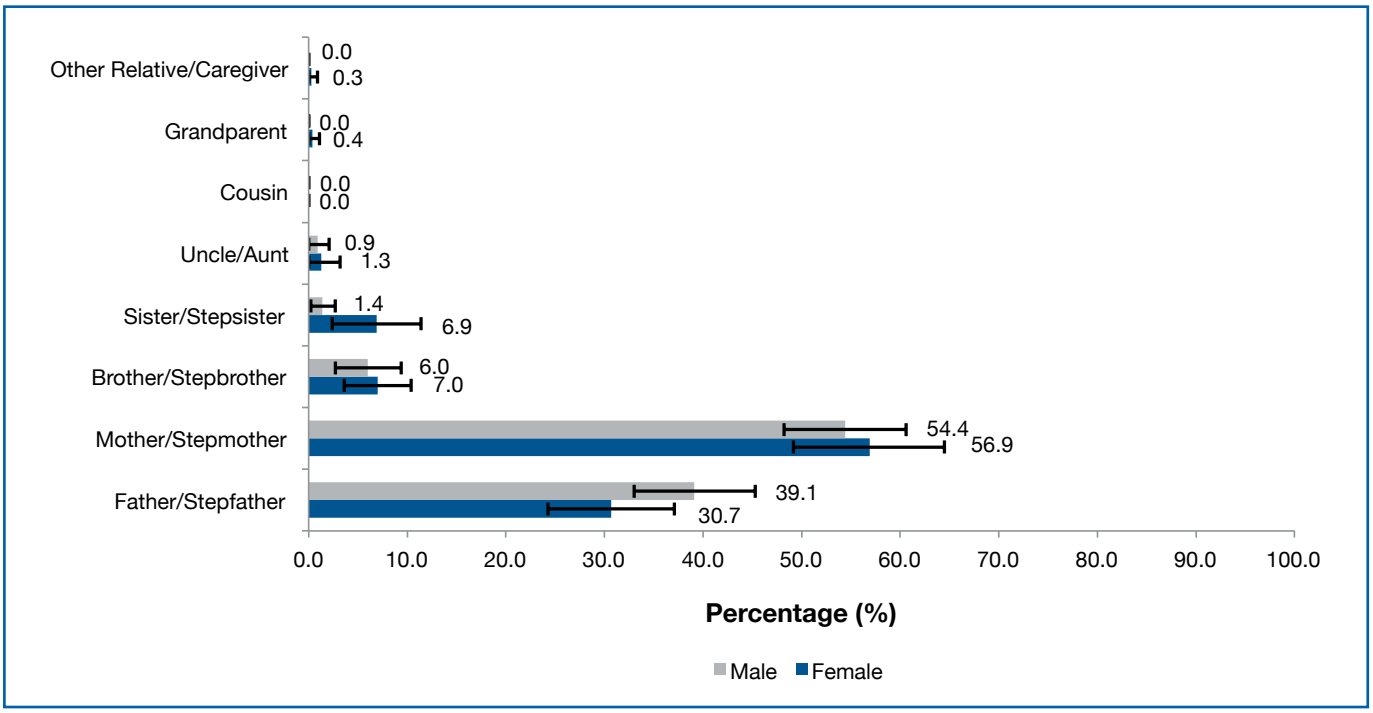



**Figure 8.9: Perpetration of physical violence prior to age 18 by family members, as reported by 18-24 year olds who experienced any childhood physical violence (Appendix A, Table A32) – Cambodia VACS, 2013**

### 8.2.3. 18 to 24 year olds – Community member perpetrators

Among females and males aged 18 to 24 who experienced physical violence by someone living in the community prior to the age of 18, male teachers were cited most often as the perpetrator of the first incident of physical violence (Figure 8.10). 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). 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). After teachers, friends were the most commonly reported perpetrator with 7.7% of females and 16.8% of males aged 18 to 24 reporting friends as the perpetrator of the first incident prior to age 18.

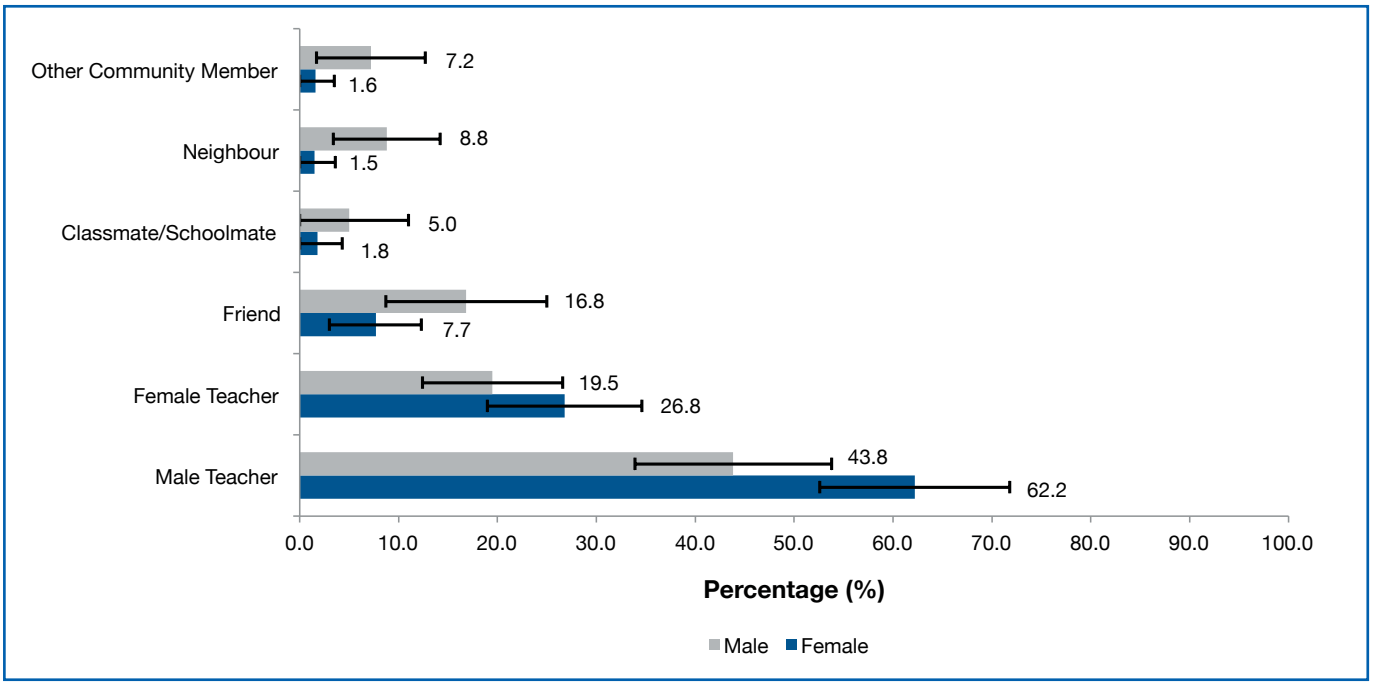



**Figure 8.10: Perpetration of physical violence prior to age 18 by community members, as reported by 18-24 year olds who experienced any childhood physical violence(Appendix A, Table A32) – Cambodia VACS, 2013**

### 8.2.4. 13 to 17 year olds – Intimate partner perpetrators

Similarly to the results for the older age group, it was not possible to present data on type of intimate partner of the first incident of physical violence because the sample size was too small for analysis (Appendix A, Table A33).

### 8.2.5. 13 to 17 year olds – Parent, caregiver or other adult relative perpetrators

Similarly 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 (Figure 8.11). Two thirds of females and over half of males most often reported a mother or stepmother as the perpetrator of the first incident (63.6% and 55.1%, respectively). 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.

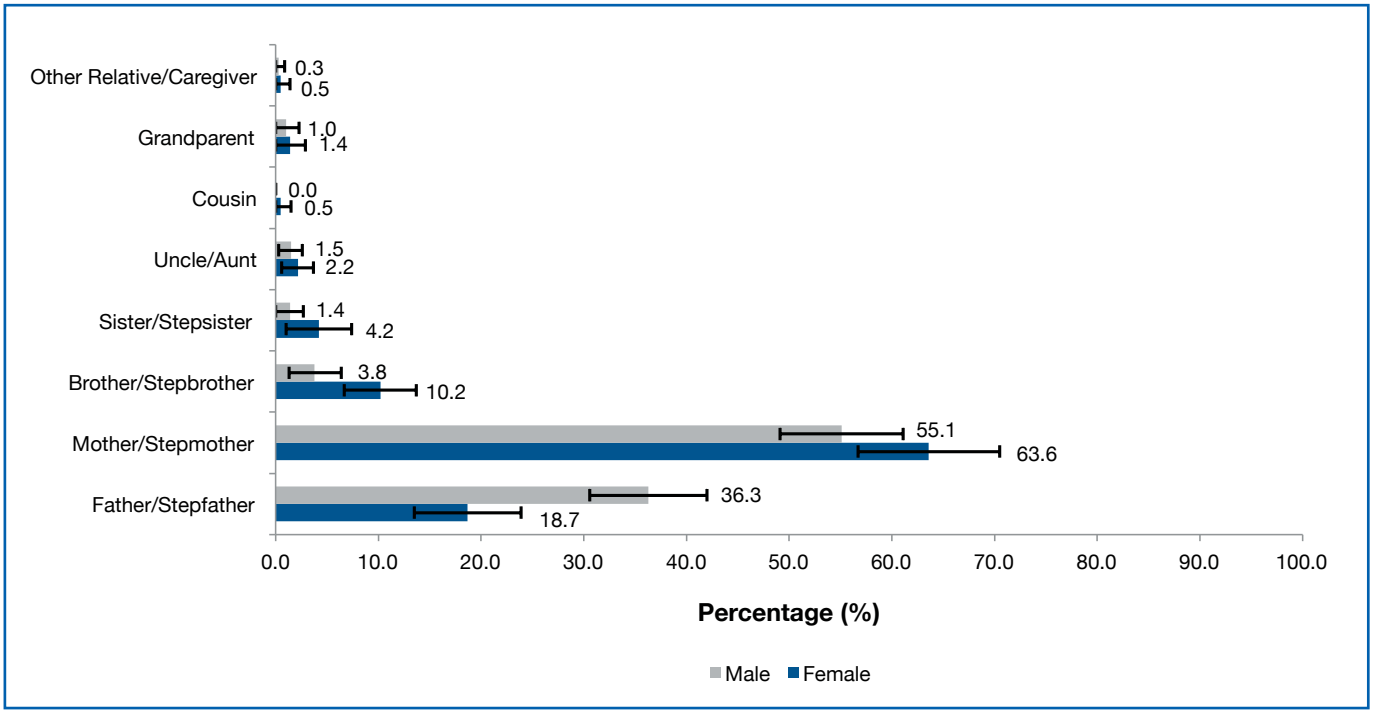



**Figure 8.11: Perpetration of physical violence by family members, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A33) – Cambodia VACS, 2013**

### 8.2.6. 13 to 17 year olds – Community member perpetrators

Among 13 to 17 year olds who experienced violence by someone living in the community, male teachers were cited most often as the perpetrator of the first incident of physical violence (Figure 8.12). Over half of both females and males aged 13 to 17 years reported that a male teacher was the perpetrator (58.6% and 51.7%, respectively). 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). After teachers, friends were the most commonly reported perpetrator with males aged 13 to 17 reporting friends as the perpetrator of the first incident of physical violence in 17% of cases and their female counterparts in 9.5%.

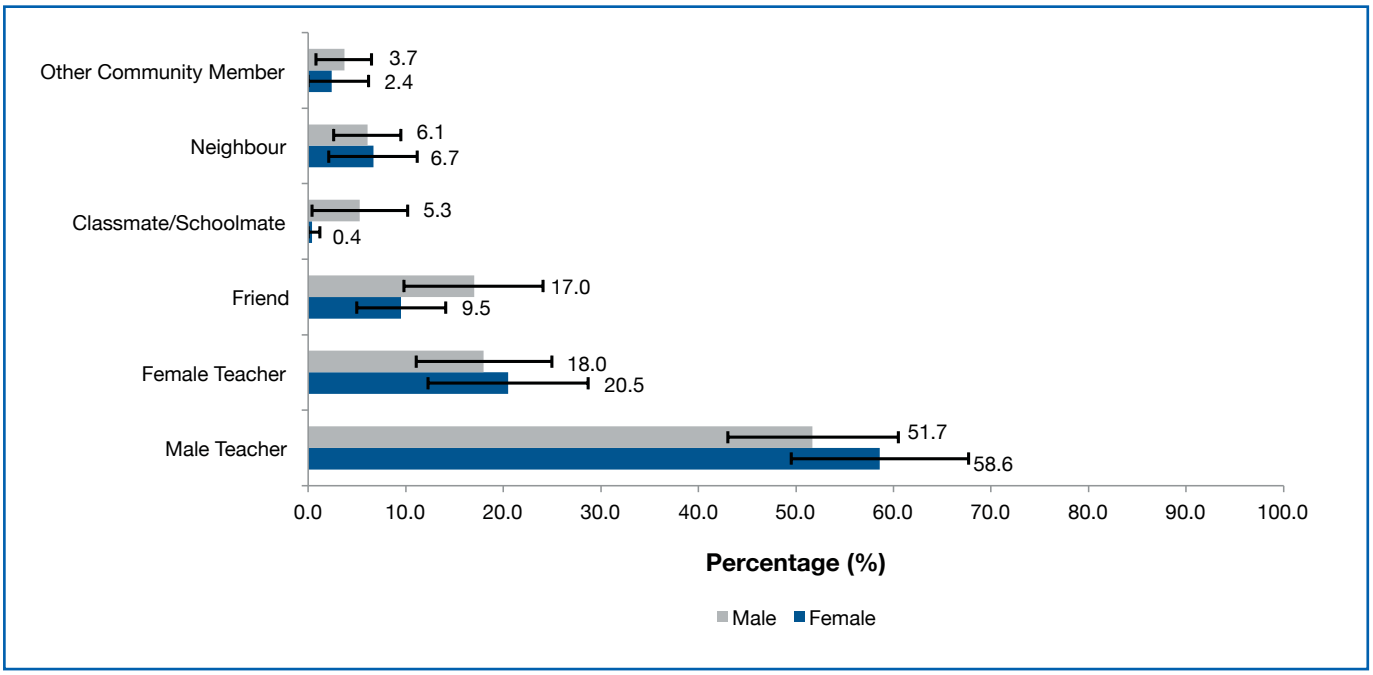



**Figure 8.12: Perpetration of physical violence by community members, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A33) – Cambodia VACS, 2013**

## 8.3. Perpetrators of the first incident of emotional violence prior to age 18

This section presents the survey results of perpetrators of the first incident of emotional violence among respondents aged 18 to 24 who experienced emotional violence prior to age 18 and 13 to 17 year olds who experienced any emotional violence. Questions related to emotional violence were asked only in relation to perpetration by parents, caregivers or other family members, so although other members of communities may also perpetrate emotional violence, the survey did not capture these incidences.

### 8.3.1. 18 to 24 year olds – Parent, caregiver or other adult relative perpetrators

Among respondents aged 18 to 24 who experienced emotional violence by parents, caregivers or other family members prior to age 18 (Figure 8.13), the majority of females and males reported that their mother or stepmother was the perpetrator of the first incident (56.9% and 59.3%, respectively). Fathers or stepfathers were the second most commonly cited perpetrator of the first incident of emotional violence prior to age 18, and more likely to be reported by males (23.4%) than females (14.3%) aged 18 to 24.

Among other relatives, siblings were the most common perpetrators of the first incident of emotional violence prior to age 18 as reported by 18 to 24 year olds. A sister or stepsister was cited as the perpetrator of the first incident of emotional violence prior to 18 by 11.5% of females and 2.5% of males. A brother or stepbrother was reported as the perpetrator by a similar proportion of females and males (6.7% and 7.0%, respectively).

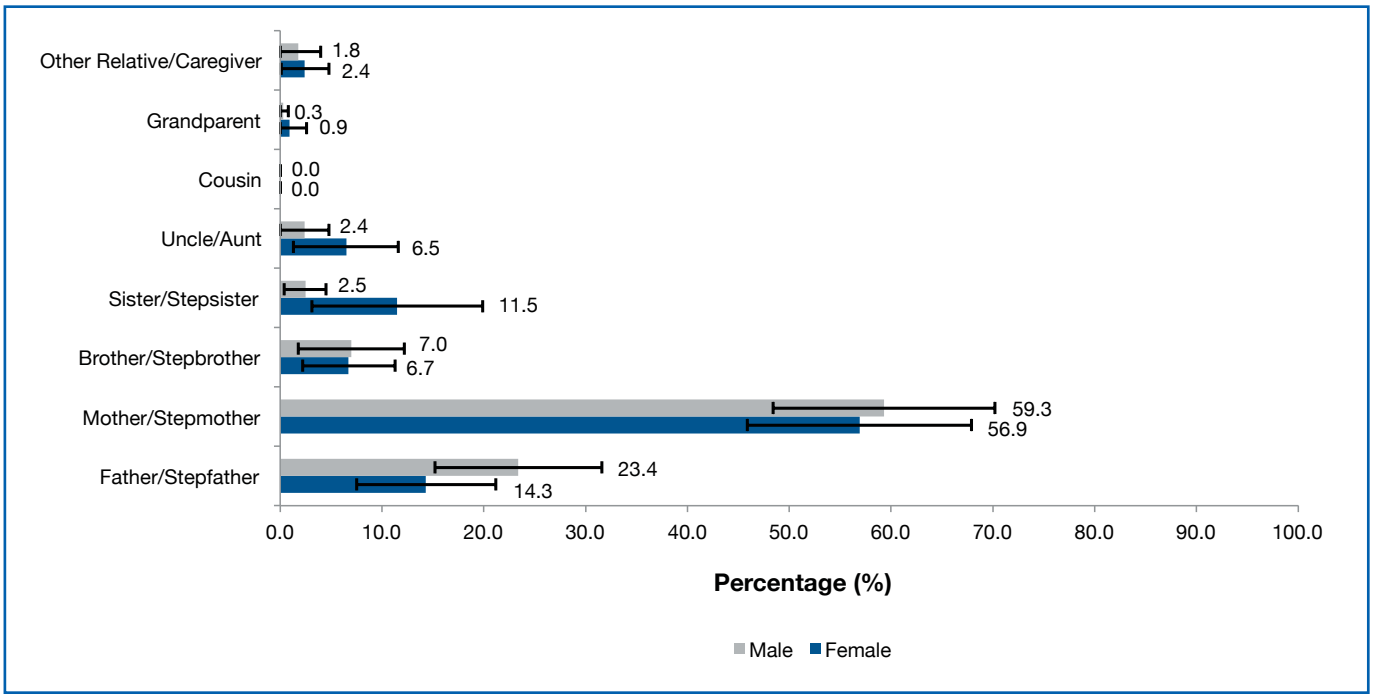



**Figure 8.13: Perpetration of childhood emotional violence by family members, as reported by 18-24 year olds who experienced any childhood emotional violence (Appendix A, Table A34) – Cambodia VACS, 2013**

### 8.3.2. 13 to 17 year olds – Parent, caregiver or other adult relative perpetrators

Among respondents aged 13 to 17 who experienced emotional violence by parents, caregivers or other family members (Figure 8.14), the majority of females and males reported that their mother or stepmother was the perpetrator of the first incident (53.8% and 58.3%, respectively). Fathers or stepfathers were the second most commonly cited perpetrator of the first incident of emotional violence with males aged 13 to 17 being more likely to report them as perpetrators than their female counterparts (23.0% and 7.9%, respectively). As with 18 to 24 year olds, after parents siblings were the next most commonly reported category of perpetrators of the first incident of emotional violence among respondents aged 13 to 17. A sister or stepsister was cited as the perpetrator of the first incident of emotional violence by 11.7% of females and 4.6% of males aged 13 to 17. A brother or stepbrother was reported as the perpetrator by a similar proportion of females and males in this age category (7.7% and 6.8%, respectively).

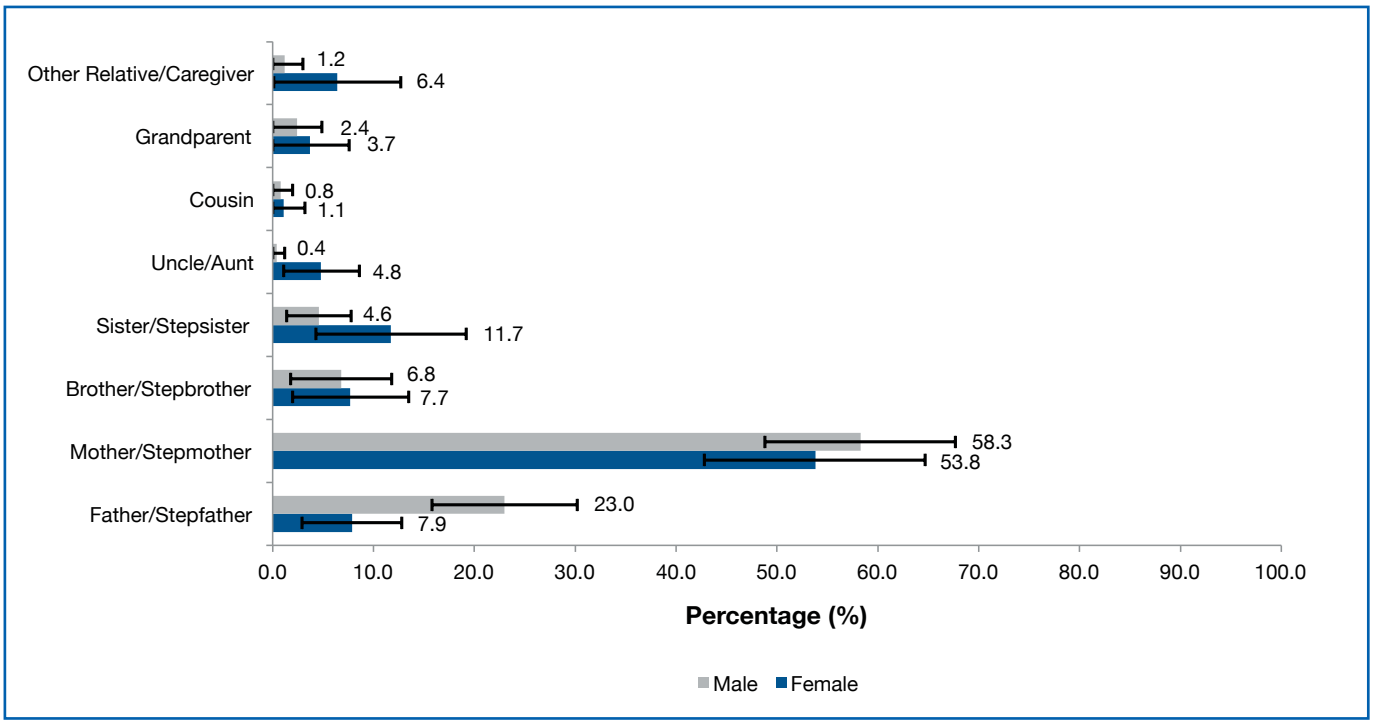
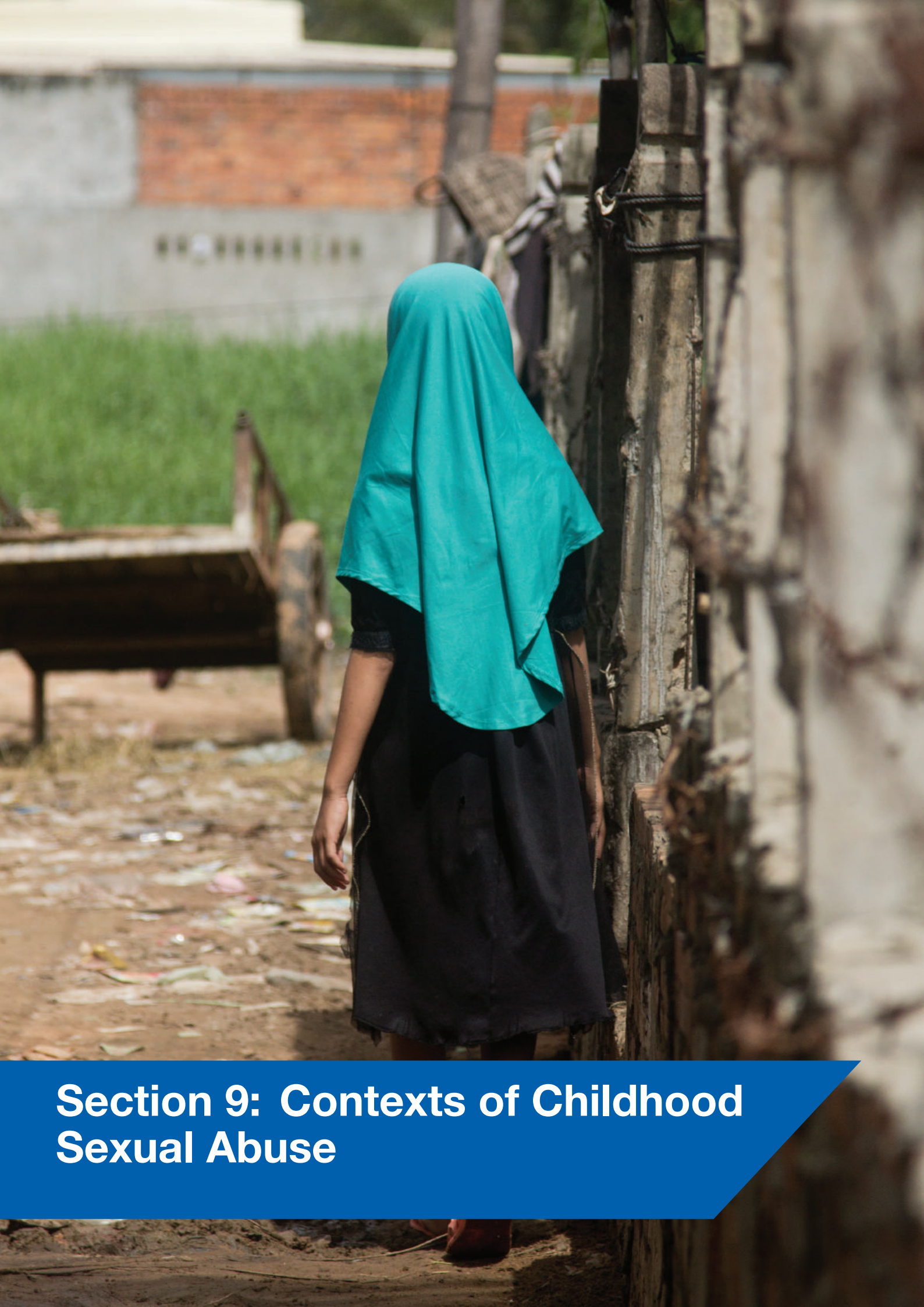



**Figure 8.14: Perpetration of emotional violence by family members, as reported by 13-17 year olds who experienced any emotional violence (Appendix A, Table A34) – Cambodia VACS, 2013**



# Section 9: Contexts of Childhood Sexual Abuse

# 9. Contexts of Childhood Sexual Abuse

**Overview**

- **The respondent's home was the most commonly reported location of the first incident of sexual abuse for almost half of females and over a third of males aged 18 to 24 of those who experienced sexual abuse prior to age 18**
- **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 and 26.3% females and 10.4% males aged 13 to 17 who experienced sexual abuse**
- **Among 13 to 17 year olds who experienced sexual abuse, 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)**
- **Nearly one in four females aged 18 to 24 (24%) reported that a parent was home and one in five (19.7%) reported that a sibling was at home during the first incident of sexual abuse prior to age 18. Males 18 to 24 had similar frequencies with 20.5% reporting a parent at home and 25.0% reporting a sibling was home at the time of the first sexual abuse incident prior to age 18**
- **The presence of someone else in the house during the first incident of sexual abuse was significantly higher for males than females aged 13 to 17, with few females reporting the presence of someone else in the home**
- **Among both age groups, there were no significant differences in the time of day that childhood sexual abuse occurred between females and males and no significant difference among males between the different times of day. For females, childhood sexual abuse was significantly more likely to occur in the evening than late at night**

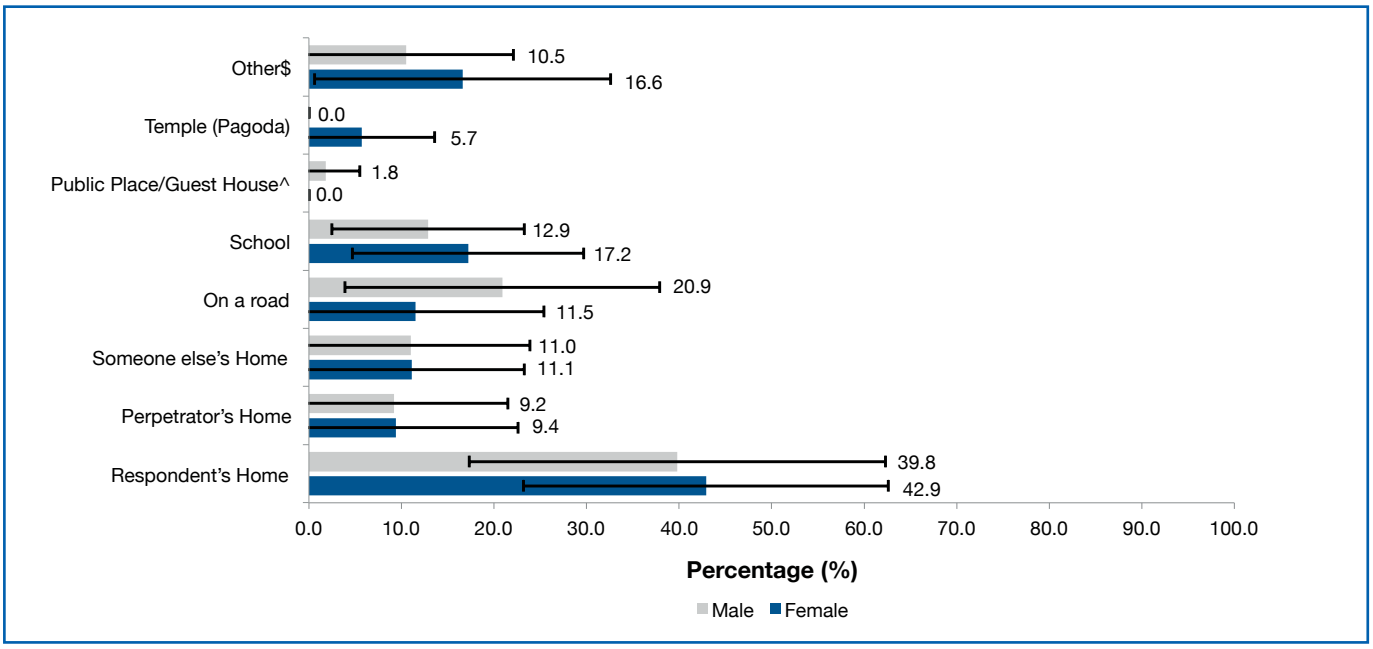
In addition to knowing the perpetrators of violence, it is also important to understand where and how violence and abuse takes place in order to focus prevention efforts. This section focuses on the locations and times of day that respondents experienced their first incidents of sexual abuse, i.e., sexual touching, attempted sex, pressured sex, and physically forced sex, that took place before age 18. When respondents indicated that their first incident of childhood sexual abuse occurred in a home, the section elaborates whether anyone else was home at the time of the first incident.

## 9.1. Where childhood sexual abuse occurred

The findings presented below show the locations of the first incidents of sexual abuse for 18 to 24 year olds whose first experience occurred prior to age 18 (Figure 9.1) and 13 to 17 year olds (Figure 9.2) who experienced any type of sexual abuse.

### 9.1.1. 18 to 24 year olds

Among respondents aged 18 to 24 years who experienced sexual abuse prior to age 18, the respondent's home was the most commonly reported location of the first incident of childhood sexual abuse for both females and males (42.9% and 39.8%, respectively) (Figure 9.1). No females in this age category reported incidents for public places or a guesthouse and no males identified pagodas as the location of the first incident of sexual abuse prior to age 18.




^ includes guest house, resort, rental house, village, sports centre
$ Includes market/shop, inside a car/bus, lake/river/body of water, field/natural area, bar/restaurant/disco/club, workplace

**Figure 9.1: Location of first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A35) – Cambodia VACS, 2013**

Respondents aged 18 to 24 who indicated the first incident of sexual abuse prior to age 18 occurred in a home were asked if anyone else was at home at the time in order to better understand the circumstances in which violence and abuse take place (Figure 9.2).

Nearly one in four females aged 18 to 24 (24%) reported that a parent was home and one in five (19.7%) reported that a sibling was at home during the first incident of sexual abuse prior to age 18. Males aged 18 to 24 had similar frequencies with 20.5% reporting a parent at home and 25% reporting a sibling was home at the time of the first childhood sexual abuse incident. More males in this age category reported that a friend was at home (24.8% compared to 3.9% of females) and that another relative was at home.

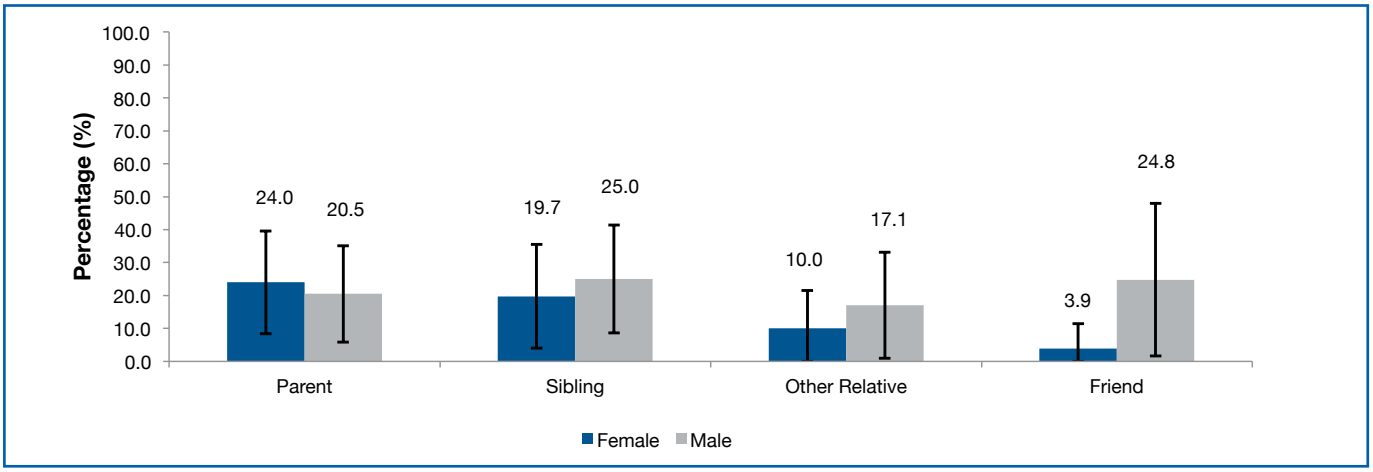
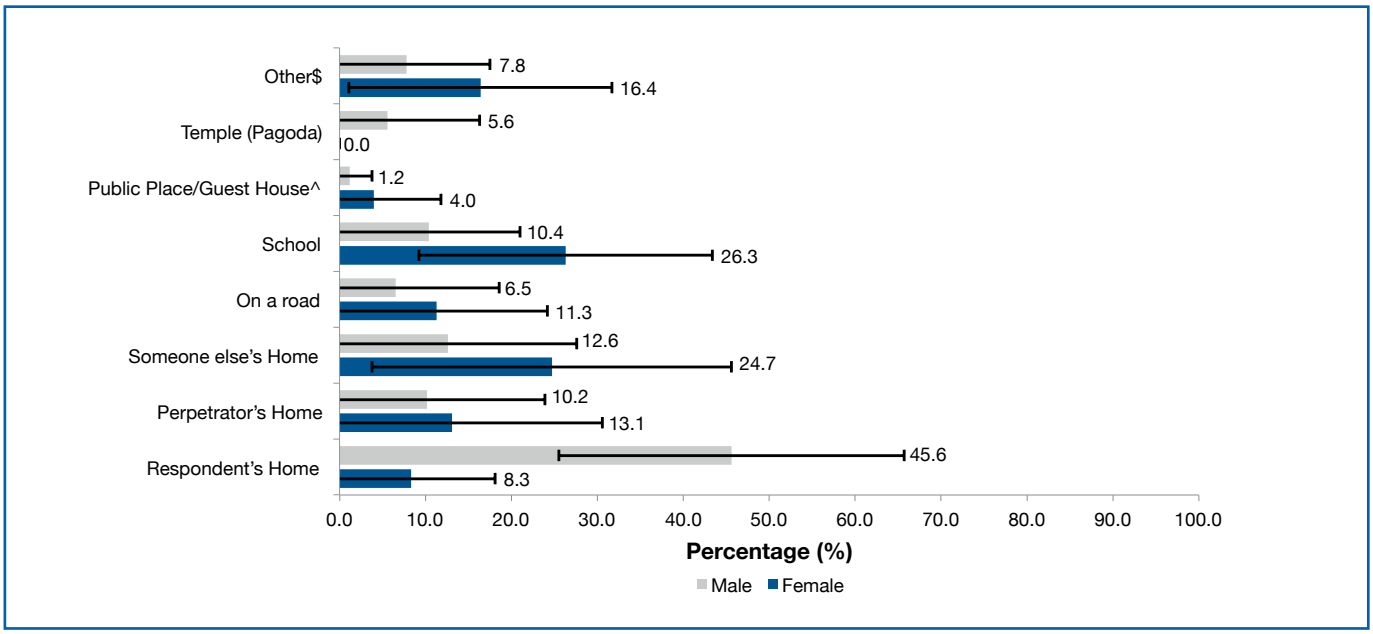



**Figure 9.2: Other people at home at the time of the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A36) – Cambodia VACS, 2013**

### 9.1.2. 13 to 17 year olds

The location of the first incident of sexual abuse among respondents aged 13 to 17 differed between males and females (Figure 9.3). Males were significantly more likely than females to report the location of the first incident of sexual abuse at the respondent's home (45.6% and 8.3%, respectively). Among males aged 13 to 17, the respondent's home was reported at significantly higher rates than any other location except at someone else's home. Among females in this age category, there were no significant differences between locations of the first incident except for pagodas, which had no reported incidences.




^ includes guest house, resort, rental house, village, sports centre
$ Includes market/shop, inside a car/bus, lake/river/body of water, field/natural area, bar/restaurant/disco/club, workplace

**Figure 9.3: Locations of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse (Appendix A, Table A35) – Cambodia VACS, 2013**

The presence of someone else at the time of sexual abuse among those who reported the first incident of sexual abuse occurred in a home varied significantly between 13- to 17-year-old males and females (Figure 9.4). Few females reported that someone else was home at the time of the abuse; 6.4% of females reported that a relative was home and 2.4% reported that a sibling was home, while no females reported that a parent or friend was home. For males aged 13 to 17, 41.7% reported that a relative was home and 36.5% reported that a sibling was home. A parent was present for 26.3% of males and a friend was present in the home for 15.6% of males.

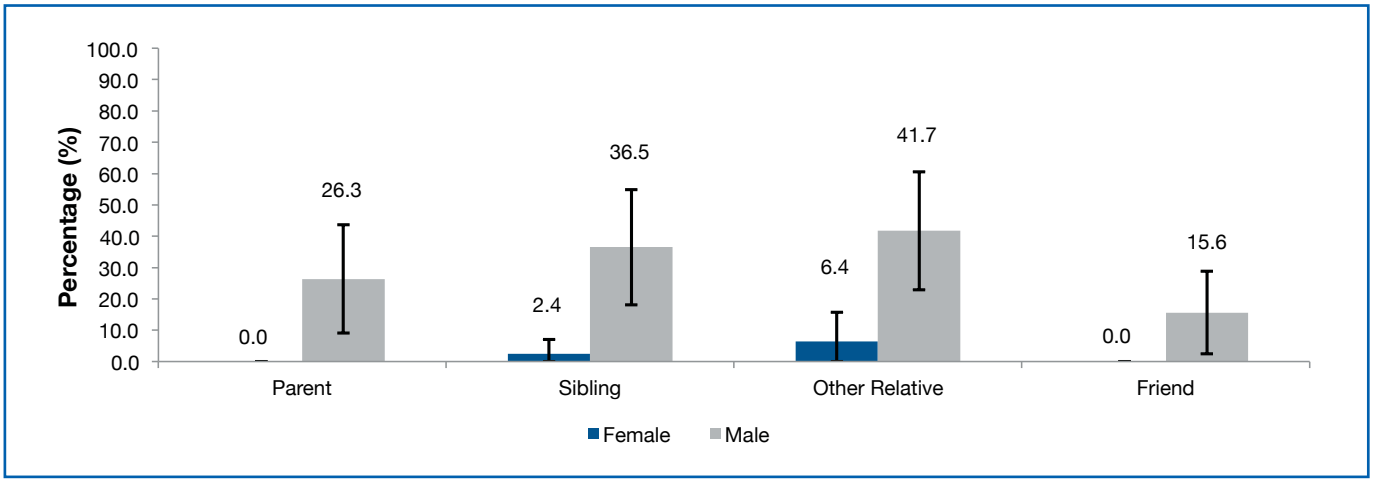
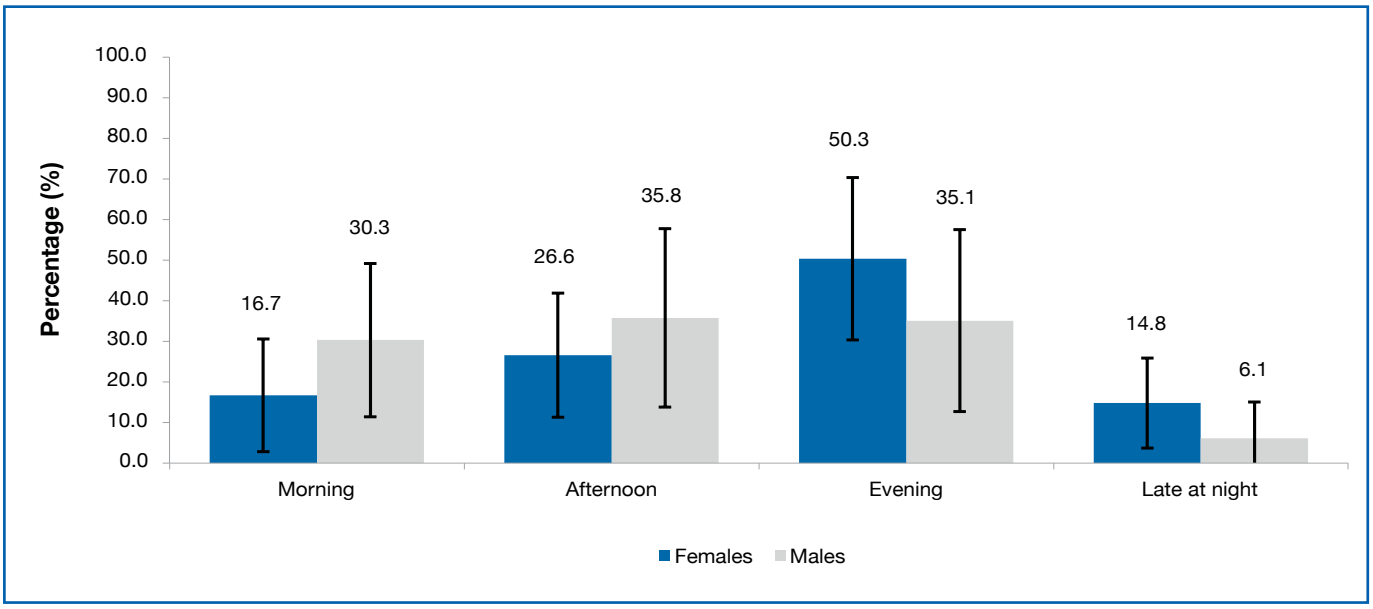



**Figure 9.4: Other people at home at the time of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse (Appendix A, Table A36) – Cambodia VACS, 2013**

## 9.2. Time of day that sexual abuse occurred prior to age 18

### 9.2.1. 18 to 24 year olds

Figure 9.5 shows that of the 18 to 24 year olds who reported experiencing sexual abuse prior to age 18, over half of females (50.3%) and more than one in three males (35.1%) reported that the first incidents took place in the evening. A similar proportion of males and females reported that the afternoon was the time of the first incidents of sexual abuse (26.6% and 35.8%, respectively). Late at night was the least frequently mentioned time of day among both females (14.8%) and males (6.1%). For females, sexual abuse was significantly more likely to occur in the evening than late at night.

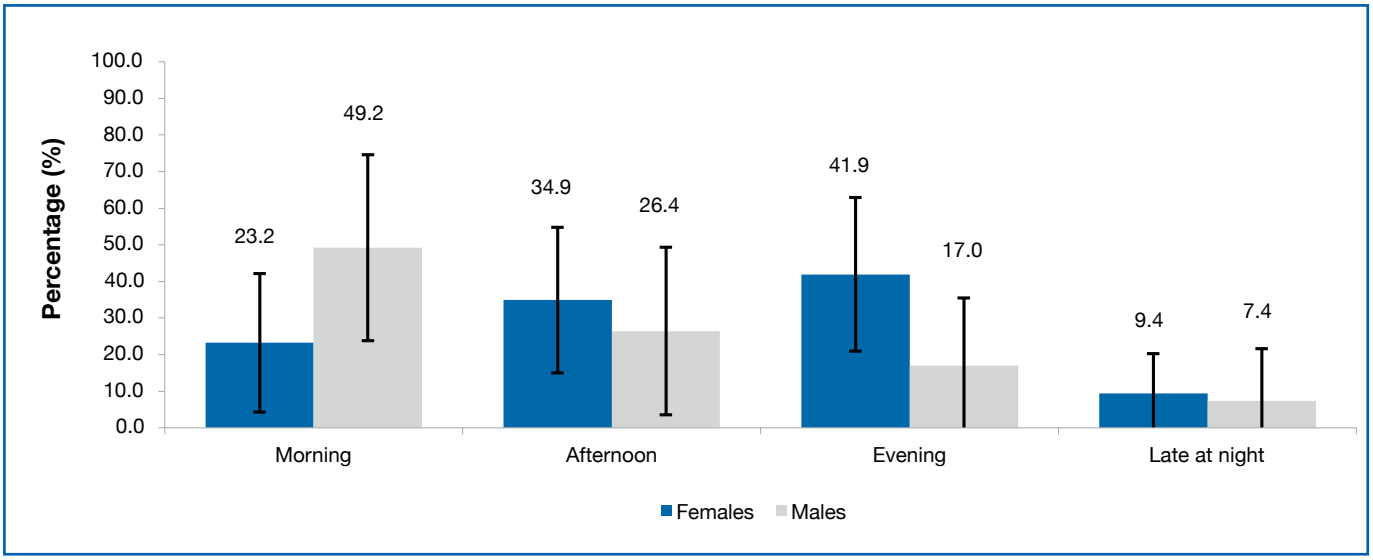



Note: morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, late at night refers to midnight-sunrise

**Figure 9.5: Time of day of the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A37) – Cambodia VACS, 2013**

### 9.2.2. 13 to 17 year olds

Among 13 to 17 year olds who experienced sexual abuse, 41.9% of females and 17.0% of males reported that the evening was the time of day of the first incident (Figure 9.6). Afternoon was reported by 34.9% of females and 26.4% of males, morning was reported by 23.2% of females and 49.2% of males. For both females and males, late at night was the least commonly cited time of day (9.4% and 7.4%, respectively). For females, the first incident of sexual abuse was significantly more likely to occur in the evening than late at night.




Note: morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, late at night refers to midnight-sunrise

**Figure 9.6: Time of day of the first incident of sexual abuse, as reported by 13-17 year olds who experienced any sexual abuse (Appendix A, Table A37) – Cambodia VACS, 2013**

## 9.3. Trust in the community

Despite reporting incidents of violence and perpetrators of violence as being community members, overall respondents said they felt safe in the community[7] (Figure 9.7) and trusted people living in the community[8] (Figure 9.8).

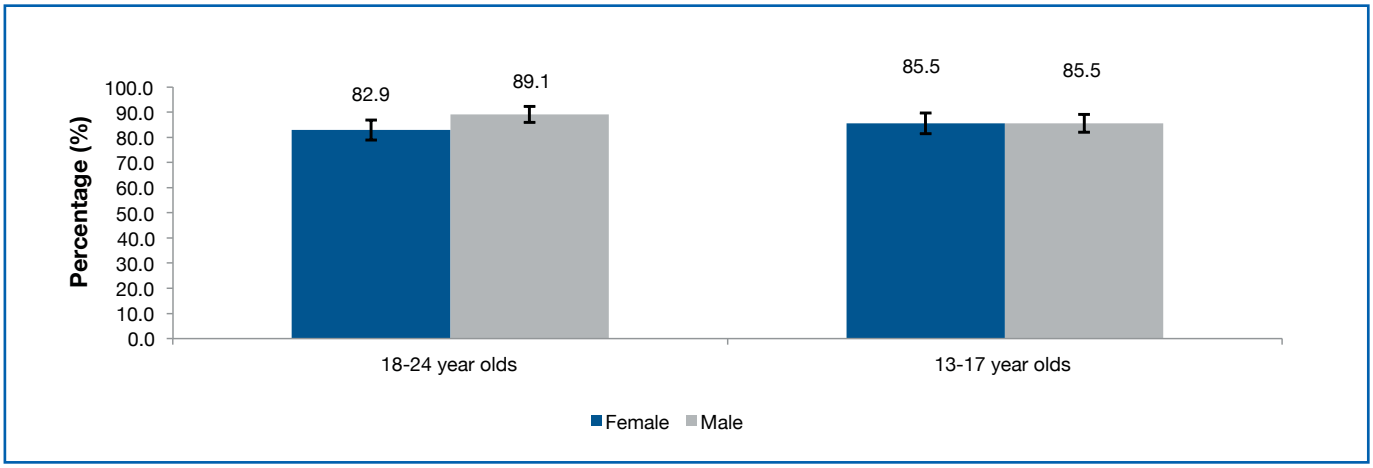



**Figure 9.7: Trust in the community, as reported by 18-24 and 13-17 year olds (Appendix A, Table A38) – Cambodia VACS, 2013**

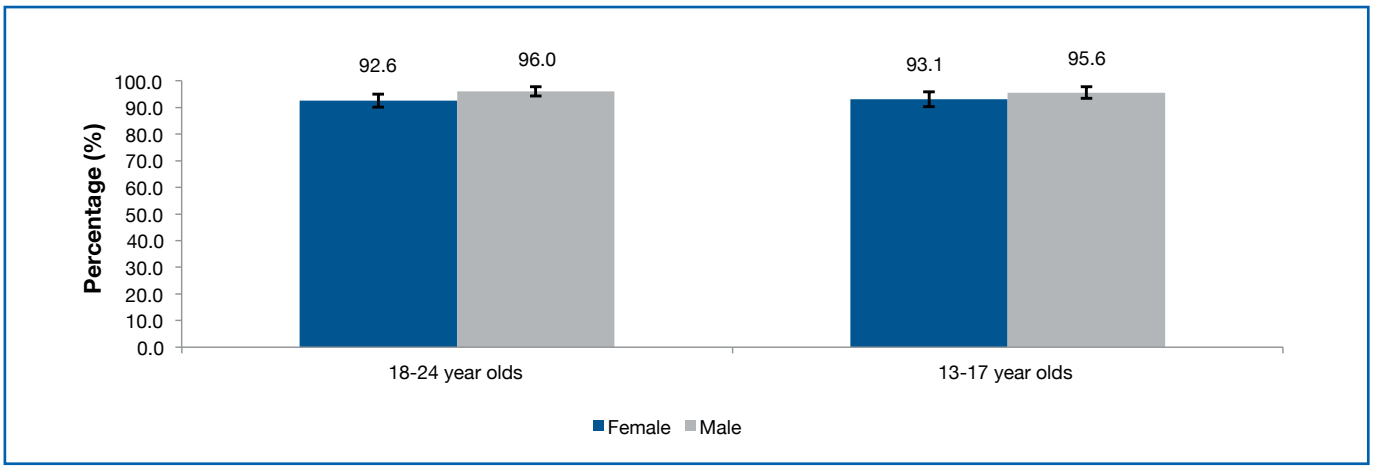



**Figure 9.8: Feel safe in the community, as reported by 18-24 and 13-17 year olds (Appendix A, Table A38) – Cambodia VACS, 2013**

7 Comprises participants who responded "a lot" and "some"
8 Comprises participants who responded "very safe" and "somewhat safe"

### Where children and young people felt safe and vulnerable

***Reflections from qualitative research with children and young people on violence***

Girls and young women said they usually felt most safe in places where there were lots of other people, such as markets and certain shops, particularly when those people were known to them. The same places identified as safe when populated by people were identified as unsafe when they were quiet and deserted. Their biggest fear was being alone in an isolated place, which made them feel at risk, particularly of sexual assault and rape.

> *"Rice field is quiet. We are afraid of being caught."* [1]
>
> *"The road to school is quiet with bushes. It is quiet and scary."*
>
> *"When arriving at school early alone, it is quiet and we are afraid of being caught."*
>
> *"The pagoda is dangerous when it is quiet and unsafe. Before, children were caught twice."*
>
> *"At night we are afraid of being caught when we walk alone."*
>
> *Workshop with females aged 13 to 15 in Prey Veng*

In comparison, males feared fighting between groups of young men and boys so were more concerned with avoiding crowded places where violence might erupt. Younger males expressed a fear of being beaten at school and of gangsters and violent groups of older males. Home was a safe place for most children and young people, as were the homes of relatives.

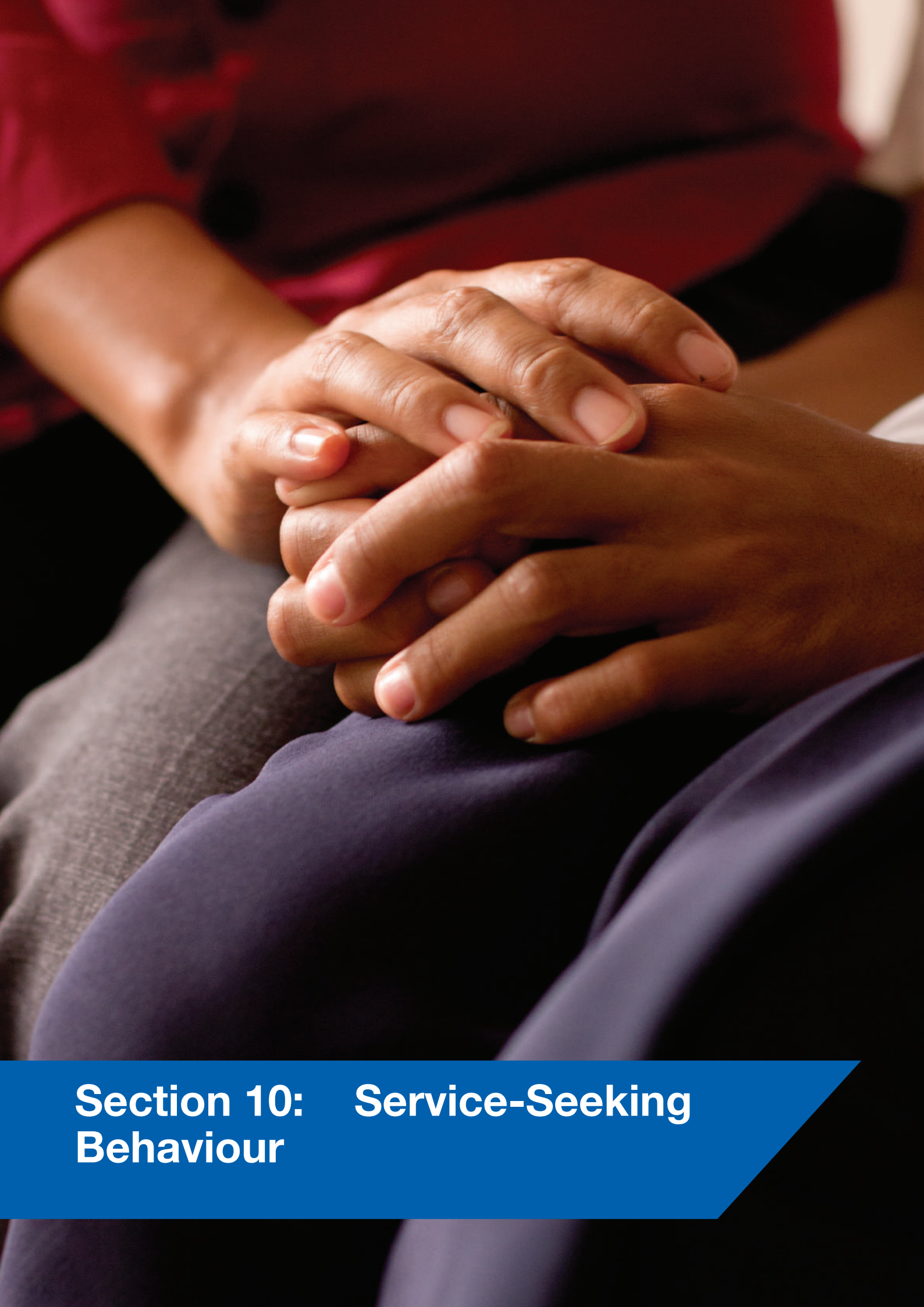
Despite the fear of physical punishment, schools were also regularly cited as safe places that children enjoyed spending time at, often because they could play with friends, and many cited their appreciation of the opportunity for education.

Whether places were busy or quiet, near or far from home, a recurring theme was that anywhere that alcohol was consumed posed a risk of violence for boys and girls: a particular restaurant in one community, a specific house in another, or family and community events where adults and young people got drunk.

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.

[1] Females frequently used the word "caught" or "grabbed" and explained that it reffered to sexual assault or rape.

**Box 9.1: Where children and young people felt safe and vulnerable**



# Section 10: Service-Seeking Behaviour

# 10. Service-Seeking Behaviour

**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 someone 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, females were significantly more likely to have sought help, with approximately one third of females and less than 6% of males to have sought help for an incident of sexual abuse**
- **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**
- **Among 13 to 17 year olds who experienced sexual abuse, slightly more than one in three females and only 1 in 20 males sought help for an incident of sexual abuse (39.1% and 5.1%, respectively); females were significantly more likely to have sought help than their male counterparts**
- **Among 13 to 24 year olds who experienced sexual abuse prior to 18 and did not seek help, females were most likely to report being afraid of getting in trouble (26.1%) and males were mostly likely to report not thinking the abuse was a problem (62.1%)**
- **Among 18 to 24 year olds who experienced physical violence prior to age 18, over half of females (54.8%) and over one third of males (35.6%) told someone about an incident of physical violence**
- **Less than one third of females and one in eight males sought help for any incident of physical violence among those 18 to 24 year olds who experienced physical violence prior to age 18 (31.1% and 13.5%, respectively)**
- **Among both females and males who experienced physical violence prior to age 18, the most commonly cited reason for not seeking help was thinking the violence was their fault (56.8% and 52.7%, respectively)**

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.

Respondents who experienced sexual or physical violence prior to age 18 were asked whether they disclosed (told anyone about) the incidents and who they told.

They were also asked whether they sought help (sought services) for incidents of sexual and physical violence. Those who responded positively were asked from whom they sought help. Those who responded negatively were asked the reasons that they did not seek help.

## 10.1. Disclosure of sexual abuse

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) (Figure 10.1). This means that 49.4% of females and 79.4% of males aged 18 to 24 who reported any sexual abuse prior to age 18 as part of this survey had never told anyone about an incident of sexual abuse prior to disclosing in the interview. Respondents were asked whom they told. However, the number of responses was too small to calculate statistically reliable estimates (Appendix A, Table A39). Among respondents aged 13 to 17 who experienced sexual abuse, slightly over half of females and only one in seven males aged 13 to 17 who experienced sexual abuse told someone about an incident of sexual abuse, with females were significantly more likely to have told someone than males (54.1% and 13.3%, respectively). This indicates that 45.9% of females and 86.7% of males aged 13 to 17 who reported any sexual abuse as part of this survey had never told anyone about an incident of sexual abuse prior to disclosing so in the interview. Respondents were asked to whom they disclosed the sexual abuse, but similarly to the older age group, the sample size was too small to infer statistically reliable estimates (Appendix A, Table A39).

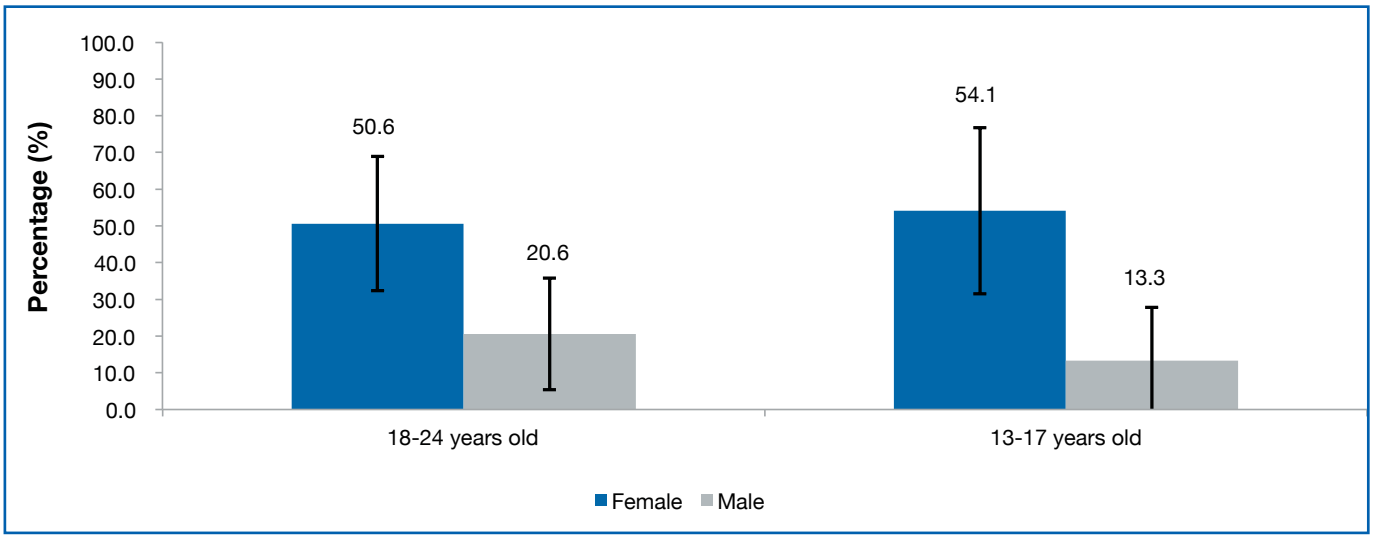



**Figure 10.1: Disclosure of an incident of sexual abuse, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Appendix A, Table A39) – Cambodia VACS, 2013**

## 10.2. Seeking help for sexual abuse

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 for an incident of sexual abuse (38.9% and 5.7%, respectively) (Figure 10.2). Females were found to be significantly more likely to have sought help for an incident of sexual abuse than males aged 18 to 24. The sample size was too small to calculate reliable estimates of whom respondents sought help from (Appendix A, Table A40).

Among 13 to 17 year olds who experienced sexual abuse, slightly more than one in three females and only 1 in 20 males sought help for an incident of sexual abuse (39.1% and 5.1%, respectively); females were significantly more likely to have sought help than their male counterparts. Similar to the older age group, the sample size was not large enough to calculate statistically reliable estimates of whom respondents sought help from (Appendix A, Table A40).

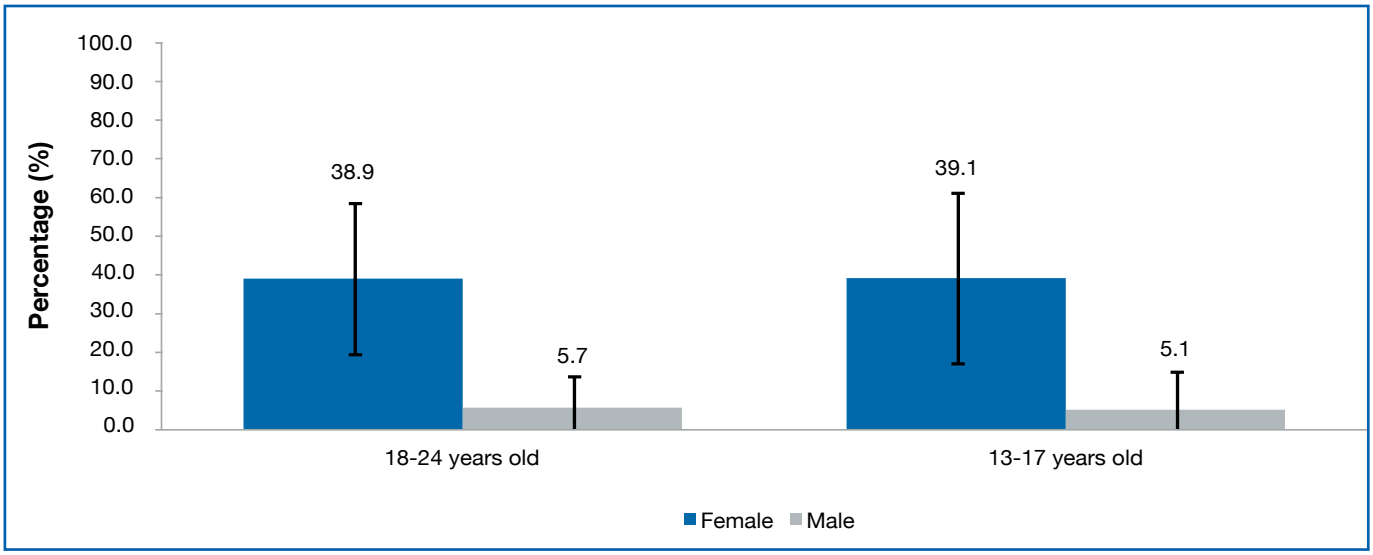



**Figure 10.2: Sought help for an incident of sexual abuse, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Appendix A, Table A40) – Cambodia VACS, 2013**

## 10.3. Reasons not to seek help for incidents of sexual abuse

Respondents were asked the reasons they did not seek help for incidents of sexual abuse (Figure 10.3). 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.

Among female respondents aged 13 to 24 who experienced childhood sexual abuse and reported they never sought help for an incident, one quarter of females (26.1%) did not seek help because they were afraid of getting into trouble. More than one in five females did not seek help because they did not think the sexual abuse was a problem (22.1%). Nearly

15% of females (14.6%) were too embarrassed for either themselves or their family to seek help for incidents of sexual abuse. Nearly 14% of females (13.6%) did not need or want services. Almost 1 in 10 females did not seek help because they thought that the incident of sexual abuse was their fault (9.8%).

Males aged 13 to 24 who experienced childhood sexual abuse and reported they had never sought help for an incident were three times more likely than their female counterparts to report that they did not seek help because they did not think the sexual abuse was a serious problem (62.1% and 22.1%, respectively). One in four males (25%) did not need or want services as a result of experiencing sexual abuse. Nearly 8% of males did not know where to go for help (7.6%) and more than 1 in 20 males were too embarrassed for either themselves or their family to seek help (5.4%). Overall, males cited fewer reasons for not seeking help than females.

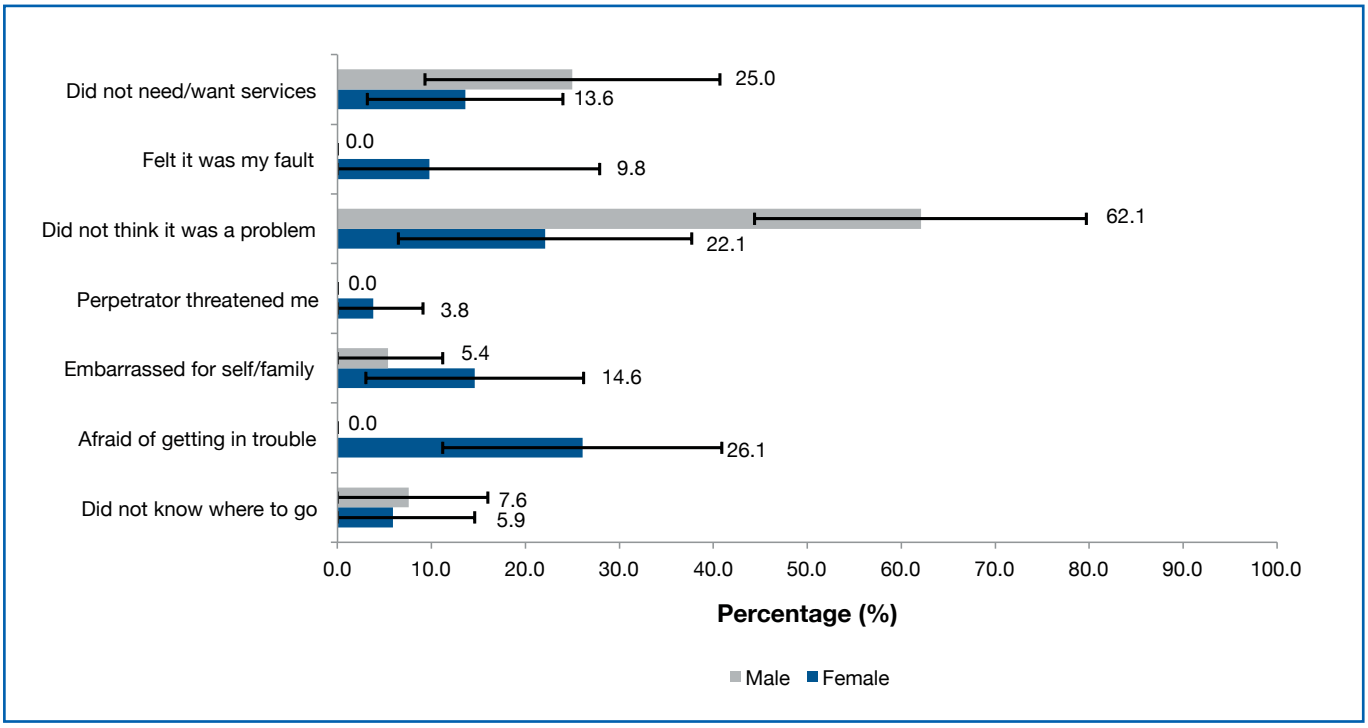



**Figure 10.3: Reasons not to seek help for sexual abuse, as reported by 13-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A41) – Cambodia VACS, 2013**

In order to better understand the types of barriers to seeking help for sexual abuse, Figure 10.4 has been further collapsed into three salient categories of individual-, relationship- and structural -level barriers.

Individual-level barriers include the respondents' preferences to maintain personal privacy or avoidance of embarrassment for themselves and/or their family, not wanting or needing service, not thinking that the sexual abuse was a problem, or feeling as though it was their fault.

Relationship-level barriers include the respondents' fear of getting into trouble, dependence on the perpetrator, being threatened by the perpetrator, or being afraid of being abandoned.

Structural-level barriers include the respondent not knowing where to go to seek help.

For both females and males aged 13 to 24, individual-level barriers were overwhelmingly more cited as reasons for not seeking help for incidents of sexual abuse, with males significantly more likely to report such barriers than females (60.1% and 92.4%, respectively). Relationship-level barriers were only cited by females (32.4%) and no males. Slightly fewer females than males reported structural-level barriers (5.9% and 7.6%, respectively).

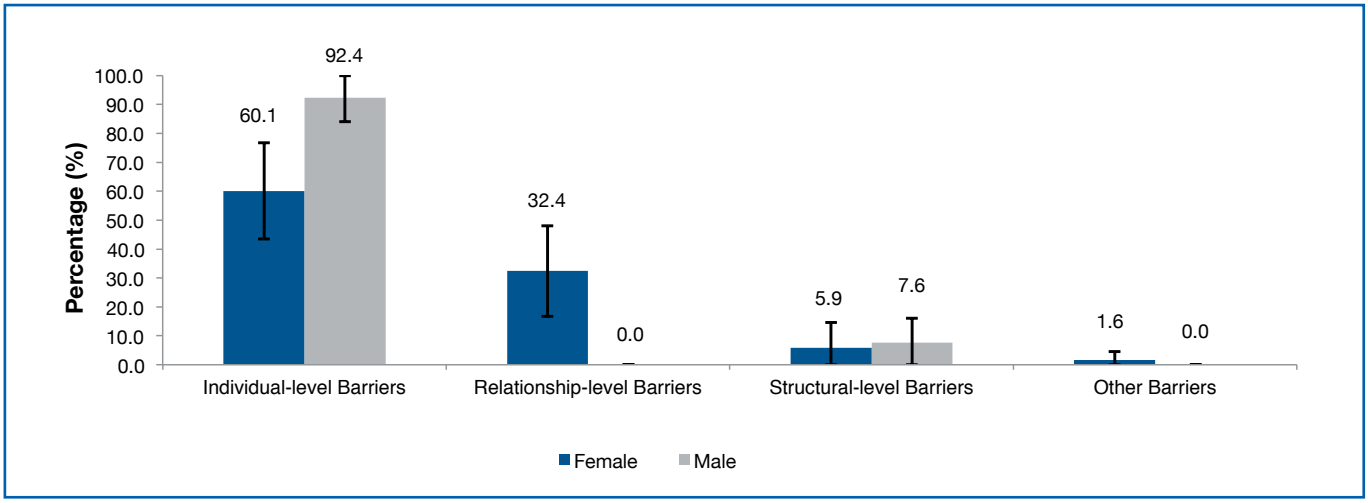
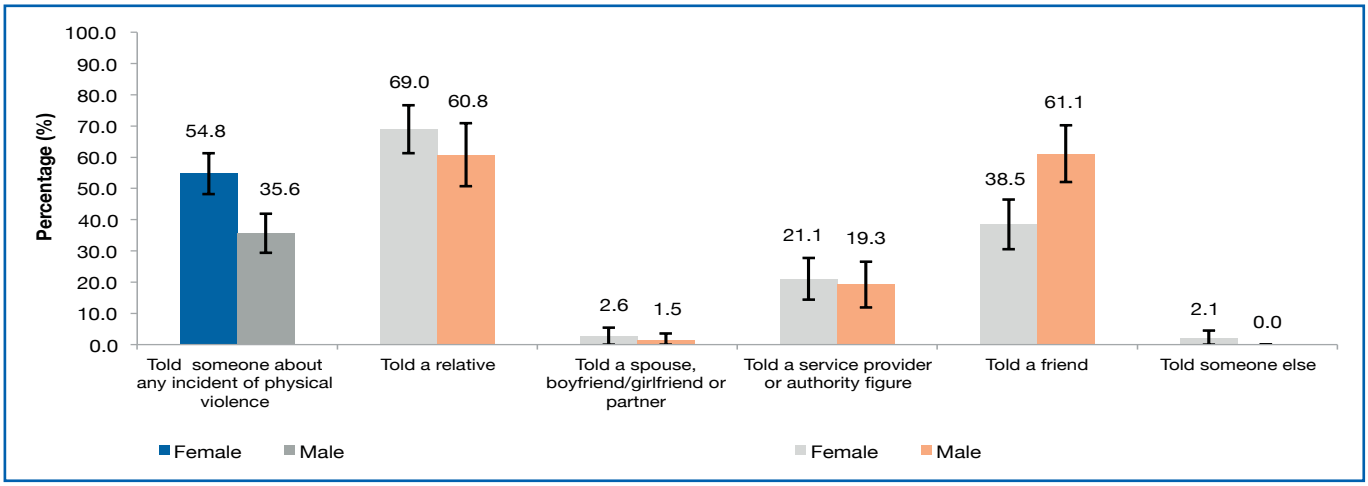



**Figure 10.4: Barriers to seeking help for sexual abuse, as reported by 13-24 year olds who experienced any childhood sexual abuse (Appendix A, Table A42) – Cambodia VACS, 2013**

## 10.4. Disclosure of physical violence

Disclosure of incidents of physical violence by 18 to 24 year olds who experienced physical violence prior to age 18 was 54.8% among females and 35.6% among males (Figure 10.5). Female respondents aged 18 to 24 were significantly more likely to have told someone about an incident of physical violence than their male counterparts. Of those who disclosed an incident of physical violence, females aged 18 to 24 most often told a relative (69% of the 54.8% of females who told someone told a relative); over one in three females told a friend (38.5%) and one in five (21.1%) told a service provider or authority figure. A small proportion of females told a spouse or partner (2.6%) (most likely because very few females reported being in a romantic relationship prior to age 18) or someone other than the categories already mentioned (2.1%).

Among the 35.6% of males aged 18 to 24 who disclosed an incident of physical violence, most told a friend or a relative (61.1% and 60.8%, respectively). Males aged 18 to 24 were significantly more likely to have disclosed an incident of physical violence to a friend than females aged 18 to 24. A similar proportion of males (19.3%) to females reported telling a service provider or authority figure. Very few males told a spouse or partner (1.5%), likely for a similar reason to females as few males aged 18 to 24 years old reported being in a romantic relationship prior to age 18.

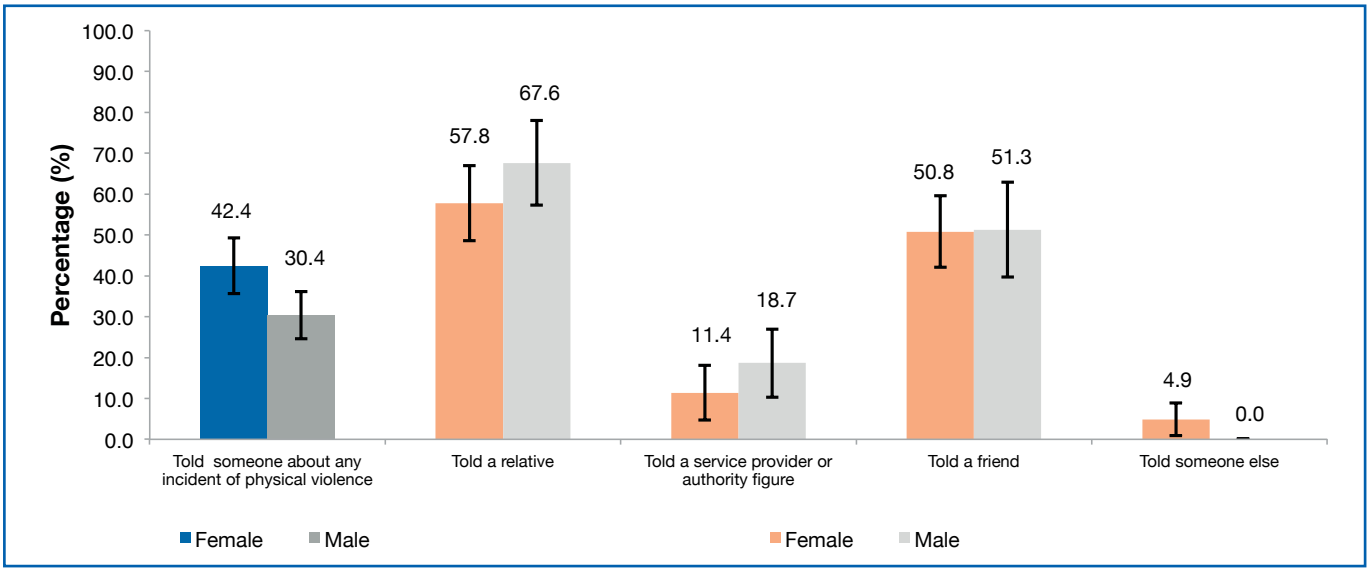



Note: The figure shows all females and males aged 18 to 24 who told someone about any incident of physical violence in the blue and pink columns. The subsequent red and grey columns are subsets of the first blue and pink figures and show who respondents told among those who told someone about any incident of physical violence.

**Figure 10.5: Disclosure of physical violence, as reported by 18-24 year olds who experienced any childhood physical violence (Appendix A, Table A43) – Cambodia VACS, 2013**

Figure 10.6 shows the per cent of respondents aged 13 to 17 who told someone of any incident of physical violence and subsequently shows who respondents told as a percentage of those who disclosed. Among respondents aged 13 to 17 42.4% of females and 30.4% of males disclosed an incident of physical violence. Among both females and males who disclosed any incident of physical violence, most reported to have told a relative (57.8% and 67.6%, respectively). Approximately half of females and males told a friend (50.8% and 51.3%, respectively). Slightly more than 1 in 10 females (11.4%) and almost one in five males (18.7%) told a service provider or authority figure. Neither females nor males told a

spouse or partner as very few respondents aged 13 to 17 reported to be in a relationship. Almost 1 in 20 females (4.9%) told someone other than the categories mentioned.

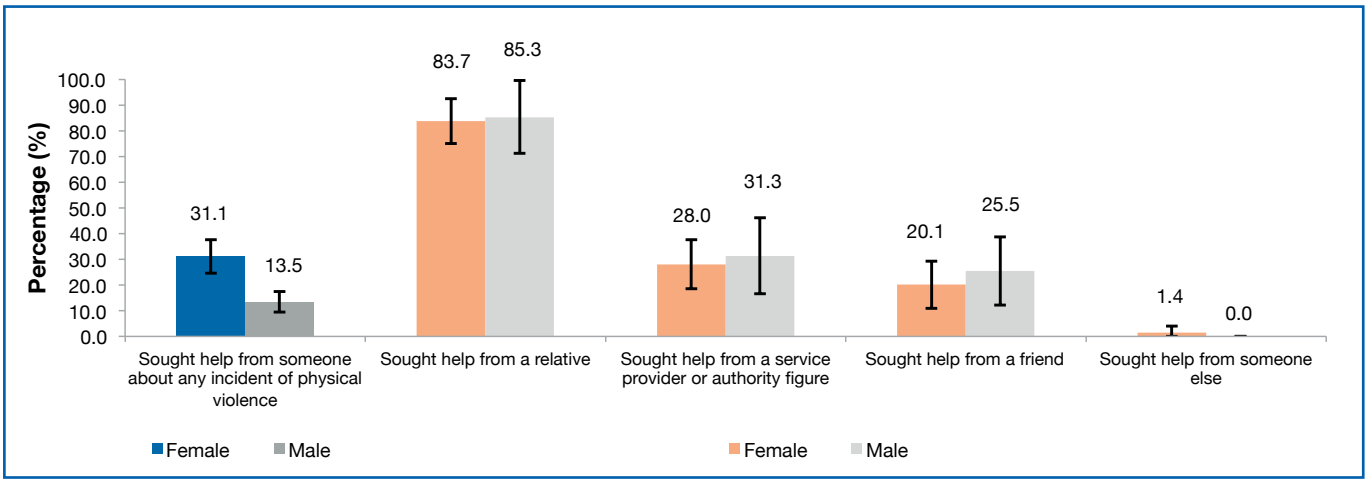



Note: The figure shows all females and males aged 13 to 17 years old who told someone about any incident of physical violence in the blue and pink columns. The subsequent red and grey columns are subsets of the first blue and pink figures and show who respondents told among those who told someone about any incident of physical violence.

**Figure 10.6: Disclosure of physical violence, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A43) – Cambodia VACS, 2013**

## 10.5. Seeking help for physical violence

Figure 10.7 shows that less than one third of females and one in eight males sought help for any incident of physical violence among those 18 to 24 year olds who experienced physical violence prior to age 18 (31.1% and 13.5%, respectively). Among those who sought help, more than four out of five females and males sought help from a relative (83.7% and 85.3%, respectively). Slightly less than one in three females (28.0%) and males (31.3%) sought help from a service provider or authority figure. One in five females and one in four males aged 18 to 24 who experienced physical violence and who sought help, sought help from a friend (20.1% and 25.5%, respectively).

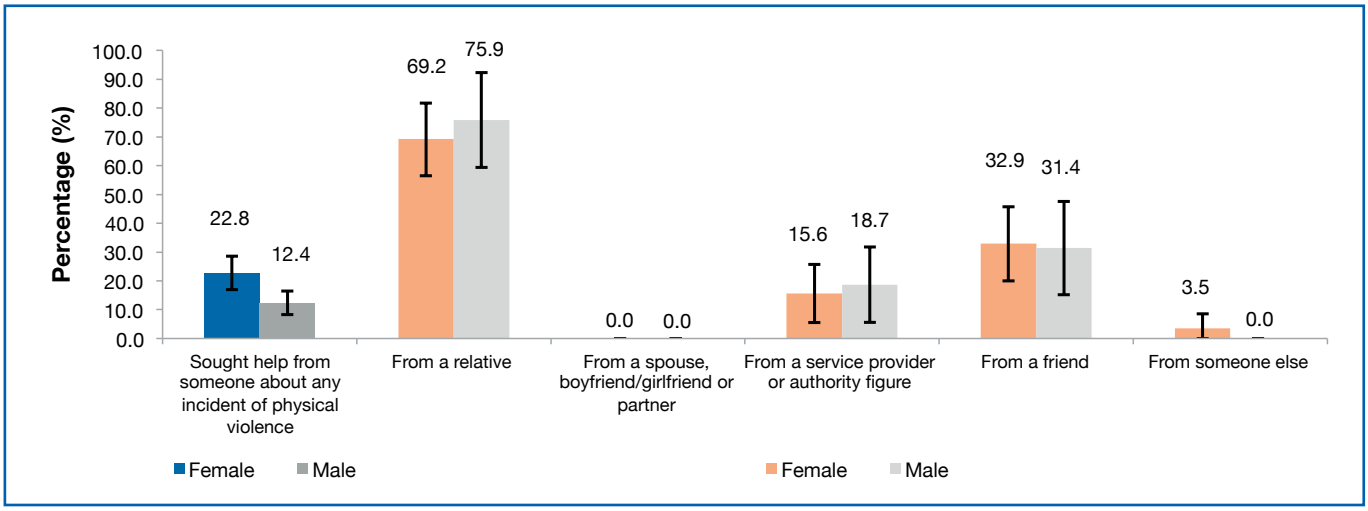



Note: The figure shows all females and males aged 18 to 24 who sought help for any incident of physical violence in the blue and pink columns. The subsequent red and grey columns are subsets of the first blue and pink figures and show who respondents sought help from among those who sought help for any incident of physical violence.

**Figure 10.7: Sought help for physical violence, as reported by 18-24 year olds who experienced any childhood physical violence (Appendix A, Table A44) – Cambodia VACS, 2013**

Among 13 to 17 year olds who experienced physical violence, less than a quarter of females and one in eight males sought help from someone (22.8% and 12.4%, respectively) (Figure 10.8); with males significantly less likely to have sought help for an incident than females. Among those 13 to 17 year olds who sought help, most females and males sought help from a relative (69.2% and 75.9%, respectively). Almost one in three females and males sought help from a friend (32.9% and 31.4%, respectively). Less than 1 in 20 females and males sought help from a service provider or authority figure (15.6%

of females and 18.7% of males). None sought help from a spouse or partner, which is expected as few respondents in this age group reported being in a relationship.




Note: The figure shows all females and males aged 13 to 17 years old who sought help for any incident of physical violence in the blue and pink columns. The subsequent red and grey columns are subsets of the first blue and pink figures and show who respondents sought help from among those who sought help for any incident of physical violence.

**Figure 10.8: Sought help for physical violence, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A44) – Cambodia VACS, 2013**

## 10.6. Reasons for not seeking help for incidents of physical violence

Figure 10.9 and Appendix A, Table A45 show the reasons that respondents did not seek help for incidents of physical violence. More than half of females and males aged 18 to 24 who experienced physical violence prior to age 18 did not seek help because they felt that the incident was their fault (56.8% and 52.7%, respectively). Almost 1 in 10 females (9.8%) and one in nine males (11.3%) did not think the violence was a problem. However, 1 in 10 females (9.4%) and 7% males (7.1%) thought that seeking services would be useless and 6.6% of females and 9.0% of males did not know where to go to seek help from services.

Females were more likely to be afraid of causing more violence or getting into trouble for seeking help compared to males (5.3% and 1.7%, respectively). Females were less likely than males to avoid seeking help because they did not want the perpetrator to get into trouble (2.6% and 3.5%). Similar proportions of females and males were afraid of being mocked (2.6% and 2.4%) or did not seek help because they felt ashamed (2.1% and 2.8%, respectively).

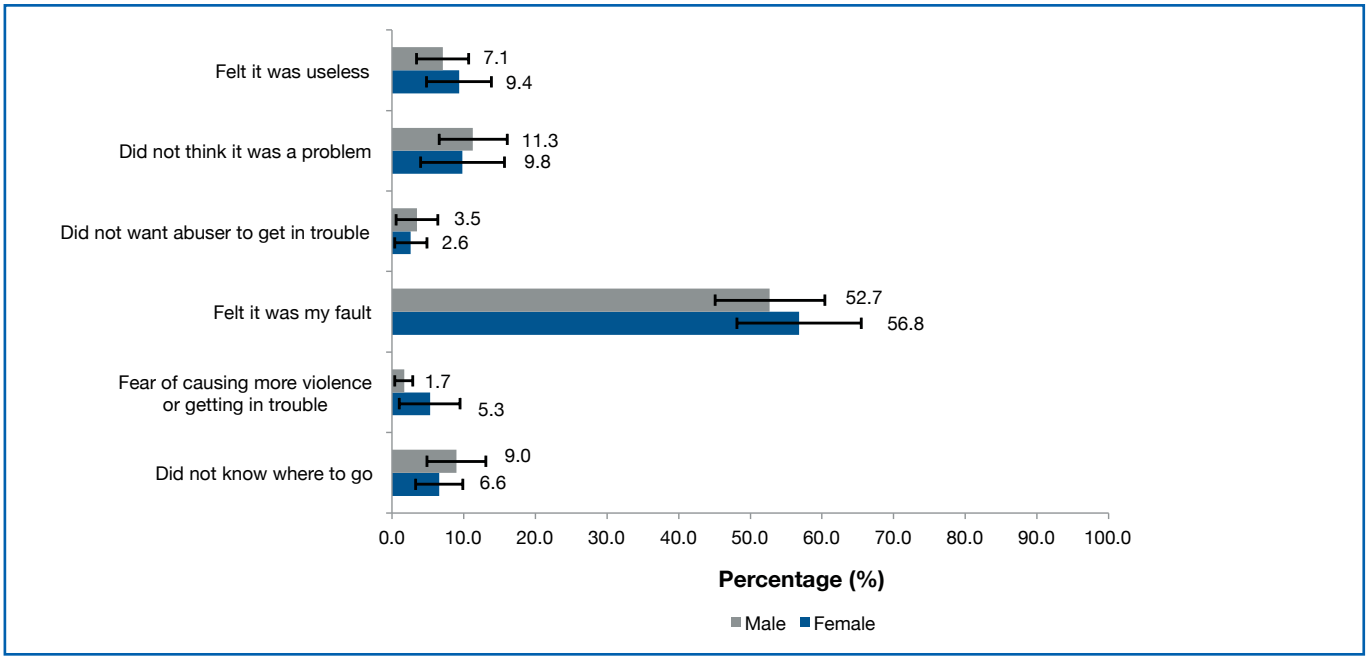



**Figure 10.9: Reasons not to seek help for physical violence, as reported by 18-24 year olds who experienced any childhood physical violence (Appendix A, Table A45) – Cambodia VACS, 2013**

Most 18- to 24-year-old respondents who experienced physical violence prior to age 18 cited individual-level barriers for their reasons for not seeking help (Figure 10.10): 83.1% of females and 81.5% of males. Structural-level barriers prevented 8.3% of females and 11.9% of males aged 18 to 24 from seeking help, and relationship-level barriers deterred 8.4% of females and 6.4% of males from seeking help.

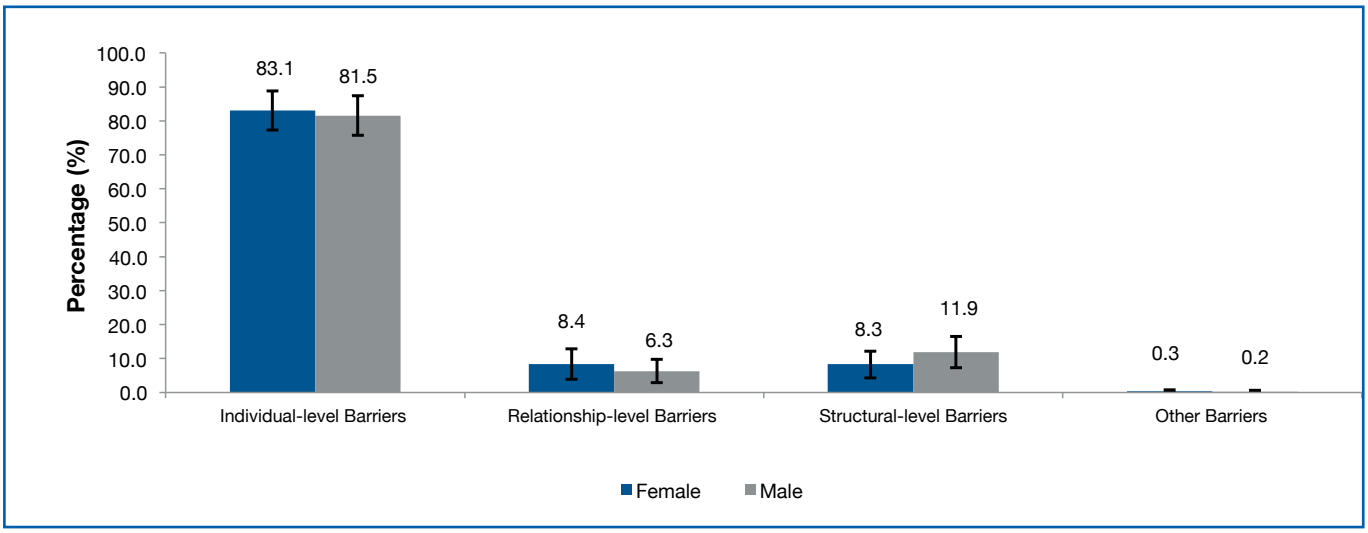



**Figure 10.10: Barriers to seeking help for physical violence, as reported by 18-24 year olds who experienced any childhood physical violence (Appendix A, Table A46) – Cambodia VACS, 2013**

More than half of females and males aged 13 to 17 who experienced physical violence said they did not seek help because they thought the incidents were their fault (59.1% and 57.3%, respectively) (Figure 10.11) (Appendix A, Table A45). More males (11.8%) than females (8.7%) thought that the physical violence they experienced was not a problem. Other reasons for not seeking help included not knowing where to go (5.3% of females and 7.8% of males); feeling ashamed (6.1% of females and 5.7% of males); being afraid of being mocked (4.7% of females and 2.9% of males); feeling it would be useless to seek help (4.8% of females and 2.3% of males); having no one to help them seek services (2.0% of females and 2.2% of males); not wanting to get the perpetrator into trouble (2.1% of females and 4.4% of males); afraid of causing more violence or getting into trouble (3.0% of females and 1.3% of males); being dependent on the perpetrator (0.7% of females and 0.4% of males); or not wanting or needing services (1.6% of females and 0.9% of males). Only females reported that they did not seek services because they were afraid of being abandoned (0.8% of females) and only males reported that they felt threatened or were threatened (0.5% of males) or that services were too far (0.4% of males).

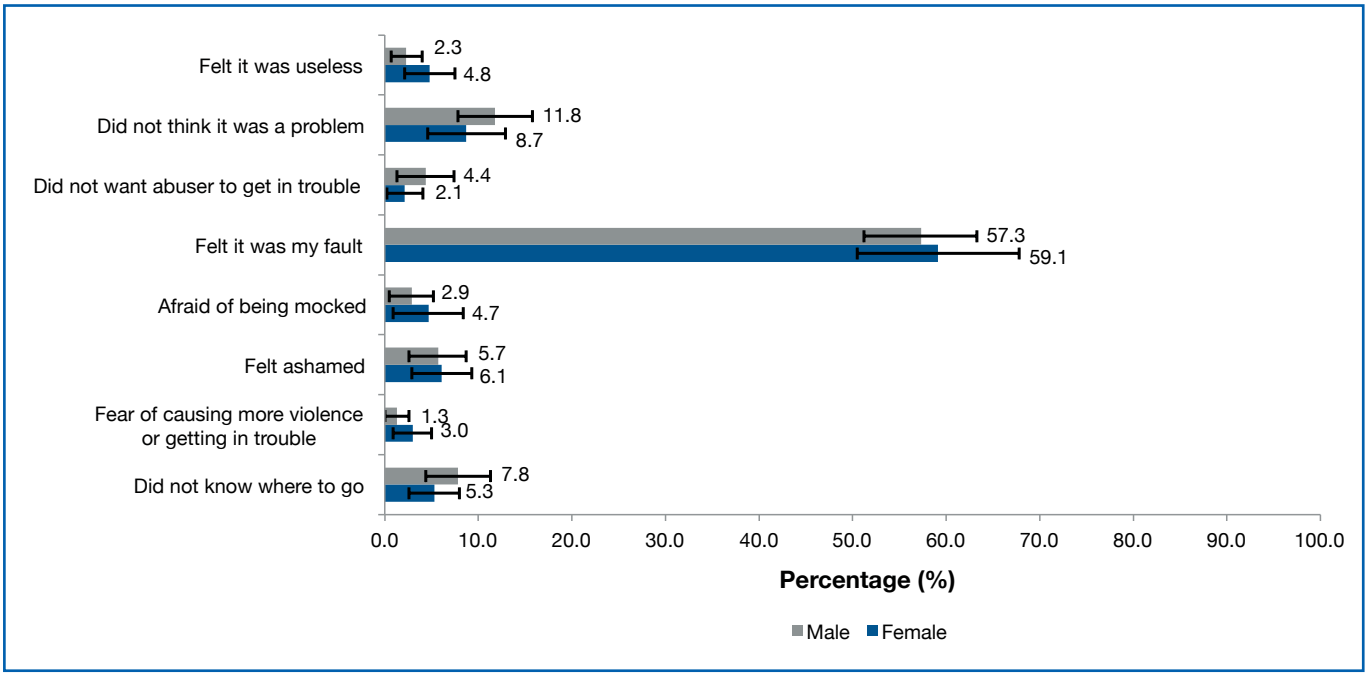



**Figure 10.11: Reasons not to seek help for physical violence, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A45) – Cambodia VACS, 2013**

Similarly to the 18- to 24-year-old age group, 13 to 17 year olds were most likely to report individual-level barriers that prevented them from seeking help (86.1% of females and 82.7% of males, respectively) (Figure 10.12). Structural-level barriers were reported by 7.4% of females and 1 in 10 males (10.4%) aged 13 to 17. The same proportion of females and males (6.6%) reported relationship-level barriers to seeking help for incidents of physical violence.

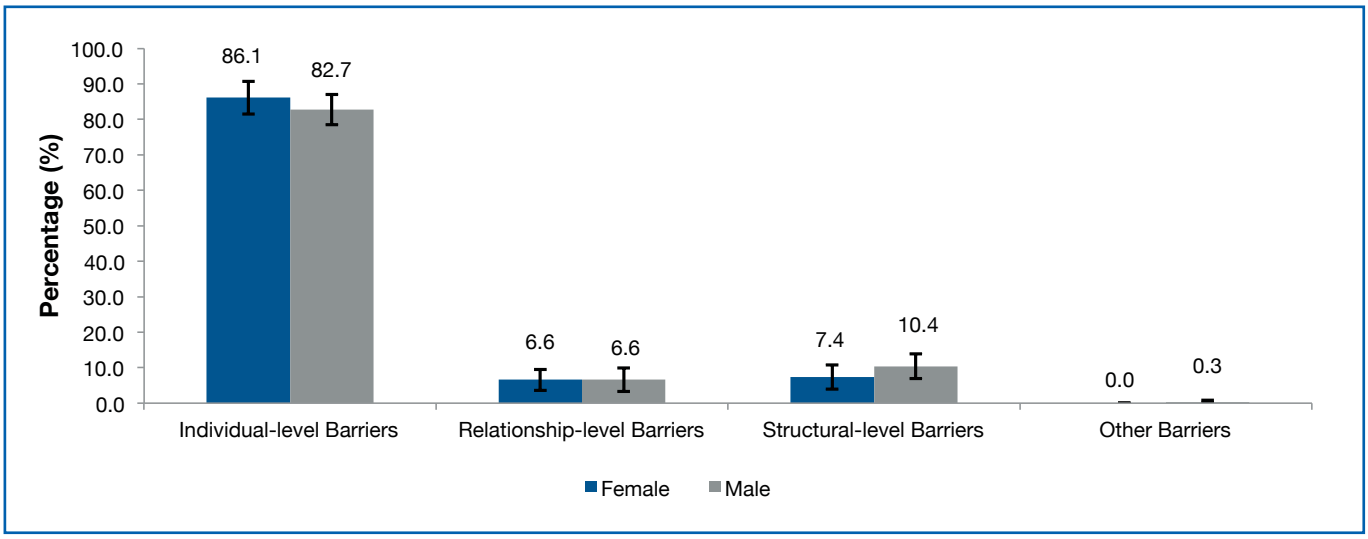



**Figure 10.12: Barriers to seeking help for physical violence, as reported by 13-17 year olds who experienced any physical violence (Appendix A, Table A46) – Cambodia VACS, 2013**

## Service-seeking behaviour

***Reflections from qualitative research with children and young people on violence***

Children talked about the reasons that they do not tell others, especially adults, about incidents of violence 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. 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.

> *"I didn't tell anybody because I am afraid that they say a child gossip about adult."*
>
> *Workshop with males aged 13 to 15 in Kampot*
>
> *"If I tell, I am afraid that they will tell somebody else."*
>
> *Workshop with males aged 13 to 15 to Siem Reap*
>
> *"Tell mother but some mother afraid of losing face, then just let the offender continue behaving badly on the children."*
>
> *Focus group discussion wih females aged 18 to 24 in Phnom Penh*

Participants were asked who they would want to help them in the event of experiencing violence. Females said they wanted to be able to turn to family members, particularly parents and siblings, friends, and people in authority such as village, commune chiefs and teachers whom they trust. Males were more likely than females to explicitly state that they did not or would not tell someone about an incident of violence. When asked who they would like to be able to go to for help, they mentioned older family members and friends, the police, child protection organizations, and village and commune chiefs.

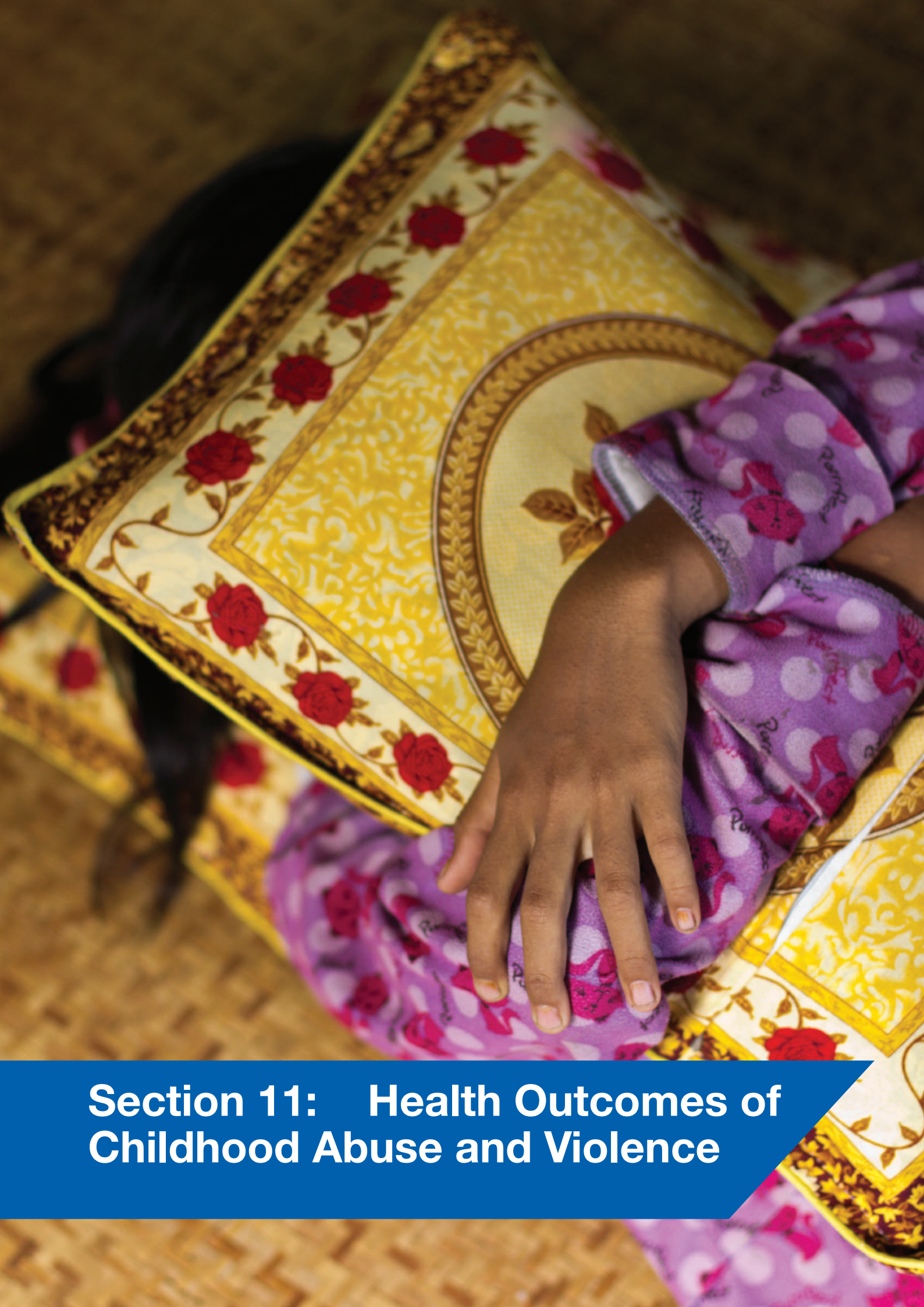
In general, children and young people expected to be able to turn to authority figures such as village or commune chiefs or local police to take action. However, the complexity of local dynamics in communities and between couples in the case of domestic violence often derailed an attempt at implementing the law. Sometimes a woman who was beaten by her husband would change her mind about pressing charges or a male perpetrator would subvert the justice system by paying his way out of prosecution. Children said the first example might have happened several times in a community and caused police to feel as though they were wasting their time and so begin to become less responsive to reports of violence. Incidents such as the second example caused community members to become disheartened and fearful of even reporting violent people in case they were not prosecuted and sought revenge for being reported.

> *"Next to my house, a husband likes to beat his wife when he gets drunk. Even though there is nothing, but he will beat his wife at home. His mother takes side. He threatens her not to tell mother. In front of his mother, he talks nicely, but actually he beat her very hard. His wife cried and hid in my house. I told someone. They went to ask him whether he beat his wife, but he said no. They asked her, she also said no."*
>
> *Focus group with males aged 18 to 24 in Kampot*

When asked what children need or want when if they experience violence, girls and boys said they want to feel safe again, they want to be comforted and motivated with support from their parents, siblings, friends and people in authority. They did not want to be ignored. Ultimately, they did not want to experience violence in the first place. They wanted understanding rather than blame and judgement from parents. They wanted principals and teachers to revisit policies on discipline in schools and replace punishment with constructive advice and support. They wanted teachers to promote children's rights

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 10.1: Service-seeking behaviour**



# Section 11: Health Outcomes of Childhood Abuse and Violence

# 11. Health Outcomes of Childhood Abuse and Violence

**Overview**

**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**

**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 (30.0% and 15.3%, respectively)**

**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**

This section describes current mental health and health outcomes between males and females who did and did not experience childhood sexual abuse, physical violence or emotional violence. Diagnoses and symptoms of STIs, self-harm, suicidal ideation and suicide attempts, mental health in the past 30 days, and health behaviours such as drinking alcohol, smoking cigarettes and using drugs in the past 30 days were addressed. Pregnancies resulting from unwanted completed sex were measured for females.

## 11.1. Health outcomes of sexual abuse

Several negative health outcomes that VACS measured were associated with experiences of sexual abuse prior to age 18 for both females and males (Table 11.1).

### 11.1.1. Females and males aged 18-24

**Table 11.1: Physical health, mental health and substance use by experiences of childhood sexual abuse, as reported by 18-24 year olds**

**(Appendix A, Table A47) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Sexual abuse | 27 | 50.9 (29.9-71.9) | 35 | 22.5 (8.6-36.4) |
| No sexual abuse | 572 | 35.6 (30.8-40.5) | 577 | 9.3 (6.3-12.4) |
| **Ever been pregnant** | | | | |
| Sexual abuse | 15 | * | - | - |
| No sexual abuse | 203 | 86.8 (82.1-91.6) | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Sexual abuse | 27 | 26.3 (7.7-44.8) | 35 | 16.0 (1.7-30.3) |
| No sexual abuse | 540 | 8.3 (5.1-11.5) | 577 | 6.3 (3.8-8.8) |
| **Ever thought of suicide** | | | | |
| Sexual abuse | 27 | 35.0 (13.9-56.1) | 35 | 5.6 (0.0-13.6) |
| No sexual abuse | 572 | 9.6 (6.1-13.1) | 577 | 2.3 (0.6-4.0) |
| **Ever attempted suicide[2]** | | | | |
| Sexual abuse | * | * | * | * |
| No sexual abuse | 45 | 46.7 (30.5-62.9) | * | * |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Sexual abuse | 26 | 54.1 (35.5-72.6) | 35 | 72.3 (56.9-87.7) |
| No sexual abuse | 540 | 52.1 (45.9-58.4) | 555 | 73.6 (68.6-78.6) |
| **Smoked in the last 30 days** | | | | |
| Sexual abuse | 27 | 4.5 (0.0-11.0) | 35 | 23.7 (7.9-39.4) |
| No sexual abuse | 572 | 7.2 (4.2-10.2) | 578 | 35.8 (21.1-30.4) |
| **Drug use in the last 30 days** | | | | |
| Sexual abuse | 27 | 0.0 (0.0-0.0) | 35 | 9.3 (0.0-22.4) |
| No sexual abuse | 571 | 0.8 (0.0-1.5) | 577 | 2.8 (1.1-4.5) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

## Sexual health

Half of females (50.9%) aged 18 to 24 who experienced sexual abuse prior to age 18 reported an STI diagnosis or symptom in the last 12 months and a third of females who reported no experiences of sexual abuse prior to age 18 (35.6%) reported an STI diagnosis or symptom (Table 11.1).

The sample size of respondents who reported pregnancy among those who experienced sexual abuse prior to age 18 was not large enough to infer reliable estimates to compare with the respondents who reported pregnancy among those who did not experience sexual abuse prior to age 18.

Among males aged 18 to 24, 22.5% of those who experienced sexual abuse prior to age 18 and 9.3% of males who did not experience sexual abuse reported an STI diagnosis or symptom in the past 12 months. There was a statistically significant difference between females and males aged 18 to 24 who did not experience sexual abuse, with males less likely to report an STI diagnosis or symptoms in the past 12 months compared to females.

## Mental health

Over a quarter of females (26.3%) aged 18 to 24 who experienced sexual abuse prior to age 18 and 1 in 12 females who experienced no sexual abuse (8.3%) reported having intentionally hurt themselves.

There was a statistical difference between experiences of sexual abuse prior to age 18 and suicidal ideation (Figure 11.1), with females who experienced sexual abuse three times more likely to report to have ever thought about suicide than females who did not experience sexual abuse (35.0% and 9.6%, respectively). Females aged 18 to 24 were more likely to think about suicide compared to males in the same age group: females who experienced sexual abuse were more likely to think about suicide compared to males who experienced sexual abuse, and females who did not experience sexual abuse were also more likely to think about suicide compared to males who did not experience sexual abuse.

Although females aged 18 to 24 who reported thoughts of suicide were asked whether they had ever attempted suicide, the sample size was too small to calculate reliable estimates when comparing respondents who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18.

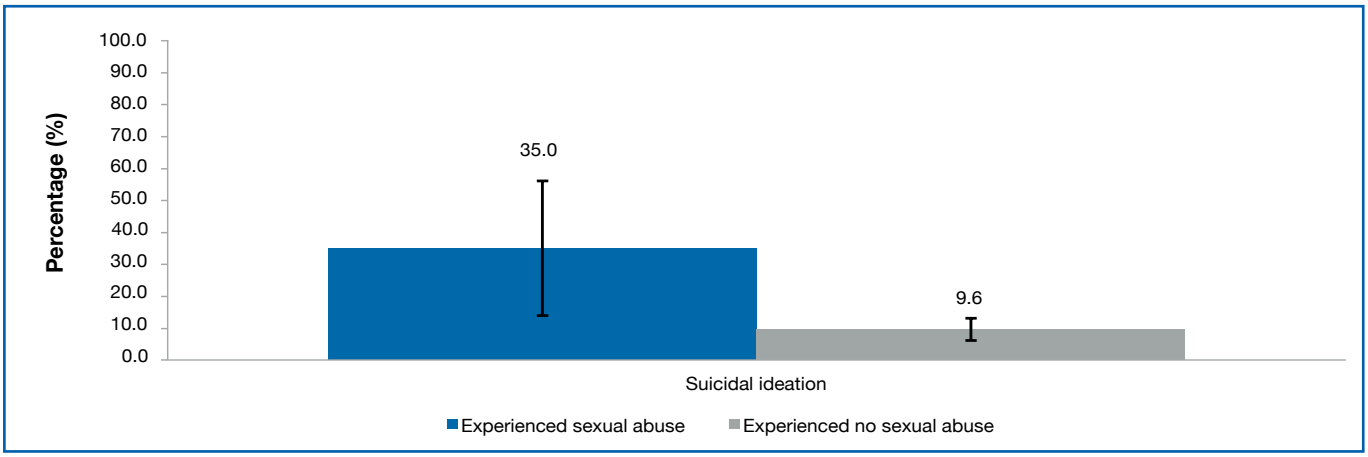



**Figure 11.1: Suicidal ideation by experiences of childhood sexual abuse, as reported by 18-24-year-old females (Appendix A, Table A47) – Cambodia VACS, 2013**

Over half (53.9%) of females aged 18 to 24 who experienced sexual abuse and 4 in 10 (43.9%) females who reported no sexual abuse reported moderate mental distress in the past month using the K6 scale[9] (Figure 11.2). During the same period of 30 days, serious mental distress was reported by 12.7% of females aged 18 to 24 who experienced sexual abuse prior to age 18 and 6.9% of females who experienced no sexual abuse. Although there are differences between the estimates, these differences are not statistically significant.

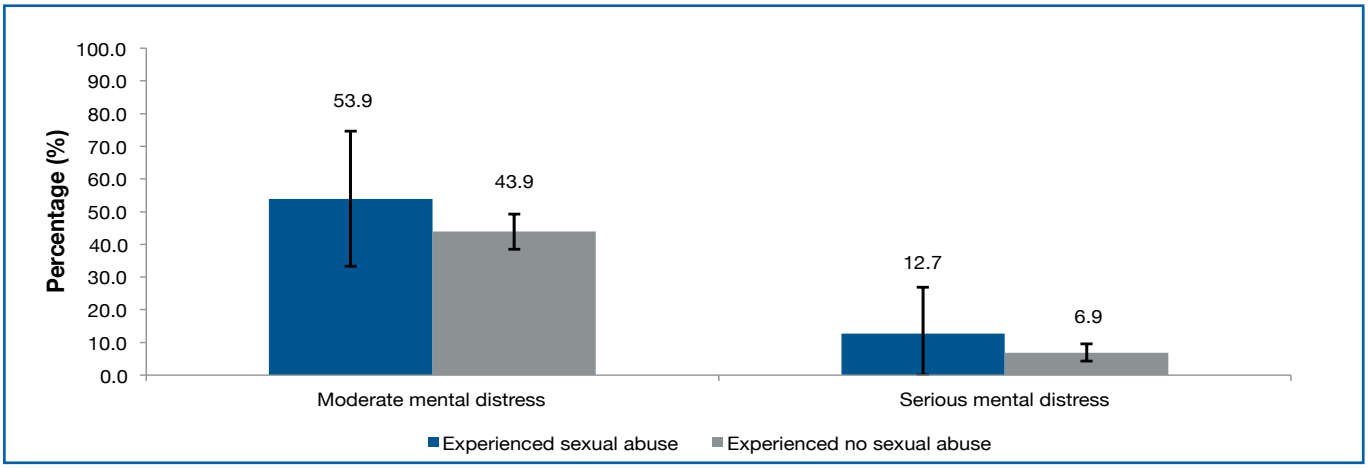



**Figure 11.2: Moderate and serious mental distress by experiences of childhood sexual abuse, as reported by 18-24-year-old females (Appendix A, Table A47) – Cambodia VACS, 2013**

9 Mental health in the past 30 days was measured using the Kessler Psychological Distress Scale (K6), which consists of six questions that assess a person's general emotional state during a defined period of time. Each question response is given a possible score between 0 (none of the time) and 4 (all of the time) and summed for a total possible score between 0 and 24. A score between 5 and 12 points indicates moderate mental distress and a score of 13 points or higher indicated serious mental distress.

One in six males (16.0%) aged 18 to 24 who experienced sexual abuse prior to age 18 and 1 in 15 males (6.3%) who experienced no sexual abuse reported having intentionally hurt themselves.

More than 1 in 20 males who experienced sexual abuse prior to age 18 (5.6%) and 2.3% of males who did not experience sexual abuse prior to age 18 reported having suicidal thoughts. Although data were collected on attempting suicide among males aged 18 to 24, among those who reported thoughts of suicide, there was insufficient sample size to calculate reliable estimates on the association with sexual abuse prior to age 18.

Among males 18 to 24, moderate mental distress was not found to be significantly correlated with experiences of sexual abuse prior to 18. Moderate mental distress was reported by 38.0% of males who experienced sexual abuse and 32.4% of males who experienced no sexual abuse (Figure 11.3). Serious mental distress was reported by 4.2% of males aged 18 to 24 who experienced sexual abuse prior to age 18 and 3.8% of males who experienced no sexual abuse.

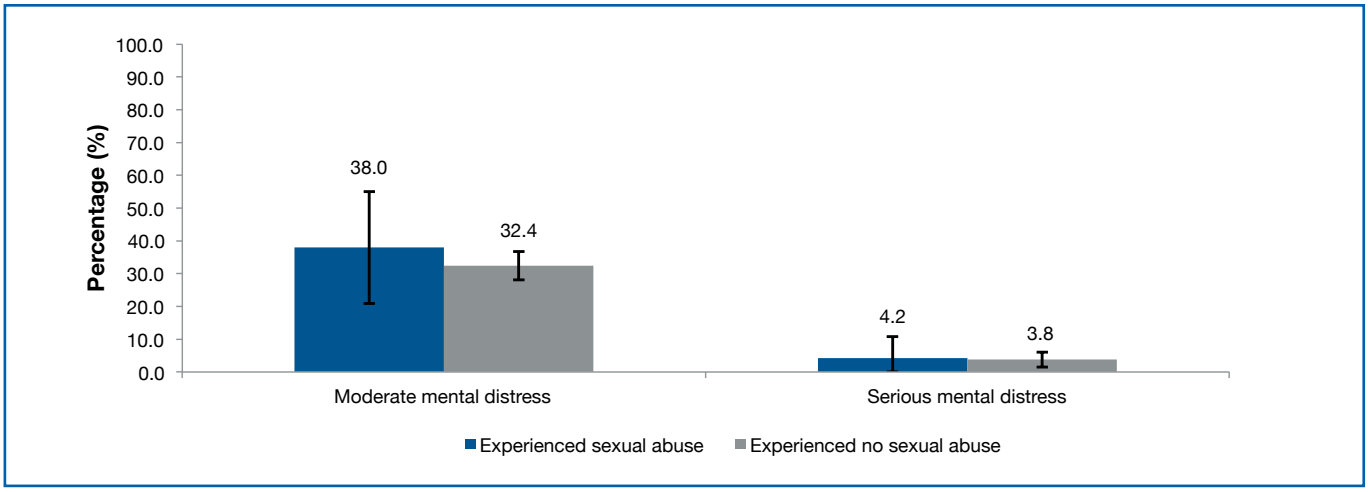



**Figure 11.3: Moderate and serious mental distress by experiences of childhood sexual abuse, as reported by 18-24-year-old males (Appendix A, Table A47) – Cambodia VACS, 2013**

**Substance use**

Among females and males aged 18 to 24, substance use was not found to be significantly correlated with experiences of sexual abuse prior to age 18.

Over half of females who did and did not experience sexual abuse prior to age 18 reported being drunk in the past 30 days (54.1% and 52.1%, respectively). One in 20 females who experienced sexual abuse prior to age 18 and 1 in 13 females who did not experience sexual abuse reported smoking in the past 30 days (4.5% and 7.2%, respectively). No females who reported sexual abuse prior to age 18 and 0.8% of females who reported no sexual abuse prior to age 18 reported drug use in the past 30 days.

Almost three quarters of males aged 18 to 24 who did and did not experience sexual abuse prior to age 18 reported being drunk in the past 30 days (72.3% and 73.6%, respectively). Nearly one in four males who experienced sexual abuse prior to age 18 and one in three males who did not experience sexual abuse reported smoking in the past 30 days (23.7% and 35.8%, respectively). There was a statistical difference between females and males who did not experience sexual abuse in relation to smoking, with more males than females reporting smoking in the past 30 days. Drug use in the past 30 days was reported by 9.3% of males who experienced sexual abuse, and 2.8% of males aged 18 to 24 who did not experience

### 11.1.2. Females and males aged 13-17 sexual abuse.

**Table 11.2: Physical health, mental health and substance use by experiences of sexual abuse, as reported by 13-17 year olds**

**(Appendix A, Table A48) –Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Sexual abuse | 31 | 48.3 (26.5-70.2) | 32 | 23.6 (8.4-38.7) |
| No sexual abuse | 490 | 22.6 (17.9-27.4) | 607 | 4.8 (2.6-7.0) |
| **Ever been pregnant** | | | | |
| Sexual abuse | 3 | * | - | - |
| No sexual abuse | 8 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Sexual abuse | 31 | 9.6 (0.0-21.1) | 32 | 7.6 (0.0-17.0) |
| No sexual abuse | 491 | 3.9 (2.2-5.7) | 609 | 2.3 (1.0-3.5) |
| **Ever thought of suicide** | | | | |
| Sexual abuse | 31 | 14.8 (0.1-29.5) | 32 | 5.1 (0.0-14.9) |
| No sexual abuse | 491 | 3.4 (1.4-5.5) | 610 | 0.7 (0.0-1.6) |
| **Ever attempted suicide[2]** | | | | |
| Sexual abuse | * | * | * | * |
| No sexual abuse | * | * | * | * |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Sexual abuse | 30 | 44.1 (21.3-66.9) | 32 | 48.9 (31.5-66.3) |
| No sexual abuse | 462 | 51.4 (45.3-57.6) | 581 | 43.4 (38.1-48.7) |
| **Smoked in the last 30 days** | | | | |
| Sexual abuse | 31 | 1.6 (0.0-4.8) | 32 | 27.0 (6.0–48.0) |
| No sexual abuse | 490 | 12.6 (8.5-16.8) | 610 | 14.8 (10.8-18.9) |
| **Drug use in the last 30 days** | | | | |
| Sexual abuse | 31 | 0.0 (0.0-0.0) | 32 | 0.0 (0.0-0.0) |
| No sexual abuse | 490 | 0.3 (0.0-0.8) | 609 | 1.5 (0.0-3.1) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

## Sexual health

Although not statistically significant, almost half of females aged 13 to 17 who experienced sexual abuse (48.3%) reported an STI diagnosis or symptom in the last 12 months, compared to more than one in five females who experienced no sexual abuse (22.6%) (Table 11.2).

The sample size of respondents who reported pregnancy among those who experienced sexual abuse was not large enough to infer reliable estimates to compare with the respondents who reported pregnancy among those who did not experience sexual abuse.

There was a statistically significant difference in reporting an STI diagnosis or symptom in the past 12 months between males aged 13 to 17 who did and did not experience sexual abuse (Figure 11.4). Males who experienced sexual abuse were more than four times as likely to report an STI diagnosis as males who did not experience sexual abuse (23.6% and 4.8%, respectively).

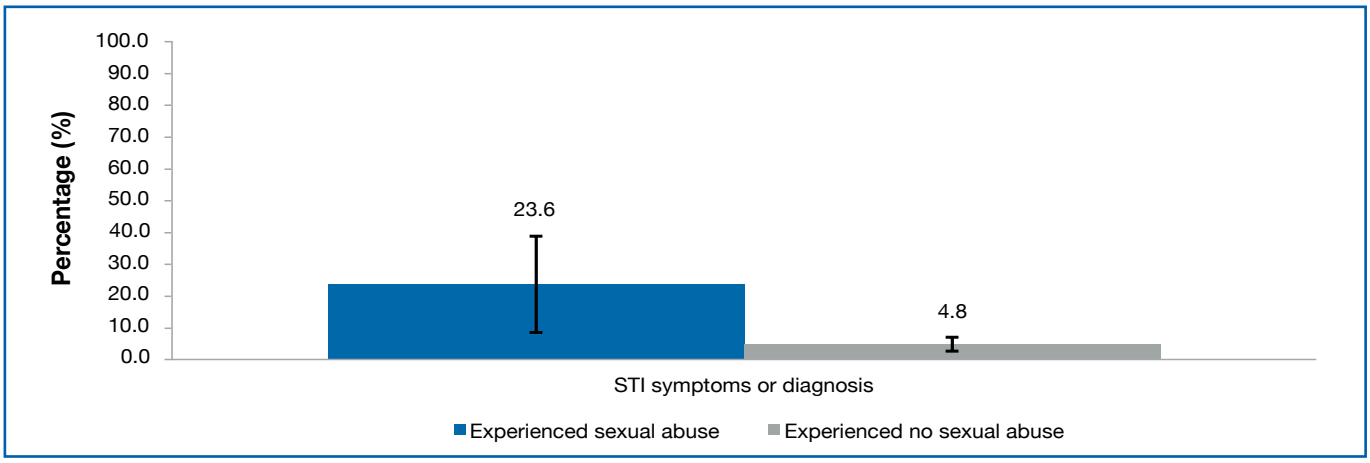



**Figure 11.4: STI symptoms or diagnosis in the past 12 months by experiences of sexual abuse, as reported by 13-17-year-old males (Appendix A, Table A48) – Cambodia VACS, 2013**

## Mental health

One in 10 females (9.6%) aged 13 to 17 who experienced sexual abuse and 1 in 25 females who reported no sexual abuse (3.9%) reported having intentionally hurt themselves. One in six females who experienced sexual abuse (14.8%) reported thinking about suicide compared to 1 in 29 females who did not experience sexual abuse (3.4%). Although females aged 13 to 17 who reported thoughts of suicide were asked whether they had ever attempted suicide, sample sizes was too small to calculate reliable estimates when comparing respondents who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18.

Moderate mental distress was reported by 47.9% of females who experienced sexual abuse and 25.2% of females who experienced no sexual abuse (Figure 11.5). Serious mental distress was reported by 8.5% of females aged 13 to 17 who had previously experienced sexual abuse and 4.4% of females who experienced no sexual abuse.

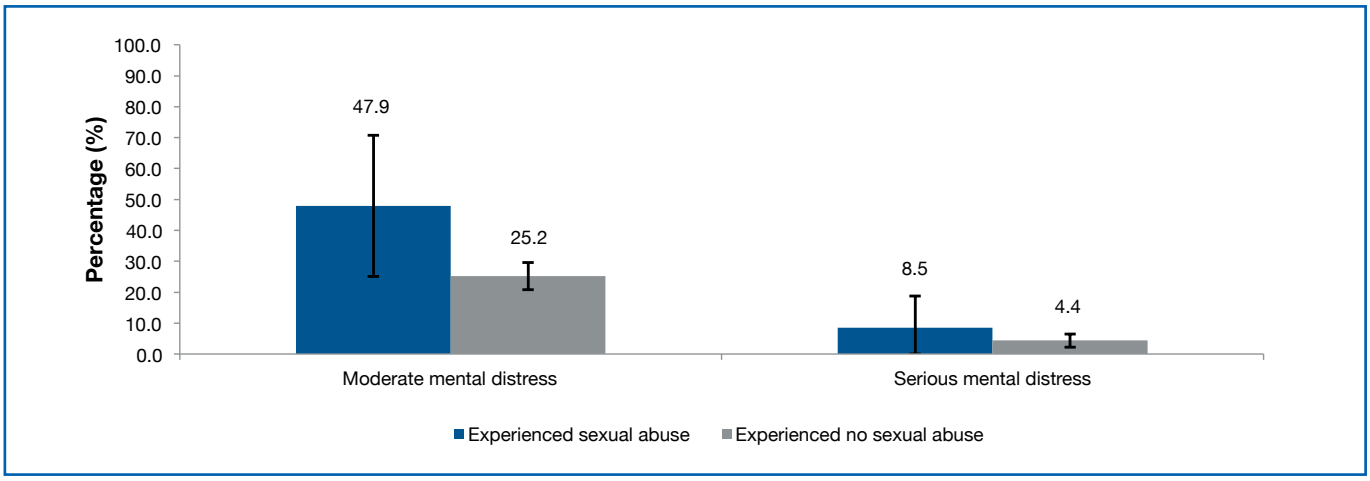



**Figure 11.5: Moderate and serious mental distress by experiences of sexual abuse, as reported by 13-17-year-old females (Appendix A, Table A48) – Cambodia VACS, 2013**

One in 13 males (7.6%) aged 13 to 17 who experienced sexual abuse and 2.3% of males who reported no sexual abuse reported having intentionally hurt themselves. One in 20 males who experienced sexual abuse (5.1%) and 0.7% of males who did not experience sexual abuse reported having suicidal thoughts. Although males aged 13 to 17 who reported thoughts of suicide were asked whether they had ever attempted suicide, sample sizes was too small to calculate reliable estimates when comparing respondents who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18.

Moderate mental distress was reported by 18.5% of males who experienced sexual abuse and 22.5% of males who experienced no sexual abuse (Figure 11.6). Serious mental distress was reported by 5.1% of males aged 13 to 17 who experienced sexual abuse and 1.0% of males who experienced no sexual abuse.

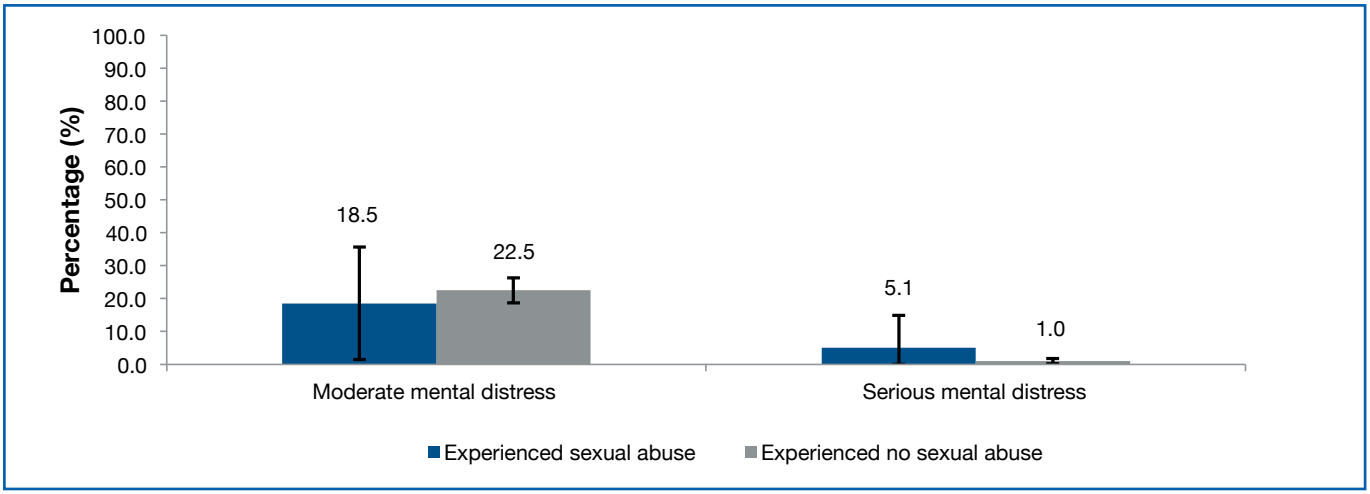



**Figure 11.6: Moderate and serious mental distress by experiences of sexual abuse, as reported by 13-17-year-old males (Appendix A, Table A48) – Cambodia VACS, 2013**

## Substance use

Among females and males aged 13 to 17, there were differences in levels of reporting substance use between those who did and did not experience sexual abuse, although substance use was not found to be significantly correlated with experiences of sexual abuse.

Approximately one in two females who did and did not experience sexual abuse reported being drunk in the past 30 days (44.1% and 51.4%, respectively). Less than 2% of females who experienced sexual abuse and one in seven females who did not experience sexual abuse reported smoking in the past 30 days (1.6% and 12.6%, respectively). No females who reported sexual abuse and 0.3% of females who reported no sexual abuse reported drug use in the past 30 days.

Almost half of males who experienced sexual abuse and slightly fewer than half of males who did not experience sexual abuse reported being drunk in the past 30 days (48.9% and 43.4%, respectively). More than one in four males who experienced sexual abuse and one in six males who did not experience sexual abuse reported smoking in the past 30 days (27.0% and 14.8%, respectively). More males aged 13 to 17 who experienced sexual abuse reported smoking in the past 30 days compared to females in the same age group who also experienced sexual abuse. Drug use in the past 30 days was reported by no males who experienced sexual abuse and 1.5% of males aged 13 to 17 who did not experience sexual abuse.

## 11.2. Health outcomes of physical violence

**Table 11.3: Physical health, mental health and substance use by experiences of childhood physical violence, as reported by 18-24 year olds**

**(Appendix A, Table A49) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Physical violence | 311 | 48.1 (41.8-54.3) | 333 | 9.7 (5.7-13.7) |
| No physical violence | 288 | 23.2 (17.9-28.6) | 279 | 10.5 (6.3-14.7) |
| **Ever been pregnant** | | | | |
| Physical violence | 127 | 85.3 (79.6-90.9) | - | - |
| No physical violence | 91 | 88.5 (80.3-96.6) | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Physical violence | 311 | 12.5 (7.7-17.3) | 332 | 6.6 (3.5-9.7) |
| No physical violence | 288 | 5.3 (2.4-8.2) | 280 | 7.1 (3.5-10.7) |
| **Ever thought of suicide** | | | | |
| Physical violence | 311 | 15.3 (9.7-20.9) | 333 | 3.0 (0.4-5.6) |
| No physical violence | 288 | 5.6 (2.1-9.1) | 280 | 1.8 (0.0-3.9) |
| **Ever attempted suicide[2]** | | | | |
| Physical violence | 41 | 48.1 (32.1-64.1) | * | * |
| No physical violence | * | * | * | * |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Physical violence | 295 | 55.8 (48.4-63.1) | 325 | 79.5 (74.2-84.8) |
| No physical violence | 271 | 48.3 (40.5-56.1) | 265 | 66.3 (59.1-73.5) |
| **Smoked in the last 30 days** | | | | |
| Physical violence | 311 | 7.6 (3.9-11.3) | 333 | 31.5 (25.5-37.5) |
| No physical violence | 288 | 6.5 (3.1-9.9) | 280 | 18.7 (13.3-24.2) |
| **Drug use in the last 30 days** | | | | |
| Physical violence | 311 | 0.7 (0.0-1.8) | 333 | 4.5 (1.8-7.2) |
| No physical violence | 287 | 0.8 (0.0-1.6) | 279 | 1.5 (0.3-2.8) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

### 11.2.1. Females and males aged 18-24

#### Sexual health

Table 11.3 and Figure 11.7 show that more than twice as many females aged 18 to 24 who experienced physical violence prior to age 18, compared to females who did not, reported an STI diagnosis or symptom in the last 12 months (48.1% and 23.2%, respectively).

Similar proportions of females who did and did not experience physical violence prior to age 18 reported that they had ever been pregnant: 85.3% of those who experienced childhood physical violence and 88.5% who did not experience childhood physical violence reported ever being pregnant.

Significantly more females than males aged 18 to 24 who experienced physical violence prior to 18 reported an STI diagnosis or symptom in the past 12 months. STI diagnoses or symptoms were also higher among females who reported no physical violence prior to 18 than males who reported no physical violence prior to 18.

Among males aged 18 to 24, approximately 1 in 10 reported an STI diagnosis or symptom in the past 12 months, among both those who did and did not experience physical violence prior to age 18 (9.7% and 10.5%, respectively).

## Mental health

One in eight females who experienced physical violence prior to 18 (12.5%) and 1 in 20 females who did not experience physical violence prior to 18 (5.3%) reported having intentionally hurt themselves. There was a statistical difference between experience of physical violence prior to age 18 and suicidal ideation (Figure 11.7). Three times as many females who experienced physical violence ever thought of suicide compared to females who did not experience physical violence (15.3% and 5.6%, respectively). Females aged 18 to 24 who experienced physical violence prior to 18 were more likely to think about suicide than males in the same age group who also experienced physical violence prior to 18.

Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide. The sample size was too small to calculate reliable estimates to compare respondents who reported experiences of and no experiences of physical violence prior to age 18. However, among females aged 18 to 24 who experienced physical violence prior to age 18 and who had thought suicidal thoughts, almost half reported to have ever attempted suicide (48.1%).

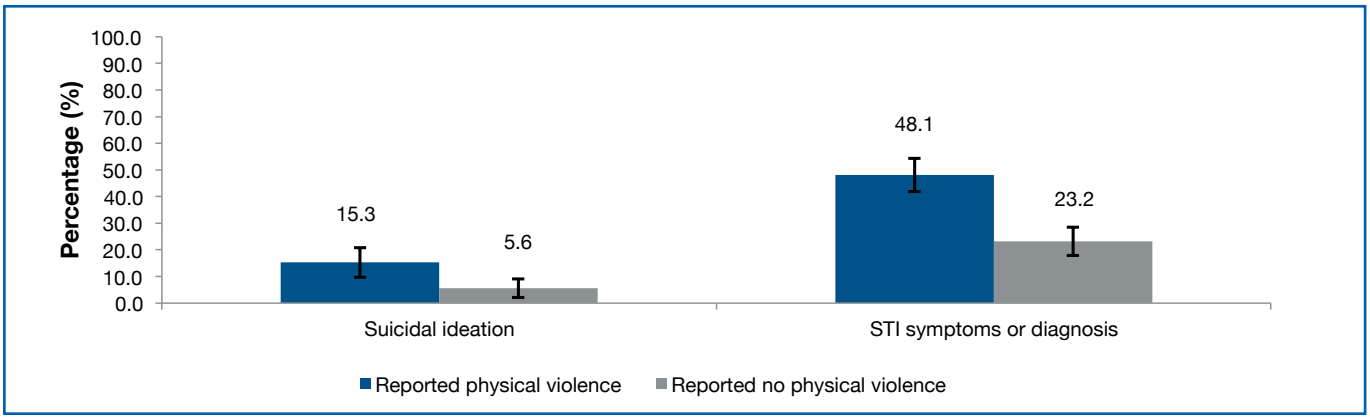



**Figure 11.7: Suicidal ideation and STI symptom/diagnosis by experiences of childhood physical violence, as reported by 18-24-year-old females (Appendix A, Table A49) – Cambodia VACS, 2013**

The difference in reported moderate levels of mental distress between females aged 18 to 24 who did and did not experience physical violence prior to 18 was statistically significant (Figure 11.8). Over half of females who experienced physical violence prior to 18 (53.4%) and one in three females who reported no physical violence prior to 18 (34.2%) reported moderate mental distress in the past month. Serious mental distress was reported by 6.7% of females aged 18 to 24 who experienced physical violence prior to age 18 and 7.6% of females who experienced no physical violence.

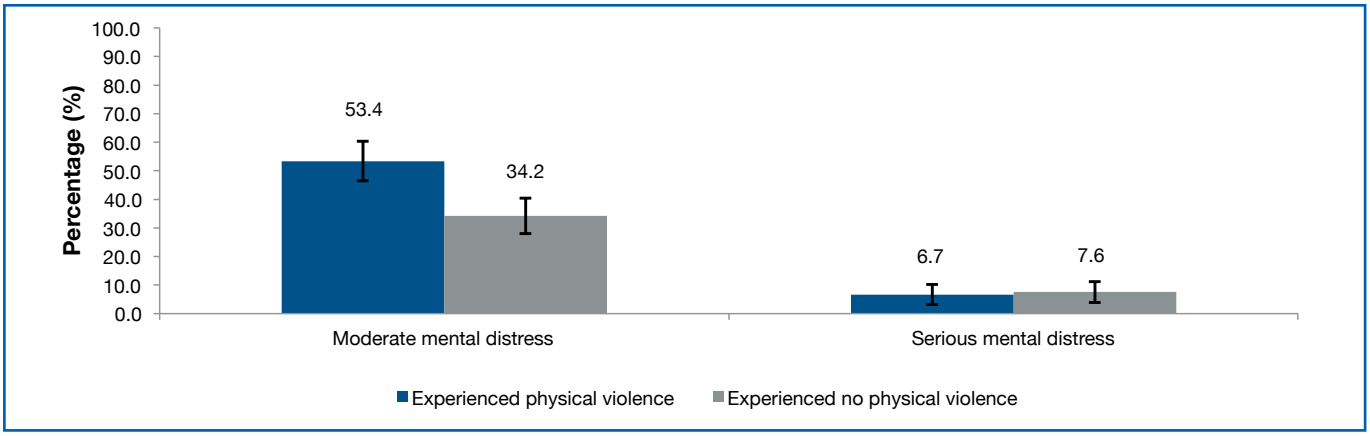



**Figure 11.8: Moderate and serious mental distress by experiences of childhood physical violence, as reported by 18-24-year-old females (Appendix A, Table A49) – Cambodia VACS, 2013**

Similar proportions of males aged 18 to 24 who did and did not experience physical violence reported that they had intentionally hurt themselves. One in 15 males who experienced physical violence (6.6%) and 1 in 14 males (7.1%) reported ever intentionally hurting themselves. The proportion of males who reported they had thought of suicide was low: 3% of males who experienced physical violence prior to 18 reported ever thinking of suicide and 1.8% of males who did not experience physical violence prior to 18. Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide. The sample size was too small to calculate reliable estimates to compare males who reported experiences of physical violence and no experiences of physical violence prior to age 18.

Moderate mental distress was reported by 36.7% of males who experienced physical violence, and 27.9% of males who experienced no physical violence (Figure 11.9). Serious mental distress was reported by 3.7% of males aged 18 to 24 who experienced physical violence prior to age 18, and 3.9% of males who experienced no physical violence.

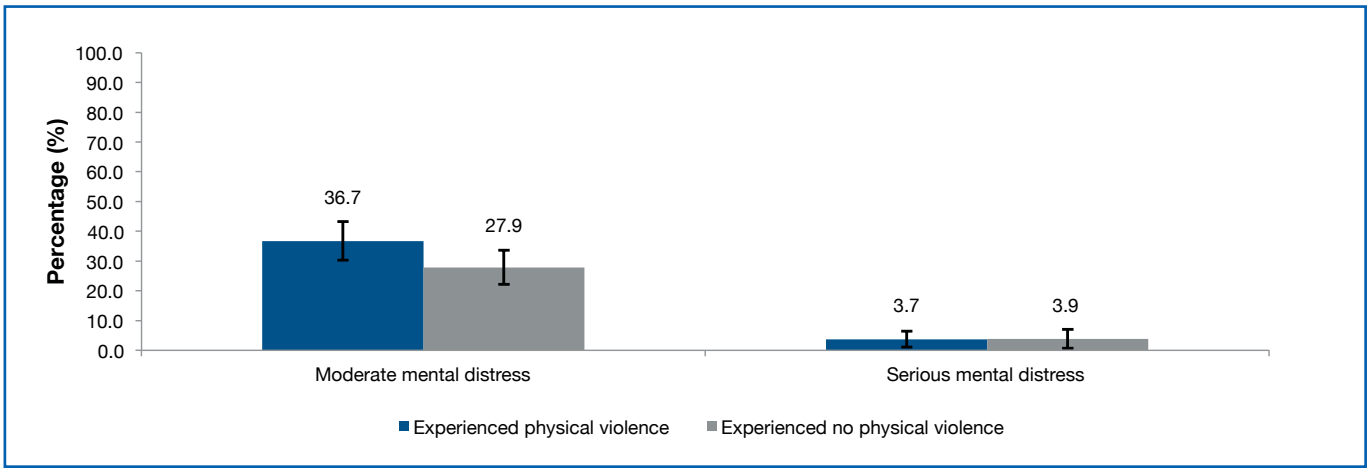



**Figure 11.9: Moderate and serious mental distress by experiences of childhood physical violence, as reported by 18-24-year-old males (Appendix A, Table A49) – Cambodia VACS, 2013**

## Substance use

Among females aged 18 to 24, substance use was not found to be significantly correlated with experiences of physical violence prior to age 18. More than half of females who experienced physical violence and slightly less than half of females who did not experience physical violence reported being drunk in the past 30 days (55.8% and 48.3%, respectively). One in 13 females who experienced physical violence prior to age 18 and 1 in 15 females who did not experience physical violence reported smoking in the past 30 days (7.6% and 6.5%, respectively). Less than 1% of females who did and did not experience physical violence prior to age 18 reported drug use in the past 30 days (0.7% and 0.8%, respectively).

Among males aged 18 to 24, drinking alcohol and smoking were correlated with experiences of physical violence prior to age 18, while drug use was not. Eight out of 10 males who experienced physical violence prior to age 18 reported that they were drunk in the past 30 days compared to two out of three males who did not experience physical violence (79.5% and 66.3%, respectively) (Figure 11.10). One in three males who experienced physical violence (31.5%) and one in five males who did not experience physical violence (18.7%) reported smoking in the past 30 days. Drug use in the past 30 days was reported by 4.5% males who experienced physical violence, and 1.5% of males aged 18 to 24 who did not experience physical violence.

Males aged 18 to 24 were more likely than females aged 18 to 24 to have been drunk or to have smoked in the past 30 days, both comparing females and males who had experienced physical violence prior to 18 and females and males who had not experienced physical violence prior to 18.

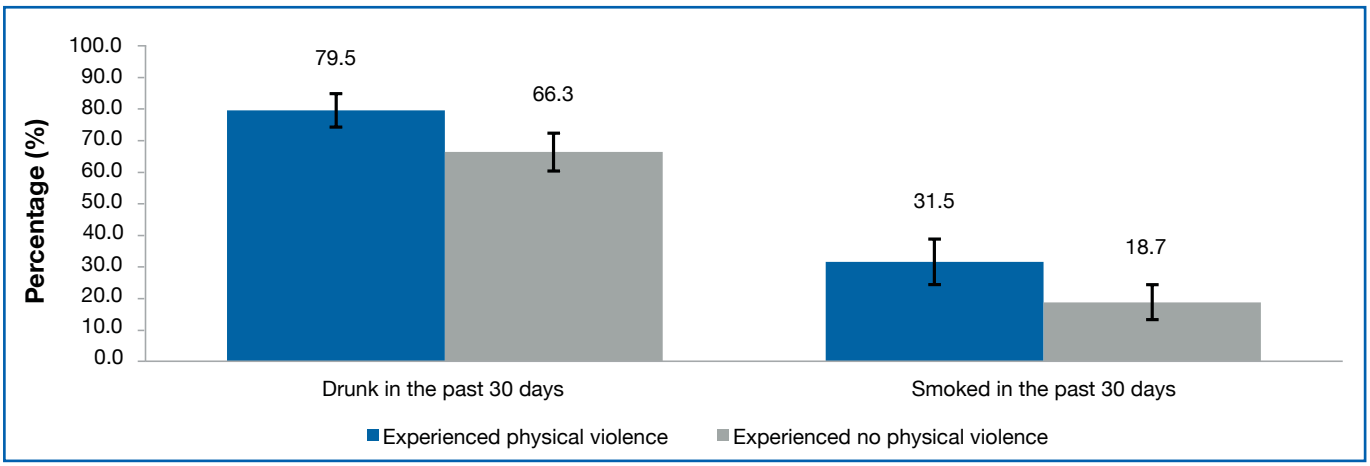



**Figure 11.10: Drinking and smoking in the past 30 days by experiences of childhood physical violence, as reported by 18-24-year-old males (Appendix A, Table A49) – Cambodia VACS, 2013**

### 11.2.2. Females and males aged 13-17

**Table 11.4: Physical health, mental health and substance use by experiences of physical violence, as reported by 13-17 year olds**

**(Appendix A, Table A50) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Physical violence | 310 | 30.0 (23.8-36.2) | 374 | 6.4 (3.3-9.5) |
| No physical violence | 211 | 15.3 (9.6-21.0) | 265 | 5.0 (1.5-8.5) |
| **Ever been pregnant** | | | | |
| Physical violence | 9 | * | - | - |
| No physical violence | 2 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Physical violence | 310 | 5.9 (3.3-8.6) | 377 | 2.3 (0.7-4.0) |
| No physical violence | 212 | 1.7 (0.0-3.3) | 264 | 2.8 (0.9-4.7) |
| **Ever thought of suicide** | | | | |
| Physical violence | 310 | 5.9 (2.3-9.4) | 377 | 1.6 (0.0-3.3) |
| No physical violence | 212 | 1.4 (0.0-3.1) | 265 | 0.0 (0.0-0.0) |
| **Ever attempted suicide[2]** | | | | |
| Physical violence | * | * | * | * |
| No physical violence | * | * | 0 | 0.0 (0.0-0.0) |

| Substance use | | | | |
|---|---|---|---|---|
| **Was drunk in the last 30 days** | | | | |
| Physical violence | 290 | 51.6 (43.3-59.9) | 363 | 49.3 (42.0-56.7) |
| No physical violence | 202 | 50.0 (42.6-57.5) | 250 | 35.7 (28.4-42.9) |
| **Smoked in the last 30 days** | | | | |
| Physical violence | 309 | 11.7 (7.2-16.3) | 377 | 18.3 (12.5-24.1) |
| No physical violence | 212 | 12.2 (6.7-17.7) | 265 | 11.4 (6.5-16.3) |
| **Drug use in the last 30 days** | | | | |
| Physical violence | 310 | 0.0 (0.0-0.0) | 377 | 1.8 (0.0-4.1) |
| No physical violence | 211 | 0.6 (0.0-1.9) | 264 | 1.0 (0.0-2.8) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

## Sexual health

Table 11.4 and Figure 11.11 show that 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 (30.0% and 15.3%, respectively).

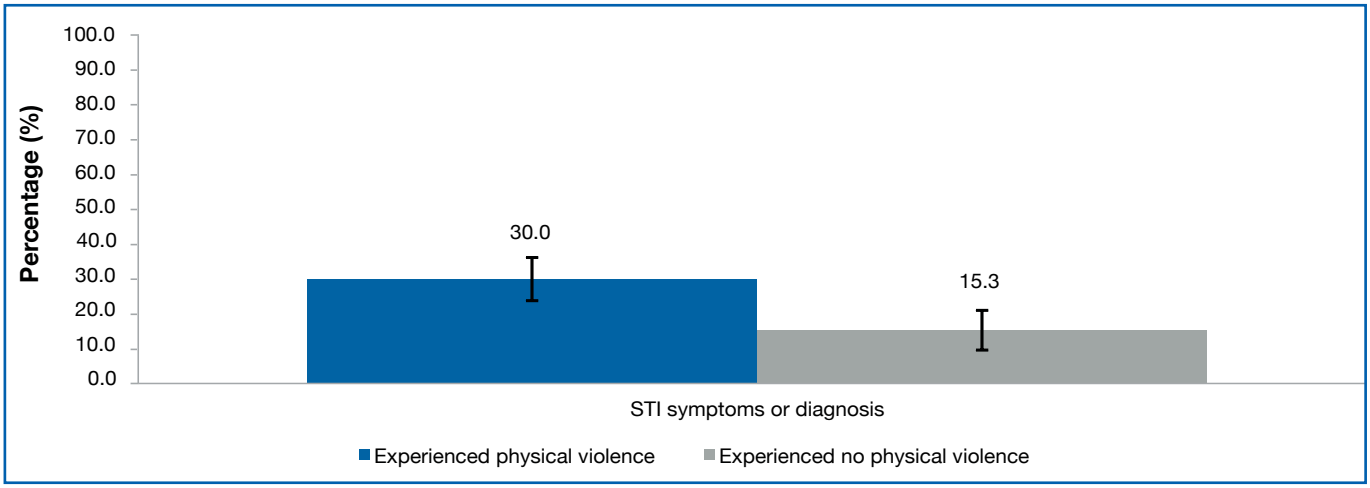



**Figure 11.11: STI symptoms or diagnosis in the past 12 months by experiences of physical violence, as reported by 13-17-year-old females (Appendix A, Table A50) – Cambodia VACS, 2013**

The sample size of females aged 13 to 17 who reported pregnancy among those who experienced physical violence was not large enough to infer reliable estimates to compare with the respondents who did not experience physical violence.

Females aged 13 to 17 were more likely to report an STI diagnosis or symptom in the past 12 months than males in the same age group (Appendix A, Table A50). This was the case in comparing females and males who experienced physical violence and between females and males who did not experience physical violence. STI symptoms or diagnoses were reported by 1 in 15 males aged 13 to 17 who experienced physical violence and 1 in 20 males who experienced no physical violence (6.4% and 5.0%, respectively).

## Mental health

One in 20 females aged 13 to 17 who experienced physical violence (5.9%) and 1.7% of females aged 13 to 17 who did not experience physical violence reported having intentionally hurt themselves. One in 20 females aged 13 to 17 who experienced physical violence (5.9%) and 1.4% of females aged 13 to 17 who did not experience physical violence had ever thought of suicide. Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide. The sample size was too small to calculate reliable estimates to compare female respondents aged 13 to 17 who reported experiences of physical violence and no experiences of physical violence.

Almost a third of females aged 13 to 17 who had experienced physical violence (30.3%) and a fifth of females aged 13 to 17 who experienced no physical violence (20.8%) reported moderate mental distress in the past month (Figure 11.12). Serious mental distress was reported by 5.8% of females aged 13 to 17 who experienced physical violence and 2.8% of females aged 13 to 17 who experienced no physical violence.

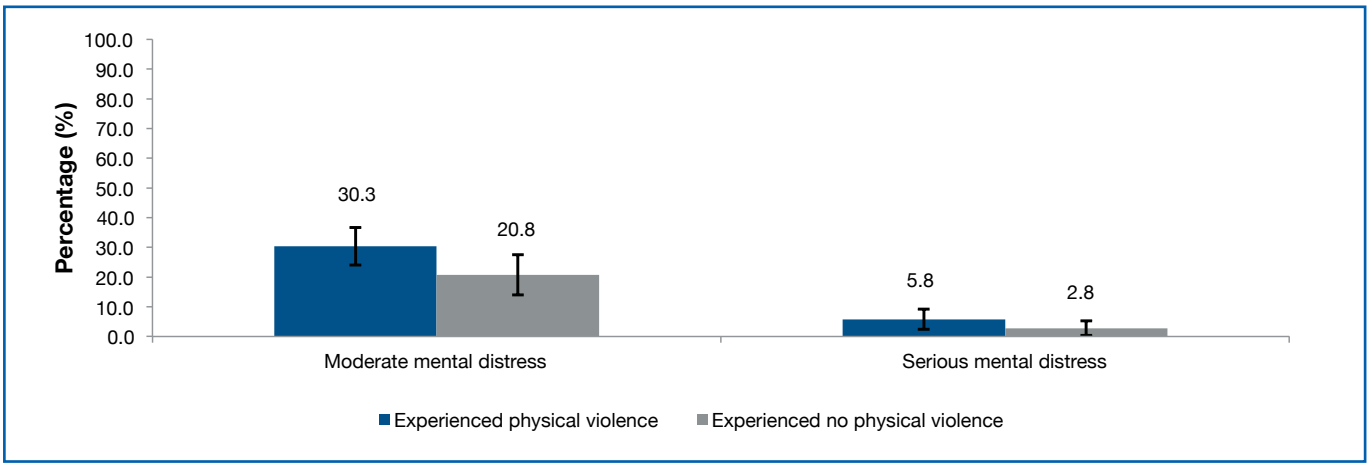



**Figure 11.12: Moderate and serious mental distress by experiences of physical violence, as reported by 13-17-year-old females (Appendix A, Table A50) – Cambodia VACS, 2013**

Less than 3% of males aged 13 to 17 who did experience physical violence, and those who did not, reported ever intentionally hurting themselves (2.3% and 2.8%, respectively). Thoughts of suicide were reported by 1.6% of males aged 13 to 17 who experienced physical violence and none of the males aged 13 to 17 who experienced no physical violence. No males aged 13 to 17 who reported thoughts of suicide reported to have ever attempted suicide.

Moderate mental distress was reported by 21.7% of males aged 13 to 17 who experienced physical violence and 23.1% of males aged 13 to 17 who experienced no physical violence (Figure 11.13). Serious mental distress was reported by 1.7% of males aged 13 to 17 who experienced physical violence and 0.5% of males aged 13 to 17 who experienced no physical violence.

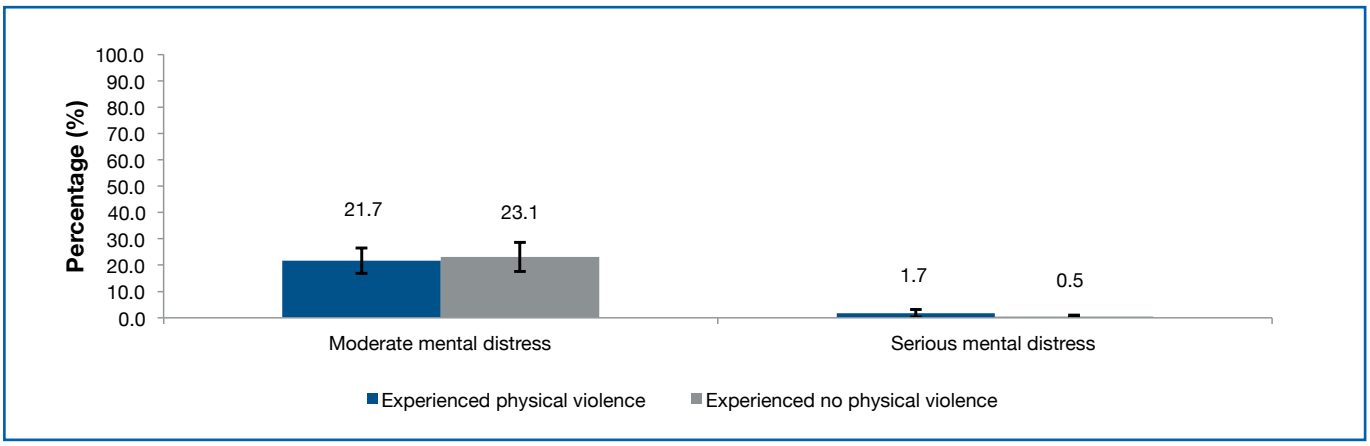



**Figure 11.13: Moderate and serious mental distress by experiences of physical violence, as reported by 13-17 year old males (Appendix A, Table A50) – Cambodia VACS, 2013**

## Substance use

Among females and males aged 13 to 17, substance use was not found to be significantly correlated with experiences of physical violence.

Approximately half of females aged 13 to 17 who did and did not experience physical violence reported being drunk in the past 30 days (51.6% and 50.0%, respectively). Similar proportions of females aged 13 to 17 reported smoking in the past 30 days: 11.7% of females aged 13 to 17 who experienced physical violence and 12.2% of females aged 13 to 17 who did not experience physical violence. No females aged 13 to 17 who experienced physical violence, and 0.6% of females aged 13 to 17 who did not experience physical violence, reported drug use in the past 30 days.

One in two males aged 13 to 17 who experienced physical violence and one in three males aged 13 to 17 who did not experience physical violence reported that they were drunk in the past 30 days (49.3% and 35.7%, respectively). One in

five males aged 13 to 17 who experienced physical violence (18.3%) and one in eight males aged 13 to 17 who did not experience physical violence (11.4%) reported smoking in the past 30 days. Drug use in the past 30 days was reported by 1.8% males aged 13 to 17 who experienced physical violence and 1% of males aged 13 to 17 years who did not experience physical violence.

## 11.3. Health outcomes of emotional violence

### 11.3.1. Females and males aged 18-24

**Table 11.5: Physical health, mental health and substance use by experiences of childhood emotional violence, as reported by 18-24 year olds**

**(Appendix A, Table 51) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Emotional violence | 108 | 53.1 (43.9-62.4) | 150 | 12.6 (5.9-19.2) |
| No emotional violence | 490 | 32.2 (26.8-37.6) | 458 | 9.3 (6.1-12.4) |
| **Ever been pregnant** | | | | |
| Emotional violence | 42 | 87.1 (77.8-96.4) | - | - |
| No emotional violence | 175 | 86.3 (81.3-91.3) | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Emotional violence | 108 | 21.7 (12.1-31.3) | 150 | 8.8 (3.7-13.8) |
| No emotional violence | 490 | 5.9 (3.0-8.8) | 458 | 6.2 (3.5-9.0) |
| **Ever thought of suicide** | | | | |
| Emotional violence | 108 | 20.0 (9.5-30.5) | 150 | 2.7 (0.0-5.5) |
| No emotional violence | 490 | 8.3 (4.7-12.0) | 459 | 2.4 (0.5-4.3) |
| **Ever attempted suicide[2]** | | | | |
| Emotional violence | * | * | * | * |
| No emotional violence | 33 | 43.6 (24.0-63.1) | * | * |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Emotional violence | 103 | 44.8 (32.9-56.7) | 146 | 77.3 (68.6-86.1) |
| No emotional violence | 462 | 53.9 (47.4-60.4) | 440 | 72.1 (67.2-77.1) |
| **Smoked in the last 30 days** | | | | |
| Emotional violence | 108 | 4.9 (1.3-8.4) | 150 | 31.8 (22.5-41.0) |
| No emotional violence | 490 | 7.6 (4.2-11.1) | 459 | 23.5 (18.4-28.6) |
| **Drug use in the last 30 days** | | | | |
| Emotional violence | 108 | 0.0 (0.0-0.0) | 149 | 4.8 (1.0-8.6) |
| No emotional violence | 489 | 0.9 (0.1-1.8) | 459 | 2.6 (1.1-4.2) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

## Sexual health

Table 11.5 shows that more than half of females aged 18 to 24 who experienced emotional violence prior to 18 reported an STI diagnosis or symptom in the last 12 months compared to a third of females who did not experience emotional violence prior to age 18 (53.1% and 32.2%, respectively).

Similar proportions of females who did and did not experience emotional violence reported that they had ever been pregnant (87.1% and 86.3%, respectively).

Females aged 18 to 24 were more likely to report an STI diagnosis or symptom in the past 12 months than males in the same age group among both those who had and had not experienced emotional violence prior to 18.

Among males aged 18 to 24, approximately one in seven reported an STI diagnosis or symptom in the past 12 months of those who experienced emotional violence prior to 18 and 1 in 10 among those who did not experience emotional violence prior to age 18 (12.6% and 9.3%, respectively).

## Mental health

Females who experienced emotional violence prior to age 18 were significantly more likely to have ever intentionally hurt themselves than those who did not experience emotional violence prior to 18. One in five females who experienced emotional violence (21.7%) and 1 in 16 females who did not experience emotional violence (5.9%) reported having intentionally hurt themselves (Figure 11.14).

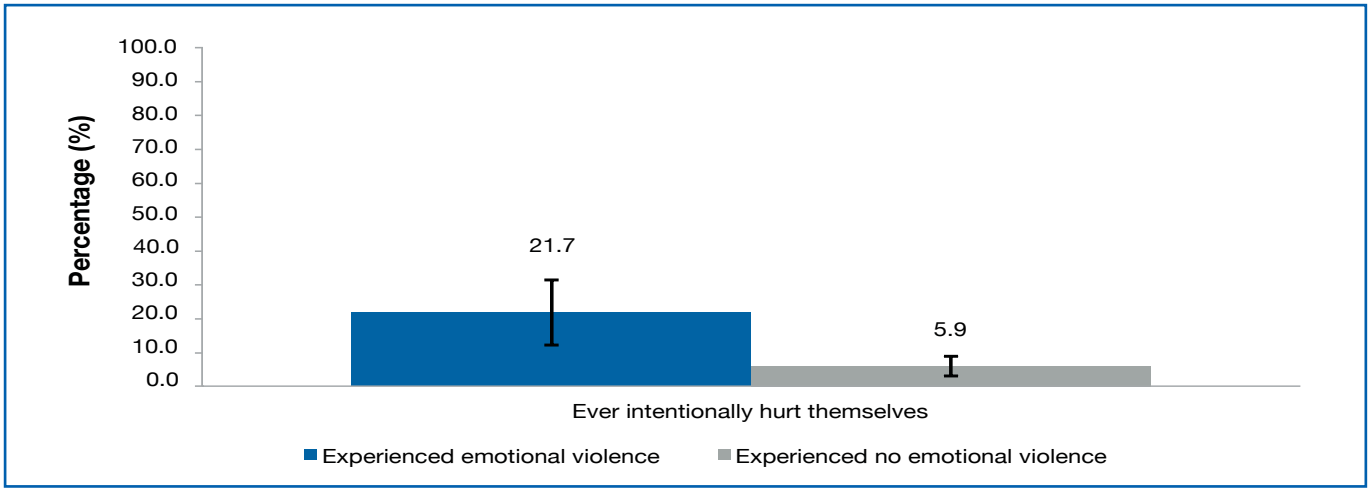



**Figure 11.14: Ever intentionally hurt themselves by experiences of childhood emotional violence, as reported by 18-24-year-old females (Appendix A, Table 51) – Cambodia VACS, 2013**

There was not a statistically significant difference between Cambodian females' experience of emotional violence prior to age 18 and whether they reported having suicidal thoughts. One in five females aged 18 to 24 who experienced emotional violence prior to 18 and 1 in 12 females aged 18 to 24 who did not experience emotional violence prior to 18 ever thought of suicide (20.0% and 8.3%, respectively). Females aged 18 to 24 who experienced emotional violence prior to 18 were more likely to think about suicide than males in the same age group who also experienced emotional violence prior to 18.

Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide. Among females aged 18 to 24 who experienced no emotional violence prior to age 18 and who had thought suicidal thoughts, more than one in three (43.6%) reported to have ever attempted suicide. The sample size of males who experienced emotional violence and had suicidal thoughts was too small to calculate reliable estimates of the proportion that ever attempted suicide

The difference in reported levels of moderate mental distress between females who did and did not experience emotional violence prior to 18 was not statistically significant (Figure 11.15). Almost two out of three females aged 18 to 24 who experienced emotional violence prior to 18 (62.8%) and more than one in three females aged 18 to 24 who reported no emotional violence (39.8%) reported moderate mental distress in the past month. Serious mental distress was reported by 11.4% of females aged 18 to 24 who experienced emotional violence prior to age 18 and 6.1% of females aged 18 to 24 who experienced no emotional violence prior to age 18.

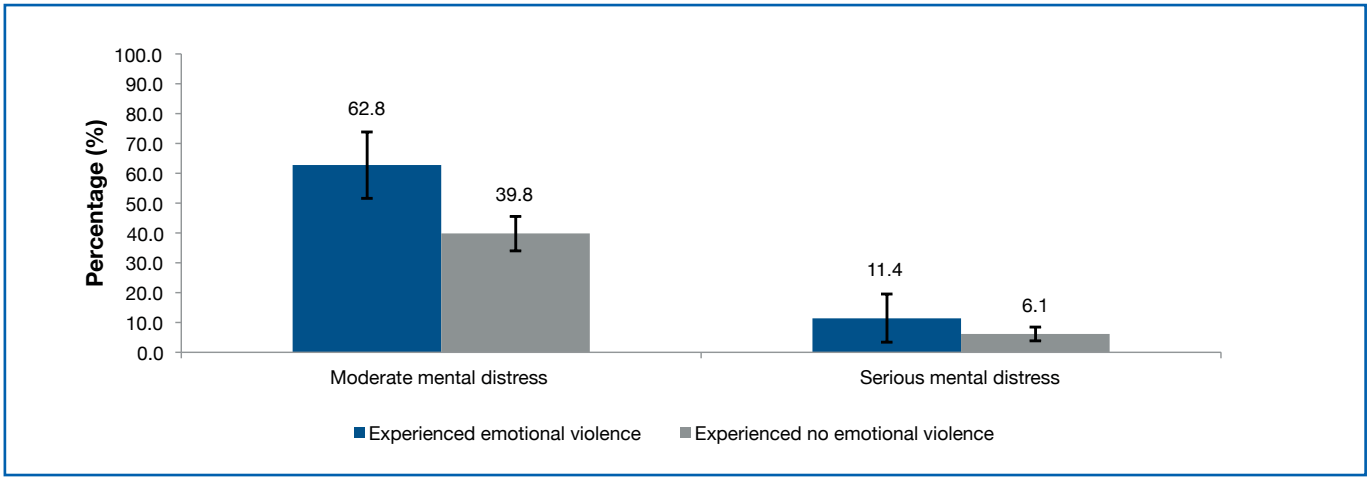



**Figure 11.15: Moderate and serious mental distress by experiences of childhood emotional violence, as reported by 18-24 year old females (Appendix A, Table 51) – Cambodia VACS, 2013**

One in 11 males who experienced emotional violence (8.8%) and 1 in 16 males who experienced no emotional violence (6.2%) reported ever intentionally hurting themselves. Similar proportions of males who did and did not experience emotional violence reported that they had thought of suicide (2.7% and 2.4%, respectively). Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide, but the sample size was too small to calculate reliable estimates among respondents who reported suicidal thoughts.

Males 18 to 24 years of age who experienced emotional violence prior to age 18 were significantly more likely to report moderate mental distress than those who did not experience emotional violence prior to 18. Over half (52.6%) of males who experienced emotional violence prior to 18 and a quarter (25.8%) of males who reported no emotional violence reported moderate mental distress in the past month (Figure 11.16). Serious mental distress was reported by 4.1% of males aged 18 to 24 who experienced emotional violence prior to age 18 and 3.6% of males aged 18 to 24 who experienced no emotional violence prior to 18.

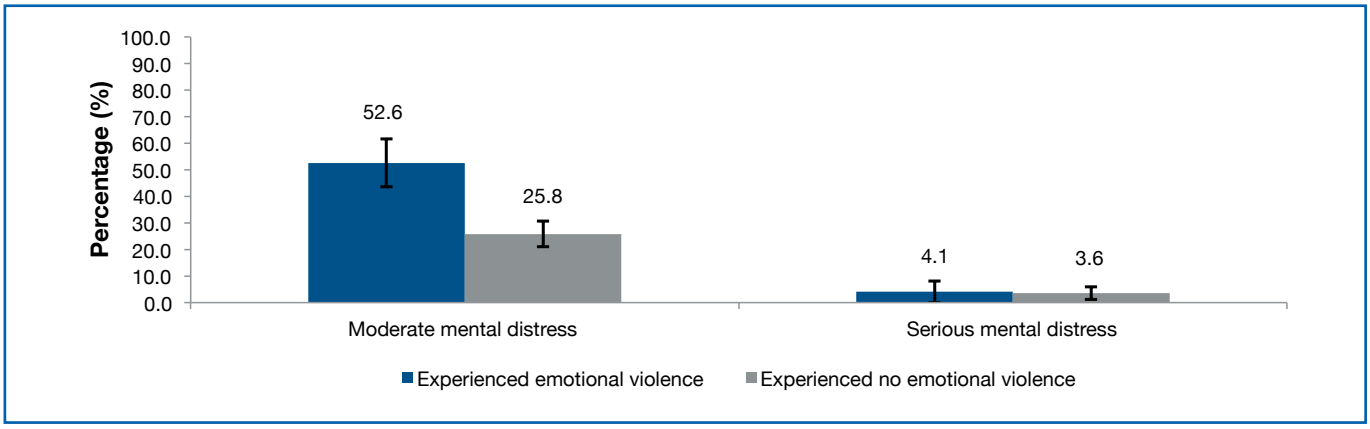



**Figure 11.16: Moderate and serious mental distress by experiences of childhood emotional violence, as reported by 18-24-year-old males (Appendix A, Table 51) – Cambodia VACS, 2013**

**Substance use**

Among females and males aged 18 to 24, substance use was not found to be significantly correlated with experiences of emotional violence prior to age 18. Among females who experienced emotional violence, 44.8% reported being drunk in the past 30 days and 53.9% of females aged 18 to 24 who did not experience emotional violence prior to 18 reported being drunk. One in 20 females aged 18 to 24 who experienced emotional violence prior to age 18 and 1 in 13 females aged 18 to 24 who did not experience emotional violence prior to 18 reported smoking in the past 30 days (4.9% and 7.6%, respectively). No females aged 18 to 24 who experienced emotional violence prior to age 18 and 0.9% of females aged 18 to 24 who experienced no emotional violence prior to age 18 reported drug use in the past 30 days.

Males aged 18 to 24 were more likely than females aged 18 to 24 to have been drunk or to have smoked in the past 30 days among both those who had experienced emotional violence prior to 18 and those who had not.

Approximately three out of four males aged 18 to 24 who did and did not experience emotional violence prior to age 18 reported that they were drunk in the past 30 days (77.3% and 72.1%, respectively). Nearly one in three (31.8%) males

aged 18 to 24 who experienced emotional violence prior to age 18 and one in four (23.5%) males who did not experience emotional violence prior to age 18 reported smoking in the past 30 days. Drug use in the past 30 days was reported by 4.8% males aged 18 to 24 who experienced emotional violence prior to age 18 and 2.6% of males aged 18 to 24 who did not experience emotional violence prior to age 18.

### 11.3.2. Females and males aged 13-17

**Table 11.6: Physical health, mental health and substance use by experiences of emotional violence, as reported by 13-17 year olds**

**(Appendix A, Table A52) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI§) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[1]** | | | | |
| Emotional violence | 126 | 40.1 (30.8-49.4) | 162 | 9.3 (4.0-14.5) |
| No emotional violence | 395 | 19.2 (14.4-24.0) | 475 | 4.5 (2.0-7.1) |
| **Ever been pregnant** | | | | |
| Emotional violence | 4 | * | - | - |
| No emotional violence | 7 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Emotional violence | 126 | 10.5 (5.3-15.6) | 163 | 3.8 (0.6-7.0) |
| No emotional violence | 396 | 2.3 (0.7-3.9) | 476 | 1.9 (0.7-3.2) |
| **Ever thought of suicide** | | | | |
| Emotional violence | 126 | 10.0 (3.9-16.2) | 164 | 3.4 (0.0-7.0) |
| No emotional violence | 396 | 2.3 (0.2-4.4) | 476 | 0.0 (0.0-0.0) |
| **Ever attempted suicide[2]** | | | | |
| Emotional violence | * | * | * | * |
| No emotional violence | * | * | 0 | 0.0 (0.0-0.0) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Emotional violence | 123 | 51.7 (42.2-61.2) | 159 | 47.0 (37.7-56.4) |
| No emotional violence | 369 | 50.7 (44.0-57.5) | 452 | 42.4 (36.7-48.1) |
| **Smoked in the last 30 days** | | | | |
| Emotional violence | 126 | 10.8 (5.5-16.1) | 164 | 18.2 (11.0-25.3) |
| No emotional violence | 395 | 12.3 (7.9-16.7) | 476 | 14.3 (10.1-18.6) |
| **Drug use in the last 30 days** | | | | |
| Emotional violence | 125 | 0.0 (0.0-0.0) | 164 | 1.6 (0.0-3.8) |
| No emotional violence | 396 | 0.3 (0.0-1.0) | 475 | 1.4 (0.0-3.3) |

§ 95% confidence interval
* Cell size is less than 25
1 Symptoms include abnormal vaginal discharge or genital sore/ulcer
2 Among those who reported thinking of suicide

## Sexual health

Females aged 13 to 17 who experienced emotional violence were significantly more likely to report symptoms of STIs than those who did not experience emotional violence. Table 11.6 and Figure 11.17 show that twice as many females aged 13 to 17 who experienced emotional violence had reported an STI diagnosis or symptom in the last 12 months (40.1%) compared to 19.2% of females aged 13 to 17 who did not experience emotional violence.

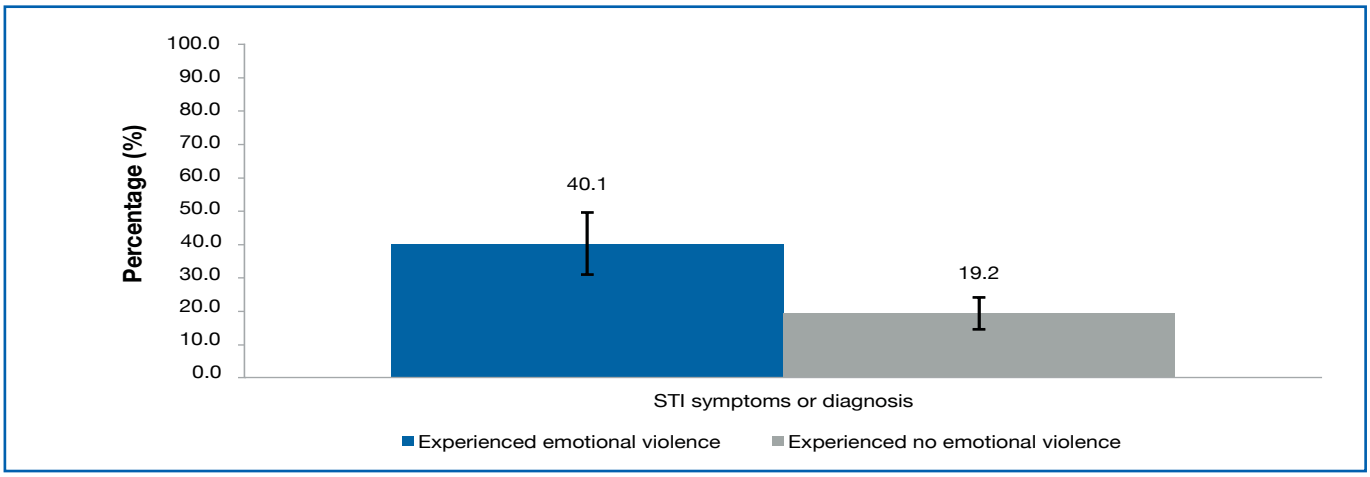



**Figure 11.17: STI symptoms or diagnosis in the past 12 months by experiences of emotional violence, as reported by 13-17-year-old females (Appendix A, Table A52) – Cambodia VACS, 2013**

The sample size of female respondents aged 13 to 17 who reported pregnancy among those who experienced emotional violence was not large enough to infer reliable estimates to compare with those who reported pregnancy who did not experience emotional violence.

Females aged 13 to 17 were more likely to report an STI diagnosis or symptom in the past 12 months than males in the same age group (Appendix A, Table A52). This was the case in comparing females and males aged 13 to 17 who experienced emotional violence and those who did not experience emotional violence. Among males aged 13 to 17, approximately 1 in 10 reported an STI diagnosis or symptom in the past 12 months among those who experienced emotional violence and 1 in 20 among those who did not experience emotional violence (9.3% and 4.5%, respectively).

## Mental health

Emotional violence was found to significantly correlate with intentional self-harm among females aged 13 to 17. Females who experienced emotional violence were four times more likely to have ever intentionally hurt themselves than those who did not experience emotional violence. One in 10 females who experienced emotional violence (10.5%) and 2.3% of females who did not experience emotional violence reported having intentionally hurt themselves (Figure 11.18). Females aged 13 to 17 who experienced emotional violence were more likely to have intentionally hurt themselves than males in the same age group who also experienced emotional violence.

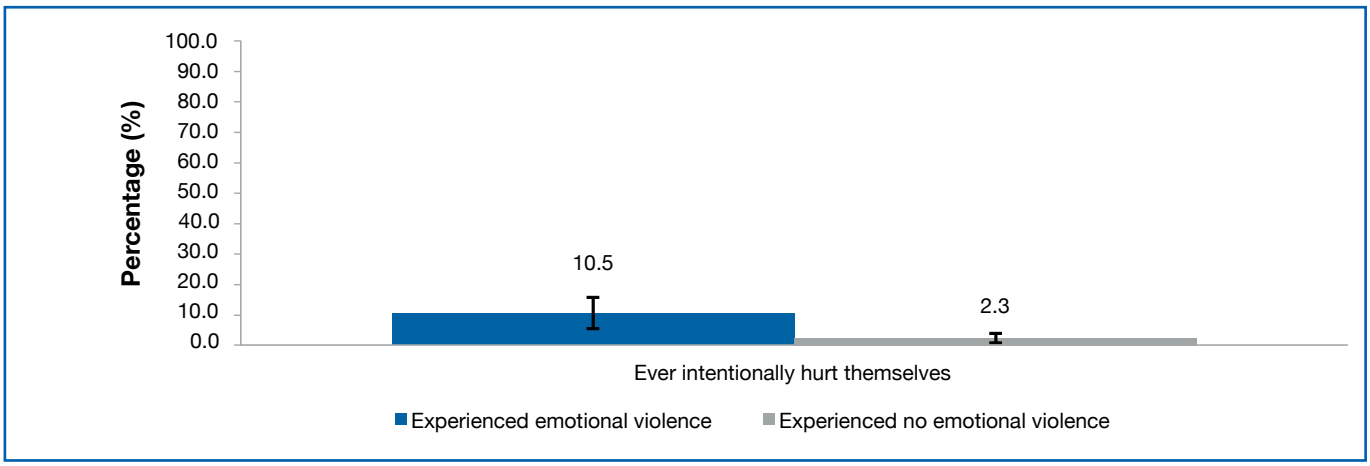



**Figure 11.18: Ever intentionally hurt themselves by experiences of emotional violence, as reported by 13-17-year-old females (Appendix A, Table A52) – Cambodia VACS, 2013**

There was not a statistically significant difference between females aged 13 to 17 who experienced emotional violence and whether they reported having suicidal thoughts. Ten per cent of females aged 13 to 17 who experienced emotional violence and 2.3% of females aged 13 to 17 who did not experience emotional violence ever thought of suicide. Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide. The sample size of females aged 13 to 17 who did and did not experience emotional violence and had suicidal thoughts was too small to calculate reliable estimates of the proportion that ever attempted suicide.

The difference in reported levels of moderate mental distress between females aged 13 to 17 who did and did not experience emotional violence was statistically significant (Figure 11.19). Four out of 10 females aged 13 to 17 who experienced emotional violence (42.4%) and 2 out of 10 females aged 13 to 17 who reported no emotional violence (21.6%) reported moderate mental distress in the past month. Serious mental distress was reported by 10.8% of females aged 13 to 17 who experienced emotional violence and 2.6% of females aged 13 to 17 who experienced no emotional violence.

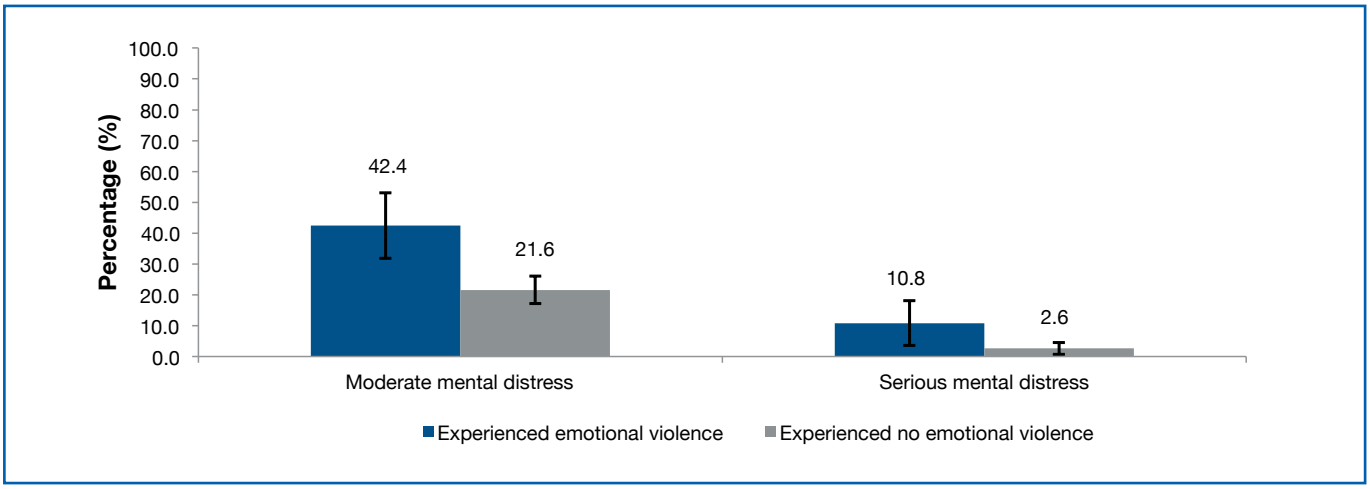



**Figure 11.19: Moderate and serious mental distress by experiences of emotional violence, as reported by 13-17-year-old females (Appendix A, Table A52) – Cambodia VACS, 2013**

Less than 4% of males aged 13 to 17 who experienced emotional violence (3.8%) and less than 2% of males aged 13 to 17 who experienced no emotional violence (1.9%) reported ever intentionally hurting themselves. Among males aged 13 to 17 who experienced emotional violence, few reported that they had thought of suicide (3.4%). No males aged 13 to 17 who had not experienced emotional violence reported that they had thought of suicide. Respondents who reported thoughts of suicide were asked whether they had ever attempted suicide, but the sample size was too small to calculate reliable estimates among males aged 13 to 17 who reported suicidal thoughts.

Males aged 13 to 17 who experienced emotional violence were significantly more likely to report moderate mental distress than those who did not experience emotional violence. More than twice as many males aged 13 to 17 who experienced emotional violence than males who reported no emotional violence, reported moderate mental distress in the past month (42.3% and 14.6%, respectively) (Figure 11.20). Serious mental distress was reported by 2.4% of males aged 13 to 17 who experienced emotional violence and 0.6% of males aged 13 to 17 who experienced no emotional violence.

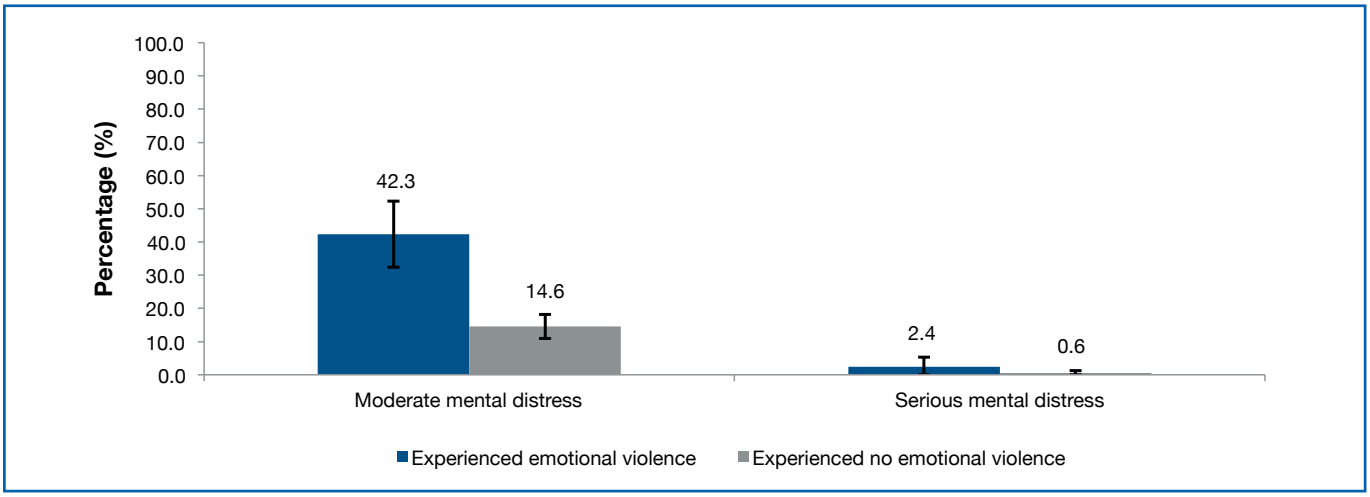


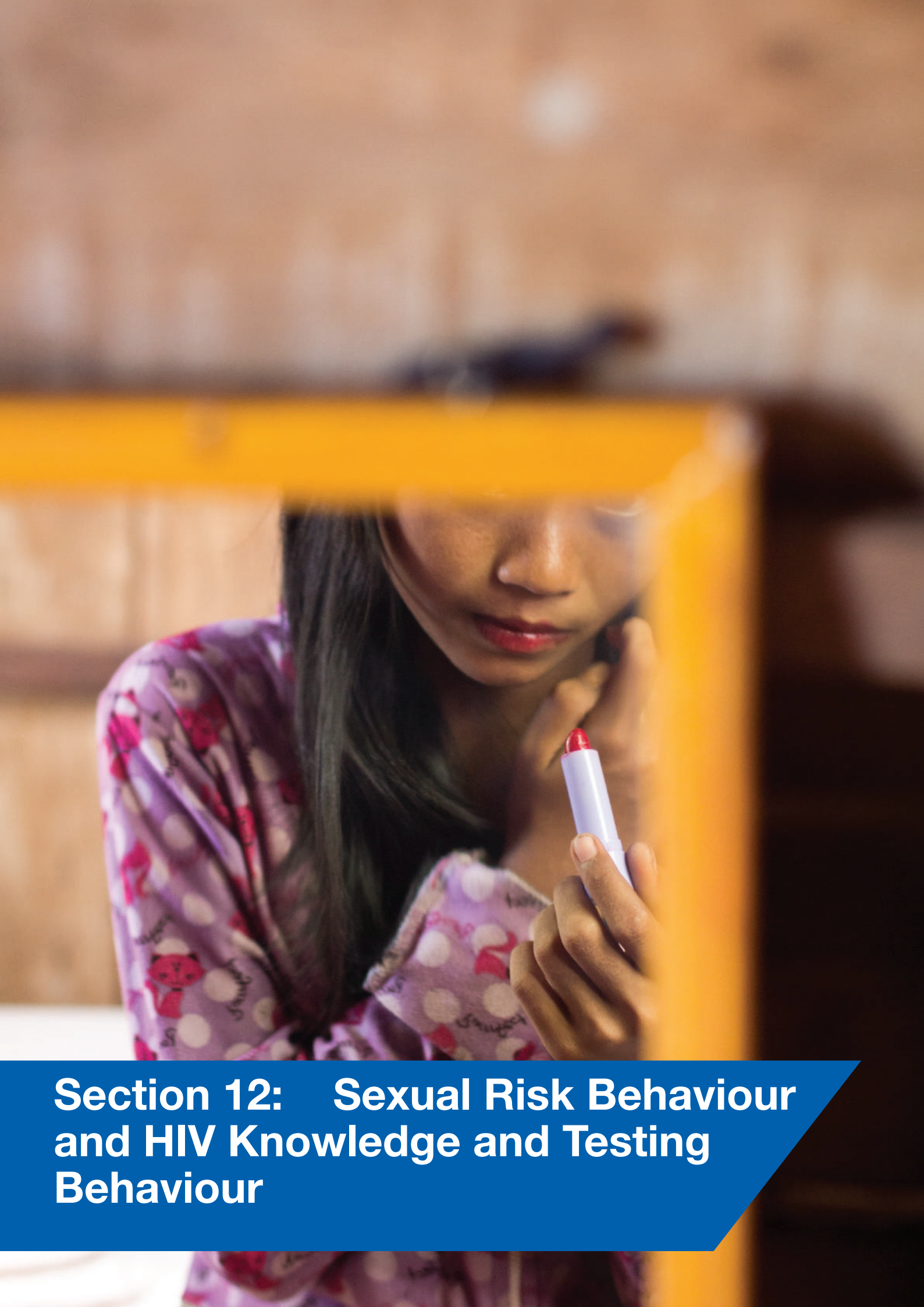

**Figure 11.20: Moderate and serious mental distress by experiences of emotional violence, as reported by 13-17-year-old males (Appendix A, Table A52) – Cambodia VACS, 2013**

## Substance use

Among females and males aged 13 to 17 years, substance use was not found to be significantly correlated with experiences of emotional violence.

Among females aged 13 to 17 who did and did not experience emotional violence, half reported being drunk in the past 30 days among both those who had and had not experienced emotional violence (51.7% and 50.7%, respectively). One in 10 females aged 13 to 17 who experienced emotional violence and one in eight females aged 13 to 17 who did not experience emotional violence reported smoking in the past 30 days (10.8% and 12.3%, respectively). No females aged 13 to 17 who experienced emotional violence and 0.3% of females aged 13 to 17 who experienced no emotional violence reported drug use in the past 30 days.

Almost one in two males aged 13 to 17 of those who did and did not experience emotional violence reported that they were drunk in the past 30 days (47.0% and 42.4%, respectively). One in five males aged 13 to 17 who experienced emotional violence (18.2%) and one in six males aged 13 to 17 who did not experience emotional violence (14.3%) reported smoking in the past 30 days. Drug use in the past 30 days was reported by 1.6% males aged 13 to 17 who experienced emotional violence and 1.4% of males aged 13 to 17 who did not experience emotional violence.



# Section 12: Sexual Risk Behaviour and HIV Knowledge and Testing Behaviour

# 12. Sexual Risk Behaviour and HIV Knowledge and Testing Behaviour

**Overview**

- **Among 19-24 year olds, almost 1 in 10 females and 2 in 10 males reported infrequent condom use in the past 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)**
- **Approximately three quarters of both females and males aged 18-24 know where to go for an HIV test**
- **More than half of females and close to half of males aged 13-17 know where to go for an HIV test**
- **More Cambodian males aged 18 to 24 reported that they have never been tested for HIV (78.2%) than females (62.6%)**
- **Most females and males aged 18-24 (68.7% and 66.6%, respectively) reported to have never been tested for HIV because they felt they did not need a test or they were at low risk of HIV transmission**

## 12.1. Sexual risk behaviour

This section examines the prevalence of risk-taking behaviours in the previous 12 months and their association with experiences of sexual, physical and emotional violence prior to age 18. Risk-taking behaviours as defined in the survey included having multiple (two or more) sexual partners in the past 12 months, infrequent condom use in the past 12 months[10] (never or sometimes using a condom), and transactional sex including receiving money, gifts, food or favours for sex. 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. Sample sizes for transactional sex in this group were insufficient for further analysis.

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 12.1). 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.

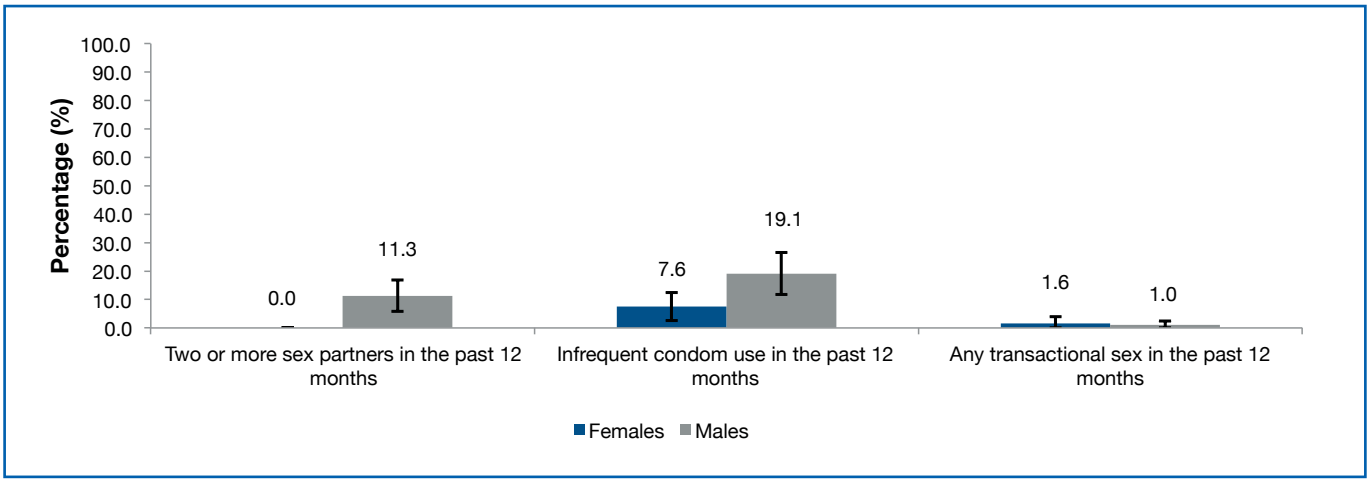



**Figure 12.1: Sexual risk-taking behaviours in the past 12 months, as reported by 19-24 year olds (Appendix A, Table A53) – Cambodia VACS, 2013**

### Sexual risk behaviour and experiences of childhood sexual abuse

The sample size was too small to calculate reliable estimates for the prevalence of engaging in sex with two or more partners and infrequent condom use in the previous 12 months when comparing respondents aged 19 to 24 who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18 (Appendix A, Table A54).

10 The condom use of respondents who were married, had one sexual partner in the previous 12 months, and were not or infrequently using a condom was not classified as low condom use because the reported sex most likely was with a husband or wife.

## Sexual risk behaviour and experiences of childhood physical violence

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) (Figure 12.2). No females aged 19 to 24 reported multiple sexual partners in the previous 12 months.

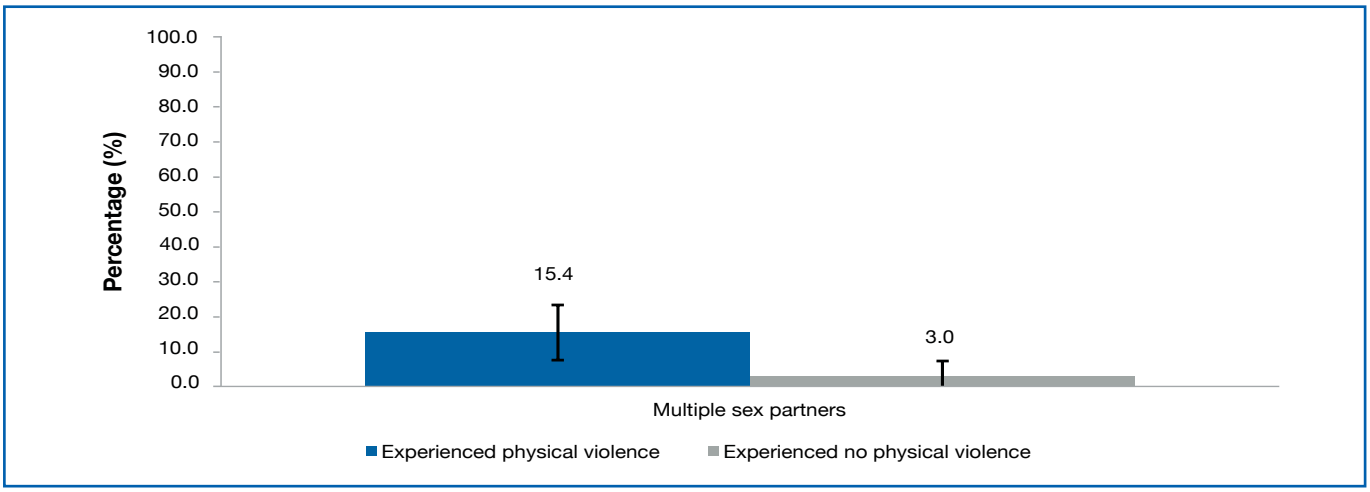



**Figure 12.2: Multiple sex partners in the previous 12 months by experience of childhood physical violence, as reported by 19-24-year-old males (Appendix A, Table A55) – Cambodia VACS, 2013**

Similar proportions of females aged 19 to 24, who did and did not report physical violence prior to age 18, reported infrequent condom use in the past 12 months (9% and 4.9%, respectively) (Appendix A, Table A55). There was no significant difference in reported infrequent condom use among males aged 19 to 24 who reported no physical violence prior to age 18 compared to those who reported physical violence (15.8% and 20.8%, respectively).

## Sexual risk behaviour and experiences of childhood emotional violence

The prevalence of multiple sexual partners among males aged 19 to 24 was more than 1 in 10 for both males aged 19 to 24 who reported emotional violence prior to age 18 (11.7%) and males who reported emotional violence prior to age 18 (10.3%) (Appendix A, Table A56). No females aged 19 to 24 reported multiple sexual partners in the previous 12 months.

Females aged 19 to 24 reported similarly low rates of infrequent condom use in the past 12 months among those who had experienced childhood emotional violence and those who had not (12.9% and 5.5%, respectively) and likewise for males (17.4% and 19.7%, respectively).

## 12.2. HIV testing knowledge and behaviour

This section describes the respondents' knowledge and practices related to HIV testing in general. Those who responded positively to have never tested for HIV were asked the reasons that they were never tested. The survey also aimed to discern associations between respondents' knowledge and practices related to HIV testing and experiences of sexual abuse.

### 12.2.1. 18 to 24 year olds

Table 12.1 shows the proportions of females and males aged 18 to 24 who provided information on HIV testing knowledge and behaviour, whether or not they ever had sexual intercourse.

Approximately three quarters of females (76.8%) and males (74.2%) aged 18 to 24, whether or not they ever had sexual intercourse, knew of a place to go for an HIV test (Table 12.1). There was a statistically significant difference between females and males who never 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%). Similar proportions of females and males aged 18 to 24 (77.6% and 75.9%, respectively) who tested for HIV also received their results.

| Table 12.1: HIV testing knowledge and behaviour, as reported by 18-24 year olds (Appendix A, Table A57) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI§) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 598 | 76.8 (72.2-81.4) | 602 | 74.2 (69.5-78.8) |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 598 | 62.6 (58.0-67.2) | 613 | 78.2 (74.6-81.8) |
| Tested for HIV, received HIV results | 237 | 77.6 (71.4-83.8) | 144 | 75.9 (67.7-84.0) |

§ 95% confidence interval

### 12.2.2. 13 to 17 year olds

Table 12.2 shows HIV testing, knowledge and behaviour reported by all 13 to 17 year olds. Roughly half of females and males said they knew where to get tested for HIV (53.8% and 45.1% respectively). The majority of females and males aged 13 to 17 had never tested for HIV (97.5% and 96.8%, respectively).

| Table 12.2: HIV testing knowledge and behaviour, as reported by 13-17 year olds (Appendix A, Table A59) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI§) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 517 | 53.8 (48.5-59.1) | 607 | 45.1 (39.3-50.9) |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 520 | 97.5 (95.9-99.0) | 631 | 96.8 (94.7-98.8) |
| Tested for HIV, received HIV results | 14 | * | 20 | * |

§ 95% confidence interval
* Cell size is less than 25

## 12.3. HIV testing knowledge and behaviour by experiences of childhood sexual abuse

### 12.3.1. 18 to 24 year olds

Among females aged 18 to 24, similar proportions of those who did or did not experience childhood sexual abuse knew where to go for an HIV test (78.3% and 76.7%, respectively) (Table 12.3). Sixty-three percent (63.4%) of females who did not experience childhood sexual abuse reported never being tested for HIV and 44.6% of females who did experience childhood sexual abuse reported never being tested for HIV. Although female respondents aged 18 to 24 who had ever been tested for HIV were asked whether they had received the HIV results, the sample size was too small to calculate reliable estimates when comparing respondents who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18.

Among males aged 18 to 24 who experienced childhood sexual abuse (87.3%) knew where to go for an HIV test compared to males who did not experience childhood sexual abuse (73.4%). Almost 8 in 10 males who did not experience childhood sexual abuse (79.2%) reported to have never been tested for HIV and 61.1% of males who did experience childhood sexual abuse reported to have never been tested for HIV. The sample size was too small to calculate reliable estimates when comparing male respondents aged 18 to 24 who reported experiences of sexual abuse and no experiences of sexual abuse prior to age 18 for having ever been tested for HIV and receiving the results.

| Table 12.3: HIV testing knowledge and behaviour by experiences of childhood sexual abuse, as reported by 18-24 year olds (Appendix A, Table A61) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI[§]) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| **Know where to go for HIV test** | | | | |
| Experienced sexual abuse | 27 | 78.3 (63.5-93.1) | 34 | 87.3 (76.5-98.1) |
| Experienced no sexual abuse | 571 | 76.7 (71.9-81.5) | 568 | 73.4 (68.6-78.2) |
| **HIV Testing Behaviour** | | | | |
| **Never tested for HIV** | | | | |
| Experienced sexual abuse | 27 | 44.6 (22.5-66.7) | 35 | 61.1 (40.5-81.7) |
| Experienced no sexual abuse | 571 | 63.4 (58.5-68.3) | 578 | 79.2 (75.6-82.8) |
| **Tested for HIV, received HIV results** | | | | |
| Experienced sexual abuse | 14 | * | 11 | * |
| Experienced no sexual abuse | 223 | 76.4 (69.9-82.9) | 133 | 77.7 (69.4-86.0) |

§ 95% confidence interval
* Cell size is less than 25

### 12.3.2. 13 to 17 year olds

Seven in ten (71.4%) females who did experience sexual abuse and five in ten females who did not experience sexual abuse (52.6%) reported they knew where to go for an HIV test. Almost all females who did or did not experience sexual abuse reported that had never been tested for HIV (92.6% and 97.8%, respectively). Although female respondents aged 13 to 17 who had ever been tested for HIV were asked whether they had received the results, the sample size was too small to calculate reliable estimates when comparing respondents who reported experiences of sexual abuse and no experiences of sexual abuse.

Similar proportions of males aged 13 to 17 who did or did not experience sexual abuse knew where to go for an HIV test (47.3% and 45.0%, respectively) (Table 12.4). No males aged 13 to 17 who experienced sexual abuse reported to have ever been tested for HIV. Similarly, close to all males aged 13 to 17 who did not experience sexual abuse reported they had never been tested for HIV. Although male respondents aged 13 to 17 who had ever been tested for HIV were asked whether they had received the results, the sample size was too small to calculate reliable estimates when comparing respondents who did or did not experience sexual abuse.

| Table 12.4: HIV testing knowledge and behaviour by experiences of sexual abuse, as reported by 13-17 year olds (Appendix A, Table A62) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI[§]) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| **Know where to go for HIV test** | | | | |
| Experienced sexual abuse | 31 | 71.4 (54.1-88.7) | 29 | 47.3 (27.9-66.7) |
| Experienced no sexual abuse | 486 | 52.6 (47.2-58.0) | 578 | 45.0 (38.9-51.0) |
| **HIV Testing Behaviour** | | | | |
| **Never tested for HIV** | | | | |
| Experienced sexual abuse | 31 | 92.6 (82.2-100.0) | 32 | 100.0 (100.0-100.0) |
| Experienced no sexual abuse | 489 | 97.8 (96.3-99.3) | 599 | 96.6 (94.5-98.8) |
| **Tested for HIV, received HIV results** | | | | |
| Experienced sexual abuse | 2 | * | 0 | 0.0 (0.0-0.0) |
| Experienced no sexual abuse | 12 | * | 20 | * |

§ 95% confidence interval
* Cell size is less than 25

## 12.4. Reason not to get tested for HIV

### 12.4.1. 18 to 24 year olds

Figure 12.3 and Appendix A, Table A63 provide an overview of the reasons why respondents aged 18 to 24 said to have never been tested for HIV. The majority of both females and males (68.7% and 66.6%, respectively) reported they had never been tested for HIV because they felt they did not need a test or they were at low risk of HIV transmission. While females aged 18 to 24 were significantly more likely to report they had no knowledge about HIV tests (19.9% and 5.5% for females and males), males aged 18 to 24 were significantly more likely to report they had never been tested for HIV because they did not want to know if they had HIV (1.4% and 7.1% for females and males). Among respondents aged 18 to 24 years 9.7% of males and 3.7% of females said the reason they never went for a HIV test was because they never had sex, or because they did not know where to go to get tested (2.1% of females and 4.0% of males).

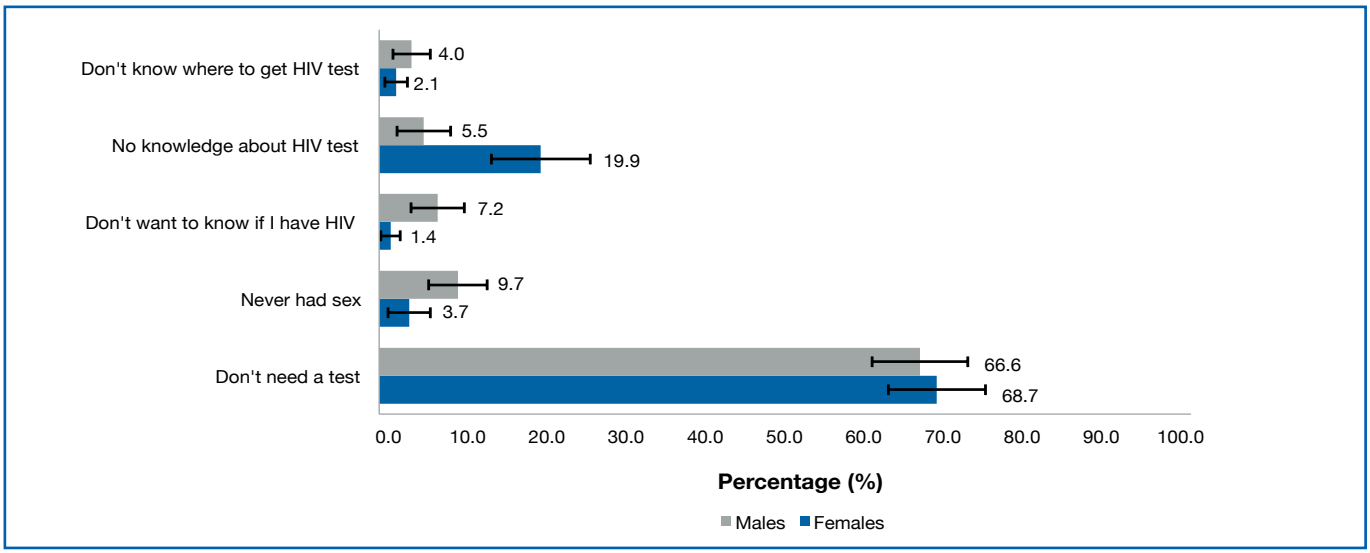



**Figure 12.3: Reasons for not getting an HIV test, as reported by 18-24 year olds (Appendix A, Table A63) Cambodia VACS, 2013**

### 12.4.2. 13 to 17 year olds

Similarly to 18 to 24 year olds, the majority of females and males aged 13 to 17 were never tested for HIV because they felt they did not need a test or they were at low risk of HIV transmission (Figure 12.4 and Appendix A, Table A63). Females were about twice as likely as males aged 13 to 17 to report the reason they were never tested for HIV was because they had no knowledge about HIV tests (25.6% and 13.5%, respectively). Males were slightly more likely than females to state not wanting to know if they had HIV (1.2% of females and 4.7% of males) or to believe or been told HIV tests were for older persons (0.2% of females and 2.1% of males) was the main reason they were never tested. Similar proportions of females and males aged 13 to 17 reported they did not know where to go to get an HIV test (6.3% and 5.5%, respectively).

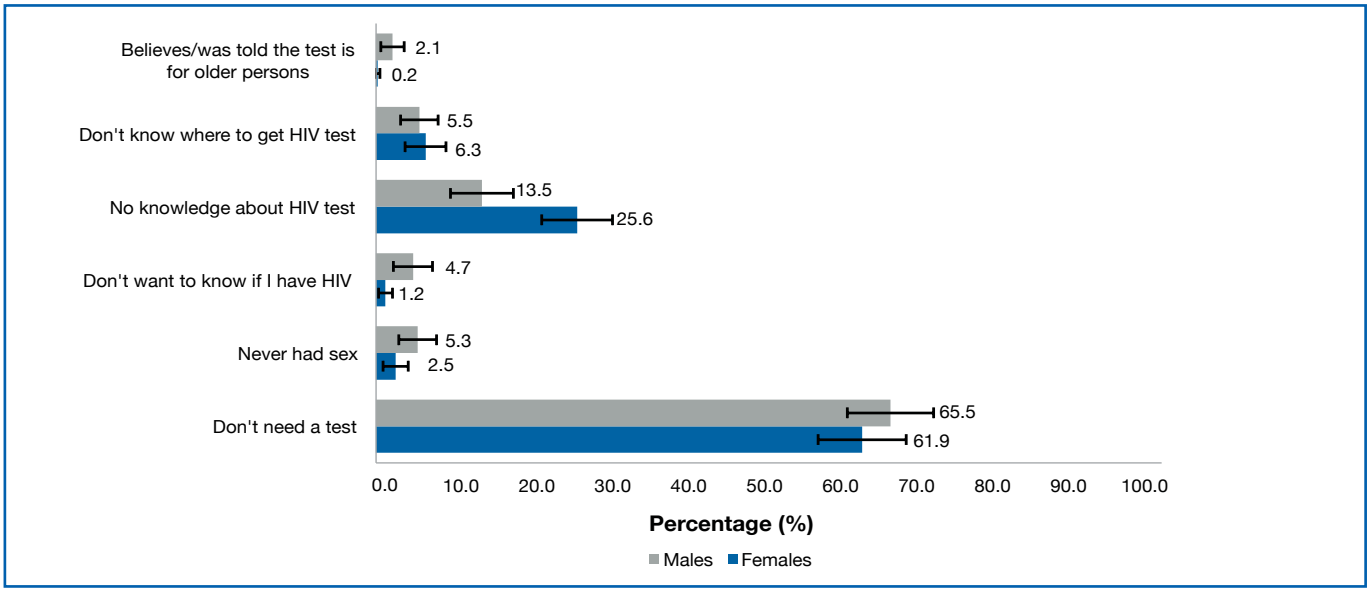
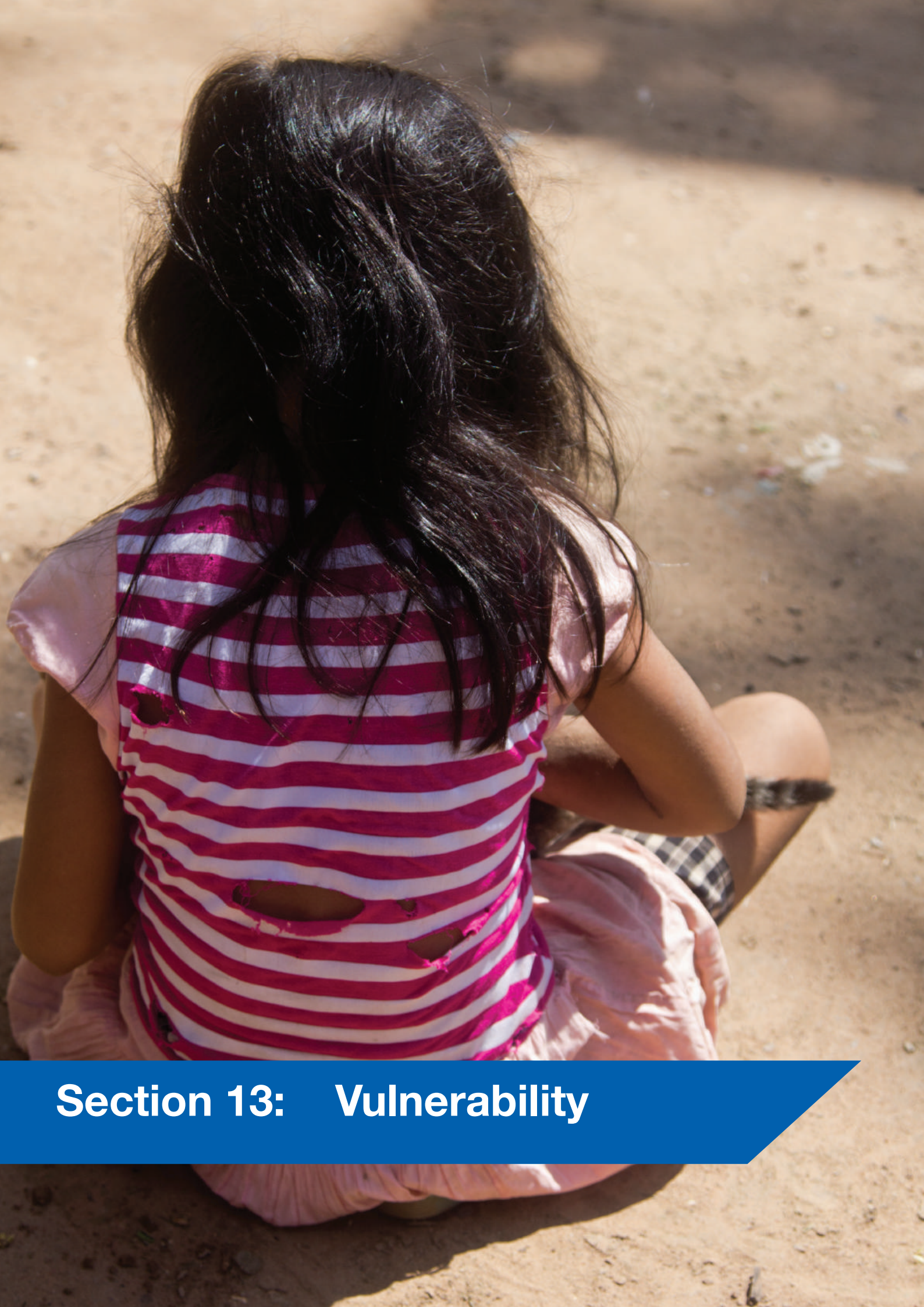



**Figure 12.4: Reasons for not getting an HIV test, as reported by 13-17 year olds (Appendix A, Table A63) Cambodia VACS, 2013**



# Section 13: Vulnerability

# 13. Vulnerability

**Overview**

- **Approximately 1 in 10 of all 18-24 year olds self-reported orphan status (13.8% for females and 10.9% for males). Less than 1% indicated double orphan** status during their childhood**
- **Among 13-17 year olds, 1 in 10 self-reported orphan status* (10.2% females and 8.9% males). Less than 1% indicated double orphan** status during their childhood**
- **In relation to orphanhood, childhood emotional violence was the only type of violence reported that showed statistically significant differences between those were orphaned and those who were not**
- **The age of head of household was correlated with experiences of childhood emotional violence for females aged 13-17**

* orphan status is the loss of one or more parent prior to age 18
** double orphan status is the loss of both parents prior to age 18

## 13.1. Childhood orphan status

### 13.1.1. 18 to 24 year olds

More than 1 in 10 females (13.8%) and males (10.9%) aged 18 to 24 reported that they had lost one or both parents before the age of 18 (Table 13.1). Approximately 13% of females reported losing one of their two parents and 0.4% indicated that they had lost both parents. Ten per cent of males aged 18 to 24 reported that they had lost one of their parents before the age of 18 and 0.7% indicated they had lost both parents.

**Table 13.1: Childhood orphan status, as reported by 18-24 year olds (Appendix A, Table A64) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| Lost both parents prior to age 18 | 599 | 0.4 (0.0-0.9) | 612 | 0.7 (0.1-1.2) |
| Lost one parent prior to age 18, but not both parents | 596 | 13.4 (10.5-16.3) | 606 | 10.3 (7.6-13.0) |
| Lost both parents or a single parent prior to age 18 | 599 | 13.8 (10.9-16.6) | 612 | 10.9 (8.1-13.7) |

§ 95% confidence interval

### 13.1.2. 13-17 year olds

Approximately 1 in 10 females (10.2%) and almost 1 in 10 males (8.9%) aged 13 to 17 reported that they had lost one or both parents (Table 13.2). Among females aged 13 to 17, 10.2% reported losing one of their two parents and 0.1% indicated that they had lost both parents. Among males aged 13 to 17, 8.3% reported that they had lost one of their parents and 0.6% indicated they had lost both parents.

**Table 13.2: Orphan status, as reported by 13-17 year olds (Appendix A, Table A64) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| Lost both parents | 522 | 0.1 (0.0-0.3) | 642 | 0.6 (0.1-1.2) |
| Lost one parent, but not both parents | 521 | 10.2 (7.1-13.2) | 637 | 8.3 (6.0-10.6) |
| Lost both parents or a single parent | 522 | 10.2 (7.2-13.3) | 642 | 8.9 (6.5-11.3) |

§ 95% confidence interval

## 13.2. Childhood orphan status and experiences of violence

### 13.2.1. 18 to 24 year olds

Experiences of childhood sexual abuse were similar among female and male respondents aged 18 to 24 who said they were single orphans prior to age 18 (i.e., lost one parent) and those who said they were not an orphan (4.5% vs. 4.4% and 5.6% vs. 5.5% respectively) (Appendix A, Table A65). Experiences of childhood emotional violence did not differ for males aged 18 to 24 who reported to be single orphans or no orphans prior to age 18. Females aged 18 to 24 who reported being orphaned prior to age 18 were however almost twice as likely to report childhood emotional violence compared to females aged 18 to 24 who said they were not orphaned (33.5% and 17.5%, respectively) (Figure 13.1). Sample sizes of respondents who reported being a double orphan (i.e., losing both parents) were too small to include in the analysis.

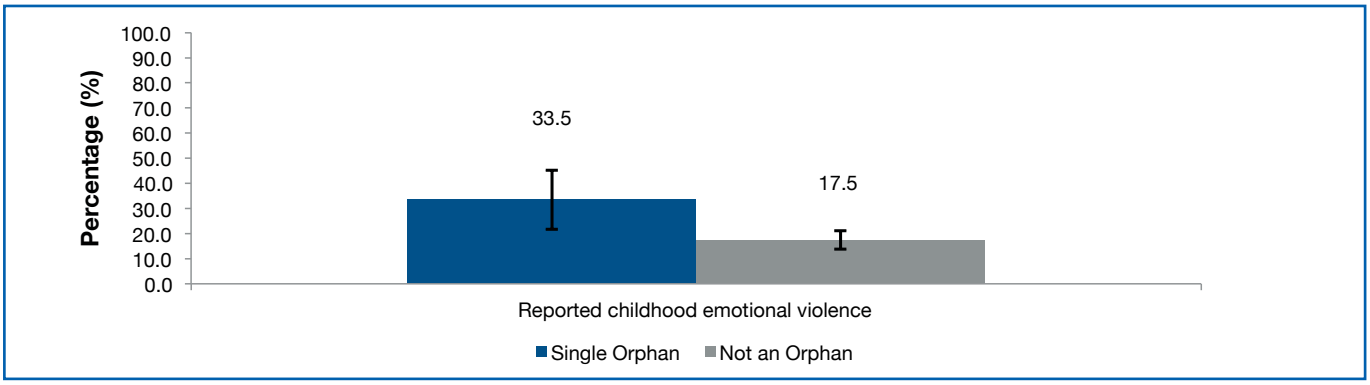



**Figure 13.1: Experiences of childhood emotional violence and orphanhood, as reported by females aged 18-24 (Appendix A, Table A65) – Cambodia VACS, 2013**

### 13.2.2. 13 to 17 year olds

Among males aged 13 to 17, none who said they were single orphans reported sexual abuse, compared to 5.6% of males who had not been orphaned (Appendix A, Table A66). Among males aged 13 to 17 who experienced physical violence, 59.7% were not orphaned compared to 70.9% who were single orphans. Sample sizes of respondents who reported being a double orphan (i.e., losing both parents) were too small to include in the analysis.

## 13.3. Age of household head and experiences of violence

Figure 13.2 and Figure 13.3 show correlations between ages of the heads of households (18-30, 31-55 and over 55 years of age) and experiences of types of violence for respondents aged 13 to 17.

Females aged 13 to 17 living in households headed by 31 to 55 year olds were significantly more likely to report experiences of emotional violence compared to those living in households where the head of the household was aged 55 and older (38.1% and 19.2%, respectively). Similar proportions of females aged 13 to 17, irrespective of the age of heads of households, reported experienced of sexual abuse. The sample size of females who experienced sexual abuse living in households where the head of the household was aged 18 to 30 was too small to calculate reliable estimates.

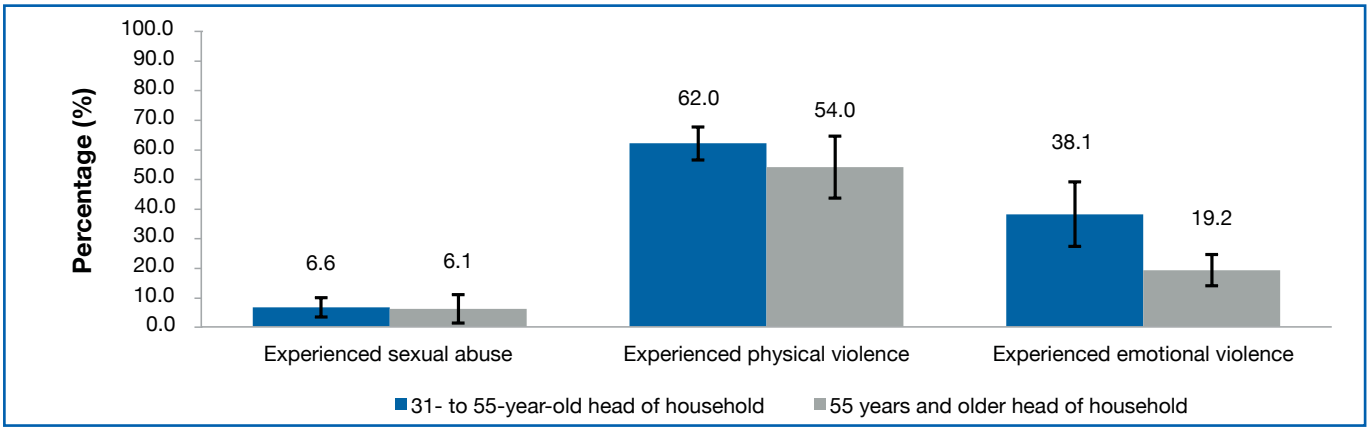



**Figure 13.2: Ages of heads of households by experiences of violence, as reported by 13-17-year-old females (Appendix A, Table A67) – Cambodia VACS, 2013**

Males aged 13 to 17 living in households headed by 18 to 30 year olds were significantly less likely to report experiences of emotional violence than those living in households with a head aged between 31 and 55 years, or 55 years and older. Among males aged 13 to 17 who reported experiences of emotional violence, 25.3% lived in households headed by 31 to 55 year olds and 38.2% lived in households with a head aged 55 years or older. Males aged 13 to 17 were similarly likely to report experiences of physical violence and sexual abuse, irrespective of the ages of heads of households, where the sample size was too small to ascertain reliable estimates for males aged 13 to 17 who experienced sexual abuse and were living in a household headed by a 18 to 30 year old.

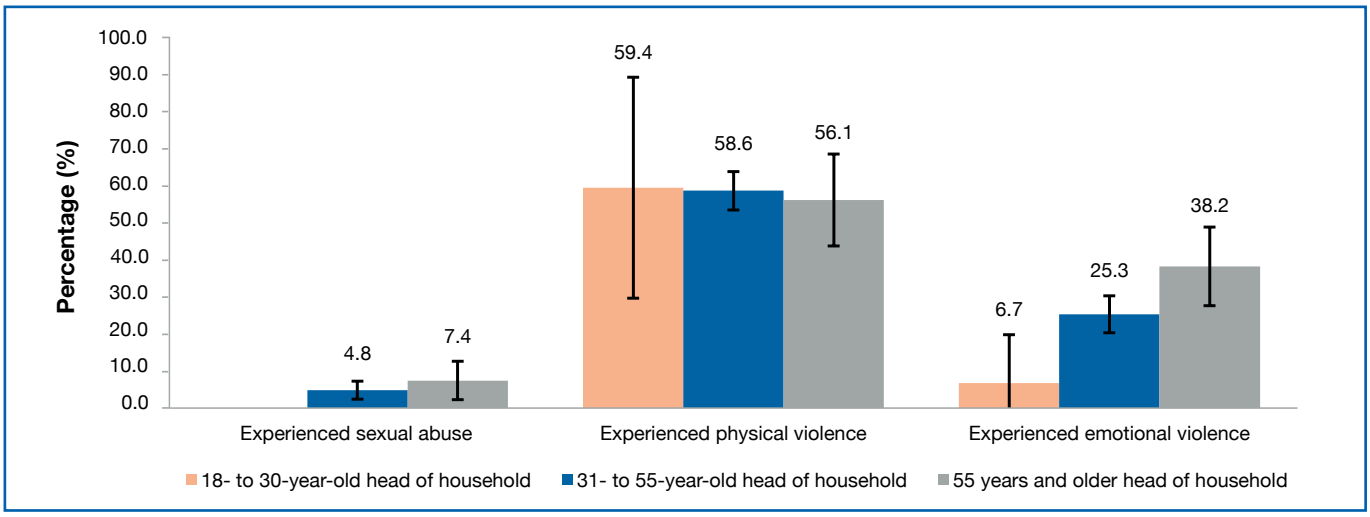



**Figure 13.3: Ages of heads of households by experiences of violence, as reported by 13-17-year-old males (Appendix A, Table A67) – Cambodia VACS, 2013**

## 13.4. Size of household and experiences of violence

The survey data was analyzed to see if there were correlations between household size and experiences of types of violence for respondents aged 13 to 17 (one to three, four to five and six or more household members).

Females aged 13 to 17 living in households with four or five household members less often reported experiences of sexual abuse or physical or emotional violence than females aged 13 to 17 living in smaller or larger households (Figure 13.4). Similar proportion of females aged 13 to 17 living in households with one to three household members and six or more household members reported experiences of physical and emotional violence. Differences between females aged 13 to 17 by size of household and experiences of different types of violence were not statistically significant.

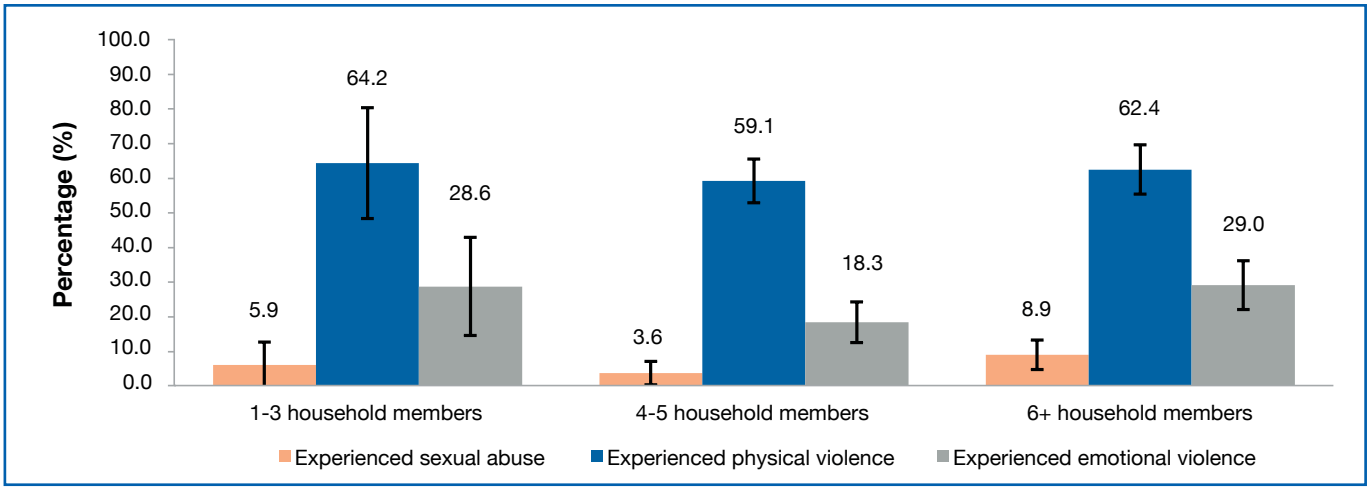



**Figure 13.4: Household size by experiences of violence, as reported by 13-17-year-old females (Appendix A, Table A68) – Cambodia VACS, 2013**

Males aged 13 to 17 living in households with four or five household members less often reported experiences of sexual abuse (4.5%) compared to males aged 13 to 17 living in households with one to three household members (6.2%) and households with six or more household members (5.6%) (Figure 13.5). Similar proportion of males aged 13 to 17 reported experiences of physical and emotional violence irrespective of household size. Differences between males aged 13 to 17 by size of household and experiences of different types of violence were not statistically significant.

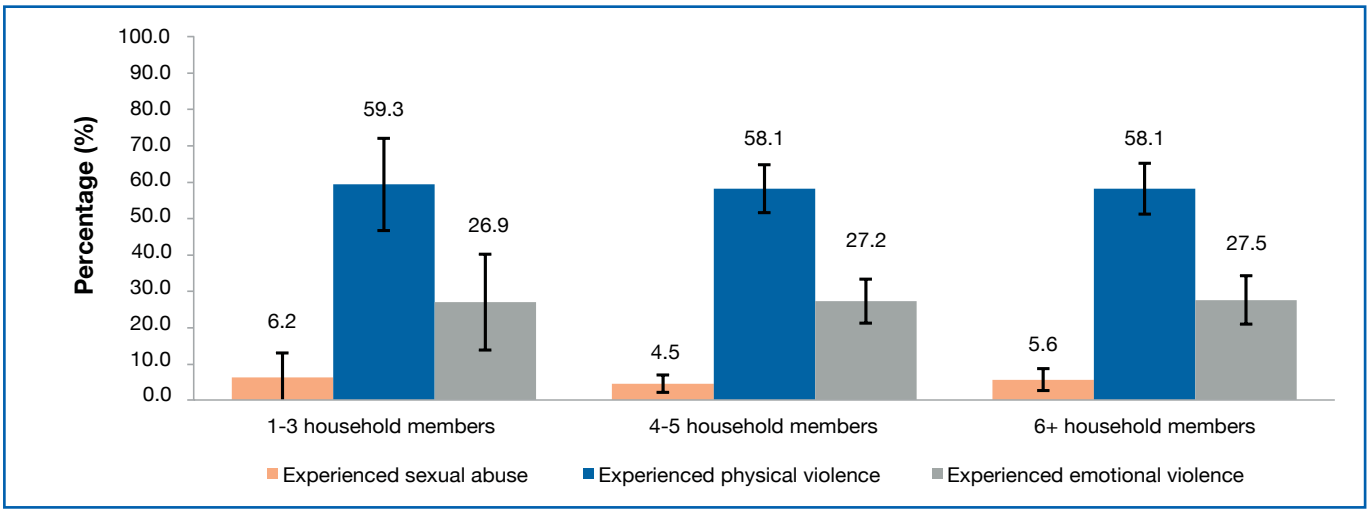



**Figure 13.5: Household size by experiences of violence, as reported 13-17-year-old males (Appendix A, Table A68) – Cambodia VACS, 2013**

## 13.5. Educational attainment and experiences of violence

The survey data was analyzed to see if there were correlations between educational attainments and experiences of types of violence for respondents aged 18 to 24 and 13 to 17 (never attended school, completed less than primary, completed primary or higher, completed secondary school, completed higher than secondary).

### 13.5.1. 18 to 24 year olds

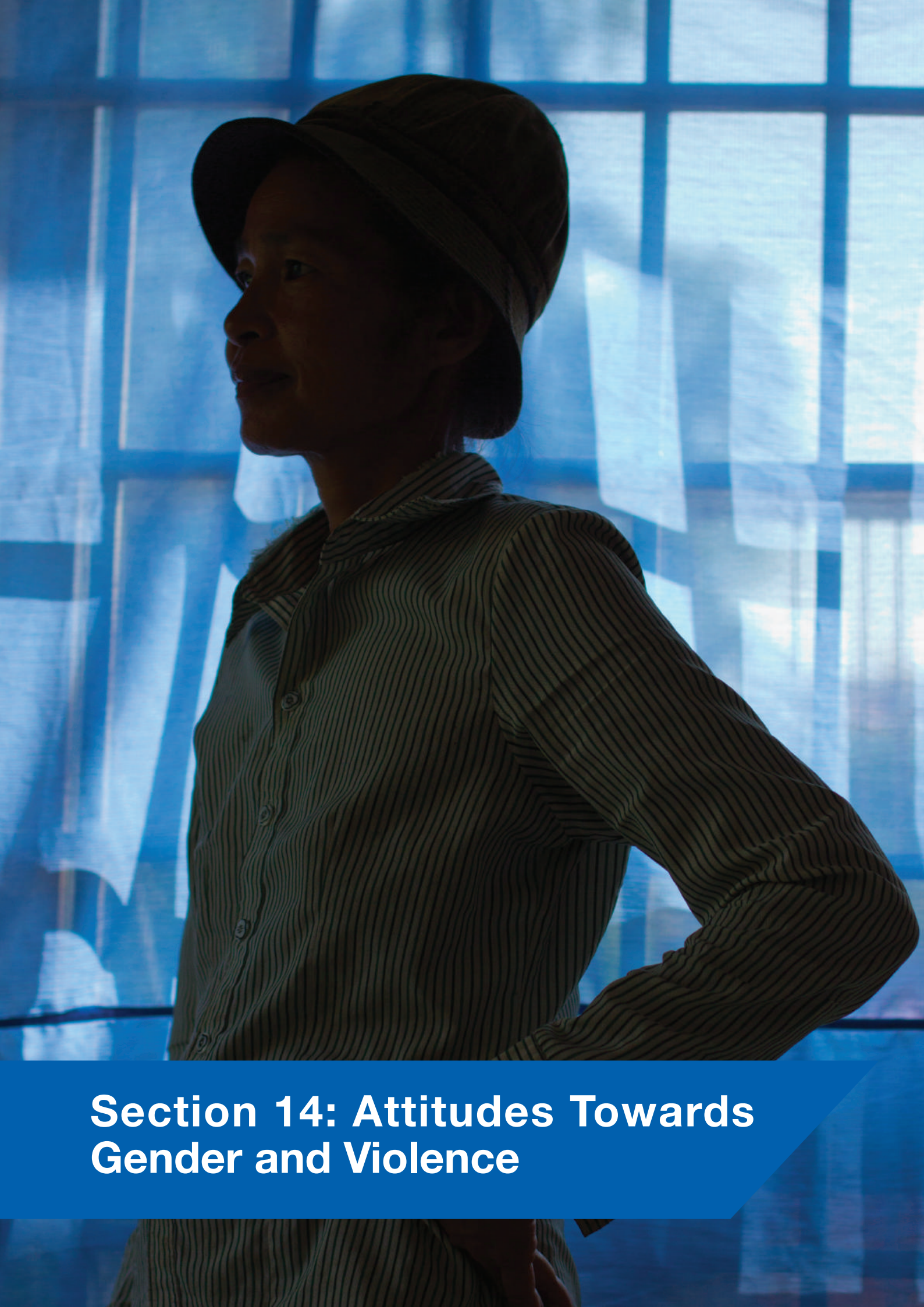
Females aged 18 to 24 who never attended school more often reported experiences of childhood sexual abuse followed by those who completed higher than secondary school (Appendix A, Table A69). Experiences of childhood physical violence were most often reported by females aged 18 to 24 who never attended school or completed less than primary school. None of the differences for females aged 18 to 24 were statistically significant.

There was a statistically significant difference between males aged 18 to 24 who completed primary school or higher and those who completed secondary school, with more males who completed secondary school reporting experiences of childhood physical violence (64.3% and 45.7%, respectively) (Appendix A, Table A69).

### 13.5.2. 13 to 17 year olds

Among females aged 13 to 17 who experienced sexual abuse 15.1% completed higher than secondary school followed by 7.7% who completed less than primary school (Appendix A, Table A70). There was a statistically significant difference between females aged 13 to 17, with more females who completed less than primary school reporting experiences of physical violence (71.4%) than females who completed secondary school (50.7%) or females who completed higher than secondary school (38.6%). Females aged 13 to 17 who completed less than primary school were also found significantly more likely to report experiences of emotional violence (38.1%) compared to those who completed primary school or higher (19.2%) or who completed secondary school (14.0%).

No males aged 13 to 17 who completed higher than secondary school reported sexual abuse or physical or emotional violence (Appendix A, Table A70).



# Section 14: Attitudes Towards Gender and Violence

# 14. Attitudes Towards Gender and Violence

**Overview**

- **Nearly two in five females aged 13 to 17 and one in three females aged 18 to 24 believe that it is acceptable for a husband to hit or beat his wife under one or more circumstances**
- **Two in five males aged 13 to 17 and more than one in three males aged 18 to 24 endorse a husband's use of physical violence 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**

## 14.1. Attitudes toward spousal violence

This section examines attitudes and acceptance towards the use of physical violence by men against their wives. 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.

One in three females and more than one in three males aged 18 to 24 believe that it is acceptable for a husband to hit or beat his wife under one or more circumstances described above (Figure 14.1 and Appendix A, Table A71). Among 13 to 17 year olds, 38.1% of females and 40.2% of males believed a man is justified to hit or beat his wife under one or more circumstances described above.

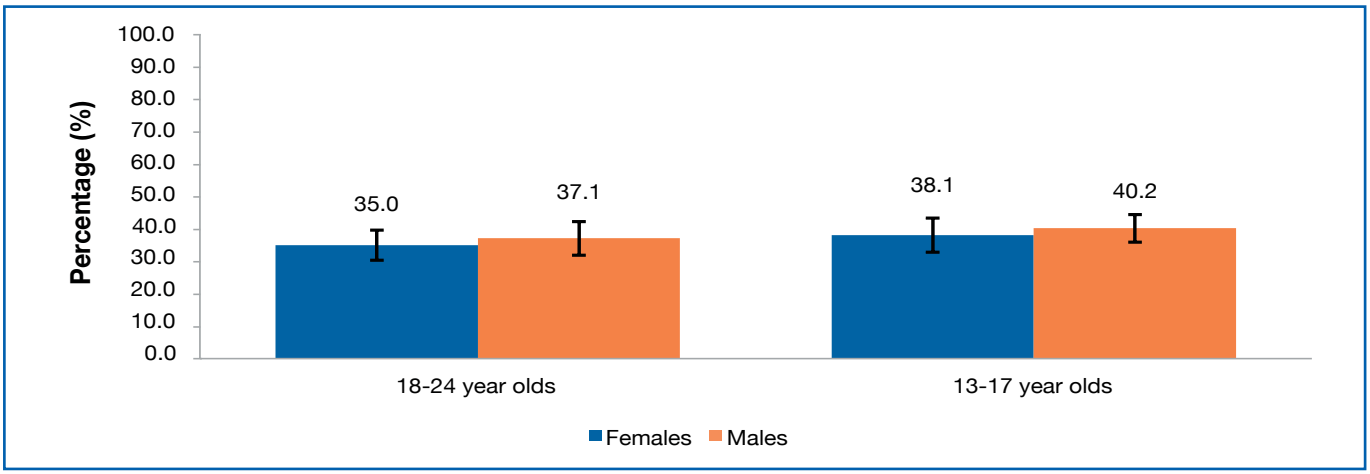



**Figure 14.1: Endorsement of one or more circumstances where spousal abuse is acceptable, as reported by 18-24 and 13-17 year olds (Appendix A, Table A71) – Cambodia VACS, 2013**

## 14.2. 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.

More than 9 out of 10 females and males aged 18 to 24 endorsed one or more negative gender norm regarding sexual practices and intimate partner violence as described above (Figure 14.2 and Appendix A, Table A72). Among respondents aged 13 to 17, 93.4% of females and 91.1% of males endorsed at least one negative gender attitude as described above.

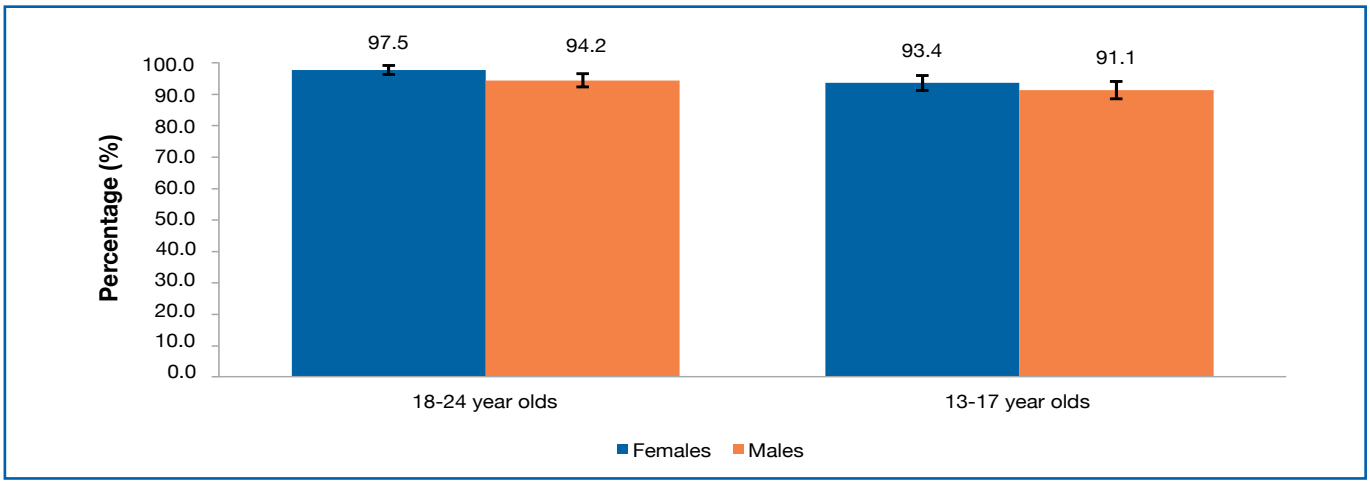



**Figure 14.2: Endorsement of one or more circumstances where gender biases towards sexual practices and intimate partner violence is acceptable, as reported by 18-24 and 13-17 year olds (Appendix A, Table A72) – Cambodia VACS, 2013**

## 14.3. Violence against an intimate partner

For the first time in this series of violence against children studies, respondents were asked whether they had ever engaged in sexual or physical violence against a current or previous spouse or partner. Given the small sample size of 13 to 17 year olds who reported to have ever engaged in violence against a current or previous partner[11], respondents of all ages are aggregated in this sub-section.

Among all respondents, females were more likely than their male counterparts to report using physical violence against a current or previous spouse or partner (31.6% and 15.3%, respectively) (Figure 14.3).

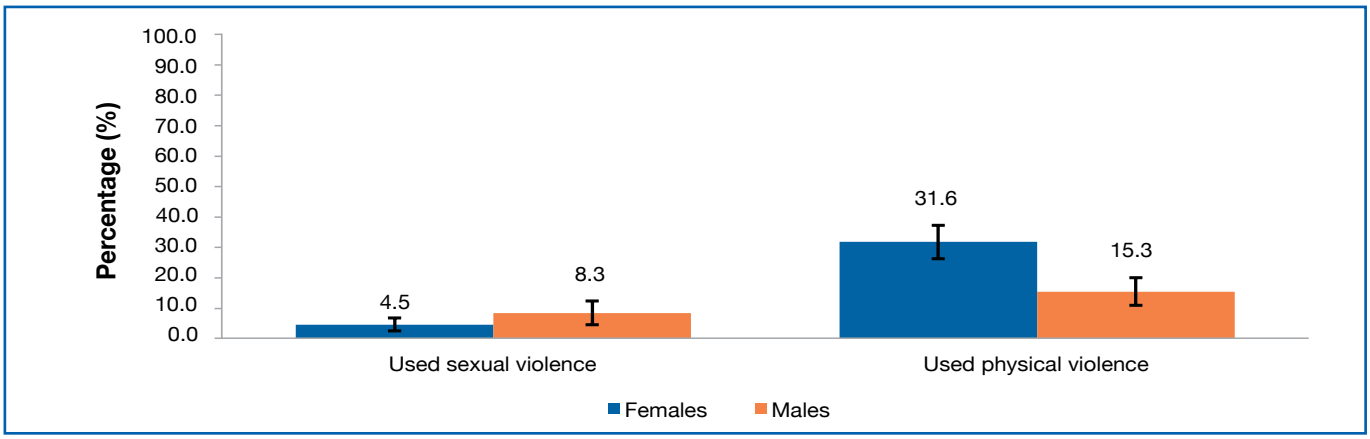



**Figure 14.3: Ever engaged in sexual or physical violence towards a current or previous partner or spouse, as reported by 13-24 year olds (Appendix A, Table A73) – Cambodia VACS, 2013**

### 14.3.1. Violence against an intimate partner violence by experiences of childhood violence: 18-24 year olds

A comparison of violence against a spouse or partner between respondents aged 18 to 24 who did and did not report sexual abuse in childhood was not possible because the sample size for both females and males who reported sexual abuse and reported that they had engaged in violence against a current or previous spouse or partner was too small to ascertain reliable estimates (Appendix A, Table A74).

Among females aged 18 to 24, almost two in five (39.1%) who reported experiences of physical violence prior to age 18 and one in four (25.8%) who reported no such experiences reported that they had engaged in violence against a current or previous spouse or partner (Figure 14.4). Among males, almost one in five males who did and did not report experiences of physical violence prior to age 18 reported that they had engaged in violence against a current or previous spouse or partner (19.9% and 18.3%, respectively). Females aged 18 to 24 who experienced childhood physical violence were almost twice as likely as their male counterparts to report that they had engaged in violence against a current or previous partner or spouse.

11 Related to the low number of 13 to 17 year olds who reported to have ever had a partner or spouse.

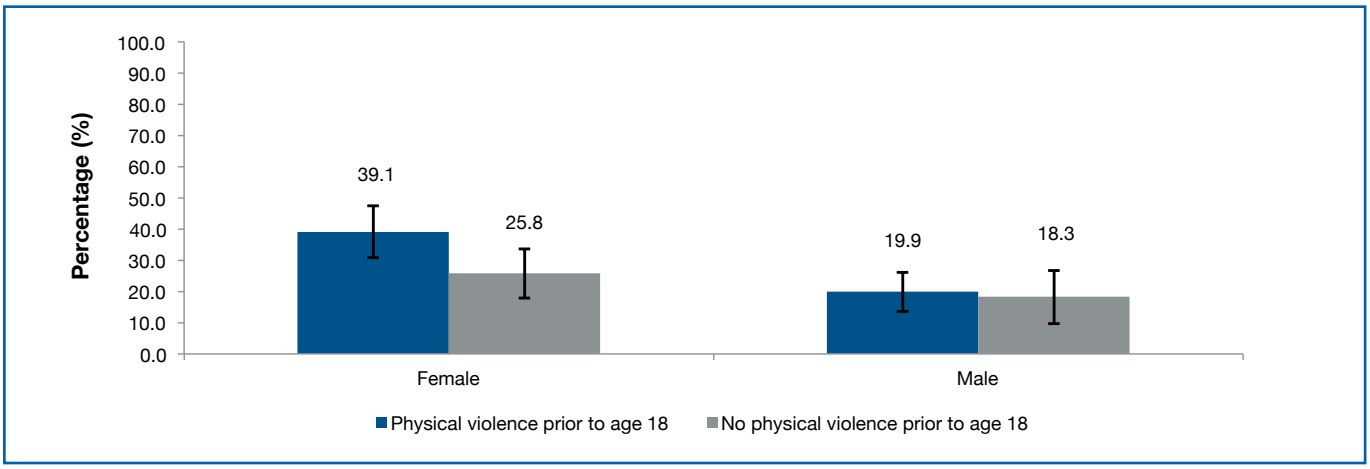



**Figure 14.4: Ever engaged in intimate partner violence by experiences of childhood physical violence, as reported by 18-24 year olds (Appendix A, Table A74) – Cambodia VACS, 2013**

### 14.3.2. Violence against an intimate partner by experiences of violence: 13-17 year olds

A comparison of using violence against a spouse or partner between respondents aged 13 to 17 who did and did not report sexual abuse was not possible because the sample size for both females and males who reported sexual abuse and reported that they had engaged in violence against a current or previous spouse or partner was too small to ascertain reliable estimates.

For the same reasons, reliable comparisons of the prevalence of violence against an intimate partner violence by experiences of physical violence for respondents aged 13 to 17 were not possible. Comparing females and males aged 13 to 17 who reported experiences of physical violence shows that 26.8% of females and 18.1% of males reported that they had engaged in violence against a current or previous spouse or partner (Figure 14.5).

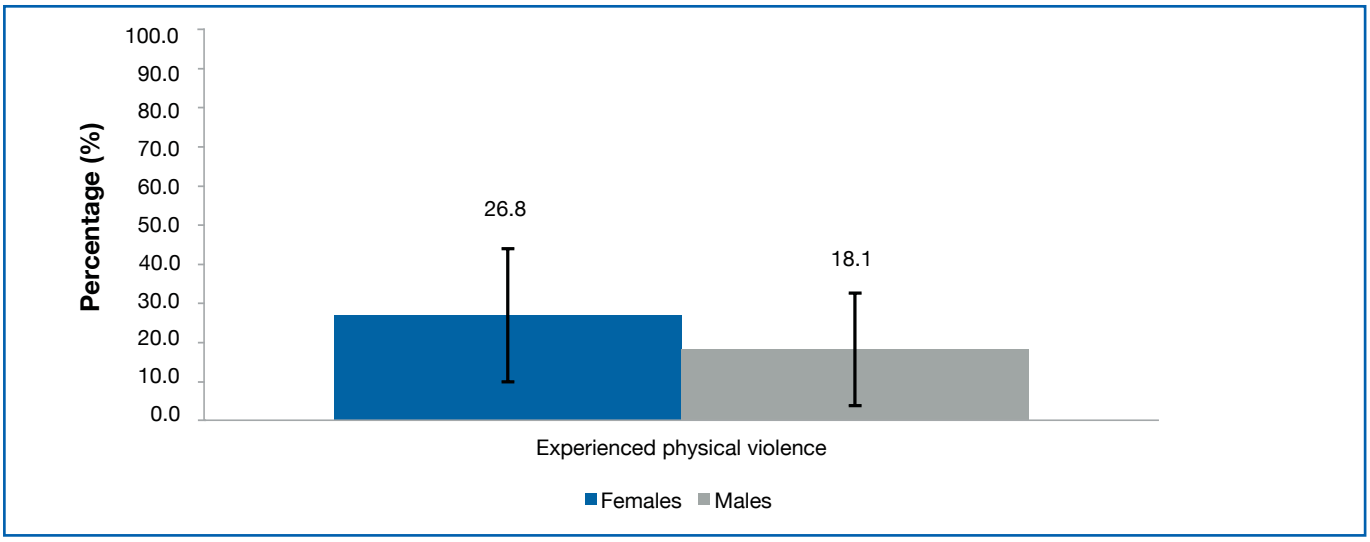



**Figure 14.5: Engaged in intimate partner violence, as reported by 13-17 year olds who experienced physical violence (Appendix A, Table A75) – Cambodia VACS, 2013**

### Attitudes towards gender and violence

***Reflections from qualitative research with children and young people on violence***

Participants of all ages expressed varying views on gender norms and stereotypes. They were asked about the appropriateness of women carrying condoms, whether men and women have different sexual needs, and whether violence is acceptable in a range of circumstances.

Whether it was acceptable for a woman to carry condoms divided opinions, with a number of younger females and males associating women who carry condoms with prostitution. Older participants of both sexes expressed more understanding of the reasons that women might carry condoms, which although might be detrimental to her reputation, the right to protect herself from sexually transmitted infections and unwanted pregnancy was more important.

> *"Those who keep condoms with them are prostitutes."*
>
> *Workshop with females aged 13 to 15 in Prey Veng*

> *"Prostitute girl. She is married, but she needs more men."*
>
> *Workshop with males aged 13 to 15 in Siem Reap*

> *"For males, it is ok to carry condemn with, but if females carry condemn with they will criticized that they are not good."*
>
> *Workshop with males aged 16 to 17 in Kampot*

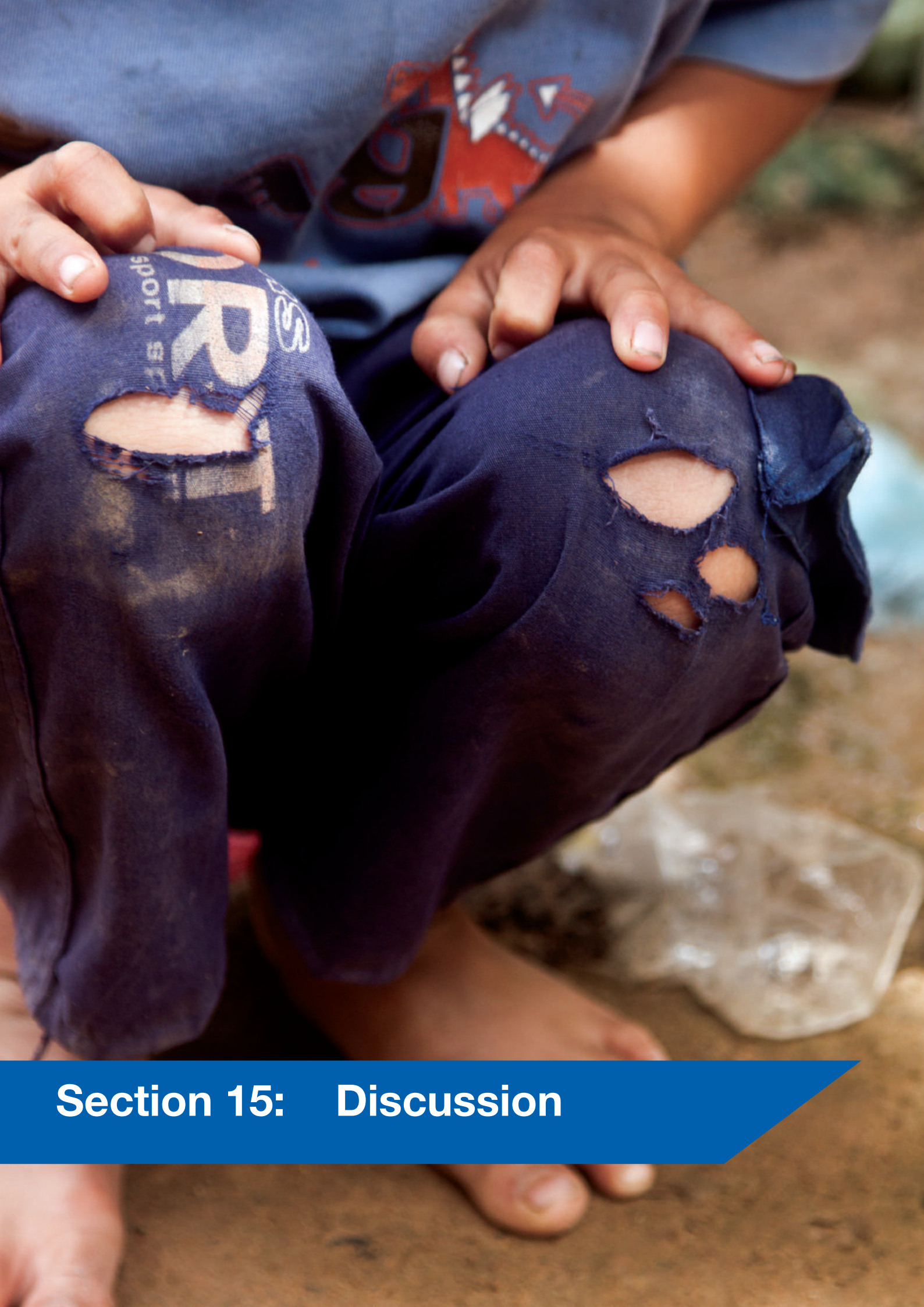
> *"If you only have condoms, it's not bad. Men also have condoms with them. They can protect us from getting viruses and getting pregnant."*
>
> *Focus group discussion with females aged 18 to 24 in Prey Veng*

> *"We don't agree because we give value to women."*
>
> *Focus group discussion with males aged 18 to 24 in Kampot*

The question on whether a woman should tolerate violence to keep her family together depended on the location for female participants. All females in Phnom Penh groups agreed that not 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 14.1: Attitudes towards gender and violence**



# Section 15: Discussion

# 15. Discussion

## 15.1. Introduction

The CVACS represents a critical step in Cambodia's recognition of its aims to address the problem of violence against children. It provides the first nationally representative data on the prevalence of sexual, physical and emotional violence among female and male children in Cambodia. The report describes the context and conditions under which violence against children occurs in the country as well as the key health consequences. The report also explores the overlap between sexual, physical and emotional violence for children and services sought for incidents of sexual abuse and physical violence.

Violence against children erodes the strong foundation that children require for leading healthy and productive lives, impacting vulnerability and leading to a broad range of health problems. Furthermore, prior research suggests that victims of childhood violence, particularly male victims, are more likely to become perpetrators of violence later in life. Violence against children not only has profound consequences on the individual child and his/her family, but also the community and society at large.

Data from CVACS offer rich opportunities to build upon these initial findings and identify risk and protective factors critical for the development of effective prevention programmes and policies. The findings will also allow a deeper analysis of the intersecting contexts in which multiple forms of violence occur in order to determine cross-cutting causal factors that have the potential to impact multiple forms of violence. In addition, a better understanding of the co-occurrence of sexual, physical and emotional violence can prime service providers in providing comprehensive service care for children affected by violence as well as offer an opportunity to identify cross-cutting risk and protective factors that can influence multiple forms of violence. A greater appreciation of these factors can increase the utility of these data for guiding the development of prevention and response strategies including comprehensive services for children affected by violence.

## 15.2. Key findings

The results of this study indicate that violence against children is widely prevalent in Cambodia, with approximately two out of three respondents reporting experience of at least one type of either emotional, physical or sexual violence prior to age 18. The qualitative findings included in this section are meant to add to understanding the context in which the quantitative findings are presented, however cannot be directly compared.[12]

### 15.2.1. Physical violence

Physical violence in childhood was most common type of violence reported by all participants regardless of age or sex. Just over 50% of respondents aged 18 to 24 and approximately 60% of respondents aged 13 to 17 reported at least one incident of physical violence prior to the age of 18. The data also showed that experiencing childhood physical violence was unlikely to be a one-off occurrence. Among all respondents who reported experiencing physical violence before age 18, approximately three quarters experienced multiple incidents. Children were also commonly exposed to witnessing physical violence in their homes and communities. Over a third of both females and males aged 13 to 17 years witnessed physical violence in their home in the past 12 months and 4 in 10 witnessed such violence in their community in the past 12 months, suggesting a normalization of violence.

Childhood physical violence reporting was similar between sexes: over half of both females and males aged 18 to 24 reported at least one experience of physical violence prior to age 18. Females and males in the 13-17 age group reported similar rates of physical violence. These findings are an indication of the widespread nature of childhood physical violence in Cambodia.

**In qualitative participatory workshops**, participants discussed the physical violence that children experienced in school, homes and communities. The qualitative data collection was not able to gauge the frequency of experiences of physical punishments among the participants. However, most children reported experiencing at least one physical punishment and all had witnessed multiple incidents. In school, violence occurred between children of the same age, usually in the form of bullying and fighting, but also being beaten by children older than them. The list of disciplinary measures metered out by teachers in the form of physical punishments was extensive, and included both contact and non-contact physical punishments. Violence in the home was described as direct experiences by some female participants and more frequently by male participants, but nearly all were able to recall incidents of violence in other people's homes in their communities. Serious incidents of physical violence were cited by most participants in qualitative workshops that resulted in hospitalization of children. The majority of these cases happened in families but occasionally in school. Most children also recalled witnessing violence in communities, often between couples, and usually but not always perpetrated by a male. In general, there was a sense among participants that violence against children was categorized differently depending on the

12 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.

physical outcome, e.g., if a child was seriously injured and required medical treatment, then action would often be taken by police against the perpetrator. But if a child was not seriously injured, there seemed to be little to no response by people in authority or other adults. This seems to reflect a general level of acceptance of violence against children and a view that children are not harmed physically or emotionally by violence that does not result in serious injury. Boys were particularly intimidated by older boys and young men where crowds gathered. This included celebrations and events, often when alcohol was consumed, but not always. Rivalry between groups of males might start with mocking and taunting, but could lead to arguments and eventually fighting. Younger boys also reported being afraid of cases of mistaken identity in feuds, which could result in them being attacked.

### 15.2.2. Emotional violence

Emotional violence in childhood was reported by one in five females and one in four males aged 18 to 24 and by one in four females and males aged 13 to 17. Similarly to experiences of physical violence, emotional violence was not usually an isolated incident. Approximately 8 in 10 females and males aged 18 to 24 who experienced childhood emotional violence experienced multiple incidents. Among the younger age group, 7 in 10 females and more than 8 in 10 males aged 13 to 17 experienced more than one incident of emotional violence. In the past 12 months, almost 1 in 10 females and males aged 13 to 17 experienced emotional violence. Among males who experienced emotional violence in the past 12 months, almost all (94%) had experienced more than one incident. Among females, over three quarters (78.1%) had experienced more than one incident in the past 12 months.

Emotional violence was reported in the quantitative study with arguably less frequency than might have been expected. Other studies on violence against children revealed particularly harsh and judgemental statements that were frequently used by adults towards children. For example, the report of the focus groups to inform the VACS in Haiti reported descriptions by girls of their mothers insulting them by calling them names such as “dog” and insinuating that they would end up on the streets pregnant “by any thug” or that they deserved to be raped.[57]

T**he questions in the quantitative study** were quite specific in terms of asking children whether certain phrases or meanings of phrases had been said to them. However, the qualitative research showed a recurring theme of being blamed, shouted at and cursed at, usually by parents. The examples that children gave were more general than the specific nature of the quantitative survey.

### 15.2.3. Sexual abuse

Sexual abuse in childhood was reported more often among males than females aged 18 to 24, with 1 in 18 males and slightly fewer females reporting at least one experience of sexual abuse prior to age 18, although the difference was not statistically significant. 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. For the majority of both girls and boys, unwanted sexual touching was the most commonly reported type of sexual abuse. Among those whose first sexual intercourse was prior to age 18, 24.2% of females and 8.9% of males aged 18 to 24 said their first sexual intercourse was unwanted. Childhood sexual abuse was likely to have occurred multiple times: more than 7 in 10 females and nearly 9 in 10 males aged 18 to 24 who experienced childhood sexual abuse experienced multiple incidents. 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. Age at first victimization varied: the age at the first incident of childhood sexual abuse among those aged 18 to 24 differed by sex with most girls (62.2%) experiencing their first incident at 16-17 years while most boys (72.9%) experienced their first incident at age 13 or younger. These findings indicate that it is critical that prevention and response strategies to address the problem of child sexual abuse in Cambodia include both girls and boys.

**In the qualitative participatory workshops,** females of all ages were aware of types of sexual abuse and violence, while some younger boys had not heard of the terms used to describe sexual violence. Girls talked about their fear of being “grabbed” or “caught” by a stranger in an isolated place, which referred to being touched sexually or raped, while they were more specific about the risks within families from older male relatives and situations when sexual abuse was more likely to occur in the home. Boys talked in detail about their dread of being humiliated by adults who pulled their trousers or shorts down and exposed their genitals: a common way of “teasing” boys in Cambodia. This seemed to be a common experience among all the boys of all ages. In some cases, adults tormented them verbally by saying they would cut off their penis or they would physically tug on their genitals. Although children reported that adults did this in the spirit of teasing and humour rather than genuine malice, the boys talked about how disempowering, humiliating and angry it made them. They used words like “fear” and “rage”. They felt as if they could do nothing to stop it and some said they constantly worried about it happening to them. They felt they could not explain to adults how it made them feel. This highlights the difference in perceptions of actions by adults and children. What the adults viewed as harmless, the children viewed as harmful. Young men aged 18 to 24 admitted that they in turn did the same thing to younger boys now that they were older and no longer in fear of it happening to them. They said they learned to copy the behaviours of the older males around them.

### 15.2.4. Non-contact sexual violence

Non-contact sexual violence was reported at higher rates, with almost 1 in 10 females and males aged 13 to 17 reporting being upset by someone speaking or writing sexual things about them. Just under half of males aged 13 to 17 who reported non-contact sexual violence said they were forced by someone to watch sex photos or videos against their will. A very small number of males and no females said they were forced to be in a sex photo or video against their will. This was the first time that questions on pornography were included in a national survey of violence against children. It is important to note that the question clearly asked whether the respondent was ever forced to watch pornography against their will and does not capture general rates of exposure to pornographic material.

### 15.2.5. Overlap of types of violence

The data showed the overlap between different forms of violence experienced in childhood. Among all females and males aged 18 to 24, about 6 in 10 experienced at least one form of violence during their childhood. Findings for respondents aged 13 to 17 were similar, with close to two thirds of all females and males having experienced at least one form of violence. Most 13 to 17 year olds reported to have experienced one form of violence only, but close to one in four reported experiences of more than one form of violence.

### 15.2.6. Perpetrators

Perpetrators of violence against children are of significant interest in terms of designing prevention policies and other responses. The survey asked about perpetrators of the first incident of types of violence among respondents who experienced any incident of violence.

Although the most common perpetrators of the first incident of childhood sexual abuse differed between age groups, they were people well known to respondents in the great majority of cases. Among both female and male 18 to 24 year olds who experienced sexual abuse prior to age 18, neighbours were the most common perpetrators of the first incident of sexual abuse. Friends were the most common source of sexual abuse for females aged 13 to 17, while males in the same age group were more likely to report a family member as the perpetrator of the first incident. Of concern was the data that showed that among 13 to 17 year olds, one in eight females and one in six males reported that the first incident of sexual abuse involved more than one perpetrator. This question was included to indicate the prevalence of group or gang rape, although most of the respondents aged 13 to 17 reported unwanted sexual touching rather than forced sex as the first incident of sexual abuse. The perpetrator of the first incident of sexual abuse was more likely to be male among all respondents who experienced sexual abuse prior to age 18. Females were the perpetrator in the first incident of sexual abuse in first incidents reported by approximately 1 in 10 females and 2 in 10 males aged 18 to 24. 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. 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. Important to note here is that the Cambodian Criminal Code defines the age of sexual consent at 15 without guidelines on statutory rape.

The most likely person to cause childhood physical or emotional violence was a parent, especially mothers. The Cambodian Civil Code indirectly authorizes corporal punishment and allows a parental power-holder to personally discipline a child to the extent necessary. This legal status of permitting violence against children likely both reflects and promotes the relatively high level of physical violence against children in Cambodia and was reported by participants in the study. While Cambodia banned corporal punishment in schools under the Law on Education (2007) and the Teachers Professional Code (2008), it appears to remain a common practice. Outside of the home, teachers were the most common source of childhood physical violence, with male teachers more often reported than female teachers.

The findings indicate that violence against children has become normalized in Cambodia. Without a fuller understanding of the underlying social norms and efforts needed to remedy them, it will be difficult to strengthen incentives for children to report and put an end to abusive behaviour that is harmful to both their health and development. It is equally imperative that discussions around these norms are addressed in and by the communities themselves to ensure that protective mechanisms for children are found and can be strengthened within Cambodian culture, rather than imposing values from outside.

**Children in the qualitative feedback** conveyed a sense of sadness and powerlessness at not being able to communicate meaningfully with parents, especially when they were admonished for wrongdoing. Some said they were often unclear about exactly why they were shouted at and strongly desired that their parents explain their views more constructively by offering advice and guidance. The challenges of communication between adults and children seems mutual, hence physically teasing males seemed to be one way of adults communicating with boys and even showing their affection, despite it being unwelcome to young males. Parents were also one of the categories of people that both boys and girls said they would like to go to for help if they experienced violence. Again, as part of the qualitative feedback, discipline was expected from teachers towards children by the children themselves but they expressed a strong desire that it should not take the form of physical or emotional violence. Some children described a situation where some punishments were

predefined depending on the deviance of the child's behaviour. In other cases, the punishments were reported as more randomly administered and the severity could depend on the mood of the teacher. The practice of corporal punishment and physically punishing children seems rooted in a belief that children will only learn through punishment. But punishments were also likely for behaviours that were arguably not "bad" such as not knowing the answer to a question asked by the teacher or being forgetful. Children viewed these as mistakes on their part and not bad behaviour, so particularly resented being punished for them. With a system of physical and emotional punishments plus the risk of fines for bad behaviour, lateness and making mistakes, there seemed to be a risk that some students would find themselves subject to discipline frequently. The potential consequences of the current situation are that children in need of help by the education system are more likely to have their problems compounded rather than relieved by attending school. Being excluded from class as a punishment seems contrary to the principles of providing education. Overall the range of physical and emotional punishments meted out in schools had the effect of discouraging rather than encouraging children's learning and participation. The consequences also seemed highest for a child that found academic study harder than their peers or had difficult home circumstances that might cause them to be late or miss a day's school. A lower-achieving student who frequently got questions wrong would be punished frequently. Some boys said they knew of friends who had eventually dropped out of school because they faced such regular and frequent punishment. For those that were fined, they had to go home and tell their parents that they needed to pay, potentially further aggravating an already challenging home situation.

### 15.2.7. Context of childhood sexual abuse

The survey asked further details about childhood sexual abuse in order to ascertain more information about the contexts in which it occurred. The location of the first incident of childhood sexual abuse was most likely to be the home of respondents aged 18 to 24. This is perhaps expected as this group reported neighbours as being the most likely perpetrator of the first incident of sexual abuse. However, for females aged 13 to 17, more reported school as being the location and friends were the most likely perpetrator. For boys in the same age group, their home was the most likely location. The relatively high incidence of childhood sexual abuse in the home of the child or someone else's home, places assumed to be safe, underscores the hidden nature of sexual abuse and presents a significant challenge to preventing and responding to sexual abuse in Cambodia. These findings are similar to those found in many other countries.[58, 59] However, among females and across ages, common locations of childhood sexual abuse also included schools and roads, suggesting a normalization of violence or a vulnerability for children in the community. The survey asked respondents who experienced the first incident of childhood sexual abuse in a home whether anyone else was at home at the time. One in four females and one in five males aged 18 to 24 reported that someone else was at home, and most males aged 13 to 17 reported that someone else was home. These data indicate the different nature of childhood sexual abuse experienced by females and males.

**Interestingly in the qualitative participatory workshops,** the most likely places where sexual violence occurred statistically were not always the places that boys and girls feared most. Girls were most fearful of being alone in an isolated place, possibly because this reflected the greatest risk of the most serious forms of sexual abuse and violence. Conversely, boys in the qualitative study feared anywhere that there were lots of people and their responses mirrored the quantitative results more closely in that homes were often described as being busy or crowded. With parents and older relatives cited as those most likely to pull their trousers down, it fits that some cited home as place they sometimes felt unsafe.

### 15.2.8. Help-seeking behaviour

Disclosing (telling anyone about) an incident of childhood sexual abuse was arguably low, with only half of females and only 20% of males aged 18 to 24 who experienced sexual abuse prior to age 18 reporting they had told anyone about their experience before taking part in the survey. Slightly more respondents disclosed experiences of childhood physical violence (the question was not asked in relation to emotional violence). The survey distinguished between disclosing (telling someone) and seeking help. Approximately a third of females and just over 5% of males in both age groups who experienced childhood sexual abuse sought help. Respondents were more likely to seek help for incidents of childhood physical violence, with over half of females and a third of males aged 18 to 24 and 4 in 10 females and 3 in 10 males aged 13 to 17 reporting that they sought help. The reasons for not seeking help for incidents of childhood sexual or physical violence differed. The most frequently cited reason among all females for not seeking help for incidents of childhood sexual abuse was that they were "afraid of getting into trouble", while the majority of boys said they "did not think it was a problem". For both 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 more cited as reasons for not seeking help for incidents of childhood sexual abuse. Cambodian males 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. This did not necessarily mean that males thought incidents were not a problem, but that the type of experience was not considered problematic among their peers or families. Individual-level barriers also prevented 83.1% of females and 81.5% of males aged 18 to 24 and 86.1% of females and 82.7% of males aged 13 to 17 from seeking help for an incident of childhood physical violence. The majority reporting feeling as though the physical violence was their fault and roughly 1 in 10 of both females and males across ages believed the physical violence was not a problem.

**In general, findings from the qualitative research** seemed to imply a culture of social acceptance of sexual and physical violence, not because the children themselves wanted to accept violence, but they seemed to feel their options for receiving help were limited. The main reasons for not seeking help seemed to be based on both observations that often little action took place when an incident was reported and also the experience of trying to make their voice heard only to be told to be quiet, not to complain, not to gossip about adults, and not to talk about matters of sexual nature, particularly for girls. The qualitative feedback from boys was that they found sexual abuse very problematic but felt they had no one to complain to or with whom to address the issue. In general, children felt that they were not listened to, so there was no point in trying to seek help or even tell anyone. Both boys and girls said they wanted comfort, support and trust from their parents. They wanted to be able to talk with their parents in a constructive way and hear their advice and guidance. There was particular shame associated with rape for girls and women, which meant they were greatly deterred from reporting it. Being raped, and more so by more than one perpetrator, was believed to be highly stigmatizing. It seemed that communities were not well equipped to process such types of violence and could reject the victim rather than support them. Girls and young women said that someone who was raped would not be able to get married because no one would want her. In general, in qualitative discussions, females and males expected to be able to report matters to local authorities, either to village and commune chiefs, who would intervene and advise violent family members, or to local police so they could enforce the law. The experiences of seeing few prosecutions, either because a female victim of domestic violence changed her mind about holding her husband to account, or because the perpetrator of violence paid a bribe to stay out of prison, created a sense of hopelessness among participants. They felt there was no point in reporting someone who was violent; in fact, to do so might increase their own risk of violence if the person did not go to prison and found out who reported him/her to the police. The experience for the perpetrator of facing no consequences for his/her actions sometimes led the violent person to become even more aggressive and dominant because they feared no repercussions. Some places that children felt the least safe (not necessarily because of violence but because they were stigmatizing or humiliating to visit) were also the places that are key to responding to violence. For example, males said they did not want to go to the police station (because it is unwelcoming and a place where criminals are taken), the commune hall (because of feeling embarrassed to be made to answer to adults for wrong-doing) or health centres (because of finding it unwelcoming and biased against the poor). These add to the obstacles that children who experienced violence face in seeking help.

### 15.2.9. Health outcomes and abuse and violence

In Cambodia, as has been shown worldwide, exposure to violence as a child was associated with a range of short-term health consequences, including moderate mental distress, sexually transmitted infections, self-harm and suicidal ideation.

Specific health outcomes were correlated with experiences of different types of childhood violence and between sexes. Females aged 18 to 24 who experienced childhood physical violence were significantly more likely to report moderate mental distress in the past month than those who did not experience physical violence prior to age 18 (53.4% and 34.2%, respectively). Males aged 18 to 24 who experienced emotional violence prior to age 18 were about twice as likely to report moderate mental distress in the past month than males who did not experience emotional violence prior to age 18. Similarly, both females and males aged 13 to 17 who disclosed experiencing emotional violence were significantly more likely to report moderate mental distress than those who did not. In general, an STI diagnosis or symptom in the past 12 months was more likely to have been reported by respondents who had experienced childhood types of violence than those who did not. 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. There was also a statistical difference between experiences of sexual abuse prior to age 18 and suicidal ideation, with females aged 18 to 24 who experienced sexual abuse three times more likely to report to have ever thought about suicide than females who did not experience sexual abuse. Similarly, three times as many females aged 18 to 24 who experienced childhood physical violence ever thought of suicide compared to females who did not experience physical violence prior to age 18. Females in both age groups who experienced emotional violence prior to age 18 were about four times more likely to have ever intentionally hurt themselves than those who did not experience emotional violence prior to age 18. Among males aged 18 to 24, drinking alcohol and smoking were associated with experiences of physical violence prior to age 18, although drug use was not.

The findings highlight the emotional impact of all types of violence experienced by children, which often seems to go unrecognized. The findings are consistent with decades of research in the neurobiological, behavioural and social sciences that conclusively indicate that childhood exposure to violence can impact the development of the brain and cause subsequent vulnerability to a broad range of mental and physical health problems, ranging from the short-term consequences identified in this study to long-term health conditions such as cardiovascular disease and diabetes.[16, 18, 53-56] Reducing the prevalence of violence against children in Cambodia is, therefore, likely to reduce the incidence and costs of future mental and physical health problems in the population.

**In the qualitative feedback,** children described all the ways that they or children they knew reacted when they experienced violence. The impacts were most often emotional, such as rage, fear, shame, humiliation, sadness and depression. They described the way that a child could feel as if no one cared about him/her and subsequently behave as though he/she did not care about himself/herself either—going out late at night, drinking or taking drugs and taking risks. In most cases however, participants described how children often turn inwards by talking less, socializing less, being unmotivated to study, or avoiding neighbours who may have witnessed the violence because they were embarrassed.

### 15.2.10. Sexual risk and HIV knowledge and testing behaviours

Specific sexual risk behaviours were correlated with experiences of different types of childhood violence and between sexes. Among 19 to 24 year olds who reported having sexual intercourse in the past 12 months, almost 1 in 10 females and 2 in 10 males reported infrequent condom use. Additionally, data on beliefs around sexual practices indicated that approximately two thirds of females and males across ages believed women who carry condoms are "loose". Having multiple sexual partners, a sexual risk behaviour, was significantly more frequent among males aged 19 to 24 who reported childhood physical violence compared to those who reported no childhood physical violence. There were no other significantly statistical differences in sexual risk-taking behaviours between participants who reported childhood experiences of violence and those that did not. Approximately three quarters of females and males aged 18 to 24 knew where to get a HIV test, and among 13 to 17 year olds, over half of females and nearly half of males knew where to get a HIV test. Approximately 8 in 10 males and 6 in 10 females aged 18 to 24 reported that they have never been tested for HIV, whether or not they ever had sexual intercourse. Among those who had never been tested for HIV, two thirds of females and males aged 18 to 24 reported to have never been tested for HIV because they felt they did not need a test or they were at low risk of HIV transmission. Females aged 18 to 24 were about four times more likely than their male counterparts to report to have never been tested for HIV because they had no knowledge about HIV tests. In turn, males aged 18 to 24 were five times more likely than their female counterparts to report they had never been tested for HIV because they did not want to know if they had HIV.

**In qualitative discussions,** the majority of females and males of all ages explicitly expressed and demonstrated their embarrassment in relation to discussing sexuality and sexual violence. Their lack of willingness to discuss sensitive issues was frequently attributed to sexuality being linked with shame and being accustomed to avoiding being overheard, particularly by adults. Their reluctance to talk about sexual contexts increased in relation to sexual abuse, forced sex, or payment of money or gifts for sex. This meant that they were unlikely to talk to parents or other adults about sexual matters. Some female participants said they would not even talk to their friends about these issues. Older females and males with more life experience and knowledge were more confident to discuss sensitive issues but still noted that many topics were challenging to speak about openly. The implication of values such as shame being attributed to sexual issues is that children and young people can find it difficult to seek advice and access accurate information. This was evidenced by both females' and males' lack of knowledge of sexual issues, such as masturbation. Lack of access to accurate information can put young people at risk of STIs and unwanted pregnancy. Misinformation, however, has further implications when myths reinforce gender stereotypes, such as male sexual entitlement and the inappropriateness of females talking about sex, reducing negotiation and consensual agreement among both females and males in relation to making decisions about sex.

### 15.2.11. Vulnerability

Factors that indicate increased vulnerability to childhood violence were analyzed and correlations were found in relation to types of childhood violence and characteristics such as orphan status, age of head of household and education level. Childhood emotional violence was more likely to be reported by children who had been orphaned than those who had not been orphaned, taking into consideration that only orphaned children living in households were included in this study. Emotional violence was also correlated with living in households headed by 31 to 55 year olds among females aged 13 to 17 compared with females aged 13 to 17 living in households headed by someone aged over 55. Females aged 13 to 17 in smaller-sized households more often reported sexual abuse, physical violence or emotional violence compared to females living in larger households. Females aged 13 to 17 who completed less than primary school were found more likely to report experiences of physical and emotional violence compared to those who completed primary school and higher. The implications of these findings are that there are some potential specific factors that make children more vulnerable to experience different types of childhood violence. However, it is important to recognize that there may be many more contextual factors and family circumstances that increase children's vulnerability to violence than this study was able to capture. Violence experienced by the perpetrator in childhood and the harmful use of alcohol could also be influencing factors. Additionally, the level of violence experienced was difficult to ascertain in this study as occasional violence was not distinguished to regular, harsh or sustained violence experienced by participants.

### 15.2.12. Attitudes towards gender and violence

The quantitative data revealed the prevalence of acceptance of violence against women by their husband or partner; more broadly, the majority of respondents endorsed at least one negative gender attitude in sexual practices and intimate partner violence. With questions about attitudes and beliefs, it can be difficult to obtain nuances from the responses of survey participants, and the study was not able to delve deeper to ascertain whether respondents were indicating what they genuinely believed or reflecting the current situation and attitudes of their communities, or whether responses were influenced by social desirability bias, i.e., a tendency to provide answers to questions that the respondent believed was expected of them.

For the first time, CVACS asked respondents whether they had used sexual or physical violence against a spouse or partner. Inevitably, the data revealed little about 13 to 17 year olds as most had not been in a relationship, therefore

respondents of all ages were aggregated for the analyses. Perhaps surprisingly among all respondents, females were more likely to report using physical violence against a current or previous spouse or partner compared to males. Looking at data for 18 to 24 year olds only, females who reported experiences of physical violence prior to age 18 were more likely to report using violence against a current or previous spouse or partner than females who reported no such experiences (39.1% and 25.8%, respectively).

**The same questions posed in the quantitative survey were also asked of participants in the qualitative research**, which provided an opportunity to find reasons for their answers, whether or not they agreed with negative gender attitudes. In most groups of both males and females, there was usually at least one person who agreed with a statement that promoted a negative gender attitude or justification for using violence against women. Girls were more likely to disagree than boys, but still some agreed with some of the statements. In general however, the participants' responses were more nuanced than a simple "yes" or "no". They talked about many mitigating factors that influenced their decisions, particularly in the case of violence against women, with most very concerned that the present status quo meant that speaking up against a violent husband could lead to further violent consequences for a woman and her children.

## 15.3. Comparisons with previous research on child sexual abuse

Higher rates of reported sexual abuse and violence may have been expected in this survey for a number of reasons, particularly because of data yielded from previous research, some of which seemed to indicate many more children were affected. Much of the previous research was based on either small sample sizes or focus groups rather than large nationally represented samples. In some cases the results of these earlier studies can be misleading if they are assumed to represent the national situation when they do not, and thereby, reveal the heightened vulnerabilities of children with specific characteristics. For example, the Cambodia National Youth Risk Behaviour Survey (2004) was nationally representative and surveyed over 9,000 young people aged 11 to 18, however, it is not possible to tell whether the data were weighted and how 'nationally representative' was defined. The report seemed to indicate that more than one in two females reported being raped, although closer reading showed that the statistic quoted was a subset of females who reported ever having sex and the absolute number of respondents who reported being forced to have sex was nine. Prior research found that, among women at least, at the international level, local samples elicited substantially higher prevalence rates of sexual abuse than national samples. [60] This shows the importance of both nationally representative data to gain an overall picture and the more targeted research approach in order to capture the experiences of children who have specific vulnerabilities.

Prior research on inhibited disclosure in the Asian context, shows that socially desirable response patterns are influenced by normative concerns, and the reluctance of victims to talk about their experiences (especially about the most stigmatizing activities) may explain a pattern of disclosure that is affected by levels of stigma. [60] Attitudes towards children, openness in the discussion of sexual experiences, and sexual double standards for females and males not only promote abuse but also inhibit disclosure once it occurs. [60] The CVACS findings showed that across ages, approximately half of females and roughly 8 in 10 males who reported any sexual abuse prior to age 18 had never told anyone about an incident of childhood sexual abuse prior to disclosing so in the interview. It appears openly disclosing sexual abuse in Cambodia remains very difficult because of its continued stigma for boys and girls, either self-imposed or imposed by others.

## 15.4. Strengths and limitations of data collection

CVACS 2013 was the first study to provide nationally representative estimates of violence against children in the country. Individual and household response rates were high. The study's strong design was based on extensive experience of conducting similarly constructed and implemented studies in Africa and the Cambodian experience will inform subsequent assessments in the Southeast Asia region. Cambodia was the first country to use notepads for electronic data collection in VACS. This method improved the quality of data collected as it eliminated routing errors, reduced training on skip pattern sequencing and significantly reduced data entry errors. Of particular note was the high level of participation by and commitment of the members of the multi-sector Steering Committee on Violence Against Children and its working groups throughout the process. This commitment and the strong government ownership of the study, based on close working relationships and strong communication between steering committee members and with UNICEF Cambodia and CDC, led Cambodia to be regarded as a best practice in terms of approving and implementing the study. The interviewers and supervisors were extensively trained and supported during the implementation of the survey.

Despite the significant amount of data yielded by the study, certain limitations remained. With all types of violence and abuse reported, the data set remains limited in terms of its ability to measure the severity in terms of longitude of experience. The survey asked detailed questions about the first and most recent incidents of violence in order to ascertain specific information about the incidents' nature and impacts on the respondent. Without a more longitudinal focus, it is not possible to ascertain the differences in experiences of the respondents, and particularly whether they were subjected to fairly random and infrequent outbursts from a stressed parent, or whether they experienced regular and severe abuse by someone. Nevertheless, the survey did capture the fact that experiences of violence were not one-off for the majority of respondents who ever experienced violence across all types, which promotes the need for further enquiry into children's

experiences. Since this is a household survey, the experiences of children living outside of family care (e.g., street children, children living in orphanages) were not enumerated. These children are likely to be at higher risk for victimization, so the results from a household sample are likely conservative estimates of the true prevalence. Some forms of violence such as neglect were excluded due to the overall length of the survey. Moreover, prevalence estimates may be underestimated as estimates are based on self-reported violence. Previous research suggests that it is not uncommon for adults who have experienced child abuse to have no memory of that abuse, particularly when that abuse occurred at a young age and by someone well known to the victim. [61] Prior research also suggests that some respondents may have been less likely to disclose an incident if the perpetrator was known to them. [62] Finally, prior research suggests that interview studies and household studies that have less anonymity appear to obtain lower rates than more anonymous classroom and self-report studies. [60].

Limitations that were specific to Cambodia's context rather than the methodology included prevalent gender norms and attitudes towards children that promote abuse and inhibit disclosure once it occurs, which had potential to impact on the implementation of the study and the results. To address these issues, extensive training was provided as previously detailed to counter any myths and misunderstandings in order to avoid compromising the quality of data collected. While electronic data collection significantly improved data quality, programme errors occasionally interrupting interviews may have impacted on the quality of some responses.

The magnitude of the problem of violence against children and the contexts and circumstances under which these occurred are critically important to understanding next steps toward strengthening the protection of children in Cambodia and the prevention of violence. Indeed, the data from this survey offer rich opportunities for further analysis of issues around violence against children. In future studies, it will be important to build upon these initial findings and explore risk and protective factors for violence against children. A better understanding of these factors can increase the utility of these data for guiding the development of prevention strategies and response.

## 15.5. 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.

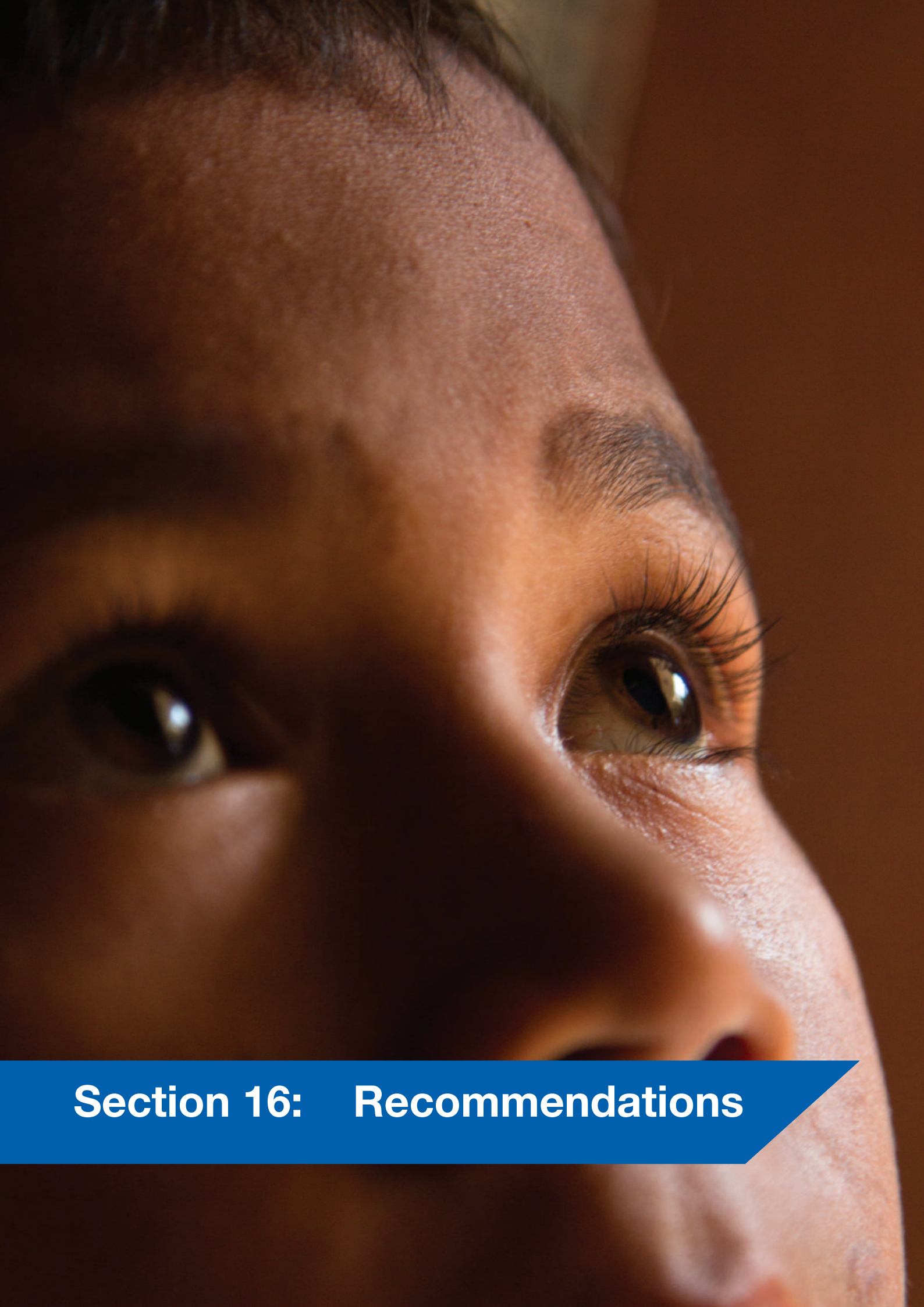
The fact that much of the violence experienced by participants went undisclosed until the survey was conducted reflects the acceptance of violence by Cambodian children themselves, but also its acceptance by adults and wider society as there are few reporting mechanisms and obvious routes to seeking 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 Cambodian 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.



# Section 16: Recommendations

# 16. Recommendations

The Violence Against Children Steering Committee led an inclusive and participatory process to formulate recommendations. With the implementation of CVACS ongoing, the steering committee commenced a mapping of all programmes and activities related to child protection and violence more broadly for each of its member ministries and government institutions. The results of this mapping were analyzed for current actions, promising developments to strengthen or scale up, and gaps to be addressed. Recommendations were formulated based on the results of the mapping and the identified gaps, as well as the findings of both the quantitative and qualitative components of this study. The recommendations were developed while taking the strategies outlined in the second National Action Plan on Violence Against Women led by the MoWA into consideration, which includes prevention of violence against boys and girls as an important approach to prevent violence against women.

The steering committee proposes the following recommendations along 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

The Government of Cambodia is implementing a number of initiatives to prevent violence against children such as raising public awareness, training relevant authorities and supporting prevention actions. Several priorities in the second National Action Plan to Prevent Violence Against Women have specific relevance to reducing violence against children. Promising actions include efforts at skills building, including parent education; problem-solving skills for couples; life-skills programmes; community learning centres; safety education; and maternal and child health programmes. Despite the plethora of individual initiatives, a comprehensive, coherent and national approach to preventing violence against children is required. Recommendations have been drafted along the following prevention pillars:

### 1. Change cultural and social norms that support violence

Cultural norms can either promote violence or protect against it in relationships with children. People will find it difficult to change their behaviour if the norms and behaviours that prevail in their wider community remain unchanged. Interventions that alter cultural norms supportive of violence have great potential to prevent and reduce violent behaviour:

### 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

Safe, stable and nurturing relationships between children and their caregivers are the antithesis of maltreatment and other adverse exposures that occur during childhood and compromise health over the lifespan. The relationships between children and their caregivers are fundamental to the healthy development of the brain and, consequently, the development of physical, emotional, social, behavioural and intellectual capacities.

- 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 knowlegde of non-violent forms of child discpline
- 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

The complex cultural differences in gender behaviours and roles often create unequal power relations between men and women, with a wide-ranging impact on society. Such inequalities increase the vulnerability of girls and young women to sexual, physical and emotional violence by men, as well as hindering the ability of female victims to seek and receive services and support.

- 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**

While the child-friendly schools initiative has helped raise awareness of child protection in schools in Cambodia, the 'protective' dimension of the framework needs further strengthening. Its implementation will also require a significant change in the prevalent teaching culture that needs to reach teachers in training as well as teachers already practicing in schools.

- Strengthen and scale up the child-friendly school 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 than 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**

The harmful use of alcohol was mentioned by respondents in the qualitative research both as a contributing or contextual factor in relation to violence and a coping mechanism for those who experience violence. Harmful alcohol use directly affects physical and cognitive function. This can reduce self-control and the ability to process incoming information, making drinkers more likely to resort to violence in confrontations. Alcohol use can both contribute to violence against children and be a consequence of such violence.

- Development a law prohibiting the sale of alcohol to those below the age of 18
- Prohibit 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

Identification of vulnerable children and survivors of sexual violence has been partially established as accompanying referral mechanisms to medical, psychosocial and legal services, particularly for victims of serious crimes such as human trafficking, but implementation needs strengthening. Services are not always free and most are currently provided by civil society. National guidelines and specialist training for medical and forensic responses are underway, along with continued investments in judicial and police capacity. Yet there is a lack of trained social workers to provide case management and psychosocial support. Gaps also remain in terms of a coordinated response, minimum standards of services and child-friendly practice for all sectors. Recommendations have been drafted along the following response pillars:

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

Strategies for improving and strengthening the utilization of legal, health and social response services for sexual abuse and physical violence by children in Cambodia need to address: first, educating children and those children naturally identify as their advocates—relatives and friends, authority figures—that any type of abuse and violence is a problem and that reporting and receiving services are important; second, overcoming the social pressures that inhibit children who experience such incidents from reporting what has happened to them.

- 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 whom 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'

### 2. Strengthening cross-sector child protection systems and responses

In Cambodia, access to and quality of response services for child victims of violence should be strengthened. Specifically, such services should be integrated into those that target common consequences of violence, including HIV/AIDS testing and counselling, mental health, and reproductive health services. Referrals to the appropriate pool of services must begin close to the site of where the abuse and violence typically occurs—at the community level, in homes and neighbourhoods.

- Strengthen and scale up accessible, free, child-friendly and gender-sensitive services that respond to violence and abuse and support children, both boys and girls, and their families
- Implement integrated child-friendly and gender-sensitive response systems to abuse and violence against children, especially child sexual abuse, for both boys and girls, in relevant sectors with minimum operating standards, guidelines and procedures
- Establish and coordinate an integrated referral system across relevant sectors to respond to abuse and violence against children
- Strengthen the capacity and sensitize all those working directly with children and their families to identify, respond, report and refer cases of violence and abuse of children, for both boys and girls, and ensure they are guided by the principle of 'do no harm'

## Laws and policies to prevent and respond to violence against children

In Cambodia, there are specific laws related to child protection, for example: the Law on Suppression of Human Trafficking and Sexual Exploitation; the Law on The Prevention of Domestic Violence and The Protection of Victims; and the Juvenile Justice Law (pending adoption by the Council of Ministers). Additionally, there are child protection-related articles in the Civil Code, Penal Code and Criminal Code. These complement a range of policies that are either in place or being developed including minimum standards on institutional care of children and on community- and family-based care for children; child-friendly schools; human resources policies; national guidelines for examination, treatment and counselling of sexual violence survivors; and efforts to advocate for the abolition of sexually explicit media and pornography degrading to women and girls. Importantly, strategies are also being developed to monitor, further develop and implement the existing laws and policies. In addition to the gaps discussed above in laws and policies to prevent violence against children, there is a lack of serious budget commitments for the comprehensive implementation of a child protection system at all levels of government. An overarching policy framework for child protection accompanied by a plan of action with budget commitments will allow all government and civil society stakeholders can clearly identify their responsibilities and see how their contributions combine to form a comprehensive approach.

- 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 the implementation 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" settlements 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 and integrate child protection issues into 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

Monitoring and data/evidence gathering currently takes place through population-level research, such as VACS, the UN Multi-country Study on Men and Violence in the Asia and Pacific: Men's Use of Violence, the Cambodia Demographic and Health Survey (every five years), and the annual Cambodia Socio-economic Survey. Additionally, WHO plans to implement a violence against women prevalence study in the near future. Routine administrative data is also collected by line ministries (e.g., on crime, child labour, health, education, orphans and vulnerable children, juvenile justice) and through the Commune Database, which is updated every five years. Three relevant data collection and monitoring systems are in development to monitor violence against women and children, orphans and vulnerable children and the implementation of child rights. Despite these promising new developments, overall coordination of monitoring and evaluating for prevention and responses to violence against children is lacking, coordination databases are not yet operational, and further identification of data for monitoring (and appropriate sources) is needed based on the results of this survey.

- 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 CVACS
- 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 CVACS

# APPENDIX A: Number of Respondents, Percentages and 95 Per Cent
Confidence Intervals

## Section 3: Demographic and Socio-economic Characteristics

**Table A1. Per cent distribution of female and male respondents by age group (Section 3, Table 3.1) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Age Group** | | |
| 13-17 years old | 44.2 (41.0 - 47.4) | 46.8 (43.1 - 50.4) |
| 18-24 years old | 55.8 (52.6 - 59.0) | 53.2 (49.6 - 56.9) |

§ 95% confidence interval

**Table A2. Per cent distribution of female and male respondents by education status (Section 3, Table 3.2) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Education Status** | | |
| Never attended school | 4.2 (2.7 - 5.7) | 2.7 (1.6 - 3.8) |
| Less than primary school | 27.6 (22.8 - 32.4) | 35.8 (31.3 - 40.2) |
| Primary school | 34.7 (31.3 - 38.1) | 41.5 (37.9 - 45.1) |
| Secondary school | 21.0 (17.5 - 24.4) | 16.7 (13.6 - 19.8) |
| Higher than secondary school | 12.6 (9.1 - 16.0) | 3.3 (1.4 - 5.3) |

§ 95% confidence interval

**Table A3. Per cent distribution of female and male respondents currently attending school (Section 3, Figure 3.1) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Currently attending school** | | | | |
| 13-17 years old | 513 | 72.4 (66.9 - 78.0) | 632 | 73.4 (68.5 - 78.2) |
| 18-24 years old | 558 | 19.8 (14.9 - 24.6) | 594 | 38.1 (31.8 - 44.4) |
| All respondents | 1071 | 43.6 (39.1 - 48.1) | 1226 | 54.7 (50.2 - 59.3) |

§ 95% confidence interval

**Table A4. Per cent distribution of female and male respondents by age of head of household (Section 3, Table 3.3) – Cambodia VACS, 2013**

| | Females (n=1121) | Males (n=1255) |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Reported Head of Household Age** | | |
| <=18 | 0.0 (0.0 - 0.1) | 0.0 (0.0 - 0.0) |
| 19-30 | 7.7 (5.9 - 9.6) | 4.0 (2.8 - 5.2) |
| 31-50 | 51.4 (48.0 - 54.8) | 55.7 (52.1 - 59.3) |
| 51+ | 40.8 (37.1 - 44.6) | 40.3 (37.0 - 43.6) |

§ 95% confidence interval

**Table A5. Per cent distribution of male and female respondents by marital status (Section 3, Table 3.4) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Ever Been Married or Lived with Someone as if Married** | | | | |
| 13-17 years old | 517 | 2.6 (0.7 - 4.5) | 642 | 0.7 (0.0 - 1.4) |
| 18-24 years old | 599 | 39.9 (34.3 - 45.6) | 613 | 16.1 (12.9 - 19.4) |
| **Ever Married or Lived with Someone as if Married prior to age 18 (18-24 year olds)** | | | | |
| 18-24 years old | 599 | 7.6 (5.3 - 9.9) | 613 | 1.0 (0.1 - 1.8) |

§ 95% confidence interval

**Table A6. Per cent distribution of household economic resources by female and male respondents (Section 3, Table 3.5) – Cambodia VACS, 2013**

| | Females (n=1120) | Males (n=1244) |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Household Effects** | | |
| Electricity | 56.8 (49.2 - 64.5) | 49.2 (42.1 - 56.3) |
| Radio | 37.3 (33.5 - 41.0) | 46.7 (43.0 - 50.5) |
| Television | 72.2 (67.3 - 77.1) | 73.9 (69.7 - 78.2) |
| Mobile Phone | 88.8 (86.4 - 91.2) | 89.2 (87.0 - 91.3) |
| Non-Mobile Phone | 16.8 (13.5 - 20.0) | 15.4 (12.3 - 18.5) |
| Refrigerator | 9.4 (6.4 - 12.5) | 7.4 (4.8 - 10.0) |
| Watch | 33.2 (28.6 - 37.7) | 37.6 (33.1 - 42.0) |
| **Family-Owned Modes of Transport** | | |
| Bicycle | 73.0 (68.6 - 77.4) | 79.4 (75.9 - 82.9) |
| Motorcycle | 68.6 (63.7 - 73.6) | 68.4 (63.9 - 72.8) |
| Animal Drawn Cart | 16.0 (11.5 - 20.6) | 16.1 (12.3 - 19.9) |
| Car or Van | 8.2 (5.6 - 10.9) | 7.3 (5.1 - 9.6) |
| Hand Tractor | 12.0 (8.0 - 16.1) | 15.5 (11.5 - 19.4) |
| Powered Boat | 1.9 (0.1 - 3.7) | 4.9 (1.7 - 8.0) |
| Boat Without a Motor | 3.5 (0.9 - 6.1) | 6.0 (2.7 - 9.2) |
| Tractor | 0.5 (0.1 - 1.0) | 2.4 (0.5 - 4.3) |
| **Land and Livestock Ownership** | | |
| Own land for agricultural purposes | 65.4 (60.3 - 70.5) | 71.8 (66.9 - 76.6) |
| Own livestock or farm animals | 63.8 (58.3 - 69.3) | 64.0 (58.9 - 69.1) |

§ 95% confidence interval

**Table A7. Per cent distribution of female and male respondents by work status (Section 3 Table 3.6) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Ever Worked for Money or any other payment** | | | | |
| 13-17 years old | 522 | 41.7 (35.8 - 47.6) | 642 | 37.2 (32.2 - 42.2) |
| 18-24 years old | 598 | 66.6 (61.4 - 71.8) | 611 | 67.5 (62.5 - 72.6) |

§ 95% confidence interval

## Section 4: The Prevalence of Childhood Sexual Violence

**Table A8. Sexual abuse experienced prior to 18, as reported by 18-24 and 13-17 year olds (Section 4, Figure 4.1 and Figure 4.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Reported experiencing any sexual abuse[1] prior to age 18** | | | | |
| 18-24 years old | 599 | 4.4 (2.5 - 6.3) | 613 | 5.6 (3.5 - 7.7) |
| 13-17 years old | 522 | 6.4 (3.7 - 9.0) | 642 | 5.2 (3.1 – 7.3) |
| 13-17 years old in the past 12 months | 518 | 3.0 (1.0 - 5.0) | 639 | 0.1 (0.0 - 0.2) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring or tricking) sex.
§ 95% confidence interval

**Table A9. Types of childhood sexual abuse experienced, as reported by 18-24 and 13-17 year olds (Section 4, Figure 4.3, Figure 4.4 and Figure 4.5) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | % (95% CI) |
| **18 to 24 years old (experiences prior to age 18)** | | | | |
| Unwanted sexual touching | 599 | 3.3 (1.5 - 5.0) | 605 | 5.5 (3.4 - 7.6) |
| Unwanted attempted sex | 598 | 2.5 (0.9 - 4.1) | 613 | 0.5 (0.0 - 1.2) |
| Physically forced sex | 597 | 1.5 (0.3 - 2.8) | 612 | 0.0 (0.0 - 0.0) |
| Pressured sex[1] | 595 | 0.5 (0.0 - 1.2) | 613 | 0.2 (0.0 - 0.5) |
| **13 to 17 years old** | | | | |
| Unwanted sexual touching | 518 | 2.0 (0.5 - 3.4) | 634 | 5.0 (2.9 - 7.0) |
| Unwanted attempted sex | 519 | 1.1 (0.0 - 2.6) | 641 | 0.3 (0.0 - 0.8) ) |
| Physically forced sex | 517 | 0.3 (0.0 - 0.8) | 641 | 0.5 (0.0 - 1.2) |
| Pressured sex | 513 | 0.7 (0.0 - 1.5) | 641 | 0.0 (0.0 - 0.0) |
| **13 to 17 years old (experiences in the past 12 months)** | | | | |
| Unwanted sexual touching | 518 | 2.0 (0.5 - 3.4) | 630 | 0.1 (0.0 - 0.2) |
| Unwanted attempted sex | 519 | 1.1 (0.0 - 2.6) | 641 | 0.0 (0.0 - 0.0) |
| Physically forced sex | 517 | 0.3 (0.0 - 0.8) | 641 | 0.0 (0.0 - 0.0) |
| Pressured sex | 513 | 0.2 (0.0 - 0.5) | 641 | 0.0 (0.0 - 0.0) |

1 Pressured sex includes threats, harassment, luring or tricking.
§ 95% confidence interval

**Table A10. First experience of sexual intercourse prior to age 18 was unwanted, as reported by 18-24 year olds whose first sexual intercourse was prior to age 18 (Section 4, Figure 4.6) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Ever Been Married or Lived with Someone as if Married** | | | | |
| 18-24 years old | 39 | 24.2 (4.7 - 43.8) | 23 | 8.9 (0.0 - 21.6) |

§ 95% confidence interval

**Table A11. Multiple incidents of sexual abuse prior to age 18, as reported by respondents who experienced any childhood sexual abuse (Section 4, Figure 4.7) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported more than one incident of sexual abuse[1] prior to age 18** | | | | |
| 18-24 years old | 27 | 73.6 (57.1 - 90.1) | 35 | 87.2 (76.8 - 97.6) |
| 13-17 years old | 31 | 54.1 (33.2 - 75.0) | 32 | 81.8 (67.4 - 96.2) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring or tricking) sex.
§ 95% confidence intervall

**Table A12. Age at the first incident of sexual abuse prior to age 18, as reported by 18-24 year olds who experienced childhood sexual abuse (Section 4, Figure 4.8) – Cambodia VACS, 2013**

| | Females (n=1120) | Males (n=1244) |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Age (years) at the first incident of sexual abuse[1] prior to age 18** | | |
| **18-24 years old** | | |
| <=13 | 26.2 (3.3 - 49.0) | 72.9 (58.2 - 87.5) |
| 14-15 | 11.6 (0.5 - 22.8) | 4.2 (0.0 - 10.2) |
| 16-17 | 62.2 (39.7 - 84.7) | 23.0 (8.9 - 37.0) |
| **Total [n]** | **100.0 [27]** | **100.0 [35]** |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, physically forced sex, and pressured (threats, harassment, luring or tricking) sex.
§ 95% confidence intervall

**Table A13. Sexual exploitation prior to age 18, as reported by 18-24 and 13-17 year olds (Section 4, Figure 4.9) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported sexual exploitation[1] prior to age 18** | | | | |
| 18-24 years old | 599 | 1.6 (0.1 - 3.1) | 613 | 0.1 (0.0 - 0.4) |
| 13-17 years old | 522 | 0.9 (0.0 - 1.7) | 641 | 0.1 (0.0 - 0.3) |

1 Sexual exploitation includes receiving any money, food, gifts, or other favours to have sexual intercourse or to perform other sexual acts prior to age 18.
§ 95% confidence intervall

**Table A14. Non-contact sexual violence experienced prior to 18, as reported by 18-24 and 13-17 year olds – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported experiencing non-contact sexual violence[1] prior to age 18** | | | | |
| 18-24 years old | 599 | 6.0 (3.5 - 8.5) | 613 | 4.7 (2.7 - 6.7) |
| 13-17 years old | 522 | 9.9 (6.3 - 13.4) | 642 | 9.2 (5.8 - 12.6) |
| 13-17 years old in the past 12 months | 522 | 5.2 (3.1 - 7.3) | 642 | 4.5 (2.1 - 6.9) |

1 Non-contact sexual violence includes being upset by someone speaking or writing sexual things about them, forced by someone to watch sex photos or videos, or forced to be in a sex photo or video.
§ 95% confidence intervall

**Table A15. Types of childhood non-contact sexual violence experienced, as reported by 18-24 and 13-17 year olds (Section 4, Figure 4.10) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old (experiences prior to age 18)** | | | | |
| Upset by someone speaking or writing sexual things about them | 595 | 5.8 (3.3 - 8.3) | 607 | 3.1 (1.3 - 5.0) |
| Forced by someone to watch sex photos or videos | 599 | 0.3 (0.0 - 0.8) | 613 | 1.7 (0.6 - 2.8) |
| Forced to be in a sex photo or video | 599 | 0.0 (0.0 - 0.0) | 613 | 0.3 (0.0 - 0.7) |
| **13 to 17 years old** | | | | |
| Upset by someone speaking or writing sexual things about them | 522 | 9.1 (5.8 - 12.3) | 638 | 5.5 (2.8 - 8.3) |
| Forced by someone to watch sex photos or videos | 522 | 1.9 (0.2 - 3.5) | 640 | 4.3 (2.0 - 6.6) |
| Forced to be in a sex photo or video | 522 | 0.0 (0.0 - 0.0) | 639 | 0.2 (0.0 - 0.5) |
| **13 to 17 years old (experiences in the past 12 months)** | | | | |
| Upset by someone speaking or writing sexual things about them | 522 | 5.0 (2.9 - 7.1) | 637 | 3.2 (1.0 - 5.5) |
| Forced by someone to watch sex photos or videos | 521 | 0.2 (0.0 - 0.6) | 640 | 1.4 (0.2 - 2.6) |
| Forced to be in a sex photo or video | 522 | 0.0 (0.0 - 0.0) | 639 | 0.0 (0.0 - 0.0) |

§ 95% confidence interval

## Section 5: The Prevalence of Childhood Physical Violence

**Table A16. Physical violence experienced prior to age 18, as reported by 18-24 and 13-17 year olds (Section 5, Figure 5.1 and Figure 5.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported experiencing physical violence[1] prior to age 18** | | | | |
| 18-24 years old | 599 | 52.7 (47.2 - 58.1) | 613 | 54.2 (49.4 - 59.0) |
| 13-17 years old | 522 | 61.1 (55.9 - 66.2) | 642 | 58.2 (53.1 - 63.3) |
| 13-17 years old in the past 12 months | 522 | 15.3 (11.7 - 18.9) | 642 | 12.5 (9.2 - 15.8) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.

§ 95% confidence intervall

**Table A17. Types of childhood physical violence experienced, as reported by 18-24 and 13-17 year olds (Section 5, Figure 5.3, Figure 5.4 and Figure 5.5) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old (experiences prior to age 18)** | | | | |
| Slapping, pushing[1] | 369 | 2.7 (0.4 - 4.9) | 298 | 1.7 (0.0 - 3.7) |
| Punching, kicking, whipping, beating with an object | 599 | 52.1 (46.6 - 57.5) | 613 | 53.7 (48.8 - 58.5) |
| Choking, smothering, trying to drown or burning intentionally | 599 | 3.0 (1.2 - 4.9) | 613 | 0.5 (0.0 - 1.2) |
| Using or threatening to use a knife or other weapon | 599 | 3.6 (1.5 - 5.8) | 613 | 1.6 (0.4 - 2.8) |
| **13 to 17 years old** | | | | |
| Slapping, pushing | 53 | 1.3 (0.0 - 3.9) | 43 | 9.8 (0.0 - 23.4) |
| Punching, kicking, whipping, beating with an object | 522 | 61.0 (55.9 - 66.1) | 642 | 57.9 (52.8 - 63.0) |
| Choking, smothering, trying to drown or burning intentionally | 522 | 1.5 (0.2 - 2.8) | 642 | 2.6 (0.9 - 4.4) |
| Using or threatening to use a knife or other weapon | 522 | 3.8 (1.6 - 6.0) | 642 | 5.4 (3.2 - 7.5) |
| **13 to 17 years old (experiences in the past 12 months)** | | | | |
| Slapping, pushing | 53 | 1.3 (0.0 - 3.9) | 41 | 1.2 (0.0 - 3.7) |
| Punching, kicking, whipping, beating with an object | 522 | 14.5 (11.0 - 18.1) | 642 | 11.5 (8.6 - 14.4) |
| Choking, smothering, trying to drown or burning intentionally | 522 | 0.7 (0.0 - 1.8) | 642 | 2.0 (0.5 - 3.5) |
| Using or threatening to use a knife or other weapon | 522 | 1.4 (0.1 - 2.8) | 642 | 12.4 (4.6 - 20.3) |

1 Slapping and pushing only asked for intimate partners not for parents or community members.
§ 95% confidence interval

**Table A18. Multiple incidents of physical violence prior to age 18, as reported by respondents who experienced any physical violence – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported more than one incident of physical violence[1] prior to age 18** | | | | |
| 18-24 years old | 306 | 81.9 (76.6 - 87.2) | 330 | 85.6 (81.0 - 90.2) |
| 13-17 years old | 303 | 74.6 (68.6 - 80.6) | 372 | 83.9 (78.9 - 89.0) |
| 13-17 years old in the past 12 months | 82 | 85.8 (76.5 - 95.1) | 85 | 89.8 (83.1 - 96.6) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
§ 95% confidence interval

**Table A19. Age at the first incident of physical violence prior to age 18, as reported by 18-24 olds who experienced childhood physical violence (Section 5, Figure 5.6) – Cambodia VACS, 2013**

| | Females (n=1120) | Males (n=1244) |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Age (years) at the first incident of physical violence[1] prior to age 18** | | |
| **18-24 years old** | | |
| <=5 | 15.6 (10.8 - 20.3) | 9.0 (5.7 - 12.3) |
| 6-11 | 68.3 (61.3 - 75.3) | 68.4 (62.2 - 74.5) |
| 12-17 | 16.1 (10.9 - 21.4) | 22.6 (16.8 - 28.5) |
| **Total [n]** | **100.0 [307]** | **100.0 [327]** |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
§ 95% confidence intervall

**Table A20. Witnessing physical violence in the home and the community prior to age 18, as reported by 18-24 and 13-17 year olds (Section 5, Figure 5.7, Figure 5.8, Figure 5.9 and Figure 5.10) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Witnessing physical violence[1] in the home** | | | | |
| 18-24 years old | 598 | 15.3 (11.8 - 18.8) | 608 | 18.1 (14.2 - 21.9) |
| 13-17 years old | 522 | 20.6 (16.5 - 24.7) | 642 | 24.5 (20.1 - 28.9) |
| 13-17 years old in the past 12 months | 116 | 37.4 (27.4 - 47.3) | 150 | 34.7 (26.7 - 42.7) |
| **Witnessing physical violence[2] in the community** | | | | |
| 18-24 years old | 598 | 38.3 (33.7 - 43.0) | 612 | 43.7 (38.9 - 48.4) |
| 13-17 years old | 521 | 57.8 (52.5 - 63.1) | 641 | 55.4 (50.2 - 60.6) |
| 13-17 years old in the past 12 months | 297 | 42.8 (36.4 - 49.2) | 359 | 46.1 (40.2 - 52.0) |

1 Physical violence witnessed includes slapping, punching, kicking, using or threatening to use a gun, knife, stick, rock or other similar weapon.
2 Physical violence witnessed includes seeing someone physically hurt or scare someone else in the community.
§ 95% confidence intervall

## Section 6: The Prevalence of Childhood Emotional Violence

**Table A21. Emotional violence experienced prior to age 18, as reported by 18-24 and 13-17 year olds (Section 6, Figure 6.1 and Figure 6.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported experiencing emotional violence[1] prior to age 18** | | | | |
| 18-24 years old | 598 | 19.4 (15.8 - 23.0) | 609 | 25.0 (20.6 - 29.4) |
| 13-17 years old | 522 | 24.3 (19.2 - 29.4) | 640 | 27.3 (23.0 - 31.6) |
| 13-17 years old in the past 12 months | 522 | 9.7 (6.5 - 12.8) | 642 | 9.6 (6.8 - 12.4) |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence intervall

**Table A22. Types of emotional violence experienced, as reported by 13-17 year olds (Section 6, Figure 6.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **13 to 17 years old** | | | | |
| Being told you were unloved | 521 | 15.1 (11.2 - 18.9) | 634 | 18.0 (13.9 - 22.1) |
| Said they wished you were dead or had never been born | 522 | 8.2 (5.4 - 11.0) | 637 | 9.4 (5.7 - 13.0) |
| Ever ridiculed you or put you down | 521 | 15.0 (11.2 - 18.7) | 637 | 20.7 (16.4 - 25.0) |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence intervall

**Table A23. Multiple incidents of emotional violence prior to age 18, as reported by respondents who experienced any childhood emotional violence (Section 6, Figure 6.4 and Figure 6.5) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Reported more than one incident of emotional violence[1] prior to age 18** | | | | |
| 18-24 years old | 105 | 78.2 (69.9 - 86.4) | 149 | 79.2 (69.8 - 88.5) |
| 13-17 years old | 123 | 70.8 (62.8 - 78.7) | 162 | 82.6 (75.6 - 89.6) |
| 13-17 years old in the past 12 months | 52 | 78.1 (66.0 - 90.1) | 62 | 94.0 (87.7 - 100.0) |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence intervall

| Table A24. Age at the first incident of emotional violence prior to age 18, as reported by 18-24 year olds who experienced any childhood emotional violence (Section 6, Figure 6.6) – Cambodia VACS, 2013 | | |
|---|---|---|
| | Females | Males |
| | % (95% CI§) | % (95% CI) |
| **Age (years) at the first incident of emotional violence[1] prior to age 18** | | |
| **18-24 years old** | | |
| <=5 | 9.0 (2.5 - 15.4) | 1.0 (0.0 - 2.5) |
| 6-11 | 42.2 (32.4 - 51.9) | 52.5 (44.1 - 60.9) |
| 12-17 | 48.9 (37.7 - 60.0) | 46.4 (38.2 - 54.7) |
| **Total [n]** | **100.0 [108]** | **100.0 [148]** |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence intervall

## Section 7: Overlap of Types of Violence: Sexual, Physical and Emotional Violence

| Table A25. Distribution of the number of types of violence experienced prior to age 18, as reported by 18-24 and 13-17 year olds (Section 7, Figure 7.1 and Figure 7.2) – Cambodia VACS, 2013 | | |
|---|---|---|
| | Females | Males |
| | % (95% CI§) | % (95% CI) |
| **Number of types of violence** | | |
| **18-24 years old** | | |
| One form of violence | 42.1 (37.3 - 46.9) | 40.6 (36.6 - 44.7) |
| More than one form of violence | 16.1 (12.5 - 19.7) | 21.5 (17.7 - 25.2) |
| No violence | 41.8 (36.8 - 46.7) | 37.9 (32.8 - 43.0) |
| **Total [n]** | **100.0 [599]]** | **100.0 [613]** |
| **13-17 years old** | | |
| One form of violence | 41.5 (37.1 - 45.8) | 40.9 (36.3 - 45.5) |
| More than one form of violence | 23.4 (18.4 - 28.3) | 24.2 (19.7 - 28.8) |
| No violence | 35.2 (30.4 - 39.9) | 34.8 (30.1 - 39.6) |
| **Total [n]** | **100.0 [522]** | **100.0 [642]** |

§ 95% confidence intervall

**Table A26. Types of violence experienced prior to age 18, as reported by 18-24 and 13-17 year olds – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Types of violence** | | |
| **18-24 years old** | | |
| Sexual Violence[1] only | 1.6 (0.4 - 2.8) | 1.4 (0.4 - 2.4) |
| Physical Violence[2] only | 36.7 (31.8 - 41.5) | 33.3 (29.5 - 37.0) |
| Emotional Violence[3] only | 3.9 (2.0 - 5.7) | 6.0 (3.6 - 8.4) |
| Sexual and Physical Violence | 0.6 (0.0 - 1.4) | 2.6 (1.2 - 3.9) |
| Sexual and Emotional Violence | 0.1 (0.0 - 0.3) | 0.5 (0.0 - 1.4) |
| Physical and Emotional Violence | 13.3 (10.1 - 16.6) | 17.3 (13.9 - 20.7) |
| Sexual, Physical, and Emotional Violence | 2.0 (0.7 - 3.4) | 1.1 (0.2 - 1.9) |
| No Violence | 41.8 (36.8 - 46.7) | 37.9 (32.8 - 43.0) |
| **Total [n]** | **100.0 [599]** | **100.0 [613]** |
| **13-17 years old** | | |
| Sexual Violence only | 0.6 (0.0 - 1.2) | 0.9 (0.1 - 1.7) |
| Physical Violence only | 38.0 (33.3 - 42.7) | 34.1 (29.6 - 38.5) |
| Emotional Violence only | 2.9 (1.4 - 4.5) | 5.9 (3.6 - 8.3) |
| Sexual and Physical Violence | 2.0 (0.4 - 3.5) | 2.9 (1.4 - 4.4) |
| Sexual and Emotional Violence | 0.3 (0.0 - 0.9) | 0.1 (0.0 - 0.3) |
| Physical and Emotional Violence | 17.6 (13.3 - 21.8) | 19.9 (16.0 - 23.9) |
| Sexual, Physical, and Emotional Violence | 3.5 (1.5 - 5.6) | 1.3 (0.2 - 2.3) |
| No Violence | 35.2 (30.4 - 39.9) | 34.8 (30.1 - 39.6) |
| **Total (n)** | **100.0 [522]** | **100.0 [642]** |

1 Sexual violence includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being humiliated in front of others, made to feel unwanted, or threatened to be abandoned.
§ 95% confidence intervall

**Table A27. Perpetrators of the first incident sexual abuse prior to age 18, as reported by18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 8, Figure 8.1 and Figure 8.2) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **Perpetrators of the first incident of sexual abuse[1]** | | |
| **18-24 years old** | | |
| Boyfriend/Girlfriend or Romantic Partner | 23.9 (7.1 - 40.7) | 6.9 (0.0 - 15.2) |
| Family Member | 10.9 (0.0 - 25.6) | 33.1 (16.5 - 49.7) |
| Authority Figure | 10.2 (0.0 - 25.2) | 2.3 (0.0 - 6.8) |
| Neighbour | 28.0 (9.3 - 46.7) | 36.8 (19.7 - 53.8) |
| Friend | 21.6 (6.0 - 37.1) | 14.7 (3.3 - 26.0) |
| Stranger | 10.9 (0.0 - 22.0) | 0.0 (0.0 - 0.0) |
| Other | 7.7 (0.0 - 21.7) | 5.8 (0.0 - 16.8) |
| **Total [n]** | **[27]** | **[35]** |
| **13-17 years old** | | |
| Boyfriend/Girlfriend or Romantic Partner | 21.6 (5.8 - 37.5) | 0.0 (0.0 - 0.0) |
| Family Member | 11.8 (0.9 - 22.8) | 36.8 (17.4 - 56.2) |
| Authority Figure | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Neighbour | 27.2 (7.6 - 46.8) | 21.2 (8.2 - 34.2) |
| Friend | 33.5 (12.5 - 54.6) | 30.3 (12.4 - 48.2) |
| Stranger | 12.9 (0.0 - 25.8) | 0.0 (0.0 - 0.0) |
| Other | 0.0 (0.0 - 0.0) | 2.8 (0.0 - 8.5) |
| **Total (n)** | **[31]** | **[32]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
§ 95% confidence intervall

**Table A28. 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 (Section 8, Figure 8.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **Perpetrator of sexual abuse[1] perceived to be 5 or more years older** | | | | |
| 18-24 years old | 27 | 61.1 (39.3 - 83.0) | 35 | 71.8 (54.7 - 88.9) |
| 13-17 years old | 31 | 51.9 (31.1 - 72.6) | 32 | 52.2 (30.0 - 74.5) |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
§ 95% confidence intervall

| Table A29. Sex of perpetrators of the first incident of sexual abuse[1] prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 8, Figure 8.4 and Figure 8.5) – Cambodia VACS, 2013 | | |
|---|---|---|
| | **Females (n=1120)** | **Males (n=1244)** |
| | % (95% CI[§]) | % (95% CI) |
| **18 to 24 years old (experiences prior to age 18)** | | |
| **18-24 years old** | | |
| Male perpetrator | 75.6 (57.9 - 93.4) | 84.3 (71.4 - 97.3) |
| Female perpetrator | 24.4 (6.6 - 42.1) | 11.9 (1.1 - 22.7) |
| **Total [n]** | **[27]** | **[35]** |
| **13-17 years old** | | |
| **13-17 years old** | | |
| Male perpetrator | 71.1 (48.8 - 93.4) | 78.5 (62.4 - 94.5) |
| Female perpetrator | 28.9 (6.6 - 51.2) | 12.6 (0.0 - 26.5) |
| **Total [n]** | **100 [31]** | **100 [32]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
§ 95% confidence intervall

| Table A30. 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 (Section 8, Figure 8.6) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | **Females** | | **Males** | |
| | n | % (95% CI[§]) | n | %(95% CI) |
| **More than one perpetrator at the first incident of sexual abuse[1]** | | | | |
| 18-24 years old | 27 | 11.9 (0.4 - 23.3) | 35 | 26.4 (10.9 - 41.9) |
| 13-17 years old | 31 | 11.4 (0.0 - 22.9) | 32 | 15.8 (0.0 - 31.7) |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
§ 95% confidence intervall

| Table A31. Any physical violence by type of perpetrator1, as reported by 18-24 and 13-17 year olds (Section 8, Figure 8.7 and Figure 8.8) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | **Females** | | **Males** | |
| | n | % (95% CI[§]) | n | %(95% CI) |
| **18 to 24 years old (experiences prior to age 18)** | | | | |
| Intimate partner | 599 | 2.0 (0.4 - 3.5) | 613 | 0.7 (0.0 - 1.6) |
| Parent, caregiver or other adult relative | 599 | 45.6 (39.9 - 51.3) | 612 | 45.3 (40.1 - 50.5) |
| Community member | 599 | 28.9 (23.5 - 34.4) | 613 | 23.9 (19.0 - 28.9) |
| **13 to 17 years old** | | | | |
| Intimate partner | 53 | 1.3 (0.0 - 3.9) | 43 | 9.8 (0.0 - 23.4) |
| Parent, caregiver or other adult relative | 522 | 52.0 (46.5 - 57.6) | 642 | 50.6 (45.5 - 55.8) |
| Community member | 522 | 30.7 (25.9 - 35.5) | 642 | 27.6 (22.8 - 32.3) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
§ 95% confidence intervall

**Table A32. Types of perpetrators of childhood physical violence[1], as reported by 18-24 year olds who experienced any childhood physical violence (Section 8, Figure 8.9 and Figure 8.10) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Intimate partners** | | |
| Boyfriend/Girlfriend/Romantic Partner | * | * |
| Husband/Wife | * | * |
| **Total[#] [n]** | **[10]** | **[5]** |
| **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[2] | 0.3 (0.0 - 0.9) | 0.0 (0.0 - 0.0) |
| **Total[#] [n]** | **[268]** | **[280]** |
| **Community members** | | |
| Male Teacher | 62.2 (52.6 - 71.8) | 43.8 (33.9 - 53.8) |
| Female Teacher | 26.8 (19.0 - 34.6) | 19.5 (12.4 - 26.6) |
| Friend | 7.7 (3.0 - 12.3) | 16.8 (8.7 - 25.0) |
| Classmate/Schoolmate | 1.8 (0.0 - 4.3) | 5.0 (0.0 - 11.0) |
| Neighbour | 1.5 (0.0 - 3.6) | 8.8 (3.4 - 14.2) |
| Other Community Member | 1.6 (0.0 - 3.5) | 7.2 (1.7 - 12.7) |
| **Total[#] [n]** | **[163]** | **[143]** |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
2 Other caregivers include caregiver of respondents and other people in home.
# Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.
* Cell size less than 25.
§ 95% confidence intervall

**Table A33. Types of perpetrators of childhood physical violence[1], as reported by 13-17 year olds who experienced any physical violence (Section 8, Figure 8.11 and Figure 8.12) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Intimate partners** | | |
| Boyfriend/Girlfriend/Romantic Partner | * | * |
| Husband/Wife | * | * |
| **Total[#] [n]** | **[1]** | **[3]** |
| **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[2] | 0.5 (0.0 - 1.4) | 0.3 (0.0 - 0.9) |
| **Total[#] [n]** | **[271]** | **[324]** |
| **Community members** | | |
| Male Teacher | 58.6 (49.5 - 67.7) | 51.7 (43.0 - 60.5) |
| Female Teacher | 20.5 (12.3 - 28.7) | 18.0 (11.1 - 25.0) |
| Friend | 9.5 (5.0 - 14.1) | 17.0 (9.8 - 24.1) |
| Classmate/Schoolmate | 0.4 (0.0 - 1.2) | 5.3 (0.4 - 10.2) |
| Neighbour | 6.7 (2.1 - 11.2) | 6.1 (2.6 - 9.5) |
| Other Community Member | 2.4 (0.0 - 6.2) | 3.7 (0.8 - 6.5) |
| **Total[#] [n]** | **[154]** | **[177]** |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
2 Other caregivers include caregiver of respondents and other people in home.
# Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.
* Cell size less than 25.
§ 95% confidence intervall

**Table A34. Perpetration of childhood emotional violence[1] by family members, as reported by 18-24 and 13-17 year olds who experienced any childhood emotional violence (Section 8, Figure 8.13 and Figure 8.14) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **18 to 24 years old** | | |
| 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) |
| Cousin | 0.9 (0.0 - 2.6) | 0.3 (0.0 - 0.8) |
| Grandparent | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Other Relative/Caregiver[2] | 2.4 (0.1 - 4.8) | 1.8 (0.0 - 4.0) |
| **Total[#] [n]** | **[108]** | **[150]** |
| **13 to 17 years old** | | |
| 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) |
| Cousin | 3.7 (0.0 - 7.6) | 2.4 (0.0 - 4.9) |
| Grandparent | 1.1 (0.0 - 3.2) | 0.8 (0.0 - 2.0) |
| Other Relative/Caregiver[2] | 6.4 (0.1 - 12.7) | 1.2 (0.0 - 3.0) |
| **Total[#] [n]** | **[126]** | **[164]** |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
2 Other caregivers include caregiver of respondents and other people in home
# Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.
§ 95% confidence intervall

**Table A35. Location of first incident of sexual abuse[1] prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 9, Figure 9.1 and Figure 9.3) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (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[2] | 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[3] | 16.6 (0.6 - 32.6) | 10.5 (0.0 - 22.1) |
| **Total[#] [n]** | **[26]** | **[33]** |
| **13 to 17 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[2] | 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[3] | 16.6 (0.6 - 32.6) | 10.5 (0.0 - 22.1) |
| **Total[#] [n]** | **[31]** | **[28]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
2 Includes guest house, resort, rental house, village, sports centre.
3 Includes market/shop, inside a car/bus, lake/river/body of water, field/natural area, bar/restaurant/disco/club, workplace.
# Total sum may be greater than 100% because respondents could have identified a different location for each act of sexual violence experienced, i.e., the location of first sexual touching may be different from the location of first attempted sex.
§ 95% confidence intervall

**Table A36. Other people at home at the time of the first incident of sexual abuse[1] prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 9, Figure 9.2 and Figure 9.4) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **18 to 24 years old** | | |
| Parent | 24.0 (8.4 - 39.6) | 20.5 (5.8 - 35.1) |
| Sibling | 19.7 (4.0 - 35.5) | 25.0 (8.6 - 41.4) |
| Other Relative | 10.0 (0.0 - 21.5) | 17.1 (0.9 - 33.2) |
| Friend | 3.9 (0.0 - 11.5) | 24.8 (1.6 - 48.0) |
| **Total[#] [n]** | **[27]** | **[35]** |
| **13 to 17 years old** | | |
| Parent | 0.0 (0.0 - 0.0) | 26.3 (9.1 - 43.6) |
| Sibling | 2.4 (0.0 - 7.0) | 36.5 (18.1 - 54.8) |
| Other Relative | 6.4 (0.0 - 15.8) | 41.7 (22.9 - 60.6) |
| Friend | 0.0 (0.0 - 0.0) | 15.6 (2.4 - 28.8) |
| **Total[#] [n]** | **[31]** | **[32]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
# Total sum may be greater than 100% because respondents could have identified a different person that was home for each act of sexual violence experienced, i.e., person at home at time of first sexual touching may be different from person at home at time of first attempted sex.
§ 95% confidence intervall

**Table A37. Time of day[1] of the first incident of sexual abuse[2] prior to age 18, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 9, Figure 9.5 and Figure 9.6) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **18 to 24 years old** | | |
| Morning | 16.7 (2.8 - 30.6) | 30.3 (11.4 - 49.2) |
| Afternoon | 26.6 (11.4 - 41.9) | 35.8 (13.9 - 57.8) |
| Evening | 50.3 (30.4 - 70.3) | 35.1 (12.8 - 57.5) |
| Late at night | 14.8 (3.7 - 25.9) | 6.1 (0.0 - 15.1) |
| **Total# [n]** | **[26]** | **[28]** |
| **13 to 17 years old** | | |
| Morning | 23.2 (4.3 - 42.1) | 49.2 (23.8 - 74.6) |
| Afternoon | 34.9 (15.0 - 54.8) | 26.4 (3.4 - 49.3) |
| Evening | 41.9 (20.9 - 62.9) | 17.0 (0.0 - 35.5) |
| Late at night | 9.4 (0.0 - 20.3) | 7.4 (0.0 - 21.6) |
| **Total# [n]** | **[31]** | **[21]** |

1 Morning refers to sunrise-noon, afternoon refers to noon-sunset, evening refers to sunset-midnight, late at night refers to midnight-sunrise.
2 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
# Total sum may be greater than 100% because respondents could have identified a different time of day for each act of sexual violence experienced i.e. the time of day at which first sexual touching occurred may be different from the time of day at which first attempted sex occurred.
§ 95% confidence intervall

| Table A38. Percentage distribution of males and females who reported they trust people in their community or feel safe in their community, as reported by 18-24 and 13-17 year olds (Section 9, Figure 9.7 and Figure 9.8) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Trust people living in the community[1]** | | | | |
| 18-24 years old | 598 | 82.9 (78.9 - 86.9) | 610 | 89.1 (85.9 - 92.3) |
| 13-17 years old | 522 | 85.5 (81.4 - 89.6) | 636 | 85.5 (82.0 - 89.0) |
| **Feel safe in the community[2]** | | | | |
| 18-24 years old | 593 | 92.6 (90.1 - 95.0) | 610 | 96.0 (94.3 - 97.8) |
| 13-17 years old | 520 | 93.1 (90.3 - 95.9) | 636 | 95.6 (93.4 - 97.7) |

1 Comprises participants who responded "a lot" and "some".to use a gun, knife or other weapon.
2 Comprises participants who responded "very safe" and "somewhat safe".
§ 95% confidence intervall

## Section 10: Service-Seeking Behaviour

| Table A39. Disclosure of an incident of sexual abuse and who they told, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse prior to age 18 (Section 10, Figure 10.1) – Cambodia VACS, 2013 | | | | |
|---|---|---|---|---|
| | Females | | Males | |
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old who experienced any childhood sexual abuse[1]** | | | | |
| **Told someone about any incident of sexual abuse** | **27** | **50.6 (32.4 - 68.9)** | **35** | **20.6 (5.4 - 35.8)** |
| Of those who told someone/told a relative | 12 | * | 7 | * |
| Of those who told someone/told a spouse, boyfriend/ girlfriend, or partner | 12 | * | 7 | * |
| Of those who told someone/told a service provider or authority figure | 12 | * | 7 | * |
| Of those who told someone/told a friend | 12 | * | 7 | * |
| Of those who told someone/told someone else | 12 | * | 7 | * |
| **13 to 17 years old who experienced any sexual abuse** | | | | |
| **Told someone about any incident of sexual abuse** | **31** | **54.1 (31.6 - 76.7)** | **32** | **13.3 (0.0 - 27.8)** |
| Of those who told someone/told a relative | 15 | * | 3 | * |
| Of those who told someone/told a spouse, boyfriend/ girlfriend, or partner | 15 | * | 3 | * |
| Of those who told someone/told a service provider or authority figure | 15 | * | 3 | * |
| Of those who told someone/told a friend | 15 | * | 3 | * |
| Of those who told someone/told someone else | 15 | * | 3 | * |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
# Total sum may be greater than 100% because respondents could have identified more than one person whom they told.
* Cell size less than 25.
§ 95% confidence interval

**Table A40. Sought help for an incident of sexual abuse and whom they sought help from, as reported by 18-24 and 13-17 year olds who experienced any childhood sexual abuse (Section 10, Figure 10.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old who experienced any childhood sexual abuse[1]** | | | | |
| **Sought help for any incident of sexual abuse** | **27** | **38.9 (19.4 - 58.4)** | **35** | **5.7 (0.0 - 13.8)** |
| Of those who sought help/sought help from a relative | 9 | * | 2 | * |
| Of those who sought help/sought help from a spouse, boyfriend/girlfriend, or partner | 9 | * | 2 | * |
| Of those who told sought help/sought help from a service provider or authority figure | 9 | * | 2 | * |
| Of those who sought help/sought help from a friend | 9 | * | 2 | * |
| Of those who sought help/sought help from someone else | 9 | * | 2 | * |
| **13 to 17 years old who experienced any sexual abuse** | | | | |
| **Sought help for any incident of sexual abuse** | **31** | **39.1 (17.0 - 61.1)** | **32** | **5.1 (0.0 - 14.9)** |
| Of those who sought help/sought help from a relative | 12 | * | 1 | * |
| Of those who sought help/sought help from a spouse, boyfriend/girlfriend, or partner | 12 | * | 1 | * |
| Of those who told sought help/sought help from a service provider or authority figure | 12 | * | 1 | * |
| Of those who sought help/sought help from a friend | 12 | * | 1 | * |
| Of those who sought help/sought help from someone else | 12 | * | 1 | * |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
# Total sum may be greater than 100% because respondents could have identified more than one person from whom they sought help.
* Cell size less than 25.
§ 95% confidence interval

**Table A41. Reasons not seek help for sexual abuse, as reported by 13-24 year olds who experienced any childhood sexual abuse (Section 10, Figure 10.3) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Reasons respondents did not seek help for sexual abuse[1]** | | |
| Did not know where to go | 5.9 (0.0 - 14.6) | 7.6 (0.0 - 16.0) |
| Afraid of getting in trouble | 26.1 (11.2 - 40.9) | 0.0 (0.0 - 0.0) |
| Embarrassed for self/family | 14.6 (3.0 - 26.2) | 5.4 (0.0 - 11.2) |
| Dependent on perpetrator | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Perpetrator threatened me | 3.8 (0.0 - 9.1) | 0.0 (0.0 - 0.0) |
| Did not think it was a problem | 22.1 (6.5 - 37.7) | 62.1 (44.4 - 79.7) |
| Felt it was my fault | 9.8 (0.0 - 27.9) | 0.0 (0.0 - 0.0) |
| Afraid of being abandoned | 2.6 (0.0 - 7.8) | 0.0 (0.0 - 0.0) |
| Did not need/want services | 13.6 (3.2 - 24.0) | 25.0 (9.3 - 40.7) |
| Other reason | 1.6 (0.0 - 4.6) | 0.0 (0.0 - 0.0) |
| **Total[#] [n]** | **[36]** | **[59]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
§ 95% confidence intervall

**Table A42. Barriers to seeking help for sexual abuse[1], as reported by 13-24 year olds who experienced any childhood sexual abuse (Section 10 Figure 10.4) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **Individual, relationship, and structural-level barriers** | | |
| Individual-level barriers[2] | 60.1 (43.5 - 76.7) | 92.4 (84.0 - 100.0) |
| Relationship-level barriers[3] | 32.4 (16.7 - 48.1) | 0.0 (0.0 - 0.0) |
| Structural-level barriers[4] | 5.9 (0.0 - 14.6) | 7.6 (0.0 - 16.0) |
| Other barriers | 1.6 (0.0 - 4.6) | 0.0 (0.0 - 0.0) |
| **Total[#] [n]** | **[36]** | **[59]** |

1 Sexual abuse includes sexual touching, attempted sex, physically forced sex, and pressured (threats, harassment, luring, or tricking) sex.
2 Maintain personal privacy/embarrassment for self or family; did not want/need services or did not think it was a problem; felt it was his/her fault.
3 Afraid of getting in trouble; dependent on perpetrator/was threatened by perpetrator; afraid of being abandoned.
4 Did not know where to go.
§ 95% confidence intervall

**Table A43. Disclosure of an incident of physical violence and who they told[#], as reported by 18-24 and 13-17 year olds who experienced any childhood physical violence (Section 10, Figure 10.5 and Figure 10.6) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old who experienced any childhood physical violence[1]** | | | | |
| **Told someone about any incident of physical violence** | **311** | **54.8 (48.2 - 61.3)** | **333** | **35.6 (29.4 - 41.9)** |
| Of those who told someone/told a relative | 160 | 69.0 (61.3 - 76.7) | 125 | 60.8 (50.7 - 70.9) |
| Of those who told someone/told a spouse, boyfriend/ girlfriend, or partner | 160 | 2.6 (0.0 - 5.4) | 125 | 1.5 (0.0 - 3.6) |
| Of those who told someone/told a service provider or authority figure | 160 | 21.1 (14.4 - 27.8) | 125 | 19.3 (11.9 - 26.6) |
| Of those who told someone/told a friend | 160 | 38.5 (30.5 - 46.5) | 125 | 61.1 (52.0 - 70.2) |
| Of those who told someone/told someone else | 160 | 2.1 (0.0 - 4.5) | 125 | 0.0 (0.0 - 0.0) |
| **13 to 17 years old who experienced any physical violence** | | | | |
| **Told someone about any incident of physical violence** | **310** | **42.4 (35.6 - 49.3)** | **377** | **30.4 (24.6 - 36.2)** |
| Of those who told someone/told a relative | 132 | 57.8 (48.6 - 67.0) | 118 | 67.6 (57.3 - 78.0) |
| Of those who told someone/told a spouse, boyfriend/ girlfriend, or partner | 132 | 0.0 (0.0 - 0.0) | 118 | 0.0 (0.0 - 0.0) |
| Of those who told someone/told a service provider or authority figure | 132 | 11.4 (4.7 - 18.1) | 118 | 18.7 (10.3 - 27.0) |
| Of those who told someone/told a friend | 132 | 50.8 (42.1 - 59.6) | 118 | 51.3 (39.7 - 62.9) |
| Of those who told someone/told someone else | 132 | 4.9 (0.9 - 8.9) | 118 | 0.0 (0.0 - 0.0) |

1 Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, scalding intentionally, using or threatening to use a gun, knife or other weapon.
# Total sum may be greater than 100% because respondents could have identified more than one person whom they told.
§ 95% confidence interval

**Table A44. Sought help for an incident of physical violence and whom they sought help from[#], as reported by 18-24 and 13-17 year olds who experienced any childhood physical violence (Section 10, Figure 10.7 and Figure 10.8) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old who experienced any childhood physical violence[1]** | | | | |
| **Sought help for any incident of physical violence** | **311** | **31.1 (24.6 - 37.7)** | **333** | **13.5 (9.4 - 17.5)** |
| Of those who sought help/sought help from a relative | 91 | 83.7 (75.0 - 92.5) | 47 | 85.3 (71.2 - 99.5) |
| Of those who sought help/sought help from a spouse, boyfriend/girlfriend, or partner | 91 | 0.0 (0.0 - 0.0) | 47 | 0.0 (0.0 - 0.0) |
| Of those who told sought help/sought help from a service provider or authority figure | 91 | 28.0 (18.5 - 37.6) | 47 | 31.3 (16.6 - 46.1) |
| Of those who sought help/sought help from a friend | 91 | 20.1 (10.9 - 29.2) | 47 | 25.5 (12.1 - 38.8) |
| Of those who sought help/sought help from someone else | 91 | 1.4 (0.0 - 4.0) | 47 | 0.0 (0.0 - 0.0) |
| **13 to 17 years old who experienced any physical violence** | | | | |
| **Sought help for any incident of physical violence** | **309** | **22.8 (16.9 - 28.6)** | **376** | **12.4 (8.3 - 16.5)** |
| Of those who sought help/sought help from a relative | 69 | 69.2 (56.5 - 81.8) | 48 | 75.9 (59.4 - 92.4) |
| Of those who sought help/sought help from a spouse, boyfriend/girlfriend, or partner | 69 | 0.0 (0.0 - 0.0) | 48 | 0.0 (0.0 - 0.0) |
| Of those who told sought help/sought help from a service provider or authority figure | 69 | 15.6 (5.5 - 25.7) | 48 | 18.7 (5.6 - 31.8) |
| Of those who sought help/sought help from a friend | 69 | 32.9 (20.0 - 45.7) | 48 | 31.4 (15.2 - 47.6) |
| Of those who sought help/sought help from someone else | 69 | 3.5 (0.0 - 8.5) | 48 | 0.0 (0.0 - 0.0) |

1 Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, scalding intentionally, using or threatening to use a gun, knife or other weapon

# Total sum may be greater than 100% because respondents could have identified more than one person whom they sought help from.

§ 95% confidence interval

**Table A45. Reasons why respondents did not seek help for physical violence, as reported by 18-24 and 13-17 year olds who experienced any childhood physical violence (Section 10, Figure 10.9 and Figure 10.11) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **18 to 24 years old who experienced any childhood physical violence[1]** | | |
| Did not know where to go | 6.6 (3.3 - 9.9) | 9.0 (4.9 - 13.1) |
| Afraid of causing more violence or getting in trouble | 5.3 (1.0 - 9.5) | 1.7 (0.4 - 2.9) |
| Embarrassed for self or my family | 0.9 (0.0 - 2.1) | 1.1 (0.0 - 2.4) |
| Felt ashamed | 2.1 (0.2 - 4.0) | 2.8 (0.5 - 5.2) |
| Afraid of being mocked | 2.6 (0.5 - 4.7) | 2.4 (0.2 - 4.6) |
| Was or felt threatened | 0.0 (0.0 - 0.0) | 1.2 (0.0 - 3.1) |
| Felt it was my fault | 56.8 (48.1 - 65.5) | 52.7 (45.1 - 60.4) |
| Did not want abuser to get in trouble | 2.6 (0.4 - 4.9) | 3.5 (0.6 - 6.4) |
| Dependent on perpetrator | 0.4 (0.0 - 1.1) | 0.0 (0.0 - 0.0) |
| Too far to services | 0.0 (0.0 - 0.0) | 0.5 (0.0 - 1.6) |
| Afraid of being abandoned | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Did not think it was a problem | 9.8 (4.0 - 15.7) | 11.3 (6.6 - 16.1) |
| Could not afford transport | 0.4 (0.0 - 1.1) | 0.0 (0.0 - 0.0) |
| Could not afford service fees | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Did not need/want services | 1.6 (0.0 - 3.3) | 4.0 (1.2 - 6.9) |
| No one to help me | 1.3 (0.0 - 3.3) | 2.4 (0.2 - 4.5) |
| Felt it was useless | 9.4 (4.8 - 13.9) | 7.1 (3.4 - 10.7) |
| **Total# [n]** | **[220]** | **[277]** |
| **13 to 17 years old who experienced any physical violence** | | |
| Did not know where to go | 5.3 (2.6 - 8.0) | 7.8 (4.4 - 11.3) |
| Afraid of causing more violence or getting in trouble | 3.0 (0.9 - 5.0) | 1.3 (0.0 - 2.6) |
| Embarrassed for self or my family | 1.1 (0.0 - 2.4) | 1.9 (0.4 - 3.4) |
| Felt ashamed | 6.1 (2.9 - 9.3) | 5.7 (2.6 - 8.7) |
| Afraid of being mocked | 4.7 (0.9 - 8.4) | 2.9 (0.5 - 5.2) |
| Was or felt threatened | 0.0 (0.0 - 0.0) | 0.5 (0.0 - 1.3) |
| Felt it was my fault | 59.1 (50.5 - 67.8) | 57.3 (51.2 - 63.3) |
| Did not want abuser to get in trouble | 2.1 (0.2 - 4.1) | 4.4 (1.3 - 7.4) |
| Dependent on perpetrator | 0.7 (0.0 - 2.1) | 0.4 (0.0 - 1.2) |
| Too far to services | 0.0 (0.0 - 0.0) | 0.4 (0.0 - 0.9) |
| Afraid of being abandoned | 0.8 (0.0 - 1.8) | 0.0 (0.0 - 0.0) |
| Did not think it was a problem | 8.7 (4.6 - 12.9) | 11.8 (7.8 - 15.8) |
| Could not afford transport | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Could not afford service fees | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Did not need/want services | 1.6 (0.2 - 3.0) | 0.9 (0.0 - 2.1) |
| No one to help me | 2.0 (0.0 - 4.5) | 2.2 (0.5 - 3.9) |
| Felt it was useless | 4.8 (2.1 - 7.5) | 2.3 (0.7 - 4.0) |
| Other | 0.0 (0.0 - 0.0) | 0.3 (0.0 - 0.8) |
| **Total# [n]** | **[220]** | **[277]** |

1 Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, scalding intentionally, using or threatening to use a gun, knife or other weapon.
§ 95% confidence intervall

**Table A46. Barriers to seeking help for physical violence[1], as reported by 18-24 and 13-17 year olds who experienced any childhood physical violence (Section 10, Figure 10.10 and Figure 10.12) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI[§]) | % (95% CI) |
| **18 to 24 years old** | | |
| Individual-level barriers[2] | 83.1 (77.3 - 88.8) | 81.5 (75.7 - 87.4) |
| Relationship-level barriers[3] | 8.4 (3.9 - 12.9) | 6.3 (2.9 - 9.8) |
| Structural-level barriers[4] | 8.3 (4.3 - 12.2) | 11.9 (7.3 - 16.5) |
| Other barriers | 0.3 (0.0 - 0.8) | 0.2 (0.0 - 0.6) |
| **Total[#] [n]** | **[220]** | **[277]** |
| **13 to 17 years old** | | |
| Individual-level barriers[2] | 86.1 (81.5 - 90.7) | 82.7 (78.5 - 87.0) |
| Relationship-level barriers[3] | 6.6 (3.6 - 9.5) | 6.6 (3.3 - 9.9) |
| Structural-level barriers[4] | 7.4 (3.9 - 10.8) | 10.4 (6.9 - 13.9) |
| Other barriers | 0 (0.0 - 0.0) | 0.3 (0.0 - 0.8) |
| **Total[#] [n]** | **[239]** | **[320]** |

1 Physical violence includes punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, scalding intentionally, using or threatening to use a gun, knife or other weapon.
2 Maintain personal privacy/embarrassment for self or family; did not want/need services or did not think it was a problem; felt it was useless; thought deserved violence.
3 Afraid of causing more violence or getting in trouble; in relationship with abuser/did not want abuser to get in trouble; afraid of being abandoned.
4 Did not know about services or did not know where to find them; too far to services; there was no one to help/was too young to handle on own.
§ 95% confidence intervall

**Table A47: Physical health, mental health and substance use by experiences of childhood sexual abuse[1], as reported by 18-24 year olds (Section 11, Table 11.1, Figure 11.1, Figure 11.2, and Figure 11.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Sexual abuse | 27 | 50.9 (29.9 - 71.9) | 35 | 22.5 (8.6 - 36.4) |
| No sexual abuse | 572 | 35.6 (30.8 - 40.5) | 577 | 9.3 (6.3 - 12.4) |
| **Ever been pregnant** | | | | |
| Sexual abuse | 15 | * | - | - |
| No sexual abuse | 203 | 86.8 (82.1 - 91.6) | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Sexual abuse | 27 | 26.3 (7.7 - 44.8) | 35 | 16.0 (1.7 -3 0.3) |
| No sexual abuse | 572 | 8.3 (5.1 - 11.5) | 577 | 6.3 (3.8 - 8.8) |
| **Ever thought of suicide** | | | | |
| Sexual abuse | 27 | 35.0 (13.9 - 56.1) | 35 | 5.6 (0.0 - 13.6) |
| No sexual abuse | 572 | 9.6 (6.1 - 13.1) | 578 | 2.3 (0.6 - 4.0) |
| **Ever attempted suicide[3]** | | | | |
| Sexual abuse | 8 | * | 2 | * |
| No sexual abuse | 45 | 46.7 (30.5 - 62.9) | 10 | * |
| **Moderate mental distress[4]** | | | | |
| Sexual abuse | 27 | 53.9 (33.3 - 74.6) | 35 | 38.0 (20.9 - 55.0) |
| No sexual abuse | 572 | 43.9 (38.5 - 49.3) | 578 | 32.4 (28.1 - 36.7) |
| **Serious mental distress[5]** | | | | |
| Sexual abuse | 27 | 12.7 (0.0 - 26.9) | 35 | 4.2 (0.0 - 10.8) |
| No sexual abuse | 572 | 6.9 (4.3 - 9.5) | 578 | 3.8 (1.5 - 6.1) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Sexual abuse | 26 | 54.1 (35.5 - 72.6) | 35 | 72.3 (56.9 - 87.7) |
| No sexual abuse | 540 | 52.1 (45.9 - 58.4) | 555 | 73.6 (68.6 - 78.6) |
| **Smoked in the last 30 days** | | | | |
| Sexual abuse | 27 | 4.5 (0.0 - 11.0) | 35 | 23.7 (7.9 - 39.4) |
| No sexual abuse | 572 | 7.2 (4.2 - 10.2) | 578 | 25.8 (21.1 - 30.4) |
| **Drug use in the last 30 days** | | | | |
| Sexual abuse | 27 | 0.0 (0.0 - 0.0) | 35 | 9.3 (0.0 - 22.4) |
| No sexual abuse | 571 | 0.8 (0.0 - 1.5) | 577 | 2.8 (1.1 - 4.5) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

**Table A48: Physical health, mental health and substance use by experiences of sexual abuse[1], as reported by 13-17 year olds (Section 11, Table 11.2, Figure 11.4, Figure 11.5, and Figure 11.6) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Sexual abuse | 31 | 48.3 (26.5 - 70.2) | 32 | 23.6 (8.4 - 38.7) |
| No sexual abuse | 490 | 22.6 (17.9 - 27.4) | 607 | 4.8 (2.6 - 7.0) |
| **Ever been pregnant** | | | | |
| Sexual abuse | 3 | * | - | - |
| No sexual abuse | 8 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Sexual abuse | 31 | 9.6 (0.0 - 21.1) | 32 | 7.6 (0.0 - 17.0) |
| No sexual abuse | 491 | 3.9 (2.2 - 5.7) | 609 | 2.3 (1.0 - 3.5) |
| **Ever thought of suicide** | | | | |
| Sexual abuse | 31 | 14.8 (0.1 - 29.5) | 32 | 5.1 (0.0 - 14.9) |
| No sexual abuse | 491 | 3.4 (1.4 - 5.5) | 610 | 0.7 (0.0 - 1.6) |
| **Ever attempted suicide[3]** | | | | |
| Sexual abuse | 4 | * | 1 | * |
| No sexual abuse | 16 | * | 5 | * |
| **Moderate mental distress[4]** | | | | |
| Sexual abuse | 31 | 47.9 (25.1 - 70.7) | 32 | 18.5 (1.5 - 35.6) |
| No sexual abuse | 491 | 25.2 (20.8 - 29.6) | 610 | 22.5 (18.7 - 26.3) |
| **Serious mental distress[5]** | | | | |
| Sexual abuse | 31 | 8.5 (0.0 - 18.8) | 32 | 5.1 (0.0 - 14.9) |
| No sexual abuse | 491 | 4.4 (2.2 - 6.5) | 610 | 1.0 (0.2 - 1.8) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Sexual abuse | 30 | 44.1 (21.3 - 66.9) | 32 | 48.9 (31.5 - 66.3) |
| No sexual abuse | 462 | 51.4 (45.3 - 57.6) | 581 | 43.4 (38.1 - 48.7) |
| **Smoked in the last 30 days** | | | | |
| Sexual abuse | 31 | 1.6 (0.0 - 4.8) | 32 | 27.0 (6.0 - 48.0) |
| No sexual abuse | 490 | 12.6 (8.5 - 16.8) | 610 | 14.8 (10.8 - 18.9) |
| **Drug use in the last 30 days** | | | | |
| Sexual abuse | 31 | 0.0 (0.0 - 0.0) | 32 | 0.0 (0.0 - 0.0) |
| No sexual abuse | 490 | 0.3 (0.0 - 0.8) | 609 | 1.5 (0.0 - 3.1) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

**Table A49: Physical health, mental health and substance use by experiences of childhood physical violence[1], as reported by 18-24 year olds (Section 11, Table 11.3, Figure 11.7, Figure 11.8, Figure 11.9 and Figure 11.10) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Physical violence | 311 | 48.1 (41.8 - 54.3) | 333 | 9.7 (5.7 - 13.7) |
| No physical violence | 288 | 23.2 (17.9 - 28.6) | 279 | 10.5 (6.3 - 14.7) |
| **Ever been pregnant** | | | | |
| Physical violence | 127 | 85.3 (79.6 - 90.9) | - | - |
| No physical violence | 91 | 88.5 (80.3 - 96.6) | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Physical violence | 311 | 12.5 (7.7 - 17.3) | 332 | 6.6 (3.5 - 9.7) |
| No physical violence | 288 | 5.3 (2.4 - 8.2) | 280 | 7.1 (3.5 - 10.7) |
| **Ever thought of suicide** | | | | |
| Physical violence | 311 | 15.3 (9.7 - 20.9) | 333 | 3.0 (0.4 - 5.6) |
| No physical violence | 288 | 5.6 (2.1 - 9.1) | 280 | 1.8 (0.0 - 3.9) |
| **Ever attempted suicide[3]** | | | | |
| Physical violence | 41 | 48.1 (32.1 - 64.1) | 8 | * |
| No physical violence | 12 | * | 4 | * |
| **Moderate mental distress[4]** | | | | |
| Physical violence | 311 | 53.4 (46.5 - 60.4) | 333 | 36.7 (30.3 - 43.2) |
| No physical violence | 288 | 34.2 (28.0 - 40.5) | 280 | 27.9 (22.1 - 33.7) |
| **Serious mental distress[5]** | | | | |
| Physical violence | 311 | 6.7 (3.2 - 10.3) | 333 | 3.7 (1.1 - 6.4) |
| No physical violence | 288 | 7.6 (3.9 - 11.2) | 280 | 3.9 (0.7 - 7.1) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Physical violence | 295 | 55.8 (48.4 - 63.1) | 325 | 79.5 (74.2 - 84.8) |
| No physical violence | 271 | 48.3 (40.5 - 56.1) | 265 | 66.3 (59.1 - 73.5) |
| **Smoked in the last 30 days** | | | | |
| Physical violence | 311 | 7.6 (3.9 - 11.3) | 333 | 31.5 (25.5 - 37.5) |
| No physical violence | 288 | 6.5 (3.1 - 9.9) | 280 | 18.7 (13.3 - 24.2) |
| **Drug use in the last 30 days** | | | | |
| Physical violence | 311 | 0.7 (0.0 - 1.8) | 333 | 4.5 (1.8 - 7.2) |
| No physical violence | 287 | 0.8 (0.0 - 1.6) | 279 | 1.5 (0.3 - 2.8) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

**Table A50: Physical health, mental health and substance use by experiences of physical violence[1], as reported by 13-17 year olds (Section 11, Table 11.4, Figure 11.11, Figure 11.12, and Figure 11.13) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Physical violence | 310 | 30.0 (23.8 - 36.2) | 374 | 6.4 (3.3 - 9.5) |
| No physical violence | 211 | 15.3 (9.6 - 21.0) | 265 | 5.0 (1.5 - 8.5) |
| **Ever been pregnant** | | | | |
| Physical violence | 9 | * | - | - |
| No physical violence | 2 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Physical violence | 310 | 5.9 (3.3 - 8.6) | 377 | 2.3 (0.7 - 4.0) |
| No physical violence | 212 | 1.7 (0.0 - 3.3) | 264 | 2.8 (0.9 - 4.7) |
| **Ever thought of suicide** | | | | |
| Physical violence | 310 | 5.9 (2.3 - 9.4) | 377 | 1.6 (0.0 - 3.3) |
| No physical violence | 212 | 1.4 (0.0 - 3.1) | 265 | 0.0 (0.0 - 0.0) |
| **Ever attempted suicide[3]** | | | | |
| Physical violence | 17 | * | 6 | * |
| No physical violence | 3 | * | 0 | 0.0 (0.0-0.0) |
| **Moderate mental distress[4]** | | | | |
| Physical violence | 311 | 53.4 (46.5 - 60.4) | 333 | 36.7 (30.3 - 43.2) |
| No physical violence | 288 | 34.2 (28.0 - 40.5) | 280 | 27.9 (22.1 - 33.7) |
| **Serious mental distress[5]** | | | | |
| Physical violence | 311 | 6.7 (3.2 - 10.3) | 333 | 3.7 (1.1 - 6.4) |
| No physical violence | 288 | 7.6 (3.9 - 11.2) | 280 | 3.9 (0.7 - 7.1) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Physical violence | 290 | 51.6 (43.3 - 59.9) | 363 | 49.3 (42.0 - 56.7) |
| No physical violence | 202 | 50.0 (42.6 - 57.5) | 250 | 35.7 (28.4 - 42.9) |
| **Smoked in the last 30 days** | | | | |
| Physical violence | 309 | 11.7 (7.2 - 16.3) | 377 | 18.3 (12.5 - 24.1) |
| No physical violence | 212 | 12.2 (6.7 - 17.7) | 265 | 11.4 (6.5 - 16.3) |
| **Drug use in the last 30 days** | | | | |
| Physical violence | 310 | 0.0 (0.0 - 0.0) | 377 | 1.8 (0.0 - 4.1) |
| No physical violence | 211 | 0.6 (0.0 - 1.9) | 264 | 1.0 (0.0 - 2.8) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

**Table A51: Physical health, mental health and substance use by experiences of childhood emotional violence[1], as reported by 18-24 year olds (Section 11, Table 11.5, Figure 11.14, Figure 11.15 and Figure 11.16) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Emotional violence | 108 | 53.1 (43.9 - 62.4) | 150 | 12.6 (5.9 - 19.2) |
| No emotional violence | 490 | 32.2 (26.8 - 37.6) | 458 | 9.3 (6.1 - 12.4) |
| **Ever been pregnant** | | | | |
| Physical violence | 9 | * | - | - |
| No physical violence | 2 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Emotional violence | 42 | 87.1 (77.8 - 96.4) | - | - |
| No emotional violence | 175 | 86.3 (81.3 - 91.3) | - | - |
| **Ever thought of suicide** | | | | |
| Emotional violence | 108 | 20.0 (9.5 - 30.5) | 150 | 2.7 (0.0 - 5.5) |
| No emotional violence | 490 | 8.3 (4.7 - 12.0) | 459 | 2.4 (0.5 - 4.3) |
| **Ever attempted suicide[3]** | | | | |
| Emotional violence | 19 | * | 4 | * |
| No emotional violence | 33 | 43.6 (24.0 - 63.1) | 8 | * |
| **Moderate mental distress[4]** | | | | |
| Emotional violence | 108 | 62.8 (51.6 - 73.9) | 150 | 52.6 (43.6 - 61.6) |
| No emotional violence | 490 | 39.8 (34.0 - 45.6) | 459 | 25.8 (21.0 - 30.7) |
| **Serious mental distress[5]** | | | | |
| Emotional violence | 108 | 11.4 (3.4 - 19.5) | 150 | 4.1 (0.0 - 8.2) |
| No emotional violence | 490 | 6.1 (3.8 - 8.5) | 459 | 3.6 (1.2 - 6.0) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Emotional violence | 103 | 44.8 (32.9 - 56.7) | 146 | 77.3 (68.6 - 86.1) |
| No emotional violence | 462 | 53.9 (47.4 - 60.4) | 440 | 72.1 (67.2 - 77.1) |
| **Smoked in the last 30 days** | | | | |
| Emotional violence | 108 | 4.9 (1.3 - 8.4) | 150 | 31.8 (22.5 - 41.0) |
| No emotional violence | 490 | 7.6 (4.2 - 11.1) | 459 | 23.5 (18.4 - 28.6) |
| **Drug use in the last 30 days** | | | | |
| Emotional violence | 108 | 0.0 (0.0 - 0.0) | 149 | 4.8 (1.0 - 8.6) |
| No emotional violence | 489 | 0.9 (0.1 - 1.8) | 459 | 2.6 (1.1 - 4.2) |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

**Table A52: Physical health, mental health and substance use by experiences of emotional violence[1], as reported by 13-17 year olds (Section 11, Table 11.6, Figure 11.17, Figure 11.18, Figure 11.19 and Figure 11.20) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Health outcome** | n | % (95% CI[§]) | n | % (95% CI) |
| **Sexual health** | | | | |
| **STI diagnosis/symptoms in last 12 months[2]** | | | | |
| Emotional violence | 126 | 40.1 (30.8 - 49.4) | 162 | 9.3 (4.0 - 14.5) |
| No emotional violence | 395 | 19.2 (14.4 - 24.0) | 475 | 4.5 (2.0 - 7.1) |
| **Ever been pregnant** | | | | |
| Physical violence | 4 | * | - | - |
| No physical violence | 7 | * | - | - |
| **Mental health** | | | | |
| **Ever intentionally hurt themselves** | | | | |
| Emotional violence | 126 | 10.5 (5.3 - 15.6) | 163 | 3.8 (0.6 - 7.0) |
| No emotional violence | 396 | 2.3 (0.7 - 3.9) | 476 | 1.9 (0.7 - 3.2) |
| **Ever thought of suicide** | | | | |
| Emotional violence | 126 | 10.0 (3.9 - 16.2) | 164 | 3.4 (0.0 - 7.0) |
| No emotional violence | 396 | 2.3 (0.2 - 4.4) | 476 | 0.0 (0.0 - 0.0) |
| **Ever attempted suicide[3]** | | | | |
| Emotional violence | 14 | * | 6 | * |
| No emotional violence | 6 | * | 0 | 0.0 (0.0 - 0.0) |
| **Moderate mental distress[4]** | | | | |
| Emotional violence | 126 | 42.4 (31.8 - 53.1) | 164 | 42.3 (32.4 - 52.3) |
| No emotional violence | 396 | 21.6 (17.1 - 26.1) | 476 | 14.6 (10.9 - 18.2) |
| **Serious mental distress[5]** | | | | |
| Emotional violence | 126 | 10.8 (3.6 - 18.1) | 164 | 2.4 (0.0 - 5.3) |
| No emotional violence | 396 | 2.6 (0.7 - 4.6) | 476 | 0.6 (0.0 - 1.2) |
| **Substance use** | | | | |
| **Was drunk in the last 30 days** | | | | |
| Emotional violence | 123 | 51.7 (42.2 - 61.2) | 159 | 47.0 (37.7 - 56.4) |
| No emotional violence | 369 | 50.7 (44.0 - 57.5) | 452 | 42.4 (36.7 - 48.1) |
| **Smoked in the last 30 days** | | | | |
| Emotional violence | 126 | 10.8 (5.5 - 16.1) | 164 | 18.2 (11.0 - 25.3) |
| No emotional violence | 395 | 12.3 (7.9 - 16.7) | 476 | 14.3 (10.1 - 18.6) |
| **Drug use in the last 30 days** | | | | |
| Emotional violence | 125 | 0.0 (0.0 - 0.0) | 164 | 1.6 (0.0 - 3.8) |
| No emotional violence | 396 | 0.3 (0.0 - 1.0) | 475 | 1.4 (0.0 - 3.3) |

1 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
2 Symptoms include abnormal vaginal discharge or genital sore/ulcer.
3 Among those who reported thinking of suicide.
4 Moderate mental distress 5<K6<13.
5 Serious mental distress K6>13.
* Cell size less than 25.
§ 95% confidence interval

## Section 12: Sexual Risk Behaviour and HIV Knowledge and Testing Behaviour

**Table A53. Sexual risk taking behaviours in the past 12 months, as reported by 19-24 year olds (Section 12, Figure 12.1) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Sexual risk taking behaviours in the past 12 months** | | | | |
| Two or more sex partners[1] in the past 12 months | 161 | 0.0 (0.0 - 0.0) | 139 | 11.3 (5.8 - 16.8) |
| Infrequent condom use[2] in the past 12 months | 161 | 7.6 (2.6 - 12.5) | 139 | 19.1 (11.7 - 26.6) |
| Any transactional sex[3] in the past 12 months | 161 | 1.6 (0.0 - 3.9) | 139 | 1.0 (0.0 - 2.5) |

1 Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 months.
2 Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 months.
3 Transactional sex includes receiving money, gifts, food, or favours for sex.
§ 95% confidence intervall

**Table A54: Sexual risk behaviour and experiences of childhood sexual abuse[1] as reported by 19-24 year olds – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Multiple sexual partners[2] in the past 12 months** | | | | |
| Sexual abuse | 10 | * | 8 | * |
| No sexual abuse | 151 | 0.0 (0.0 - 0.0) | 131 | 10.2 (4.8 - 15.7) |
| **Infrequent condom use[3] in the past 12 months** | | | | |
| Sexual abuse | 10 | * | 8 | * |
| No sexual abuse | 151 | 6.6 (1.7 - 11.5) | 131 | 18.7 (10.9 - 26.4) |
| **Any transactional sex[4] in the past 12 months** | | | | |
| Sexual abuse | 10 | * | 8 | * |
| No sexual abuse | 151 | 0.5 (0.0 - 1.6) | 131 | 1.1 (0.0 - 2.7) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 months.
3 Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 months.
4 Transactional sex includes receiving money, gifts, food, or favours for sex.
* Cell size less than 25.
§ 95% confidence intervall

**Table A55: Sexual risk behaviour and experiences of childhood physical violence[1], as reported by 19-24 year olds (Section 12, Figure 12.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **Multiple sexual partners[2] in the past 12 months** | | | | |
| Physical violence | 103 | 0.0 (0.0 - 0.0) | 89 | 15.4 (7.5 - 23.3) |
| No physical violence | 58 | 0.0 (0.0 - 0.0) | 50 | 3.0 (0.0 - 7.3) |
| **Infrequent condom use[3] in the past 12 months** | | | | |
| Physical violence | 103 | 9.0 (3.0 - 15.1) | 89 | 20.8 (11.1 - 30.5) |
| No physical violence | 58 | 4.9 (0.0 - 14.1) | 50 | 15.8 (5.0 - 26.6) |
| **Any transactional sex[4] in the past 12 months** | | | | |
| Physical violence | 103 | 0.8 (0.0 - 2.3) | 89 | 1.0 (0.0 - 2.9) |
| No physical violence | 58 | 3.1 (0.0 - 9.2) | 50 | 1.1 (0.0 - 3.4) |

1 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
2 Multiple sexual partners in the past 12 months: 2 or more sexual partners in the past 12 months.
3 Infrequent condom use in the past 12 months: never or sometimes use condoms in the past 12 months.
4 Transactional sex includes receiving money, gifts, food, or favours for sex.
§ 95% confidence intervall

**Table A57: HIV testing knowledge and behaviour, as reported by 18-24 year olds (Section 12, Table 12.1) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 598 | 76.8 (72.2 - 81.4) | 602 | 74.2 (69.5 - 78.8) |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 598 | 62.6 (58.0 - 67.2) | 613 | 78.2 (74.6 - 81.8) |
| Tested for HIV, received HIV results | 237 | 77.6 (71.4 - 83.8) | 144 | 75.9 (67.7 - 84.0) |

§ 95% confidence intervall

**Table A58: HIV testing knowledge and behaviour, as reported by 18-24 year olds who ever had sexual intercourse – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 218 | 88.5 (83.5 - 93.6) | 205 | 85.4 (80.2 - 90.7) |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 218 | 26.8 (19.5 - 34.1) | 208 | 57.7 (49.4 - 66.1) |
| Tested for HIV, received HIV results | 160 | 80.1 (72.7 - 87.4) | 84 | 72.0 (60.9 - 83.1) |

§ 95% confidence intervall

**Table A59: HIV testing knowledge and behaviour, as reported by 13-17 year olds (Section 12, Table 12.2) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 517 | 53.8 (48.5-59.1) | 607 | 45.1 (39.3-50.9) |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 520 | 97.5 (95.9-99.0) | 631 | 96.8 (94.7-98.8) |
| Tested for HIV, received HIV results | 14 | * | 20 | * |

* Cell size less than 25.
§ 95% confidence intervall

**Table A60: HIV testing knowledge and behaviour, as reported by 13 to 17 year olds who ever had sexual intercourse – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| Know where to go for HIV test | 11 | * | 14 | * |
| **HIV Testing Behaviour** | | | | |
| Never tested for HIV | 11 | * | 14 | * |
| Tested for HIV, received HIV results | 2 | * | 2 | * |

* Cell size less than 25.
§ 95% confidence intervall

**Table A61: HIV testing knowledge and behaviour by experiences of childhood sexual abuse1, as reported by 18-24 year olds (Section 12, Table 12.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| **Know where to go for HIV test** | | | | |
| Experienced sexual abuse | 27 | 78.3 (63.5-93.1) | 34 | 87.3 (76.5-98.1) |
| Experienced no sexual abuse | 571 | 76.7 (71.9-81.5) | 568 | 73.4 (68.6-78.2) |
| **HIV Testing Behaviour** | | | | |
| **Never tested for HIV** | | | | |
| Experienced sexual abuse | 27 | 44.6 (22.5-66.7) | 35 | 61.1 (40.5-81.7) |
| Experienced no sexual abuse | 571 | 63.4 (58.5-68.3) | 578 | 79.2 (75.6-82.8) |
| **Tested for HIV, received HIV results** | | | | |
| Experienced sexual abuse | 14 | * | 11 | * |
| Experienced no sexual abuse | 223 | 76.4 (69.9-82.9) | 133 | 77.7 (69.4-86.0) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
* Cell size less than 25.
§ 95% confidence intervall

**Table A62: HIV testing knowledge and behaviour by experiences of sexual abuse[1], as reported by 13-17 year olds (Section 12, Table 12.4) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | %(95% CI) |
| **HIV Testing and Knowledge** | | | | |
| **Know where to go for HIV test** | | | | |
| Experienced sexual abuse | 31 | 71.4 (54.1 - 88.7) | 29 | 47.3 (27.9 - 66.7) |
| Experienced no sexual abuse | 486 | 52.6 (47.2 - 58.0) | 578 | 45.0 (38.9 - 51.0) |
| **HIV Testing Behaviour** | | | | |
| **Never tested for HIV** | | | | |
| Experienced sexual abuse | 31 | 92.6 (82.2 - 100.0) | 32 | 100.0 (100.0 - 100.0) |
| Experienced no sexual abuse | 489 | 97.8 (96.3 - 99.3) | 599 | 96.6 (94.5 - 98.8) |
| **Tested for HIV, received HIV results** | | | | |
| Experienced sexual abuse | 2 | * | 0 | 0.0 (0.0 - 0.0) |
| Experienced no sexual abuse | 12 | * | 20 | * |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
* Cell size less than 25.
§ 95% confidence intervall

**Table A63. Reasons for not getting an HIV test, as reported by 18-24 and 13-17 year olds (Section 12, Figure 12.3 and Figure 12.4) – Cambodia VACS, 2013**

| | Females | Males |
|---|---|---|
| | % (95% CI§) | % (95% CI) |
| **18 to 24 years old** | | |
| No knowledge about HIV test | 19.9 (13.9 - 26.0) | 5.5 (2.2 - 8.8) |
| Don't know where to get HIV test | 2.1 (0.7 - 3.5) | 4.0 (1.6 - 6.3) |
| Test costs too much | 0.6 (0.0 - 1.4) | 0.4 (0.0 - 1.0) |
| Transport to test site is too much | 0.6 (0.0 - 1.9) | 0.2 (0.0 - 0.5) |
| Test site too far away | 0.5 (0.0 - 1.3) | 2.0 (0.6 - 3.5) |
| Afraid husband/partner will know about test/test results | 0.0 (0.0 - 0.0) | 0.3 (0.0 - 1.0) |
| Afraid others will know about test/test results | 0.3 (0.0 - 0.8) | 1.7 (0.5 - 3.0) |
| Don't need test/low risk | 68.7 (62.7 - 74.7) | 66.6 (60.7 - 72.5) |
| Don't want to know if Ii have HIV | 1.4 (0.2 - 2.6) | 7.2 (3.8 - 10.5) |
| Can't get treatment if I have HIV | 0.0 (0.0 - 0.0) | 0.9 (0.1 - 1.7) |
| Unable to find time | 1.4 (0.0 - 3.1) | 0.6 (0.0 - 1.4) |
| No reason | 0.2 (0.0 - 0.5) | 0.2 (0.0 - 0.5) |
| Afraid of needles/test process | 0.4 (0.0 - 1.1) | 0.0 (0.0 - 0.0) |
| Believes/was told test is for older persons | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Never had sex | 3.7 (1.2 - 6.3) | 9.7 (6.0 - 13.3) |
| Other | 0.2 (0.0 - 0.5) | 0.8 (0.0 - 1.7) |
| **Total# (n)** | **[357]** | **[453]** |
| **13 to 17 years old** | | |
| No knowledge about HIV test | 25.6 (21.1 - 30.1) | 13.5 (9.5 - 17.5) |
| Don't know where to get HIV test | 6.3 (3.8 - 8.9) | 5.5 (3.1 - 7.9) |
| Test costs too much | 0.0 (0.0 - 0.0) | 0.0 (0.0 - 0.0) |
| Transport to test site is too much | 0.0 (0.0 - 0.0) | 0.3 (0.0 - 0.8) |
| Test site too far away | 0.7 (0.0 - 1.6) | 1.3 (0.2 - 2.4) |
| Afraid husband/partner will know about test/test results | 0.0 (0.0 - 0.0) | 0.1 (0.0 - 0.3) |
| Afraid others will know about test/test results | 0.3 (0.0 - 0.7) | 1.4 (0.5 - 2.3) |
| Don't need test/low risk | 61.9 (56.2 - 67.5) | 65.5 (60.0 - 71.0) |
| Don't want to know if I have HIV | 1.2 (0.3 - 2.1) | 4.7 (2.2 - 7.2) |
| Can't get treatment if I have HIV | 0.2 (0.0 - 0.5) | 0.1 (0.0 - 0.2) |
| Unable to find time | 0.9 (0.0 - 1.7) | 0.0 (0.0 - 0.0) |
| No reason | 0.0 (0.0 - 0.0) | 0.1 (0.0 - 0.4) |
| Afraid of needles/test process | 0.3 (0.0 - 0.8) | 0.0 (0.0 - 0.0) |
| Believes/was told test is for older persons | 0.2 (0.0 - 0.5) | 2.1 (0.6 - 3.6) |
| Never had sex | 2.5 (1.0 - 4.1) | 5.3 (2.8 - 7.7) |
| Other | 0.1 (0.0 - 0.3) | 0.2 (0.0 - 0.7) |
| **Total# (n)** | **[499]** | **[574]** |

* Cell size less than 25.
§ 95% confidence intervall

**Table A64: Childhood orphan status, as reported by 18-24 and 13-17 year olds (Section 13, Table 13.1 and Table 13.2 ) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | % (95% CI) |
| **18 to 24 years old** | | | | |
| Lost both parents prior to 18 years | 599 | 0.4 (0.0 - 0.9) | 612 | 0.7 (0.1 - 1.2) |
| Lost one parent prior to 18 years, but not both parents | 596 | 13.4 (10.5 - 16.3) | 606 | 10.3 (7.6 - 13.0) |
| Lost both parents or a single parent prior to 18 years | 599 | 13.8 (10.9 - 16.6) | 612 | 10.9 (8.1 - 13.7) |
| **13 to 17 years old** | | | | |
| Lost both parents | 522 | 0.1 (0.0 - 0.3) | 642 | 0.6 (0.1 - 1.2) |
| Lost one parent, but not both parents | 521 | 10.2 (7.1 - 13.2) | 637 | 8.3 (6.0 - 10.6) |
| Lost both parents or a single parent | 522 | 10.2 (7.2 - 13.3) | 642 | 8.9 (6.5 - 11.3) |

§ 95% confidence interval
* Cell size is less tahn 25

**Table A65: Experiences of childhood violence and orphanhood, as reported by 18-24 year olds (Section 13, Figure 13.1) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI§) | n | % (95% CI) |
| **Reported any experiences of childhood sexual abuse[1]** | | | | |
| Single Orphan | 81 | 4.5 (0.2 - 8.9) | 70 | 5.6 (0.3 - 10.9) |
| Double Orphan | 3 | * | 6 | * |
| Not an Orphan | 507 | 4.4 (2.4 - 6.4) | 533 | 5.5 (3.2 - 7.8) |
| **Reported any experiences of childhood physical violence[2]** | | | | |
| Single Orphan | 81 | 56.7 (44.2 - 69.3) | 70 | 58.0 (44.9 - 71.0) |
| Double Orphan | 3 | * | 6 | * |
| Not an Orphan | 507 | 51.8 (45.8 - 57.8) | 533 | 53.8 (48.6 – 59.0) |
| **Reported any experiences of childhood emotional violence[3]** | | | | |
| Single Orphan | 81 | 33.5 (21.7 - 45.3) | 70 | 13.9 (4.7 - 23.1) |
| Double Orphan | 3 | * | 6 | * |
| Not an Orphan | 507 | 17.5 (13.8 - 21.1) | 533 | 26.2 (21.4 - 30.9) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence interval

**Table A66: Experiences of violence and orphanhood, as reported by 13-17 year olds – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Reported any experiences of sexual abuse[1]** | | | | |
| Single Orphan | 55 | 11.2 (0.1 - 22.2) | 52 | 0.0 (0.0 - 0.0) |
| Double Orphan | 1 | * | 5 | * |
| Not an Orphan | 460 | 5.8 (3.0 - 8.5) | 583 | 5.6 (3.3 - 7.8) |
| **Reported any experiences of physical violence[2]** | | | | |
| Single Orphan | 55 | 70.9 (58.7 - 83.2) | 52 | 50.3 (34.2 - 66.4) |
| Double Orphan | 1 | * | 5 | * |
| Not an Orphan | 460 | 59.7 (54.2 - 65.1) | 583 | 58.9 (53.3 - 64.6) |
| **Reported any experiences of emotional violence[3]** | | | | |
| Single Orphan | 55 | 31.2 (17.5 - 44.9) | 52 | 29.8 (14.4 - 45.2) |
| Double Orphan | 1 | * | 5 | * |
| Not an Orphan | 460 | 23.1 (17.7 - 28.5) | 583 | 27.0 (22.5 - 31.6) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence interval

**Table A67: Ages of heads of households by experiences of violence, as reported by 13-17 year olds (Section 13, Figure 13.2 and Figure 13.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Reported any experiences of sexual abuse[1]** | | | | |
| 18-30yrs | 12 | * | 12 | * |
| 31-55yrs | 410 | 6.6 (3.4 - 9.9) | 510 | 4.8 (2.4 - 7.2) |
| >55yrs | 100 | 6.1 (1.2 - 10.9) | 120 | 7.4 (2.2 - 12.6) |
| **Reported any experiences of physical violence[2]** | | | | |
| 18-30yrs | 12 | * | 12 | 59.4 (29.6 - 89.2) |
| 31-55yrs | 410 | 62.0 (56.5 - 67.6) | 510 | 58.6 (53.5 - 63.8) |
| >55yrs | 100 | 54.0 (43.4 - 64.5) | 120 | 56.1 (43.6 - 68.5) |
| **Reported any experiences of emotional violence[3]** | | | | |
| 18-30yrs | 12 | * | 12 | 6.7 (0.0 - 19.8) |
| 31-55yrs | 410 | 38.1 (27.1 - 49.0) | 509 | 25.3 (20.3 - 30.3) |
| >55yrs | 100 | 19.2 (13.9 - 24.5) | 119 | 38.2 (27.5 - 48.8) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
* Cell size less than 25.
§ 95% confidence interval

**Table A68: Household size by experiences of violence, as reported by 13-17 year olds (Section 13, Figure 13.4 and Figure 13.5) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Reported any experiences of sexual abuse[1]** | | | | |
| 1-3 Household Members | 45 | 5.9 (0.0 - 12.5) | 67 | 6.2 (0.0 - 13.0) |
| 4-5 Household Members | 250 | 3.6 (0.1 - 7.0) | 295 | 4.5 (2.1 - 6.9) |
| 6+ Household Members | 227 | 8.9 (4.6 - 13.2) | 280 | 5.6 (2.6 - 8.6) |
| **Reported any experiences of physical violence[2]** | | | | |
| 1-3 Household Members | 45 | 64.2 (48.2 - 80.2) | 67 | 59.3 (46.6 - 72.0) |
| 4-5 Household Members | 250 | 59.1 (52.8 - 65.4) | 295 | 58.1 (51.4 - 64.7) |
| 6+ Household Members | 227 | 62.4 (55.2 - 69.5) | 280 | 58.1 (51.1 - 65.1) |
| **Reported any experiences of emotional violence[3]** | | | | |
| 1-3 Household Members | 45 | 28.6 (14.5 - 42.8) | 67 | 26.9 (13.6 - 40.1) |
| 4-5 Household Members | 250 | 18.3 (12.3 - 24.2) | 294 | 27.2 (21.2 - 33.3) |
| 6+ Household Members | 227 | 29.0 (22.0 - 36.1) | 279 | 27.5 (20.9 - 34.2) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
§ 95% confidence interval

**Table A69: Educational attainment by experiences of childhood violence, as reported by 18-24 year olds – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Types of childhood violence** | n | % (95% CI[§]) | n | % (95% CI) |
| **Experienced childhood sexual abuse[1]** | | | | |
| Never attended school | 41 | 9.0 (0.0 - 19.2) | 19 | * |
| Completed less than primary | 156 | 4.7 (0.9 - 8.5) | 172 | 3.7 (1.1 - 6.2) |
| Completed primary or higher | 172 | 4.8 (1.4 - 8.2) | 233 | 6.9 (2.2 - 11.5) |
| Completed secondary school | 133 | 1.5 (0.0 - 3.3) | 153 | 6.5 (2.3 - 10.7) |
| Completed higher than secondary | 97 | 5.7 (0.1 - 11.3) | 36 | 4.0 (0.0 - 10.1) |
| **Experienced childhood physical violence[2]** | | | | |
| Never attended school | 41 | 56.9 (41.0 - 72.7) | 19 | * |
| Completed less than primary | 156 | 58.3 (48.8 - 67.8) | 172 | 56.0 (47.1 - 64.9) |
| Completed primary or higher | 172 | 52.3 (42.9 - 61.6) | 233 | 45.7 (37.2 - 54.2) |
| Completed secondary school | 133 | 50.2 (40.2 - 60.2) | 153 | 64.3 (54.3 - 74.3) |
| Completed higher than secondary | 97 | 46.7 (34.6 - 58.7) | 36 | 61.1 (45.1 - 77.1) |
| **Experienced childhood emotional violence[3]** | | | | |
| Never attended school | 41 | 20.4 (5.8 - 35.0) | 18 | * |
| Completed less than primary | 155 | 18.6 (11.6 - 25.5) | 171 | 23.2 (15.9 - 30.6) |
| Completed primary or higher | 172 | 16.8 (10.3 - 23.2) | 231 | 22.7 (15.5 - 29.8) |
| Completed secondary school | 133 | 23.0 (14.6 - 31.4) | 153 | 32.8 (24.5 - 41.1) |
| Completed higher than secondary | 97 | 19.2 (9.4 - 29.0) | 36 | 24.7 (9.7 - 39.8) |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
* Cell size less than 25.
§ 95% confidence interval

**Table A70: Educational attainment by experiences of violence,as reported by 13-17 year olds – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| **Types of violence** | n | % (95% CI[§]) | n | % (95% CI) |
| **Experienced sexual abuse[1]** | | | | |
| Never attended school | 9 | * | 10 | * |
| Completed less than primary | 156 | 7.7 (3.0 - 12.4) | 277 | 3.7 (1.5 - 6.0) |
| Completed primary or higher | 228 | 4.1 (0.9 - 7.3) | 319 | 6.0 (3.1 - 8.9) |
| Completed secondary school | 88 | 6.7 (0.5 - 12.9) | 36 | 9.4 (0.0 - 22.5) |
| Completed higher than secondary | 41 | 15.1 (0.0 - 32.7) | 0 | 0 |
| **Experienced physical violence[2]** | | | | |
| Never attended school | 9 | * | 10 | * |
| Completed less than primary | 156 | 71.4 (62.1 - 80.6) | 277 | 59.5 (52.1 - 66.8) |
| Completed primary or higher | 228 | 63.3 (56.1 - 70.6) | 319 | 60.5 (54.3 - 66.7) |
| Completed secondary school | 88 | 50.7 (39.3 - 62.1) | 36 | 40.4 (21.5 - 59.4) |
| Completed higher than secondary | 41 | 38.6 (21.7 - 55.6) | 0 | 0 |
| **Experienced emotional violence[3]** | | | | |
| Never attended school | 9 | * | 10 | * |
| Completed less than primary | 156 | 38.1 (27.1 - 49.0) | 276 | 29.6 (23.2 - 36.1) |
| Completed primary or higher | 228 | 19.2 (13.9 - 24.5) | 318 | 25.4 (19.5 - 31.3) |
| Completed secondary school | 88 | 14.0 (6.6 - 21.4) | 36 | 31.7 (14.9 - 48.6) |
| Completed higher than secondary | 41 | 25.1 (7.1 - 43.1) | 0 | 0 |

1 Sexual abuse includes unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
3 Emotional violence includes being told that you were unloved, that they wished you were dead or had never been born, ridiculed or put down.
* Cell size less than 25.
§ 95% confidence interval

## Section 14: Attitudes towards gender and violence

**Table A71. Endorsement of one or more circumstances where spousal abuse is acceptable, as reported by 18-24 and 13-17 year olds (Section 14, Figure 14.1) - Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old** | | | | |
| Goes out without telling him | 594 | 10.6 (7.2 - 14.0) | 608 | 10.2 (7.1 - 13.4) |
| Neglects the children | 589 | 24.5 (20.6 - 28.5) | 608 | 18.6 (14.1 - 23.2) |
| Argues with him | 591 | 11.4 (8.6 - 14.2) | 607 | 14.2 (11.0 - 17.5) |
| Refuse to have sex with him | 578 | 9.1 (5.9 - 12.3) | 577 | 13.3 (9.5 - 17.1) |
| Makes bad food | 591 | 4.4 (2.2 - 6.7) | 604 | 2.9 (1.2 - 4.7) |
| **Acceptance of one or more** | **599** | **35.0 (30.2 - 39.7)** | **613** | **37.1 (31.9 - 42.3)** |
| **13 to 17 years old** | | | | |
| Goes out without telling him | 516 | 10.0 (6.9 - 13.0) | 623 | 8.5 (5.5 - 11.5) |
| Neglects the children | 516 | 25.5 (21.5 - 29.4) | 620 | 18.9 (15.0 - 22.8) |
| Argues with him | 509 | 13.2 (9.3 - 17.1) | 613 | 21.7 (17.8 - 25.6) |
| Refuse to have sex with him | 478 | 10.5 (7.7 - 13.4) | 538 | 14.8 (10.9 - 18.6) |
| Makes bad food | 515 | 5.0 (2.4 - 7.5) | 622 | 6.4 (3.9 - 8.9) |
| **Acceptance of one or more** | **522** | **38.1 (32.8 - 43.4)** | **639** | **40.2 (35.9 - 44.5)** |

§ 95% confidence interval

**Table A72. 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 (Section 14, Figure 14.2) - Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **18 to 24 years old** | | | | |
| Men decide when to have sex | 564 | 50.8 (45.3 - 56.3) | 557 | 54.3 (48.8 - 59.8) |
| Men need more sex | 554 | 85.1 (80.9 - 89.3) | 553 | 72.5 (67.3 - 77.8) |
| Men need other women | 580 | 76.2 (71.4 - 81.0) | 590 | 69.5 (64.2 - 74.7) |
| Women who carry condoms are “loose” | 535 | 67.9 (63.7 - 72.1) | 531 | 71.4 (66.1 - 76.7) |
| Women should tolerate violence to keep family together | 592 | 67.8 (62.2 - 73.5) | 599 | 74.4 (69.5 - 79.2) |
| **Acceptance of one or more** | **599** | **97.5 (96.0 - 98.9)** | **610** | **94.2 (92.1 - 96.3)** |
| **13 to 17 years old** | | | | |
| Men decide when to have sex | 456 | 50.3 (44.4 - 56.2) | 458 | 49.2 (42.8 - 55.6) |
| Men need more sex | 453 | 77.9 (73.1 - 82.8) | 487 | 68.9 (63.5 - 74.2) |
| Men need other women | 494 | 70.0 (65.4 - 74.7) | 521 | 63.6 (59.0 - 68.2) |
| Women who carry condoms are “loose” | 465 | 62.0 (57.1 - 66.9) | 488 | 69.2 (63.4 - 75.1) |
| Women should tolerate violence to keep family together | 507 | 70.1 (65.4 - 74.9) | 586 | 76.0 (71.5 - 80.6) |
| **Acceptance of one or more** | **518** | **93.4 (90.9 - 95.8)** | **617** | **91.1 (88.2 - 93.9)** |

§ 95% confidence interval

**Table A73: Ever engaged in sexual or physical violence towards a current or previous partner or spouse, as reported by 13-24 year olds (Section 14, Figure 14.3) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Use of intimate partner violence** | | | | |
| Used sexual violence[1] | 422 | 4.5 (2.3 - 6.6) | 341 | 8.3 (4.4 - 12.2) |
| Used physical violence[2] | 422 | 31.6 (26.1 - 37.1) | 341 | 15.3 (10.9 - 19.8) |

1 Sexual violence includes forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.
2 Physical violence includes slapping or pushing, punching, kicking, whipping, or beating with an object, choking, smothering, trying to drown, or intentionally burning or scalding a current or previous partner or spouse.
§ 95% confidence interval

**Table A74: Ever engaged in intimate partner violence by experiences of childhood violence, as reported by 18-24 year olds (Section 14 Figure 14.4) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Experiences of sexual abuse[1] prior to age 18** | | | | |
| Sexual abuse | 22 | * | 20 | * |
| No sexual abuse | 347 | 32.1 (26.1 - 38.1) | 278 | 19.2 (14.0 - 24.4) |
| **Experiences of physical violence[2] prior to age 18** | | | | |
| Physical violence | 209 | 39.1 (30.8 - 47.5) | 182 | 19.9 (13.6 - 26.2) |
| No physical violence | 160 | 25.8 (17.9 - 33.7) | 116 | 18.3 (9.7 - 26.8) |

1 Sexual violence includes forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
* Cell size less than 25.
§ 95% confidence interval

**Table A75: Ever engaged in intimate partner violence by experiences of violence, as reported by 13-17 year olds (Section 14, Figure 14.5) – Cambodia VACS, 2013**

| | Females | | Males | |
|---|---|---|---|---|
| | n | % (95% CI[§]) | n | % (95% CI) |
| **Experiences of sexual abuse[1]** | | | | |
| Sexual abuse | 8 | * | 2 | * |
| No Sexual abuse | 45 | 15.3 (4.9 - 25.7) | 41 | 18.1 (5.4 - 30.8) |
| **Experiences of physical violence[2]** | | | | |
| Physical violence | 38 | 26.8 (9.7 - 43.8) | 30 | 18.1 (3.6 - 32.5) |
| No physical violence | 15 | * | 13 | * |

1 Sexual violence includes forcing a current or previous partner or spouse to have sexual intercourse or perform any other sex acts when they did not want to.
2 Physical violence includes slapping or pushing or punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning, using or threatening to use a gun, knife or other weapon.
* Cell size less than 25.
§ 95% confidence interval

# APPENDIX B: Sampling Allocation, Weighting Procedures, Quality Assurance, and Estimates of Sampling Error

The 2013 Cambodia VACS was a nationally representative household survey of all non-institutionalized females and males aged 13 to 24 designed to produce estimates of sexual, physical and emotional violence in childhood.

The sampling frame was originally compiled by NIS 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. The updated sampling frame consists of 28,761 EAs containing 14,172 villages and 2,836,596 households and 14,478,658 persons.

The sampling strategy involves selecting villages—the PSU and EAs—the second sampling unit based on geopolitical units. The EA represents an area of province-district-commune-village-rural/urban areas in Cambodia. To calculate separate male and female prevalence estimates for violence victimization, a split sample approach was used. This means that the survey for females was conducted in different EAs than the survey for males. The split sample approach served 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 eliminated the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed.

The following assumptions were used to estimate the sample size: 95% CI of +/-2.0% around an estimated prevalence of sexual violence against children of 30% and a design effect of 2.0. The calculated sample size based on these assumptions was 1,008 completed interviews for females and 1,008 completed interviews for males. Adjustment to the sample size for eligibility and non-response resulted in a target of 2,650 households in 106 EAs for the female sample and 2,975 households in 119 EAs for the male sample.

## Stages of Selection

The 2013 Cambodia VACS sample used a four-staged sample design. In the first stage, 225 villages were selected probability proportional to size with an allocation by urbanization (27% urban: 73% rural) from the 14,172 villages.

At the second stage, 225 EAs were selected from the 225 sampled villages (1 EA selected per village) with the EAs divided by gender (106 female and 119 male EAs [differences based on varying gender response rates]). Following the selection of the 225 EAs, an updated mapping and listing of structures and households were performed in each of the 225 selected EAs.

At the third stage, a cluster of 25 households in each EA was systematically selected.

In the final stage of selection, one eligible respondent (male or female based on the gendering of the EA) were randomly selected from the list of all eligible females (or males) in each household.

## Weighting Procedure

### *Weighting*

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the total population. VACS uses a three-step 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.

### *Base Weight*

Base weights were calculated that are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, selection of households, gender specification and selection of eligible individuals.

### *Adjustment for Unit Non-response*

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix B, Table B1 shows household and individual response rates). In this step, non-response adjustments were made for non-responding EAs, non-responding households and non-responding respondents. The household-level non-response adjustment was performed by using weighted data by urbanization and EA. For the person-level non-response adjustment, weighting cells were formed taking into account urbanization, age group (13-17 or 18-24) and sex. In the VACS protocol,

it is recommended that any household- or person-level non-response adjustment component that exceeds 3.0 should be set to 3.0. For the 2013 CVACS, there were no values larger than 3.0 in either the household-level and the person-level adjustment factors for non-response.

Household-Level Response Rate

Using the household disposition codes, the household-level response rates were computed separately for each sample EA using the formula below.

$$\text{Household-Level Response Rate} = \frac{200+201}{(200+201+203+204+208)}$$

where:

200= Completed Household – 1 Person Selected
201= Completed Household – No Eligible in Household
203= Household Survey Not Completed
204= Household Refusal
205= Unoccupied/vacant/abandoned
206= Demolished
207= Household Respondent Incapacitated
208= Other Household Non-Response

The corresponding household-level weighting class adjustment was computed as one divided by the weighted household response rate for each sampled EA. Appendix B, Table B2 and B3 lists all household-level nonresponse adjustment factors for female and male EAs.

Person-Level Response Rate

Person-level non-response adjustment was performed by using the individual-level response rate formula by a combination of weighting class variables. As with the household adjustment component, the person-level adjustment component was computed as one divided by the weighted person-level response rate for each weighting cell. Appendix B, Table B4 and B5 are the person-level non-response adjustment factors for female and male EAs.

$$\text{Household-Level Response Rate} = \frac{400}{(400+404+408)}$$

where:

400= Completed Individual Survey
401= Not Eligible
403= Selected Individual Later Determined Ineligible
404= Selected Respondent Refused
407= Selected Respondent incapacitated
408= Other Individual Non-Response

| Response Rate Table<br>Household | | Females | Males |
|---|---|---|---|
| 200 | Completed Household – 1 person selected | 1197 | 1363 |
| 201 | Completed Household – No Eligible in Household | 1354 | 1514 |
| 203 | Household Survey Not Completed | 0 | 31 |
| 204 | Household Refusal | 9 | 8 |
| 205 | Unoccupied/vacant/abandoned | 22 | 27 |
| 206 | Demolished | 3 | 2 |
| 207 | Household respondent incapacitated | 0 | 0 |
| 208 | Other Household Non-Response | 65 | 30 |
| | Total | 2650 | 2975 |
| *Individual* | ***Household Response Rate** | **97.2%** | **97.7%** |
| 400 | Completed Individual Survey | 1121 | 1255 |
| 401 | Not Eligible | 0 | 0 |
| 403 | Selected Individual Later Determined Ineligible | 0 | 0 |
| 404 | Selected Respondent Refused | 72 | 105 |
| 407 | Selected Respondent incapacitated | 0 | 0 |
| 408 | Other Individual Non-Response | 4 | 3 |
| | Total | 1197 | 1363 |
| | ****Individual Response Rate** | **93.7%** | **92.1%** |
| | *****Overall Response Rate** | **91.0%** | **89.9%** |

* Household Response Rate = ((200+201)/(200+201+203+204+208))*100
** Individual Response Rate = (400/(400+404+408)*100
*** Overall Response Rate = Household Response Rate * Individual Response Rate

**Table B3: Household-level Nonresponse Adjustments for Female Enumeration Areas – Cambodia Violence Against Children Survey, 2013**

| c | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 643 | 1.041666667 | 2 | 1024 | 1.041666667 | 2 | 6546 | 1 | 2 | 12051 | 1 |
| 1 | 852 | 1.086956522 | 2 | 1122 | 1.041666667 | 2 | 6726 | 1.041666667 | 2 | 12107 | 1 |
| 1 | 4004 | 1.043478261 | 2 | 1158 | 1.090909091 | 2 | 6776 | 1 | 2 | 12210 | 1 |
| 1 | 7286 | 1 | 2 | 1233 | 1.136363636 | 2 | 6836 | 1 | 2 | 12361 | 1.086956522 |
| 1 | 7300 | 1 | 2 | 1269 | 1.041666667 | 2 | 7136 | 1 | 2 | 12401 | 1 |
| 1 | 7818 | 1 | 2 | 1432 | 1.041666667 | 2 | 7256 | 1 | 2 | 12505 | 1 |
| 1 | 8017 | 1 | 2 | 1507 | 1 | 2 | 7538 | 1 | 2 | 12565 | 1 |
| 1 | 8072 | 1 | 2 | 1736 | 1.041666667 | 2 | 7641 | 1 | 2 | 12600 | 1 |
| 1 | 8164 | 1.25 | 2 | 1966 | 1 | 2 | 8237 | 1 | 2 | 12665 | 1 |
| 1 | 8297 | 1 | 2 | 2271 | 1.041666667 | 2 | 8670 | 1 | 2 | 12779 | 1 |
| 1 | 8316 | 1 | 2 | 2574 | 1 | 2 | 8956 | 1 | 2 | 12849 | 1.041666667 |
| 1 | 8362 | 1 | 2 | 2663 | 1.047619048 | 2 | 9093 | 1.043478261 | 2 | 13001 | 1.043478261 |
| 1 | 8389 | 1 | 2 | 2918 | 1 | 2 | 9219 | 1 | 2 | 13084 | 1 |
| 1 | 8651 | 1 | 2 | 2945 | 1.041666667 | 2 | 9300 | 1 | 2 | 13151 | 1.041666667 |
| 1 | 10293 | 1 | 2 | 3435 | 1 | 2 | 9436 | 1 | 2 | 13207 | 1 |
| 1 | 11394 | 1 | 2 | 4151 | 1 | 2 | 9510 | 1 | 2 | 13422 | 1 |
| 1 | 11402 | 1.041666667 | 2 | 4294 | 1 | 2 | 9608 | 1 | 2 | 13486 | 1.086956522 |
| 1 | 12513 | 1 | 2 | 4485 | 1.142857143 | 2 | 9862 | 1.041666667 | 2 | 13874 | 1 |
| 1 | 13994 | 1 | 2 | 4638 | 1.095238095 | 2 | 10396 | 1 | 2 | 14053 | 1.041666667 |
| 2 | 18 | 1 | 2 | 5067 | 1.045454545 | 2 | 10452 | 1.086956522 | | | |
| 2 | 87 | 1.041666667 | 2 | 5191 | 1.136363636 | 2 | 10686 | 1 | | | |
| 2 | 234 | 1 | 2 | 5315 | 1.142857143 | 2 | 10855 | 1.086956522 | | 1= | urban |
| 2 | 368 | 1 | 2 | 5333 | 1.041666667 | 2 | 10972 | 1 | | 2= | rural |
| 2 | 538 | 1.041666667 | 2 | 5369 | 1 | 2 | 11065 | 1 | | | |
| 2 | 654 | 1.041666667 | 2 | 5542 | 1 | 2 | 11194 | 1 | | | |
| 2 | 697 | 1.136363636 | 2 | 5732 | 1.086956522 | 2 | 11249 | 1.041666667 | | | |
| 2 | 759 | 1.19047619 | 2 | 5860 | 1.041666667 | 2 | 11272 | 1.041666667 | | | |
| 2 | 845 | 1 | 2 | 6015 | 1.086956522 | 2 | 11745 | 1 | | | |
| 2 | 955 | 1.25 | 2 | 6084 | 1.043478261 | 2 | 11808 | 1 | | | |

**Table B4: Household-level Nonresponse Adjustments for Male Enumeration Areas – Cambodia Violence Against Children Survey, 2013**

| c | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment | Urbanization | PSU | Household Non-Response Adjustment |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 410 | 1 | 2 | 903 | 1.041667 | 2 | 6059 | 1.041667 | 2 | 11322 | 1 |
| 1 | 802 | 1 | 2 | 965 | 1 | 2 | 6285 | 1 | 2 | 11802 | 1.0416667 |
| 1 | 3316 | 1.086957 | 2 | 1068 | 1 | 2 | 6657 | 1 | 2 | 11980 | 1 |
| 1 | 6379 | 1 | 2 | 1154 | 1 | 2 | 6693 | 1 | 2 | 12104 | 1 |
| 1 | 6384 | 1 | 2 | 1180 | 1 | 2 | 6733 | 1 | 2 | 12122 | 1 |
| 1 | 7287 | 1 | 2 | 1240 | 1.041667 | 2 | 6794 | 1 | 2 | 12279 | 1 |
| 1 | 7352 | 1.086957 | 2 | 1247 | 1 | 2 | 7088 | 1.086957 | 2 | 12367 | 1 |
| 1 | 7821 | 1 | 2 | 1284 | 1 | 2 | 7235 | 1 | 2 | 12457 | 1 |
| 1 | 8055 | 1 | 2 | 1454 | 1.041667 | 2 | 7482 | 1.041667 | 2 | 12531 | 1 |
| 1 | 8114 | 1 | 2 | 1730 | 1.142857 | 2 | 7616 | 1 | 2 | 12570 | 1 |
| 1 | 8195 | 1.041667 | 2 | 1743 | 1.086957 | 2 | 7663 | 1.086957 | 2 | 12576 | 1 |
| 1 | 8215 | 1 | 2 | 2073 | 1.136364 | 2 | 8258 | 1.041667 | 2 | 12653 | 1.0416667 |
| 1 | 8303 | 1 | 2 | 2393 | 1.041667 | 2 | 8422 | 1 | 2 | 12778 | 1 |
| 1 | 8320 | 1 | 2 | 2492 | 1 | 2 | 8776 | 1 | 2 | 12789 | 1 |
| 1 | 8366 | 1 | 2 | 2709 | 1.043478 | 2 | 8975 | 1 | 2 | 12946 | 1.0416667 |
| 1 | 8434 | 1 | 2 | 2768 | 1.041667 | 2 | 9124 | 1.041667 | 2 | 13051 | 1 |
| 1 | 8652 | 1 | 2 | 2938 | 1 | 2 | 9239 | 1.105263 | 2 | 13120 | 1 |
| 1 | 11384 | 1.086957 | 2 | 3159 | 1 | 2 | 9354 | 1 | 2 | 13164 | 1 |
| 1 | 11387 | 1 | 2 | 3538 | 1 | 2 | 9437 | 1 | 2 | 13263 | 1 |
| 1 | 11397 | 1.190476 | 2 | 4233 | 1 | 2 | 9514 | 1 | 2 | 13297 | 1 |
| 1 | 11726 | 1 | 2 | 4383 | 1.041667 | 2 | 9812 | 1 | 2 | 13482 | 1 |
| 1 | 13347 | 1 | 2 | 4532 | 1 | 2 | 9879 | 1 | 2 | 13809 | 1 |
| 2 | 9 | 1.190476 | 2 | 4787 | 1.041667 | 2 | 9904 | 1 | 2 | 13970 | 1 |
| 2 | 35 | 1.086957 | 2 | 5189 | 1.095238 | 2 | 10437 | 1.041667 | | | |
| 2 | 193 | 1 | 2 | 5193 | 1.136364 | 2 | 10503 | 1 | | | |
| 2 | 342 | 1.041667 | 2 | 5277 | 1.086957 | 2 | 10691 | 1.090909 | | | |
| 2 | 442 | 1.25 | 2 | 5325 | 1 | 2 | 10889 | 1.043478 | | | |
| 2 | 586 | 1 | 2 | 5352 | 1 | 2 | 10986 | 1 | | 1= | urban |
| 2 | 614 | 1 | 2 | 5408 | 1 | 2 | 11152 | 1.086957 | | 2= | rural |
| 2 | 694 | 1 | 2 | 5583 | 1 | 2 | 11230 | 1.041667 | | | |
| 2 | 701 | 1 | 2 | 5755 | 1.043478 | 2 | 11257 | 1 | | | |
| 2 | 774 | 1 | 2 | 5909 | 1 | 2 | 11295 | 1.086957 | | | |

### Table B4: Person-Level Non-Response Adjustment Factors for Female EAs – CVACS, 2013

| Urbanization | Age Category | Person Non-Response Adjustment |
|---|---|---|
| 1 | 13-17 | 1.040519401 |
| 1 | 18-24 | 1.052469894 |
| 2 | 13-17 | 1.040864741 |
| 2 | 18-24 | 1.113329071 |

Urbanization: 1=Urban, 2=Rural

### Table B5: Person-Level Non-Response Adjustment Factors for Male EAs – CVACS, 2013

| Urbanization | Age Category | Person Non-Response Adjustment |
|---|---|---|
| 1 | 13-17 | 1.09174782 |
| 1 | 18-24 | 1.061544684 |
| 2 | 13-17 | 1.050087109 |
| 2 | 18-24 | 1.153997291 |

Urbanization: 1=Urban, 2=Rural

***Post-stratification Calibration Adjustment***

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the NIS statistical 2011 population projections distributed by urbanization, age group (13-17 or 18-24) and sex. These variables were used to form weighting cells. Appendix B, Table B6 and B7 present the post-stratification calibration adjustment factors for female and male EAs.

### Table B6: Calibration Adjustments for Female EAs – CVACS, 2013

| Urbanization | Age Category | Weighted Sum of the Sample | Census 2012 | Calibration |
|---|---|---|---|---|
| 1 | 13-17 | 122,077 | 151,145 | 1.238116004 |
| 1 | 18-24 | 173,164 | 282,335 | 1.630448558 |
| 2 | 13-17 | 583,925 | 658,757 | 1.128152921 |
| 2 | 18-24 | 680,654 | 739,333 | 1.086209735 |

### Table B7: Calibration Adjustments for Male EAs – CVACS, 2013

| Urbanization | Age Category | Weighted Sum of the Sample | Census 2012 | Calibration |
|---|---|---|---|---|
| 1 | 13-17 | 122,589 | 146,595 | 1.195824 |
| 1 | 18-24 | 131,646 | 244,357 | 1.856166 |
| 2 | 13-17 | 648,716 | 725,842 | 1.118891 |
| 2 | 18-24 | 697,158 | 748,551 | 1.073718 |

***Final Weights***

The final weights assigned to each responding unit were computed as the product of the base weights, the non-response adjustment factors and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters.

***Effect of Variable Sample Weights on the Precision of Survey Weights***

Variation in sample weights can increase the amount of sampling error in survey estimates and lead to larger standard errors of these estimates. The multiplicative increase in the variance of survey estimates depends on how variable the weights are for the set of sample observations that are used to produce the estimates. The more variable the weights are, the larger is the value of Meff. It is preferable for the Meff to be less than 2.00. In Appendix B, Table B8 and B9, the values of Meff are shown for females and males. This indicates that variation in sample weights increases the variation of estimates by these Meff factors respectively. For these data, the values of Meff imply that the effort to reduce the effect of variable weights on estimates, such as weight trimming, is not required.

### Table B8: Multiplicative Effect Female Overall – CVACS, 2013

| n | meff |
|---|---|
| 1197 | 1.30466 |

### Table B9: Multiplicative Effect Male Overall – CVACS, 2013

| n | meff |
|---|---|
| 1255 | 1.37092 |

***Estimates of Sampling Error***

Sampling errors for the CVACS are calculated for selected variables considered to be of primary interest. The results are presented in Appendix B, Tables B13 and B14 by gender. These tables present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95% confidence limits (R±1.96SE), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

### Table B10: Sampling errors for female sample – CVACS, 2013

| Indicator | Age Group | Unweighted Count | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Any Childhood Sexual Abuse | 18-24 years old prior to 18 | 599 | 4.4 | (2.5 - 6.3) | 0.9589 | 1.3486 | 0.2179318 |
| | 13-17 years old in the past 12 months | 518 | 3.0 | (1.0 - 5.0) | 1.0055 | 1.7864 | 0.3351667 |
| | 13-17 years old | 522 | 6.4 | (3.7 - 9.0) | 1.322 | 1.5312 | 0.2065625 |
| Reported experiencing any sexual touching | 18-24 years old prior to 18 | 599 | 3.3 | (1.5 - 5.0) | 0.8659 | 1.5051 | 0.2623939 |
| | 13-17 years old in the past 12 months | 518 | 2.0 | (0.5 - 3.4) | 0.7298 | 1.4109 | 0.3649 |
| | 13-17 years old | 522 | 5.9 | (3.3 - 8.5) | 1.3039 | 1.6009 | 0.221 |
| Reported experiencing any unwanted attempted sex | 18-24 years old prior to 18 | 598 | 2.5 | (0.9 - 4.1) | 0.799 | 1.587 | 0.3196 |
| | 13-17 years old in the past 12 months | 519 | 1.1 | (0 - 2.6) | 0.7614 | 2.6655 | 0.6921818 |
| | 13-17 years old | 519 | 1.2 | (0 - 2.8) | 0.7687 | 2.4821 | 0.6405833 |
| Reported experiencing any pressured sex | 18-24 years old prior to 18 | 595 | 0.5 | (0 - 1.2) | 0.3618 | 1.7379 | 0.7236 |
| | 13-17 years old in the past 12 months | 513 | 0.2 | (0 - 0.5) | 0.1826 | 0.9392 | 0.913 |
| | 13-17 years old | 513 | 0.7 | (0 - 1.5) | 0.4142 | 1.2832 | 0.5917143 |
| Reported experiencing physically forced sex | 18-24 years old prior to 18 | 597 | 1.5 | (0.3 - 2.8) | 0.6476 | 1.6948 | 0.4317333 |
| | 13-17 years old in the past 12 months | 517 | 0.3 | (0 - 0.8) | 0.2383 | 0.8765 | 0.7943333 |
| | 13-17 years old | 517 | 0.3 | (0 - 0.8) | 0.2383 | 0.8765 | 0.7943333 |
| Reported experiencing any unwanted completed sex (physically forced or pressured) | 18-24 years old prior to 18 | 599 | 1.5 | (0.3 - 2.8) | 0.6459 | 1.6432 | 0.4306 |
| | 13-17 years old in the past 12 months | 522 | 0.3 | (0 - 0.8) | 0.2364 | 0.8779 | 0.788 |
| | 13-17 years old | 522 | 0.8 | (0 - 1.7) | 0.4343 | 1.1899 | 0.542875 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reported experiencing their first incident of sexual abuse where the perpetrator was perceived to be 5 years or more years older | 18-24 years old prior to 18 | 27 | 61.1 | (39.3 - 83) | 11.0251 | 1.3302 | 0.1804435 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 31 | 51.9 | (31.1 - 72.6) | 10.4784 | 1.3194 | 0.201896 |
| Reported being upset by someone speaking or writing sexual things about them | 18-24 years old prior to 18 | 595 | 5.8 | (3.3 - 8.3) | 1.2564 | 1.7268 | 0.2166207 |
| | 13-17 years old in the past 12 months | 522 | 5.0 | (2.9 - 7.1) | 1.0698 | 1.2599 | 0.21396 |
| | 13-17 years old | 522 | 9.1 | (5.8 - 12.3) | 1.6316 | 1.6829 | 0.1792967 |

**Sampling errors for female sample – CVACS, 2013 – continued**

| Indicator | Age Group | Unweighted Count | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Reported being forced by someone to watch sex photos or videos against their will | 18-24 years old prior to 18 | 599 | 0.3 | (0 - 0.8) | 0.2696 | 1.6084 | 0.8986667 |
| | 13-17 years old in the past 12 months | 521 | 0.2 | (0 - 0.6) | 0.1752 | 0.6737 | 0.876 |
| | 13-17 years old | 522 | 1.9 | (0.2 - 3.5) | 0.8405 | 2.0261 | 0.4423684 |
| Reported being forced to be in a sex photo or video against their will | 18-24 years old prior to 18 | 599 | 0.0 | 0 | - | - | - |
| | 13-17 years old in the past 12 months | 522 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 522 | 0.0 | 0 | - | - | - |
| Reported experiencing more than one incident of sexual abuse, among those who experienced at least one incident of sexual abuse | 18-24 years old prior to 18 | 27 | 73.6 | (57.1 - 90.1) | 8.3067 | 0.9237 | 0.1128628 |
| | 13-17 years old in the past 12 months | 12 | 47.6 | (11.8 - 83.3) | 18.0312 | 1.4339 | 0.3788067 |
| | 13-17 years old | 31 | 54.1 | (33.2 - 75.0) | 10.5193 | 1.3368 | 0.1944418 |
| Reported seeking services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse | 18-24 years old prior to 18 | 27 | 38.9 | (19.4 - 58.4) | 9.8293 | 1.0572 | 0.2526812 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 31 | 39.1 | (17.0 - 61.1) | 11.1238 | 1.5591 | 0.2844962 |
| Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred | 18-24 years old prior to 18 | 27 | 50.6 | (32.4 - 68.9) | 9.2082 | 0.882 | 0.1819802 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 31 | 54.1 | (31.6 - 76.7) | 11.3693 | 1.5617 | 0.2101534 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reported receiving any money, food, gifts, or other favors to have sexual intercourse or perform other sexual acts | 18-24 years old prior to 18 | 599 | 1.6 | (0.1 - 3.1) | 0.7645 | 2.2337 | 0.4778125 |
| | 13-17 years old in the past 12 months | 522 | 0.9 | (0 - 1.7) | 0.445 | 1.2003 | 0.4944444 |
| | 13-17 years old | 522 | 0.9 | (0 - 1.7) | 0.445 | 1.2003 | 0.4944444 |
| Reported experiencing any physical violence | 18-24 years old prior to 18 | 599 | 52.7 | (47.2 - 58.1) | 2.7541 | 1.8194 | 0.05226 |
| | 13-17 years old in the past 12 months | 522 | 15.3 | (11.7 - 18.9) | 1.81 | 1.3179 | 0.1183007 |
| | 13-17 years old | 522 | 61.1 | (55.9 - 66.2) | 2.5755 | 1.4534 | 0.0421522 |
| Reported experiencing any physical violence by a parent or caregiver | 18-24 years old prior to 18 | 599 | 45.6 | (39.9 - 51.3) | 2.8701 | 1.9857 | 0.0629408 |
| | 13-17 years old in the past 12 months | 522 | 8.8 | (6.0 - 11.7) | 1.4553 | 1.3679 | 0.165375 |
| | 13-17 years old | 522 | 52.0 | (46.5 - 57.6) | 2.802 | 1.6389 | 0.0538846 |

**Sampling errors for female sample – CVACS, 2013 – continued**

| Indicator | Age Group | Unweighted Count | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Reported experiencing any physical violence by a community member | 18-24 years old prior to 18 | 599 | 28.9 | (23.5 - 34.3) | 2.7168 | 2.1468 | 0.0940069 |
| | 13-17 years old in the past 12 months | 522 | 7.9 | (5.5 - 10.4) | 1.2564 | 1.1243 | 0.159038 |
| | 13-17 years old | 522 | 30.7 | (25.9 - 35.5) | 2.401 | 1.4115 | 0.0782085 |
| Reported experiencing any physical violence by an intimate partner | 18-24 years old prior to 18 | 599 | 2.0 | (0.4 - 3.5) | 0.7731 | 1.8545 | 0.38655 |
| | 13-17 years old in the past 12 months | 522 | 0.1 | (0 - 0.4) | 0.1424 | 0.7448 | 1.424 |
| | 13-17 years old | 53 | 1.3 | (0 - 3.9) | 1.2965 | 0.6794 | 0.9973 |
| Reported seeking services for any incident of physical violence, among those who experienced at least one incident of physical violence | 18–24 years old prior to 18 | 311 | 31.1 | (24.6 - 37.7) | 3.3081 | 1.5821 | 0.1063698 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 309 | 22.8 | (16.9 - 28.6) | 2.9511 | 1.525 | 0.1294342 |
| Reported that they had told someone about an incident of physical violence where at least one incident of physical violence occurred | 18-24 years old prior to 18 | 311 | 54.8 | (48.2 - 61.3) | 3.3093 | 1.3704 | 0.0603887 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 310 | 42.4 | (35.6 - 49.3) | 3.4637 | 1.5175 | 0.081691 |
| Reported experiencing any emotional violence by a parent or caregiver | 18–24 years old prior to 18 | 598 | 19.4 | (15.8 - 23.0) | 1.8042 | 1.2441 | 0.1050988 |
| | 13-17 years old in the past 12 months | 522 | 9.7 | (6.5 - 12.8) | 1.608 | 1.5437 | 0.1657732 |
| | 13-17 years old | 522 | 24.3 | (19.2 - 29.4) | 2.5539 | 1.8471 | 0.1050988 |

**Table B11: Sampling errors for male sample – CVACS, 2013**

| Indicator | Age Group | Unweighted ount | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Any Childhood Sexual Abuse | 18-24 years old prior to 18 | 613 | 5.6 | (3.5 - 7.7) | 1.0596 | 1.3067 | 0.18921429 |
| | 13-17 years old in the past 12 months | 639 | 0.1 | (0 - 0.2) | 0.0597 | 0.3835 | 0.597 |
| | 13-17 years old | 642 | 5.2 | (3.1 - 7.3) | 1.053 | 1.4408 | 0.2025 |
| Reported experiencing any sexual touching | 18-24 years old prior to 18 | 605 | 5.5 | (3.4 - 7.6) | 1.0689 | 1.3287 | 0.19434545 |
| | 13-17 years old in the past 12 months | 630 | 0.1 | (0 -0.2) | 0.0604 | 0.3823 | 0.604 |
| | 13-17 years old | 634 | 5.0 | (2.9 - 7.0) | 1.0369 | 1.4358 | 0.20738 |
| Reported experiencing any unwanted attempted sex | 18-24 years old prior to 18 | 613 | 0.5 | (0 - 1.2) | 0.3538 | 1.6649 | 0.7076 |
| | 13-17 years old in the past 12 months | 641 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 641 | 0.3 | (0 - 0.8) | 0.2649 | 1.708 | 0.883 |
| Reported experiencing any pressured sex | 18-24 years old prior to 18 | 613 | 0.2 | (0 - 0.5) | 0.1745 | 1.0546 | 0.8725 |
| | 13-17 years old in the past 12 months | 641 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 641 | 0.0 | 0 | - | - | - |
| Reported experiencing physically forced sex | 18-24 years old prior to 18 | 612 | 0.0 | 0 | - | - | - |
| | 13-17 years old in the past 12 months | 641 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 641 | 0.5 | ( 0 - 1.2) | 0.3395 | 1.5511 | 0.679 |
| Reported experiencing any unwanted completed sex (physically forced or pressured) | 18-24 years old prior to 18 | 613 | 0.2 | (0 - 0.5) | 0.1745 | 1.0546 | 0.8725 |
| | 13-17 years old in the past 12 months | 642 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 642 | 0.5 | (0 - 1.1) | 0.339 | 1.5511 | 0.678 |
| Reported experiencing their first incident of sexual abuse where the perpetrator was perceived to be 5 years or more years older | 18-24 years old prior to 18 | 33 | 71.8 | (54.7 - 88.9) | 8.6305 | 1.1768 | 0.12020195 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 28 | 52.2 | (30 - 74.5) | 11.2452 | 1.3684 | 0.21542529 |
| Reported being upset by someone speaking or writing sexual things about them | 18-24 years old prior to 18 | 607 | 3.1 | (1.3 - 5.0) | 0.9196 | 1.6908 | 0.29664516 |
| | 13-17 years old in the past 12 months | 637 | 3.2 | (1.0 - 5.5) | 1.1413 | 2.6571 | 0.35665625 |
| | 13-17 years old | 638 | 5.5 | (2.8 - 8.3) | 1.3896 | 2.3469 | 0.25265455 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reported being forced by someone to watch sex photos or videos against their will | 18-24 years old prior to 18 | 613 | 1.7 | (0.6 - 2.8) | 0.5542 | 1.1217 | 0.326 |
| | 13-17 years old in the past 12 months | 640 | 1.4 | (0.2 - 2.6) | 0.6086 | 1.6902 | 0.43471429 |
| | 13-17 years old | 640 | 4.3 | (2.0 - 6.6) | 1.1755 | 2.1365 | 0.27337209 |

**Sampling errors for male sample – CVACS, 2013 – continued**

| Indicator | Age Group | Unweighted ount | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Reported being forced to be in a sex photo or video against their will | 18-24 years old prior to 18 | 613 | 0.3 | (0 - 0.7) | 0.1788 | 0.6407 | - |
| | 13-17 years old in the past 12 months | 639 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 639 | 0.2 | (0 - 0.5) | 0.1605 | 0.7431 | 0.8025 |
| Reported experiencing more than one incident of sexual abuse, among those who experienced at least one incident of sexual abuse | 18-24 years old prior to 18 | 35 | 87.2 | (76.8 - 97.6) | 5.2388 | 0.8354 | 0.06007798 |
| | 13-17 years old in the past 12 months | 1 | 0.0 | 0 | - | - | - |
| | 13-17 years old | 32 | 81.8 | (67.4 - 96.2) | 7.2863 | 1.1049 | 0.08907457 |
| Reported seeking services for any incident of sexual abuse, among those who experienced at least one incident of sexual abuse | 18-24 years old prior to 18 | 35 | 5.7 | (0 - 13.8) | 4.131 | 1.0884 | #REF! |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 32 | 5.1 | (0 - 14.9) | 4.9555 | 1.5849 | #REF! |
| Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred | 18-24 years old prior to 18 | 35 | 20.6 | (5.4 - 35.8) | 7.6895 | 1.2285 | 0.72473684 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 32 | 0.0 | 0 | - | - | - |
| Reported receiving any money, food, gifts, or other favours to have sexual intercourse or perform other sexual acts | 18-24 years old prior to 18 | 613 | 0.1 | (0 - 0.4) | 0.1175 | 0.7194 | 1.175 |
| | 13-17 years old in the past 12 months | 641 | 0.1 | (0 - 0.3) | 0.0885 | 0.5692 | 0.885 |
| | 13-17 years old | 641 | 0.1 | (0 - 0.3) | 0.0885 | 0.5692 | 0.885 |
| Reported experiencing any physical violence | 18-24 years old prior to 18 | 613 | 54.2 | (49.4 - 59.0) | 2.4304 | 1.4564 | 0.04484133 |
| | 13-17 years old in the past 12 months | 642 | 12.5 | (9.2 - 15.8) | 1.6537 | 1.6025 | 0.132296 |
| | 13-17 years old | 642 | 58.2 | (53.1 - 63.3) | 2.5854 | 1.761 | 0.04442268 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Reported experiencing any physical violence by a parent or caregiver | 18-24 years old prior to 18 | 612 | 45.3 | (40.1 - 50.5) | 2.6289 | 1.7044 | 0.05803311 |
| | 13-17 years old in the past 12 months | 642 | 8.4 | (5.8 - 11.0) | 1.3011 | 1.409 | 0.15489286 |
| | 13-17 years old | 642 | 50.6 | (45.5 - 55.8) | 2.6052 | 1.7405 | 0.05148617 |
| Reported experiencing any physical violence by a community member | 18-24 years old prior to 18 | 613 | 23.9 | (19.0 - 28.9) | 2.4977 | 2.0967 | 0.10450628 |
| | 13-17 years old in the past 12 months | 642 | 7.0 | (4.2 - 9.8) | 1.3989 | 1.9321 | 0.19984286 |
| | 13-17 years old | 642 | 27.6 | (22.8 - 32.3) | 2.3989 | 1.8479 | 0.08691667 |

**Sampling errors for male sample – CVACS, 2013 – continued**

| Indicator | Age Group | Unweighted ount | Per cent Estimate | 95% Confidence Interval | Standard Error of Per cent | Design Effect | Relative Error |
|---|---|---|---|---|---|---|---|
| Reported experiencing any physical violence by an intimate partner | 18-24 years old prior to 18 | 613 | 0.7 | (0 - 1.6) | 0.4572 | 1.765 | 0.65314286 |
| | 13-17 years old in the past 12 months | 642 | 0.5 | (0 - 1.0) | 0.2567 | 0.8941 | 0.5134 |
| | 13-17 years old | 43 | 9.8 | (0 – 23.4) | 0.6.8675 | 2.2412 | 0.7007653 |
| Reported seeking services for any incident of physical violence, among those who experienced at least one incident of physical violence | 18-24 years old prior to 18 | 333 | 13.5 | (9.4 - 17.5) | 2.0429 | 1.187 | 0.15132593 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 376 | 12.4 | (8.3 - 16.5) | 2.0683 | 1.4786 | 0.16679839 |
| Reported that they had told someone about an incident of physical violence where at least one incident of physical violence occurred | 18-24 years old prior to 18 | 333 | 35.6 | (29.4 - 41.9) | 3.1668 | 1.4519 | 0.08895506 |
| | 13-17 years old in the past 12 months | NA | NA | NA | NA | NA | NA |
| | 13-17 years old | 377 | 30.4 | (24.6 - 36.2) | 2.9258 | 1.52 | 0.09624342 |
| Reported experiencing any emotional violence by a parent or caregiver | 18-24 years old prior to 18 | 609 | 25.0 | (20.6 - 29.4) | 1.98755 | 1.4991 | 0.079502 |
| | 13-17 years old in the past 12 months | 642 | 9.6 | (6.8 - 12.4) | 1.4012 | 1.4481 | 0.14595833 |
| | 13-17 years old | 640 | 27.3 | (23.0 - 31.6) | 2.1715 | 1.5167 | 0.07954212 |

# APPENDIX C: Qualitative Research Methodology

In addition to the national survey, the process implemented qualitative research to inform and generate a better and more in-depth understanding of the quantitative findings of the VACS with a focus on the disclosure of violence. The qualitative component took place over approximately two weeks in November 2013 and had three objectives:

- To identify obstacles and enabling factors related to the disclosure of sexual and physical violence from the perspective of children and young people
- To explore personal boundaries and perceptions of children and young people in terms of physical and sexual violence
- To assess help-seeking behaviour and preferences of children and young people in terms of information and services that respond to violence against children

A comprehensive methodology was prepared and implemented including research tools specifically designed to respond to the objectives, consent processes and a response plan drawn from the quantitative research phase. The methodology is summarized in this section.

The qualitative research aimed to capture the qualitative responses of a small sample of children and young people to augment the quantitative data on the basis of their availability and willingness to participate. Basic characteristics of the participants will be noted, such as the rural or urban location and the general socio-economic status of communities in the location. Districts spread across four provinces (Siem Reap, Kampot, Prey Veng and Phnom Penh)[13] were selected for the research. Females and males from the same province did not participate in the research in order to reduce the possibility that someone affected by violence and the perpetrator of that violence participated in the research.

An overall research framework was tailored to different age groups[14] that were divided by sex. Half-day focus group discussions were conducted with females aged 18-24 and males aged 18-24, with participatory components. All-day workshops were facilitated with females aged 13-15, females aged 16-17, males aged 13-15 and males aged 16-17, which employed a more diverse range of participatory tools.

Two research teams elicited the help of UNICEF zonal offices and representatives from NIS to identify and invite participants. The same process of consent was employed as in the quantitative research, whereby parents were approached and permission gained to invite children to participate in research about children's health and experiences. Participants over 18 were invited directly without first seeking permission from parents. A notable difference in the methodology was that the researchers did not go from household to household, but enlisted the help of the commune chief, the village chief and/or a representative of the women and children's consultative committee to identify potential households to approach. The selection of participants was not based on a completely random process; instead, the researchers intentionally aimed to invite participants from households with varied characteristics. For example, concern was raised during consultation with stakeholders on the methodology that it might be possible for children from a particular village to have extensive engagement with a rights-based NGO, in which case the assumption could be reasoned that they would have a particularly high grasp of violence and protection issues. Therefore, in order to avoid capturing a homogenous experience among participants, researchers aimed to invite several children from villages spread across a commune who attended a variety of schools, did and did not participate in NGO programmes, who were in and out of school, and who were members of families of varying economic backgrounds. Among the participants aged 18 to 24, researchers aimed to invite people who were in work, in school or not working/in school, and who were parents and not parents. In addition, the researchers also ensured that children of local leaders such as village and commune chiefs were not invited (so that the detailed information about the contents of the research would not reach local authorities), and no siblings participated.

In nearly all districts, local pagodas, or wats, were identified as suitable venues for the workshops and focus group discussions as participants and their parents had a high degree of trust in monks and their places of worship in general. Pagodas often have large open spaces where shade and privacy can be found while participants are still in view of other people (i.e., their safety can be seen by parents or other caregivers who want to check on their children). In most cases, the wats proved suitable, bar two instances where the space provided was required for a later meeting, disallowing any flexibility in the timing of a session that went long due to participants arriving late, and on one day where curious children in the adjoining school were not in classes for the day and frequently interrupted the privacy of the group.

13 Provinces prioritized for selection were based on discussions with government stakeholders. Although the selection of provinces did not aim to cover all socio-economic circumstances, the provinces identified had variation in contexts in order to increase the diversity of participants. For example, Siem Reap was selected because of the economic activity of the city and high rate of tourism and Kampot or Prey Veng were selected because of their characteristics of rural areas with higher levels of poverty.

14 Placing children in closer age groups is recommended by the Population Council and WHO, particularly in the context of discussing sensitive issues to facilitate age-appropriate conversations. Additionally, the development stages of children and young people can vary greatly and there may be significant disparities between a 13 year old and a 17 year old. Separating the participants into closer age groups allowed for more varied styles and pacing of facilitation.

| | Participatory workshop | Focus group discussion |
|---|---|---|
| Females (aged 18-24) | | 16 |
| Males (aged 18-24) | | 18 |
| Females (aged 13-15) | 22 | |
| Females (aged 16-17) | 16 | |
| Males (aged 13-15) | 23 | |
| Males (aged 16-17) | 21 | |

The qualitative research aimed to include 120 participants. Flooding disrupted at least one of the days of research, which caused fewer participants to arrive than expected, and the locations in urban areas proved challenging, particularly as the research took place over a holiday period, and some participants who had committed to come did not.
In total, 117 participants took part in the qualitative portion of the CVACS: 55 females and 62 males.

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| Mrs. Soeu Socheata | Deputy Director General | MoEYS |
| Mrs. Mao Phirun | Deputy Director General | MoJ |
| Mrs. Svay Sisaroth | Deputy Director General | MoJ |
| Mrs. Tung Rathavy | Director of MCH | MoH |
| Mr. They Kheam | Director of Department | NIS/MoP |
| Mr. Chan Sophea | Director of Department | MoEYS |
| Mr. Chiv Phally | Deputy Director of Department | MoI |
| Mrs. Na Neang | Deputy Director of Department | MoI |
| Mr. Phoung Sophy | Head of Bureau | MoI |

## Old Members

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| H.E.Mrs.Hor Malin | Secretary of State | MoAFF |
| H.E.Mrs.Chan Haran Vaddey | Under Secretary of State | MoSVY |
| H.E.Mrs.Tan Vouchheng | Secretary of State | MoH |
| H.E.Mrs.Tun Sa Im | Under Secretary of State | MoEYS |
| H.E.Mr. Prak Chanthoeun | Deputy Director General | MoSVY |
| H.E.Mrs. Un Sokunthea | MP | National Assembly |
| H.E.Mr. Thaung Yavann | Deputy Secretary General | CNCC |
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