

GENDER-BASED VIOLENCE IN ETHNIC MINORITY COMMUNITIES

Ratanak Kiri Province

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ACRONYMS

CEDAW	Convention on the Elimination of Discrimination Against Women
FGD	Focus group discussion
GBV	Gender-based violence
KIIs	Key informant interview
MoWA	Ministry of Women's Affairs
NGO	Non-government organisation
PYD	Paz Y Desarrollo
UN	United Nations
WHO	World Health Organization

1 INTRODUCTION

1.1 BACKGROUND

1.1.1 CARE'S WOMEN'S EMPOWERMENT FRAMEWORK

CARE's commitment to women's empowerment is unequivocal. CARE is a leading learning organization committed to poverty alleviation throughout the world. Because women are adversely impacted by the injustice of poverty in a world where unequal power relations are a root cause of poverty, CARE has fashioned a long-term goal to alter the power relations and structures that sustain poverty. CARE therefore seeks to engender lasting reductions in underlying causes of poverty and social injustice experienced by specific populations groups manifested across three domains of change: human conditions, social positions and enabling environments. If citizens are empowered, if power holders are effective, accountable and responsive, and if spaces for negotiation are expanded, effective and inclusive, sustainable and equitable development will be achieved.

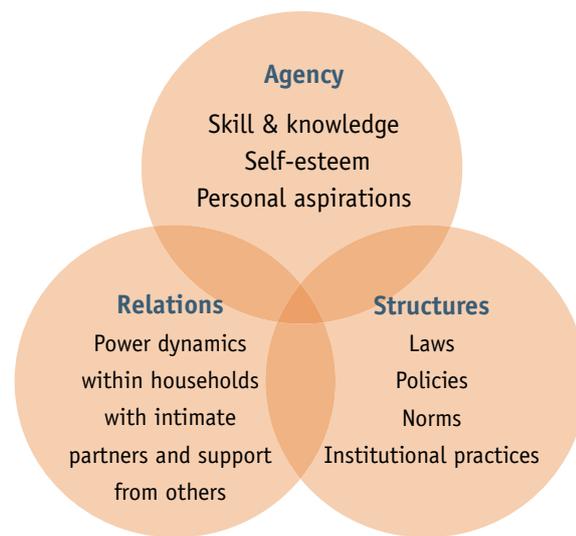


Figure 1: CARE International Women's Empowerment Framework

CARE seeks to address social and cultural root issues that define women's subservience and patriarchy through its formulation of a Women's Empowerment Framework, which is based on the combined effect of changes in:

- A woman's own knowledge, skills, self-esteem, aspirations and abilities—known as agency.
- Societal norms, customs, institutions, laws and policies that shape her choices in life—structures.
- Power relationships, particularly close to home through which she negotiates her path—relations.¹

1.1.2 CARE INTERNATIONAL IN CAMBODIA

CARE International in Cambodia (CARE Cambodia) is in the process of transitioning from a project based way of working, to an impact focused, programmatic approach. This CARE International initiative, known as the Program Approach, strategically orients work around long terms programs designed to support impacts for identified marginalized and poor population groups, with research and analysis informing program design and implementation.

Based on analysis of trends around poverty and marginalization in Cambodia, CARE's programming niche, and other imperatives, CARE Cambodia has identified two long term programs. These are:

Socially Marginalised Women experiencing multiple denial of their rights

Two Sub-Impact Groups have been identified for this program:

- Urban women marginalised by occupation
- Rural women at risk of violence, and denied Sexual Reproductive health rights, and voice

Ethnic Minority Women, who experience social isolation, discrimination and economic exclusion

The Ethnic Minority Women program includes education projects that work on three main education sectors: multilingual early childhood development; multilingual primary education, including partnering with the Cambodian Consortium for Out of School Children; improving school governance; in lower secondary schools with a high percentage of ethnic minority students. By focusing on these sections CARE supports the government's commitment to the Millennium Development Goals which includes lower secondary education and the Ministry of Women's Affairs strategic plan Neary Rattanak IV which prioritises strategies to promote girls transition to secondary education as well.

1. Adapted from CARE Emerge Baseline Survey 2015

Apart from the education projects, the Ethnic Minority Women program has embarked on a School Water, Sanitation and Hygiene project, linked to the education component, and funded by the Australian Government. Additionally CARE Cambodia has worked on a climate change project and has been funded by the European Union for the implementation of the Integrated Social Accountability Framework project. CARE Cambodia also continues to work at national, provincial and local level to promote the rights and interests of ethnic minority communities, particularly women. The program aims to ensure that they have their rights respected, their identity valued, and equitable access to livelihoods and skilled jobs.

In recent years anecdotal evidence has emerged through reports from CARE staff, CARE consultants, local non-government organizations (NGO), various local authorities and some researchers, which seems to suggest that gender based violence (GBV) is on the rise in ethnic minority communities in the north east. Others argue that GBV has declined; even suggesting that NGOs exaggerate the occurrence of GBV to receive donor support.

In the design of the Ethnic Minority Women program one of the milestones is: GBV is socially unacceptable in ethnic minority communities. So far there has not been a study with reliable data on GBV in these communities.

1.2 OBJECTIVES

The objectives of this study are to further the understanding of GBV in Ratanak Kiri province particularly in CARE's target communities to promote increased:

- Understanding of the types of GBV women are experiencing in different settings including domestic violence, harmful practices, economic exploitation, sexual harassment, rape, sexual exploitation, and other GBV.
- Understanding of prevalence and trends of GBV in different settings in each type of GBV identified.
- Understanding and documenting the communities current practices on prevention, protection and response to GBV.
- Make recommendations for CARE and other key stakeholders for targeting appropriate prevention.

2 LITERATURE REVIEW

GBV against women and girls is a pervasive violence of human rights that persists in every country in the world and cuts across all socio-economic groups. Having roots in historical and structural power relations between males and females, it is characterized by the use and abuse of power and control in public and private spheres and is linked to gender stereotypes that underlie and perpetuate such violence as well as other factors that can increase women's and girls' vulnerability to violence (UNICEF 2013).

Violence against indigenous women and girls cannot be separated from the wider contexts of discrimination and exclusion to which indigenous peoples as a whole are often exposed in social economic, cultural and political life. Challenges such as land dispossession, conflict, insecurity, displacement, low rates of birth registration, limited access to culturally appropriate education and health services, the lack of access to justice and other essential services including social services creates conditions limiting women ability to exercise of their human rights (UNICEF 2013). While this study does not specifically examine the changes occurring or the wider context of discrimination or exclusion, it is important to note the current environment in which women are living.

According to the 2008 population census, about 1.34 per cent or 179,000 of Cambodia 13.5 million population reported an indigenous language as a mother tongue. The actual numbers of indigenous peoples is thought to be higher as many no longer speak their people's language or do not feel confident saying they are indigenous. Indigenous communities have been identified in over 15 provinces in Cambodia (Indigenous People NGO Network 2010).

Ratanak Kiri province is located in the highland areas in the northeast of Cambodia, bordering Laos to the north, Vietnam to the east, Stung Treng province to the west and Mondul Kiri to the south. The province is home to various ethnic minority groups including the Tampuan, Kreung, Brou and Kavet and Jarai (Indigenous People NGO Network 2010). Estimates vary on the current population of the different ethnic groups in Ratanak Kiri specifically, but all agree the majority population in the province is a combination of people from ethnic minority groups. However, recent years have seen increasing in-migration of ethnic Khmers (majority population in Cambodia).

In part this is a result of the dramatic changes the province has undergone in the past 20 years. As the country recovered from the brutal Khmer Rouge regime and longer civil war, Ratanak Kiri has seen many changes. The area is natural resource rich with precious stones, minerals and fertile land. This has brought rapid development, resulting in loss of access to large areas of traditional farming and forest lands due to commercial logging, the establishment of industrial agriculture plantations as well as expansion of roads, highways and special economic zones.²

While these changes have brought access to consumer goods and services Ratanak Kiri still ranks higher than the national average on four development indicators fertility, mortality, female illiteracy and poverty levels (Ministry of Planning 2013).

Gender-based violence

Gender-based violence is **“violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.”**

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation.

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution.

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Sources: *CEDAW General Recommendation 19; Beijing Platform for Action*

2. Summarized from internal CARE reports.

2.1 LEGAL FRAMEWORK ON GBV IN CAMBODIA

Cambodia has developed a significant legal framework to prevent and respond to violence against women including national and international measures. Additionally Cambodia has supported national measures to protect the rights of indigenous communities including against violence.

2.1.1 NATIONAL MEASURES³

- **Cambodian Constitution** enshrines the right of all Khmer citizens⁴ to life, personal freedom and security (Article 32), and guarantees there shall be no physical abuse of any individual (Article 38).
- The **Law on Prevention of Domestic Violence and Protection of Victims** establishes the responsibility of local authorities to intervene in cases of domestic violence and provides for protection orders to be issued by the courts to protect the victim from any further violence. This law permits mediation in non-criminal cases of violence against women which provides a legal framework for use of traditional justice mechanisms (see more detail below).
- Sexual harassment and indecent behavior in the workplace is prohibited by Article 172 of the **Cambodian Labour Law**.
- The **Law on Suppression of Human Trafficking and Sexual Exploitation** establishes the law against kidnapping persons for labour or sexual exploitation.
- The **Village Commune Safety Policy** designates rape, domestic violence and anti-trafficking as priority areas for commune, municipal, district and provincial councils to address.
- The Civil Code was completed in 2006 and the **Civil Procedure Code** in 2007. The **Criminal Code** and the **Criminal Procedure Code** were completed in 2010.
- The **National Policy on Development of Indigenous Minorities** (2009) establishes the priorities of the Government for indigenous peoples in the fields of culture, education, vocational training, health, environment, land, agriculture, water resources, infrastructure, justice, tourism and industry, mines and energy.
- The **2nd National Action Plan to Prevent Violence Against Women** and girls was passed by the Council of Ministers in 2015 and identifies as a priority increased understanding of and improved response for women in religious and ethnic minorities experiencing GBV.

2.1.2 INTERNATIONAL MEASURES⁵

- Cambodia ratified the **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW) in 1992 and its Optional Protocol in 2010.
- In 1992, Cambodia ratified the **United Nations Convention on the Rights of the Child** and its optional protocols which sets out the basic human rights that boys and girls have, including the right to protection from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Article 19).
- Cambodia has ratified the **United Nations Convention on the Rights of Persons with Disabilities**, which includes Article 6 specifically addressing women with disabilities, to respond to the multiple discriminations they face, as well as Article 16 addressing freedom from exploitation, violence and abuse.
- Cambodia ratified the **International Convention on the Elimination of Racial Discrimination** in 1983. Cambodia has supported the **United Nations Declaration on the Rights of Indigenous People**. Article 22.2 expresses that measures should be taken in conjunction with indigenous people to ensure that indigenous women enjoy full protection and guarantees against all forms of violence and discrimination.

3. See Ministry of Women's Affairs (2014) Policy Brief 7: Violence Against Women and Girls. Cambodia Gender Assessment. Phnom Penh. Ministry of Women's Affairs.

4. According to the Indigenous Peoples/Ethnic Minorities Report by the Asian Development Bank (2002) in the drafting of the current constitution the definition of Khmer citizen was debated and was defined to include indigenous peoples.

5. See Ministry of Women's Affairs (2014) Policy Brief 7: Violence Against Women and Girls. Cambodia Gender Assessment. Phnom Penh. Ministry of Women's Affairs.

2.2 PREVALENCE AND INCIDENCE OF GBV IN CAMBODIA

Women in Cambodia experience multiple forms of violence including physical, sexual, psychological and economic violence in the home, the workplace and the community. Little data is available specifically on the experience of GBV in indigenous communities however in Cambodia:

- The most recent prevalence data for spousal domestic violence⁶ in Cambodia is from the 2005 Cambodia **Demographic Health Survey**. This shows that 22.3 per cent of married women in Cambodia experience emotional, physical or sexual violence from a spouse (Ministry of Planning 2013).
- In 2013, the **Partners for Prevention Study** found that 35 per cent of ever-partnered men had used physical or sexual violence against an intimate partner; one fifth ever partnered men had perpetrated rape, most commonly against intimate partners but 8 per cent of all men interviewed had perpetrated rape against a non-partner (Fulu, et al. 2013).
- The same study interviewed 417 ever-partnered women and revealed that one in ten women had reported having experienced sexual partner violence or rape in their lifetime (Fulu, et al. 2013).
- A study for the **International Labor Organization** revealed that one in five women working in garment factories felt they had been sexually harassed or sexually humiliated (ILO 2012).
- The **Cambodia Violence Against Children Survey** (CVACS) showed that more than 50 per cent of both males and females had experienced at least one incident of physical violence prior to age 18 (Ministry of Women's Affairs 2014).

Currently, a national prevalence study is underway by Ministry of Women's Affairs (MoWA), supported by UN Women, using the World Health Organization (WHO) standardized methodology that will provide updated data prevalence data on intimate partner violence and sexual violence in Cambodia. Additionally the Cambodia Demographic and Health Survey 2015 included a domestic violence module that will provide updated information on spousal violence. At the writing of the report, data from these two sources were not available.

2.3 ATTITUDES TOWARD GBV

Relationships between gender and family norms, vulnerability to, and normalization of GBV create a cycle that increases the chances of GBV occurring and decreases the likelihood of sanctions, their severity and their effective invention (*see Figure 2 overleaf*).

- The **Cambodia Gender Assessment** summarises that violence against women is widely accepted and tolerated in Cambodia.
- The **Cambodia Demographic and Health Survey 2010** reports that nearly half of women and one quarter of men aged 15-19 agree with at least one reason which justifies a man beating his wife (National Institute of Statistics 2010).
- The **Cambodia Violence Against Children Survey** showed that one in three females aged 18 to 24 believe it is acceptable for a husband to beat his wife under one or more circumstances (Ministry of Women's Affairs 2014).
- In the **Partners for Prevention Study** 32.8 per cent of women and 27 per cent of men agree there are times when a woman deserves to be beaten; 18 per cent of men and 21 per cent of women said that when a woman is raped she is usually to blame for putting herself in a vulnerable situation (Fulu, et al. 2013).
- The anthropological study **Behind the Smile** study found that in one Kreung community there is a general acceptance of violence as part of everyday life. It is seen as normal for parents to pinch or slap children and for husbands to slap their wives from time to time (Leth 2011).
- While perpetrators may continue their lives without social stigma, the victim (of rape) is marked as used and a worthless woman, a situation that leads to shame and guilt for women which can force them to keep the rape secret, marry the rapist, or leave the household to preserve the family reputation (Brown 2007).
- Violence against women and girls is perpetrated by traditional gender norms, and a variety of factors at the personal level such as lower education and childhood experience of violence (Minsitry of Women's Affairs 2014).
- Gender and Development Cambodia's qualitative study revealed that men are expected to be the breadwinner, be superior to women and girls and dominate over women and be strong and brave (GADC 2010).

6. Domestic violence is defined in Cambodian law as violence that "happens towards a husband or wife; dependent children or persons living under the roof of the house and who are dependents of the household."

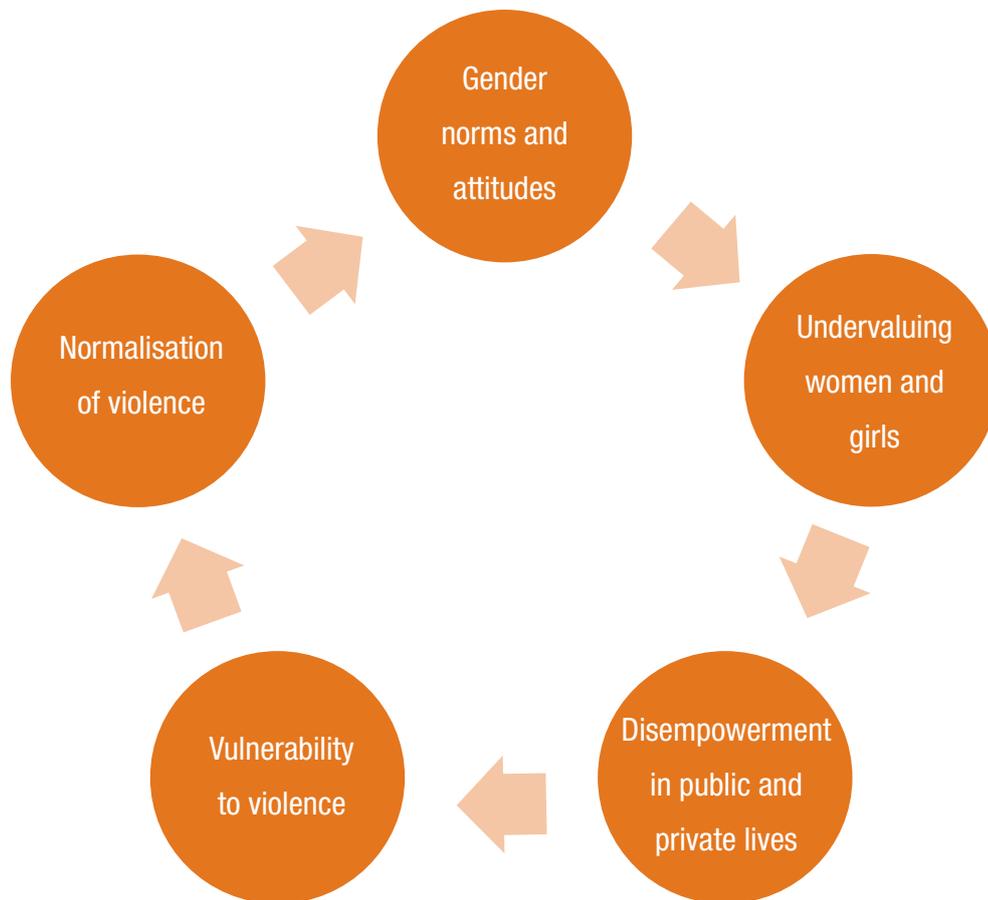


Figure 2: Cycle of gender-based violence

2.4 SUPPORT

In Cambodia, social services and legal support to survivors of GBV are not systematically provided and available and accessible to all women. While experts identify a survivor may need a range of services, in Cambodia services remain scattered and uncoordinated. Most services are unavailable in rural areas and not accessible for women and girls with increased or barriers to accessing services. (Ministry of Women's Affairs 2014).

The **Law on Prevention of Domestic Violence and Protection of Victims** provides that the 'nearest authority' is required to intervene in cases of domestic violence. Rape is a criminal offense and sexual harassment also against the law (see legal framework above). But the reality is that most women do not seek help from anyone when they experience violence.

- In the Ministry of Women's Affairs 2009 Follow-up Survey 87 per cent of victims of rape and 81 per cent of victims of domestic violence reported 'keeping quiet' (Ministry of Women's Affairs 2009).
- CVAC found that among those who experienced sexual abuse, approximately 49 per cent of females and 79 per cent of males had never told anyone about an incident of abuse (Ministry of Women's Affairs 2014).
- Local authorities including police are the most common place for women to seek help outside their family, but in MoWA's Follow-up Study one in three reported a husband was justified in using extreme types of violence if a wife argued with her husband, did not obey him or did not show respect (Ministry of Women's Affairs 2009).
- In the ethnic minority communities, customary or traditional practices rely on village elders to resolve domestic violence. This is a type of mediation with the goal to restore family harmony and prevent divorce. In its current practice it does not consider the woman's human rights or safety and can result in perpetuating the notion that the woman is responsible for the violence, by identifying 'what she did wrong' to be hit (UN Women 2015).

3 RESEARCH STUDY DESIGN

This study uses a qualitative methodology designed to gain a better understanding the situation of GBV in CARE Cambodia’s target areas in Ratanak Kiri Province. The data collection methodologies included standard research methods: a review of existing data and reports, key informant interviews using focus group discussions (FGD) and semi-structured key informant interviews (KIIs) with government authorities, development partners, and women and men in the target communities.

3.1 KEY RESEARCH QUESTIONS

The key research questions were designed to better understand the experience of GBV in CARE’s target areas in Ratanak Kiri. Key research questions are:

- What are women’s experience of GBV in CARE Cambodia’s target areas in Ratanak Kiri?
- What are the trends related to different types of GBV?
- What are the current help-seeking strategies?
- What are the communities’ current practices on prevention, protection and response to GBV?

3.2 SAMPLING STRATEGY

A purposeful sampling strategy was used to elicit the required information. Study participants were selected based on their expected knowledge and contribution to answering the research questions. Study participants were selected from sectors that bear responsibility for protection against GBV and community members including both men and women. Because no organization is specifically targeting GBV, access to women that have identified as GBV survivors was limited. The approach was taken to access women and men in the community through CARE Cambodia’s existing groups operating in ethnic minority communities.

Focus Group Discussions (FGD)

- Five FGDs with women in CARE’s groups in target communities
- Two FGDs with men in target communities
- Two FGDs with Village Elders in target communities (men and women)

Key Informant Interviews

- Commune Committee for Women and Children Focal Points
- District Committee for Women and Children
- Commune, District Police
- Provincial Anti-trafficking Police
- Provincial Department of Women’s Affairs
- Provincial Department of Social Affairs, Veterans and Youth Rehabilitation
- Non-government organizations working in Ratanak Kiri Province including CARE Staff, Lichado, Plan International Cambodia, Highlanders Association

3.3 DATA COLLECTION

Site visit was made to Ratanak Kiri Province in August 2015.

District	Commune	Village	Ethnic group
Koun Mom	Tang Ang	Sec	Kreung
Om Chum	Pouy	Krola	Krueng
Bar Kaev	Lung Khung	Pa Ar	Tampuen
Ou Ya Dav			
Lum Phat	Seda	Pa Tat	Tampuen
	Otdam	Dei Lou	Ngoun

Table 1: Site visit locations

3.4 ETHICAL CONSIDERATIONS

As part of this study, focus groups and individual interviews were held with women that could be survivors of GBV. This direct communication required a review of the ethical considerations. The International Research Network on Violence Against Women and the World Health Organization stipulate the prime importance of confidentiality and safety; the need to ensure the research does not cause the participant to undergo further harm (including not causing further traumatization); the importance of ensuring that the participant is informed of available sources of help; and the need for interviewers to respect the interviewee's decisions and choices. The following safeguards were used:

Individual Consent: At the start of the FGDs with possible survivors of GBV, participants were informed orally of the purpose and nature of the study. Because of low levels of literacy in Cambodia and the fear people might have of recording their names, the interviewer requested verbal consent of the participants to conduct the interview. As part of the consent procedure, the participants were informed that data collected would be aggregated and no one would be individually identified. Participants were asked if they had any questions and told they could refuse to answer any questions or leave at any time.

Confidentiality: Participants in the FGDs were not asked their full names. Participants were told that no identifying information would be shared about them specifically.

3.5 LIMITATIONS OF STUDY

The study is necessarily limited by the type of data collected. All data is qualitative and is self-reported and cannot be independently verified. It is necessary to take what people say at face value. The impact of this data was limited by interviewing a significant number of people, asking the same or similar questions to different categories of key informants to permit triangulation of data. Additionally, the data analysis looked at trends for example using more than one source for challenges, or ideas for recommendations.

4 KEY FINDINGS

4.1 TYPES OF GENDER-BASED VIOLENCE EXPERIENCED

Women in CARE's target villages in Ratanak Kiri province experience multiple types of GBV. The most common types of GBV reported is violence perpetrated by a husband. This included physical violence, sexual violence and emotional violence. Additionally early marriage was reported a traditional practice that is harmful to women (and likely men as well). Rape or sexual violence reports were very low, but this cannot be mistaken for the lack of occurrence and there is reported shame and or blame to the victim for reporting.

"I don't know if it (GBV) is increasing or decreasing, but it is happening a lot."

NGO Key Informant

In order to better understand women's experience of GBV this study also explored factors related to women's agency, relationships and structures. This included men's and women's roles in work and family, in decision making in the family and in the community and a review of government structures that impact women's access to supports for GBV. These findings are also reported.

4.1.1 HARMFUL PRACTICES

Harmful practices are "traditional or customary" practices that reflect the values and beliefs held by members of a community for long periods of time—spanning generations—some of which are harmful to a specific group, such as women. (OHCHR, 2015)

In the communities visited in Ratanak Kiri Province the harmful practice that is passed on by tradition is the practice of early marriage. While this practice was not reported by the women in FGDs in ethnic communities as a harmful practice, it was repeatedly identified by both community leaders, government authorities and NGOs as a significant problem continuing in the communities.

Generally, early marriage was identified as a problem due to health risks caused by teen pregnancies or economic issues caused by girls and boys stopping education before secondary school.

At the community level participants reported increased understanding of these challenges through efforts by NGOs including CARE and through government educational programs through the Commune Committee for Women and Children.

While the practice of early marriage was reported as common, it was also reported to be improving; the lower age of marriage is estimated to have increased from about age 13 to 14 years of age in the past, to age 15 or 16 years of age at marriage currently. However, clearly the attitude prevails that marriage at a young age is important for a woman. Interestingly, this practice of early marriage is not driven by parents, but by boys and girls. In KIIs it was reported that in fact youths' parents did not push children to get married early, but youth have significant autonomy and were permitted to make this choice. In fact on CCWC Focal Point lamented that she was unsuccessful at stopping her own son from getting married early. In FGD women reported that to be 20 and not married meant you were likely to be 'unmarriageable' due to advanced age. An additional challenge related to marriage is that many people in ethnic minority communities do not register their marriages. This can result in less access to formal support structures as well.

"If a girl reaches 20 without a husband she worries that no one will marry her because she is too old."

FGD Participant

To understand the impact and importance of marriage in the target communities, the choice and decisions to marry were explored in this study. FGD participants were asked who makes the decision about marriage—the parents, the bride and/or the groom.

It is clear that this is an area of decision making that is evolving in the communities. Older FGD participants said

their parents had decided their marriage partner, but both older and younger participants said that now young people select their own spouse. However, all participants said that parents were still expected to give approval of the union and reported that if parents did not approve of the choice the marriage could not happen.

Additionally a discussion was held about the choice to marry (or not to marry). All participants said that ‘everyone marries’. This was seen as expected of every man and woman in the community. And while divorce was not common, women did say they could divorce and reported on examples of women that did divorce. Again, marriages not being registered impact property settlements through the formal system for both men and women. While marriage registration has increased through efforts to promote its importance, in Cambodia in general all marriages are still not registered.

Other practices including the bride price were explored. The bride price is a payment typically made by the husband or his family to the bride’s family upon marriage. Participants did not report this practice as significant, although it did occur. Some described it as mostly ceremonial.

4.1.2 INTIMATE PARTNER VIOLENCE

"Intimate partner violence refers to behaviour by an intimate partner (current or former partners) that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviours." (WHO, 2002)⁷

4.1.2.1 Physical violence

Women in FGDs in CARE’s target communities report commonly experiencing physical violence from their spouse or partner. Generally physical violence was described as ‘small’ violence and ‘serious’ violence. Small violence was violence that did not result in injury and serious violence was violence that results in injury (bruises, broken bones, cuts or other injuries).

This is a common categorization of intimate partner violence that has been identified repeatedly in studies on GBV in Cambodia (Minsitry of Women's Affairs 2014) (UN Women 2015) (Bricknell 2014).

While the Law on Prevention of Domestic Violence and Protection of Victims or the Criminal Code do not make this distinction, it is commonly made by implementing authorities.

Generally, mediation is permitted in non-criminal domestic violence cases. Non-criminal domestic violence is non-physical domestic violence (emotional, economic), but has been widely interpreted to be non-injury domestic violence. This same interpretation (small or non-serious and serious) is common in the ethnic communities in Ratanak Kiri.

“Violence happens a lot to women in the community. Mostly when their husbands are drunk, but there are very few serious cases.”

FGD Participant

Physical violence without injury (small violence) was reported by women in FGDs to be far more common than violence with injuries (serious violence). However, even though women in FGD reported less violence with injuries, they did describe hitting, punching, hitting with an object such as a stick and other physical violence. A certain level of ‘small violence’ was generally normalized in the community meaning that women saw it as common. While fewer injuries were described, women in FGD described knowing of women that had been cut, had broken bones, and had been murdered by their spouses.

“All kinds of violence happens, some is cutting, hitting, and some is just shouting.”

FGD participant

In some FGD the majority of women reported experiencing or knowing victims of some level of physical violence. In one FGD with 12 participants, one women reported serious violence, 1 one reported no violence, and other women talked about experiences with different types of physical violence.

Local authorities including District Chiefs, Commune Chiefs, Commune Committee for Women and Children Focal Points, Provincial, District and Commune Police all reported that physical violence was common in the community. Generally however the distinction was again made that the most common violence was ‘small violence’ – or violence

7. Another common term used is domestic violence.

without injuries. This type of violence was mentioned so regularly that its occurrence in the community was basically normalized. Only violence that resulted in injuries was identified as something that required outside intervention (*See Section 2.4 above*).

“Small violence is common but serious violence is not as common.”

Commune Chief

At the community level, women and men both identified small violence as common and on-going. In one village when asked how many women experienced violence FGD reported it was one or two women in ten. When asked how often women experienced violence (small or serious) women reported ‘two or three times a week’. When asked if violence was increasing or decreasing, community members’ reports were varied. Most commonly, community members said that serious violence was decreasing, but ‘small violence’ continued.

An interesting finding is that the different key informants did not agree on the trends in relation to an increase or decrease in physical violence against women in Ratanak Kiri Province. Even government authorities described the change in physical violence differently in different offices.

The majority reported there was a clear reduction in violence in the community and attributed the reduction to the implementation of the Village/Sangkat Safety Policy or other efforts by the government to reduce violence. In reality, some community members did report learning about the laws related to violence as a result of community presentations by the government or through services provided by NGOs.

“Women in the indigenous communities accept their husbands’ authority so they may have less violence than in Khmer communities.”

NGO Key Informant

NGOs initiating services or prevention activities on GBV identified that GBV was commonly occurring, and that children were also witnesses to abuse and victims of the abuse themselves.

Other perspectives were that violence in the indigenous communities is less generally than in the ‘Khmer community’. This was attributed to cultural differences

particularly that women in ethnic minority groups were less likely to ‘talk back’ or ‘challenge’ their husbands so they experienced less violence. Other government authorities reported that violence against women was actually increasing in the community. This was attributed to changes in the community that provided cash income to men resulting in the ability to purchase alcohol and drink more often.

Clearly this introduced a common theme. Almost everyone in the community attributed violence against women to alcohol abuse by men. Alcohol was definitely reported to be more accessible than in the past. In one group the local authority described that in the past alcohol was only drunk at community festivals or ceremonies and now it is available daily and that men had access to cash income to purchase it.

Women commonly described that men would drink alcohol until drunk then come home late and expect the wife to agree to sex, or prepare food, and when/if she refused it resulted in his perpetration of violence. It is important to note here that international research commonly identifies alcohol as a contributing factor to the severity and frequency of violence but not a cause of violence, as not all men who drink to excess do not perpetrate violence. In fact, in FGDs women themselves were able to report that only some men committed violence when drunk, acknowledging however, that if they were violent it was commonly when drunk.

In summary, it is likely that women in the target communities are subjected to regular violence that is commonly tolerated unless it results in injury. While not a cause the perpetration of violence is clearly impacted by the increased access to alcohol, which is reported by women in the community to increase at least the frequency of violence.

On a special note, women were also asked if they drank alcohol, and if women hit men. This question would bring laughter. The responses were that yes sometimes women drank alcohol particularly at festivals, but women never hit men.

4.1.2.2 Economic Violence

“Economic violence or abuse includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to employment, healthcare, etc.”

(UNICEF 2006)

In order to understand the types of economic violence or abuse women in ethnic minority communities experience, the role of women in managing money, and work in family and community life was explored. Generally women in the ethnic minority communities were identified as the ‘managers’ of money in the family.

In fact, in some studies this has been identified as a source of power in the family for women and reported as a positive example of women’s status in the community (Asia Development Bank 2002). As a result this analysis was further explored in FGD with women in the communities. Generally women did report that they managed the money in the household. They were able to make day to day decisions about household spending.

“Men made the decisions about the money, but the management of money is by women.”

FGD participant

However, further discussion identified that generally while women manage the money, the ‘big decisions’ about financial purchases are made by the men typically in consultation with women. However, men reported that they made all the financial decisions; reporting that women did not have the capacity for ‘big financial decisions’. As head of the household it was the man’s responsibility to decide. So some difference in viewpoints by men and women on this issue.

“Women don’t have the capacity to make big decisions. These are made by men as head of the household.”

FGD participant

In reality, the management of money by women is also resulting in an area of conflict and can be trigger for violence. As managers of the money (often holding the money), women are often requested to release household funds for purchase of alcohol or gambling by their husband. When women refuse, this is a high risk time for men’s perpetration of violence. One government

official said that if women would give men half the family income to spend as they pleased (not on household expenses) there would be no violence in the family. Clearly this role of managing the money, and women’s hesitation to release the money for activities such as drinking or gambling, provides a trigger point for violence.

Another area that was explored in FGDs with men and women is the different work that men and women do. Generally women described their work as the unpaid work caring for the house, caring for children, and agricultural production. Men described their work as often now ‘going outside’ to earn an income.

“Women work much longer days than men, but we are not paid so we have to do it.”

FGD participant

While women did commonly describe their work day as longer, and men’s work as ‘more important’ because it generated cash, all groups noted a change over time. This was described now that more commonly they were implementing modern practices where men helped more with the household work such as carrying wood, or caring for children. This change was attributed to learning about workload sharing from NGOs like CARE, and increased access to resources like motorbikes. One example provided men being willing to carry the wood now that they had motorbikes. Some women reported this now as ‘men’s work’ where in the past it had been women’s work.

“In our community women have to prepare for the birth by themselves and go back to work one or two days after—the husband does not help.”

FGD participant

However, women did report that the burden of work is still heavy. An example was provided about childbirth. In FGDs women reported that “indigenous people are not like Khmer people; in our community women have to prepare for the birth by themselves and go back to work one or two days after – the husband does not help.”

4.1.2.3 Psychological or Emotional Violence

“Psychological or emotional violence is non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts whether in public or private; and isolating a person from family and friends, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement.” (IRIN 2015)

In FGD women were asked about psychological or emotional violence. Women in this study reported that this type of violence was common in the community. In fact, when asked about violence in the family, the FGD participants would report that psychological violence occurred ‘all the time’. Examples provided were ‘yelling’, and ‘saying bad things to them, such as they are stupid’.

Other psychological or emotional violence described by the FGDs was the husband having another relationship. Women commonly reported that a cause of violence ‘was when the wife was jealous’ over the ‘second wife’ or another woman in his life.

“Indigenous women are looked down on by the community. Men say things like ‘my wife is foolish and she cannot generate any income’.”

NGO Key Informant

Generally other key informants also reported that psychological or emotional violence were common. Reports by NGOs and police were that this type of violence was also related to alcohol abuse. A typical scenario was described that men were drunk and would come home with expectations that the wife would prepare food, have sex, or release household funds. When she disagreed, if physical violence was not perpetrated, commonly the man would be verbally abusive.

4.1.3 SEXUAL VIOLENCE (PARTNER AND NON-PARTNER)

“Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work.”

(WHO, 2002)

In FGDs women were asked directly about sexual violence in the community. This included partner and non-partner sexual violence.

Generally immediately women in the community would respond that rape was ‘not as common’ in the community. Women would report that it happened, but not commonly like ‘domestic violence’. However, government authorities at the district and provincial levels were far more able to report on cases of rape that had occurred. The reports of rape that were made were typically of incest, or rapes perpetrated against women in the community. Police, Village Chiefs and other authorities, clearly reported that rape was a crime and that if it was perpetrated that the case was reported to the criminal justice system.

Likely there is shame in reporting rape or sexual violence as is typical in most cultures. However, women were able to describe behaviors they used to protect themselves from being raped. This included not going out at night, or not going into the forest alone.

“They are our husbands, so we must submit to sex. It is not an option to say no. We are married.”

FGD participant

In order to understand better the issue of partner rape or sexual violence, women were asked if they had the right to say no to sex in a marriage. In all the FGDs, not one woman said she could say no to sex except just after childbirth or during menstruation. Clearly, the women's understanding of marriage was that submission to sex was required with this.

4.2 PRACTICES ON PREVENTION, PROTECTION AND RESPONSE

4.2.1 PREVENTION

A variety of GBV prevention efforts were identified in the communities and at the provincial level. In the community the common prevention activity was the Commune Committee for Women and Children and/or the Commune Council monthly meetings to promote implementation of the Village Sangkat Safety Policy. These meetings were described as public forums where the local authorities, shared the policy with the community to promote a reduction in crimes targeted by the policy including violence against women. Additionally, some women in FGDs had participated in gender awareness sessions or other activities to prevent GBV.

At the provincial level, the anti-trafficking police, and Provincial Department of Women's Affairs reported on the activities of the Good Men Campaign, carried out with the support of an NGO Paz Y Desarrollo (PYD) in the past years. Additionally NGOs and provincial government authorities reported activities carried out such as community forums, posters or training during the 16 Days of Activism to End Violence Against Women held annually between November 25 and December 10.

"We participated in the Good Men Campaign and the 16 Days of Activism to End Violence Against Women, but we need to do more of this."

Anti-Human Trafficking Police

In particular, Plan International Cambodia described secondary prevention activities that are beginning to start this year. This is Closed Groups for men perpetrating violence and women experiencing violence to learn new behaviors. Plan is holding these groups already in Siem Reap and in Kampong Cham provinces and is expanding this model to Ratanak Kiri. This part of Plan's efforts targeting child protection issues as domestic violence has been identified as a priority issue.

4.2.2 PROTECTION AND RESPONSE

4.2.2.1 Informal or Traditional Justice Mechanisms and Supports

Family and Friends: Universally, women in FGDs reported that the first place they go for help is their family and/or neighbors. Family was primarily parents. Parents were sought as mediators, with women expecting that advice from the parents would result in the husband ending violence.

With probing, women reported this intervention was viewed as helpful. Generally, when help was sought the parents would advise the man and woman on proper behavior. This behavior was for the man not to beat the wife and for the wife to behave in a way that did not 'instigate violence'. Often the wife was advised on ensuring she prepared food on time or did not 'blame him' for bad behavior such as gambling or drinking.

"Women should learn to walk away when men are drunk, then they will not get hit."

FGD participant

Generally, this type of intervention was useful in stopping a specific incidence of violence, but when asked if violence occurred again, women in FGD reported yes. So this intervention is a helping immediate intervention but does little to GBV and in fact likely perpetuates social and cultural norms that perpetuate it.

Interestingly, in FGD women also reported that neighbors were also a source of immediate help. This was again to intervene when an incident of violence was occurring. The neighbor would provide a safe place for the woman or intervene to stop the violence. However, at the same time, women reported that they often heard women being abused and did not intervene. The reason provided was that the women experiencing violence was not in their immediate family so they could not intervene because they would be seen as interfering in a private matter. Again, a social and cultural norm was perpetuated that GBV is a family problem and that community members should not intervene.

Village Elders: Village Elders were identified as a central authority in traditional justice mechanisms in the ethnic communities in Ratanak Kiri Province. In all communities the Village Elders were described as the first source of protection and response for women experiencing GBV particularly when intervention from family and/or friends was

not successful. Women and men in FGDs, government authorities and Village Elders all described this intervention was to try to 'solve the problem (of violence) the traditional way.

Village Elders are typically older people in the community (though no age requirement), that have been identified by other village members as 'wise' and have a 'good reputation' for solving problems. The Village Elders also are reported to have significant knowledge of customary laws, and norms for penalties for transgressions. The Elders are a resource for conflict resolution in a variety of conflicts within the village. Village Elders can be both men and women in the community and often work as a team, sometime in cooperation with the Village Chief.

"We respect the advice of the Village Elders.
They understand our traditions."

FGD participant

The 'traditional way' of responding to spousal violence is to hold a meeting led by the Elders with the victim of violence and her husband. The aim of the meeting is to talk together with the couple to identify the source of the problem, educate the couple about good behavior of men and women and restore harmony in the family and

community. Examples were provided where the Village Elders pointed to 'good families' in the community for the couple to follow. These are families that are living without violence.

As part of the traditional way the perpetrator of violence is required to provide a chicken, pig or cow to be killed. The determination of chicken, pig or cow can be based on the severity of the crime and also on the available resources of the perpetrator. The animal is part of the punishment as it takes some of the perpetrators resources away. Typically then a ceremony or celebration is held in the community to restore harmony. The ceremony involves drinking and celebrating. One note is that during this research one village was visited and community members were participating in a community celebration. The Village Elders were interviewed and at least two of them were drunk themselves.

When asked intervention by Village Elders was successful, women reported that the men did not want to have to do the traditional ceremony because it 'cost them' and it was shameful as well. Village Elders said that it worked, but that often the violence would occur again at a later time. Generally they described that it ended the current incident of violence, but did not usually stop the longer term pattern of violence. The positive aspect is that it does provide messages that violence against women is not acceptable.

Village Chief: The Village Chief is an elected official in the community and connected to the larger political structure of the Ministry of Interior with related administrative functions. The Village Chief is typically respected in the communities and works closely with the Village Elders. In some villages the community (men, women, elders, etc.) reported that the Village Chief participated in the traditional process with the Village Elders, but this was not required or universal. If the Village Chief tried to resolve violence he also used traditional mechanisms such as informal mediation.

The Village Chief is also a link into the formal justice system. Repeated violence that was not able to be solved the traditional way, or that was serious (injuries) was referred to the police either directly by the victim or through the Village Chief.

4.2.2.2 Formal Justice Mechanisms

Police: Consistently the police were reported to be the first line of support outside of the village structure into the formal justice system. The Police Post at the Commune level is where couples were referred (or went) for intervention when the case could not be 'solved' in the traditional way. Interestingly, in this researchers experience, referral to police was more commonly identified in Ratanak Kiri Province than in other areas in Cambodia.

In other research, the Commune Committee Women and Children Focal Point, or Commune Council have been identified as the next sources of support (UN Women 2015). The police officers at the Police Post at the commune level self-identified as members of ethnic communities in some communes and this might have impacted this pattern as people in indigenous communities reported they did not want to seek help from the court system, because they did not see the 'point' in going to jail.

Generally the first tool the police employed to resolve the 'case' was also to try to mediate the violence. The police would employ traditional mediation practices trying to understand the cause of the violence including whose fault it was.

In some cases they would make a written agreement with the couple to stop the violence. This agreement is very common in Cambodia, but in other provinces, this agreement is typically made at the Commune Council.

The police reported that typically women did not want their husbands arrested because of the cost involved.

The costs included fees to police, loss of work, and court costs if the case went to the formal system.

“People do not want to go to court, they do not want to pay the costs or go to jail.”

Commune Chief

Commune Council and Committee for Women and Children: In this study, both Commune Chiefs were interviewed and Commune Committee for Women and Children Focal Points. The Commune Chiefs reported that generally cases of domestic violence were resolved at the village level in the ‘traditional way’, but if there were injuries the women would go to the police post for help. Additionally it was reported that in some cases the Commune Chief was asked for help. If the case could not be resolved in two or three attempts the case would be referred to the courts; however he knew of no cases that had been referred to the courts. It was also reported that the Commune authorities go to the villages to educate them about violence.

“It is very difficult for women. Most want to hide and not let people know because they will have a lot of cost if the violence is known.”

CCWC Focal Point

Generally the Commune Committee for Women and Children Focal Points were not very active on issues related to GBV, but reported that violence—particularly domestic violence—was common in the community. The Focal Points reported that most cases of violence against women were resolved at the village level in the traditional way and if this was not successful the victim went to the police.

Focal points did raise other issues however. This included the tradition of early marriage, as a priority issue they worked to reduce in the community. As noted earlier some success was perceived in this study, with the typical age of marriage now reported to be one or two years older than in the past.

District Committee for Women and Children: At the District level the authorities also reported that violence against women was common. The District described priorities to address gender, including addressing workload, raising awareness of the laws against violence in the community, and also to promote awareness of sexual violence. In one district with 34 villages, a reported 30 families have ongoing violence. Their intervention was to try to educate the families not to have violence. The authorities report success, but report that one village continues to be violent. An important note is there is no way to know if the women are still experiencing violence or have stopped seeking help. Commonly if women do not receive help, or significant cost is involved help seeking does not continue. Additionally, the priority of the Village Sangkat Safety policy is to reduce incidents of domestic violence in the community and while a notable goal, it has also served as a disincentive for accurate reporting as communes with fewer cases are rewarded and seen as having successful governance.

Judicial Police Agents: The Provincial Department of Women’s Affairs has Judicial Police Agents that can serve as advocates for domestic violence cases that are serious and make it into the formal court system. Admittedly few cases make it to this level.

Admittedly all authorities reported few cases of GBV make it to the provincial court system. The cases that do are ‘serious’ with injuries are rapes. The Anti-Human Trafficking Police reported that 13 cases had taken place in the last year.

4.2.3 SOCIAL SERVICES

In Ratanak Kiri Province there are no NGOs focusing specifically on GBV. Human rights NGOs are providing some legal services and advocacy on specific cases. Additionally in a few districts, groups are being developed for perpetrators and victims in the community. However these efforts are limited and most women do not have access to any social or supportive services such as safe shelter, legal information and advocacy, counseling. Medical care is available through the Cambodian Health Care system. However, women in CARE’s pregnancy group identified that most women did not to seek help through this system because they were not treated well by the health care providers.

5 CONCLUSIONS

Women in CARE's target areas in Ratanak Kiri are experiencing different forms of GBV including traditional harmful practices, physical, emotional, sexual and economic violence.

The most common traditional harmful practice is the practice of early marriage. This practice has been targeted by international NGOs and some success was reported with the age of marriage increasing from about 13 or 14 to about 15 or 16 years of age.

Physical violence without injury (small violence) is more common than violence with injuries (serious violence). A certain level of 'small violence' was generally normalized in the community meaning that women saw it as common. While fewer injuries were described, women in FGD described knowing of women that had been cut, had broken bones, and had been murdered by their spouses.

Increased access to alcohol was reported repeatedly as a cause of increase in frequency and severity of physical violence.

Women are generally identified as the money managers in the household, but are limited in their decision making power. Both men and women agreed that big financial decisions were made by men, but sometimes in consultation with women. Women were more likely to report consultation on financial decisions than men.

Women's unpaid work is devalued by men and community members. While women reported that men were taking a greater share of the family workload, generally women's work is still undervalued and women work longer days than men.

Psychological or emotional violence was reported to be common. Generally this was yelling and saying demeaning remarks. Other psychological or emotional violence was described as the husband having another relationship. Women commonly reported that a cause of violence 'was when the wife was jealous' over the 'second wife' or another woman in his life.

Generally rape or sexual violence reports were very limited. Women would report that it happened, but not commonly like 'domestic violence'. However, government authorities at the district and provincial levels were far more able to report on cases of rape that had occurred.

Marital rape is likely common. In all the FGDs, not one woman said she could say no to sex except just after childbirth or during menstruation. Clearly, the women's understanding of marriage was that submission to sex was required with this.

There is little agreement if GBV is increasing or decreasing in the community. The reality is women are experiencing different forms of GBV, traditional attitudes perpetuate violence, and victims have limited access to support and protections. Likely the characterization of GBV is changing as the community changes, but the reality is women in Ratanak Kiri province, like women in all cultures in the world are experiencing various types of GBV.

Village elders were identified as a central authority in the traditional justice mechanisms in the ethnic communities. In all communities the village elders were described as the first source of protection and response for women experiencing GBV when intervention from family and friends was not successful. Women and men in FGDs, government authorities and Village Elders all described this first line of intervention was to try to 'solve the problem' (of violence) the traditional way.

Victims of GBV report being more likely to seek support from the police than other formal justice mechanisms. However instead of arrest, police attempt mediation. Few women ever make it to the formal justice system. In fact, most report that the formal justice system does not solve their problem but exacerbate it through costs and loss of income if their husband is imprisoned.

The Commune Council and Commune Committee for Women and Children are not being accessed as support mechanisms for GBV at the same rate as in other provinces.

At the Provincial Level the Department of Women's Affairs and the Anti-Human Trafficking Police have been active in promoting primary prevention. However, with limited resources these activities are scattered and project based.

Both the traditional justice system and the local authorities have little training on GBV and are likely re-victimizing the woman by providing inadequate response that results in blaming the woman for the violence.

Women experiencing GBV have limited access to safe shelter, counseling services, legal supports and other social services.

6 RECOMMENDATIONS

6.1 WOMEN IN THE ETHNIC MINORITY COMMUNITIES

- Engage women (groups, training, capacity building) in the communities to increase their understanding of GBV, their rights and capacities to promote strategic actions to change social norms to prevent and reduce violence against women and girls.
- Continue to analyze GBV in the context of the changing environment to ensure women are not further marginalized and victimized.
- Continue to promote improvements that reduce women's workload at the same time, building understanding of the gender inequitable social norms that create this burden to promote changes in community norms and practices.

6.2 COMMUNITY MEMBERS IN ETHNIC MINORITY COMMUNITIES

- Continue to implement programming such as that in the Ethnic Minority Women Education Program that challenges gender inequitable norms and practices; and increase understanding of equal rights of men and women in Cambodia.
- Engage men in the community on positive masculinities including fatherhood, tackling alcohol abuse, sexual health, gender equality.
- Engage men (especially husbands) in forums e.g. like men's networks, to be active change agents and champions for preventing GBV.
- Raise awareness of practical solutions community members can engage in to end violence against women (not making jokes about violence, openly stating violence is wrong, offering shelter to someone experiencing violence, and others that could be identified in the community).

6.3 DUTY BEARERS IN THE ETHNIC MINORITY COMMUNITIES

- Build capacity of CARE Cambodia staff on good practices in GBV prevention, protection and response.
- Build capacity building to relevant authorities on good practices in response to GBV (training in mediation for GBV, non-blaming communication, zero tolerance for violence, safe shelter, access to justice, etc.).
- Promote development of networks in the community (district, commune, village levels) to bring together key duty bearers to identify gaps, develop adequate response and build capacity to adequately prevent and respond to GBV.

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