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## ABBREVIATIONS AND ACRONYMS

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<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CDHS</td>
<td>Cambodia Demographic and Health Survey</td>
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<td>CVAC</td>
<td>Cambodia Violence against Children Survey</td>
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<td>DV</td>
<td>Domestic violence</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>IPV</td>
<td>Intimate Partner Violence</td>
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<td>MoWA</td>
<td>Ministry of Women’s Affairs</td>
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<td>NAPVAW</td>
<td>National Action Plan to Prevent Violence against Women</td>
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<td>RGC</td>
<td>Royal Government of Cambodia</td>
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<td>VAW</td>
<td>Violence against Women</td>
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<td>TFGBV</td>
<td>Technology facilitated GBV</td>
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INTRODUCTION

In Cambodia, recent data shows that one in five (21%) women report having experienced emotional, physical, or sexual violence by their current or most recent intimate partner (IP) in their lifetime.[i] When asked, more than one in three (36%) of ever-partnered men reported perpetrating physical and/or sexual violence against a female partner.[ii] Other forms of gender based violence (GBV) include traditional harmful practices such as child marriage, sexual harassment in the workplace, sexual exploitation and abuse through trafficking and technology facilitated GBV (TFGBV).

Clearly GBV is still pervasive in Cambodia, yet it is understood to be vastly under-reported due to harmful gender and social norms, combined with a lack of adequate reporting and response systems. Data shows that over 50 percent of women that experienced physical or sexual violence had not told anyone. Those that did, reported to their family (59%), followed by police (21%).[iii] An earlier study with similar results on help-seeking for IPV found the most common reasons women had not sought help was they saw violence as normal or not serious or they had concerns of shame to her or her family.[iv]

The perpetration of GBV is strongly correlated with harmful gender and social norms which are rooted in gender-in equitable constructions of masculinity, including sexual entitlement. While Cambodia has seen dramatic changes with more women entering the workforce in the past few decades, traditional gender attitudes towards women’s roles in the family and society still impact their access to opportunities, control over their bodies, and risks for GBV. Recent data shows that 37 percent of women and 16 percent of men believe there is at least one of six reasons that it is acceptable for a husband to beat his wife/partner.[v]

The Royal Government of Cambodia (RGC) has implemented National Action Plans to Prevent Violence against Women (NAPVAW), that prioritize prevention of GBV, provision of quality essential services, and a strong legal and policy framework. National studies as well as qualitative studies have been undertaken to better understand GBV in Cambodia. Both government, civil society and development partners have invested in initiatives toward the prevention of GBV through strategies targeting youth, families, communities or groups with increased risk or barriers in accessing services.

These efforts are significant; however, work remains to develop comprehensive prevention programming. The evaluation of the most recent NAPVAW (2019-2023), found that “prioritizing prevention programs that address harmful social and gender norms are required for transformative change on attitudes and practices towards ending violence against women and girls.”[vi]

UNFPA globally is committed to accelerating the reduction of GBV and harmful practices as part of its’ three transformative results: zero maternal mortality, zero unmet need for family planning and zero gender-based violence and harmful practices. UNFPA, as one of the lead agencies in addressing GBV, is strengthening its work to support the Royal Government of Cambodia’s ambition towards the reduction of all forms of gender-based violence by 2030.
OBJECTIVES

The objectives of this secondary data analysis of the relevant existing research in order to:

• Further analyse the drivers of violence in Cambodia; specifically, the harmful social norms that contribute to violence;

• Identify based on the evidence, the attitudes, beliefs and values that form the social norms that contribute to GBV, and;

• Further analyse the socio-economic risk factors and the vulnerabilities including risk factors in specific populations including ethnic groups, migrant workers, entertainment workers and other at-risk groups and identify gaps where further qualitative research will be required.
METHODOLOGY

The methodology for the secondary data analysis was a desk review of existing research to explore the findings related to harmful social and gender norms that contribute to GBV. Initially an annotated bibliography was developed to identify existing relevant research in Cambodia (See Annex 1). The studies in the annotated bibliography were reviewed to identify their findings related to harmful social and gender norms, and other risk factors for GBV.

After an initial review, a framework for organizing the data in the secondary analysis was identified. The RESPECT Women: Preventing Violence against Women Framework (RESPECT Framework) was selected[7]. The RESPECT Framework identifies an evidence-based framework that begins with knowing the facts in the context, assessing risk and protective factors and implementing strategies including:

\[
\begin{align*}
R & \quad \text{Relationship skills strengthened} \\
E & \quad \text{Empowerment of women} \\
S & \quad \text{Services ensured} \\
P & \quad \text{Poverty reduced} \\
E & \quad \text{Empowerment of Women} \\
C & \quad \text{Child and adolescent abuse prevented} \\
T & \quad \text{Transformed attitudes, beliefs and norms.}
\end{align*}
\]

In the strategy area – ‘transformed attitudes, beliefs and norms’, four types of beliefs and social norms that justify and sustain GBV were identified. These are 1) ideals of masculinity and femininity, 2) strict gender roles, 3) acceptance of GBV, and 4) family privacy. The data identified in the annotated bibliography was analysed using this framework, to understand what the data says about these beliefs and social norms in Cambodia. In addition, other factors that can serve as either risk or protective factors were further analysed. Using this framework, the secondary analysis of data was organized based on these social norms categories.

A draft matrix with the available data organized by category was presented in a validation workshop on 12, 13 of December 2023. The workshop participants included government, UN agencies and civil society organizations. During the validation workshop, the participants reviewed the existing data, validating findings, identifying gaps, areas for further research and key messages for preventing GBV.
RECENT DATA ON GBV IN CAMBODIA

In the last decade the Royal Government of Cambodia with the support of development partners has conducted various research that provides an understanding of the prevalence of gender-based violence, in particular intimate partner violence (IPV).

The Cambodia Demographic and Health Survey (CDHS)[viii] includes a module on intimate partner violence (IPV) /domestic violence (DV) and sexual violence and is conducted every five years. The module called the DV Module provides data on the prevalence of IPV, attitudes toward acceptance of IPV, and women’s help seeking behaviors. The most recent CDHS was conducted in 2020-21.

The National Women’s Life and Health Survey was completed in Cambodia in 2015 using the WHO methodology.[ix] The WHO methodology provides data on the prevalence of IPV and sexual violence, consequences of IPV for women, their children and families, women’s help-seeking behaviours for IPV and risk and protective factors for IPV.

In 2013 the multi-country study Why Do Some Men Use Violence Against Women and How Can We Prevent It?[x] was completed that includes Cambodia. The study interviewed both men and women and aimed to determine how masculinities related to men’s perceptions and perpetration of violence against women.

There has been other qualitative research that provides insights into types GBV, social norms that drive GBV, and about groups of women that may be more at risk, experience exclusion or barriers to access protections.

Following is a summary of recent findings from these studies:

Cambodia Demographic and Health Survey (2020-2021) revealed that:

- 21 percent of women aged 15-49 have experienced emotional, physical or sexual violence by a current or most recent intimate partner, in their lifetime. This is a decrease from 29 percent in the CDHS 2014.
- 1 in 10 women of any age are currently living with IPV.
- 10 percent of women aged 15-29 had experienced physical or sexual violence by a non-partner.
• Women in rural areas are more likely than their urban counterparts (23% compared with 17%) to have experienced physical, sexual, or emotional violence by their current or most recent husband/intimate partner.
• The provinces with the highest rates of IPV are Mondulkiri, followed by Preah Vihear, Banteay Meanchey, Kampong Thom, and Strung Treng. Except for Banteay Meanchey these are provinces with large populations of ethnic minorities.
• 37 percent of women aged 15-49 believe that a husband is justified in beating his wife, with rural women more likely to hold this belief than their urban peers. This demonstrates a decrease from 50.4 percent in 2014.
• 53 percent of women who have ever experienced physical or sexual violence by have never sought help nor told anyone about the violence. Women were more likely to seek help if they experienced both physical and sexual violence. Most women sought help from family or neighbours, but 21 percent sought help from police.

National Survey on Women’s Health and Life Experiences (2015) revealed that:

• Lifetime physical and/or sexual IPV was 21 percent.
• Physical and/or sexual Intimate IPV in the last 12 months was 8 percent.
• 3 in 4 women who experienced physical and/or sexual partner violence reported experiencing severe acts of violence, rather than only moderate acts.
• Almost 1 out of 2 respondents believe that under certain circumstances a husband/partner is justified in hitting his wife/partner.
• 19 percent of ever-partnered women did not believe that married women could refuse sex.
• 49 percent of women who experienced physical and/or sexual IPV reported they had not told anyone. Those that did, most commonly told a family member or neighbor.

UN Study on Men’s Use of Violence Against Women (2013)

• 36 percent of men who had ever been in an intimate relationship reported using physical and/or sexual violence against a female intimate partner in their lifetime. Sexual IPV (21%) was more common than physical IPV (16%).
• 50 percent of all ever-partnered men had used emotional or economic abuse against a partner.
• 8 percent of men reported they had perpetrated rape against a woman who was not their partner. Cambodia has a high rate of gang rape perpetration (5%).
• Men aged 18-24 had more gender-equal attitudes, as did men with higher education or incomes, and men not formally taught Chbab Srey/Chbab Proh.
• Men demonstrating gender inequitable attitudes or who use controlling behaviours were more likely to perpetrate IPV.
• 65 percent of men reported experiencing physical abuse as a child and 16 percent experienced sexual abuse.

Other Studies

• The Triple Jeopardy Study found that women with disabilities in Cambodia experience similar rates of intimate partner violence, but higher rates of controlling behavior from partners; and significantly higher levels of all forms of violence (emotional, physical and sexual) from family members compared to other women.[xi]
• The study showed that 24.4 percent of women with disabilities in Cambodia had experienced sexual violence perpetrated by their partner compared to 16.8 percent of women without disabilities. 5.7 percent of women with disabilities had been victims of sexual violence by family members compared to 1.1 percent of women with without disabilities.[xii]
• Barriers to disclosure and access to services are worsened by the fact that many women with disabilities have less financial autonomy and less power in their lives than other women[xiii].
• The Cambodia Violence Against Children Survey (2015) showed that more than 50 percent of both males and females had experienced at least one incident of physical violence prior to age 18.[xiv]
• A study for the International Labour Organization (ILO) (2012) revealed that one in five women working in garment factories felt they had been sexually harassed or sexually humiliated.[xv]
• A CARE International study on sexual harassment in the garment industry in Cambodia (2017) showed that in garment factories nearly one in three garment factory workers report experiencing sexually harassing behaviors in the workplace over the last 12 months.[xvi]
• The Safe Cities for Women Study (2014) by ActionAid reported that female garment workers interviewed in Cambodia identified that places they do not feel safe. They identified the lack of safety in factory bathrooms, harassment from both factory managers and people loitering outside the factory gates, poor lighting and bad roads which exposed them to the risk of rape and sexual assault on their way to and from the factories, and a lack of support from police and factory authorities.[xvii]
• A qualitative study conducted by CARE International in Cambodia (2015) of women in indigenous communities identified that indigenous women also report experiencing all types of GBV, and additionally report challenges in accessing justice, safe shelter, counseling services, legal supports and other services[xviii].

• A survey conducted by the Cambodia Center for Human Rights (2016) of 135 transgender women report being exposed to high levels of verbal, physical, and sexual harassment in public spaces, denial of employment opportunities and discriminatory arrests, detention, and abuse by the police. Ninety-two percent reported verbal abuse, 43 percent reported physical violence, 31 percent reported sexual assault and 25 percent reported rape. Of respondents that have experienced discrimination or harassment 84.73 percent had not reported the incident to the authorities because they believed there was no hope of receiving support[xix].

• A study conducted by UN Women (2015) of 234 female domestic workers found that they commonly experience abuse. Verbal abuse was the most common type with 46 percent of the participants reporting that they had been subject to scolding, yelling or use of contemptuous words. Thirty eight percent of participants reported emotional abuse, seven percent reported physical abuse and nine percent reported some sort of sexual abuse.[xx]

• The study Characteristics, Risk Behaviors and Factors Associated with Abortion among Female Entertainment Workers in Cambodia Women (2015) found that women working in the entertainment industry are at high risk of sexual and domestic violence from their partners and clients as well as health risk, due to weak bargaining power.[xxi]

• In the study Young Entertainment Workers in Four Cities, females in the entertainment industry reported that they commonly experience violence and harassment within the context of their work.[xxii]
LEGAL AND POLICY FRAMEWORK ON PREVENTING GBV

An enabling environment for preventing violence against women includes the development and implementation of laws and policies in line with international commitments. Cambodia has a strong legal framework in place to promote gender equality and prevent GBV, however there are some gaps and challenges.

Legal Framework in Cambodia to Prevent Gender Based Violence

• Constitution of Cambodia (1993): states that men and women have equal rights and that there shall be no physical abuse of any individual.
• Cambodia is a signatory to major international treaties, including CEDAW and the CEDAW Optional Protocol.
• ICPD and SDG Commitment, SDG 5 and SDG 16.
• 1997 Labour Law: Section I: Non-discrimination, article 12: Prohibition of discrimination based on race, color, sex, creed, religion, political opinion, birth, social origin, membership of worker's union or the exercise of union activities.
• 1997 Labour Law: Section VIII: Child Labour and Women Labour, article 172: all form of sexual violation (harassment) strictly forbidden.
• Criminal code 2009 and civil code 2007.
• Law on suppression of human trafficking and sexual exploitation (2008): suppressing the acts of human trafficking and sexual exploitation in order to protect the rights and dignity of human beings, to improve the health and welfare of citizens, to preserve and enhance good national customs.
• Law on Prevention of Domestic Violence and Protection of Victims (2005): 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 further violence.
• National Strategic Development Plan (NSDP) 2019-2023.
• Pentagonal Strategy-Phase I for Royal Government of Cambodia of the Seventh Legislature of the National Assembly: focuses on growth, employment, equity, efficiency and sustainability.
• Draft National Gender Policy.
According to the Cambodia Gender Assessment 2019, some gaps in the legal and policy framework include:

The 2005 Law on Prevention of Domestic Violence and Protection of Victims (DV Law) has a stated priority of ‘family harmony’. While family harmony is desired, prioritising it over the right of the woman to live free of violence can result in women continuing to be subject to violence to preserve the family. While protection orders are an available remedy they are rarely used.

Multiple research has revealed that mediation is the priority response used for women that have been subjected to violence, even in cases that could be considered criminal. The push for reconciliation has been identified by as a major barrier to women exercising their legal rights. It can perpetuate the cycle of violence, ignores specific risks to the woman in an abusive relationship and can contribute to a climate of impunity. In one research examining the implementation of the DV Law, it was found that severe cases of domestic violence were systematically referred to mediation in contravention of Article 17[xxiii] of the DV Law[xxiv] and international women’s rights standards.

Sexual harassment is prohibited in the Labour Law and in the Criminal Code. Sexual harassment and indecent behaviour in the workplace are prohibited by Article 172 of the Labour Law. While this is an important Article, there is no clear definition of sexual harassment. The Criminal Code Chapter 3 classifies acts of indecent assault, indecent exposure and main categories of sexual assault. Although sexual harassment is defined in Article 250, it is not clear if it applies to workplaces and there are no explicit examples of behaviors. This vagueness makes it hard for duty bearers to implement the law and even harder for victims to seek help.[xxv]

Article 1045 of the Civil Code allows a parent or legal guardian to personally discipline a child to the extend necessary. This permits violence against children which can be severe.

The Civil Code (2007) regulates marriage and divorce. The law forbids marriage under 18 unless one of the parties is over 18 and the other is 16 and has parental permission. However, many Cambodian girls marry young. According to 2014 UNICEF statistics, two percent of girls are married by the age of 15 and 18 percent by the age of 18. It seems clear that the law is not adequately enforced.[xxvi]
The Civil Code (2007) also prohibits women from remarrying until 120 days after the day of divorce or annulment of their previous marriage. This article has the aim of protecting the first husband. The Committee monitoring the Convention on the Elimination of Discrimination has expressed concern that this provision is discriminatory and unduly restricted on the right of women to remarry as today paternity can be established by a simple medical test.

It is not clear by the law if same sex marriage in Cambodia is legal. The Civil Code does not define gender of spouses, and often local authorities use this law to infringe on the rights of LGBTI people.[xxvii]

The review of the NAPVAW 2019-2023 recommended that in the next NAPVAW, it should clearly “define prevention strategies, including finalizing a comprehensive prevention strategy for violence against women and girls as a roadmap for NAPVAW primary prevention strategy implementation, incorporating the various successful prevention strategies being implemented”. It also stated that “Prioritizing prevention programs that address harmful social and gender norms are required for transformative change on attitudes and practices towards ending violence against women and girls.”[xxviii]
SOCIAL AND GENDER NORMS AND HOW THEY DRIVE GBV IN CAMBODIA

Social norms are the unwritten rules guiding behaviour; they encompass what we do, what we think others do and what we think others believe that we should do.[xxix]

People do not necessarily consciously decide about norms. They see that others conform to the rule and feel a social obligation to do so themselves.[xxx] Social norms are learned in childhood through socialization processes and reinforced in families, schools, workplaces, communities and media.[xxxi] Social norms are dynamic and changeable; if enough people are influenced to behave differently, a ‘tipping point’ may be reached which shifts what is seen as normal and typical behaviour.[xxxii]

Gender norms are social norms defining acceptable and appropriate actions for women and men in society. These are often embedded in formal and informal institutions and reinforced through social interaction.

Gender norms uphold inequitable power relations that disadvantage girls and women, and those with diverse sexual orientation and gender identities (SOGIE). Harmful gender norms that perpetuate gender-based violence (GBV) include ideals of masculinity and femininity, strict gender roles, acceptance of violence, and family privacy.[xxxiii]

1. Ideals of Masculinity and Femininity

The social and gender norm category – ideals of masculinity and femininity describes the behaviors that are expected from men and women. These behaviors are learned from cultural messages about what men and women should look like and how they should act. The expectations can vary from culture to culture, and differ by religion, class, and other factors. Importantly these are learned, and reinforced by families, communities, educational institutions and workplaces.[xxxiv] That they are learned means they can be changed if they are harmful and contribute to perpetuating GBV. The harmful ideals of masculinity and femininity in Cambodia are as follows.
Males are dominate and superior over women. Women are submissive to men.

In Cambodia, harmful social norms related to ideals of masculinity and femininity are that men are dominant and superior over women, and that women are to be submissive to men. These harmful social and gender norms are codified in the Chbab Srey and Proh, and are ancient codes of conduct for women and men that were developed over several centuries and that still shape the lives of men and women today. These ancient codes of conduct are passed down through normative poems that describe the expected behaviours of men and women in Cambodia. Although the Chbabs are no longer taught in schools, they continue to be disseminated through families and other social institutions and after centuries of teaching have become a firm part of the social fabric. [xxxv]

These codes advise women “to maintain peace within the home, walk and talk softly, and obey and respect her husband”. [xxxvi] They also expect women “to be submissive to the men in their lives” and that “men should play a dominant role as the head of the family and women are expected to respect, serve, and obey their husbands.” [xxxvii]

In the last two decades, research has found that these harmful social norms around masculinity and femininity remain. A 2010 study by GADC, found that men perceive that they should fulfill the role as the head of the house, be the breadwinner and dominate women. [xxxviii] A 2013 UN study found that over 80 percent of women and men thought that the advice given in the Chbab Srey and Proh was relevant in Cambodia today, and even more that it was relevant for them personally. [xxxix]

Not all social and gender norms are harmful, however the harmful social and gender norms drives GBV by giving the message than men are entitled to use violence to assert dominance or to discipline women. This is linked closely to strict gender roles below. At the same time, this gives the message that women should tolerate violence.

Men are supposed to be “tough”. Women are supposed to be “soft.” There is significant “peer pressure” for men to adhere to these constructs of masculinity.
Another social and gender norm on the ideal of masculinity and femininity in Cambodia is that men are supposed to be tough, women are supposed to be soft. There is also significant peer pressure for men to adhere to these constructs of masculinity.

The Chhab Srey expects women to be shy, quiet, patient, polite, soft, sweet, competent with family finances, but submissive to the men in their lives.[xli] The 2013 UN study shows this social norm continues. In the study, almost all men and women agreed with traditional notions of masculinity and being “macho.” Over 96 percent of both male and female respondents agreed that ‘to be a man, you need to be tough.’[xli]  

The 2010 GADC study, found these notions to be true as well. It also found that men that held alternative constructions of masculinity that promoted gender equality, felt that they could not discuss these ideas openly, especially amongst other men, highlighting the strong pressure for men to adhere to dominant notions of masculinity even when they do not support them.[xlii]  

This drives GBV by sending the messages that men are supposed to be tough, which may mean they use behaviors that result in violence.

*Women should be virgins and not engage in extra-marital sex.*  
*Men are entitled to sex. Women cannot say no to sex.*

Other harmful social and gender norms around the ideals of masculinity and are around accepted sexual behavior of men and women. The social norm in Cambodia, is that women should be virgins at marriage, and not engage in extra-marital sex. On the other hand, men are expected to be sexually experienced and extra-marital sex is more accepted. This is coupled with the notion that men are entitled to sex and that women cannot say no to sex, especially within a marital relationship.

A 2022 study reports that single unmarried women are expected to keep their virginity intact for their future husband. It sites a popular Khmer proverb that states “a fruit should not be ripe before it changes color”. This proverb is used to warn unmarried women from engaging in premarital sex. The study found that living with a partner, or having sexual intercourse before marriage is considered a shameful act that will destroy a woman’s reputation along with that of her family. In contrast to such expectations of women, men are permitted to engage in premarital sex, view pornography, or buy sex from sex workers, prior to (and sometimes during) marriage.[xliii]
Though this social norm persists, in practice there are reports indicating that premarital sex is increasing in urban areas among young women, but this is not the case in rural areas.[xliv]

This confirms the 2020 study by Thera that found that there is a “profound sexual double standard” that governs sexual mores, where men’s premarital and extramarital sexual behavior is acceptable, whereas women’s is not.[xlv]

There is also the norm that women cannot refuse to have sex with her husband or partner. This norm says that men are entitled to sex. The 2013 UN study, found that 42 and 50 percent of men and women respectively, agreed that a woman cannot refuse to have sex with her husband/partner. More than one third (37%) of women believed that it was not ‘acceptable’ to refuse sex with her husband/partner when she did not want to have sex; 27 percent of women believed that it was unacceptable to refuse sex when she was sick.[xlvi]

Women in ethnic minority communities also do not have bodily autonomy to refuse sex. The 2014 CARE study found that women in ethnic minorities communities felt they cannot say no to sex except just after childbirth or during menstruation. Women's understanding of marriage in these communities was that submission to sex was expected.[xlvii]

This social norm around men’s entitlement to sex goes beyond relationships with partners/wives. In the community, particularly in some workplaces sexual harassment is common. The CARE International study on sexual harassment in the garment industry in Cambodia (2017) also found that sexual harassment is perpetuated by gender inequality. The study found in addition to women being harassed, that men are pressured to participate in a culture of sexual harassment.[xlviii]

There is some notion that some women are “bad”, furthering men’s entitlement to sex. Women that are “bad” are generally women have not conformed to the social norm for femininity that women are “pure”, and do not engage in premarital or extramarital sex. In the 2013 UN study, men perpetrating rape acknowledged that the motivations for rape were that they wanted to do it, felt entitled to do it, felt it was entertaining or saw it as deserved punishment for women. Few men had experienced any consequences or legal sanctions, a result of a culture of impunity. This lack of legal or social sanctions or penalties for men, together with the attitude that some women are ‘bad’ and deserve such treatment, perpetuates these crimes.[xlix]
This drives sexual violence by giving the message that consent is not required by men for sex from a spouse. Women that are not virgins before marriage are seen as bad and deserve such treatment as violence or rape. This sends the message that women or other genders “deserve the abuse” if they do not conform to the traditional roles or norms. This is further compounded for those that are seen to have less status due to occupation, disability status or other factor.

The pressure on men to be sexually experienced coupled with the social norm that they are entitled to sex can drive sexual violence. Sexual harassment in the workplace or community is also linked to sexual entitlement – and minimizing of abusive behavior. Women that are divorced are blamed or looked down on compared to men that are divorced. Women’s roles are linked to sexual purity and the role of caring for the family, this means women have been conditioned to accept or tolerate the violence.

2. **Strict Gender Roles**

A gender role is a social role for men and women that is seen as acceptable for males or females. These roles are generally around decision-making, paid and unpaid work.

*Men are the head of the household and key decision-makers.*

*Women are expected to obey their husbands.*

In Cambodia, the harmful strict gender role is that men are the head of the household and key-decision-makers. Women are expected to obey their husbands. The secondary analysis found that the social norm that men are the head of the household and key-decision-makers continues. However, some women are able to contribute to decision-making, though overwhelmingly men are seen to have the “final say”, especially in “big” decisions.

The 2010 GADC study found that a core characteristic of Cambodian masculinity is the male has the role as head of household, and the primary decision-maker. He is expected to “take the lead”.[i] The 2013 UN study found that over 95 percent of men and women surveyed agreed that women should obey their husbands. This was reported to be a belief that is deeply rooted in Cambodian culture.[ii] In 2020, ADD International found that Khmer customary laws are designed to give decisive power to the heads of households, who are normally men.[iii]
In ethnic minority communities’, women report they manage the family money acting as “family treasurer”. Women reported that ‘big decisions’ about financial purchases are made by the men typically in consultation with women. However, the men disagreed. 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 make decisions.[iii]

The CDHS 2015 also found that women with higher earning power have more decision-making power. Women who earn more than their husbands were more likely to decide how their cash earnings are used (79 percent), and women who earn about the same amount as their husband are more likely to make joint decisions with their husband about how their cash earnings and those of their husbands are used (30 percent and 42 percent, respectively).[liv]

The 2020 ADD study found that increased knowledge and understanding of rights are linked to reported increased participation in decision-making in the family. But as with other findings, at least half still reported that if the couple did not agree on an issue, the man had the final say in decisions.[lv]

National data does show that women do participate in some important decisions that impact them. The CDHS 2021/22 showed that 92 percent of currently married women aged 15-49 say they make decisions about their own health care either by themselves or jointly with their husbands, and 94 percent say they participate in decisions about major household purchases.[lvi]

This drives GBV, as it gives the message that men feel entitled to use violence to assert dominance or to discipline women. Women and girls believe the man has the right to use physical “discipline” and therefore tolerate and accept violence. as “normal”.

*Women are responsible for unpaid domestic and care work, men responsible for paid work.*

In Cambodia, there is also a strict gender role that women are responsible for unpaid domestic and care work and men are responsible for paid work. This strict gender role has resulted in an unequal distribution of work in the family.
This drives GBV in a variety of ways. Women have less opportunities, thus less earning power. Education for women and girls is not prioritized. Women may be more likely to tolerate violence if they are financially dependent. And in circumstances when men’s roles as breadwinner is disrupted, some may feel threatened causing violence to escalate.

The 2020 ADD qualitative study reports that for Khmer people, tradition holds that the husband earns the money while the wife looks after the money.[lii] Evidence shows that this tradition is evolving. The 2014 Cambodia Gender Assessment found that the majority of essential but unpaid domestic and care work is done by women in households and communities.[liii] The 2013 UN study also found that the majority of housework and childcare is done by women. For ethnic minorities, the 2015 study found that generally women described their work as the unpaid care caring for the house, caring for children, and agricultural production. Men described their work as often now ‘going outside’ to earn an income.[lix]

Although women continue to do vastly more unpaid care work than men[li], a high proportion are also now in the paid labor force (84%).[lx] A 2011 study referred to this unequal distribution of unpaid work as a ‘stubborn stain’ on development in Cambodia.[lx] However, it also found that men with higher levels of education, more gender equitable attitudes and whose fathers were engaged with them or their siblings, tend to be more involved in household work and childcare.[lxii]

Social expectations that women carry most of the domestic and care work are also a barrier to women taking leadership positions in government, private sector, and the community, resulting in a loss of expertise and access to rights to participate.[lxiii]
3. Acceptance of Gender-Based Violence

Violence is a normal part of marriage. Violence is an acceptable disciplinary action. Women should tolerate violence.

Acceptance of GBV means that the degree to which men or women consider physical or sexual violence as an acceptable way of treating their intimate partners/spouses. In Cambodia, GBV continues to be accepted by some men and women as an acceptable punishment for some behaviors, a normal part of marriage/relationships, and something women should tolerate.

The most recent CDHS data shows that 37 percent of women aged 15-49 believe that a husband is justified in beating his wife, with rural women more likely to hold this belief than their urban peers. This demonstrates a decrease from 50.4 percent in 2014.[lxiv]

The 2020 ADD Learning Paper reports that in Cambodia, when a parent beats their child, or a husband hits his wife, the perpetrator often refers to such incidents as ‘disciplinary action’. Neighbours and community people will not intervene in any family’s ‘disciplinary action’ because they believe it is an internal family issue.[lxv]

The earlier 2015 Women’s Life and Health Survey also found high rate of acceptance of GBV with almost half of all (female) respondents reporting they believe that under certain circumstances a husband/partner is justified in hitting his wife/partner. The most common reason reported was she is unfaithful (36.5%) or does not take care of the children (34.9%). The widespread acceptability of circumstances under which wife-beating is justified indicates that it is considered by many to be an acceptable form of discipline for female behaviour that violates certain societal norms.[lxvi]

The 2014 Cambodia Violence against Children Survey (CVAC) found similar attitudes and beliefs with children and youth. Nearly two in five females and males aged 13 to 17 and one in three females and males aged 18 to 24 in the survey believe that it is acceptable for a husband to hit his wife under one or more circumstances.[lxvii]

The 2013 UN study on men’s use of violence found that the majority of men and women agreed with socially defined roles for women, for example that women have a responsibility to tolerate violence and keep the home in order.[lxviii]
In 2009, a survey by the MoWA, found that deeply entrenched unequal gender relations, underpinned by male domination and control, continue to shape the attitudes of most men and women towards their acceptance of the use of violence.\[xix\] The 2015 Women’s Life and Health Survey found there was a strong consensus that women who challenge the traditional role of male as the head of household or fail to fulfil their duty as managers deserved to be physically punished. The same study found that the most common reason for staying in a violent relationship or returning to one after leaving temporarily was for the sake of the children and because women believed the violence was normal.\[lxx\]

Acceptance of GBV drives GBV by giving the message that women and girls believe the man has the right to ‘discipline’ so they tolerate violence. It also says that victim/survivors tolerate violence and at some point, may even turn to violence in retaliation. A common proverb in Cambodia is “plates will in basket will rattle.”

### 4. Family Privacy

*Violence is a family affair. Women should keep quiet about the violence to keep the family together.*

Often cited reasons for women not seeking help is to protect the family’s reputation or privacy. A strong social and gender norm is that violence is a ‘family affair’, and that women should keep quiet about the violence to keep the family together.

In 2020 ADD reports that traditional Khmer cultural norms also promote the idea that problems in marriages should be kept within the home. An example of this is that on their wedding day, a new couple is often told to be patient and keep silent rather than openly discuss problems. Violence against women and girls, particularly intimate partner violence, is generally considered a family affair that must not be shared outside the family. As a result, violence can happen quietly, day to day, from month to month until it reaches a critical stage where the survivor can no longer tolerate the abuse.\[lxxi\]

The 2014 Cambodia Gender Assessment reports that women are pressured because of traditional attitudes that they should be tolerant and remain silent about violence, particularly in the domestic sphere, such as in marriage or the family.\[lxxii\]
The 2013 UN study found that while most men and women did not believe that there are times a woman deserves to be beaten, the majority believed that a woman should tolerate violence in order to keep the family together.[xxiii] In the 2015 Women’s Life and Health Survey almost half of women (49%) reported they had not told anyone about the violence. The most common reason for women who had experienced partner violence not seeking help was because they thought the violence was normal. Other reasons where they were ashamed or afraid of losing their children, or would bring a bad name to the family.[xxiv]

This drives GBV as women do not want to report because they want to keep the reputation of the family. They believe since their “role” is to promote family happiness disclosing will bring shame to the family. It serves as a barrier for women to seek support results in women not learning about options or resources (legal, health, psycho-social support, etc.).

5. Factors associated with intimate partner violence: Personal characteristics and triggers

In addition to harmful social and gender norms, intimate partner and sexual violence are the result of factors occurring at the individual level, family and community levels. These factors include lower levels of education, a history of exposure to child maltreatment, witnessing family violence and harmful use of alcohol.[xxv] Some are associated with experiencing violence, and some are associated with perpetrating violence. A review of the research found the following in Cambodia.

Lower Educational Attainment

Education Levels of education also impact IPV perpetration and victimization. Though violence is perpetrated by and against people with all education levels, lower education attainment is also associated with higher? IPV perpetration and victimisation.

The most recent data from CDHS shows that higher education serves as a protective factor. The percentage of women who have experienced physical, sexual or emotional violence by their current or most recent partner generally decreases with women’s education. The percentage of women who have experienced intimate partner violence in the last 12 months decreases from 20 percent for women with no education to three percent for women with more than secondary education.[xxvi]
At the same time, the percentage of women who have experienced intimate partner violence also declines with the husband’s/intimate partner’s education from 33 percent among women whose husbands/intimate partners have no education to eight percent among women whose husbands/intimate partners have more than secondary education.[xxvii]

The Women’s Life and Health 2015 also found that women with higher education levels were less likely to experience IPV. The UN study on men’s use of violence against women found that generally the higher the level of education, the higher the level of gender equitable attitudes. Gender inequitable attitudes were associated with IPV perpetration. The 2013 UN Study also found that there is also an association between educational attainment and the increased risk of sexual coercion is also corroborated by the findings from a study on men’s use of violence against women.[xxviii]

One of the most frequently cited privileges of men’s higher status was better access to education. The belief that education is more important for men than for women was linked to a rigid gendered division of labour. Education is seen as necessary for a man as it increases men’s chances of finding a good job, linking it to his expected role as the breadwinner.[xxix] Gender disparities in literacy are more significant in rural areas, with girls and women having lower literacy than boys and men.[xxx]

With lower educational attainment women have less options for education or employment and are more economically dependent therefore may tolerate violence. That higher education levels for both men and women serve as a protective factor highlight the importance of women’s empowerment through education.

**Household Wealth/Poverty**

Household wealth and poverty have also been linked to IPV perpetration and victimisation. As with other factors, household wealth and poverty do not cause IPV, as it happens in families with all income levels.

However, in Cambodia, the percentage of women who have experienced physical, sexual or emotional violence by their current or most recent partner generally decreases as household wealth increases.[xxxii] The percentage of women who have experienced intimate partner violence by any husband/intimate partner in the last 12 months decreases from 22 percent for women in the lowest wealth quintile to six percent for women in the highest wealth quintile.[xxxii] This means that household wealth can be a protective factor.
Household wealth is linked to other factors. Poverty influences the demand for schooling. It impacts the families’ ability to pay school fees and other costs associated with education and, as children grow older, they face increasing pressure to work and earn income for the household. While girls often have less access to school, there is an increasing pressure on boys to drop out of school in order to generate income for the family.[xxxiii]

Poverty can drive GBV by causing higher stress resulting in increase in incidence of GBV. If boys are to be breadwinners; their education is prioritized. This results in girls with less options for education or employment for women and they are more economically dependent therefore more likely to have to tolerate violence.

**Intergenerational Violence**

Childhood exposure to violence either through witnessing mothers being abused, or experiencing physical violence linked to IPV perpetration and victimization. Again, it is not the cause of violence, but has linkages.

Intergenerational effects of intimate partner violence are evident in Cambodia. The Women’s Life and Health Study found that women who witnessed their mother being abused or had experienced physical violence themselves as a child were also more likely to experience IPV.[xxxiv] The 2013 UN Study that interviewed men found that men who witnessed their father hit their mother had a 51 percent higher chance to psychologically abuse a partner later in life compared to those who did not witness their father hit their mother.[xxxv]

These findings were confirmed in the 2021/22 CDHS that found that women who report that their fathers beat their mothers are more likely (33%) to have themselves experienced physical, sexual, or emotional intimate partner violence than women who report that their fathers did not beat their mothers (18%).[xxxvi]

The 2013 UN Study also found that men who were bullied as children in school or in their respective neighborhood had a 55 percent higher chance of psychologically abusing a partner later in life.[xxxvii]

The association between witnessing and experienced physical violence in childhood and adult intimate partner violence implies that violence is normalized as a form of conflict resolution and punishment.
Alcohol abuse is linked to IPV. Clearly it is not the cause, as all people who drink alcohol, even to excess, do not all perpetuate violence. However, a partner’s drinking patterns have been found to have a strong relationship with IPV. Abuse of alcohol has been associated with ‘being a man’.\[lxxviii] Although alcohol is not considered a direct cause of violence, it appears to exacerbate toxic masculine behaviours which trigger violent incidents in some cases.

The National Women’s Life and Health Study (2015) found that women whose partners drank regularly (at least once or twice a week) were almost three times more likely to experience IPV in comparison to women whose partners did not drink regularly.\[lxxxix]

The CDHS 2021/22 found that women are much more likely to experience intimate partner violence if their husband/intimate partner drinks alcohol. Fifty percent of women whose husbands/intimate partners drink alcohol and are often drunk and 17 percent of women whose husbands/intimate partners drink alcohol and are sometimes drunk have experienced physical, sexual, or emotional intimate partner violence compared with 9 percent of women whose husbands/intimate partners do not drink alcohol\[xc\]
KEY FINDINGS & RECOMMENDATIONS
HARMFUL SOCIAL & GENDER NORMS IN CAMBODIA

There remain harmful social and gender norms in Cambodia that drive GBV. These are summarized following:

Ideals of Masculinity and Femininity

‘Males are expected to be dominant and superior over women, and that women are expected to be submissive’.

This social and gender norm is rooted in ancient Khmer culture and continues to be disseminated through families and other social institutions. This social and gender norm is harmful as it gives the message that men are entitled to use violence to assert dominance or to discipline women, along with the message that women should tolerate violence.

‘Men are supposed to be tough, and women are supposed to be soft’

This social and gender norm continues and is also rooted in ancient Khmer culture. There is strong pressure for men to conform, even if they do not support the idea. This drives GBV with the messages that men are supposed to be tough, which may mean they use behaviors that result in violence.

‘Women should be virgins and not engage in extra-marital sex. Men are entitled to sex. Women cannot say no to sex in a marriage.’

The social norm in Cambodia, is that women should be virgins at marriage, and not engage in extra-marital sex. On the other hand, men are expected to be sexually experienced and extra-marital sex is more accepted. This is coupled with the notion that men are entitled to sex and that women cannot say no to sex, especially within a marital relationship.
This drives sexual violence by giving the message that consent is not required by men for sex from a spouse. Women that are not virgins before marriage are seen as bad and deserve such treatment as violence or rape. This sends the message that women or other genders “deserve the abuse” if they do not conform to the traditional roles or norms. This is further compounded for those that are seen to have less status due to occupation, disability status or other factor.

**Strict Gender Roles**

*Men are head of the household and key decision-makers. Women are expected to obey their husbands.*

In Cambodia, the harmful strict gender role is that men are the head of the household and key-decision-makers. Women are expected to obey their husbands. This drives GBV, as it gives the message that men feel entitled to use violence to assert dominance or to discipline women. Women and girls believe the man has the right to use physical “discipline” therefore tolerate violence.

*Women are responsible for unpaid domestic and care work, men are responsible for paid work.*

In Cambodia, there is also a strict gender role that women are responsible for unpaid domestic and care work and men are responsible for paid work. This strict gender role has resulted in an unequal distribution of work in the family. Social expectations that women carry most of the domestic and care work are a barrier to women taking leadership positions in government, private sector and the community. This drives GBV in a variety of ways. When men’s roles as breadwinner is disrupted, some may feel threatened – causing violence to escalate. Education for women and girls is not prioritized. Having less opportunities leads to less earning power and results in less decision-making power for women. Women may be more likely to tolerate or accept violence as she feels responsible for the family. This drives GBV in a variety of ways. When men’s roles as breadwinner are disrupted, some may feel threatened – causing violence to escalate. Education for women and girls is not prioritized. Women have less opportunities, thus less earning power. Women may be more likely to tolerate violence as she feels responsible for the family.
Acceptance of Gender-Based Violence

‘Violence is a normal part of marriage. Violence is an acceptable disciplinary action. Women should tolerate violence’.

In Cambodia, GBV continues to be accepted by some men and women as an acceptable punishment for some behaviors, a normal part of marriage/relationships, and something women should tolerate. Acceptance of GBV drives GBV by giving the message that women and girls believe the man has the right to ‘discipline’ so they tolerate violence. It also says that victim/survivors tolerate violence and at some point turn to violence in retaliation. A common proverb in Cambodia is ‘plates will in basket will rattle’.

Family Privacy

‘Violence is a family affair. Women should keep quiet about the violence to keep the family together’.

A strong social and gender norm in Cambodia is that violence is a ‘family affair’, and that women should keep quiet about the violence to keep the family together. This drives GBV as women do not want to report because they want to protect the reputation of the family. They believe since their “role” is to promote family happiness disclosing will bring shame to the family. It serves as a barrier for women to seek support and results in women not learning about options or resources (legal, health, psycho-social support, etc.).

Factors Associated with IPV

There is a relationship between this social norm and IPV is based upon several factors:

- Higher levels of education for men and women are associated with lower rates of IPV.
- Higher rates of rates poverty have been associated with higher rates of IPV.
- Childhood exposure to violence either through witnessing mothers being abused, or experiencing physical violence is linked to generational IPV perpetration and victimization.
- Alcohol abuse of male partners are associated with higher incidence of IPV.
GAPS IN DATA & RECOMMENDATIONS

The secondary analysis identified some gaps in available research. This was reviewed at the validation workshop and further data gaps identified. Following is a summary of the data gaps.

*There is a lack of recent data on the relationship between GBV and harmful social and gender norms in Cambodia.*

The most recent comprehensive data on social and gender norms in Cambodia comes from population level, data, and qualitative studies that contributed significantly to understanding the prevalence, and situation of GBV in Cambodia.

The challenge is that the majority of the studies are now older and may not reflect the current social and gender norms for men and women (and other genders) in the rapidly changing context for families, communities and workplaces in Cambodia. This requires updated qualitative data to understand the current situation.

**Recommendation 1: Conduct primary qualitative research to better understand the harmful gender and social norms that drive GBV in Cambodia.**

Some key questions for further exploration through qualitative research are:

- What are the current social norms on ideals of masculinity and femininity, strict gender roles, acceptance of GBV, and family privacy?
- How do these social and gender norms impact parenting, intimate partner relationships, women’s participation in families, communities and workplaces?
- How are these different in rural and urban settings?
- What about for service providers (and how do these impact service delivery)?
- What are the social norms around sexual entitlement including in intimate relationships, in the community (gang rape, sexual harassment), and with other groups?
- What are the impacts of social and gender norms on emerging types of violence including technology facilitated gender-based violence?
- What are men’s views on masculinity? Have these changed? How do men view their roles and how do men view the impacts of violence?
‘There is inadequate data on harmful social and gender norms for underrepresented groups of women including women migrant workers, women with disabilities, LGBTIQ, women in ethnic and religious minorities, and women in vulnerable occupations.

The data that is available is limited on the experiences of women in different groups. Again the data that is available is often older, comes from small studies not providing an adequate understanding of the current situation of GBV.

**Recommendation 2:** When conducting any primary research ensure that it includes underrepresented groups of women including women migrant workers, women with disabilities, LGBTIQ, women in ethnic and religious minorities, and women in vulnerable occupations.

A key question was identified for each of the questions above, how is it different for women in underrepresented groups?

*There is an inadequate understanding of the barriers to transformed social and gender norms to eliminate GBV.*

The data is limited on understanding the barriers for change for both men and women. The key question is -What are men’s and women’s perceptions of risks for accepting social and gender norm change?

**Recommendation 3:** Include understanding of barriers to social and gender norm change for men and women in qualitative research.

*Cambodia has significant data available on the prevalence of intimate partner violence, but data is limited for other types of violence and women from some backgrounds.*

The CDHS 2021-22 is the most recent and shows a reduction in lifetime prevalence of intimate partner violence. The CDHS is conducted systematically every five years and provides an important data point on experience of IPV. However, the more comprehensive prevalence study applying the WHO methodology is nearly 10 years old. More current comprehensive data would provide important understanding of current social and gender norms as they related to GBV.
Additionally, there is limited data on the experiences of GBV for women in groups that may be underrepresented including women migrant workers, women in some occupations, women with disabilities, women in ethnic minorities, women, women with diverse sexual orientation and gender identities.

**Recommendation 4: Continue to support prevalence studies, including the more comprehensive WHO study to better understand gender and social norms that drive GBV.** When possible and appropriate include data points that build understanding on the experience of GBV for women migrant workers, women in some occupations, women with disabilities, women in ethnic minorities, women, women with diverse sexual orientation and gender identities.

**There are not coordinated systematic key messages that focus on transforming harmful social and gender norms.**

Key messages are a critical component of a successful prevention strategy. They are short, powerful messages that you want the audience to hear that they can connect with and remember. They should be compelling, sincere and inspire. The key messages apply a gender transformative approach that addresses the social and gender norms that can transform attitudes and practices around gender based violence. Importantly any key message must link with and coordinate with existing services. Key messages must not also not exploit or stereotype.

**Recommendation 5: Develop Key Messages to Guide the Prevention Strategy toward transformed social and gender norms.**

Following are the key messages identified through the input at the validation workshop. The key messages should be tested, further refined to ensure they are empowering, survivor centered, do no blame victim/survivors for the violence.

**Impact / Cost of Violence**

- Violence harms everyone. You can choose not to be violent. The choice is yours
- The choice is yours – violence and harm or peace and respect.
- Violence causes lifelong damage to families and generational trauma to children.
- Choose respect not violence.
- The cost of violence goes beyond the victim – violence costs families, communities and nationals – cost of health care, lost income and lost opportunities!
- Violence impacts the whole family.
Gender Equality – Equal Rights

• Men, women, and other genders have equal rights. (Note: Some participants did not want to include other genders)
• Women and men are equal. Neither men or women are superior nor dominate over the other.
• Healthy relationships are where partners feel respected, safe, and valued. Everyone must be treated with respect.
• Men and women have equal rights to a life free of violence.
• Men cannot use violence to assert dominance over women.
• Violence should not be used to control others.
• Men and women can be any way they want. Men can be soft or tough, women can be soft or tough.
• Women and men are equal and must be able to make decisions together.
• Soft does not mean submissive, and tough does not mean using violence.
• Don’t let your friends pressure you to act in a way that disrespects women.
• Be a role model, speak up when you see or hear attitudes or actions that accept or promote gender equality and women’s empowerment.
• You should not have to do any job because you are a man or a woman. Roles must be based on individual choice and interest, not gender!
• Women and men must have equal opportunities to paid employment – based on their own interest and abilities, not gender!
• Violence is not a normal part of marriage. It is against the law.
• Everyone is equal in a relationship. No one has the right to discipline or use violence.
• Violence is never ok. There is no excuse for gender-based violence. No one has the right to use violence.

Shared Decision Making

• Responsibility for household decision-making is best when shared. Shared decision making, where both participate, provides more information to inform better decisions. Everyone is responsible and power is shared.
• Together men and women can discuss and decide on all types of decisions – large or small.
• Remember that all household members have an equal responsibility to take care of domestic duties. Share these responsibilities at home.
Sexual violence – Consent

- Women and men can say no to sex. No one is “entitled” to sex. No means no. Everyone can say no to sex.
- Being married does not mean you do not have to consent for sex. You should ask for consent every time.
- No matter what status or job you have – you are not entitled to sex. You can’t use your power for sex.
- You can withdraw consent at any time. Even if you said yes in the past to sex, you can say no now.
- Dismissing sexual harassment as “just a joke” is harmful for everyone.
- Women don’t report sexual harassment because they worry no one will believe them or that it will affect their job.
- The same rules for sexual behavior should apply to men and women!

Seeking Help

- Women are not to blame for violence.
- Don’t tolerate violence to keep the family together.
- Violence is a family affair, a community affair, and society’s affair. We all have to work to end gender-based violence. Speak up and speak out. Seek help or offer help.
- It is not shameful or embarrassing for a woman to talk about violence or seek help. She is not to blame.
- Help is available. Please reach out and seek help from the xxx
- Talk to someone you trust!

Cambodia has a strong legal framework, with opportunities for improvement through strengthening the laws and policies to ensure alignment with global commitments.

The most recent NAPVAW had a prevention strategy that was not implemented or funded. The development of the 4th NAPVAW formulation in 2024 provides an opportunity to clearly define prevention strategies to address harmful social and gender norms for transformative change.

Recommendation 6: Support the development of a comprehensive prevention strategy for gender-based violence that addresses harmful social and gender norms including for women from diverse backgrounds, that is costed.
ENDNOTES


vii See UNFPA ESARO | RESPECT Women: Preventing violence against women


ix See kNOWVAWdata Methodology.pdf (unfpa.org)

x See Why Do Some Men Use Violence Against Women and How Can We Prevent It? | United Nations Development Programme (undp.org)


xii Ibid.

xiii Ibid.


xxiii The authorities in charge cannot intervene to reconcile or mediate the criminal offenses that are characterized as felonies or severe misdemeanors.


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See Research-Toolkit 71220 pdf (unfpa.org)

See Manual on Social Norms and Change 2022 pdf (unfpa.org)


Femininities & Masculinities | Gendered Innovations (stanford.edu)


Ibid.


lx i Bricknell (2011)


lx ix Ministry of Women’s Affairs (2019).


lxxiv  Women’s Life and Health 2015.
lxxv  See Key Facts, Violence against women, accessed at Violence against women (who.int).
lxxvi  National Institute of Statistics (2022) Cambodia Demographic and Health Survey 2021-22. Phnom Penh
lxxi  Ibid
lxxii  Ibid.
lxxiii  Colclough et al., 2000; Leach et al., 2003.
HARMFUL SOCIAL AND GENDER NORMS

THAT DRIVE GENDER BASED-VIOLENCE IN CAMBODIA