



**អង្គការកម្ពុជាដើម្បីសុខភាព និងការអប់រំសហគមន៍**  
**CAMBODIAN HEALTH AND EDUCATION FOR COMMUNITY**

# **Impact Study Report**

**GBV Project**

**Four Districts**

**June 2020**

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## **Acknowledgements**

This report contains the findings of the impact study of the gender based violence project in 4 target districts. It comprises of individuals' knowledge, behavior on gender based violence and the local authorities responding to gender based violence for both GBV survivors and perpetrators of GBV in their local areas.

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## Acronyms

AD	Administrative Districts
BfdW	Bread for the World
CBE	Community Based Educators
CC	Commune Council Members
CCWC	Commune Committee Women and Children
CL	Community Leaders
CHEC	Cambodian Health and Education for Community
DF	District Facilitators
GBV	Gender Based Violence
HC	Health Centre
IEC	Information, Education, Communications
LA	Local Authorities
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OD	Operational District
SHG	Self-Help Groups

### Target Districts:

BB	Boribo
CHKR	Chhumkiri
PCH	Peamchor
SST	Srey Santhor

## Executive Summary

In June 2020, CHEC has conducted the impact study for GBV project in 4 Districts (Piem Chor, Srey Santhor, Boribo and Chhum Kiri) in 4 provinces; Kampong Chhang, Prey Veng, Kampong Cham and Kampot. The objective was to measure the progress of work and the results responding to outcome of the project to be compared with baseline survey. The overall objective was to measure the knowledge and education levels of target groups on GBV and their responding to GBV for both local authorities and community men including prosecution on perpetrators. The result as shown below:

- ✚ 64.02% of respondents reported that they knew about GBV in this period, it has increased by 9.09% to the baseline from 54.93% to 64.02% but it was reduced by 3.4% to the last semester from 67.42% to 64.02%
- ✚ Relating with the knowledge of respondents on GBV and the GBV forms were increased if comparing to the baseline results and last semester. The understandings of respondents on the GBV forms were increased by 1.52% to the last semester from 40.73% to 42.25%.
- ✚ Relating with GBV acceptance for daily living, it was revealed that the mind-set of target groups and the acceptance of GBV for daily living increased in this period because of some respondent still focused on cultural norms and men domination without though the women rights and gender. Based on the results presented that the acceptance of GBV for daily living were reduced to the baseline but reduced to the last semester.
- ✚ 60.46% respondents said that they knew that there are many laws against violence in Cambodia such as Cambodian Domestic Violence Law, CEDAW, Human Trafficking law, Civil law and criminal law. It was increased by 16.26% to the last semester from 44.2% to 60.46% and increased by 4.69% to the baseline from 55.77% to 60.46%. Comparing by sex, it is presented that 60.48% women and 60.43% men knew about the types of law against violence in Cambodia, it was increased to the last semester.
- ✚ The responding of men on GBV and the supporting GBV women survivors were increased in this period but the respondents who used to report that the GBV is not my business or ignore was increased by 1.59% to the last semester in this period, most of them are in new target areas.
- ✚ 120 GBV perpetrators presented that 74.17% (89/120) of them had committed violence on their partner and family members in this period, the number of perpetrators committed violence on intimated partner reduced by 20% to the last semester from 94.17% to 74.89%

- ✚ 85.00% of perpetrators had supported their partners for housework and other supports such as pick up their children from schools, washing clothes, taking care of children and prepared cooking when their partners not stayed home and busy to make business. It has increased by 23.33% to the last semester from 61.67% to 85.00%
- ✚ Relating with GBV cases, it is presented that 48.59% (121/249) of women respondents said that they have challenged with GBV in the past six months. It was increased by 15.12% to the last semester from 33.47% to 48.09%.
- ✚ Among of 48.59% respondents challenged with GBV in the past 6 months, 72.73% respondents were reported to local authorities about their own GBV cases, it was increased by 2.85% to the last semester from 69.88% to 72.73%. It was increased because of the respondents understood about their rights and believed on the local authorities to overcome their family issues and supported the GBV women survivors
- ✚ 49.80% of community women including GBV women survivors had reported about the GBV cases which they have seen in communities to local authorities in local areas by mouth and phone. It was increased by 12.30% to the last semester from 37.50% to 49.80%
- ✚ Among of 48.59% or 121 respondents challenged with GBV in the past 6 months, only 42.14% GBV survivors accessed health facilities at HC after GBV cases happened because of injuries or serious cases while other never access health care at HC because of not serious cases such as mental and economic violence and some could make a self-medication. **The GBV women survivors had accessed health facilities at HC had increased by 7.99% to the last semester from 33.73% to 42.14%.**

### **Recommendation:**

- ✚ Based on the results, CHEC should be providing more community education and training courses on GBV and DV law including women rights to target groups for both GBV survivors and GBV perpetrators, due to the fact that their knowledge levels are increased to the baseline but still limited.
- ✚ CHEC should provide the training courses on Men- Anger Management to perpetrators because they don't want to commit violence but they cannot control their mind or body during drunk.
- ✚ CHEC should be provided the training courses on non-verbal communication to GBV women survivors and perpetrators including DNH to local authorities for improving the communication in living specially between perpetrators and GBV women survivors.

- ✚ CHEC should advocacy with commune leaders and police strict the law enforcement to who are committing to violent and prosecute perpetrators without tolerance and partisan.

# 1. Introduction

Cambodian Health and Education for Community (CHEC) is a respected local non-government organization, specializing in training to youth, gender based violence survivors, perpetrators in communities and local authorities for both protection and prevention, and case management to supports GBV survivors during and after GBV cases happen in the target areas.

Cambodian HIV/AIDS Education and Care (CHEC) localized from an international non-government organization called Quaker Services Australia, and has been registered as a local non-government organization with the Ministry of Interior of the Royal Government of Cambodia since January 2001. Recently in November 2019, Cambodian HIV/AIDS Education and Care has changed to Cambodian Health and Education for Community (CHEC) which was recognized by the Ministry of Interior of the Royal Government of Cambodia. The reasons, because CHEC is not only focused on HIV/AIDS and today focused on health and education for communities.

CHEC has been a key contributor to the gradual reduction of HIV transmission, Gender Based Violence (GBV) within Cambodia, through ongoing work to raise awareness of community for both direct and indirect beneficiaries and also contributed build the capacity of local authorities to responding HIV/AIDS program and GBV. CHEC has a strong network of HACC, CEDAW, and CCCs.

Based on the community need and the National Strategic Plan V of HIV/AIDS, CHEC designed project cycle 7 (July 2019 to June 2022) that targets vulnerable people including Youth aged from 15 years to 24 years and women, men, girl and boy who are at risk behavior or subjected to Gender Based Violence and PLHIV with IP poor families are target groups of the projects.

Following the project plan, the GBV project began implementation in 4 districts, two old areas<sup>1</sup> and other two new areas<sup>2</sup> to improve knowledge of community people especially GBV women survivor and perpetrators in the community on rights, gender and GBV in order to change their negative behavior on GBV and gender for daily living; and also improve the knowledge local authorities on GBV including cases management and DV's law to respond GBV issues in their local areas. .

To measure the progress of project implementation from January to June 2020, the impact study was conducted in these areas the period of June 2020. It was conducted by community

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<sup>1</sup> Srey Santhor and Boribo districts

<sup>2</sup> Piem Chor and Chhum Kiri districts

volunteers and district facilitators which supervised by Project senior officer. The results from this impact study will be used to compare with baseline survey and the last semester from July to December 2019.

## Objectives

This impact study was taken after the project implementation to measure the knowledge and attitudes of community people and local authorities responding to GBV as follows:

- To measure their knowledge on GBV of target groups
- To measure their practice behavior of community people responding to GBV.
- To measure the local authorities in their responding to GBV and supporting to GBV women survivors as well as prosecution to GBV perpetrators regarding to the Cambodian DV law.

## 2. Methodology

The impact study was conducted in 4 districts by using four different structured questionnaires, one for community men, one for perpetrators of GBV, one for GBV women survivors and others one for community women. The structure questionnaires developed by management team which was supported by BfDW consultant, Mr. Lim Phai, and was to be carried out as follows:

1. CHEC staff will be provided training to data collectors on how to complete the structured questionnaire. This training will be practical for all data collectors through being tested to complete the questionnaires with a sample of target groups before practicing of impact study.
2. The data collectors and supervisor will be gained data by interviewing target groups individually on face by face.
3. Each target group will be asked by providing open answer and honestly during the interview.
4. It is cross-sectional study.
5. Volunteers will be completed all data entry after coding by supervisor
6. Data from fields will be cleaned during data analysis and readjusted where is not clear by verbal communication with data collectors and district facilitators. It is conducted by program manager and senior project officer.
7. Data analysis and report will be done by Program Manager.

### 3. Tools

The following instruments will be used for this impact study: structured questionnaires, and checklist. The structure questionnaires will measure the knowledge of target groups and their responding to GBV as well as supporting to GBV women survivors for both quantitative and qualitative data and the checklist will used for collection the qualitative data during SHG bi-monthly meeting with GBV women survivors and GBV quarterly network meeting with local authorities.

### 4. Scope

The impact study was conducted in the four districts in four provinces in Cambodia where the GBV target areas are intervened. It was conducted in the period of June with 600 sample sizes, 150 samples each district. The sample sizes will present in table below:

**Table 1 samples will be interviewed by District**

Districts	Communes	Villages	Target Groups interview						
			Total	Men Perpetrators	GBV women survivors	Women	Local authorities	HC	
CHKR	7	6	150	35	30	30	35	14	6
BB	11	6	150	35	28	30	30	22	5
PCH	10	6	150	35	30	30	29	20	6
SST	14	6	150	33	30	30	20	28	9
<b>Total Samples</b>	<b>42</b>	<b>36</b>	<b>600</b>	<b>138</b>	<b>118</b>	<b>120</b>	<b>114</b>	<b>84</b>	<b>26</b>

### 5. Findings

#### a. General Information

##### i. Respondents information by Districts

**Table 2 Respondents by districts**

By respondents	Target Districts				Total Respondents interviewed
	BB	CHKR	PCH	SST	

Community Men GBV women	20.00%	13.82%	20.00%	20.00%	18.41%
survivors/Community Women	42.00%	46.05%	39.33%	40.71%	42.06%
GBV Men Perpetrators	19.33%	26.97%	21.33%	12.86%	20.27%
Health Centre Staff	3.33%	3.95%	6.67%	6.43%	5.07%
Local authorities (CCWC, Police and commune leaders)	15.33%	9.21%	12.67%	20.00%	14.19%

In the table 2 presented the interview has conducted with different target groups to gather for both quantitative and qualitative data for impact study relating with GBV and their practice to respond GBV or support GBV women survivors in the target areas because the project wants to compare with the baseline results and to the last semester from July to December 2019 where the project reached to outcome for both unintended and intended results, the interview had conducted with GBV women survivors and community women (42.06%), community men (18.41%), GBV men perpetrators (20.27%), local authorities (14.19%) and HC staff (5.07%). The sample size was the same to the previous impact study included target groups. It was completed 99% (592/600) of plan, it was not completed because of time constrains and raining.

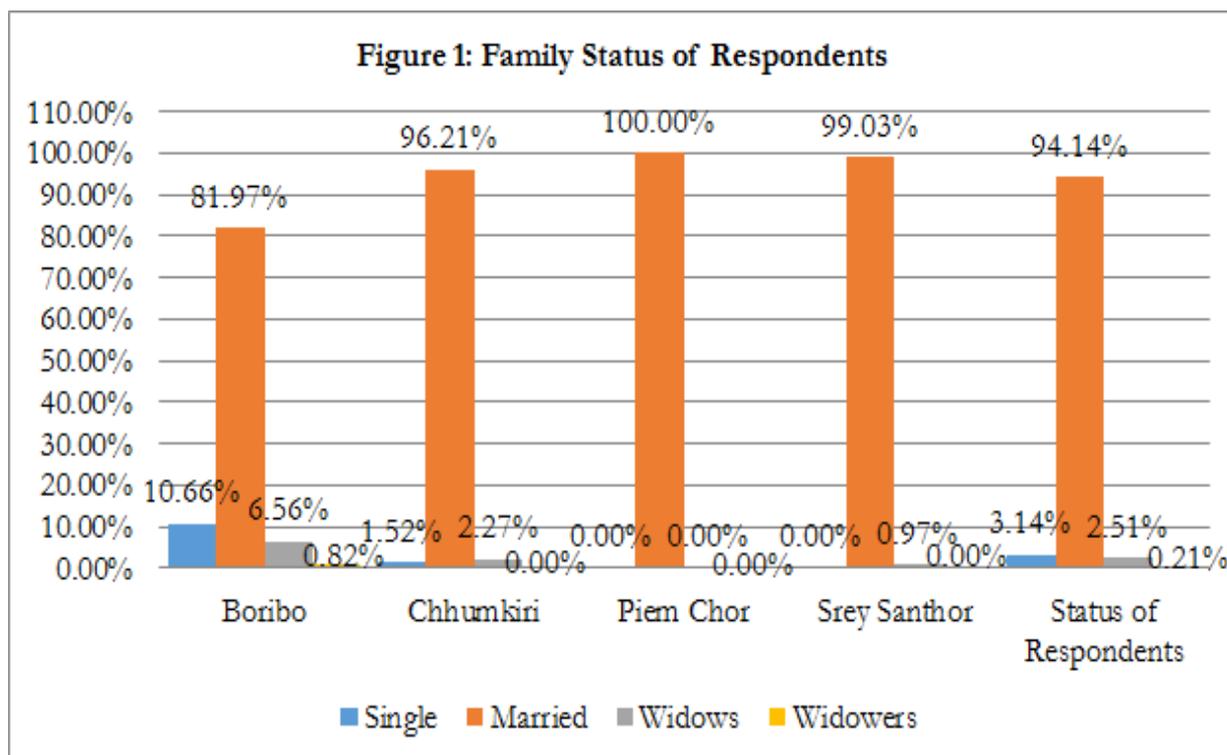
## ii. Family Situation

**Table 3 Family status and sex of respondents by districts**

<b>Respondents by sex</b>	<b>BB</b>	<b>CHKR</b>	<b>PCH</b>	<b>SST</b>	<b>Total Respondents by sex</b>
Female	48.67%	53.29%	44.67%	45.00%	47.97%
Male	51.33%	46.71%	55.33%	55.00%	52.03%

Based on the results of interviews with 592 respondents in four target districts where is CHEC intervention, 52.03% (308/592) were male, while others 47.97% (284/592) were female.

### **Figure 1 Family status of respondents**



Relating with family status of respondents were not included local authorities and health centers staff, the project want to know the family status of target groups for both direct and indirect beneficiaries who subjected to or at risk of GBV for daily living. The family statuses of **478 respondents** were different, some were single, some were married and some were widows and widowers. Based on the results in figure 1 were focused on married (94.14%), windows (2.51%), single (3.14%) and widowers (0.21%).

### iii. Ages of Respondents

**Table 4 Ages categories of respondents**

Ages categories of Respondents	Men	Men perpetrators	Women and Women Survivors	% of Respondents
[19-29]	7.34%	15.00%	24.90%	18.41%
[30-39]	49.54%	30.83%	41.77%	40.79%
[40-49]	30.28%	35.83%	22.89%	27.82%
[50-59]	11.01%	15.00%	8.84%	10.88%
Over 60	1.83%	3.33%	1.61%	2.09%

Relating with ages of respondents, the project interviewed with respondents who are aged from 19 years to over 60 years, it is regarding to who could be provide answered or responded to the questions. The reasons, the project wants to know which ages of respondents used to commit violence against their partner (wife), most of perpetrators and GBV women survivors were aged from 19 years to 49 years. Based on the table 4 presented that 40.79% of respondents aged from 30 years to 39 years, aged from 40 years to 49 years (27.82%), aged from 19 years

to 29 years (18.41%), aged from 50years to 59 years (10.88%), and aged over 60 is only 2.09%.

#### iv. Educational Situation

**Table 5 Educational situation of respondents**

<b>Level of Education</b>	<b>Men</b>	<b>Men perpetrators</b>	<b>Women and Women Survivors</b>	<b>Level Education of Respondents</b>
Not completed				
primary school	20.18%	35.00%	30.52%	29.29%
Primary School	53.21%	41.67%	34.14%	40.38%
Secondary School	22.94%	22.50%	26.91%	24.90%
High School	2.75%	0.83%	6.83%	4.39%
University	0.92%	0.00%	1.61%	1.05%

Relating with education of respondents, it is every important for living because it is main factor for them to participate in society for both community and family development in the future as well as participated in prevention/protection of cross-cutting issues such as GBV, HIV/AIDS and STI. Based on the results interviewed with 478 respondents, not included local authorities and Health centre staff, the education of respondents were different grades regarding to their living situation and opportunities, some were dropped out school when were kids and some have ability could be attended to high school and universities. Poverty is priority issues for people at rural areas for both kids and youths because it was related with their expenditure for attending classes and supply their families, by the way, schools are far from home. Based on the results in table 5, the grades of respondents' education were not competed primary school (29.29%), primary school (40.38%), secondary school (24.90%), high school (4.39%) and university (1.05%). And it presented that most of educational perpetrators were not and completed primary school, and secondary school.

#### v. Occupational Situation

**Table 6 Occupational situation of respondents**

<b>Types of Occupations</b>	<b>Men</b>	<b>Men perpetrators</b>	<b>Women and Women Survivors</b>	<b>Occupations of respondents</b>
Government Officers				
(Police, Soldiers...)	4.59%	0.00%	2.01%	2.09%
Garment Workers	5.50%	0.83%	7.63%	5.44%
Work for money	5.50%	5.83%	5.62%	5.65%
Sellers	4.59%	0.00%	8.84%	5.65%
Farmers	79.82%	93.33%	72.29%	79.29%
Others (Construction workers...)	0.00%	0.00%	3.61%	1.88%

Based on the results of interviews with 478 respondents in table 6, most of them 79.29% are farmers, 5.44% are garment workers in their local and outside areas, however their salaries is USD180 per month in average, not included over time fee. Others 5.65% are worked for

money and 1.88% are construction workers which they can get money from boss or house owners day by day, most could earn money from USD5 to USD10 a day. While 5.65% are sellers which they could earn money around USD10 to USD15 per day. Only 2.09% are government officers such as police, soldier... their salaries are USD150 per month and over because it is relating with their position ranges.

b. Knowledge on GBV

Relating with the knowledge of GBV, it presented that **64.02% (306/478) of respondents reported that they knew about GBV, it has increased by 9.09% to the baseline from 54.93% to 64.02% but it was reduced by 3.4% to the last semester from 67.42% to 64.02%**. If comparing by sex, 64.11% (159/248) female and 63.91% (147/230) men had known about the GBV in this period.

i. Understood about GBV Forms

**Table 7 The understanding of respondents between Baseline Survey and Impact Survey**

<b>The forms of GBV</b>	<b>Baseline Study</b>	<b>Impact Study in Dec 2019</b>	<b>Impact Study in Jun 2020</b>	<b>The understood about GBV for comparing to December 2019</b>
Physical beating on women by men	84.35%	72.34%	63.40%	<b>-8.94%</b>
Mental violence	52.67%	74.77%	58.17%	<b>-16.60%</b>
Economic violence	40.84%	38.30%	41.83%	3.53%
Strict cultural implementation	11.83%	29.18%	37.25%	8.07%
Sexual Violence	46.56%	32.22%	45.10%	12.88%
Word abused	15.27%	31.61%	33.99%	2.38%
Criticized or Look down on what have done	7.63%	10.64%	31.37%	20.73%
Throwing and pushing by force make wound	23.66%	23.71%	30.72%	7.01%
Sexual harassment	22.14%	29.48%	36.93%	7.45%
Women and Girl trafficking	43.89%	60.49%	45.42%	<b>-15.07%</b>
Rape women and children	14.12%	45.29%	40.52%	<b>-4.77%</b>
<b>The level understood of respondents on GBV forms in average by semesters</b>	<b>33.00%</b>	<b>40.73%</b>	<b>42.25%</b>	<b>1.52%</b>

Relating with the knowledge of respondents on GBV and the GBV forms were increased if comparing to the baseline results and last semester. **Based on results table 7 the understanding of respondents on the GBV forms were increased by 1.52% to the last semester from 40.73% to 42.25%**. The respondents were focused on physical, mental, economic and sexual violence. However some GBV forms reduced to the last semester but the sexual and economic violence forms increased. The reasons the respondents were not the same

and their understood were also different, it because some of them used to attend and not attend in community educations. Comparison by sex, the knowledge of or understanding of women and men on GBV forms were the same level but women were highly understood than men because women have more opportunities to join the community events and community educations which were conducted by community based educators. Base on the results, women (45.34%) and men (38.90%) (38.52%) understood about the GBV forms in this period. The understood of GBV forms of women were increased from 42.82% to 45.34%; and men were increased from 38.52% to 38.90% to the last semester.

ii. The acceptance of GBV in daily living

**Table 8 The acceptance of respondents comparing to the last semester**

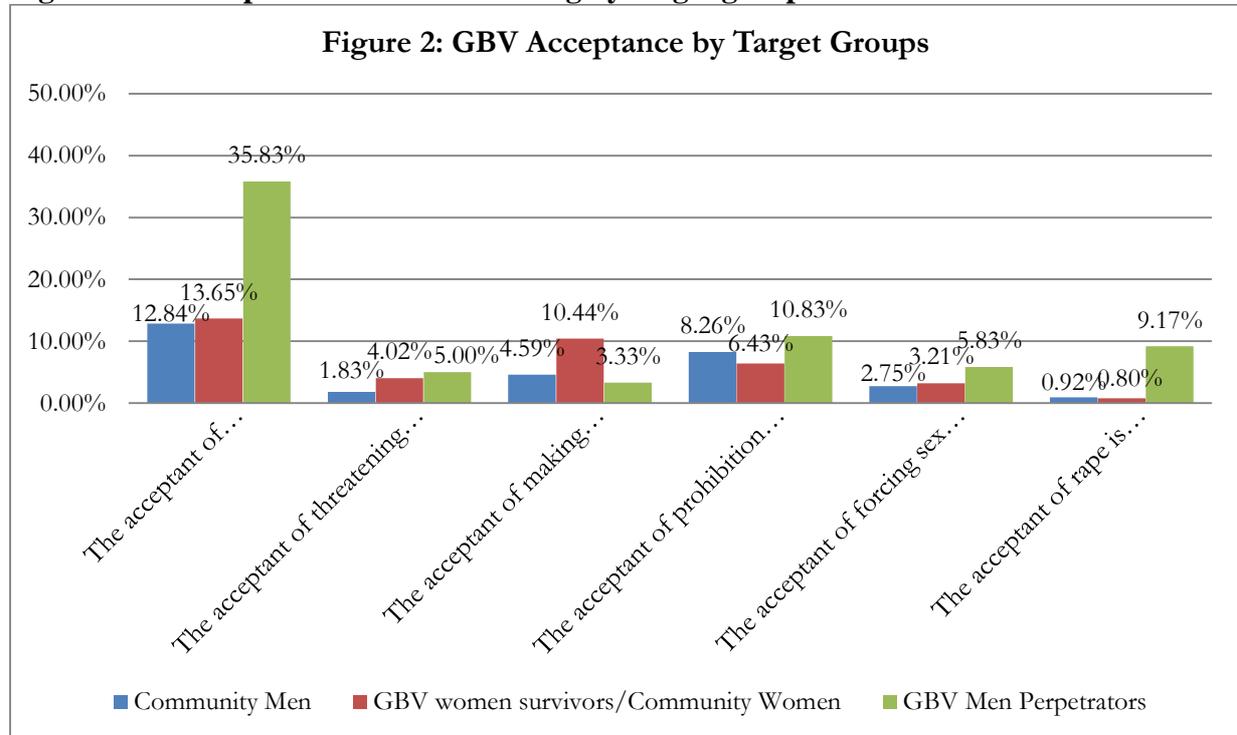
GBV acceptance for living	Agreed			The perception rates of respondents to December 2019
	Baseline Study	Impact Study in Dec 2019	Impact Study in Jun 2020	
The acceptant of beating/fighting between husband and wife is usually for daily living in family.	20.34%	7.38%	19.04%	Increased 11.66%
The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	16.98%	5.74%	3.77%	Reduced 1.97%
The acceptant of making somebody suffer in daily living is usually in family.	15.72%	2.25%	7.32%	Increased 5.07%
The acceptant of prohibition somebody to find works is usually in family.	16.35%	1.43%	7.95%	Increased 6.52%
The acceptant of forcing sex from husband during unfeeling, illness is usually in family.	17.82%	2.05%	3.77%	Increased 1.72%
The acceptant of rape is usually in communities.	17.40%	1.43%	2.93%	Increased 1.50%

Relating with GBV acceptance for daily living, it was revealed that the mind-set of target groups and the acceptance of GBV for daily living increased in this period because of some respondent still focused on cultural norms and men domination without though the women rights and gender. Based on the results presented that the acceptance of GBV for daily living were reduced to the baseline as show in table 8 but in increased to the last semester.

Based on the results, most of respondents accepted it and though that it is usual for living were perpetrators which were higher than other men and women or GBV women survivors as shown in figure 2. For both GBV perpetrators and GBV women survivors still thought that GBV was normal, on other hand their mind-set and their experiences received was not thought on gender and women rights. It is because of many factors such as less support from family members and community people for GBV survivors especially new target areas which the GBV perpetrators

and GBV women survivors just attended the community educations or other community events especially bi-monthly meeting. However their knowledge and behaviors had changed and increased if comparing to the baseline results.

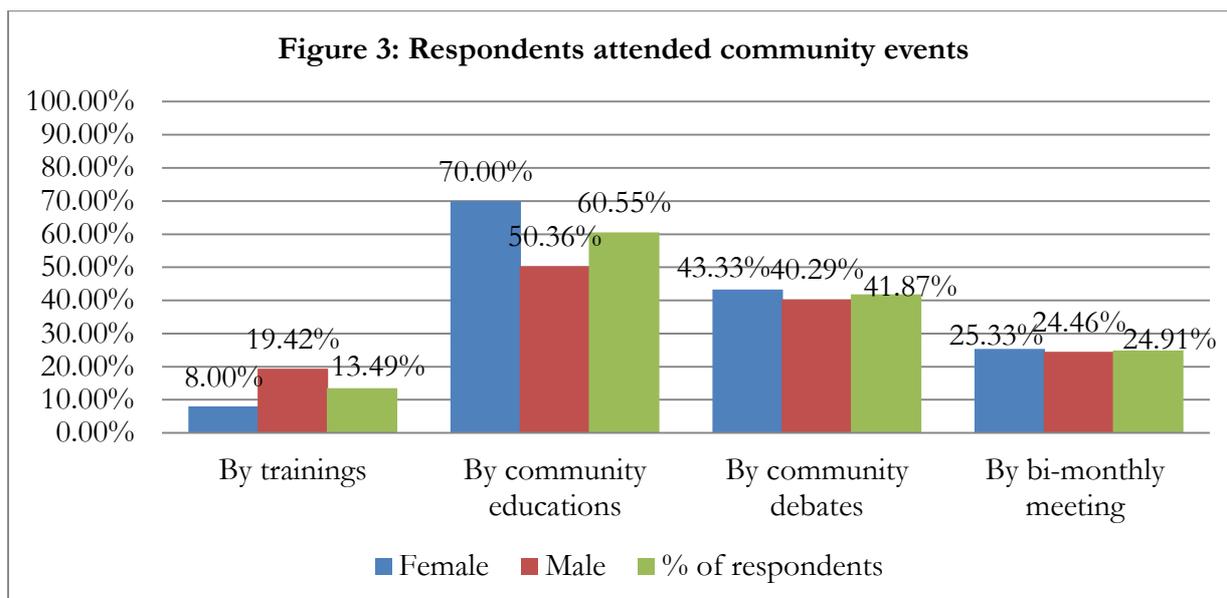
**Figure 2 the acceptance of GBV for living by target groups**



**iii. Law against violence**

Based on the results 478 respondents, **60.46% (289/478)** respondents said that they knew that there are many laws against violence in Cambodia such as Cambodian Domestic Violence Law, CEDAW, Human Trafficking law, Civil law and criminal law. **It was increased by 16.26% to the last semester from 44.2% to 60.46% and increased by 4.69% to the baseline from 55.77% to 60.46%. Comparing by sex, it is presented that 60.48% (150/248) women and 60.43% (139/230) men knew about the types of law against violence in Cambodia, it was increased to the last semester.** The laws against violence in Cambodian that respondent knew were focuses on Cambodian Domestic Violence Law (75.78%), CEDAW (41.18%), Human trafficking Law (50.52%), Civil Law (18.34%), and Criminal Law (26.64%). However they knew about these laws but they could not explain or describe the meaning of it of each law, also included the local authorities.

**Figure 3 the respondents attended the community events**



Among 289 respondents they knew about laws against violence in Cambodia, most of them had attended the training (13.49%), community educations (60.55%), community debates (41.87%) and SHG bi-monthly meeting (24.91%) as shown detailed in figure 3. Relating with who organized this events the respondent reported that it was organized by CHEC (61.25%), Local authorities (55.36%) and other NGOs (13.49%) in this period.

### c. Behavior of Communities (109 Men)

#### i. Behavior of men responding to GBV

**Table 9 the responding of men to GBV**

Activities responding to GBV	Baseline	Impact study in Dec 2019	Impact study in June 2020	Men respondents to GBV in this period
Report to local authorities	46.28%	55.83%	80.73%	24.90%
Refer to other support services	1.65%	26.67%	12.84%	-13.83%
Separate between GBV survivors and perpetrators	0.00%	0.00%	17.43%	17.43%
Make instruction to perpetrators	12.40%	7.50%	13.76%	6.26%
Make facilitation between GBV survivors and perpetrators	2.48%	19.17%	4.59%	-14.58%
Take GBV women survivors to safe place	n/a	n/a	5.50%	5.50%
Ignore because not my issues	47.11%	6.67%	8.26%	1.59%

The participation of community men to respond to GBV and support the rights of GBV women survivors is very importance in society to reduce the GBV and strengthen the law enforcement. By the way it wants to change the mind-set of men in society onward the women or violence

against women. Based on the results interviewed with 109 men in communities in four districts relating to their behavior responding to GBV, it presented that the reporting to local authorities (80.73%), it was increased from the last semester and baseline; refer to support services for both commune office and health centers (12.84%), it was reduced to the last semester but increased from baseline; making an instruction to perpetrators (13.76%), it has increased from last semester and baseline; and making facilitation between GBV survivors and perpetrators (4.59%), it has reduced to the last semester but increased from baseline and take GBV women survivors to safe place, most permit the GBV women survivors stay at CCWC and neighbour's house for temporary period (5.50%). **The responding of men on GBV and the supporting women were increased in this period but the respondents who used to report that the GBV is not my business or ignore was increased by 1.59% to the last semester in this period as shown in table 9.**

**Table 10 the responding of local authorities after reporting the GBV cases**

<b>The responding of local authorities after reporting about GBV cases</b>	<b>Baseline</b>	<b>Impact study in Dec 2019</b>	<b>Impact study in Jun 2020</b>	<b>Outcome after reporting about GBV cases</b>
Make an agreement	92.43%	95.52%	72.73%	-22.79%
Make a facilitation	n/a <sup>3</sup>	n/a	46.59%	46.59%
Make an educations	n/a	n/a	47.73%	47.73%
Temporary Detained	3.57%	8.96%	1.14%	-7.82%
Refer to court	n/a	n/a	2.27%	2.27%
Police protect GBV women survivors	n/a	n/a	3.41%	3.41%
<b>Not do anything</b>	<b>10.71%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>

The outcome after reporting by the community men to local authorities about the GBV cases, it has presented that the local authorities especially police and commune leaders or CCWC had make an agreement with perpetrators to stop use violence on their partner, detaining the perpetrator in cases serious cases for building cases and refer to district level or provincial level and court, and others activities such as provide an education or facilitation with/to perpetrators. Especially the serious cases the commune leaders put the order to police for protection the GBV women survivors. So the responding of local authorities to GBV after reporting was active to support the GBV women survivors in cases of Covid-19 situation.

The results also presented that the reasons why the community men ignored and did not report to local authorities about the GBV cases when they see because of afraid of perpetrators (38.10%), not their business (66.67%) and not believe on local authorities to overcome it

<sup>3</sup> Just added in June 2020 to measure the outcome after reporting to local authorities about GBV cases

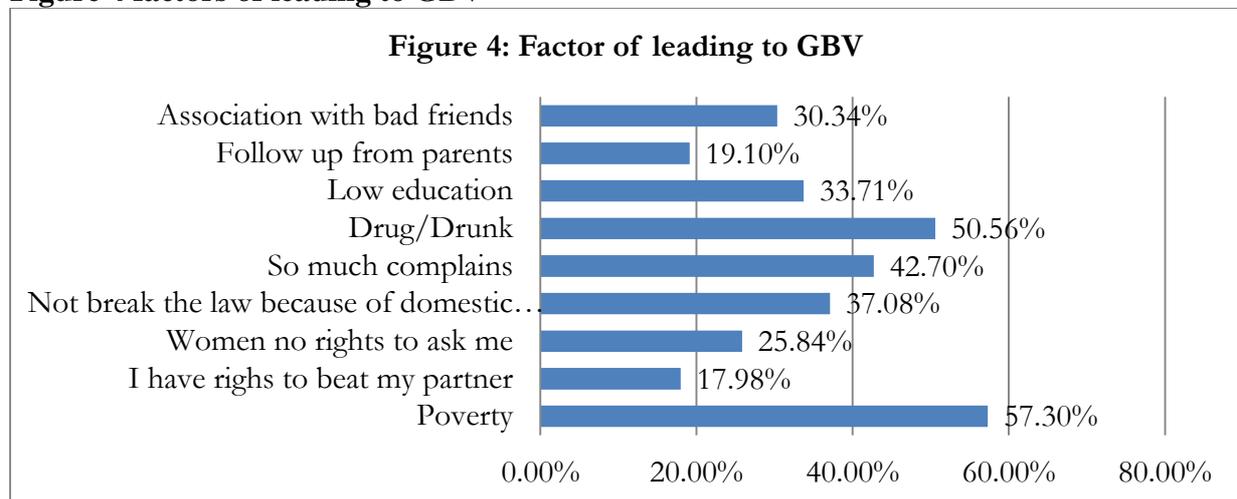
(4.76%). So the men who did not report to local authorities about the GBV cases in their local areas were reduced from the last semester and baseline in this period.

**ii. Practice of GBV (120)**

Regarding the result above, most of perpetrators had thought that the some forms of violence against women is usual for living in family increased and the perpetrators committee violence against his partner/wife because they could not control their body or mind during drunk by the way the cultural norms are main factors led to violent in families. Baseline the result interviewed with **120 GBV perpetrators presented that 74.17% (89/120) of them had committed violence on their partner and family members in this period, the number of perpetrators committed violence on intimated partner reduced by 20% to the last semester from 94.17% to 74.89%**. It has reduced because of behaviors of perpetrators changes after got educations and home counseling from CHEC district facilitators and CCWC.

Many factors that perpetrators committed violence on their intimated partner and family members because of educations, poor living situation, outside influence and experiences in the past which they were met in the past and present. The perpetrators still highlighted poverty and drunk/drug are main factors leading to violence in families because they could not control their body and mind during drunk. The factors led to violence in family as shown in figure 4.

**Figure 4 factors of leading to GBV**

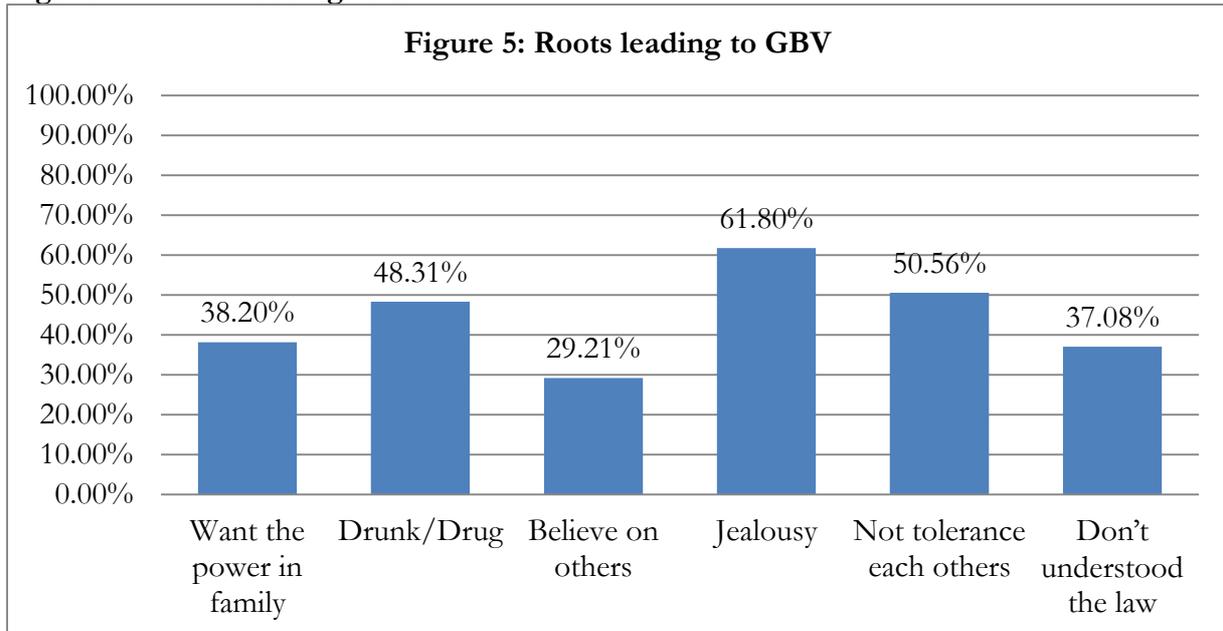


**iii. Root of GBV**

Most of perpetrators reported that they don't want to commit violence on their intimated partner (wife) but some time they could not bear with bad words from their partners especially during drunk which make perpetrators could not control felling and their anger in spite of their knowledge of GBV and law were limited. Based on the result presented that the GBV

happened because of want power in family (38.20%), drunk and drug-using (48.31%), believe on others (29.21%), jealousy with their partner during wearing a good dress and talking with friends specially when she not stayed home (61.80%), not tolerance each other (50.56%) and did not understand the law (37.08%) as shown in figure 5. Based on the results the perpetrators highlighted on jealousy and not tolerance to each other in daily living and drunk/drug are root of GBV.

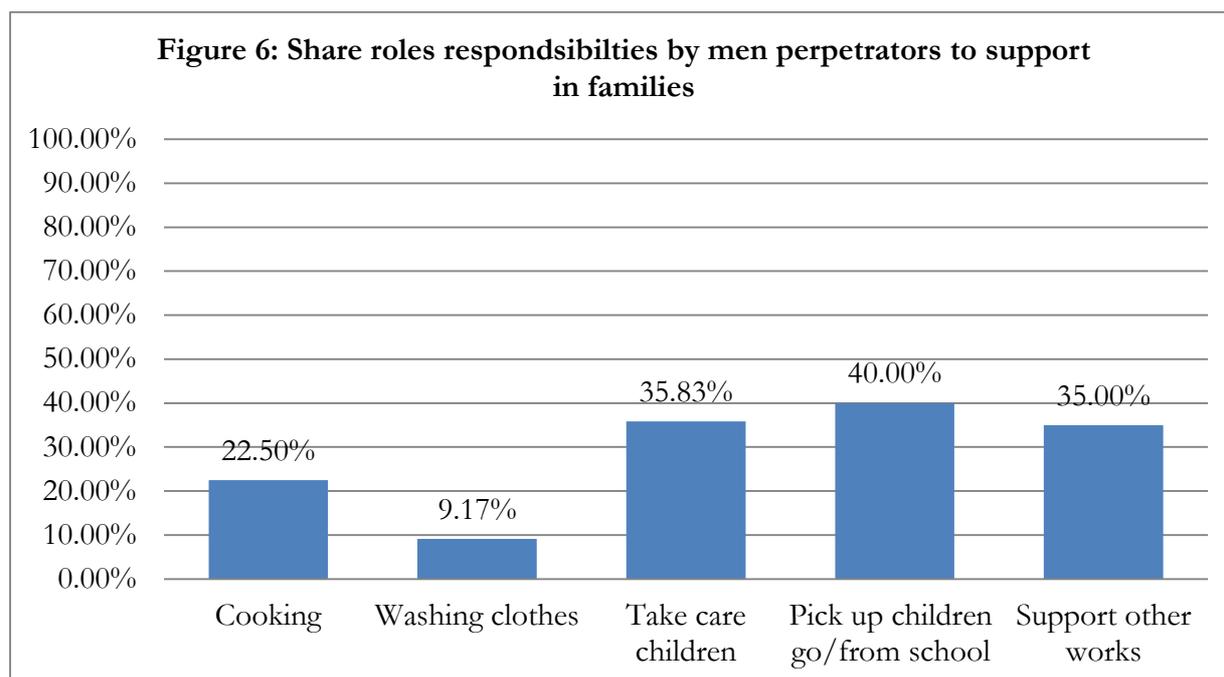
**Figure 5 roots of leading to GBV**



**iv. Share roles responsibilities**

It is very useful for who are in the family could be shared roles responsibilities to support each other for living that not though that housework is role of women because the community people did not understood about the gender equality and equity. On the other hand, some men are self-esteem with these work, the men are responsible to earn money to support family. By the ways, the perpetrators reported that they have share role responsibilities in family and good relationship in family members especially housework but they could not control their mind or felling that it was led to violence during quarrel during drunk. Based on the result, 85.00% (102/120) of perpetrators had supported their partners for housework and other supports such as pick up their children from schools, washing clothes, taking care of children and prepared cooking when their partners not stayed home and busy to make business. It has increased by 23.33% to the last semester from 61.67% to 85.00%. The shared role responsibilities between perpetrators with their intimated partners (wife) were focused on cooking (22.50%), washing clothes (9.17%), take care children (35.83%), pick up children go/from school (40.00%) and support other works (35.00%) in this period as shown in figure 6.

**Figure 6 share role responsibilities by perpetrators in families**



d. GBV Cases (249 Women and GBV women survivors)

**Relating with GBV cases, it is presented that 48.59% (121/249) of women respondents said that they have challenged with GBV in the past six months by districts as shown in table 11. It was increased by 15.12% to the last semester from 33.47% to 48.09%.**

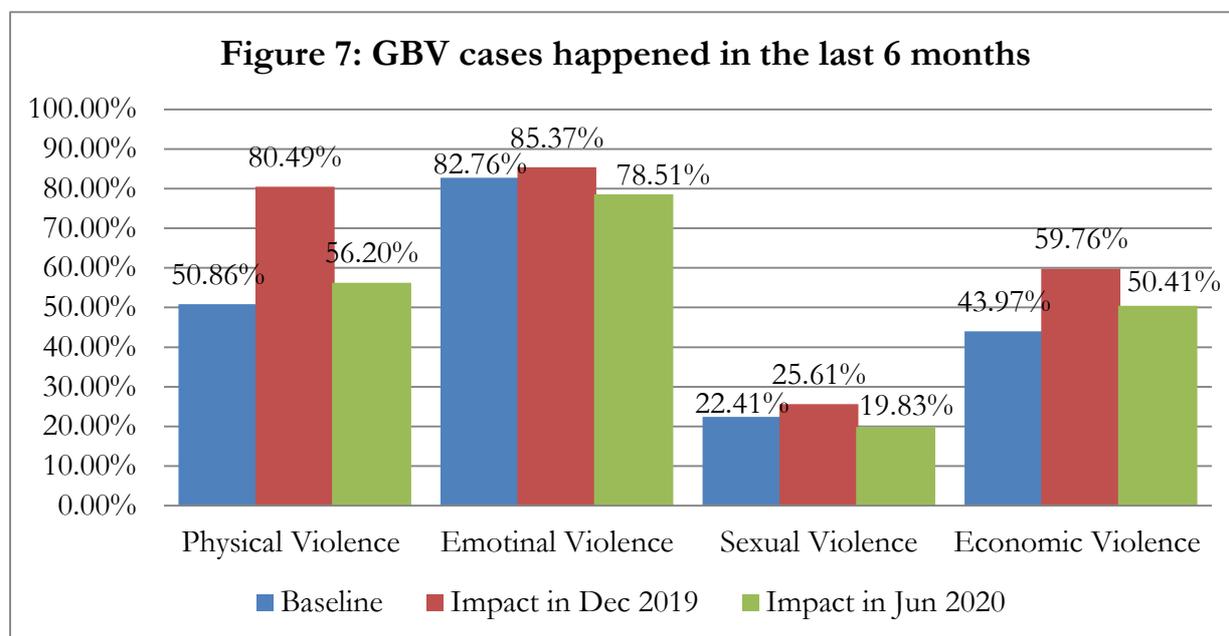
**Table 11 GBV cases happended in the last six months by districts**

Districts	% of GBV cases happended in the last six months by districts
Boribo	41.27%
Chhumkiri	55.71%
Piem Chor	57.63%
Srey Santhor	38.60%
Total GBV cases occurred in this period from Jan to June 2020.	48.59%

The GBV occurred in the last 6 months from Jan to Jun 2020 were focused on physical violence (56.20%), emotional violence (78.51%), sexual violence (19.83%) and economic violence (50.41%) as shown in figure 7. The GBV happended in the last six months were highlighted physical, mental and economic violence in this period. The women respondents who challenged with GBV were increased from the last semester but the GBV cases were reduced from last semester as shown in figure 7. Some women respondents challenged with 1-3 GBV cases in the same time. **Quotation from GBV women survivor in December 2019: “I am very sad because my husband drunk every day and when I asked him to stop**

drinking again and again he beats me.” And quotation from GBV women survivors in June 2020: “it is my fate to live with GBV, my husband always beat me and damaged kitchen equipment when I prepare food not on time”.

**Figure 7 GBV cases happened in the last 6 months**



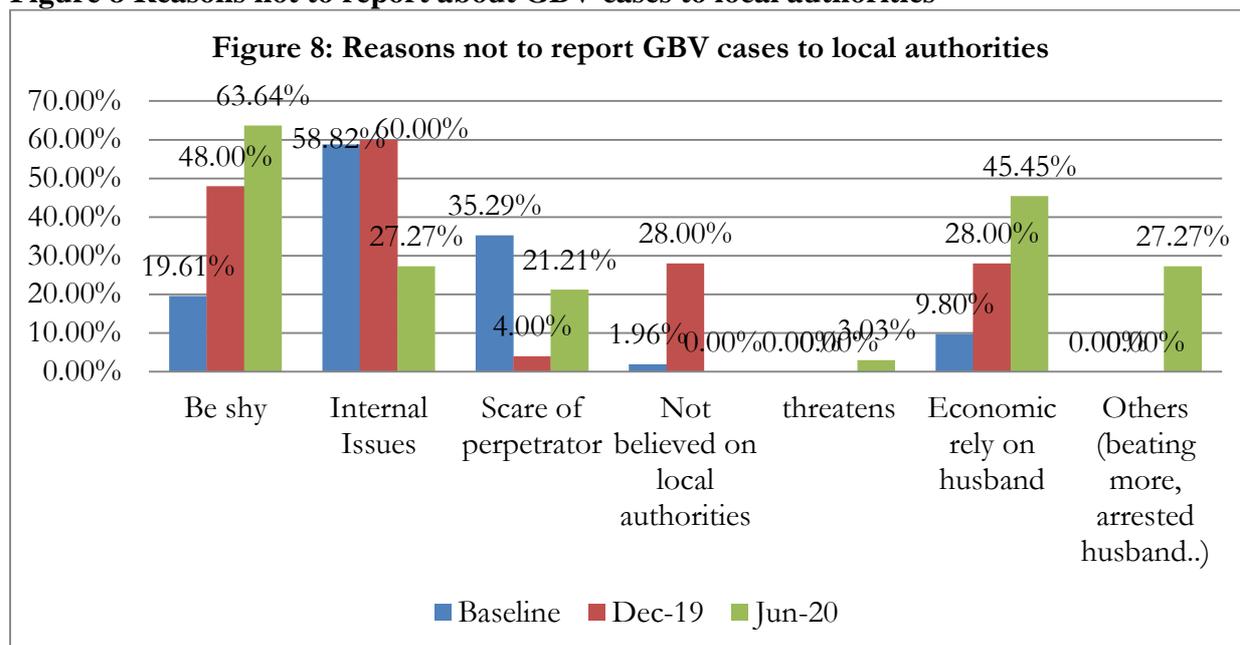
**Table 12 Reporting GBV cases to local authorities by districts**

By districts	Baseline Survey	Impact Study in Dec 2019	Impact Study in Jun 2020	Increased Rate between Jan to Jun 2020
Boribo	45.00%	80.00%	88.46%	Increased 8.46%
Chhumkiri	31.43%	74.19%	76.92%	Increased 2.73%
Piem Chor	42.42%	55.56%	55.88%	Increased 0.32%
Srey Santhor	60.71%	72.41%	72.73%	Increased 0.32%
<b>% of GBV women report to local authorities about their GBV cases</b>	<b>43.97%</b>	<b>69.88% (58/83)</b>	<b>72.73% (88/121)</b>	<b>Increased 2.85%</b>

Among of 48.59% respondents challenged with GBV in the past 6 months, **72.73% respondents were reported to local authorities about their GBV cases, it was increased by 2.85% to the last semester from 69.88% to 72.73%.** It was increased because of the respondents understood about their rights and believed on the local authorities to overcome their family issues and supported the GBV women survivors.

For respondents who challenged with GBV and did not report their GBV cases to local authorities because of many reasons, it was focused on being shy (63.64%) to community people, internal issues (27.27%), afraid of perpetrators (21.21%), threatens from perpetrator (3.03%), economic relying on perpetrators (45.45%) and others such as beating more after reporting and arrested husband to court (27.27%) as shown figure 8 below.

**Figure 8 Reasons not to report about GBV cases to local authorities**



e. Behavior of women respond to GBV

**Table 13 Behavior of community women and GBV women survivors responding to GBV**

Behaviors of women responding to GBV	Baseline Survey	Impact Study in Dec 2019	Impact Study in Jun 2020	Changed to last semester
Report to local authorities	66.67%	69.76%	71.89%	Increased 2.13%
Facilitation	27.50%	27.02%	32.93%	Increased 5.91%
Ignore because not their issues	8.33%	5.24%	6.43%	<b>Increased 1.19%</b>
Don't know	7.08%	12.90%	12.85%	<b>Reduced 0.05%</b>

Relating with behaviors of community women responding to GBV now changed for both mind-set and intervention during it happened, however in this period the respondents still accepted some form of GBV increased. But respondents have different ideas for responding to GBV. Based on the results presented that the behavior of community women to respond to GBV were focused on reporting to local authorities (71.89%), make facilitation with perpetrators (32.93%), ignoring it because of not their problems (6.43%) and don't know what they do to respond to GBV (13.65%) in this period as show in table 13. In this period the respondents reported that ignorance because of not their issues were increased and the number of respondents who report that they don't know how to do it when GBV happen were reduced, comparison with the last semester. **The result also presented that 49.80% (124/249) of community women including GBV women survivors had reported about the GBV cases which they have seen to local authorities in local areas by mouth and phone. It was increased by 12.30% to the last semester from 37.50% to 49.80%.**

i. Outcome of reporting

**Table 14 The responding of local authorities to GBV perpetrators after reporting**

Responding to GBV	Baseline Survey	Impact Study in Dec 2019	Impact Study in Jun 2020	Changed to last semester
Make an agreement	71.32%	55.17%	60.23%	Increased 5.06%
Short detainment	7.75%	20.69%	5.65%	<b>Reduced 15.04%</b>
Refer to court	n/a <sup>4</sup>	12.07%	15.91%	Increased 3.84%
Make a facilitation between perpetrator and GBV women survivors	n/a	n/a <sup>5</sup>	45.45%	In this period 45.45%
Provide education to perpetrators	n/a	n/a	54.55%	In this period 54.55%
<b>No activities</b>	<b>28.68%</b>	<b>15.52%</b>	<b>13.64%</b>	<b>Reduced 1.88%</b>

Relating with behaviors of local authorities had done with GBV perpetrators after reporting from GBV women survivors about GBV cases. In table 14 presented that the responding of local authorities to GBV perpetrators were focused on making an agreement between perpetrators to stop exerting violence on intimated partner (60.23%), bring perpetrators to detain for short time to be building cases before refer to districts/provincial level because of serious cases (5.65%), referring the perpetrators to court because of serious cases/rape cases (15.91%), make a facilitation between GBV women survivors with perpetrators at home during they intervention (45.45%) and provided education to perpetrators about DV law, women rights and impact of GBV (54.55%), and no activities from local authorities (13.64%) in this period. **Comparing by semester, the short detainment perpetrators before referring them to districts/provincial level and no activities from local authorities after reporting were reduced in this period.**

ii. Services delivery to GBV survivors

It is very useful for local authorities in responding to GBV cases which happened to support the GBV women survivors for both physical and mental to build their confident and encourage them to live after GBV through the participation in addressing GBV cases as well as strengthening the law enforcement for the perpetrators. The service deliveries by local authorities to support GBV women survivors during or after GBV cases were according to the situation of GBV cases. Most service deliveries to support GBV women survivors after or during GBV cases occurred were focused on provided the support services through reconciliation, building cases and put the complains instead of GBV women survivors (14.05%), it reduced from 55.17% to 14.05%; provided legal services such as building cases, make an agreement and refer the perpetrator to court (69.42%), it was reduced to the last

<sup>4</sup> Developed more question in December 2019

<sup>5</sup> Developed more questions in June 2020 (to measure the responding of local authorities to GBV perpetrators)

semester from 82.76% to 69.42%; provided counseling and conduct home visit for openly discussion (55.37%), it was reduced from 84.48% to 55.37%; provided health care services which they could access at health centers by supporting some money from commune committees if they are living with ID poor card (21.49%), it reduced from 58.62% to 21.49%; provided safe place (temporary shelter) which the GBV women survivors could stay in CCWC's houses, relative's house and commune leader's houses, it is for a short period to be waited GBV cases addressed with perpetrators (9.92%), it reduced from 15.52% to 9.92%; police always came to visit GBV women survivors after reporting (14.05%) in this period. And only 8.26% of survivors never received anything from local authorities after/during GBV cases occurred, most are located far from commune office and police post, and sometime the GBV women survivors did not report to local authorities for intervention. The GBV women survivors never received anything from local authorities after GBV cases happened were increased from 3.45% to 8.26% in this period, but it reduced from the baseline as shown in table 15. However the GBV cases happened in this semester were increased but the service deliveries to support GBV women survivors were reduced because of not many serious cases and COVID-19.

**Table 15 Service delivery by local authorities to GBV women survivors after/during GBV cases**

<b>Service Delivery by Local authorities</b>	<b>Baseline Survey</b>	<b>Impact Study in Dec 2019</b>	<b>Impact Study in Jun 2020</b>	<b>Comparing to the last semester</b>
Others (provided other support services such as put complains...)	13.95%	55.17%	14.05%	Reduced 41.12%
Provided legal services (make an agreement, building cases)	23.26%	82.76%	69.42%	Reduced 13.34%
Provide home counseling	59.69%	84.48%	55.37%	Reduced 29.11%
Provide health care services	31.78%	58.62%	21.49%	Reduced 37.13%
Provide safe places	9.30%	15.52%	9.92%	Reduced 5.60%
Police always visit GBV women survivors after reporting	n/a	n/a	15.04% <sup>6</sup>	15.04%
<b>Not provide anything</b>	<b>15.50%</b>	<b>3.45%</b>	<b>8.26%</b>	Increased 4.81%

### iii. Access Health Care services

Among of 48.59% or 121 respondents challenged with GBV in the past 6 months, only 42.14% (51/121) GBV survivors accessed health facilities at HC after GBV cases happened because of injuries or serious cases while other never access health care at HC because of not serious cases such as mental and economic violence and some could make a self-medication. **The**

<sup>6</sup> Just added this question in Jun 2020

**GBV women survivors had accessed health facilities at HC had increased by 7.99% to the last semester from 33.73% to 42.14%.** It is increased because GBV women survivors understood about service delivery without charge money and there are any supports from other relevant stakeholders. The GBV women survivors accessed health facilities at HC by districts presented in table 16 below. The result also presented that the GBV women survivors in Boribo district accessed health facilities at Health Centers were reduced from 100% to 50.00% in this period. This is because of not many serious cases happened.

**Table 16 GBV women survivors access health facilities by districts after GBV cases**

Districts	Baseline	Impact study in Dec-19	Impact Study in Jun-20	Comparing to the last semester
Boribo	25.00%	100.00%	50.00%	-50.00%
Chhumkiri	20.00%	12.90%	23.08%	10.18%
Piem Chor	6.06%	0.00%	20.59%	20.59%
Srey Santhor	82.14%	65.52%	100.00%	34.48%
<b>GBV women survivors accessed health facilities at HC</b>	<b>31.90%</b>	<b>34.15%</b>	<b>42.14%</b>	<b>7.99%</b>

The service provided by HC staff to GBV survivors during they accessed for health care services were most focused on counseling (76.47%), it increased from 46.43% to 76.47%; provided the treatment (49.01%), it reduced from 89.29% to 49.01% in this period.

According to the report from HC staff presented that the number of GBV women survivors access HC in this period increased to the last semester but reduced to the baseline, some accessed HC by themselves with their relative supports and some were referred by CBEs as shown in table 17.

**Table 17 GBV survivors access HC (Reporting from HC staff interviewed)**

GBV cases get treatment at HC	Baseline Report			Impact Report in Dec 2019			Impact Report in Jun 2020		
	Total Cases	Male	Female	Total Cases	Male	Female	Total Cases	Male	Female
Received counseling	51 cases	0	51	22 cases	2	20	27	0	27
Received treatment	25 cases	1	24	10 cases	1	9	7	0	7
Referred to other services	3	0	3	1 case		1	1	0	1
Others	0	0	0	0	0	0	0	0	0

**iv. GBV cases and Prosecution (Interviewed with 85 local authorities)**

The law enforcement on the perpetrators without tolerance and partisanship is key issues to reduce GBV in communities. Most of responding of local authorities were mediated and

facilitated with making an agreement to finish cases however it was serious case because of knowing each other between perpetrators/GBV survivors and local authorities or community people. By the ways the GBV cases were addressed but the perpetrators never follow up on what they had promised or made an agreement with local authorities, it still happen. Rarely, the perpetrators were sent to court or provincial level in cases of heavy injury excepting the death and rape cases that they identified as criminal case.

In the table 16 presented that the GBV cases happened and reported to local authorities in this period were increased and the number of referral perpetrators to provincial or court for prosecution also increased to the baseline and the last semester.

**Table 18 GBV cases reported and prosecution (Report from local authorities interviewed in June 2020)**

GBV cases report and prosecution	Baseline Report			Impact Report in Dec 2019			Impact Report in Jun 2020		
	Total Cases	M	F	Total Cases	M	F	Total Cases	M	F
# of GBV cases reported to local authorities in the past 6 months	264	5	17	252		162	375	17	355
# of perpetrators referred for prosecution	2	2	6	6	6		32	32	
<b>Sexual Violence</b>									
# of rape cases reported to local authorities in the past 6 months	9		9	2		2	5		5
# of perpetrators referred for prosecution	9	9		1	1		5	5	
<b>Total GBV Cases happened</b>	<b>273</b>			<b>254</b>			<b>380</b>		
<b>Total perpetrators refer to provincial level or court</b>	<b>11</b>			<b>7</b>			<b>37</b>		

## 6. Conclusion

The impact study was interviewed with 592 respondents, but the relating with other practices for daily living and other knowledge on GBV and GBV forms including laws against violence in Cambodian, it only interviewed with 478 respondents, which they were community men, GBV perpetrators, and women and GBV women survivors. The results presented that the knowledge and the understanding of respondents on GBV and GBV forms were increased from the baseline but reduced to the last semester.

Relating with GBV acceptance for daily living, it was revealed that the mind-set of respondents on the social norms and the acceptance of GBV still mentioned in this period because of their knowledge and understanding on the GBV and GBV forms still limited for both women and men, by the way the local authorities have strengthened the law enforcement to apply with commune and village safe policy. Based on the results presented that the acceptances of GBV for daily living were increased to the last semester but it was reduced to the baseline. However, the knowledge on GBV reduced and the committing violence on partner by men perpetrators interviewed increased to the last semester because they could not control their mind and body during drunk. By the way, the share role responsibilities in family of perpetrators in this period were increased to the baseline and to the last semester which perpetrators always support in family was liked cooking, washing clothes, and pick up their children from school...

According to the responding of local authorities and community men for responding to GBV issues and support for the GBV women survivors were increased in this period. The supporting GBV women survivors for both legal and other services, but the GBV cases happened in this period increased, most were new cases and some old cases.

The responding as well as service deliveries from local authorities to support the GBV survivors were limited or reduced to the last semester because of Covid-19 epidemic disease. Most focused on counseling, make an agreement and facilitation between perpetrators and GBV women survivors (wife), not prosecuted however some were injured. In this period 380 GBV cases were reported to local authorities, but 37 cases of perpetrators were referred to court or provincial for prosecution.

#### Results Respond to Outcome Indicators

Indicators	Baseline	Impact in Dec 2019	Impact in Jun 2020	Justification
<b>Project objective 2: Gender based violence in the project areas has been declined</b>				
Percentage of male community member support legal rights of women and prosecution of domestic violence and raped increased by 70%.	23.72%	25.56%	27.90%	Based on the impact study in June 2020 presented that 27.90% of male community support women and prosecution of domestic and rapes. It is increased by 2.34% to the last semester from 25.56% to 27.90%. Based on the result, the male communities supported the women and prosecution of domestic violence and raped were focused on understanding of laws (60.46%), reporting to local authorities during GBV case happened (80.73%), make a facilitation

				<p>between GBV survivors and perpetrators (4.59%), making an instruction to perpetrators (13.76%), Separation between GBV survivors and perpetrators (17.43%), Refer to support services (12.84%) and take GBV women survivors to safe place, most permit the GBV women survivors stay at CCWC and neighbour's house for temporary period (5.50%). <b>Only 8.26% of men report did nothing as they thought it is none of their business.</b></p>
<b>Project objective: 3. The support for women, girls and young people affected by gender based violence has been increased</b>				
<p>The number of cases a/domestic violence, b/rape reported and prosecuted by the police or other legal institutions increased by 70%</p>	<p>273 GBV cases (11 perpetrators referred for prosecution)</p>	<p>254 GBV cases (only 7 perpetrators referred for prosecution)</p>	<p>380 GBV cases (37 perpetrators referred for prosecution at courts)</p>	<p>Based on the report from local authorities in June 2020 in 4 districts, 380 GBV cases were happened and reported to local authorities. Among those, 5 were rape cases, 32 serious cases (heavy injuries), 343 were sample cases). 37 perpetrators were referred to prosecution at court (5 rape cases and 32 serious cases) in this period and others 343 sample cases (not injuries which focused on mental, some physical and economic violence) were solve at commune level such as make agreement to stop violence and provide education. The GBV cases were increased to the last semester from 254 cases to 380 cases and the perpetrators referred to</p>

				prosecution for both at court and provincial level increased from 7 to 37.
Number of female patients seeking treatment for injuries relating with domestic and sexual violence increased by 50%	31.90%	34.15%	42.14%	<p>Based on report from 30 HC in target areas in June 2020 presented below:</p> <ul style="list-style-type: none"> <li>- After GBV cases, 27 GBV survivors accessed service at HC for counselling and take a medicine for self-medication.</li> <li>- 7 GBV women survivors accessed health centres for treatment because of serious cases.</li> <li>- 1 GBV women survivors was sent from HC to referral hospital because heavy injuries which could not make a treatment at HC. So in this period, there are 35 GBV survivors accessed health care at health facilities after GBV happened because of serious cases. It has increased to the last semester from 33 cases to 35 GBV cases.</li> </ul> <p>Based on the impact study 42.14% (51/121) of GBV women survivors accessed health facilities in their local areas were focused on counselling (76.47%=39/51) and treatment (49.01%=25/51). The GBV women survivors accessed HC were increased by 7.99% to the last semester from 34.15% 42.14%</p>

## 7. Recommendations

- ✚ Based on the results, CHEC should be providing more community education and training courses on GBV and DV law including women rights to target groups for both GBV survivors and GBV perpetrators, due to the fact that their knowledge levels are increased to the baseline but still limited.
- ✚ CHEC should provide the training courses on Men- Anger Management to perpetrators because they don't want to commit violence but they cannot control their mind or body during drunk.
- ✚ CHEC should provide the training courses on non-violence communication to GBV women survivors and perpetrators including DNH to local authorities for improving the communication in living especially between perpetrators and GBV women survivors.
- ✚ CHEC should advocate with commune leaders and police officers to enhance the law enforcement with whom committing violence and prosecute the perpetrators without tolerance.

## Cambodian Health and Education for Community (CHEC) Gender Based Violence Project

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### Structure Questionnaires for Male in Communities

CODE			
Name of interviewer			
<b>Personal Information</b>			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Family Status	1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations	1. Not Completed Primary School <input type="checkbox"/> 2. Primary School <input type="checkbox"/> 3. Secondary School <input type="checkbox"/> 4. High School <input type="checkbox"/> 5. University <input type="checkbox"/> 6. Others.....		
Occupations	1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/> .....		

**Percentage of male community members supporting legal rights of women and prosecution of domestic violence and raped increased by 70% (survey)**

**Gender Based Violence Knowledge**

1	Do you know about GBV?	Yes <input type="checkbox"/> Don't know <input type="checkbox"/> (if don't know please move to #3)
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make

		wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/> 10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>
3	The acceptant of beating/fighting between husband and wife is usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
7	The acceptant of forcing sex from husband during unfelling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... ..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others.....

		.....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/> 3. Other NGOs <input type="checkbox"/> ..... .....
12	What do you do when you see GBV happened?	1. Report to local authorities <input type="checkbox"/> 2. Refer to other support services <input type="checkbox"/> 3. Seperate <input type="checkbox"/> 4. Introduce perpetrators <input type="checkbox"/> 5. Make facilitation <input type="checkbox"/> 6. Ignore because not my issues <input type="checkbox"/>
13	What they responds after you reported?	1. Make an agreement <input type="checkbox"/> 2. Temporary Detained <input type="checkbox"/> 3. Refer to court <input type="checkbox"/> 4. Not do anything <input type="checkbox"/> 5. Others <input type="checkbox"/> ..... .....
14	Reasons why not reported?	1. Afraid of perpetrators <input type="checkbox"/> 2. Internal issues <input type="checkbox"/> 3. Not believe on local authorities <input type="checkbox"/> 4. Others <input type="checkbox"/> ..... .....

**Thanks for your participation and answer my questions!**

# Cambodian Health and Education for Community (CHEC)

## Gender Based Violence Project

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### Structure Questionnaires for GBV perpetrators

CODE			
Name of interviewer			
<b>Personal Information</b>			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Family Status	1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations	7. Not Completed Primary School <input type="checkbox"/> 8. Primary School <input type="checkbox"/> 9. Secondary School <input type="checkbox"/> 10. High School <input type="checkbox"/> 11. University <input type="checkbox"/> 12. Others.....		
Occupations	1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/> .....		
<b>Percentage of male community members supporting legal rights of women and prosecution of domestic violence and raped increased by 70% (survey)</b>			
<b>Gender Based Violence Knowledge</b>			
1	Do you know about GBV?	1. Yes <input type="checkbox"/> 2. Don't know <input type="checkbox"/> (if don't know please move to #3)	
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/> 10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>	
3	The acceptant of beating/fighting between	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/>	

	husband and wife is usually for daily living in family.	3. Don't know <input type="checkbox"/> Why?..... .....
4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
7	The acceptant of forcing sex from husband during unfeeling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... ..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others..... .....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/> 3. Other NGOs <input type="checkbox"/> ..... ...
12	There are any GBV happened in the past 6 month	1. Yes <input type="checkbox"/>

	in your family?	2. Never <input type="checkbox"/>
13	What factors would be led to GBV?	1. Poverty <input type="checkbox"/> 2. Drunk and Drug-using <input type="checkbox"/> 3. Low education <input type="checkbox"/> 4. Follow up from parents <input type="checkbox"/> 5. Association with bad friends <input type="checkbox"/> 6. Others.....
14	Roots of leading to GBV?	1. Want power in family <input type="checkbox"/> 2. Drunk and Drug using <input type="checkbox"/> 3. Believe on others <input type="checkbox"/> 4. Jealousy <input type="checkbox"/> 5. Not tolerance each other <input type="checkbox"/> 6. Others.....
<b>Men perpetrators increase support to their wives in households</b>		
15	What house works did you support to your wife?	1. Cooking <input type="checkbox"/> 2. Washing clothes <input type="checkbox"/> 3. Take care children <input type="checkbox"/> 4. Pick up children go and from school <input type="checkbox"/> 5. Support other works <input type="checkbox"/> 6. Others..... 7. Never did anything <input type="checkbox"/>

**Thanks for your participation and answer my questions!**

**Cambodian Health and Education for Community (CHEC)**  
**Gender Based Violence Project**

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**Structure Questionnaires for GBV women survivors and women in communities**

CODE				
Name of interviewer				
<b>Personal Information</b>				
Name of interviewees				
Age				
Sex		Women <input type="checkbox"/>		
Date of data collection				
Communes				
Districts				
Provinces				
Family Status		1. Single <input type="checkbox"/> ; 2. Married <input type="checkbox"/> ; 3. Widow <input type="checkbox"/> ; 4. Widower <input type="checkbox"/>		
Educations		13. Not Completed Primary School <input type="checkbox"/> 14. Primary School <input type="checkbox"/> 15. Secondary School <input type="checkbox"/> 16. High School <input type="checkbox"/> 17. University <input type="checkbox"/> 18. Others.....		
Occupations		1. Government officers <input type="checkbox"/> ; 2. Police <input type="checkbox"/> ; 3. Solider <input type="checkbox"/> ; 4. Garment Worker <input type="checkbox"/> ; 5. Labors <input type="checkbox"/> ; 6. Sellers <input type="checkbox"/> ; 7. Famers <input type="checkbox"/> ; 8.Students <input type="checkbox"/> 9. Others <input type="checkbox"/> .....		
<b>Gender Based Violence Knowledge</b>				
1	Do you know about GBV?	1. Yes <input type="checkbox"/> 2. Don't know <input type="checkbox"/> (if don't know please move to #3)		
2	What are forms of GBV?	1. Physical beating on women by men <input type="checkbox"/> 2. Mental violence <input type="checkbox"/> 3. Economic violence <input type="checkbox"/> 4. Strict cultural implementation <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/> 6. Word abused <input type="checkbox"/> 7. Criticized or Look down on what have done <input type="checkbox"/> 8. Throwing and pushing by force make wound <input type="checkbox"/> 9. Sexual Harassment <input type="checkbox"/> 10. Women and Girl trafficking <input type="checkbox"/> 11. Rape <input type="checkbox"/> 12. Don't Know <input type="checkbox"/>		
3	The acceptant of beating/fighting between husband and wife is usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....		

4	The acceptant of threatening between husband and wife with weapons and other tools are usually for daily living in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
5	The acceptant of making somebody suffer in daily living is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
6	The acceptant of prohibition somebody to find works is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
7	The acceptant of forcing sex from husband during unfelling, illness is usually in family.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
8	The acceptant of rape is usually in communities.	1. Agree <input type="checkbox"/> 2. Not agree <input type="checkbox"/> 3. Don't know <input type="checkbox"/> Why?..... .....
9	Did you know there is any laws to prevent and protect women and girl from violence in Cambodia?	1. DV law <input type="checkbox"/> 2. CEDAW <input type="checkbox"/> 3. Women and Children trafficking law <input type="checkbox"/> 4. Civil law <input type="checkbox"/> 5. Criminal law <input type="checkbox"/> 6. Others..... ..... 7. Don't know <input type="checkbox"/> (if don't know please move to #12)
10	How did you know?	1. By training <input type="checkbox"/> 2. By community educations <input type="checkbox"/> 3. By community forums <input type="checkbox"/> 4. By SHG monthly meeting <input type="checkbox"/> 5. Others..... .....
11	Who organized this events?	1. CHEC <input type="checkbox"/> 2. Local Authorities <input type="checkbox"/> 3. Other NGOs <input type="checkbox"/> ..... ...
12	Did you challenge with GBV in the past 6 months?	1. Yes <input type="checkbox"/> 2. Never <input type="checkbox"/> (if Never please move #14)
13	Types of GBV challenged?	3. Physical Violence <input type="checkbox"/> 4. Mental Violence <input type="checkbox"/> 5. Sexual Violence <input type="checkbox"/>

		6. Economic Violence <input type="checkbox"/>
14	What do you do why you see GBV happen? ( <b>Relating with behaviors</b> )	1. Report to local authorities <input type="checkbox"/> 2. Facilitation <input type="checkbox"/> 3. Ignore because not my issues <input type="checkbox"/> 4. Don't know <input type="checkbox"/>
15	Did you report your GBV cases to local authorities?	1. Reported <input type="checkbox"/> 2. Never reported <input type="checkbox"/> (if never please move to #18)
16	Did you report GBV cases which occur on other community people ( <b>Take action of community people</b> )	1. Reported <input type="checkbox"/> 2. Never reported <input type="checkbox"/>
17	What local authorities responded after your reporting about GBV cases?	1. Make an agreement with perpetrators <input type="checkbox"/> 2. Short Detained <input type="checkbox"/> 3. Refer to court <input type="checkbox"/> 4. Not do anything <input type="checkbox"/> 5. Others <input type="checkbox"/> ..... .....
18	Reasons why not reported?	1. Be shy <input type="checkbox"/> 2. It is internal issues <input type="checkbox"/> 3. Afraid of perpetrators <input type="checkbox"/> 4. Not believe on local authorities <input type="checkbox"/> 5. Economic rely on husband <input type="checkbox"/> 6. Others <input type="checkbox"/> ..... .....
19	What services did you received from local authorities after GBV happened?	1. Provided other support services <input type="checkbox"/> 2. Provide legal service <input type="checkbox"/> 3. Provide counseling <input type="checkbox"/> 4. Provide health care services <input type="checkbox"/> 5. Provide safe space <input type="checkbox"/> 6. Others..... 7. Never received anything <input type="checkbox"/>
20	Did you access health service at HC after GBV cases happen?	1. Yes <input type="checkbox"/> 2. Never <input type="checkbox"/>
21	If yes what services did you receive from HC staff?	1. Counseling <input type="checkbox"/> 2. Treatment <input type="checkbox"/> 3. Refer <input type="checkbox"/> 4. Other <input type="checkbox"/>

**Thanks for your participation and answer my questions!**

# Cambodian Health and Education for Community (CHEC)

## Gender Based Violence Project

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### Structure Questionnaires for Health Centres

CODE			
Name of interviewer			
<b>Personal Information</b>			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Health Centre Name			

Number of female patients seeking treatment for injuries relating with domestic and sexual violence increased by 50%? (data of health facilities)

1	Counseling	Total	Male	Female			
2	Treatment injuries of GBV	Total	Male	Female			
3	Refer (serious cases and forensic examination)	Total	Male	Female			
4	Others..	Total	Male	Female			

**Thanks for your participation and answer my questions!**

**Cambodian Health and Education for Community (CHEC)  
Gender Based Violence Project**

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**Structure Questionnaires for Local authorities**

CODE			
Name of interviewer			
<b>Personal Information</b>			
Name of interviewees			
Age			
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Date of data collection			
Communes			
Districts			
Provinces			
Occupations	Police <input type="checkbox"/> Commune leader <input type="checkbox"/> and CCWC <input type="checkbox"/>		

**Number of cases of a/domestic violence b/rape reported and prosecuted by the police or other legal institutions increased by 70%**

1	# of GBV cases reported to local authorities in the last 6 months	Total	Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	# of perpetrators referred for prosecution	Total	Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	# of raped cases reported to local authorities in the last 6 months	Total	Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	# of perpetrators referred for prosecution	Total	Male	Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thanks for your participation and answer my questions!**