Public ASA 23/005/2010



To: Health Professional Network
From: Health and Human Rights Team

Date: 21 May 2010

Health Professional Action Sexual violence Cambodia

On 8 March 2010, Al published a major report on rape and other sexual violence in Cambodia. (A summary version was published on 26 April 2010). The report highlighted the difficulties faced by victims of rape amid a culture of impunity. Women and girls have limited access to justice, medical services and psychosocial support. This report exposes how corruption and discrimination within the police and courts prevent survivors of rape from receiving justice and the necessary assistance.

Below are extracts from the summary document: *Breaking the silence: Sexual violence in Cambodia*

Recommended actions for health professionals follow at the end of this action.

Breaking the silence: Sexual violence in Cambodia [extracts]

Reports of Rape on the Rise

There are no comprehensive, reliable statistics on rape and other sexual violence against women and girls in Cambodia. What figures do exist are patchy and low. From November 2008 to November 2009, police recorded just 468 cases of rape, attempted rape and sexual harassment. Police and NGO data for rape cases indicate that an increasing number of victims are children. In 2009, 78 per cent of rape victims turning to human rights NGO Adhoc were children, compared to 67 per cent in 2008. It is not known if this increase reflects a real rise, or the fact that rape of under-18s is increasingly likely to be reported. The acute lack of adequate services and assistance available for survivors of sexual violence may be linked to the incomplete information about how many girls and women are affected, what kinds of medical and psychosocial needs they have, and in what circumstances they live. There is also no system to track what happens to victims after they report rape, which prevents the authorities from critically analyzing how well they deal with rape cases, and identifying where in the process systemic shortcomings appear.

Health Services

Medical examinations and treatment of rape victims in Cambodia fall far short of World Health Organization standards, and continue a traditional focus on the state of the hymen. While injury to the hymen should be noted, it cannot be regarded as defining evidence of rape; nor can absence of injury to the hymen be regarded as evidence of the absence of rape.

Amnesty International spoke to one woman whose nine-year-old daughter had been raped. She described what happened when she took her child to the forensic unit at the provincial hospital for an examination: "It was very difficult because she couldn't hold still, but was feeling shame and crying, and was clearly afraid of being hurt again. The doctor asked some questions about the incident and then said to me: 'Don't worry. Your daughter's hymen is not spoiled."

Only one public hospital in each province and a few large hospitals in Phnom Penh are mandated to issue medical forensic certificates that are admissible as evidence in court. But these forensic units do not offer any treatment. So, women with injuries requiring treatment need to visit a clinic or hospital several times. For those living far from a provincial capital, even one visit to hospital may involve prohibitive costs. Medical examinations can also be a traumatizing experience, and it was clear from Amnesty International interviews that the division of clinical and forensic services works to the victims' disadvantage.

Conclusion

At its worst, the system in place to help survivors of sexual violence in Cambodia is a set of moneymaking schemes, to provide personal benefit for the public officials involved rather than bring justice to the victims. Failures go unquestioned and for too many victims of rape, their experience within the criminal justice system compounds the initial abuse. Every perpetrator who goes unpunished as a result of these failures is a signal that the authorities are indifferent to the plight of the victims of sexual violence, as well as to their own duty to combat it, under both international and national law. Rape is an act of gender-based violence and constitutes discrimination, prohibited under international human rights law, including the UN Convention on the Elimination of All Forms of Discrimination against Women, to which Cambodia is a state party. Rape should not be understood as a "sexual" activity, but as one that is motivated by a desire to control, harm and humiliate a woman.

Amnesty International urges the government to ensure that the state meets its national and international obligations to respect, protect and promote the right to freedom from discrimination and violence for women and girls in Cambodia. Using the introduction of the new Penal Code in late 2010 as an opportunity, the government must firmly address grossly inadequate law enforcement in cases of suspected rape. There is an urgent need for the authorities to speak out against sexual violence against girls and women to show that they will not tolerate impunity for sexual violence and to clarify that rape signifies an absence of truly and freely given agreement to engage in sexual acts.

Extracts from report summary: *Breaking the silence: Sexual violence in Cambodia,* Available at: http://www.amnesty.org/en/library/asset/ASA23/002/2010/en/159e213a-a2da-4fff-ad51-1e6c41a98b5f/asa230022010en.pdf

See also the full report: http://www.amnesty.org/en/news-and-updates/report/cambodia-government-protect-victims-sexual-violence-reports-rape-increase

Recommendations

Please write letters to the Cambodian Minister of Justice and Minister of Women's Affairs

- Explaining that you are a health professional concerned about human rights;
- Expressing concern at the apparent prevalence of rape and other sexual violence against women and girls in Cambodia, and widespread lack of concern for the effects of rape on victims and the difficulties they face to obtain assistance;
- Urging the removal of financial barriers to services for victims of rape, including all health and medico-legal services;

Public ASA 23/005/2010

Ensure that victims and survivors of sexual violence have access to safe, timely and effective reporting mechanisms either to police officers trained in working with victims of sexual assault or to health professionals providing clinical or medico-legal services to victims of sexual assault;

- Ensure that forensic examinations for women complaining of sexual assault are accessible, appropriate and free of charge; they should be carried out as promptly as possible, and subject to the woman's wishes, by competent medical professionals with empathy for the experience of victims; examinations should be free, including transport;
- All health professionals carrying out such examinations should receive specialist training to ensure effective and empathetic interview skills, as set out in the WHO protocol;
- Review the current separation of treatment from evidence collection, with only referral hospitals mandated to conduct forensic examinations. While prioritising the woman's health needs, the initial examination at any health service should be conducted in such a way as to ensure that forensic evidence which could be used for the investigation and trial is collected and preserved at that time.
- Ensure that all victims of rape and other sexual violence have prompt and free access to measures such as post-exposure prophylaxis for HIV, emergency contraception, testing and treatment for sexually transmitted infections, as well as general medical care for other injuries; and initial psychological support;

Addresses

Minister of Women's Affairs Dr Ing Kantha Phavi [f] Ministry of Women's Affairs #3 Blvd. Norodom Phnom Penh Kingdom of Cambodia

Fax: +855 23 428965

Email: mwva.cabinet@online.com.kh

Minister of Justice Ang Vong Vathana Ministry of Justice No 14, Sothearos Blvd. Sangkat Chev Chumneas Phnom Penh

Cambodia Fax: +855 23 364119 Email: sg@nida.gov.kh

Salutation: Dear Minister of Justice

Please also send copies to diplomatic representatives of the Cambodian government accredited to your country.

If you receive no reply within six weeks of sending your letter, please send a follow-up letter seeking a response. Please send copies of any letters you receive to the International Secretariat, attention of Health and Human Rights Team, 1 Easton Street, London WC1X ODW or e-mail: health@amnesty.org