Cambodian Women Confront Epidemic of Domestic Violence

Lauren Wagner, M.D.

It was in steamy Phnom Penh, Cambodia, where the heat index was 105 degrees, “air conditioning” was by several fans on full blast, and a sweaty but amazed group of 28 psychiatrists and four psychologists from the United States sat at a conference table listening to the executive director of the Cambodian Women’s Crisis Center (CWCC).

What were we doing there? Led by Pedro Ruiz, M.D., a past APA president, and joined by then President-elect Nada Stotland, M.D. and past president Carol Nadelson, M.D., we had signed on for an incredibly rich cultural and professional exchange with our psychiatrist colleagues in Cambodia and Vietnam in late March/early April with the People to People Citizen Ambassador Programs. Our goal was to learn about their mental health issues and care systems within their cultural context.

What timing—Cambodia had been in the news again with the passing of Dith Pran, coauthor of The Killing Fields, a book-turned-movie in the 1980s about the millions who died in just four years of the Khmer Rouge genocide, which began in 1975, and Pran’s experiences during this holocaust. News of Pran’s death coincided with the 10th anniversary of the death of Pol Pot who masterminded the genocide. The horrific magnitude of violence perpetrated then, to which nearly every Cambodian was subjected either directly or as an eyewitness, is beyond comprehension.

The legacy of this period of violence and death, including by starvation and exhaustion through 18-hour workdays in rice paddies when cities were emptied at gunpoint by the Khmer Rouge, also includes the government’s deliberate destruction of modern societal infrastructure systems such as those involving health care, education, electricity, money, and mail. The Cambodians are still trying to rebuild from this campaign to return the country to the Stone Age.

We learned that there are tremendous mental health care needs and a shocking lack of resources to cope with a population massively afflicted by what we would diagnose as PTSD and depression, as well as those suffering from other serious mental illnesses.

Unfortunately, however, there is also the legacy of domestic violence. And while there are not funds in Cambodia for epidemiological research (indeed, we learned that there are often no funds for even basic generic medications), it was not surprising to learn that a traumatized population rendered so helpless by violence from their own leaders would too often turn to violence against women and children in the present day. Included in such violence is sex trafficking and rape.

Here is where the CWCC comes in. A local, nonprofit, nongovernment organization established in 1997 by women who recognized the dire need for assistance to those victimized by domestic violence (estimated to be 1 in 5 women in Cambodia), the CWCC offers an extraordinary breadth of services to women and children seeking refuge from violence. It operates on a small budget of some $700,000 yearly, mostly donated by 16 other countries.

Going far beyond drop-in centers and security-guarded crisis shelters with counseling, vocational training, and HIV/AIDS education, the CWCC makes public education to reduce the occurrence of such violence paramount. It also works to change the law-enforcement and judicial systems so that domestic violence is a crime that will be consistently prosecuted and punished.

Media campaigns are a crucial part of its strategy, as is training of more than 700 volunteers in outlying communities beyond the three regional offices they maintain in Phnom Penh, Siem Reap, and the Banteay Meanchey province. But their comprehensive efforts also include medical care, legal representation in court should victims pursue prosecution or divorce, education of police officers and judges, literacy and skills training for at-risk girls, and business-skills counseling for those who complete a vocational program. And most recently, anger-management counseling for men and scholarships for child-labor victims to return to education have been added. Results are gradually being attained.

I want to emphasize a key point that we learned from our visit, namely that the Cambodian people are remarkably resourceful and resilient and demonstrate that extraordinary efforts and results can be found in the most adverse of circumstances. In a country as rich in resources as the United States, how much more can be done for our victims of domestic abuse?

And should readers be interested in volunteering training time in Cambodia to eager psychology students and psychiatry residents desperate for mental health training or in providing scholarships to those seeking training to increase the capacity of their current programs, please e-mail me at w-lauren@northwestern.edu.

Information about the CWCC is posted at<www.cwcc.org.kh>.