



ENDING VIOLENCE AGAINST WOMEN AND CHILDREN IN CAMBODIA

OPPORTUNITIES AND CHALLENGES FOR
COLLABORATIVE AND INTEGRATIVE APPROACHES



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■ DEFINITION OF KEY CONCEPTS

Violence against children (VAC) refers to “all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” against any person under age 18 (United Nations Convention on the Rights of the Child, 1989).

Violence against women (VAW) refers to “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Declaration on the Elimination of Violence against Women, 1993). In general, the term “women” is assumed to refer to females of all ages. Some institutions specify a focus on violence against women and girls (VAWG) to emphasize the inclusion of girl children in their work on VAW.

■ ABBREVIATIONS AND ACRONYMS

CCWC	Commune Committee on Women and Children
CSO	civil society organization
DHS	Demographic and Health Survey
ESP	essential services package
EVAW	ending violence against women
MOWA	Ministry of Women’s Affairs
NAPVAW	National Action Plan to Prevent Violence against Women
NGO	non-governmental organization
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VAC	violence against children
VAW	violence against women
VAWG	violence against women and girls
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

While the fields working to end VAC and VAW have largely developed separately, recent reviews and analyses of large datasets have identified multiple intersections between VAC and VAW including: co-occurrence, shared risk factors, similar underlying social norms, common consequences, intergenerational effects, and the period of adolescence as unique period of heightened vulnerabilities to both types of violence. These intersections suggest that collaboration between the sectors is essential to a more effective prevention and response. Integration of certain aspects VAC and VAW prevention and response across services, programmes, and policies may also be advantageous. However, there are key areas of divergence between the traditional approaches in the VAC and VAW fields that have created challenges to collaboration and may suggest some disadvantages to fully integrative approaches. To date there are no evidence-based or widely accepted integrative models.

This multi country study, commissioned by UN Women, UNICEF and UNFPA, explored existing examples of collaboration and integration of VAC and VAW policies, services, and programmes, as well as challenges and future opportunities in the East Asia and Pacific region, with a focus on four countries – Cambodia, Papua New Guinea, the Philippines, and Viet Nam.

Key research questions

This research initiative sought to answer following overarching questions through dialogues and interviews with relevant stakeholders in each country:

1. What are the existing VAW and VAC policies, action plans, programmes (prevention) or services (response/support)?
2. What are some examples of policies, action plans, programmes, or services where there is some evidence of VAW and VAC integration (i.e.: addressing both VAW and VAC at the same time)? Include any efforts to try to develop cohesive strategies or plans or collaboration.
3. How do VAW-focused and VAC-focused stakeholders collaborate or interact? How do donors drive the VAW-VAC agenda?
4. What are the areas of tension between VAC and VAW work? How do various stakeholders address areas of tension between VAW and VAC?
 - a. Under what circumstances are boy-children accommodated in places of safety?
 - b. How are adolescents' complex needs met and rights protected?
 - c. How are mothers viewed and "processed" in VAC cases?
5. What are some opportunities within the existing policies, action plans, programmes or services where integration and/or collaboration could be introduced or enhanced?

Key findings

Violence against children (VAC) and violence against women (VAW) affect the lives and welfare of millions of people around the world. Many women and children in Cambodia suffer multiple types of violence. The multiple negative sequelae of this violence can be long-lasting throughout the lifespan and across generations as well as impacting on individuals, relationships, communities, and broader society.

- There are good, recent national prevalence data on both VAC and VAW; however, there are no data available on the intersections between VAC and VAW in the Cambodian context. Administrative data are poor and remain uncoordinated on VAC and VAW cases.
- Government budgets for VAC and VAW are completely separate with no efforts to date on collaborative programme or service funding.
- Donor funding currently prioritises VAW work through government ministries and VAC work through NGOs.

- There are encouraging integrative approaches identified in the primary prevention priorities of the VAC Action Plan and National Action Plan to Prevent Violence against Women.
- The primary law addressing VAW and VAC in Cambodia is the Prevention of Domestic Violence and Protection of Victims Act (2005); however this piece of legislation contains several gaps including not applying to unmarried, cohabiting, or dating partners (including adolescents) and exceptions for discipline action even if it is violent.
- Commune Committees on Women and Children and even commune police favoured mediation for family violence cases rather than pursuing formal justice remedies. Health sector providers were also reluctant to refer VAC or VAW survivors to law enforcement or justice services and preferred to focus on providing medical care only. In part this may be owing to the social value of family harmony, and to social stigma associated with family discord and economic difficulties presented if men are removed from families. Only if the violence was deemed to be severe would it warrant the social and personal risks of pursuing formal justice and law enforcement avenues.
- There appear to be few specialist VAC or VAW systems or services such as family or sexual offences courts, specialised police units, or one stop service centres for survivors.
- Currently, most available government services are geared for adult women and health services primarily focus on medical care instead of more holistic health support. Even these services are not consistently available throughout the country.
- Shelters are not well-equipped to provide services to women with children, especially boy children over 10 years old.
- There have been several pilot projects focusing on primary prevention of VAC and VAW but these have usually not progressed beyond limited project scope and often do not have rigorous evaluations to inform scale up. There are several opportunities for exploring integrative prevention programming through collaboration on and adaptation of promising models such as school-based interventions, community interventions with adolescents and caregivers, and teacher training.

Recommendations

- Approach the efforts to strengthen essential services for VAC and VAW survivors with the goal of establishing coordination and collaboration on these two issues and thus include stakeholders and experts from both VAW and VAC fields.
- Pursue integrative programming in primary prevention of VAC and VAW specifically on social norm change. Locally piloted interventions should be reviewed by both VAC and VAW experts and then adapted and expanded including rigorous monitoring and evaluation strategies.
- Prioritise rigorous monitoring, evaluation, and learning within any integrative policy, service, or programming efforts in order to understand the impact on VAC and VAW survivors and their families.
- Ensure that good quality national prevalence data of VAC and VAW are regularly collected and disseminated. Consider conducting research on the intersections between VAC and VAW in Cambodia in order to further strengthen the evidence base.

INTRODUCTION

Violence against children (VAC) and violence against women (VAW) are global epidemics inhibiting the fulfillment of human rights and optimal development at the individual, family, community, and society levels. This violence affects millions of women, girls, men, and boys across the world with many long-lasting and wide-ranging health, economic, and well-being consequences.¹ There are international legal frameworks protecting children and women, including the United Nations Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Sustainable Development Goals include targets and indicators for the elimination of VAW (under Goal 5) and VAC (under Goal 16). Although these fields have historically developed separately, growing research has recognized the multiple intersections between VAC and VAW including shared risk factors, common underlying social norms, co-occurrence, intergenerational effects, similar consequences, and the adolescent developmental period as a unique time of intersection of both VAC and VAW.² These multiple and inextricable links suggest that the response to and prevention of one is necessarily connected with an effective response to and prevention of the other.

While policies, programmes, and services have developed to address both VAW and VAC, to date there are no evidence-based best practice models that integrate these. Concerns about either women's or children's needs and rights overshadowing the other, a nuanced understanding of the context and abilities to fulfil parental duties, a developmentally sensitive approach to adolescents, and how to serve and engage with boys are some of the tensions in pursuing integrative and/or collaborative VAW and VAC policies, programmes, or services.

VAC and VAW in Cambodia

According to the 2013 Cambodian Violence Against Children Survey,³ male and female participants of all ages reported that the occurrence of violence was commonly witnessed in their homes, schools, and communities. Approximately 60% of males and females reported experiencing emotional, physical, or sexual violence during childhood. Specifically, approximately 20% of females and 25% of males reported experiencing emotional abuse; more than 50% of both males and females experienced at least one incident of physical violence prior to turning 18 years old; and over 4% of females and over 5% of males reported at least one experience of sexual abuse before age 18. The survey findings showed that mothers or stepmothers were most commonly identified as the perpetrators of emotional violence followed by fathers or stepfathers. Physical violence was most commonly perpetrated by mothers or, primarily male, teachers. Neighbours were most commonly reported as the perpetrators of sexual violence followed by friends (identified by females) or family members (identified by males) and this type of violence was most commonly perpetrated at the victim's home or school. The survey findings further describe that, similar to VAW survivors, there is a low level of help-seeking behaviour by children in response to experiences of violence: almost 50% of females and over 75% of males never told anyone about experiencing sexual abuse and less than a third of females and one in eight males sought help for any incidence of physical violence. Among those who did seek help, most reported that they turned to relatives rather than available services.

1 WHO (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva. Available at https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=1943FBB5E348D6C99D7FA9F5F062A917?sequence=1.

2 Guedes, A., S. Bott, C. Garcia-Moreno and M. Colombini (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*, vol. 9, Issue 1, Special Issue: Gender and Health Inequality - intersections with other relevant axes of oppression.

3 Ministry of Women's Affairs, UNICEF Cambodia, and United States Centers for Disease Control and Prevention (2014). *Findings from Cambodia's Violence Against Children Survey 2013: Government Commitment to End Violence against Children*.

National DHS⁴ data from 2014 indicated that 30,8% of women (15-49 years old) had experience physical, sexual, emotional or economic intimate partner violence in their lifetime. Specifically, 24,8% reported experiencing emotional intimate partner violence; 5,8% reported experiencing economic intimate partner violence; 16,2% reported experiencing physical intimate partner violence; and, 5,5% reported experiencing sexual intimate partner violence. For non-partner VAW, 10,1% of women reported experiencing physical or sexual violence perpetrated by a non-partner. The National Survey on Women's Health and Life Experiences⁵ found that 32% of ever partnered women (15-64 years old) had suffered emotional intimate partner violence in their lifetime; 14,4% experienced economic physical intimate partner violence; 15% experienced physical intimate partner violence; and 10% experienced sexual violence. While non-partner VAW is not as common as intimate partner VAW, it is still of significant concern. Non-partner physical violence was reported by 14% of women and friends, parents and siblings were most commonly identified to be the perpetrators. Non-partner sexual violence was reported by 4% of women and strangers, work colleagues, and friends were most often identified as the perpetrators.

To date, no studies or analyses have been conducted to explore the intersections of VAC and VAW in Cambodia.

Mandate of United Nations agencies

UNICEF, UNFPA and UN Women are sister agencies in the One UN system, and they are all committed to a human rights-based approach to development. From this perspective, human rights which include both women's and children's rights, are interdependent and indivisible, and serve to reinforce each other. UNICEF has an express mandate to promote the implementation of both the CRC and CEDAW; UN Women leads and coordinates the UN system's work on gender equality and carries out programming in relation to ending violence against women and girls (VAWG); and UNFPA works to prevent and respond to gender-based violence (GBV) (including VAWG) and helps to engage men and boys to advance gender equality.



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4 Ministry of Women's Affairs (2016). Women's Experience of Domestic Violence and Other Forms of Violence: Secondary data analysis report of CDHS 2015. Available at <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Cambodia%20CDHS%20VAW%20study%20secondary%20analysis%20DV%2017%20October%202016%20Eng.pdf>

5 Ministry of Women's Affairs and WHO (2015). National Survey on Women's Health and Life Experiences in Cambodia.

METHODOLOGY

UNICEF East Asia and Pacific Regional Office (EAPRO), UNFPA Asia Pacific Regional Office (APRO), and UN Women Regional Office for Asia and the Pacific (ROAP) partnered to undertake this study to explore the ways in which VAC and VAW intersect and how policies, action plans, programmes, or services take an integrative and/or a collaborative approach to address these intersections for prevention and response. Field missions were conducted in Cambodia, Papua New Guinea, Philippines, and Viet Nam as part of this regional study. This report discusses the study and findings for Cambodia.

Key research questions

This project seeks to explore the following overarching questions through dialogues and interviews with relevant stakeholders in each country:

- What are the existing VAW and VAC policies, action plans, programmes (prevention) or services (response/support)?
- What are some examples of policies, action plans, programmes, or services where there is some evidence of VAW and VAC integration (i.e.: addressing both VAW and VAC at the same time)? Include any efforts to try to develop cohesive strategies or plans or collaboration.
- How do VAW-focused and VAC-focused stakeholders collaborate or interact? How do donors drive the VAW-VAC agenda?
- What are the areas of tension between VAC and VAW work? How do various stakeholders address areas of tension between VAW and VAC?
 - Under what circumstances are boy-children accommodated in places of safety?
 - How are adolescents' complex needs met and rights protected?
 - How are mothers viewed and "processed" in VAC cases?
- What are some opportunities within the existing policies, action plans, programmes or services where integration and/or collaboration could be introduced or enhanced?

Research methodology

This exploratory study used a variety of qualitative methods including document review, group discussions and dialogues, and individual interviews with a variety of stakeholders in Cambodia. These meetings and discussions were conducted in-person around Phnom Penh by a four-consultant team consisting of both VAC and VAW specialists and a translator. A full list of stakeholders and documents is available in Annex 1.

A flexible inquiry guide formed the basis for all discussions:

- A review of the current status quo on VAC and VAW policies, plans, programming, and/or services from the perspectives of the stakeholders in each meeting.
- Insights into typical VAC and VAW cases with exploration into the manifestations of various intersections between these types of violence.
- Discussion and debate of examples of integration between VAC and VAW within policies, plans, programming, and/or services including key strengths and gaps.
- Discussion of tensions between VAC and VAW work including specific case illustrations.
- Recommendations and ideas from stakeholders about integration.

Consultants took notes throughout each meeting or discussion and these notes were combined and analysed thematically to prepare for presentation in a report. Feedback on the findings, recommendations, and report overall was sought from the respective UNICEF, UN Women and UNFPA country offices.

All interviews and discussions were voluntary and participants were free to decline to answer any or all questions. All participants were fully informed about the study prior to their participation and gave their consent to participate.

FINDINGS

VAC and VAW agenda and priorities in Cambodia

Data to understand the epidemic

Only one national VAC prevalence study⁶ has been conducted (in 2013). This study was led by the Ministry of Women's Affairs (MoWA), with inputs from a multisectoral steering committee including multiple government ministries, UNICEF, and the Centers for Disease Control and Prevention. It is unclear if there are plans to conduct this survey regularly in the future.

Cambodia obtains national VAW prevalence data from the DHS, which is conducted regularly. In 2016, the MoWA conducted secondary data analysis of the DHS data and a 2015 WHO study data to present an overview of Cambodian women's experiences of violence (findings discussed in introduction).⁷ Regular documentation and analysis of the nature and extent of VAW in Cambodia will be essential.

There are no data on the intersections of VAC and VAW in Cambodia which is a significant gap especially in the context of understanding opportunities for integrating VAC and VAW policies, plans, programmes, or services. Further, there appears to be no coordination of administrative data on VAC and VAW. Cambodia's nationwide commune database attempts to record the number of families seeking help from local authorities for domestic violence. These reports – as with most administrative data – only capture a limited number of cases and do not reflect the magnitude of the problem.

Funding

Government budgets for VAW and VAC are separate and sit within different ministries. Further, there appears to be little cohesion among donors driving any integrative VAC-VAW work which perpetuates a largely siloed approach to VAW and VAC. It was reported that donor funding of VAW programmes run by NGOs in Cambodia has decreased recently

and some UN agencies in Cambodia have shifted their focus to capacity strengthening of Government rather than directly funding NGOs to implement VAW-related work. In contrast, there continues to be significant funding of NGOs to conduct VAC work (notably through USAID Family Care First).

Government structure, policy and legislation

The Ministry of Social Affairs, Veterans and Youth Rehabilitation leads most VAC related work, whereas MoWA leads VAW-related work. There is no coordinating body or policy to integrate, align or harmonise VAC and VAW work.

Policy and planning

The National Strategic Development Plan 2014-2018 does not have a cohesive VAC and VAW prevention strategy; however, there are some indicators on VAC and VAW related issues. For example, regulations for children's centres, guidelines for child protection systems, promotion of a good family movement including preventing family violence and promote the role of the family as key to social development through providing an environment of happiness for people, and protection of children and women from trafficking and sexual exploitation.

Cambodia has several plans, strategies, and policies specifically addressing VAW and/or VAC and related issues.

- The National Action Plan to Prevent Violence against Women (NAPVAW) 2014-2018 has a complementary document directing the Strategy for Preventing Violence Against Women and Girls in Cambodia.
- There is a Five Year Strategic Plan for Gender Equality and Women's Empowerment 2014-2018 and an Action Plan to Prevent and Respond to Violence against Children (known as the VAC Action Plan) 2017-2019.

⁶ Findings from Cambodia's Violence Against Children Survey 2013. Ministry of Women's Affairs and others.

⁷ Women's Experience of Domestic Violence. Ministry of Women's Affairs.

There is considerable overlap in priorities in the NAPVAW and VAC Action Plan including: primary prevention, multisectoral response services, law and policy formulation, and monitoring and evaluation. Both the NAPVAW and VAC Action Plan call for increased coordination across all levels and sectors. The Technical Working Group on GBV coordinates NAPVAW work at the national level and The Cambodian National Children's Council coordinates VAC Action Plan work. There does not appear to be any formal mechanism for coordination and collaboration between these two groups. The Commune Committee on Women and Children (at provincial, district, and commune levels) lead implementation of prevention and response to VAW and VAC.

Although there are no comprehensive plans, strategies, or policies that formally integrate response to or prevention of VAC and VAW, the NAPVAW does include integrative primary prevention actions including:

- Increase children, adolescents, and youth's knowledge and skills on gender equitable and non-violent relationships and improve their behaviour, attitudes and practices for human rights including sexual rights and gender equality;
- Increase parents' positive parenting knowledge, awareness, and skills in order to build safe, gender equitable, and non-violent families including promotion of positive fatherhood and child participation in family decision making;
- Improve protection of children from abuse, maltreatment and neglect especially among vulnerable children including through greater awareness of the rights of children and women (including to live free of violence);
- Work with schools to create violence-free schools and strengthen teachers and staff capacities to respond to violent behaviour and practices including primary prevention programming.

The VAC Action Plan also includes some integrative primary prevention approaches. Specifically, the Plan includes increasing parents and caregivers' positive parenting practices to build safe, gender equitable and non-violent families and communities.

The NAPVAW and VAC Action Plan are housed in separate ministries with separate budgets and mandates, but no coordination mechanisms. These two plans also run on different time cycles which is a further barrier to coordination.

Legislation

Laws should signal that no forms of VAC or VAW are condoned or tolerated in the society and provide mechanisms for protecting survivors and holding perpetrators accountable.

The following laws in Cambodia address VAC or VAW:

- Prevention of Domestic Violence and Protection of Victims Act (2005)
- The Law on Suppression of Human Trafficking and Sexual Exploitation (1986) and its Explanatory Note
- Labour Law 1997
- Education Law 2007
- The Law on the Protection and Promotion of the Rights of Persons with Disabilities (2009)
- The Inter-Country Adoption Law (2009)
- Penal Code (2011)
- Juvenile Justice Law (2016)

The Prevention of Domestic Violence and Protection of Victims (2005) law provides protections for women, children, and other dependents living in a household. However, there are significant gaps in this law in that it does not apply to unmarried, cohabiting partners or dating partners. Notably this means that most adolescents and youth do not have legal protections from intimate partner violence. Further, the law includes an exception for disciplinary acts (against both women and children) including to maintain patriarchal social norms such as male dominance in the household and this leave women and children vulnerable to violence. In addition, neglect is not covered in the definitions of this law which leaves children particularly vulnerable. Psychological, emotional, and economic forms of domestic violence are not defined as criminal offences under the Penal Code and thus cannot be prosecuted which, again, leaves women and children vulnerable to violence without adequate legal protection.

Access to justice

The justice sector is a key actor in responding to VAC and VAW through reforming laws, ensuring that survivors have access to legal protection and redress, and ensuring that perpetrators are held accountable. From a human rights-based perspective, and as the basis of a strong rule of law, the State is the primary duty bearer with the responsibility to implement the law on behalf of rights holders in the population. State actors, including police, lawyers, judges, magistrates and court officials, are all duty bearers within the criminal and civil justice systems. Police officers are duty bearers with a mandate to implement the criminal law, in accordance with international treaties that Cambodia has ratified. Judges and magistrates also have duties under the law once criminal or civil cases are referred to them.

However, gaps and exceptions in the laws in Cambodia combined with social values that prioritise family harmony make women and children increasingly vulnerable to violence. There appears to be a relatively widespread reluctance to address VAC and VAW cases through formal law enforcement and judicial channels unless the violence is deemed to be severe or “very serious.” The lack of linkages and coordination between sectors (e.g., judicial, law enforcement, health, social services) increase the barriers to accessing necessary support.

Reporting

The primary entry point at commune level for VAW services is primarily through Commune Committees on Women and Children (CCWCs) and Women and Children Consultative Committee (WCCCs) for VAC services with little collaboration between the two bodies. For various forms of family violence, CCWCs and police appear to prefer an informal mediation approach in which they ask perpetrators – usually husbands – to stop using violence rather than pursuing formal judicial channels for case management.

There appeared to be a general reluctance to formally report VAW and VAC cases, unless incidents were severe. Marriage and family harmony are highly valued in Cambodian culture with women considered responsible for maintaining this harmony.

Indeed, with this understanding, family separation or disruption is seen as a risk to women and children rather than a remedy. Unfortunately, this can leave women and children vulnerable to continued violence if they are reluctant to report and seek help. Further, this value appears to manifest in gaps in the law (see descriptions above) and in service delivery. There is a reluctance of service providers to refer cases for judicial remedies and prefer either to engage in mediation or medical care only (see below). Both social shame and economic difficulties, with most women taking on household roles leaving them financially dependent on men/husbands, present barriers for VAW and VAC reporting.

Justice, legal services and remedies

Cambodia has the following guidelines related to justice and legal services for VAC and VAW survivors:

- Legal Protection Guidelines for Women’s and Children’s Rights in Cambodia
- Minimum Standards for Mediation as a Response to Violence Against Women

Protection orders for women and children are defined under the Prevention of Domestic Violence and Protection of Victims (2005) law. Further, protection orders for children allow courts to make decisions on custody and contact that are in the best interests of the child. However, in practice it appears that assessment of child protection needs within a domestic violence situation is not comprehensive in that steps to explore the unique risks to children within violent homes are not always taken. Further, protection orders are reportedly underused.

There are no specialised courts to address VAC and VAW cases.

There are Guidelines on Village and Community Safety Policy declaring rape, domestic violence, and trafficking as priorities to be addressed by commune, municipal, district, and provincial councils. One of the many areas of responsibility for the CCWCs is in being first or early responders to family violence and other child protection issues that arise. Their primary role is to link children and families to appropriate services. Often CCWCs will also engage the perpetrators in counselling and request the perpetrator to write a letter agreeing to discontinue

using violence. Reconciliation is considered the main goal in dealing with domestic violence or family violence cases and thus mediation is usually the first action taken. Only when violence is deemed to be “serious” will cases be reported to the police and further referral; however, there are no formal guidelines to indicate what is “serious” violence leaving women and children’s protection up to the judgment of CCWC staff. It is unclear what training commune mediators have or what their real impact is in terms of actually stopping any further violence in a home and helping survivors to heal and thrive. This approach leaves women and children vulnerable within a context where social norms give men the most power in the family, community, and society and often fails to hold perpetrators of VAW and VAC accountable. There is also an incentive for domestic violence cases to be handled informally so that a commune can report that it has achieved safety.

Law enforcement

There are currently no specially trained police units to address VAW and VAC issues. The following Guideline documents are in place:

- Commune Safety Policy and Guidelines
- Minimum Standards to Protect the Rights of Victims of Trafficking
- Code of Ethics for Cambodia National Police

The Australian Government is supporting a capacity building activity for commune level police on VAW and VAC issues. This project will soon be closed as it is coming to the end of its implementation period. There are some NGOs, such as Cambodian Children’s Fund, who are providing law enforcement support for serious VAC cases (usually homicides or severe sexual offences). While these NGOs work with the Cambodian Police Force, there does not seem to be investment in capacity building to deal of the Cambodian law enforcement services to lead VAC and VAW case work.

There were also some allegations of police demanding money before they will take action on reported cases and this corruption made people reluctant to seek help from the police.

Response and support services

Victims of VAC and VAW have rights to services to enable their recovery and reintegration. According to the Essential Services Package for Women and Girls Subject to Violence, these services should include attention to short-term and longer-term needs including protection from further harm.⁸ There are various Guidelines, Standards, and Handbooks for referral and response services for VAC and VAW survivors in Cambodia:

- Referral Guidelines for Women and Girl Survivors of Gender-Based Violence (2016)
- National Guidelines for Managing Violence Against Women and Children in the Health System (2014)
- Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender-Based Violence (2016)
- Minimum Standards for Alternative Care of Children (2008)
- Directive on the Reintegration and Follow-Up on Victims of Human Trafficking
- Clinical Handbook for Responding to Intimate Partner and Sexual Violence (2014)
- Clinical Handbook, Healthcare for Children Subjected to Violence or Sexual Abuse (2017)
- Handbook for Commune Committees for Women and Children (CWCC) (2017)

These documents set out a system of case registration, assessment, and referral based on the needs of the survivor and also agreement of the survivor. Most referral services are specifically geared toward women survivors. Girl children are considered part of this group, without specific consideration for their unique needs and rights. The needs of boy children and adolescent girls or boys is not specifically considered. This may be because the standards and guidelines were developed by MoWA whose focus is adult women.

MoWA’s assessment of response and support services for VAW survivors found that they were not consistently available across the country. Further, available services were not found to be survivor-

⁸ See www.unfpa.org/essential-services-package-women-and-girls-subject-violence.

centred and had poor coordination and referral systems to link survivors to appropriate services across sectors.

In some provinces Coordinated Response Mechanisms have been developed and approved by provincial or municipal governors in efforts to improve coordination of local response services for VAW and VAC. No information was available on the impact on services and meeting survivors' needs.

Review and revision of these with both VAC and VAW experts, advocates, and stakeholders at the table would be valuable to ensure that all guidelines and standards address adult, adolescent, and child VAC and VAW survivors' rights and needs. This activity may also provide an opportunity to map referral services and understand the strengths and gaps for various groups of survivors.

Health and social welfare sector

Although there are no specialised "one stop" service centres for VAC and/or VAW survivors, the health sector does provide care to survivors at any facility when they present. Most VAC and VAW response referrals focus on health-related services with weak links to other essential response services such as legal services, law enforcement, social services. Healthcare providers primarily provide medical care and are reluctant to go beyond this work including linking survivors to other agencies for formal justice, protection, or other services. A barrier to healthcare providers reporting to and cooperating with judicial and law enforcement services is that they will be asked to testify in cases which then leaves the health facility without staff. Again, it was reported that only "serious" cases are referred to police to be taken further in the justice system because there was concern about disrupting families' economic welfare or that pursuing a case in this manner would compromise care of the child(ren) in the family. It is possible that if survivors first seek help from a healthcare provider then it is possible that they will only receive medical care and no other services or referrals.

There are very few social workers especially at local level in Cambodia and this severely hampers efforts to provide effective and high quality services to survivors. Further, the lack of a social worker to manage cases means that survivors have to navigate various services themselves including potentially having to repeat their story to several service providers.

Various NGOs in Cambodia provide additional response work. For example, M'lop Tabang provide a perpetrators education programme, and legal information sessions for communities. They also run a Hotline for VAC or VAW issues which is staffed by trained community members. They will also cooperate with police in VAC or VAW cases with a particular focus on ensuring the safety of the child(ren).

Shelters and safe houses

The Women's Crisis Centre has three shelters in Cambodia. These shelters accommodate both women and children survivors of violence and provide accommodation, food, medical care, counselling, legal services, and vocational training programmes. In addition, the shelter provides anger management programmes for perpetrators and day care for children. The children who stay at the shelter almost always are those who accompany women who have to leave their homes. Boys over the age of 10 years are not accommodated at the shelter so they could be referred to another organization or institution. This separation is likely to be a barrier to women seeking help and shelter as well as potentially harmful to those children who are separated from their mothers and siblings.

There is a Cambodia Children's Crisis Centre to accommodate children in need of shelter. However, this centre is sometimes full so alternative plans have to be made. In one example, a commune focal point took children to stay in her own home. Other alternatives included inquiring at NGO-run shelters but even these shelters are not available in all locations across the country.

Prevention programming

As noted earlier, primary prevention of VAW and VAC is noted in both the NAPVAW and the VAC Action Plan. Consistent with the international evidence base⁹, both Plans recognise the need to address gender inequality and harmful social norms around gender as a core driver of VAW and VAC. A specific, actionable primary prevention strategy document to guide national or provincial prevention work is currently under development lead by MoWA.

Some government-lead primary prevention actions have included:

- VAW and comprehensive sexual and reproductive health rights components within the pre-service teacher training are in development lead by Ministry of Education, Youth and Sport (MoYES).
- Community information sessions about positive parenting practices lead by CCWC in some locations

These initiatives have not been widely rolled out nor were evaluation reports available at the time of the research.

Cambodia's Violence Against Children Survey 2013 found that teachers were the most common perpetrators of childhood physical violence outside of home settings among females and males aged 13 to 17 and 18 to 24 who experienced physical violence, with male teachers cited more often than female teachers across all groups. The Ministry of Education, Youth and Sport worked with UNICEF Cambodia to develop a teacher training package on positive discipline, aimed to foster secure, child-friendly and non-violent relationships between teachers and their students. Baseline and end-line survey results suggest positive behaviour change from teachers away from corporal punishment and improved learning environments. The percentage of teachers/students who reported the use/experience

of physical/verbal disciplinary methods at school had significantly reduced.¹⁰

A pilot project by UNFPA, UN Women, and MoWA with support from Partners for Prevention developed and evaluated a community-based primary prevention intervention called Shaping Our Future: Developing Healthy and Happy Relationships.¹¹ This intervention engaged young adolescents (12-14 year old girls and boys) and caregivers (e.g., parents, extended family carers, teachers, other community members involved in caring or providing services for adolescents) in rural communities in Kampong Cham aiming to promote gender-equitable, respectful and caring attitudes and practices, develop skills to manage stress and mental health challenges appropriately, participate in productive and pro-social leisure or volunteer pursuits, and build healthy, non-violent, happy and respectful interpersonal relationships including creating a supportive environment for adolescents at home, school, and in the community through gender equitable and positive parenting/caregiving practices. These groups were engaged through a participatory workshop series (22 sessions for adolescents and 12 sessions for caregivers implemented in parallel over a 12-month period) and they were encouraged to start up small community projects to share the skills and learning from the workshops. A mixed method evaluation of this pilot was conducted. Quantitative measures showed that adolescent intervention participants had a significant increase in their gender equitable attitudes; however, the qualitative data indicated that these were slow to be put into practice such as through changes in behaviour at home (e.g., involvement in non-traditional chores). Adolescents also reported significant changes in the communication and conflict resolution practices choosing polite language to clearly express thoughts and feelings rather than aggressive words or actions. Further, adolescents reported improvements in their relationships with their caregivers specifically attributed to better

9 Ellsberg, M., D.J. Arango, M. Morton, F. Gennari, S. Kiplesund, M. Contreras and C. Watts (2015). Prevention of violence against women and girls: what does the evidence say? *The Lancet*, vol. 385, Issue 9977. Available at [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61703-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61703-7/fulltext); and Michau, L., J. Horn, A. Bank, M. Dutt and C. Zimmerman (2015). Prevention of violence against women and girls: lessons from practice. *The Lancet*, vol. 385, Issue 9978, pp. 1672-1684 [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61797-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61797-9/fulltext); Fulu, E. and A. Kerr-Wilson (2015). Paper 2: Interventions to prevent violence against women and girls. Pretoria, South Africa: What Works to Prevent Violence. Available at www.whatworks.co.za/documents/publications/15-global-evidence-reviews-paper-2-interventions-to-prevent-violence-against-women-and-girls/file.

10 UNICEF East Asia and the Pacific Regional Office (2019). Compendium of case studies. Accelerating action to end violence against children in East Asia and the Pacific: Evidence-based and promising practices. Bangkok. Available at www.unicef.org/eap/media/3671/file/violence.pdf.

11 Additional information is available at www.partners4prevention.org

mutual communication and cooperation between them. Quantitative results from the questionnaire indicated a significant decrease in adolescents' acceptance of violent attitudes, and increases in knowledge of where survivors of violence can seek help and support. Among caregivers, there were encouraging increases in gender equitable attitudes and practices in the home environment reported by both men and women. Of note is that many women participants felt empowered by the intervention to have discussions with their husbands or partners at home about gender equitable practices in the home that resulted in more sharing of household work. Caregiver participants also reported using more respectful, non-violent communication and that this resulted in closer relationships, more mutual respect and reciprocation of open, polite communication, and reduction of disagreements or conflicts becoming violent. All caregivers reported either significantly reducing or entirely stopping the use of harsh discipline practices with their children and instead adopting positive discipline strategies. The most often reported strategy was encouraging children's positive behaviour through praise and improved communication; they described that their children were very responsive to these practices. Caregivers too reported significant increases in knowledge on where survivors of violence can seek help and more confidence to reach out for help or report violence when they witnessed it. Unfortunately, the evaluation did not conduct a follow up in order to assess the long-term VAC and VAW prevention efficacy. At the time of the research, it was unclear whether there were plans and resources to implement this programme more widely.

Currently it appears that much prevention programming is conducted in a project-based approach rather than with coordination and collaboration across sectors and between institutions, agencies or organizations. Therefore, prevention programming run by VAC-focused stakeholders are unlikely to have a substantive gender equality component and VAW-focused stakeholders are unlikely to have a substantive child protection component. Further, project-based work is necessarily limited in time (short-term focus) and reach (number of people and/or number of locations). Greater coordination and collaboration efforts should also explore the

feasibility and effects of implementing multiple projects or interventions (e.g., positive discipline and gender equality in schools, positive and gender equitable parenting, and relationship skills with children and adolescents) in the same location to achieve essential transformation across the social ecology of a community.

The Cambodia school curriculum is currently undergoing major revision and reform which represents a key opportunity for VAC and VAW stakeholders and experts to come together and develop cohesive and effective strategies that will address both VAC and VAW issues comprehensively through programmes for teachers, administrators, and students.

Most prevention programmes lack strong evaluations of outcomes and impact available thus making it difficult to understand the integrative nature of them and effectiveness of different approaches. Further, VAC and VAW projects tend to focus on different sets of outcomes, making it difficult to gain insight into integrative, accelerative, or cross-cutting impacts on both VAC and VAW. Even those programmes with rigorous evaluations demonstrating effectiveness are rarely scaled up currently, but this problem is not unique to Cambodia alone. Integrating both rigorous monitoring and evaluation, and sustainability and scale up plans to projects should be essential in order to achieve long-lasting transformation that will result in women and children living free from violence.

It appears that the most promising primary prevention work in Cambodia focuses on the family and school contexts and this work should be continued and strengthened. These are important, strategic points of entry for long-term and transformative change for both VAC and VAW. However, additional approaches to VAW and VAC prevention could be explored such as workplace interventions, economic empowerment with gender norm transformation, and community activism for more holistic and comprehensive prevention work. It is essential that programmes continue to focus on evidence-based approaches and strategies and avoid the awareness-raising and information campaigns that have shown to be largely ineffective¹².

¹² Paper 2: Interventions to prevent violence against women and girls. What Works to Prevent Violence.

RECOMMENDATIONS

- Preventing and responding to both VAC and VAW requires a strong rule of law. Law enforcement, judicial, legal, and social welfare services should all be readily available for VAC and VAW survivors to ensure their safety and healing. Efforts should be concentrated on system strengthening for both essential VAC and VAW services.
- Systems strengthening should be coordinated across sectors in order to develop, strengthen, and plan to harmonise VAC and VAW services for survivors, including integrative referral procedures and coordination between services.
- A key area of opportunity for integrating VAC and VAW programming is in the area of primary prevention. There is already significant overlap in priorities identified in the NAPVAW and VAC Action Plan. Stakeholders should be encouraged to capitalise on this common ground and pursue programming collaboratively to ensure that both VAC and VAW issues and needs are comprehensively and effectively addressed in primary prevention work. There are some promising locally piloted interventions that should be reviewed from VAC and VAW perspectives and adapted for expansion and further study including impact on both VAC and VAW relevant outcomes.
- Data is also crucial to an evidence-based approach to VAC and VAW. Ensuring continuous national prevalence studies of both VAC and VAW is essential for monitoring and to continue building understanding of the nature of these types of violence in Cambodia. Further, improvement and coordination of administrative data for VAC and VAW cases would provide some insights into linkages between cases and case management strategies, as well as progression of cases through various service sectors.
- Further qualitative data is also needed. Understanding the intersections between VAC and VAW is a relatively new area of research and development and addressing these intersections through integrative approaches is in its infancy. Therefore, more research is needed to understand, for example, women, adolescents' and children's lived experiences of VAW and VAC in Cambodia.
- Any integrative or collaborative policy, service or programming efforts should be well documented, monitored, and evaluated in order to learn about promising practices, risks, and the impact on VAC and VAW survivors and their families.

ANNEX 1 : STAKEHOLDER MEETINGS

1. Group meeting with staff representatives from UNICEF, UN Women, UNFPA
2. Meeting with the Ministry of Social Affairs, Veterans and Youth Rehabilitation
3. Meeting with the Ministry of Women's Affairs (MoWA)
4. Meeting with the Anti-Trafficking and Juvenile Protection Department, General Commissariat of National Police, Ministry of Interior
5. Meeting with the Ministry of Justice
6. Meeting with the Ministry of Health
7. Meeting with the Provincial Office of Social Affairs, Veterans and Youth Rehabilitation
8. Meeting with Women's Affairs Office, Municipality of Phnom Penh
9. Multi-stakeholder workshop with service providers at sub-national level including:
 - Provincial Office of Social Affairs, Veterans and Youth Rehabilitation focal point and social workers
 - Women's Affairs Office, the Municipality of Phnom Penh including Judicial Police Officer/Agent
 - The Office of Anti-Human Trafficking and Juvenile Protection, Police Commissariat of Phnom Penh (Mr. Keo Thea, Chief)
 - Commune Committee for Women and Children (CCWC) representative/s including commune chief, commune police, focal point for women and children
 - Medical practitioner from a health centre (Mr. Hy Seylarith Chief of Daun Peng Health Center)
10. NGOs including: Social Services of Cambodia, Child Helpline Cambodia, Friends International, World Hope International, CamASEAN, Women Information Center, Save the Children, World Vision, ICS-SP, Hagar, Child Protection Unit, Agape International Missions, Rainbow Community Kampuchea (RoCK), ADD, CARE and Terre des Hommes
11. Roundtable meeting with the former Steering Committee on Violence against Women and Violence against Children and Technical Working Group on Gender-based Violence: To discuss the integration between VAW and VAC at policy and governance level
12. Meeting with The Australian Department of Foreign Affairs and Trade
13. Meeting with medical practitioners working on family violence response/child protection
14. Roundtable discussion with the Adolescent and Youth Reference Group including the presentation on the 16 Day Campaign (2017) to end violence against women and girls
15. Meeting with Alistair Hilton, Founder of First Step Cambodia
16. Skype meeting with M'lop Tapang, NGO supporting women and children experiencing domestic violence in Preah Sihanouk province
17. Community Policing Initiative
18. Meeting with managers and staff at the Cambodian Women's Crisis Centre Safe Shelter
19. Meeting with Child Protection Unit
20. Meeting with the Magistrate / judge from courts that hear cases of family violence and/or Prosecutor working on family violence cases
21. Meeting with CCWC members (service providers at commune level) including commune chief, village chief, commune police, focal point for women and children and a teacher.



