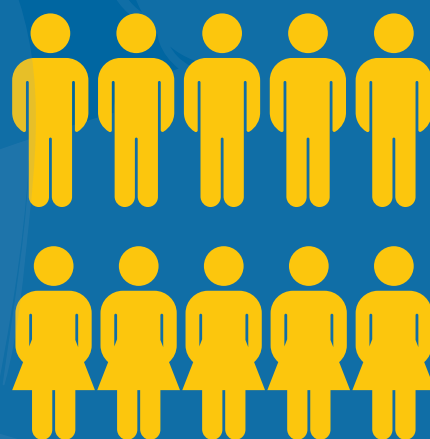


From Operation Oriented To Child-Centered

Can One-Stop Service
Centers Meet the Gaps
in Response for Child
Victims of Sexual Abuse
and Exploitation
in Cambodia?



A Study by:
APPLE Cambodia



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The views displayed in this report are those of the author's and do not necessarily reflect the views of APLE Cambodia or ECPAT Sweden.

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Acronyms and Abbreviations

AHC	-	Angkor Hospital for Children
AHTJPD	-	Anti-Human Trafficking and Juvenile Protection Department
CCWC	-	Commune Committee for Women and Children
CSAE	-	Child Sexual Abuse and Exploitation
CWCC	-	Cambodian Women's Crisis Center
DoSVY	-	Department of Social Affairs, Veterans and Youth Rehabilitation
DoWA	-	Department of Women Affairs
GBV	-	Gender Based Violence
GDP	-	Gross Domestic Product
HIC	-	High Income Country
LMIC	-	Low Middle Income Country
MoH	-	Ministry of Health
Mol	-	Ministry of Interior
MoEYS	-	Ministry of Education Youth and Sports
MoJ	-	Ministry of Justice
MoLVT	-	Ministry of Labor and Vocational Training
MoSVY	-	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoU	-	Memorandum of Understanding
MoWA	-	Ministry of Women Affairs
NAPVAW	-	National Action Plan to Prevent Violence Against Women
OSSC	-	One Stop Service Center
PDoWA	-	Provincial Department of Women Affairs
RGC	-	Royal Government of Cambodia
SEA	-	SouthEast Asia
SWG-GBV – Sub	-	Working Groups on Gender Based Violence
TWGG-GBV	-	Technical Working Group on Gender–Gender Based Violence
UNCRC	-	United Nations Convention on the Right of the Child
UNICEF	-	United Nations Children's Funds
VAC	-	Violence Against Children
VAW	-	Violence Against Women
WCCC	-	Women and Children Consultative Committee

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Glossary of Terms

Child – in this report a child is referred to as any person under the age 18.

Child-Centered – means to give priority to what is in the interests and needs of a child over other considerations.

Child-Friendly Procedures – as referred to in the Law on Juvenile Justice¹ are “processes and procedures that encourage the full participation of minors via the use of language, attitude appropriate to the level of minors understands and in the environment that provide the minor safety, security, rights and basic needs”.

Child-Friendly Justice – Pursuant to Article II(c) of the Council of Europe Guidelines on Child-Friendly Justice, ‘child-friendly justice’ refers to justice systems which guarantee the respect and the effective implementation of all children’s rights at the highest attainable level ... giving due consideration to the child’s level of maturity and understanding and the circumstances of the case. It is, in particular, justice that is accessible, age appropriate, speedy, diligent, adapted to and focused on the needs and rights of the child, respecting the rights of the child including the rights to due process, to participate in and to understand the proceedings, to respect for private and family life and to integrity and dignity.”

Criminal Justice Process – As defined by paragraph 9(c) of the UN Guidelines on Child Victims and Witnesses², the criminal “justice process” encompasses “detection of the crime, making of the complaint, investigation, prosecution and trial and post-trial procedures, regardless of whether the case is handled in a national, international or regional criminal justice system for adults or juveniles, or in a customary or informal system of justice.”

¹ MoSVY (2016) Law on Juvenile Justice <https://www.sithi.org/admin/upload/law/Law-on-Juvenile-Justice%202016-English-Final-Version.pdf>

² ECOSOC (2005/20) “Guidelines on justice in Matters involving Child Victims and Witnesses of Crime” <https://www.un.org/en/ecosoc/docs/2005/resolution%202005-20.pdf>

³ Interagency Working Group (2016), “Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse”. <http://luxembourgguidelines.org/english-version/>

Child Sexual Abuse and Exploitation – As defined under the Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse³ child sexual abuse is “a form of sexual violence against children which requires no element of exchange, and can occur for the mere purpose of the sexual gratification of the person committing the act. Such abuse can be committed without explicit force, with other elements, such as authority, power, or manipulation being determining factors... Child sexual exploitation is distinguished from child sexual abuse by the underlying notion of exchange present in exploitation”.

Multi-Agency – Involving cooperation between several organizations, especially in crime prevention, social welfare programmes, or research⁴.

Operation-Oriented – refers to the focus on promoting what is best for completing an action.

Remedies – Article 19 of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power⁵ states that crime victims have a right to legal remedies, which include reparation in the following forms: restitution, compensation, rehabilitation, satisfaction and guarantees of non-repetition.

Victims– As defined by article 18 of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power⁶, victims mean “persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that do not yet constitute violations of national criminal laws but of internationally recognized norms relating to human rights”.

⁴ As defined by Oxford dictionary <https://www.lexico.com/definition/multi-agency>

⁵ UN General Assembly (1985) “The Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power” https://www.un.org/ga/search/view_doc.asp?symbol=a/res/40/34

⁶ *ibid*

Executive Summary



Children who have been affected by sexual abuse and exploitation suffer from traumatic experiences that can have both short- and long-term consequences on their wellbeing, and ability to lead a healthy life. The pursuit of justice after abuse can be an important stage in the recovery and restoration of control for children, where they may also obtain access to remedies for the violations of their rights. However, when access to justice is compromised and limited attention is given to ensure their best interests are considered through the criminal justice procedure, children are at risk of re-victimization and re-traumatization.

The criminal justice procedure relies upon successful collaboration between several different stakeholders and agencies that provide services, including law enforcement and local authorities, medical health providers, psychosocial support professionals and legal actors in the court procedure. Multi-agency responses to children affected by violence are considered a ‘best practice’ that improve collaboration and coordination between service providers, and promote access to essential services for victims and survivors⁷. A One-Stop Service Center (OSSC) is one type of multi-agency model, that integrates essential agencies and services for victims affected by violence within one facility, ensuring a holistic, survivor-centered approach to promote access to justice

and improved psychosocial support. Variations and modifications of the model exist globally, where some were established to respond to the unique needs of children, and others combine responses to both children and adults, depending on local needs and adaptations.

In Cambodia, while there is evidence of collaboration between many agencies, many stand separate from each other and may adopt inconsistent approaches, operating under their own set of rules and policies with limited links between them. This results in many children being expected to repeatedly share their experiences of abuse to various service providers, reliving their trauma, risking re-victimization and impacting their ability to recover.

⁷ WHO (2016) “INSPIRE: Seven Strategies for Ending Violence Against Children” <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>

The objective of this study was to explore existing approaches between key actors, and identify evidence relating to gaps and positive practice, to support the implementation and development of services that focus and ensure that children's best interests are met during the criminal justice procedure. Further, the study's aim was to examine if and how a multi-agency response such as a One-Stop Service Center (OSSC) can meet the identified gaps in need.

To meet the objective, this study used qualitative and mixed research methods to review the contact and experiences that children have with a number of key agencies and service providers in Cambodia that are mandated or have responsibility to support them, once a report is made on child sexual abuse and exploitation. The agencies and service providers were evaluated according to their understanding and implementation of child friendly procedures within the process, how much children's best interests are taken as a priority within their actions, and general level of access to justice and remedies for recovery.

The OSSC model was then introduced as a possible solution to overcome gaps within the process and ensure children receive an effective response that also minimizes their chance of re-victimization and re-traumatization. The benefits and limitations of the model were discussed with consideration to the current institutional capacity, including the examination of existing coordination and collaboration mechanisms between agencies, and existing strengths and barriers within the justice system that are likely to influence the effective implementation of such a model.

The key findings of this research indicate that while improvements have been made by the Royal Government of Cambodia, and other stakeholders and actors, there continue to be significant gaps that interfere with children's full realization of their rights through the criminal justice procedure and with the psychosocial support they have access to. While OSSC's have potential to improve children's access to justice and support services, the evidence from the report suggests that the current institutional capacity for establishment is limited and needs to be strengthened in order for an OSSC to achieve successful outcomes.

Recommendations from this study therefore, focus on different key areas that are needed prior to establishment, to strengthen the capacity of systems and stakeholders alike and ensure procedures are child-friendly and adapted to their unique needs. The key areas include: Strategic investments towards capacity building, trainings and allocation of human, physical, technical and financial resources; Strengthening of coordination, collaboration and referral mechanisms, including establishment of multi-disciplinary technical working groups; Strengthen access to child-friendly justice and prioritization of their best interests during the legal process; Improved medical care and forensic examinations for appropriate treatment to children and collection of forensic evidence; Promote the provision of psychosocial support with increased access to short and long term mental health and access to emergency care; And to ensure appropriate data collection, monitoring and evaluation of procedures for further learning and improvement.

Introduction



Impact of Child Sexual Abuse and Exploitation



Child Sexual Abuse and Exploitation (CSAE) is a global epidemic that impacts the lives of millions of boys and girls worldwide. According to UNICEF, as of 2018, globally, at least 120 million girls under the age of 20 – (approximately 1 in 10) – have been forced to engage in sex or perform other sexual acts⁸. Millions more, including boys, never tell anyone⁹. Cambodia is no exception with 4% of girls and 6% of boys in the country admitting to having experienced at least one form of sexual violence before the age 18¹⁰.



as of 2018

120 million
Girls under the age of 20
have been forced to engage
in sex or perform other
sexual acts

The trauma of CSAE can be devastating with consequences prolonging years after the incident(s) occur, potentially leading to a multitude of psychosocial and economic factors. Long-term mental health consequences include depression, post-traumatic stress, self-harm and suicidal behaviours, and vulnerability to substance abuse. Further health consequences may include increased risk of sexual re-victimization, poor sexual health

decisions leading to increased vulnerability to STIs and unwanted pregnancy¹¹. Despite these implications, many children and families do not seek help following abuse and even fewer engage with justice procedures¹².

The short and long-term physical and mental health effects of CSAE have the capacity to directly impact education, health and employment prospects, leading to an increased economic burden on countries. According to Xiangming, in 2013, it was estimated that the economic burden of the health consequences of violence against children in Cambodia alone, totalled US\$168 million (US\$76.9 million for females and US\$90.9 million for males), accounting for 1.10 per cent of the country's Gross Domestic Product (GDP)¹³.

⁸ United Nations press release. "Deputy Secretary General Urges Governments to Invest in 2030 Agenda Targets, at Event on New Index Protecting Children from Sexual Abuse." October 3rd 2018. <https://www.un.org/press/en/2018/dsgsm1230.doc.htm>

⁹ ibid

¹⁰ MoWA (2014) "Findings from Cambodia's Violence against Children Survey" https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/political_declarations/east_asia_and_pacific/cambodias_violence_against_children_survey.pdf

¹¹ UNFPA (2010) "Addressing Violence Against Women and Girls in Sexual and Reproductive Health Services" https://www.unfpa.org/sites/default/files/pub-pdf/addressing_violence.pdf

¹² MoWA (2014) "Findings from Cambodia's Violence against Children Survey" https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/political_declarations/east_asia_and_pacific/cambodias_violence_against_children_survey.pdf

¹³ Xiangming, F. (2015) The Economic Burden of the Health Consequences of Violence Against Children in Cambodia, Ministry of Women's Affairs, UNICEF Cambodia, Phnom Penh. http://www.togetherforgirls.org/wp-content/uploads/CVAC_Cambodia-Full-Report_EN.pdf

Furthermore, productivity losses due to childhood violence in 2013 totalled US\$83.3 million, accounting for 0.55 percent of GDP¹⁴. With 37 per cent of the population in Cambodia (around 5.9 million) comprised of children under 17 years old¹⁵, enhanced measures should be taken to protect and prevent children from CSAE.

Children who are victims of violence and exploitation require a wide range of support and services to support their recovery and to ensure they receive justice through the legal

process. Although increased efforts have been made to support affected children within the justice process, systems often remain operation-oriented – focusing more on gaining evidence for prosecuting offenders, leaving children particularly vulnerable under systems that are developed for adults. Insufficient response and lack of considerations to children's specific needs throughout the criminal justice procedure, can further amplify the negative impact of the abuse, and lead to lack of trust in, and engagement with the justice system.



Access to Justice and Support Services

Aside from being a fundamental human right of the child, improving access to justice and strengthening response and support services for children who have been affected by CSAE, is included as one of the INSPIRE strategies developed by the Global Partnership to End Violence Against Children. The strategies are recognised globally as a proven, evidence-based solution to ending and responding to violence against children, that will result in significantly improved returns for investments in education and health¹⁶.

Access to justice for children, as defined under international law is “the ability to obtain a just and timely remedy for violations of rights”¹⁷. Access to justice and remedy are imperative to the restoration after abuse and exploitation, and are founded as a basic human right all children must receive regardless of gender, nationality and socioeconomic background. The concept of access to justice for children requires the legal empowerment of all children. They should be enabled access to relevant information and to effective remedies to claim their rights, including through legal and other services, child rights education, counselling or advice, and

support from knowledgeable adults¹⁸.

In order to ensure that justice systems are sensitive towards children's needs and special requirements, procedures to ensure “child friendly justice” have been defined under international standards to overcome gaps in response to children. According to a definition of the Council of Europe, “child-friendly justice” means “creating a justice system which guarantees the respect and the effective implementation of all children's rights, giving due consideration to the child's level of maturity and understanding and to the circumstances of the case.

¹⁴ ibid

¹⁵ UNICEF (2018) “A Statistical Profile of Child Protection in Cambodia” <https://www.unicef.org/cambodia/media/711/file>

¹⁶ WHO (2016) “INSPIRE: Seven Strategies for Ending Violence Against Children” <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>

¹⁷ ECOSOC Resolution 2005/20 Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime <https://www.un.org/en/ecosoc/docs/2005/resolution%202005-20.pdf>

¹⁸ UN Common Approach to Justice for Children (2008), <http://dag.un.org/bitstream/handle/11176/400572/UN%20Common%20Approach%20to%20Justice%20for%20Children%202008.pdf?sequence=52&isAllowed=y> p. 4

It is, in particular, justice that is accessible, age appropriate, speedy, diligent, adapted to and focused on the needs and rights of the child, respecting the rights of the child including the rights to due process, to participate in and to understand the proceedings, to respect for private and family life and to integrity and dignity”¹⁹.

Although considering children's best interests are considered one of the core principles under the CRC (See Box 1), measures to ensure they are kept under criminal justice procedures are sometimes overlooked. As described in the Implementation

Handbook for the Convention on the Rights of the Child²⁰, of which the RGC is a signatory, to take into consideration a child's best interests means it should be a primary consideration, even at the cost of other interests. For example, within the criminal justice procedure this would mean that a child's need to feel safe and comfortable during an interview may require police or justice actors to adjust their attitudes and actions to meet those needs. It requires all stakeholders involved to ensure fair access to justice for children, and the integration of child-friendly procedures within every stage.

Box 1. Best Interests of the Child – Article 3 of the CRC:

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

¹⁹ Guidelines of the Committee of Ministers of the Council of Europe on Child-Friendly Justice, article II.a <https://rm.coe.int/16804b2cf3>

²⁰ UNICEF (2007) “Implementation Handbook for the Convention on the Rights of the Child” https://www.unicef.org/Implementation_Handbook_for_the_Convention_on_the_Rights_of_the_Child.pdf



Progress and Gaps in Cambodia

In 1992 the Royal Government of Cambodia (RGC) ratified the CRC and has committed to respecting children's rights and placing the promotion of their rights on the top of their agenda. The RGC has since made efforts to promote child protection laws and practices, improve the justice system for children and ensure their rights are protected. In 2019 Cambodia became the 26th member of the Global Partnership to End Violence Against Children²¹. By becoming a signatory, the RGC demonstrated their commitment towards enforcing laws and policies relevant to child protection and various forms of child abuse and exploitation, and towards achieving the Sustainable Development Goals (SDGs) by 2030.

Cambodia was the first country in South East Asia to conduct a national survey on violence against children in 2013²². The survey contributed to the development of a National Action Plan to Prevent and Respond to Violence Against Children for 2017–2021²³ and a committee was established by MoSVY in 2019 to lead and coordinate its implementation²⁴.

In 2009, a policy and minimum standards for the protection of the rights of victims of human trafficking was developed²⁵, and the RGC recently announced it will review and update the policy to ensure victims' rights are respected²⁶. In 2020, the Royal Government of Cambodia released the National Policy for the Child Protection System, with the inclusion of a 10-year action plan (2019–2029) to ensure that all children have equal rights including the right to life, right to protection, right to development, and right to participation. The policy is based on three main pillars – prevention, intervention and service provision, to provide a comprehensive and systematic response to ensure children are protected²⁷.

²¹ The Global Partnership to End Violence Against Children (2019) "Cambodia Becomes the 26th Pathfinding Country. Accessed at <https://www.end-violence.org/articles/cambodia-becomes-worlds-26th-pathfinding-country>
MoWA (2014) "Findings from Cambodia's Violence against Children Survey" https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/political_declarations/east_asia_and_pacific/cambodias_violence_against_children_survey.pdf

²² MoWA (2014) "Findings from Cambodia's Violence against Children Survey" https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/political_declarations/east_asia_and_pacific/cambodias_violence_against_children_survey.pdf

²³ The Steering Committee on Violence Against Women and Violence Against Children (2017), "Action Plan to Prevent and Respond to Violence Against Children 2017–2021" Accessed at <https://www.unicef.org/cambodia/reports/action-plan-prevent-and-respond-violence-against-children-2017-2021>

²⁴ RGC (2019) "Cambodia's Voluntary National Review 2019 on the Implementation of the 2030 Agenda for Sustainable Development" https://sustainabledevelopment.un.org/content/documents/23603Cambodia_VNR_PublishingHLPF.pdf

²⁵ RGC (2009) "Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking" <http://un-act.org/publication/view/cambodias-policy-and-minimum-standards-for-protection-of-the-rights-of-victims-of-human-trafficking-2009/>

²⁶ Vanyuth, C. and Soco R.M (2021) "Cambodia Reviews 11-year old Policy on Rights of Human Trafficking Victims" <https://www.khmertimeskh.com/50806976/cambodia-reviews-11-year-old-policy-on-rights-of-human-trafficking-victims/> Press release January 26, 2021

²⁷ RGC (2020) "National Policy on Child Protection to Provide Equal Opportunities to All Children". Press release July 30, 2020 <https://www.khmertimeskh.com/50750079/national-policy-on-child-protection-to-provide-equal-opportunities-to-all-children/>

In a study aimed at raising awareness to the response to child sexual abuse and exploitation in 60 countries²⁸, Cambodia was ranked 59.7 under government commitment and capacity to address CSAE.

This was higher than few High Income Countries (HIC) such as France (54.6), or Japan (52.1), and Cambodia was further ranked the highest among the South East Asian countries²⁹. Evidence of government capacity and commitment towards prevention of CSAE was defined when efforts were made towards the collection of data to strategically inform decision-making, and when there was availability of prevention and treatment services for children at risk of sexual violence³⁰. This identifies that despite the economical challenges that Low-Middle Income Country (LMIC) may endure, achievements and progress can still be made.

Financial resources are only one of several indicators of the capability and level of progress for governments to ensure children's rights are protected.

While Cambodia has shown progress in recent years, many gaps for the protection of children, especially in issues related to child sexual abuse and exploitation remain. To date, there is no specific child protection law, to ensure comprehensive protection of children from all forms of violence, abuse, neglect or exploitation, as required by Article 19 of the CRC. Despite having several laws and policies that contain issues related to child protection³¹, they invariably only partially cover what is needed without addressing the issue holistically, with few specifically

focusing on the response for victims of sexual abuse and exploitation³². Further, inconsistent implementation of existing laws, policies and guidelines related to child protection, adversely affect the overall protection provided to children, due to lack of guidelines on implementation and the procedures to be followed for both government and other implementers, as well as a lack of technical knowledge and training on the new laws.

The criminal justice procedure is one area where children remain vulnerable, and where gaps in response to their protection and recovery are prominent. The criminal justice process involves a variety of different actors including law enforcement and local authorities, medical health providers, psychosocial support professionals and legal actors in the court procedure. In Cambodia, although evidence of collaboration exist, many agencies often operate under their own standards, rules and policies, which may have been developed independently of others, and may not always reflect 'best practice'. In addition, evidence of 'competition' between agencies, and also for resources, may result in fragmented approaches to service provision. At this time, there are currently no official multi-agency response teams, to serve children affected by violence, within the criminal justice process. Limited understanding and implementation of child-friendly procedures leave children particularly vulnerable in the process. In a study by Reimer³³ for example, 54 children were interviewed who were affected by violence and described their experiences through the criminal justice process.

²⁸ The Economist (2020) "Out of the Shadows: Shining Light on the Response to Child Sexual Abuse and Exploitation" https://outoftheshadows.eiu.com/wp-content/uploads/2020/04/Out-of-the-Shadows_whitepaper_60-countries_2020.pdf

²⁹⁻³⁰ ibid

³¹ To name a few, laws and procedures that address child protection issues are included under: The Constitution of the Kingdom of Cambodia, The Civil Code and the Civil Procedure Code, The Criminal Code and the Criminal Procedure Code, The Law on Prevention of Domestic Violence and Protection of Victims, The Law on Suppression of Human Trafficking and Sexual Exploitation, The Juvenile Justice Law

³² RGC (2009) "Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking" <http://un-act.org/publication/view/cambodias-policy-and-minimum-standards-for-protection-of-the-rights-of-victims-of-human-trafficking-2009/>

³³ Reimer, J.K. (2015). A SYSTEM JUST FOR CHILDREN: Voices of child victims and witnesses about their experiences in the Cambodian Criminal Justice System. Hagar, Phnom Penh, Cambodia. <https://hagarinternational.org/wp-content/uploads/2018/04/Hagar-Research-A-System-Just-for-Children.pdf>

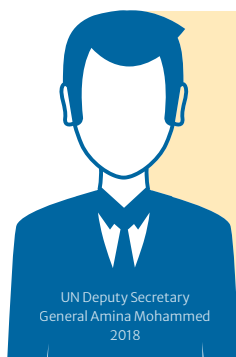
They reported extreme difficulties and lack of consideration to their emotional needs and their physical safety often revived with each step of the process where some reported being mocked by police officers, or were interviewed with other people in the room, denying them privacy and confidentiality, and with many cases of children having to confront their perpetrator during the court proceedings. One fifth of children also reported being asked for unofficial payments on-top of normal court fees³⁴.



Objectives of the Study

The recurrent reports of children's experiences through the justice system that have been raised during APLE's work with children highlighted the need to consider new and improved response systems in Cambodia, that meet their expressed needs, and improve the criminal justice support for children affected by sexual abuse and exploitation.

One strategy that is considered as a best practice to mitigate the risks of re-victimization and ensure children's rights are respected through the criminal justice procedure, include the establishment of multi-agency and interdisciplinary teams³⁵. Comments by UN Deputy Secretary-General Amina Mohammed underpin and describe the evidence informing this approach:



UN Deputy Secretary
General Amina Mohammed
2018

"Better data on the extent and impact of sexual violence against children have deepened our understanding of what workstomakesocietysaferforchildren.Weknow,forexample, that ending sexual violence depends on multisectoral, multi-partner coordinated national action, based on evidence... At the national level, this means stronger legal and policy frameworks, systems and institutions to ensure reporting, sensitive treatment of victims by law enforcement and justice systems, and physical and psychosocial support from the health and social service systems"³⁶.

³⁴ ibid

³⁵ WHO (2016) "INSPIRE: Seven Strategies for Ending Violence Against Children" <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>

³⁶ United Nations press release. "Deputy Secretary-General Urges Governments to Invest in 2030 Agenda Targets, at Event on New Index Protecting Children from Sexual Abuse." October 3rd 2018. <https://www.un.org/press/en/2018/dsgsm1230.doc.htm>

One-stop service centers are a type of multi-agency response model that place the survivor/victim's needs as a central priority. In a one-stop service center, police and law enforcement, medical health providers, social workers and therapists, and legal assistance providers collaborate together, in one facility to provide victim-centered and holistic treatment to victims.

The objective of this study therefore was of two-fold:

1. To examine to what extent children's best interests are prioritized under the existing criminal justice procedure and support services provided to children affected by sexual abuse and exploitation, and whether a One-Stop Service Center (OSSC) can meet the existing needs and identified gaps in children's needs.
2. Assess the strengths, limitations and potential for the implementation of an OSSC within the current institutional capacity in Cambodia, to determine the feasibility of its implementation, and/or consider alternatives that best prioritize children's best interests.

While this is not the first study to examine the need and feasibility for an OSSC in Cambodia for victims of abuse and exploitation, previous research and considerations largely focused on victims of gender-based violence (GBV), focusing on the needs of women and girls, without specifically considering the unique requirements of children and how their rights are respected within such implementation³⁷. The focus on victims of GBV also disregards the needs of boys and male victims, who currently receive limited attention and responses from service providers.

This study is the first in Cambodia to consider the development and implementation of an OSSC as an improved response to victims of abuse from a child-centered approach, and with consideration their best interests are met under all actions.

³⁷ MoWA (2012) Feasibility Study for One Stop Service Centers. Phnom Penh

Methodology



The study was conducted between July –December 2020, with mixed methodologies used for achieving the objectives, as described below:



Desk Review

Existing global, regional and local literature and documents related to OSSCs, and current procedures of child-victims accessing the criminal justice system were reviewed and analyzed. This served as the base for identifying the best practices according to international standards, with consideration of the current needs and context in Cambodia.

This included a review of research studies and evaluations of OSSCs and variations in models worldwide, case studies, review of existing national laws, policies and regulations and procedures in Cambodia relating to child protection, and the provision of services to child-victims of abuse, and other relevant documents and reports.



Stakeholder Interviews

Existing global, regional and local literature and documents related to OSSCs, and current procedures of child-victims accessing the criminal justice system were reviewed and analyzed. This served as the base for identifying the best practices according to international standards, with consideration of the current needs and context in Cambodia.

This included a review of research studies and evaluations of OSSCs and variations in models worldwide, case studies, review of existing national laws, policies and regulations and procedures in Cambodia relating to child protection, and the provision of services to child-victims of abuse, and other relevant documents and reports.

Participants were chosen from Phnom Penh and Siem Reap, the two main provinces APLE operates in and that are also considered to have the strongest institutional capacity. Two additional respondents (law enforcement officers from Kandal province), following their participation in a learning visit to an OSSC in the Philippines together with APLE staff in 2019, enabling them to share their perspective and insights following their experiences overseas.

Interviews with each stakeholder focused on two main areas:

- 1. Understanding the need:** Questions focused on examining the current procedures followed by service providers and key agencies, their understanding and use of child friendly practices during the process, and if and how children's best interests are considered are prioritized and operationalized.
- 2. Understanding the feasibility of implementation of an OSSC:** To assess this, questions focused on the current institutional capacity for such implementation, including existing financial and human resources, equipment needs, coordination and collaboration between service providers, training and learning needs, and existing policies, laws and regulations that may be supportive or act as a barrier to implementation of an OSSC.

Common themes emerging from interviews were then compiled, reviewed and analysed, enabling the identification of cross-cutting issues between the different sectors. The responses from interviews were then compared and combined with data emerging from the desk review, and reports of children's experiences to provide a comprehensive review.



Secondary Data Analysis of Children's Experiences

A separate activity facilitated by APLE under a project funded by ECPAT Sweden during 2019–2020 aimed to examine the use of child friendly practices in the criminal justice procedure, and whether child rights are respected through children's views. 43 children (M=21, F=23) from Phnom Penh, Siem Reap, Kandal participated in focus group discussions, where they shared their

perspectives and reflected on their experiences during the different steps of the justice process. (Police, medical examinations and court – relating to interactions with prosecutors, investigation judges and during the trial). These reflection activities did not focus on the social care they received from social workers during the process.

During the activities, different child-friendly components were assessed on each stage, including – the behavior and attitude of service providers, whether children received adequate information upon their arrival, if and how the reports from these activities were used for this study. Although the reflection activities were not designed specifically for this research, the information extracted from these reports proved an essential component, shedding light on the ‘lived experiences’ of the children, including the process they undergo, their personal thoughts and perspectives on negative and positive aspects during the process, as well as their thoughts and ideas for change.

As these activities were held within the past year with similar objectives, and to prevent



On-site Observations of OSSC Models

Key staff members from APLE together with representatives from AHJPD took part in learning visits to the Philippines, Thailand and Sweden, to observe existing models provided by multidisciplinary teams assisting children affected by violence, to learn about best practices and understand the challenges involved in both a regional and international context. In the Philippines the delegate visited two hospital-based OSSCs, one multi-agency team working on the municipal level, and in Thailand the visit included the Child Advocacy Center (CAC) in Pattaya operated by the NGO A21. A learning visit to explore the Barnahus model in Sweden provided further insight on a system designed specifically for children, providing useful opportunities for comparison. Reports from these visits were also reviewed and analyzed, and an additional learning visit to A21's CAC in Siem Reap, was also carried out specifically for this research.

The learning visits provided valuable insights on experiences, challenges and best practices for comparison and analysis, and enabled the participants to observe the differences and similarities of facilities led and managed under both government (Philippines) and non-government (Thailand/Siem Reap) actors. This data was compared and combined with findings from the literature review of OSSC models in other countries.

the possibility of re-traumatization and re-victimization during interviews, asking them to recount experiences that may trigger their abusive experiences – a secondary analysis of reports from these activities were used for this study. Although the reflection activities were not designed specifically for this research, the information extracted from these reports proved an essential component, shedding light on the ‘lived experiences’ of the children, including the process they undergo, their personal thoughts and perspectives on negative and positive aspects during the process, as well as their thoughts and ideas for change.

As these activities were held within the past year with similar objectives, and to prevent

analysis of each sector in the criminal justice procedure.

Disclaimer and Limitations of the Study

As the main researcher who conducted this study does not speak Khmer, information from interviews, documents and reports in Khmer had to rely on interpretation which may have resulted in some inaccuracies in language and understanding.



Technical difficulties interfered with scheduling and securing interviews and significantly reduced the sample size of participants that was originally planned. This was partially due to short time scope for the study, in addition to lengthy bureaucratic procedures to file requests for interviews with government officials. Some requests were not accepted, with responses that included lack of time and availability to meet, disagreeing to provide information without it being specifically stated under a Memorandum of Understanding (MoU), and constraints due to COVID-19. Further, while the study aimed to have a balance in number between different categories and professions, participants were not selected randomly or balanced under gender, rather were selected according to level of experience working on issues related to child-victims of sexual abuse and exploitation and willingness to participate.

Due to the scope and limitations of this study, it focused on agencies and key services provided to child victims of sexual abuse and exploitation on the provincial level and in limited locations,

As APLE's main vision and mission focuses on preventing and protecting children affected by sexual abuse and exploitation, they were the focus of this research, however the findings from this study are also relevant to any child who has been affected by any form of violence, and engages with the criminal justice system as a victim or witness. This study however did not include and exploitation and further research is needed to review their experiences through the criminal justice procedure. Further, additional studies and considerations should be taken to improve the criminal justice procedure and rights provided to children in conflict with the law as well.

Findings

Part 1- An Overview on the Criminal Justice Procedure for Victims of CSAE



Law Enforcement and Local Authorities



Children affected by CSAE will come to the attention of law enforcement in several ways. When an actual incident happens, law enforcement will commonly receive the report by the child/family or by referral of members of Commune Councils for Women and Children (CCWCs) or other local authorities or NGOs.

Another way is during an investigation of the police where evidence on the abuse rises. Once a complaint is filed at the police, a police officer will interview the child and the parent and then report to the prosecutor, to receive approval to summon the offender for interview and/or charges. In urgent cases police will sometimes first detain the offender within the procedural

timeframe (up to 72 hours) before sending the case and the suspect to the prosecutor. The main difference between children and adults is that the process is modified to use child-friendly methods during interview in a child friendly room (when it exists) and that children will be accompanied by a social worker and a parent/guardian.

Adaptation of procedures according to the age and level of development of the child, and ensuring procedures are child-friendly, are extremely important when interviewing children, not only to ensure their rights are respected, but also as they have a direct impact on how much the child is willing to disclose as well as on the accuracy of details they provide. Child friendly procedures however are a relatively new concept in Cambodia that only the past decade is showing improvements towards their inclusion within the criminal justice procedure.

Professionals who work and collaborate with police, report that improvement in the attitude and procedures have been observed among national and provincial police in recent years, particularly in regard to their better understanding on the importance of child friendly interviews, and on allowing a social worker³⁸ to be present to comfort the child and ensure the child's rights are respected during the interview

"Most of the cases, when the social worker didn't join the interview, they (the police) did not show much respect. It happened before, but now they are more aware of the child-friendly (procedures). Now even without request, the police call for our participation. They have changed. In the past, they didn't allow (social workers to join) with their duty or without duty."



"I can see good collaboration between police and DoSVY, however they are (too) busy reaching each other (because of) their responsibilities. But when the case happens, they try to come together and go together to join with the process of the interview, especially with the children who are without their guardian"

"At this point, we see that children lose benefits because sometimes the social worker has not been deeply involved yet. But now they (police) try to get (social workers) involved more".



This is compliant to the standards set in the Guidelines on the Forms and Procedures for Identification of Victims of Human Trafficking for Appropriate Service Provision- that states "If a victim is a minor, a child-friendly methodology shall be used with the presence of his/her parent (s) or guardian (s) or legally authorized officials or adult (s) trusted by the child so that they can witness and create a comfortable environment; however, the presence of the person(s) suspected of involving in the offence (s) shall not be allowed"³⁹.

³⁸ RGC (2016) "Guidelines on the Forms and Procedures for Identification of Victims of Human Trafficking for Appropriate Service Provision" 17 http://un-act.org/wp-content/uploads/2016/08/ID_Guidelines_Cambodia.pdf

³⁹ RGC

This improvement was mostly attributed to training and capacity-building that police officers received on child-friendly procedures and on respecting children's rights provided by different NGOs. Furthermore, in recent years government national working plans, have placed child friendly procedures and policies on their agenda, enhancing law enforcement's understanding of its importance and taking it into consideration within their work.

Despite these improvements, reports from children and other stakeholders indicate that child friendly procedures are still not always practiced, and even more apparent among district and commune police. District and commune police receive much less focus and funding towards training and capacity building and vast differences between national and provincial police to district and commune police were noted. In the commune level there remains a lack of understanding on child friendly procedures and they often focus on prosecuting the offender, rather than prioritize the child's best interest. One informant recalled cases where, in order to verify details during an interview, police would call the suspect into the room and ask the suspect in front of the child, questions such as "is it true that this happened?" Another social worker from an NGO also reported:

"I used to work closely with the police, like in the case of domestic violence, they act only if it is serious. I used to push and discuss with them, but nothing had changed. In the sexual abuse cases, the commune police dared not to act, so those cases are sent to the provincial police department. The provincial police department pays more attention to the cases, respects the rights of children – right to information, and does not use inappropriate words, and their room is child-friendly...But when I join the interviews with the commune police, the police ask questions without preparing the children first. It looks like an interrogation. I noticed that at that time the child was scared and stuttered"



Many police officers have been in their position for many years with few new recruitments within their department. Some informants claimed this has an impact on the motivation they express towards new ideas and difficulties to change old habits of work. Often once a child has reported abuse, the main focus of the criminal justice system is on finding the offender rather than treating the victim. For example, the police were noted to focus on making the statement of the child fit their observations, rather than treating the statement as a source of information and evidence on its own:



"In the investigation stage, in general, the police always defend what they have found, rather than what the child said, and then try to match it with what they have found. This prevents the child from implementing their right to speak."

Specific challenges were raised regarding children with disabilities, especially with communication impairments. Police are not fully trained to communicate with children that require special assistance and they rarely collaborate with specialists for this purpose. A police officer stated that in these cases it is difficult for them to receive accurate information so they will usually need to interview many times to clarify, they will sometimes ask the child to draw what has happened, or ask the child to take them to the location of abuse and let the child point out what happened. Global studies indicate that children with any form of disability face increased vulnerability to all forms of abuse, and that they and their families face increased barriers in accessing child protection services and mechanisms⁴⁰. Limited experience of working with children with disabilities, and lack of skills and methods related to gaining accurate information, particularly in cases that require special considerations, may increase the risks of re-victimization and re-traumatization.

There are currently no clear guidelines from the government on the location children should be interviewed by police. Without clear guidelines, police can decide to interview the child wherever is most convenient for them, rather than the place that will serve as best for the child. Police

will sometimes invite children to the police station but will interview the child in rooms that are not designated for this purpose. One child shared her experience, explaining that she was called to the police station but was questioned under a tree outside the police office, with several other police officers walking around while she was being interviewed. She stated that while she was affected by the presence of the other officers walking around, she also felt more uncomfortable having to speak loudly in an open space about what happened to her, and concerned that she could be overheard by others. Experiences shared by other children included being interviewed with other police officers (unrelated to the case) in the room, or with people coming in and out of the room, thus denying them a confidential space in which to talk about traumatic events, and affecting their ability to talk freely.

Being interviewed outside of the police department was sometimes viewed as positive by some informants and children alike, as it was stated that children are sometimes afraid of going to the police, as it increases their level of stress. However, with locations chosen at random, some interviews were noted to be held at coffee shops and restaurants, or in various locations within the community where confidentiality of the child is not always considered or provided.

⁴⁰ GPCWD (2015) Literature Review http://www.gpcwd.org/uploads/2/6/0/9/26097656/gpcwdtask_force_child_protection_literature_review.pdf

There appeared to be little concern for how this could impact upon their ability to feel comfortable to speak in detail about traumatic events. One child for example said they were interviewed at the school's office, raising fears and concerns that others at school may know about what happened, or ask questions about why they were meeting with the police. (Refer to Box 2 for further experiences with police as stated by children).

APLE has been working closely with the police and has been assisting in strengthening child friendly procedures by delivering trainings on child friendly investigations, and by establishing child friendly rooms within police departments to allow a safe and child centered venue for interviews. To date, 6 child friendly rooms have been established: two in Phnom Penh, and one in Siem Reap, Kandal, Battambang and Kampot. Aside from one of the child-friendly rooms in Phnom Penh that was established in DosVY, all the rest were established in police departments in each city. The child-friendly rooms received positive feedback from both police and children who were interviewed in the rooms, and police confirmed that the environment in which the child is interviewed plays a significant role on how comfortable the child feels and their willingness to disclose details on their abuse.

The child friendly rooms are equipped with child-friendly decorations, toys, drawing materials, and within each, recording equipment is installed to allow audio and video recordings of interviews that can be observed within a near-by monitoring room. It was noted however that there is currently insufficient equipment and material that are

needed to encourage children to talk. Police officers explained that they sometimes gave the child toys from the room to take home, and thus requested help from NGOs to re-equip the room. Most police departments however do not have child-friendly rooms, and especially in the commune and district level, where police were noted to give less consideration towards the environment the child is being interviewed in.

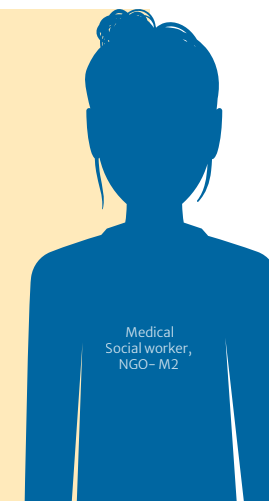
In 2019, the RGC announced an increase in the minimum wage for police coming into effect in 2020⁴¹. While this is a positive improvement, there were still concerns raised among police officers regarding lack of budget, that directly affect the capacity to fulfill investigations and procedures. Police do not receive a separate budget for transportation to investigation sites, certain court proceeding expenses and equipment or food for example, which compel them to cover costs from their personal salary, despite these expenses being operational costs. Some police raised this as a challenge that limits their capacity to respond effectively, increasing their reliance on NGOs for assistance.

Lack of appropriate budget and salaries increases the risk of corrupt practices and requests for unlawful payments to complete procedures. Reports by children and families confirm that law enforcement sometimes request unofficial payments to complete tasks or to speed up procedures^{42,43,44}.

These requests, and an existing lack of trust in the justice system are factors that may impact on children's and families' preference not to collaborate with the justice system, and making decisions to settle out of court.

There have been concerns raised regarding law enforcement and local authorities who were noted as promoting such practices when cases were not considered by them as severe, encouraging parents and caregivers of those victimized to settle with offenders through mediation processes rather than pursuing justice through court^{45,46}. With out-of-court settlements, children are left vulnerable as they receive little consideration to their needs following the abuse, and may not be referred to medical or psychosocial support, and offenders escape justice and continue to be a risk to children.

"We had one case... actually it was from sexual abuse, the mother was only 17 years old, and the mother was forced-abused by a man who lived close to her house. She became a mother and she had a baby but the story of abuse was solved by the local authority, not through the law... She got money from the abuser and finish (close the case). But now, what she complains is she has a baby, and she is very young, just 17 years old, and she needs someone to support her for the baby. So we just informed DoSVY to help because we know this story was solved by the local authority, by the chief of commune and the local police and not in a legal process. The mother and also the baby they need support, because the mother's family is not rich, they are poor, they don't have enough money to raise the children. They (local authority) need to think about that, not only ignore the problem."



"Children are afraid of the police. They are afraid even of the word 'Police'. They can identify themselves as a victim but simultaneously they are afraid that police will put them in jail. Moreover, they don't trust the police. As you already probably know, police most of the time try to compromise with parents, and close the case."

⁴¹ The increase in wages were from \$296 to \$314 for National Police officers holding ranks of staff sergeant, from \$264 to \$295 for military police officers holding ranks of first sergeant; and an increase to \$167 for contractual officer's wages. Khy, S, Khmer Times press release "Wages Set to Increase for Civil Servants" October 28, 2019 <https://www.khmertimeskh.com/654902/wages-set-to-increase-for-civil-servants/>

⁴² Reports from APLE Beneficiaries

⁴³ Reimer, J.K.(2015). A SYSTEM JUST FOR CHILDREN: Voices of child victims and witnesses about their experiences in the Cambodian Criminal Justice System. Hagar, Phnom Penh, Cambodia. <https://hagarinternational.org/wp-content/uploads/2018/04/Hagar-Research-A-System-Just-for-Children.pdf>

⁴⁴ Amnesty International (2010) "Breaking the Silence - Sexual Violence in Cambodia" <https://www.justice.gov/eoir/page/file/1051061/download>

⁴⁵ UNICEF EAPRO (2020) "Ending Violence Against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches" https://reliefweb.int/sites/reliefweb.int/files/resources/ending_violence_against_women_and_children_in_cambodia_-_report.pdf

⁴⁶ World Vision International (2017) Protecting Cambodia's Children? The Role of Commune Committees for Women and Children and Informal Community-based Child Protection Mechanisms in Cambodia <https://www.wvi.org/sites/default/files/CCWC-Functionality-for-CP-Full-Report-EN.pdf>

Settlements outside of the legal system and in particular mediation processes should never be encouraged in cases involving CSAE as they further violate children's rights by failing to recognise and respond appropriately to the negative impact of the abuse, preserve and encourage discriminatory practices, potentially place victims at further risk, and continue to perpetuate a culture of impunity, where offenders are not held accountable for their crimes, and continue to pose a threat to children.

Box 2. Children's Experiences with the Police

Children were not always informed on the reasons for being summoned to the police department. This raised feelings of fear that they did something wrong. Some children said that when they were invited to the police station the police officer was not wearing a uniform, which raised feelings of anxiety and fear as they didn't believe they were really police, and thought they may cause them harm. Few however said that they preferred it when the police were not wearing a uniform as it reduced anxiety and allowed the children to express themselves more freely.

The attitude and behaviour of police towards children varied. Some felt the police were respectful, and used clear short questions that made it easy to understand and respond. One stated the police tried to comfort him/her and gave water when s/he felt thirsty. Others shared unhelpful and potentially traumatic experiences, which included police yelling at children to provide their answers, while repeating the same question again and again, or feeling threatened to answer. One girl said that the police officer gave her a blank piece of paper after the interview and asked her to sign with her thumb print, saying that the notes he took were too messy so he will copy her statement afterwards. She was upset about that as she feared that the police could write something different than what she stated after she already signed.

There is an imbalance between the number of female police officers and male officers resulting in many cases that children are interviewed only by male police. Most children preferred having a police officer who was the same sex as they were, however this was not always available to them. One child noted that she felt too shy with the male police officer and couldn't share her story with him, so they called a female officer to replace him. One boy was interviewed by a male police officer but said the NGO staff who accompanied him was female making him feel shy.

A parent or guardian was present most of the time during the police interview, however some children said they preferred if the parent was not present, as it made them feel shy and reluctant to speak about what happened to them next to the parent/caregiver.



Forensic Medical Examinations and Medical Treatment after Abuse

Timely response for seeking medical care after abuse is critical to address the physical health of the child, but also to secure evidence required, in court to help the prosecution, especially in rape cases. Victims and families however are normally unaware forensic evidence from examinations should be taken within 24 hours of the incident, or that emergency treatment against HIV or protection from pregnancy is available, and should be taken within 72 hours of the abuse.

Most police and doctors stated that many children and family members report incidents long after the abuse occurred, sometimes months or even years after, when it is less likely to obtain evidence from examinations.

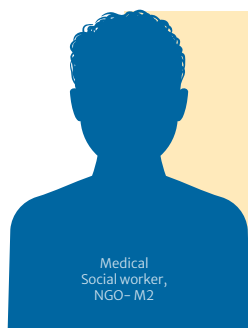
Forensic examinations and certificate results for victims of sexual violence are provided free of charge following an announcement of the MoI in 2009, although it was noted by NGOs that victims, families, and many service

providers were unaware of these rights until recently, giving no choice to victims other than to pay for their examination. Increased access to information related to victims' rights in recent years, however, has enabled those affected by abuse and exploitation to ensure their right for free of charge forensic examinations be granted. If a child requires further medical treatment however as a result of the abuse, it will not be covered unless they have a IDPoor card⁴⁷.

For forensic medical results to be recognized in court, medical examinations are required to be completed in the provincial referral hospital, that exist in each province. Forensic medical examinations conducted in these hospitals normally only focus on traditional methods of examination such as whether the hymen is intact or not, which is an inconclusive method of trying to prove whether the child was sexually abused.

The focus on injuries to the hymen exclude non-vaginal forms of sexual abuse, and do not consider other genital injuries, or recognise injuries of sexual abuse committed against boys. Lack of appropriate medical training and knowledge also interfere with analysis of results even when they are conclusive, thus often rendering forensic medical evidence unreliable:

⁴⁷ The IDPoor program, is a poverty reduction intervention, established in 2006 that identifies poor households in order to ensure assistance is provided to them. IDPoor card holders receive access to different free of charge services and assistance including health, education, financial assistance and more. For more information <https://mop.idpoor.gov.kh/>



“We have had some cases, such as of a two year old girl who was brought here because of vaginal discharge and then we did a swab test and then the result was gonorrhea. When the result is gonorrhea they will inform us, we will facilitate with the mother the medical examination, give out the sexual abuse record, and then take pictures, but then the doctor, the parent or police still don't think that this is a result of sexual contact, they think it is related to hygiene, and not related to sexual abuse” – Medical Social Worker, NGO – M2

Most referral hospitals however, lack the resources needed for sufficient examinations, including the lack of human and technical capacity and lack of modern and appropriate equipment was also noted as a challenge. Doctors complained they do not have appropriate forensic equipment and laboratories to collect evidence and conduct procedures such as DNA testing and sample taking. One official from the MoH explained some of the challenges in hospitals in remote provincial areas should be prioritised, where there is the greatest shortage of medical equipment, including a lack of basic supplies such as single-use sanitary products required for procedures. They raised this as a main concern as it drastically lowers the quality of care that can be given to patients, also potentially compromising the health of victims, and stressed on the need to prioritize addressing the limited capacity in provincial hospitals.

Interviews revealed that, aside from the understanding of the need to build rapport with the child for them to feel comfortable during the examination, doctors did not express much use of child friendly methods, and of ensuring children are heard and their rights respected. One social worker revealed that some children and service providers have raised complaints towards the treatment children receive during the examination:

In an attempt to improve the response to victims among health providers, in 2015, the Ministry of Health published the National Guidelines for Management of Violence Against Women and Children in the Health Sector. These provide guidance to healthcare centers and referral hospitals regarding prevention and responses to violence against women and children. In 2017, these guidelines were complimented by the Clinical Handbook: Health Care for Children Subjected to Violence or Sexual Abuse which was developed to help promote adequate response to child victims of violence or sexual abuse for all healthcare practitioners.

The handbook provides guidance on first line support, medical treatment, psychosocial support, and referral to key social and legal protection services. Trainings on the guidelines and handbook have been organized by the Ministry of Health with the support of UNICEF to health workers across the country.



“There are frequent complaints from children and adults that forensic examiners use disrespectful terms. Regarding this, I used to join a meeting with the Ministry of Health's working group and during the meeting, many participants raised this concern. What social workers can do is raise our voice in meetings with MoH or relevant ministries.”

The lack of appropriate equipment for documenting evidence, limited understanding of procedures and violations of children's rights, including compromising confidentiality requirements, were expressed during an interview with one doctor. He admitted to documenting children's genitalia during the examination with his personal phone and storing the pictures there in case he needs to use them as evidence in court, choosing not to transfer the photos later to a confidential file, or deleting the photos afterwards, stating that “no one will see them”. His motivation for this appears to be his concern that he may have to ‘defend’ himself in court:



“After filling out the consent form and signature, I take photos of the wound using my personal phone. I do this because I can zoom on the wound. But I will keep it confidential. No one knows, only me.....if I don't take photos, I don't have evidence to defend myself in the court... Let me tell you! No one or no law protects me. Sometimes parents saw sperm stains on the child, but when I checked, I didn't find any. So, in court, I can show the evidence. Hundreds of cases.... The child will tell the court that they were raped like this and that but my forensic (results) don't indicate so, no rape, so the photos I took will tell”.

Private medical centers or NGOs that provide emergency medical care, usually have better facilities and equipment compared to provincial hospitals, and staff have greater awareness of child friendly procedures, due to the training they receive. The private centers however are expensive and inaccessible to the poor, and even with NGOs such as AHC that provide free of charge medical care to children, as the forensic results they provide are not officially recognized in court, results will only be considered supporting evidence within the criminal justice procedure, and children are still required to undergo forensic examinations in a provincial referral hospital.

According to regulations, a copy of the forensic examination results should be sent directly to court while the original is kept at the hospital. Interviews with justice actors however expressed that obtaining forensic results is one of their biggest challenges that interfere with the court procedure as the results are often delayed, and require repeated follow up with the hospital. On some occasions the trial has already started and access to forensic information is gained only after an official request from a judge is made directly to the hospital. One judge recalled a few cases in provincial court where the trial already started without the medical results, where the offender had already pleaded guilty.

Late retrieval of medical forensic results was stated as one of the main reasons for the criminal justice process being lengthy and for procedures in court being delayed. When coordination efforts are effective, provision of medical results can take a few days, but cases were cited where the process took 6–8 months. Several reasons were identified as contributing to delays, including a lack of clear procedures and proper guidelines regarding the timeline for medical results to be provided, limited clarity on the specific responsibilities of relevant stakeholders, low levels of commitment of those involved, as well as heavy workload of medical personnel. Furthermore, provincial hospitals do not use modern and digital ways of preserving data and information on patients, intensifying the challenges and lengthening the process of information retrieval.

Box 3. Children's Experiences During the Forensic Medical Examination

Children were normally accompanied to the hospital by a family member or a police officer. Children said they were informed before examination what the result will be used for, and who can accompany them during examination. They were also informed their results would remain confidential.

Experiences regarding behaviour and attitudes of medical staff varied. Some children said the doctors were friendly and funny, spoke with respect, seemed professional, and were polite with them. Other experiences included doctors shouting and speaking impolitely, and they expressed their wish for medical staff to be friendly and not be biased or discriminate against them just because they have been victims of abuse.

Some children expressed the difficulty of getting to the hospital as it was far from their home. Some indicated that the examination room was not clean and hygienic. While some examinations were completed in private with no one entering, others were disturbed with other staff coming in and out of the room. With no private waiting area, one girl expressed that she felt uncomfortable waiting outside before the examination in a crowded environment as many could see her.

Most referred to the examination as being quick and painless but raised difficulties with being asked many questions before the examination, relating to details about their abuse which was difficult for them. One child was concerned by the fact the doctor was male and feared the doctor would abuse them. Most expressed a preference for a doctor of the same sex, to examine them though they were not given a choice and were only examined by male doctors.



Psychosocial Support and Services

Research evidence indicates that providing choices and opportunities for children to gain immediate access to mental health support and therapy, including appropriate psychosocial assessment and referral to temporary shelters when required, should be a priority for children following abuse 48. However, the evidence in this study suggests that once a report is filed, law enforcement and prosecutors tend to focus on the collection of evidence and on recording information that can be further used in court to prosecute the offender, with psychosocial needs seen as a secondary consideration, despite guidelines on this matter 49.

This operation-oriented approach does not consider what is in the best interest of the child, and their physical and mental health needs may be neglected, contributing to anxiety and distress in the short term, and increasing the risk for harmful impacts in the long-term.

There is a lack of human resources in the country, and in particular social workers⁵⁰, that impacts on the level of specialized care and referrals to psychosocial services provided to children. Therapeutic and mental-health support provided by the state is underdeveloped, with most services focusing directly on crisis intervention and basic counselling with little interventions focusing on long term needs. Furthermore, services are widely generalized and lack professionals specializing in child sexual abuse and exploitation.

In addition, mental health services are difficult to access as they are provided only in specific state hospitals that add transportation costs and time, and special documents are required stating a child needs these services before the treatment can be obtained. NGOs are currently the main providers of therapeutic services who will also cover for treatment fees, but many are not necessarily specialized in issues related to child sexual abuse and exploitation and the number of patients they can assist is limited.

DoSVY and DoWA are the two main governmental departments under MoSVY and MoWA with a responsibility to provide social workers and develop strategies to address the psychosocial needs of children affected by sexual abuse and exploitation.

⁴⁸ WHO (2017) "Responding to Children and Adolescents Who Have Been Sexually Abused: WHO Clinical Guidelines <https://apps.who.int/iris/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1>

⁴⁹ RGC (2009) "Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking" <http://un-act.org/publication/view/cambodias-policy-and-minimum-standards-for-protection-of-the-rights-of-victims-of-human-trafficking-2009/>

⁵⁰ OHCHR (2019) "Combined Fourth to Sixth Report Submitted by Cambodia under Article 44 of the Convention due in 2018" <http://docstore.ohchr.org/SelfServices/FilesHandler>

Court officials now request that all interviews of children with police, be accompanied by a representative from Social Affairs following concerns in the past that some police coerce children to speak and influence their testimony, resulting in children changing their statements in court. Social workers from DoSVY and DoWA have the official mandate and authority to accompany children during this stage. Occasionally social workers from NGOs are allowed to join, however they can only assist with comforting the child but otherwise have no other legal authorities. One social worker from an NGO claimed this raises many challenges, as Social Affairs are less trained towards ensuring children's best, and that it is common to see social affairs staff focused on helping the police where they will sometimes pressure the child to answer questions, rather than to ensure children's rights are respected within the process.

Furthermore, reports by different practitioners indicate that social workers from social affairs are often reluctant to join police interviews despite official requests to do so. This is despite police's cooperation and improvement in summoning

social affairs before interviews with children. Social Affairs' lack of collaboration was mainly associated with reluctance of being summoned to court and lack of trust in the justice system. When they do attend interviews, it will more often be towards the end of the process to assist with signing official documents, rather than to ensure the child's rights are being kept during the interview.

When children who have been affected by sexual abuse and exploitation need support from social affairs during the criminal justice procedure, girls will normally receive a social worker from DoWA while boys will be assigned a social worker under DoSVY. Women Affairs are more often trained in areas related to sexual abuse and exploitation, however, according to informants, gaps in knowledge and awareness of the need of support, especially when involving boy victims, are more apparent among DoSVY, due to less specialization in this area. This is particularly concerning given that 6% of boys say they have had at least one experience of sexual abuse and exploitation before the age 18, even more than girls⁵¹.

"What we can do is strengthen DoSVY's capacity – ranking from ministry level to local level, in terms of trainings, technical support and coaching. Not only to DoSVY but also Mol because they are connected. We can advocate in all the processes – NGOs, who specialize in mental health, and others can participate and monitor those cases – whether child victims are given full rights." Social Worker, S2



Social worker,
NGO - S2

⁵¹ The IDPoor program, is a poverty reduction intervention, established in 2006 that identifies poor households in order to ensure assistance is provided to them. IDPoor card holders receive access to different free of charge services and assistance including health, education, financial assistance and more. For more information <https://mop.idpoor.gov.kh/>

Lack of emergency shelters was stated by informants who work in the social work and other sectors alike, as a main challenge in providing assistance to children affected by sexual abuse and exploitation. An emergency placement is particularly needed in cases involving street-children, child migrants and victims of trafficking, children involved in domestic violence cases. They can ensure safety and protection for a child who is in immediate danger, and provide a safe-haven when in need. Availability of such shelters however are scarce, especially in provincial areas, and aside for an emergency shelter in Poipet, they are exclusively NGO-led. While NGO support is valuable, they face different challenges, including unsustainable response due to donor dependency and the requirement for beneficiaries to meet specific criteria for intake.

One MoSVY official, identified the lack of emergency shelters as one of the main challenges and considered it a high priority of MoSVY to establish more transit homes and emergency shelters for those in need, though it was admitted they currently lack sufficient financial resources for the purpose. Representatives from DoWA raised the difficulties for when the abuse happens at night and that even with the assistance of NGOs it is difficult to find safe temporary shelters, requiring them to spend their personal money on renting a place that may also jeopardize the safety of the victim. A police officer from Kandal stated that with lack of emergency shelters they several times needed to allow children to stay overnight in the police station with officers taking guard, until they managed to find an appropriate shelter to accommodate them. The lack of emergency shelters for boys was raised as a particular problem as most shelters that do exist focus exclusively on women and girls.



Social worker,
NGO - S1

"..it could help to have a safety facility to provide stay where they cannot track family on time for prevent(ing harm) or to take the children temporarily. This is good, especially with the boys care. Because for the girls they have some (temporary) care or centers that could be available like ARM or CWCC, or some that DoSVY could assist (with) but for the boys it is not really open, like not much services that could be (available)".

While emergency shelters are important, it should be emphasized that aside from shelters in the form of Residential Care Institutions (RCI), there are alternative forms of care that studies indicate are better for the child's wellbeing, even if they only reside in there for short periods of time. Some examples include community and family-based care, where children are placed either with a family member or remain within the care of a foster member, preferably within the community, or group-home based care, where children are housed in a family environment under the supervision of a small group of caregivers, and the group house will normally be integrated within the community⁵².

⁵² MoSVY (2017) "Study on Alternative Care Community Practices for Children in Cambodia". https://www.unicef.org/cambodia/media/666/file/Alternative_Care_Community_Practices-EN.pdf%20.pdf



Access to Legal and Justice Services

When a child victim and their legal guardian decide to report a crime and proceed to court, statements provided by children to the police are normally only used as supporting evidence, often requiring children to attend several interviews with additional justice actors. This includes a child being summoned for interviews with prosecutors, investigation judges and lawyers pre-trial, and in some cases, they will be reinvited to an interview with the same person to clarify details they did not receive during the previous interview. During the trial a child is required to undergo additional interviews on the accounts of their abuse. This is particularly difficult for children, as the time between the first interview with the police, and the trial usually takes between 6 months to a year, and possibly more if the offender is unknown.

The gender of the interviewer is often not considered, placing additional stress on children where the gender of the interviewer may add to their sense of shame. Special requests can be made in advance for a female judge, but it will usually take more time and often victims prefer not to delay the process. Furthermore, when arrangements to be interviewed by investigation judges are made, it is common for the judge to designate a clerk to replace them, who are less likely to be specially trained in, and familiar with child-friendly procedures. Overall, there is a lack of qualified justice actors in the country. As of 2016, there were only 278 judges, 184 prosecutors and 218 clerks all over the country and there was a total of 1,203 lawyers⁵³.

While victims and their offenders are not supposed to be summoned to court for interviews with prosecutors or investigation judges at the same time, this procedure is not always followed, and in some cases the suspect was known to be in the next room, causing anxiety to the child, preventing them from speaking freely. Legal service providers noted that this has improved in the large cities in recent years, although not countrywide. Furthermore, currently courts do not have special waiting rooms, or designated safe areas separating them from people charged with or convicted of crimes. Children and other

visitors have little choice but to wait aside handcuffed convicts in prison uniform. Children raised feelings of fear and anxiety seeing them, enhancing their traumatic experience.

Currently in Cambodia there are no specialized courts for children affected by violence or abuse, and the specific needs of children are not addressed, leaving children more vulnerable within a system designed primarily for adults. There are considerations however to establish specialized units within the court of first instance as necessary, such as a Child Chamber or Family Chamber that monitor and ensure children's rights are being respected within the court procedure⁵⁴.

In 2016, a law relating to Juvenile Justice has been passed, however it focuses on the treatment of minors who are in conflict with the law, and little is mentioned regarding the treatment and rights of children who are victims or witnesses of crime. While legal representation in court is deemed as a right for all children under the CRC, the requirement for legal representation under the Criminal Procedure Code (CPC) is also only set for minors who are in conflict with the law, leaving child victims and witnesses rights for legal representation unaddressed under Cambodian law (CPC Art 301).

There is no comprehensive law regulating the provision of legal aid, and policies on legal aid services are also incomplete, leaving access to legal aid for children and families limited. Officially, the Legal Aid Department (LAD) of the Bar Association of the Kingdom of Cambodia (BAKC) receives a budget from the MoJ to provide



As of 2016

278
Judges

184
prosecutors

218
Clerks

1,203
Lawyers

legal aid to the poor⁵⁵, and the Prime Minister also announced in February 2019 that \$500,000 from his personal budget will be invested in establishing a volunteer team of lawyers to assist the poor. But in reality, in order to receive legal aid from government entities, children and families must hold an IDPoor card, and legal aid tends to focus on the accused rather than victims, due to the legal provisions stated in the law. This excludes many victims and families who do not have sufficient financial means to pay for a lawyer, but do not fall under the criteria to hold an IDPoor card. Appointed lawyers from BAKC are also normally based in Phnom Penh, therefore limiting the access for families outside of the capital who cannot afford the additional transportation costs.

NGOs currently fill these gaps, but donor spending on legal aid programs have been declining in recent years due to the increase in budget allocation towards access to justice programs provided by the government, despite the funding not reaching many of those in need. Furthermore, it is much more difficult to find professional lawyers who are willing to assist in cases of CSAE, especially for NGOs – as many are not specialized in this field, and difficulties advocating in front of

⁵³ OHCHR (2019) "Combined Fourth to Sixth Report Submitted by Cambodia under Article 44 of the Convention due in 2018" <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRICAqhKb7yhsq9DYm2EJ8k620jPtQOn4n1%2BFx1xumj1eAFLgxGiOWUgPnmvmpkshhKDQO6YVxf9nuPhl4oF16yYK2bgIK3%2BPPhjOU5NFPsIsgFPwGPi05s>

⁵⁴ *ibid*

⁵⁵ AICHR (2019) "Thematic Study on Legal Aid" <https://aichr.org/wp-content/uploads/2019/09/AICHR-Thematic-Study-on-Legal-Aid-for-web.pdf>

“When children and families do not have a lawyer, they are much more likely to settle out-of-court.”

the judge on behalf of children have been noted, further limiting the potential for achieving justice. In addition, as many cases of CSAE end up with extrajudicial settlements, the financial benefits for the lawyer are low, affecting their motivation to work on such cases. Thus, without comprehensive reform to address children's legal needs and rights to pursue cases in court, access to justice for children affected by sexual abuse and exploitation remains compromised.

When children and families do not have a lawyer, they are much more likely to settle out-of-court. This is particularly apparent among poor families, who have limited understanding on what rights they are entitled to, or the potential long-term impact of CSAE, and they will therefore be more inclined to settle the case as quickly as possible, and hope to receive compensation from the offender outside the legal process. Most are unaware that they are also entitled to compensation through the justice procedure, thus limiting child victims access to justice.

Children in Cambodia cannot be their own representative in court and only adults are permitted to serve as their plaintiff, usually a parent or guardian. Plaintiffs and lawyers of the victims are supposed to receive information on

the date of trial in advance, but it was noted by lawyers and plaintiffs alike that they often only receive the information a few days before trial, leaving little time to prepare. This contributes to the barriers which prevent children from fulfilling their right for a fair trial. In one example, in a case handled by APLE's lawyer, the information on the trial was received on short notice, and the lawyer was unable to attend and requested to postpone the trial. The judge however preferred not to delay the process, and the trial was held without the child or plaintiff, disregarding their right to be heard and participate.

Evidence from lawyers notes that there has been improvement in recent years, with more judges aware of the need to include child-friendly interview methods, including the need to build rapport and speak in a non-intimidating, and how this can assist the child to speak and receive more accurate information. However, it was also noted that the use of child friendly methods of interviewing is used only occasionally, depending on the level of training and understanding the person has on these issues. One lawyer recalled a case of a girl who was victim of rape, and during trial, and in an open court, the judge and prosecutor repeated the same question again and again, making the child feel extremely uncomfortable, until she shouted at the judge to stop. In addition to repeating questions, some justice actors were also reported as speaking inappropriately to children, using terminology unsuitable for their age and beyond their level of understanding. In other cases, it appears that the treatment of children is unhelpful, judgmental, and discriminatory:

“During the trial stage, children said sometimes that they were asked repeated questions, sometimes in a ‘looked-down’ manner. But I think this is just a technique in asking questions. Sometimes the child understands the word ‘sexual intercourse’, but when the child uses different terms, they are asked repeatedly to come up with the terms the court wants. Some questions make the child cry or get scared. I don't know if this is right or wrong because this may be their interviewing techniques. But the child told us they got embarrassed. I remembered a case when the lawyer of the defendant unintentionally accused/humiliated the child of being crazy or mentally ill, and the judges laughed at the question.”



“Judges must be neutral but sometimes judges ask questions that seem to accuse the child and make it hard for the child. As an example, they asked the child about their sexual abuse, and accused the child of being greedy or easy for giving consent to the offenders.”

Justice actors expressed the importance of informing children on their legal rights, but in practice, ensuring their rights and best interests are met in court was not realized in many cases. For example, under a prakas issued by the MoJ, “court screens should be used as a primary protective measure in all cases involving a child/vulnerable victim or witness,”⁵⁶ but evidence shows they are not used by default, and are often only used if official requests are made by the child's lawyer or accompanying social worker. Children and guardians are often unaware of their right to request a screen during trial. Furthermore, some courts still don't have private screens, or sometimes they will use insufficient screens such as a transparent curtain where the child can still see the offender through it, impacting their sense of security and ability to speak.

Only some courts have the option of using a TV-link where the child can provide their testimony in a separate room, however justice and social actors both reported that these rooms are seldom used. This was mostly blamed on poor maintenance and lack of technological skills to use the equipment, or preferences of judges to conduct trials in a traditional way, disregarding what is best for the child.

⁵⁶ MoJ, (2008) Prakas on the Use of Court Screen and Courtroom TV-Linked Testimony from Child/Vulnerable Victims or Witnesses – item 2.1

Box 4. Children's Experiences with Justice Actors:

Most children said they were informed of their rights and reason why they were called for an interview in court.

Children described feeling overwhelmed when officials such as the clerk or judge spoke to them impolitely, and said it had an impact on their ability to describe in detail their abusive story. Some were described as using “nasty” words, speaking very loudly in a way that frightened them, or in a disrespectful way. They expressed the importance of, and their wish of being respected despite what has happened to them. Some judges however were noted as being polite and using kind words, also allowing a break when the child became emotional. Most investigation judges allowed the parent/guardian to join during the interview, which helped them feel supported, more comfortable and less nervous.

Mostly girls expressed the difficulties when justice actors were male and the impact it had on sharing their stories. They expressed feeling shy, uncomfortable and shameful, and that it affected their ability to describe what has happened to them in detail.

Many children described how seeing court officials in their black uniforms was also frightening for them at first. One child commented that it made her so nervous, that she became confused when she had to describe the order of events of what happened to her. However, wearing a uniform was also perceived as beneficial to some, as it helped strengthen their sense of security once they became accustomed to it, which helped them share their story.

Privacy and confidentiality of children is not always considered or provided. Often during the interview with the investigation judge, there were at least two more clerks and interviews were not always held behind closed doors, allowing other people to come in and out. This was expressed as a main reason for them feeling shy and unwilling to share details. The lack of a waiting room in court was also acknowledged as disturbing, where the child felt uncomfortable that people were able to see face while she waited for an hour before questioning.

The majority of respondents explained how it took months from the first interview with the police, until they were summoned to an interview with the investigation judge. Most children showed dismay towards the length of the process saying it had a strong impact on their feelings and stress levels, being expected to recall their abuse story, when they just wanted to forget. Some noted this as a factor making them consider whether they should continue, or if they should end the procedure.

Findings

Part 2- The Impact of Agencies Operating in Isolation



The fight against child sexual abuse and exploitation, and promoting access to justice requires multiple actors, under various agencies to collaborate comprehensively, under effective coordination mechanisms. Agencies that operate in isolation, with weak links between them raise challenges that interfere with the quality of services provided to the child, as well as impact the criminal justice outcomes. As exemplified through the overview on the current situation of the criminal justice procedure in Cambodia, three main themes emerge from the lack of effective multi-agency response that directly impact children, and the overall effectiveness of procedures:



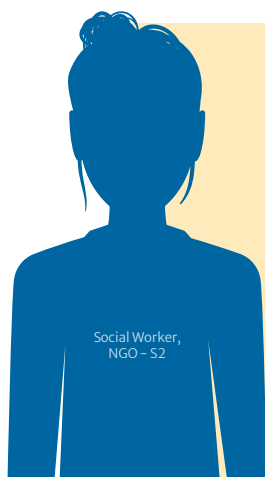
Increased risk of re-victimization and re-traumatization due to repetition of abuse accounts

One of the main impacts of having agencies that operate separately under the criminal justice procedure, is need for a child to repeat their story to many different personnel at each step of the process.

Frequent repetition of the accounts of their abuse has many negative effects on a child's wellbeing and their ability to recover, and leads to re-traumatization and re-victimization through the process. As described by children, these feelings included: feeling ashamed to share their story

with many strangers, feeling 'sick and tired' of being asked the same questions and giving the same answer, frightened, unhappy, and wanting no one to know about it. Children also expressed how the process makes it difficult to forget and recover, and leaves them feeling disappointed, confused, bored and annoyed.

One imperative component that is required for children to be able to provide fully detailed and accurate testimonies of their abuse, is for them to feel safe and that they are being listened to, respected and heard without judgement. They need to trust the justice system and believe that their safety and needs are seen as a priority. One social worker described:



"They need to tell their story to the police, to social workers, forensic doctors, investigative judges, and the judges in court. It affects (them) because every time they tell, they don't see immediate results and they feel that the story has been shared from one to another without any results. Later on, the child will consider it as an embarrassment and will stop their participation. Additionally, regarding their mental health, when they share their story with the police and if there is no expert on mental health to support, the child's mental (health) problems will become serious, and they will get traumatized further... Sometimes because the initial answers can't bring results, they change or make up (their statement)"

Despite the acknowledgement that repeating their story can have a negative impact on a child's mental health and recovery process, most police, justice actors and even some professionals from social affairs, claimed it necessary, and justified the multiple summoning and repeated questioning during interviews as "needed" due to the frequent changes in details and testimonies of children, and their difficulties remembering information on the event of their abuse. It is not uncommon for traumatic events such as sexual abuse and exploitation to interfere with the way events are remembered, and the ability to recount accurate details and is even more common in cases of children⁵⁷. There are other options however that can ensure accurate testimonies that keep into consideration children's best interests, and minimize re-traumatization. Such methods include having skillfully trained specialists to be interviewers, use of child-friendly methods, and to digitally recording interviews to support other steps in the criminal justice procedure. Specialists who are trained in appropriate ways of child-friendly interviews can maximize the quality

of the information retrieved, and encourage children to provide more accurate details that can be helpful for their case. Recordings can later be viewed, as an alternative to re-summoning the child for another interview.

Child-friendly rooms established by APLE, include provision of recording equipment and training of police officers who conduct interviews with children, however recordings of children's forensic interviews are rare. Some police and justice actors supported to some degree the idea of recordings but also have many reservations. Concerns raised related to the potential of recordings being misused against both the child and the interviewer by the defense, or in a way that compromises the confidentiality of the child. Some officers also considered the potential for recordings to protect the police, suggesting that sometimes a child will change their testimony, and the defense lawyer may claim the child was lobbied by the police, in these cases recordings can provide evidence of what really happened during the interview.

⁵⁷ Howe, M.L., & Knott, L.M (2015) "The Fallibility of Memory in Judicial Processes: Lessons from the Past and their Modern Consequences" <https://www.tandfonline.com/doi/full/10.1080/09658211.2015.1010709>

In addition, difficulties were raised with obtaining recordings, as some interviews are conducted out of the police department or in rural areas, which require the use of mobile recording equipment that they do not have. Most admitted that even when equipment exists, it is seldom used, and even when they do record, most find it unnecessary and resource intensive as they are currently not recognized as legal evidence in court or utilized by justice actors.



"During the training they told us to keep the recordings. We do keep the recordings, but we don't hand them over to the court. They are kept in USB flash drives. But the court doesn't have the technology to utilize the recordings. We don't want to ask the child (to repeat their story) many times, but the court hasn't come to this yet. They still interview the child again."

As recordings have the potential to be several hours long, judges were noted to prefer asking the child questions directly when certain details were misunderstood, rather than to go back and forth on a recording when things are unclear. However, with allocation of sufficient resources, recordings can be transcribed to allow a faster review of those analyzing the evidence. Even if recordings are not yet approved as evidence in court, recordings from the police stage, for example, can be utilized during other stages of the criminal justice procedure such as with lawyers and investigation judges, instead of re-questioning the child to ensure their best interests are prioritized.



Impact on efficacy of communication and coordination of services

There have been efforts by the RGC towards the improvement of national and sub-national coordination mechanisms between agencies in relation to children and/or for supporting victims of violence.

The Cambodian National Council for Children (CNCC) for example, was established in 1995 and

was officially recognized by the RGC in 2009, to serve as a national coordination mechanism for the implementation, monitoring and evaluation of all policies and programs related to children in the country, including issues related to child protection. The Women and Children Consultative Committee (WCCC) and the Sangkat/Commune Committee for Women and Children (CCWC), were established as sub-national coordinating mechanisms, and have responsibilities related to child-protection on the sub-national level.

In addition, other coordinating mechanisms have been established to protect victims of violence, especially gender-based violence (GBV). The MoWA currently chairs the Technical Working Group on Gender-Based Violence (TWG-GBV) as the inter-ministerial/development partner and NGO coordination mechanism, to promote national level coordination for implementation of the National Action Plan to Prevent Violence Against Women (NAPVAW). The TWG-GBV holds regular coordination meetings and initiated a joint Annual Operation Plan between five key ministries (MoWA, MoH, MoEYS, MoI, MoSVY⁵⁸). At the sub-national level, Sub-Working Groups on Gender Based Violence (SWG-GBV) have been initiated in eight provinces, each including 20–30 members representing the police, military, justice, MoI, MoLVT, MoSVY, PDoWA, MoH, MoEYS, and some NGO partners that work towards improved referrals and provision of services to victims of GBV⁵⁹.

These coordinating mechanisms are a promising step forward to strengthen interagency coordination. However, most of the coordinating mechanisms, especially on the sub-national level, do not focus specifically on children and are more generalized with limited specialization of child-protection, in particular child sexual abuse and exploitation, or on issues related to child-friendly justice and in responding to children's unique needs. In addition, it was noted that coverage throughout the country remains limited, and they lack a clear term of reference to clarify responsibilities and specific roles of members of these mechanisms⁶⁰, further interfering with the effectiveness of response.

When agencies and service providers operate in isolation, another theme rising is the reduced efficacy related to coordination between services and insufficient transfer of information. When information between agencies isn't transferred effectively, it impacts the investigation process as well as the ability to identify victims in a timely manner, increasing the risk of late interventions for children, and prolonged abuse. This also leads to delayed, or neglected assessments of a child's needs after abuse, including delayed referrals to appropriate agencies for psychosocial support. Furthermore, with compromised coordination and referral mechanisms, the expectation to find appropriate services often falls on the victims and their families, placing additional stress on the child. In many cases, awareness of the range of services available is also limited, and in some rural areas services themselves may not exist.

Another impact of limited coordination, is the apparent overlap in procedures that could have been avoided under a collaborative multi-agency response. It places further stress on a system adding time and resources for the completion of procedures. Lack of clear guidelines on when and how information should be transferred between agencies, or having a designated person for the purpose, also allows each agency to operate in a different pace and under their own set of rules, thus prolonging procedures. This was noted as particularly challenging with the coordination between health services and justice actors, especially in relation to transfer of medical forensic results, heavily affecting the length of the criminal justice process.

⁵⁸ The World Bank (2019) Cambodia: Gender Based Violence Institutional Mapping Report <http://documents1.worldbank.org/curated/en/644691594091820996/pdf/Cambodia-Gender-Based-Violence-Institutional-Mapping-Report.pdf>

⁵⁹ *ibid*

⁶⁰ *ibid*



Impact on success of criminal justice outcomes

As identified above, with agencies operating separately and coordination mechanisms impaired, insufficient attention is given to children's needs during the criminal justice process. This does not only impact the child's mental health and ability to recover, but also has a direct impact on achieving successful outcomes from the criminal justice process.

When children and families believe the system is not oriented towards their best interests, they are more inclined to lose faith that they will receive help through the process. Lack of faith in the justice system perpetuates beliefs they would be better off settling out of court. A World Vision International study, showed that families, CCWC members, and NGO partners all expressed – that despite knowing that an appropriate response to CSAE would be to report to local authorities and prosecute the case, most decided not to report in relation to cases within their community⁶¹. Some of the reasons provided included the belief that corrupt practices will result in the perpetrator avoiding prosecution even if there is evidence,

belief that police would not assist poor families or travel distances needed if they live far, costs related to prosecution, that police lack skills for collecting evidence and compromise the confidentiality of the victim, and the costs related to prosecution⁶².

Difficulties accessing services also presents a considerable barrier to children and families seeking justice and further encourages out-of-court settlements. Transportation costs also serve as a barrier, particularly for children and families from rural communities, and poor families. The length of the process further serves as a factor that may contribute to children and their guardians deciding to settle outside of the legal system and complete the process as soon as possible.

In addition, insensitive and unskilled methods of interviewing, particularly when carried out repetitively by different service providers, are more likely to result in conflicting and inaccurate information from the child that may undermine strength of their case, and result in reduced capacity to hold offenders accountable for their crimes.

⁶¹ World Vision International (2017) Protecting Cambodia's Children? The Role of Commune Committees for Women and Children and Informal Community-based Child Protection Mechanisms in Cambodia <https://www.wvi.org/sites/default/files/CCWC-Functionality-for-CP-Full-Report-EN.pdf>

⁶² *ibid*

Findings

Part 3- One Stop Service Centers - A Multi-Agency Approach



One-Stop Service Centers



OSSCs are multi-agency responses that operate under one roof to address victims affected by violence, and are typically established to serve several purposes: improve coordination and information sharing between agencies including referrals to support services, minimize the trauma and negative impact the criminal justice procedure has on victims, and improve criminal justice outcomes⁶³.

The OSSC model derives from a holistic approach where professionals are based in one location, for the benefit of the victim, rather than requiring a child or adult who has suffered from abuse, to skip between locations to receive the services they need. When professional agencies that are involved in reported cases of abuse and violence collaborate more effectively and in a timely

manner, survivors are more likely to receive appropriate support. Evidence indicates that survivors are better informed of their rights, have an increased belief that their needs are genuinely taken into consideration, while also promoting and enabling them to access justice and encouraging, and supporting them to engage with the legal process.

While all OSSCs follow a similar holistic approach, variations in models exist internationally to fit local contexts and needs. Similar models to OSSCs to assist adult victims of violence originally emerged the 1970s in the US, however the model received the first adaptation, to focus on the specific needs of children with the establishment of the Child Advocacy Centers (CAC), which was first opened in 1985 in Alabama, USA. There are now over 1000 CACs operating in the US and in 34 countries throughout the world⁶⁴. The primary goal of CACs is to ensure that children will not be further victimized by the intervention systems that were designed to protect them⁶⁵. It provides

a safe space for children, where access to law enforcement and justice actors, mental and physical health providers are all situated in one facility to provide holistic and child-friendly care while also identifying and providing support for their immediate needs.

Studies conducted on CACs in the US have indicate that they have been effective in various ways: improved access to mental health support and stronger referral systems⁶⁶, stronger involvement of law enforcement, high satisfaction rates of non-offending caregivers with the investigation process and trust in staff members⁶⁷, and may contribute to higher arrest and prosecution rates⁶⁸.

Due to the success of the CACs in the US and drawing on the same concept, Barnahus or 'Children's Houses' were established in Scandinavia in the late 1990s and were modified to adapt to the Nordic welfare and justice systems. The first Barnahus was established in Iceland, where the Nordic welfare system already had strong prioritization towards childcare and children's rights, education, social security and healthcare, leading to a relatively easy implementation of the model within that context⁶⁹. Since that time, the model has grown across Scandinavia and the benefits of the model have been evident in these countries, indicating how the child-centered environment and approaches increased feelings of safety where children were – more likely to disclose details,

received improved access to mental health care, and evidenced stronger investigation protocols, leading to better criminal justice outcomes⁷⁰.

Recognition of the value and importance of multi-agency responses to address both adult and child victims of violence has since grown internationally, while also receiving increased focus and attention by donors and governments alike, in both High Income Countries (HIC) and Low-Middle-Income Countries (LMIC).

CACs and OSSCs are considered examples of best practice that are promoted and advocated for, under various international instruments and agencies. The UNODC, developed a tool-kit combining strategies and practical measures on the elimination of violence against children in the field of crime prevention and criminal justice to assist policymakers, criminal justice officials and practitioners. It acknowledges the need for integrated, multidisciplinary specialized units that can respond effectively to the medical, psychological, social and legal needs of the child, as well as his or her need for protection to deliver effective operational response to incidents of violence against children⁷¹.

Variations exist in approach between countries with some focusing solely on children's needs, while others provide 'one-stop service centers' assisting both women and children who are victims of violence (see box 5). Three models of OSSCs have emerged: Hospital based, Stand-

⁶³ Herbert & Bromfield (2017), Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse. Accessed December 2020 <https://ncjtc-static.fvtc.edu/Resources/RS00004131.pdf>

⁶⁴ National Children's Alliance (2016) "Putting Standards into Practice: A Guide to Implementing the 2017 Standards for Accredited Members" <https://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA2017-StandardsIntoPractice-web.pdf>

⁶⁵ National Children's Alliance (2016) "Putting Standards into Practice: A Guide to Implementing the 2017 Standards for Accredited Members" <https://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA2017-StandardsIntoPractice-web.pdf>

⁶⁶ Connor-Burrows, N.A et al (2012) "The Development of a Systematic Approach to Mental Health Screening in Child Advocacy Centers" <https://www.sciencedirect.com/science/article/abs/pii/S0190740912001788>

⁶⁷ Jones, L.M et al (2009) "Nonoffending Caregiver and Youth Experiences with Child Sexual Abuse Investigations" <https://journals.sagepub.com/doi/10.1177/0886260509334394>

⁶⁸ Miller, A. & Rubin, D. (2009), "The Contribution of Children's Advocacy Center's to Felony Prosecutions of Child Sexual Abuse" <https://www.sciencedirect.com/science/article/abs/pii/S014521340800241X>

⁶⁹ Stefansen et al., (2017) Epilogue: The Barnahus Model: Potentials and Challenges in the Nordic Context and Beyond. In "Collaborating Against Child Abuse: exploring the Nordic Barnahus model", edited by Johansson et.al. <https://www.palgrave.com/gp/book/9783319583877>

⁷⁰ Johansson et. al (2017) Collaborating Against Child Abuse: exploring the Nordic Barnahus model <https://www.palgrave.com/gp/book/9783319583877>

⁷¹ UNODC (2015) "Introducing the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice: A New Tool for Policymakers, Criminal Justice Officials and Practitioners" https://www.unodc.org/documents/justice-and-prison-reform/14-08451_Strategy_eBook.pdf book/9783319583877

alone OSSCs and NGO-led OSSCs. Each has specific advantages, strengths and disadvantages that have the capacity to impact upon the care the survivor receives. Hospital based OSSCs tend to be better equipped, and can intake a larger sector of the population, allow better multi-sectoral collaboration and have the benefit of placing less stigma on the survivor who receives care. They can be more expensive however, and are usually less accessible or feasible to establish

in areas that lack medical specialists, or in rural environments⁷². Stand-alone OSSCs have higher risk of survivor stigmatization as they may be identified within the community as a facility established for victims of sexual abuse, and may not meet medical and emergency needs of survivors. NGO-led OSSCs tend to have better psychosocial support services, but may lack availability to allow continuity of care due to donor dependency and resources⁷³.

Box 5. Should Responses for VAC and VAW be Combined or Separated?

There are various approaches towards the benefits and disadvantages of combining response systems for children affected by violence with those of women or to address each as a separate issue. Arguments supporting the cohesion of the two suggest, that protection systems for both women and children are interlinked, as support systems for both suffer from limited institutions who respond to their needs, and legal actions against their perpetrators tend to be weaker⁷⁴. Furthermore, social norms that promote silence around violent behavior against women and children are also related⁷⁵. The overlapping priorities can provide opportunities to share resources for similar purposes.

Disadvantages however include the risk of overlooking specific needs of children that are different from adults, especially as their rights are more often neglected and disregarded within the criminal justice procedure. Another concern is that when responses to VAW are combined with VAC, there tends to be more focus on female victims under GBV, that can exclude addressing the needs of boys, and men who have also experienced sexual violence. While both VAC and VAW require direct attention and allocation of resources, specifically in Cambodia and the South East Asian context where children's rights are less understood and considered compared to those of adults the existence of a separate response system dedicated to meeting children's needs, may be more important and beneficial to ensure that their unique needs are fully addressed while strengthening their ability to heal and recover from the abuse.

This report intentionally considers a system specifically for children, in order to highlight the gaps in response that are unique to children's needs, and promote discussion related to enhancing a child-centered approach within the criminal justice procedure and ensure these gaps are met.

⁷² Olson, R, Garcia-Moreno, C, Columbini, M. (2020) The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle- income countries: a systematic review of barriers and enablers <https://gh.bmj.com/content/5/3/e001883>

⁷³ ibid

⁷⁴ UNICEF EAPRO (2020) "Ending Violence Against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches https://reliefweb.int/sites/reliefweb.int/files/resources/ending_violence_against_women_and_children_in_cambodia_-_report.pdf

⁷⁵ ibid



Barriers and limitations to effective implementation of the model

Despite the immense benefits OSSCs have demonstrated for the provision of care to survivors and improved access to justice – significant barriers for implementation and which may limit the potential success of the model exist.

As stated under INSPIRE – delivering evidence-based prevention programs and services depends on the strength of systems underlying each of these sectors (and their readiness, commitment, motivation and capacity to address the problem of violence against children), combined with an effective mechanism for ensuring coordination between them⁷⁶. It further states that response and support efforts may be more likely to have the intended impact when they are child friendly and gender sensitive, follow guiding principles related to ethical and human rights, ensure that confidentiality is protected, and follow clear protocols and standards. The standards need to be developed under legislation and policies that provide service sectors with clear mandates, ensure collaborate on data collection and monitoring processes across services and sectors, and ensure that sufficient resources are allocated to support the process⁷⁷: Without establishing

fundamental national guidelines and enhancing capacity towards effective implementation, as a foundation of their development, multi-agency teams will remain limited in their ability to deliver improved levels of response.

In one review of evidence, Herbert and Bromfield⁷⁸ highlighted how multi-disciplinary teams can be effective in improving criminal justice and mental health responses (compared to standard agency practices), but stressed that poorly implemented, or potentially dysfunctional multi-disciplinary teams are unlikely to produce better outcomes than standard practice. Questions remain regarding the optimal configurations of teams, and what needs to be in place in order to foster effective teams⁷⁹.

Caution and greater considerations are required when trying to adapt models that have succeeded in HIC to those of LMIC, that have different infrastructure and institutional capacity to ensure effectiveness. Currently, the success of OSSCs is mostly documented in HICs where overall social welfare, health and justice systems have been operationalized for a longer period, however there are less evaluations of the impact and effectiveness of OSSCs in LMIC. A study by Olson et al⁸⁰ reviewed the effectiveness

⁷⁶ WHO (2016) "INSPIRE: Seven Strategies for Ending Violence Against Children" <https://www.end-violence.org/sites/default/files/paragraphs/download/9789241565356-eng.pdf>

⁷⁷ WHO (2018) INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence Against Children" <https://www.who.int/publications/i/item/inspire-handbook-action-for-implementing-the-seven-strategies-for-ending-violence-against-children> p.193

⁷⁸ Herbert & Bromfield (2017), Better Together? A Review of Evidence for Multi-Disciplinary Teams Responding to Physical and Sexual Child Abuse. Accessed December 2020 <https://ncjtc-static.fvtc.edu/Resources/R500004131.pdf>

⁷⁹ ibid

⁸⁰ Olson, R, Garcia-Moreno, C, Columbini, M. (2020) The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle- income countries: a systematic review of barriers and enablers <https://gh.bmj.com/content/5/3/e001883>

of implementation including LMIC, one of the first studies to gather evidence from LMICs. The study indicated that there are 15 barriers that interfere with an effective implementation, that unless addressed, indicate that OSSCs will not achieve high-level impact. Insufficient staffing, basic equipment and lack of sustainable funding was associated with difficulties in achieving even low-level changes, which directly affected the ability to coordinate effectively and enable access to services, preventing the achievement of high-level changes the OSSC model aspires to achieve. Additional barriers included knowledge, attitude and behaviors of staff that interfered with the process, low levels of training and support, lack of political will, and government investment.

While recognizing that these barriers interfere with the effectiveness of any type of response, as the implementation of an OSSC is potentially resource intensive, requiring highly specialized expertise and effective coordination of services – ensuring a strong capacity for its establishment is imperative to ensure successful outcomes. Collaboration between the multi-disciplinary team members also needs to be characterized by a shared commitment to a survivor-centered approach, rather than on operational perspectives. Without a focus on the survivors needs as central among the multi-agency team, OSSCs are less likely to show significant improvements in the support survivors receive.



One – Stop Service Centers in a Regional Context – Selected Examples from South East Asia

Approaches towards child rights and child-centered responses to children affected by violence in most South East Asian countries are more closely aligned to Cambodia, when compared to that of the northern hemisphere countries such as the US, or Nordic countries where the first child-centered OSSCs were established.

Examination of OSSCs in a regional context therefore provides useful insights towards comparing practices, strengths and challenges and likelihood of adaptation within Cambodia.

Several South East Asian (SEA) countries including Thailand, Philippines and Malaysia have followed the recommendations of establishing multi-agency responses to victims of violence, most commonly in the format of hospital-based, one-stop service centers that focus on responses to both women and children, or women and girls with few NGO-led centers developed specifically for children. Centers maintain multidisciplinary links to other sectors such as law enforcement, counselling and psychosocial support and justice and legal services. Successes and challenges have been noted with specification to the SEA context:

The Philippines

One of the first OSSCs with a multi-disciplinary team that was established in the Philippines is 'The Pink House', established in 1996. It is located in Vicente Sotto Medical Center, Cebu City where a multi-agency team works together to address the needs of women and girls affected by violence. During a visit to the center by APLE and the AHJTPD delegate, challenges with the establishment in early years were identified, which took several years to overcome. These included a lack of knowledge and understanding on best practices of treating child victims among stakeholders, requiring a long term commitment to comprehensive training to equip staff members with adequate knowledge, skills and procedures. Cooperation and coordination between practitioners from different sectors were also raised as challenging, with continuous efforts required to strengthen links between agencies, and create a shared identity and commitment. Long term investments towards strengthening the capacity alongside advocating for amendments in laws to promote a survivor-centric response however, have proven effective. It is now considered one of the leading examples in the country, providing specialized care with evaluations indicating increased numbers survivors receiving improved response services, with increased numbers of people using the service.

Currently in the Philippines, there are 106 Women and Child Protection Units (WCPUs) in 55 provinces and 10 cities, with the majority



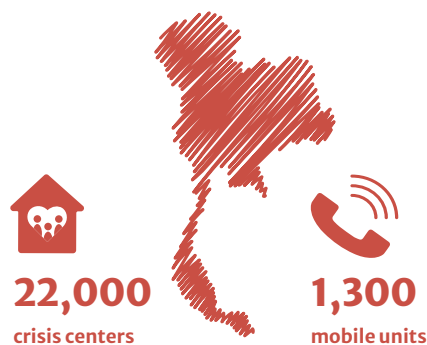
embedded within state hospitals, many who include OSSCs. They provide multidisciplinary responses, and services free of charge, available year round and 24 hours a day to assist children and women who have been affected by violence. Teams usually include a medical doctor, a social worker, psychologist, a police officer and sometimes a lawyer who are available 24/7. While WCPUs will see both VAC and VAW cases, there is no formal or protocol-driven integration between these services beyond the same staff members seeing both types of cases⁸¹.

WSPU members participate in multidisciplinary team meetings and serve as liaisons between health care providers and Child Protection Services, police departments, district attorneys and other community agencies. WSPU members will also appear in court proceedings, or help prepare other healthcare professionals for court testimony. As a result of these activities and focus on collaboration, and training, stronger prosecution rates have been noted since their establishment.

⁸¹ UNICEF EAPRO (2020) "Ending Violence Against Women and Children in the Philippines: Opportunities and Challenges for Collaborative and Integrative Approaches" https://reliefweb.int/sites/reliefweb.int/files/resources/ending_violence_against_women_and_children_in_philippines_-_report.pdf

Thailand

The first hospital-based One-Stop Crisis Center (OSCC) was piloted in the country in 1999 to support both women and girls, and have since spread to every region in the country with the support of the Ministry of Public Health, with 20 OSCCs operational by 2002. An assessment in 2004 revealed that only five were considered as operating effectively with seven requiring more training and networking, and eight considered in the 'initial stage'⁸². Key evidence indicated that trainings tended to focus on technical issues, perhaps neglecting the need for learning related to human interactions, child focused and trauma informed approaches, and significant changes in attitudes of staff towards the treatment of victims was required, in order to become more gender sensitive, and child-friendly. Attitudinal and behaviour change of staff to children and women victims, was considered to be required the most time, until positive improvements were observed⁸³. Lack of a strong collaboration both within and outside hospitals was a major factor leading to failure of effective OSCC establishment, often related to inadequate training and raising awareness on applying survivor-centered care of related health personnel⁸⁴. Services were considered to be more effective if they were integrated into routine hospital services, rather than provided as a separate "stand-alone" service within the hospital⁸⁵.



IT-equipped OSCCs were later launched in 2013, under the COMMIT initiative, in collaboration between the Royal Government of Thailand and UN Women. The reinforced OSCCs aimed to provide services to children, women, the elderly and persons with disabilities who confront problems of human trafficking, gender-based violence, child labor and teenage pregnancy. The initiative includes a Hotline managed by trained staff and supported by interpreters of neighboring countries' languages, a network of 22,000 crisis centers around the country and 1,300 mobile units to access nationwide communities⁸⁶. The OSCC functions include a computerized database which allow for the collection of information on the use of the OSCC to ensure improvements in responsiveness and effectiveness of the centers⁸⁷. The strengthened services and collaboration indicate much improvement in the achievements of the centers as effective OSCCs and of the holistic care survivors currently receive.

⁸² Grisurapong, S. (2004) "Health Sector Responses to Violence Against Women in Thailand" https://www.researchgate.net/publication/49735759_Health_sector_responses_to_violence_against_women_in_Thailand

⁸³ ibid

⁸⁴ ibid

⁸⁵ ibid

⁸⁶ UN Women, Press Release April 10, 2013, "Thailand Launches One Stop Crisis Centre to Respond to Violence Against Women" <https://www.unwomen.org/en/news/stories/2013/4/thailand-launches-one-stop-crisis-centre-to-respond-to-violence-against-women#:~:text=The%20One%20Stop%20Crisis%20Centre,coordinate%20responses%20between%20Government%20agencies.>

⁸⁷ ibid

Several NGOs have also established one-stop models in Thailand, that focus on responding specifically to children, such as the Children's Advocacy Center (CAC) established by A21 in Pattaya. The multi-disciplinary team consists of a psychologist, a social worker, prosecutor, forensic medical doctor, and police investigators that discuss and work closely on each case, sharing relevant information to ensure the child receives the support they need, and that evidence is secured to assist during the prosecution of offenders.

During a learning visit of by APLE and AHJTPD delegate to learn from best practices, recordings were noted to be used as evidence during trial, mostly in cases involving foreign offenders and in international courts, rather than for domestic cases. However, recordings are still utilised to reduce the number of times children are expected to share their story during other stages of the criminal justice process, to reduce their traumatic experiences and prevent re-victimization. The CAC in Pattaya was established in 2017, years after government-led OSCCs were established in state hospitals, and after multi-disciplinary teams, to respond to VAWC were a common response to assist survivors. The CAC in Pattaya has demonstrated significant success in responses to children, where child friendly practices and access to child friendly justice is promoted.

Cambodia

While there have been no government plans to establish OSSCs specifically for children, establishment of one-stop service centers have been in consideration to respond to women and girl victims of violence in the past and are were included as a strategy within the NAPVAW 2014–2018. However, these are under re-consideration, due to limited space within health centers, lack of financial support and having a relatively low number of cases in some provinces, that questioned the justification of assigning specific staff for that purpose, when staff resources are already limited⁸⁸. In a research conducted by RHAC, a representative from MoH stated: "If we establish One-Stop Service Center, we need to consider about how effective it would serve to the communities, since there are only several cases in few months, and we need to spend for many officers from different sectors to stand by there every day."⁸⁹



Despite no there being no government led OSSC to address the needs of children affected by violence, the NGO A21 piloted the first CAC in Siem Reap, Cambodia in 2019, as an attempt to provide multi-disciplinary services to support children affected by violence and trafficking pursuing justice. The center is a well-equipped NGO-led facility that combines several rooms designated for different stages of response, and purposes for children during the criminal justice procedure. These include:

⁸⁸ RHAC (2018) "Sexual and Gender Based Violence: A Monitoring Assessment against National Strategic Framework and National Action Plan 2014–2018 of Ministry of Women's Affairs in Cambodia" <https://arrow.org.my/wp-content/uploads/2019/04/RHAC-final-ICPD25-Monitoring-and-Research-Report-Jan-28-2018-RS.pdf>

⁸⁹ ibid

- **Therapy room** – the first room the child enters, where a social worker will assess the child's situation, immediate needs, and establish whether they are able to undergo an interview. The social worker will work towards stress relief of the child and ensure they feel comfortable.
- **An interview room** where interviews with children are conducted by specialists who have been trained in child-friendly interview techniques, which is equipped with audio-visual recording equipment. The room is decorated with toys and child friendly furnishings.
- **An investigation room**, which is linked to the interview room by monitors, to allow criminal justice practitioners such as law enforcement, the prosecutor and guardian of the child, to watch the interview that is conducted with the child.
- **Meeting room** – to allow a multi-disciplinary team to discuss cases together and assess and identify the most appropriate ways of moving forward, and consider further referral services required.

Staff hired by the NGO serve mainly as social workers assisting with various psychosocial needs, while they collaborate with other partners, to access legal services and to connect with law enforcement and justice actors. There is no option to respond to medical care in the facility and children will sometimes be accompanied to the hospital by designated staff members if medical examinations and treatment are needed.

While there is significant potential for the CAC in Siem Reap to improve access to justice and provide better response services for children, since its establishment they have encountered many challenges that have prevented the center achieving its primary goal as a one-stop center. These include limited cooperation of law enforcement and justice actors in the process, and them being unwilling to conduct recorded interviews. Law enforcement usually

prefer to conduct interviews in a location that is convenient for them, rather than coordinate an appropriate time that would be fitting to arrive at the CAC especially as law enforcement officers are required by law to conduct the interview with the child no later than 72 hours from the moment a report was made.

Some of these barriers to cooperation lie with the fact that law enforcement and justice actors will operate only with government authorization, and as the CAC is NGO-led, they are unwilling to collaborate when their actions are not recognized under government procedures⁹⁰. Most stakeholders from both government and non-government expressed that OSSCs should be government-led, to ensure participation of those involved, viewing NGOs as important collaborative partners to provide technical and financial resources.

While claiming support for the idea of a multi-disciplinary approach, the Deputy Commissioner of the Siem Reap Provincial Police Commissariat, also expressed difficulties with having to change current procedures:



“In the initial interviewing stage, would we need to invite other stakeholders to join? We don't want to do that. For the initial interview with the police, if other stakeholders join and we haven't finished our procedures, how can the prosecutor come for example?”

Additional challenges with the implementation of the CAC included difficulties obtaining and securing equipment, delays in training key personnel for conducting child friendly interviews, and who are specialized in therapeutic processes. Difficulties of ensuring the children they support follow the justice procedure was also identified, with many children and families preferring to settle out of court rather than to continue the legal process.

⁹⁰ At the time of writing this report, A21 was in the process of signing an MoU with Mol and Moj and was further advocating for the approval of recordings to be considered as evidence in court with the hope that this will strengthen cooperation of law enforcement and justice actors.

Discussion



As the findings from this research have shown, despite improvements towards the inclusion of respecting children's rights within the criminal justice procedure in Cambodia, significant gaps and challenges remain. While the OSSC model is a recognised model used to strengthen the judicial process, improve outcomes and support children in a holistic way, the effectiveness of its implementation relies completely on the existing strength and effectiveness of legislation, procedures, systems, and the commitment of all relevant actors and stakeholders.

Establishment of OSSCs are potentially resource intensive, requiring the cooperation and motivation of various agencies and service providers, under a well-coordinated mechanism. A commitment and motivation towards survivor-centered systems that ensure their rights are protected through the process, is a further pre-requisite.

The Barnahus that was established in Scandinavia, for example, attributes much of its success to an already well developed and established child-protection system, where children's rights were acknowledged and prioritized within national procedures. The implementation of the model

was the final step of long-term processes, incorporating a transformation of attitudes and behaviours at the cultural and institutional level relating to violence and abuse of children. The model is not what created the change in the response to children, but rather served as a vehicle in which integrated the benefits and effects from legal provisions and institutional changes that had already been implemented over decades⁹¹.

The examples provided from Thailand and the Philippines illustrate that both countries initially established OSSCs before the institutional capacity was sufficiently strong, and before attitudes towards survivor-centric, and child friendly procedures were commonplace. This had a direct impact on the effectiveness in early years of implementation. While evidence indicates

that currently, success rates of OSSCs and multi-agency responses in those countries are higher, this is attributed to years of efforts and strategic investments towards change in policies and procedures and strengthening capacity within and across sectors to implement procedures more effectively.

Evidence from this study shows there remain significant barriers related to the criminal justice procedure and institutional capacity within Cambodia, that unless addressed, severely reduce the potential for OSSCs to achieve the desired outcomes. The RGC has shown commitment towards promoting the prevention of VAC to the top of their agenda which is encouraging, but currently focus on CSAE is limited and the implementation of laws and procedures, such as the inclusion of child friendly practices within the justice procedure is lagging behind.

The current human, and financial resources and technical knowledge available, further serve as a constraint. Though NGOs can provide some financial and technical support according to expertise, there still remains a lack of human capital and specialized personnel who have the technical knowledge, experience and skills in areas addressing children affected by CSAE, in all areas of the criminal justice procedure and support services, including law enforcement, medical staff, social workers and legal and justice actors. The lack of female personnel in these positions is even more widespread.

The experiences of the CAC established in Siem Reap further highlights challenges and gaps that exist, that may interfere with efforts of establishing OSSCs in Cambodia, especially if they are focused specifically on the needs of

children. Government-led OSSCs in Cambodia may have more potential to lead to improved and effective collaboration from stakeholders than NGO-led OSSCs, however even for them to succeed, coordination mechanisms need to be strengthened with clear guidelines for each relevant stakeholder, supported by political will and motivation of actors.

Hospital-based OSSCs may be considered a preferable option due to the requirement of children who have been affected by sexual abuse and exploitation to undergo forensic examinations in designated referral hospitals, which will also minimize costs of establishing a separate facility for the purpose. However, referral hospitals currently lack space and appropriate medical equipment, are understaffed and receive limited training, and less accessible to the population living in rural areas.

Despite the barriers stated above, strategic investments towards improvements can be made to ensure institutional capacity is strengthened in a way that will allow the establishment of an OSSC in the future. A commitment towards survivor-centered approaches must be expressed in national procedures and guidelines. Reforms should be made to ensure recordings of interviews can be recognised as evidence, and that interviews prioritize respect of children's rights rather than focus on obtaining evidence. Child friendly practices should become a norm and strengthened within clear guidelines and protocols, in addition to consistent training of all professional staff involved in the criminal justice procedure for children. Without children's best interests prioritized and reforms made to ensure they are, practitioners involved in the criminal justice procedure are at risk of following an operation-oriented approach even if multi-disciplinary teams are established.

⁹¹ Johansson, S. (2019) "Policy-making for the Diffusion of Social Innovations: the Case of the Barnahus Model in the Nordic Region and the Broader European Context" https://www.researchgate.net/publication/332129769_Policy-making_for_the_diffusion_of_social_innovations_the_case_of_the_Barnahus_model_in_the_Nordic_region_and_the_broader_European_context

Conclusions and Recommendations



The findings of this research have shown that the gaps in response for children are vast and require immediate action towards solutions that prioritize their best interests through the criminal justice procedure. Although an OSSC has the potential to address some of the needs of children through the criminal justice process, the current institutional capacity to support a OSSC in Cambodia is limited, placing risks on the effectiveness of its implementation and ability to show high-level results.

For an OSSC to succeed, overcoming the gaps in institutional capacity and strengthening the child protection system prior to establishment are recommended. Once the institutional capacity is strengthened, this will also serve as better grounds to establish OSSCs and ensure they have significant impact.



RECOMMENDATIONS FOR ACTION

1

Capacity building and allocation of resources



Investments should be made to increase the number of qualified citizens to enroll in different professions including social workers, therapists, lawyers, judges, doctors, and police officers, with specialization on issues of child protection. Incentives should particularly be given to encourage female professionals in these fields. Investments can include the allocation of resources towards their education, including the opening of scholarships and improved state benefits to be provided for those who choose to focus on these professions.



Specialized and multi-disciplinary trainings that focus on appropriate response to child-victims of sexual abuse and exploitation, and child friendly procedures should be normalized and scheduled periodically for any professional that has contact with children through their work under the criminal justice procedure. These include managerial and operational roles alike. These trainings should be conducted on national and sub-national level, involving professionals in commune, district and provincial level alike. Trainings should be inclusive of specific needs according to gender to highlight similarities and differences when addressing both boy and girl victims' needs, and ensure they are inclusive to respond to needs of children with disabilities. The development of a multi-disciplinary training curricula can be developed to ensure relevant topics are delivered and appropriate procedures related to collaboration and coordination is achieved under specific timelines.



More financial resources should be allocated for the national budget focusing on the promotion of children's rights through the justice system and for ensuring children affected by violence receive remedies and treatment. Advocacy efforts should be enhanced for this purpose by relevant stakeholders with ministries and government. Aside from these prioritizations being essential for the benefit of the child, it is important to remember that VAC also places a heavy financial burden on the country and any financial investment on protection of children will ease this burden in the long run.



Review and adaptation of minimum wage of government stakeholders, particularly those involved in cases of children affected by violence, should be done periodically to ensure they are adapted to changes in basic living costs and do not compromise the quality of provision of services given by personnel. Relevant stakeholders such as law enforcement should also receive appropriate budgets allocated specifically to fulfill fundamental operational costs that cover expenses such as transportation costs, equipment within departments, etc. to prevent situations where they are compelled to pay for these expenses using their own salary.

2

Strengthen coordination and improve referral mechanism



Coordination mechanisms between agencies need to be improved. Even if OSSCs are not yet in consideration, under each agency related to the criminal justice procedure there should be appointed staff members that are specifically designated for cases involving children affected by violence with clear terms of reference and guidelines regarding their roles and responsibilities. This should also include specific procedures and timelines for the coordination of information and services between different agencies including point of contact that is well known between agencies. Particular notice should be given regarding the coordination of medical examination results to legal actors to ensure it is more effective.



Referral systems should be reviewed and strengthened to ensure children receive medical, psycho-social and legal attention in a timely manner. A needs assessment should be conducted across the country to identify the gaps related to available services, including a mapping of existing potential referral points that children can be directed to, from community level to broader national services. Policies and guidelines should be developed to detail to identify when and in which cases referrals should be made, where to, and how to support the child through the process.



National and sub-national technical working groups that focus solely on strengthening child protection mechanisms and response to children affected by sexual abuse and exploitation should be established. Technical working groups should combine personnel from each relevant sector and work towards improving the coordination of information between sectors and delivery of services.



With OSSCs set as a long-term goal, TWGs should also be established or include focus on developing an action-plan specifically for its establishment, and focused on response for children. It is recommended the TWG will include key stakeholders from both NGOs and government alike, donors and strategic partners to assist with planning and allocation of resources as needed. Trainings and capacity building delivered by international professionals experienced in the planning, the establishment and implementation of an OSSC should be provided to members of the TWG.

3

Strengthen access to justice and child friendly procedures



Interviews conducted with children throughout the criminal justice process should only be conducted by personnel who have been highly trained and are certified in child-friendly and trauma-informed interviewing techniques, and are thoroughly skilled and knowledgeable in child-friendly procedures. Children's rights and best interests should be prioritized throughout the process. Particular notice should be given towards ensuring children with disabilities receive adequate attention towards the specific support they need through the process, and are interviewed by professionals who are specialized in the areas that meet their requirements.



Clear guidelines should be given regarding the location of interviews with children which should not be set at random and should always consider the environment that will be best for the child and ensure their confidentiality and contribute to better collection of evidence.



Summoning children for repeated interviews should be avoided at all costs unless absolutely necessary. To avoid this, other methods should be utilized such as ensuring the initial interview conducted by a trained professional is also digitally recorded, and allocation of resources to ensure detailed transcriptions of the interview are made. Recordings and transcriptions should be used in following steps of the criminal justice procedure, with the information transferred confidentially between relevant stakeholders.



Recordings of interviews should also be considered as legal evidence in court and used in cases in which summoning the child to testify is not in their best interest. More advocacy efforts by relevant stakeholders should be made to better inform on the potential benefits of usage of recordings as evidence for both the child and for the criminal justice outcomes.



More efforts should be made to implement the prakas on the use of screens and TV linked rooms in court. Screens and TV linked rooms should be used by default in cases with children and children should never have to testify in front of their offender in court.



Amendments in laws should be made to ensure that legal representation in court is prioritized for child victims and witnesses, and not only for children in conflict with the law, and legal aid should be provided to all in need. The criteria for providing legal aid for children should consider broader indicators of needs than whether or not they obtain an IDPoor card, by following a financial assessment of the child and their household to determine their financial constraints.



Child chambers should be established to ensure access to child friendly justice is promoted within court procedures. Even with limited resources, considerations can be made to allocate specific days where courts are devoted specifically to cases involving children and only children and their families/guardians are summoned during that time.

4

Improve medical access and procedures



Children should be able to attend a forensic medical examination at any medical facility that best serves their needs, with amendments in laws to ensure that evidence from the examination will be considered as legal evidence in court, even if it was not done in a state referral hospital but still done in a reputable medical facility.



Necessary medical equipment for conducting appropriate forensic medical examination and gathering evidence of abuse should be available in all referral hospitals throughout the country. This includes child-friendly tools and decorations equipment to keep record of evidence, and establishment of appropriate laboratories for analysis of forensic evidence, with professionals trained in obtaining and analyzing results.



The use of personal mobile phones for taking photographs during examinations should be strictly prohibited and clear guidelines should be given for managing data and confidential information of clients.



Doctors that conduct medical examinations should be fully trained on identifying signs of abuse on a child that exceed the examination of whether the hymen is intact or not. Identifying signs of abuse on boys should be included within these trainings.



Only designated and trained medical staff should interview and question the child on the experience of their abuse, while other medical staff such as doctors unrelated to the case or nurses should limit questions to what is specified under their role, in order to avoid the child repeating their abuse to various medical professionals.



Further trainings should be provided on screening for signs of abuse on children to identify victims in a timely manner even prior to reporting and disclosure.



Strengthen awareness initiatives within communities on the importance of undergoing a forensic medical examination within 48 hours of sexual abuse, especially rape to secure evidence and to receive essential emergency treatment.

5

Promote access to psychosocial support and remedies



Once a report is made on the abuse of a child, an immediate assessment by a trained professional from DoSVY or DoWA should be done to assess the child's social and mental health needs, and ensure they are referred to the appropriate care in a timely manner. This can be provided as an initial 'service package' that includes, crisis intervention, psychosocial counselling and provision of information on their rights, of appropriate referral services and options for next steps and further care.



Social workers that accompany children throughout the different stages of the criminal justice procedure should make all efforts to ensure that the child's rights are respected throughout the process and that children are well informed on them.



Investments should be made towards the increase in access to trauma informed mental health care and therapeutic support. This includes more facilities that are accessible in both urban and rural areas, with trained professionals, and raising awareness towards the importance of receiving help and treatment after abuse.



More emergency shelters and transit homes to accommodate child-victims after abuse should be established, including homes that accommodate boys. Alternative community/family-based care should be prioritized whenever possible. Communities and parents/foster parents should receive appropriate training to ensure they provide appropriate support and care to children.

6

Data and monitoring of procedures and services provided



Review of procedures and policies should be done periodically with appropriate monitoring of different stakeholders' work with children, to ensure child friendly practices are utilized in each step of the process. Professionals should be held accountable for their actions to ensure children's best interests are always considered as a priority.



Regular reviews and evaluations with children and families should be conducted to include their views and learn from their experiences through the criminal justice procedure. Particular focus should be given to ensure children's voices are heard throughout the process and that they are able to participate and influence matters that affect them.



Digitizing data should be considered in state and public facilities (hospitals, courts, etc.) to promote faster utilization of information on clients and more effective ways of storing data on clients while taking measures to ensure data is kept confidential.

Further studies and research should be conducted to better understand the scope of the situation for children going through the criminal justice procedure and understand how to overcome the gaps in response, including children affected by online forms of sexual abuse and exploitation. Research should also be conducted to focus on understanding the criminal justice procedure for children with disabilities who are affected by sexual abuse and exploitation to ensure response systems are adapted to their needs,

Annex

Sector of Informants	Interview code	Location	Governing actor
Psychosocial	S1	SR	NGO
	S2	SR	NGO
	S3	SR	NGO
	S4	PP	NGO
	S5	PP	NGO
	S6	PP	Government
	S7	PP	Government
	S8	PP	Government
Law Enforcement	P1	SR	Government
	P2	SR	Government
	P3	SR	Government
	P4	KL	Government
	P5	KL	Government
	P6	PP	Government
	P7	PP	NGO
Medical	M1	SR	Government
	M2	SR	NGO
	M3	PP	Government
	M4	PP	Government
	M5	PP	Government
Court and Legal	L1	PP	NGO
	L2	PP	NGO
	L3	PP	NGO
	L4	PP	Government
	L5	PP	Government
	L6	PP	Government
	L7	PP	Government
	L8	PP	NGO



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