

PROTECT:
**A Communication Strategy to End Violence
and Unnecessary Family Separation in Cambodia**
2019-2024

Desk Review



April 2017

Contents

Executive summary	5
Methodology	5
Scope and magnitude of the issues	5
Key determinants	5
Key audiences	6
Key communication channels	6
Additional research	6
Theories	7
Conclusions	7
Overview	11
Desk review methodology	12
Overview of VAC and residential care in Cambodia	14
Understanding the issues: VAC and residential care	14
Key determinants of VAC and residential care	18
Key audiences	24
Key communication channels	26
Overview of additional research from Cambodia	30
Applying the 15 global VAC recommendations to the literature review	31
Specifically address children within other forms of VAC	32
Explore linkages between different forms of VAC	33
Examine VAC along a spectrum	33
Contextualize violence both as a cause and an outcome	34



Broaden conceptualization of C4D approaches to involve any form of communication or communicative action	34
Move beyond individually focused knowledge, attitudes, and practices by addressing relational, emotional and behavioural competencies	35
Move beyond a place-based approach to a norms-based approach to incorporate innovative communication channels and tackle the culture of violence	35
Embrace the social ecological model for behaviour and social change	36
Scaling up promising interventions.....	37
Position VAC as a “glocal” issue through qualitative and quantitative measurement	37
Enhance involvement in research	37
Segment audiences by gender and address gender specific needs and differences	38
Promising C4D approaches from Cambodia	39
Home-based early education programme	39
C4D strategy for domestic violence	39
Radio edutainment to improve women’s status and primary school participation	40
“Children are not tourist attractions” campaign.....	40
Music and dance: Participatory mechanisms to involve vulnerable children	40
Using volunteers to address gender-based violence	41
Using ICTs to address violence against women	41
Theories of VAC	42
Integrating the findings to move forward	43
References.....	46
Appendix 1: Continuum and stages of change theories	49
Continuum of change theories	49
Individual-level continuum theories.....	49
Theory of planned behaviour (TPB).....	49



Health Belief Model (HBM)	51
Interpersonal-level continuum theories.....	52
Social Cognitive Theory (SCT)	52
Community-level continuum theories	53
Community organizing and community building.....	53
Programme spotlight: Using community building to end youth violence and cultural identity	54
Diffusion of innovation	54
Stages of change theories.....	56
Individual level	56
Transtheoretical model	56
Interpersonal level	58
Social network and social support	58
Community level.....	59
Community readiness model.....	59

Executive summary

Rain Barrel Communications is providing expertise to UNICEF Cambodia to plan and develop the first two years of a 5-year behaviour change strategy to prevent violence against children (VAC) and unnecessary family separation. The campaign will be national in scope, with focused implementation in five focal provinces (Phnom Penh, Kandal, Preah Sihanouk, Battambang, and Siem Reap). It will counteract the social and cultural norms that legitimize VAC, thereby promoting positive changes in knowledge, attitudes, and practices that perpetuate violence. The campaign will promote a harmonized package of messages to raise awareness about the different forms of VAC, encourage social responsibility to prevent VAC and promote the importance of keeping families together. The strategy draws on international best practice and builds on the richness and resiliency of Cambodian culture.

Methodology

This comprehensive desk review involved a review of existing literature from three sources: 1) 18 UNICEF research reports and existing data; 2) 34 recent peer-reviewed and grey literature publications available on PubMed and Google Scholar published between 2010 and 2016; and 3) the *Global Systematic Review of C4D Approaches to Address VAC*. In addition, secondary analyses specific to the five focal provinces were conducted using data from the *Cambodia Violence against Children Survey (CVACS)* and the *Cambodia Demographic and Health Survey data (CDHS)*.

Scope and magnitude of the issues

According to the 2013 CVACS, approximately 60 per cent of females and males aged 18-24 reported experiencing at least one form of violence during childhood. Not only is the prevalence of VAC high in Cambodia, but 70-80 per cent of respondents said they experienced multiple incidents of violence while growing up. This suggests that violence for most children in Cambodia is a chronic stressor rather than a one-time event. In Cambodia, as in countries across the globe, VAC covers a range of types and manifestations including but not limited to: physical violence, emotional violence, sexual abuse, neglect, trafficking, child marriage and child labour. Despite international research demonstrating the negative effects of institutionalization on children and legislative efforts to curb residential care facilities in Cambodia, there are still an estimated 269 residential care facilities in 2016 that house nearly 12,000 children.

Key determinants

Just as the type and manifestations of VAC are numerous, so too are the determinants that play a key role in putting children at risk for violence or protect them from violence. The analysis revealed that some determinants are common across multiple forms of VAC while others are unique to specific types of VAC. The most salient cross-cutting determinants are: household poverty, acceptability / normalization of violence by the perpetrator, discriminatory gender norms, disability and HIV/AIDS, education, and rapid urbanization. Given that the behaviour change campaign is supposed to address a wide spectrum of VAC issues, focusing on specific cross-cutting determinants of VAC is one way of providing focus to the proposed campaign's broad scope. With regards to institutionalization, while there is active support for family- and community-based care options at the national government level, residential care is favoured by some due to perceptions about their ability to provide better care, with access to education and food emerging as the



biggest contributing factors for placement into residential care. At the family level, it is clear that a sense of love and familial responsibility drives both the decision to keep families together and to send a child to a residential care facility.

Key audiences

Data from the CVACS revealed that mothers were reported to be the most common perpetrators of the first incident of childhood physical and emotional violence. Teachers were the most common perpetrators of physical violence outside of the home setting, with male teachers cited more often than their female counterparts. Neighbours, family members, friends, and dating partners were commonly implicated as perpetrators of the first incident of childhood sexual abuse. Parents and local government officials are the key decision-makers when it comes to placing children in residential care or keeping them with family. The audience analysis findings point to the importance of using a segmented approach that, nonetheless, seeks to reach all children and adults so as to increase awareness of the prevalence of VAC in its different forms. At the same time, disaggregating audiences by gender and place of residence cannot be overlooked. Among children, audience segmentation efforts should focus on children and adolescents most vulnerable to violence, specifically those living in poverty and those with disabilities. Among adults, mothers and fathers emerge as key audiences and extended family members as an important secondary audience. Finally, the strategy should involve key influentials such as teachers and village chiefs who can also play a vital role in reducing VAC and institutionalization.

Key communication channels

The main communication channels in Cambodia are: 1) word of mouth (especially in rural areas); 2) traditional media (including newspapers, magazines, TV, and radio); 3) community approaches; and 4) information and communication technologies (ICTs), such as mobile phones, the Internet, and social media platforms. Based on secondary analysis of media habits data from the CDHS, TV could form the campaign's central pillar for messaging, with additional support through interactive social media and print media components that mirror the TV messages. Radio is a relevant channel for those without a television and media dark areas will need to rely heavily on ground-based strategies and community-based mechanisms such as the Commune Committees for Women and Children (CCWC) and the Women and Children Consultative Committees (WCCC). Above all, data suggests that the behaviour change strategy will need to use a diverse set of channels to ensure that messages are being received by multiple audiences at the national and local levels.

Additional research

The analysis of PubMed and Google Scholar literature highlighted the relevance of the global VAC recommendations in the Cambodian context. The bullet points below provide a quick glance at some of the key findings from these publications:

- Create opportunities and space to build individual and collective competencies that can, in turn, help shift attitudes and practices perpetuating VAC
- Acknowledge the intergenerational effects of trauma and contextualize VAC within the broader historical, social, cultural, political, and familial contexts in which all children in Cambodia live

- Account for gender differences in prevention and response strategies
- Address VAC that occurs in less concrete or discrete places while also addressing the broader systems and institutions that perpetuate VAC
- Some of the challenges of working on violence prevention include: teasing out its role as a cause, outcome or both; the absence of or limited access to data; and the need for better measures
- More work is needed to understand children's own experiences with violence in general and in the context of other forms of violence (e.g., intimate partner violence)

The review of the PubMed and Google Scholar literature also provided some examples of promising C4D approaches and ideas for what the behaviour change strategy could accomplish:

- Explain the different forms of VAC and the linkages between them as a means of addressing existing acceptance/normalization of VAC
- Educate the public about the short- and long-term ramifications of VAC
- Provide actionable steps to prevent and respond to VAC
- Delineate complementary messages and proposed response strategies for VAC as cause and outcome
- Consider using entertainment-education as one component of the strategy
- Traditional music and dance could be vehicles to promote the participation of vulnerable children and could be used to help re-write gendered norms and expectations linked to VAC
- Develop an M&E framework to accompany the strategy

Theories

There are a host of theories and models that can be applied to violence prevention and this specific behaviour change strategy. Once the specific determinants of the strategy have been identified, a unique conceptual framework for the strategy can be determined.

Conclusions

This comprehensive desk review drew from various sources to provide as accurate and holistic picture as possible of the situation in Cambodia when it comes to VAC and institutionalization. The synthesis of evidence has brought to the forefront 10 Cambodia-specific recommendations to apply as the conceptual framework and behaviour change strategy are developed:

1. **Focus on cross-cutting determinants of VAC.** Given that the behaviour change campaign is intended to address a wide spectrum of VAC issues, focusing on the cross-cutting determinants of VAC is one way of giving traction to the campaign's broad scope. Of course, this focus must also take into account what C4D approaches can and cannot do. Addressing household poverty, for instance, falls outside the scope of what C4D can meaningfully accomplish. However, there are many mechanisms by which C4D can address the other cross-cutting determinants to make a positive difference.
2. **Create approaches that recognize the linkages across VAC.** Several forms of violence are closely linked and, as the literature points out, have common determinants. The messages and the overall responses of the communication strategy should perhaps stress a core set of informational



takeaways and relevant skills that cover or are applicable across multiple forms of violence. Some examples would be: creating a common understanding of the different types and manifestations of violence; convincing individuals that no form of violence is acceptable; providing individuals with the skills to make safer choices or better decisions to prevent violence, and outlining specific actions that individuals can take when violence occurs.

3. **Build upon Khmer family values such as a sense of love and familial responsibility.** There is a strong sense of family obligation in Cambodian culture. In fact, love and familial responsibility were revealed to drive both the decision for parents to send their children to residential care facilities and to keep them at home. Building upon these family-centred cultural values may help to generate demand and use of community-based options that can support families who want to stay together but require economic assistance. It may also be helpful to promote kinship care models and expand parenting responsibilities to include extended family members (e.g., fathers and grandparents) and even community members. Concurrently, it is critical to carefully navigate the dissonance between the rapidly changing dynamics of Cambodian society and the rise of modern and urban popular culture that is or can be at odds with traditional cultural values, by promoting the idea of Cambodians who can embrace modernity while still retaining their core traditional values.
4. **Address the false beliefs driving parents and local leaders to choose residential care placement.** Parents and local leaders alike often believe that residential care facilities guarantee children adequate food and a good education, the requisite stepping stones for children to have a brighter future. When families are unable to put food on the table or provide their children with educational opportunities, it is easy to understand why they might send a child to a residential care facility given the false beliefs. If parents and local leaders knew the reality of life in the overwhelming majority of residential care facilities and even the harm that comes from living in such institutions, perhaps parents and local leaders would think twice about institutionalization and instead work together to find alternative solutions that keep families united. The communication strategy should consider including some messaging that works to shatter these false and idyllic images of residential care facilities. In addition, the strategy should promote community-based options and child protection services available at the community level to help families stay together.
5. **Remember those most vulnerable to and at-risk for violence.** VAC data indicates that children who belong to certain vulnerable or marginalized groups are at a higher risk of experiencing and/or witnessing violence. These groups include children living with disabilities or HIV/AIDS, those who are out-of-school or in residential care facilities, those who come from families of migrant or minority groups, and those of women who are incarcerated. All too often, though, these more vulnerable groups are excluded or downplayed in prevention and response strategies. The communication strategy needs to take these differences and increased vulnerabilities into account when planning and designing the campaign.
6. **Use a mix of communication channels to reach the widest audience possible.** The communication data revealed several major sources of communication: 1) word of mouth, including interpersonal communication and both peer and expert counselling; 2) traditional media (radio, television); 3) community efforts engaging NGOs, government and faith based organizations, and 4) information and communication technologies. However, communication preferences vary greatly at various levels (national vs. local), across residence (urban vs. rural), across provinces, and even between age groups. This indicates that the communication campaign needs to include a balance of national

mass mediated messages along with local reinforcement through interpersonal channels and community networks. Local and community-based channels (e.g., CCWCs at the commune level and WCCCs at the district level) will need to be heightened in media dark and rural areas. Using a mix of communication channels will enable the communication strategy to be flexible and adaptable to the varied communication landscapes within Cambodia.

7. **Obtain insight on children's experiences with violence.** While the focus of this work is on addressing VAC, it is all too easy to ignore the voices and experiences of children who live at risk of violence, witness violence, and/or experience violence. In hierarchical Cambodian culture, as elsewhere, children are generally perceived to have a lower status and fewer rights than adults. In this context, children are seen as having responsibilities but not rights and, despite changing attitudes, children in Cambodia are dissuaded from participating in decisions and actions that affect or improve their lives. Understanding children's experiences with violence is a critical step for discovering entry points to break the cycle of violence. It goes without saying that any research conducted with children and adolescents must abide by global ethical standards and procedures must be in place to reduce and mitigate the risk of a child experiencing discomfort or re-traumatization. The communication strategy should incorporate the voices and perspectives of children in order to better to understand their needs and identify strategies that could best meet their needs.
8. **Examine VAC along a spectrum:** Both the global and Cambodia literature stress the importance of highlighting the spectrum of VAC. The communication strategy is a perfect opportunity to bring attention to the various ways in which violence manifests itself, from the subtler and less recognized forms (e.g., neglect, emotional abuse) to the more apparent yet accepted forms (e.g., corporal punishment and child labour) to the more severe forms (e.g., trafficking, child labour and sexual abuse). Doing so will help to create a common understanding of what constitute VAC, a critical first step in getting individuals and society to denounce all forms of VAC.
9. **Identify actions that different groups of individuals can take to address VAC:** As a social responsibility, everyone has a role to play in ending VAC. But too often, individuals do not know what they can or should do when violence occurs. The strategy should clearly articulate actions that individuals from different groups can take to address VAC. It is especially important to promote actions that children and adolescents themselves can undertake, as well as what specific family members can do. Some examples include: educating professionals about violence to raise awareness; training teachers to identify children at-risk of or suffering from violence, and involving faith-based leaders in prevention efforts. This could also be done with community-based organizations such as the CCWCs and WCCCs. In addition, there are many mechanisms in place for individuals to report or disclose violence that could be promoted such as the Child helpline, APLE internet hotline, the ChildSafe hotline, to name a few examples. The communication strategy can help build confidence and trust in these and other mechanisms and encourage individuals to use them.
10. **Acknowledge the differences in how girls and boys experience and respond to violence.** Both the global literature and evidence from Cambodia acknowledge the inexorable connection between gender and power and the role that gendered social norms and expectations play in the experience of and response to violence. The communication strategy should consider incorporating gender equity and prevention efforts that work to create new constructs of masculinity and femininity,

foster positive relationships rooted in respect, communication, and negotiation, create safe and supportive environments for reporting and disclosure of violence and include gender-specific intervention and responses strategies attuned to the unique needs and differences of girls and boys.

The following summary points will provide guidance as the strategy is developed:

- Creating a common understanding of what constitutes VAC and the linkages between different types of VAC
- Addressing a culture of violence where individuals are subjected to multiple incidences and types of violence
- Breaking the culture of silence around violence
- Shifting attitudes that normalize and accept VAC
- Educating individuals about the short and long term harmful effects of violence on child development and among adolescents
- Highlighting the negative impact of institutionalization
- Promoting Khmer family values and traditions of love, nurturance, and kinship care
- Harmonizing the dissonance between traditional values and the pressures of modern urban living
- Learning from the historical experiences of systemic violence in Cambodia
- Changing attitudes about and reliance on residential care facilities for vulnerable children
- Applying gender transformative approaches to rewrite gender norms (masculinity/femininity)
- Raising awareness about vulnerabilities experienced by individuals with disabilities and creating an enabling environment for individuals with disability to thrive
- Ensuring schools are safe spaces for children to learn
- Framing VAC as a social responsibility
- Taking into account urban and rural differences
- Tailoring efforts to ensure approaches address the needs of girls and boys

By combining the 15 global recommendations and these 10 Cambodia specific recommendations, the communication strategy is more likely to make a difference when it comes to addressing VAC and institutionalization.

Overview

According to the CVACS, more than half of all Cambodian children have experienced some form of physical violence prior to the age of 18. Roughly one-quarter of Cambodian children are emotionally abused by a parent, caregiver or other adult relative while growing up and about 5 per cent of both females and males aged 13 to 24 reported some form of sexual abuse prior to the age of 18. Among the children who experience violence, a high proportion (70-80 per cent) report multiple instances of violence. Furthermore, the CVACS data indicates that different forms of violence are often overlapping, with approximately 1 in 5 children experiencing more than one form of violence during their childhood.

To this end, Rain Barrel Communications has been tasked with developing a five-year Behaviour Change strategy, focusing on the first two years to prevent violence against children (VAC) and unnecessary family separation. The campaign will be national in scope, with focused implementation in five focal provinces (Phnom Penh, Kandal, Preah Sihanouk, Battambang, and Siem Reap), and UNICEF IECD focal districts. This campaign will respond to the social and cultural norms that legitimize VAC, thereby promoting positive changes in knowledge, attitudes, and practices that perpetuate violence. The campaign will promote a harmonized package of messages to raise awareness about the different forms of VAC, encourage social responsibility to prevent VAC and promote the importance of keeping families together. It is envisioned that the campaign will promote positive parenting practices by supporting parents to recognize the different forms of violence threatening the well-being of their children. The campaign will influence harmful social practices against boys and girls, empower boys and girls to speak out on all forms of violence and abuse, and promote help-seeking behaviours from child protection services. The campaign will utilize a range of communication channels including mass media, interpersonal communication and existing social networks such as commune councils and religious leaders. The strategy will include a costed implementation plan and a monitoring and evaluation framework to ensure that the progress of the initiative can be tracked and the changes resulting from the intervention can be measured.

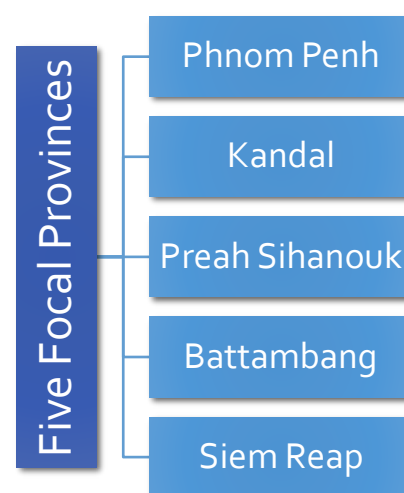


Figure 1: Five focal provinces for the behaviour change strategy

The Royal Government of Cambodia (RGC) is committed to ending VAC and has developed a National Action Plan to Prevent and Respond to VAC (2016-2020). The national action plan is based on a Theory of Change on Ending VAC in Cambodia and includes cost estimates and a detailed results framework. Led by the Ministry of Women's Affairs (MoWA) and a multi-sectoral Steering Committee on VAC, the overall objective of the national plan is the reduction of violence against all children in Cambodia, especially those at increased risk, through increased prevention interventions, improved response, increased access to quality services, and multi-sectoral coordination and cooperation. The strategic areas and activities outlined in the Action Plan are designed to help support efforts to develop and implement effective child-friendly prevention strategies as well as to improve service provision for all Cambodians, especially children, both boys and girls, who experience violence. The targets set by the Royal Government of Cambodia and UNICEF Country Programme of Cooperation aim for a 30 per cent reduction in violence and a 30 per cent

reduction in the number children in residential care in the five focal provinces mentioned earlier. This communication campaign will complement and build upon other initiatives (internal and external to UNICEF) tackling VAC and the culture of silence surrounding violence in Cambodia, and is part of the primary prevention activities, under strategic area II of the National Action Plan.

Desk review methodology

A desk review is a critical step in understanding the situation and the communication related opportunities and barriers. Desk reviews provide a robust evidence base to design a C4D strategy and communication campaign. This comprehensive desk review involved a review of existing literature from three sources: 1) UNICEF research reports and existing data; 2) recent peer-reviewed and grey literature publications available on PubMed and Google School; and 3) the Global Systematic Review of C4D Approaches to Address VAC.

A total of 18 UNICEF research reports and documents and reports (*see Table 1*) were reviewed to paint a holistic picture of VAC and residential care in Cambodia, including key prevalence statistics, determinants, audience groups, and communication channels. Secondary analyses specific to the five focal provinces were done using data from the CVACS and the Cambodia Demographic and Health Survey data (CDHS).

Table 1: List of UNICEF Research and Reports

1	National Plan for Child Development 2016-2018
2	Action Plan to Prevent and Respond to Violence Against Children 2016-2020
3	Results Framework Matrix Action Plan on Violence Against Children
4	With the Best Intentions...A Study of Attitudes towards Residential Care in Cambodia
5	Findings from the Survey Disciplinary Methods in Cambodia Primary Schools: Towards Violent Free Schools
6	Positive Parenting Strategy Cambodia: Preventing Violence Against Children & Keeping Families Together
7	Communication for Socially Inclusive Integrated Early Childhood Development, Child Protection, Quality Education, and Sub-National Decentralization: Qualitative Participatory

	Research and Design of a Monitoring and Evaluation Framework for Key Family/Caregiver and Sub-National Administrative Practices ¹
8	Evaluation of Adolescent and Youth Participation in UNICEF Cambodia
9	Findings from a Systematic Literature Review and Analysis of Existing Datasets on Violence Against Children Report
10	Cambodia Violence Against Children Survey
11	Adolescent Engagement Study
12	Media Index Insight Study
13	Protecting Cambodia's Children: The Role of Commune Committees for Women and Children and Informal Community-based Child Protection Mechanisms in Cambodia
14	Conceptual Framework for Cambodia Systematic Review on VAC
15	A Statistical Snapshot of Child Protection in Cambodia: Background Paper
16	National Action Plan for Improving Child Care with the Target of Safely Returning 30% of Children in Residential Care to Their Families by 2018
17	Mapping of Residential Care Institutions: Preliminary Data Compilation and Findings
18	Cambodia Regression Results Analysis 1: Determinants of Violence against Children among Females and Males 13 to 17 Years

Secondary analyses specific to the five focal provinces were done using data from the CVACS and the Cambodia Demographic and Health Survey data (CDHS). The desk review also sought to capture additional research conducted in Cambodia through a literature review and analysis of publications from two databases: PubMed and Google Scholar. PubMed provides access to peer-reviewed publications from the US National Library of Medicine, while Google Scholar provides access to scholarly literature such as reports and books. This literature provides important context as well as examples of interventions and approaches that show promise in Cambodia. Finally, the desk review draws upon the *Global Systematic Review of C4D Approaches to Address VAC* (henceforth referred to as the *Global Systematic Review on VAC*), which

¹ For brevity, this report will be referred to as Participatory Qualitative Research on Caregiver Practices

presents 15 guidelines and recommendations for VAC programming and evaluation. These 15 recommendations were used as the guiding framework to analyse and synthesize the PubMed and Google Scholar literature. This desk review concludes with a final section on theories of change and an overview of the most common behaviour and social change theories to address VAC. Together, this desk review will be used to inform the development of the behaviour change campaign.

Overview of VAC and residential care in Cambodia

The section begins with a brief overview of key statistics to understand the scope and magnitude of both VAC and residential care in Cambodia. This is followed by a summary of existing determinants – risk and protective factors to address VAC and the institutionalization of children in residential care facilities. Identifying the key factors that C4D can address will help give shape and form to the behaviour change campaign.

Understanding the issues: VAC and residential care

Violence against children: According to the 2013 CVACS, approximately 60 per cent of females and males aged 18-24 reported experiencing at least one form of violence during childhood. Not only is the prevalence of VAC high in Cambodia, but 70-80 per cent of respondents said they experienced multiple incidents of violence during their childhood. This suggests that violence for most children in Cambodia is a chronic stressor rather than a one-time event. VAC covers a wide gamut of types and manifestations of violence from physical violence to emotional violence to child trafficking to neglect and more. Below is a snapshot of available evidence on a range of VAC issues in Cambodia compiled from the 13 sources listed in Table 1.

- **Physical violence:** About 1 in 2 children reported experiencing physical violence, making it the most frequent type of violence experienced by Cambodian girls and boys. In schools, the most common forms of physical violence were bullying, fighting, and beating by other students and corporal punishment by teachers (CVACS).
- **Emotional violence:** An estimated 30 per cent of Cambodian children experienced emotional violence in the home by a parent or caregiver. This is perhaps a low estimate as emotional violence is not widely considered to be a form of violence by Cambodians. Children described being “blamed” and “cursed at” by parents, actions that made children feel “sad”, “depressed”, and “demotivated to study” and incited feelings of confusions as to what they had done wrong. Children said they would prefer if parents engaged in positive parenting practices, i.e. explained the situation, gave them advice, and engaged with them.
- **Sexual violence:** There is limited data on the prevalence of sexual violence. Sexual abuse affects an estimated 5 per cent of Cambodian children, although this is likely an underestimate as sexual violence tends to be underreported globally. While few respondents reported incidents of sexual abuse, as many as 24 per cent of females and 9 per cent of males who reported having first had sex as a child reported that their first sexual encounter was “unwanted”. Moreover, the strong cultural stigma and shame associated with sexual abuse also suggests that these prevalence figures are likely to underestimate the prevalence of sexual abuse among children. In fact, among 18-24 year

olds who experienced sexual abuse, half of females and only one in five males told anyone about the incident and only a third of females and less than 6 per cent of males sought help.

- **Child marriage:** An estimated 23 per cent of females and 6.5 per cent of males aged 18-49 reported living with their first partner in a marriage union before the age of 18 years. The rate of child marriage is much lower among individuals currently under the age 18 with only 6.5 per cent of females and 0.6 per cent of males reporting being married. Women from the lowest quintile were two and half times more likely to have Child marriage appears to be more of an issue in ethnic communities in the North East of Cambodia.
- **Child labour:** Roughly 19 per cent of children in Cambodia are economically active and of those, about 57 per cent are child labourers and 31 per cent are engaged in hazardous labour. Older children appear to be more likely to be engaged in hazardous labour. Child labourers tend to work in the following sectors: agriculture, forestry, and fishing, manufacturing, trade, construction, and food and accommodation services.
- **Neglect:** There is limited data on neglect. The CDHS was the only study that measured neglect, and even then the term was narrowly defined to inadequate care (i.e., a child being left alone for an hour or more). Data suggests that one in 10 Cambodian children under five receive inadequate care.
- **Trafficking:** Evidence on trafficking is difficult to obtain given that most of it occurs underground. Cambodia is considered to be a “sending country”, “receiving country”, and “transit country” in the trafficking industry, indicating multiple risk factors for internal and cross-border trafficking for purposes of sexual exploitation and child labour.

We conducted additional analysis using the CVACS data to better understand the prevalence of violence in the five focal provinces. It should be noted that the CVACS limited the scope of its questions to children’s experiences and exposure to physical and emotional violence in the home and school settings and sexual abuse (with the exception of one question related to child marriage). The results indicate significant differences by province on the incidence and prevalence of different types of violence. At the overall level there are relatively few gender based differences in the experiences of violence although at the province level gender differentials are evident (see *Table 2*).

Table 2: Prevalence of violence using CVACS data disaggregated by focal province

	Kandal		Phnom Penh		Siem Reap		Battambang		Preah Sihanouk		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Sample	96	117	148	138	82	111	145	101	27	24	498	491
% married before 18		13.8		18.2		11.5		32.1		40.0		20.0
N married before 18		4		4		3		9		2		22
% reporting witnessing any violence in their community²	70.8	63.3	39.9	51.5	73.2	49.6	75.9	74.3	40.7	54.2	61.9	58.7
% reporting experiencing any violence in their community	43.8	46.2	50.7	18.1	31.7	16.2	24.8	50.5	40.7	12.5	38.2	30.8
% reporting witnessing physical violence at home³	20.8	18.8	23.7	17.4	19.5	19.8	31.7	40.6	11.1	20.8	24.1	23.2
% reporting experience with physical violence at home⁴	64.6	63.3	50.7	24.6	46.3	53.2	49.7	75.3	37.0	20.8	51.6	50.5

² The CVACS question asked "Have you seen anyone physically hurt or scare someone else in your community?"

³ Witnessing physical violence in the home was defined as ever seen an adult hurt or scare another adult by slapping, punching, kicking, using or threatening to use a knife, gun, stick, rock, or other similar weapon.

⁴ The CVACS questions asked children if a parent or other adult relative had ever punched, kicked, whipped, beaten them with an objective, choked, smothered, tried to drown, intentionally burned, or used or threatened to use a knife or other weapon.

% reporting experience with emotional violence	31.3	24.8	21.6	17.4	25.6	16.2	37.2	47.5	7.4	20.8	27.9	25.3
% reporting non-contact sexual violence/ exploitation	8.3	12.0	2.0	8.7	0.0	1.8	26.2	31.7	0.0	12.5	9.8	12.8
Sample of respondents who report being sexually active	17	25	21	14	10	23	34	29	5	4	87	95
% reporting sexual abuse	<p>Out of the 95 girls who report being sexually active - 25 report being <18 year of age at the time of their first sexual intercourse</p> <p>Out of the 87 boys who report being sexually active - 18 report being <18 year of age at the time of their first sexual intercourse</p>											
% reporting sexual exploitation	11 girls and 3 boys report someone has money, food, gifts, or any favours to have sexual intercourse or perform any other sexual acts with them											

Residential care: There is a growing body of international research demonstrating that the institutionalization of children negatively impacts their social, physical, intellectual and emotional development. It can result in many developmental issues including but not limited to: clinical personality disorders, growth and speech delays, and an impaired ability to re-enter society later in life. In addition, the institutionalization of children also places them at higher risk of physical and sexual abuse. For these reasons, institutional care is intended to be a last resort measure and a temporary solution for children and families. However, this has not been the case in Cambodia.

Since 2005, Cambodia has seen a 75 per cent increase in the number of residential care facilities with a reported 267 residential care facilities in 2016 housing almost 12,000 children (see *Figure 2*). From 2005-2010, an estimated 44 per cent of children were placed in residential care by their parents or extended family. These increasing trends are occurring despite legislative efforts to curb residential care (2006 Policy on Alternative Care for Children and the 2008 Minimum Standards on Alternative Care for Children) and despite a long Cambodian tradition of caring for vulnerable children within kinship care.

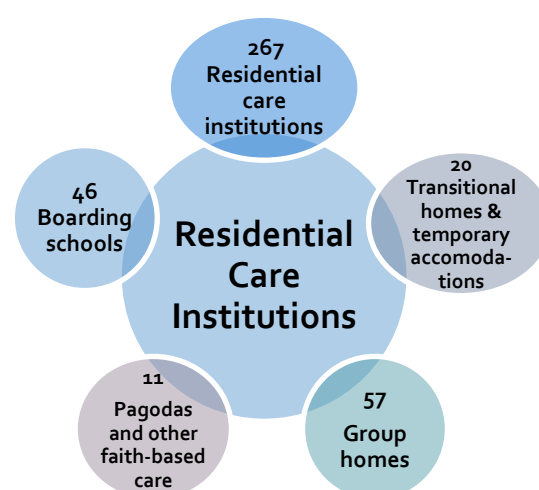


Figure 2: Breakdown of residential care institutions in Cambodia

Key determinants of VAC and residential care

Violence against children: Just as the type and manifestations of VAC are numerous, so too are the determinants that play a key role in putting children at risk for violence or protecting them from violence. *Findings from the Systematic Literature Review and Existing Datasets on Violence against Children in Cambodia* (henceforth referred to as the *Cambodia Systematic Review on VAC*) provides the most comprehensive picture of these determinants for 9 types of violence: physical violence (in homes and in schools), emotional violence (in homes and in schools), sexual violence, neglect and negligent treatment, child marriage, child labour, and trafficking.

Some determinants are common across multiple forms of VAC while others are unique to specific types of VAC. Table 2 draws out these connections by looking at the data on VAC from a determinants perspective. The table has been abridged to include mostly those that can be addressed by C4D and lists the determinants by levels of the social ecological model (individual, family, organizational, community, and policy/legal).

Table 3 clearly shows that household poverty and acceptability/normalisation of violence by the perpetrator are the most salient cross-cutting determinants. Discriminatory gender norms also appear to play a significant role, affecting four types of VAC – physical violence in the home, sexual violence, child marriage, and trafficking – all of which have clear gender dimensions. Other notable determinants identified for three out of the nine types of VAC include: disability & HIV/AIDS⁵, education, and urbanisation.

Given that the behaviour change campaign is supposed to address a wide spectrum of VAC issues, focusing on specific cross-cutting determinants of VAC is one way of providing focus to the campaign's broad scope. If the behaviour change campaign is to be successful, then linkages should also be made across key determinants. In other words, work to address attitudes that normalise violence should complement and supplement efforts rewriting gendered norms and vice versa. Such harmonization between and across determinants that C4D can address will set the strategy up for long-term success. The C4D strategy should also take a holistic approach to addressing VAC and be sure to address determinants situated at each level of the socio-ecological model.

⁵ The *Cambodia Systematic Review on VAC* lumps disability and HIV/AIDS together. We see these as two separate determinants with their own unique effects and contexts to consider. Since we are summarizing the other work, we have kept them together.

Table 3: Linking determinants of VAC to the 9 types of VAC

SEM Level	Determinants	Physical Violence (Home)	Physical Violence (School)	Emotional Violence (Home)	Emotional Violence (School)	Sexual Violence	Child Marriage	Child Labour	Neglect	Trafficking
Individual	Child's age	✓	✓							
	Child's gender		✓							
	Child's weight		✓							
	Mother's age								✓	
	Mother's education								✓	
	Alcohol consumption (child)				✓					
	Alcohol consumption (father)		✓	✓						
	Pornography					✓				
	Childhood trauma		✓							✓

	Disability & HIV/AIDS	✓		✓		✓				
	Education		✓				✓	✓		
Interpersonal	Family size								✓	
	Household poverty	✓	✓	✓	✓		✓	✓	✓	✓
	Parent-child relationship dynamics	✓		✓						
	Peer support	✓			✓					
	Fragile/ dysfunctional family					✓				✓
Organisational	Presence of school security guard		✓							
	Gender-separate toilets at school		✓							
Community	Acceptability/Normalisation of violence by perpetrator	✓	✓	✓	✓			✓	✓	✓

	Discriminatory gender norms	✓				✓	✓			✓
	Violent masculinities					✓				
Societal	Urbanisation	✓		✓			✓			
	Market demand for children							✓		
	Sex tourism									✓
	Socio-economic inequality (global, national, and household levels)									✓
Legal/Policy	Border control & law enforcement									✓
	Impunity					✓				

Using data available in the 2014 CDHS, we examined attitudes towards beating and hitting sons/daughters across the five focal provinces.⁶ The acceptability of physical violence towards sons and daughters is high across the five provinces. Roughly two-thirds of both female and male respondents reported that corporal punishment by a parent is justified in at least one of the five scenarios asked about⁷ (see Table 4). There were some significant province level differences with respondents from Battambang and Preah Sihanouk exhibiting significantly more negative attitudes as compared to the three other focal provinces. A deeper examination of the attitudes shows that 20 per cent of respondents believe a parent is justified in beating a son in all five situations and 28 per cent believe this is true for daughters. This high level of support for corporal punishment as a disciplining method is further validated by data from the *Participatory Qualitative Research on Caregiver Practices* which found that physical discipline of children is considered the most effective method of changing a child's inappropriate behaviour. These data underscore the importance of addressing the acceptability and normalisation of violence towards children.

Table 4: Attitudes justifying beating and hitting sons and daughters by focal province

	Kandal	Phnom Penh	Siem Reap	Battambang	Preah Sihanouk	Total
Attitudes justifying beating sons	60.34	62.29	63.94	82.58	72.57	67.75
Attitudes justifying beating daughters	57.37	53.21	54.61	79.47	69.6	61.9

While addressing the negative determinants of VAC should be a critical component of the communication campaign, it is also worth thinking about how to promote protective factors. The Cambodia Systematic Review on VAC and its Theory of Change identified several protective factors – education, child's weight, parent-child relationship, peer support, gender-separate toilets, urbanisation, and law enforcement – could be leveraged by the communication strategy as a way of building on the positive.

- **Education:** Education is a significant protective factor in reducing the risk of child marriage among girls. It also reduces the likelihood of children being engaged in child labour. It turns out that for mothers, education is also a significant protective factor against child neglect. With each additional year of schooling by the child's mother, the odds of receiving inadequate care decreased by 9 per cent.
- **Child's weight:** Weight is a protective factor against physical attacks in school. With each additional kilogram, respondents are 2 per cent less likely to report having been physically attacked.

⁶ The 2014 CDHS data did not collect data from each province individually, but instead grouped some provinces together. For instance, Battambang and Pailin were combined as were Preah Sihanouk and Koh Kong

⁷ The 2014 CDHS included 5 questions asking if a parent is justified in hitting or beating his son or daughter for the following reasons: a) if s/he disobeys; b) if s/he is impolite; c) if s/he has embarrassed the family; d) if s/he does not do the housework or cooking; and e) if s/he does not take care of younger siblings. We created an additive index and reported the proportion of respondents who believed a parent was justified in hitting or beating a child in at least one of these five scenarios.

- **Parent-child relationship:** Having a close relationship with one's father may be a significant protective factor against severe physical violence and emotional violence.
- **Peer support:** Peer support may be an important protective factor against physical violence, but the direction of causality is still unclear. There is also some evidence suggesting that peer support is a protective factor against bullying.
- **Gender-separate toilets:** The availability of gender-specific toilets at school reduces children's exposure to peer-to-peer violence and sexual harassment.
- **Urbanisation:** Residence is an important protective factor for certain forms of physical and emotional violence. It is associated with a decrease in children's exposure to physical and emotional violence in the home as well as physical violence outside the home. In addition, urbanisation is an important protective factor for child marriage with fewer child marriages occurring in urban areas.
- **Law enforcement:** Law enforcement was found to be a protective factor for all types of violence. It prevents impunity, addresses offending criminals and thus strengthens the child protection system. In addition, the presence of law enforcement and the enforcement of child protection laws can help shift attitudes towards violence by making it clear that violence against children is a criminal offense. At a larger scale, this can also counteract Cambodia's reputation as a child sex tourism destination.

Residential care: Findings from the *With the Best Intentions...* report and the *Participatory Qualitative Research on Caregiver Practices* discussed attitudes of overseas donors, government officials, families, children living in residential care facilities, and directors of residential care facilities towards residential care. Government and parent attitudes are the most relevant to consider in the development of the behaviour change campaign, as local government leaders and parents are the individuals making the decisions that determine whether a child stays with her family or is sent to a residential care facility.⁸

While there is active support for family- and community-based care options at the national government level, local government leaders tend to favour residential care. In fact, 71 per cent of Commune Council members and Village Chiefs believed that residential care was the best option for children without parents. Access to education is the single largest contributing factor for placement in residential care. Food is seen as another major benefit of placing children in residential care. While a majority of Village Chiefs support residential care, this may be because they are not aware of community-based care options such as livelihood support programmes which could keep children connected to their families while addressing socio-economic factors driving residential care placement.

At the family level, it is clear that a sense of love and familial responsibility drives both the decision to keep families together and to send a child to a residential care facility.

- **Family attitudes driving placement in residential care:** Poverty is a driving factor for placement in residential care facilities, especially if families cannot afford school fees or food. There is an overwhelming belief that residential care facilities offer a good education with roughly 92 per cent

⁸ A signature from the Village Chief is usually required to place a child in residential care.

of family members stating they agreed or definitely agreed that a poor family should send a child to an orphanage for education if they cannot afford to pay for a child's education themselves. Residential care centres were also described by some parents as remedial options for rebellious children, as an avenue to a modern/urban life, and as a refuge from discrimination in the community. Most families who were interviewed said they would prefer community-based care options for the simple reason that their children would be able stay at home, but pointed out that these options were often unavailable.

- **Family attitudes driving community care:** The most common reason parents and elders gave for not placing a child in residential care was love for the child. Caregivers believed children should grow up in the family and community environment, a sentiment rooted in the strong sense of family obligation that exists in Cambodian culture. Families migrating for work often leave their children with elderly relatives, but fear for the welfare of the children as the relative ages and is unable to provide for them. The elderly, however, express a strong desire to live with and care for the grandchildren. Some grandparents also stated that they cared for their grandchildren in order to accrue merit in accordance to Buddhist belief. Interestingly, in the *With the Best Intentions...* report only some parents described their mistrust for residential care facilities, whereas data from the *Participatory Qualitative Research on Caregiver Practices* found that most caregivers did not trust that others would be able to provide the same level of care.

Key audiences

Findings from the *Cambodia Systematic Review on VAC* provide some evidence that could help with the identification of key audiences for certain forms of VAC:

- Younger boys and girls are more at risk for physical violence
- Boys are more likely to experience physical attacks or be involved in fights at school than girls
- Children in higher grades are less likely to report violence
- Children with disabilities may be more exposed to physical and emotional violence and more at risk of being sexually abused

Another way of identifying key audience groups is by determining which children are especially vulnerable to violence. While all children are vulnerable, there are some populations who are considered to be at an increased risk of violence. This increased vulnerability is often associated with individual characteristics (e.g. disability) or being a member of a marginalised or vulnerable group (e.g. minority group) (see *Figure 3*). According to the UNCRC, State parties have an obligation to identify barriers, factors, and circumstances impeding members of these vulnerable groups to access violence prevention and response

Figure 3: Children at risk for VAC

- Children living with disabilities and HIV/AIDS
- Children in residential care institutions
- LGBT children
- Children living or working on the street
- Out-of-school children
- Child migrants and children of migrating families
- Boy victims of sexual violence
- Children living in rural or remote areas
- Children from indigenous, ethnic, or religious minority communities
- Children in contact with the law
- Children of incarcerated women

efforts. It is therefore critical that these specific groups are not overlooked and forgotten in the broad focus of the behaviour change campaign.

An understanding of the most common perpetrators of physical, emotional, and sexual violence can help identify key duty-bearers for more focused messaging (see Figure 4). Data from the CVACS found that mothers were the most common perpetrators of the first incident of childhood physical violence. Teachers were the most common perpetrators of physical violence outside of the home setting with male teachers cited more often than their female counterparts. Mothers and stepmothers emerged as the most frequently cited perpetrator of the first incident of emotional violence by both males and females. Neighbours, family members, friends, and dating partners were commonly implicated as perpetrators of the first incident of childhood sexual abuse. The majority of perpetrators of the first incident of childhood sexual abuse were five or more years older than the victim. Among 18-24 year olds, multiple perpetrators were involved in more than 1 in 10 of the first incidents of childhood sexual abuse involving females and over a quarter of those involving males.

Physical violence	Emotional violence	Sexual abuse
<ul style="list-style-type: none"> •Mothers (home) •Teachers (school) 	<ul style="list-style-type: none"> •Mother/ Stepmother 	<ul style="list-style-type: none"> •Neighbours, family members, friends, and dating partners

Figure 4: Key perpetrators of VAC for physical violence, emotional violence, and sexual abuse

Again, findings from the *Cambodia Systematic Review on VAC* provides some additional evidence to guide the segmentation of audiences for specific types of VAC:

- Older mothers are more likely to provide 'inadequate care' to children.
- Alcohol consumption by a child's father increases the risk of a child witnessing or overhearing intimate partner violence, which is considered a form of emotional abuse.
- Younger fathers are less capable of dealing with numerous children in non-violent manners as compared to older fathers.
- Positive father-child relationships may act as a protective factor against physical punishment in the home.

Decision-makers for residential care placement: As mentioned earlier, parents and local government officials are the key decision-makers when it comes to placing children in residential care or keeping them with family. The data from the *With the Best Intentions...* report indicated that many of the village chiefs and families were not aware of family or community-based options that would keep families together, and held false beliefs about what the benefits and type of life children would experience in residential care.

The audience findings point to the importance of using a segmented approach which at the broadest level seeks to reach all children and adults so as to increase awareness of the different forms and prevalence of VAC. At the same time, disaggregating audiences by gender and residence cannot be overlooked. Among children, audience segmentation efforts should focus on children and adolescents vulnerable to violence,

specifically those living in poverty and those with disabilities. Among adults, mothers and fathers emerge as key audiences and extended family members as an important secondary audience. Finally, the strategy should involve key influentials such as teachers and village chiefs who can also play a vital role in reducing VAC and institutionalization.

Engaging men and boys: Over the last decade there has been a push to engage men and boys in gender equity, health, and violence prevention initiatives. There is compelling evidence that actively and deliberately involving men and boys as key audiences in violence programming can bring about positive changes in their attitudes and behaviours relating to violence (Barker, Ricardo, Nascimento, Olukoy & Santos, 2010). At the same time, the *Global Systematic Review on VAC* found few examples of interventions that specifically sought to involve men and boys in violence programming. Given the high acceptance and normalization of violence in Cambodia, interventions using gender-transformative approaches could be one way of engaging men and boys in activities that rewrite masculine and feminine ideals and expectations. Efforts should work to create opportunities for men and boys to become allies and advocates for victims of violence. By clearly delineating what actions men and boys can take to help end violence, men and boys can more easily become change agents in their communities. More specifically, the communication strategy should explore opportunities to engage fathers as promoters of non-violent disciplining practices within the home. This could be done by creating space for fathers to actively participate in parenting programmes and by fostering positive father-child relationships. When it comes to reducing necessary family separation, the communication strategy should engage fathers, Village Chiefs, and local government officials who are key decision-makers in keeping children in families or placing them in residential care facilities. Village Chiefs and local government officials in many ways serve as gatekeepers and are thus uniquely positioned to influence a parents' decision to place a child in a residential facility.

Key communication channels

According to the *Participatory Qualitative Research on Caregiver Practices*, communication interventions spearheaded by UNICEF Cambodia have primarily used behaviour change strategies leveraging interpersonal communication or media campaigns. Social change and social mobilization activities are utilized to a lesser extent and typically at the sub-national level. Advocacy and evidence-based strategy development are approaches used more often at the national level. The main communication channels in Cambodia are: 1) word of mouth (especially in rural areas); 2) traditional media (including newspaper, magazines, TV, and radio); 3) community approaches; and 4) information and communication technologies (ICTs) such as mobile phones, the Internet, and social media platforms (see Figure 5).

Key communication channels

1. Word of mouth
2. Traditional media
3. Community Approaches
4. ICTs

Figure 5: Key communication channels

We conducted secondary analysis of the media habits of women 15-49 years of age in the five focal provinces using data from the 2014 CDHS (see Table 5). Overall, the data indicates that television is the most commonly accessed channel (76 per cent), followed by radio (38 per cent), Internet (20 per cent), and newspaper/magazine readership (14 per cent). Disaggregation of the data by age (women less than 19 years of age) and residence (rural versus urban) reveals vast differences. Younger, urban women have

significantly higher newspaper and magazine readership as compared to their rural and older counterparts. In terms of viable communication channels for the behaviour change strategy, TV could form the central pillar for messaging. Given the relatively high levels of Internet accessibility especially in the capital and the fact that this accessibility is likely to be higher now than in 2014 when the data was collected, designing an interactive social media component to complement TV messaging would be helpful. Moreover, print media could serve as a way to mirror the mediated messages on TV and online. Radio is likely to be a relevant channel for those populations that may not have access to TV. Siem Reap appears to have larger proportions of media dark areas regions in comparison to other focal provinces and likely would require a concerted ground-based effort.

Table 5: Media habits among women 15-49 years by focal provinces

	Kandal	Phnom Penh	Siem Reap	Battambang	Preah Sihanouk	Total
Read newspaper or magazine at least once a week	8.69	27.36	8.48	14.19	6.53	14.29
Listen to Radio at least once a week	45.6	49.21	31.28	42.56	15.94	37.55
Watch TV at least once a week	89.83	89.86	49.63	76.47	70.56	76.31
Internet Access at least once a week	10.17	39.57	16.01	14.07	11.79	20.32

Data from the *Media Index Insights* study illustrates key differences in media consumption between urban and rural populations. While media consumption rates are higher across the board among urban residents, there are a number of stark differences. In urban areas as compared to rural areas: Internet use is eight times higher and smart phone use is about four times higher. About twice as many urban residents watch two or more hours of TV a day as compared to rural residents and almost twice as many urban residents listen to the radio daily as compared to their rural counterparts. Radio may have the highest penetration rate in Cambodia, but it is fragmented across the country. And while TV viewership is nearly universal in urban areas, the same is not true in rural areas.

In the *Media Index Insights* study, participants who were individually interviewed were asked to rank the following issues by importance: health, violence, drug use, and news – security and living condition. Violence emerged as the second most important issue after health. Key sources of information about violence included: 1) own or others' experiences with violence which were discussed, overheard, or observed; 2) NGOs who dealt with domestic violence or violence in general and provided talks or

demonstrations; 3) TV and Radio that portray violence in programming. Of these sources, NGOs were deemed to be the most reliable.

In terms of community approaches, the Commune Committees for Women and Children (CCWC) established in 2004 as an informal community-based child protection mechanism have the potential to play a key role in ground-based efforts to end VAC and institutionalization. The CCWC are tasked with mediating between NGO-supported and traditional community-based child protection practices. They engage in a wide range of activities including planning, supporting, advocating, raising awareness, and monitoring child protection issues. In some areas, they also act as a referral mechanism linking cases of abuse to NGO child protection services and some have even moved beyond their policy mandates to deliver their own child protection services. Some of the current work being done by CCWCs that could be built upon and expanded as part of the behaviour change strategy include: supporting families of vulnerable children at risk for school dropout; supporting families affected by domestic violence (this could be expanded to address VAC in the context of domestic violence); providing assistance in rape cases (this could be expanded to include other forms of sexual abuse); and preventing unsafe migration. Some areas in need of strengthening to capitalise on these committees include: increasing knowledge among children of their existence; improving CCWCs understanding of their mandated role; simplifying accountability processes; providing adequate funding; creating a national network of social services delivery; and building technical capacity. Finally, linking government commitments in human, financial, and technical resources with NGO programmes supporting social works receiving referrals from CCWCs has proven effective and worthy of scale-up.

Women and Children Consultative Committees will play a key role in the implementation of behaviour change strategies at the provincial level addressing unnecessary family separation and institutionalization of children. These committees are contributing to the development, implementation, and evaluation of the national action plan for improving child care. They will help coordinate and help establish gatekeeping mechanisms to prevent unnecessary family separation and placement of children in residential care facilities, as well as rapid response mechanisms for reports of abuse and irregularities in institutional facilities. In addition, these committees will be establishing and support Positive Parenting Accreditation teams to build the capacity of NGOs, community-based organisations, and other community-based groups (e.g., CCWCs) involved in parenting programmes for vulnerable parents.

Primary data collected for the *Participatory Qualitative Research on Caregiver Practices* found that participants receive child protection information (including information about positive parenting and child residential care) from various sources. Short stories airing on television emerged as the primary source of information with interpersonal communication with local authorities, NGOs, and elders as the second most commonly named sourced. Access to child protection information ranges drastically from province to province and there appears to be no common source of child protection information across provinces (see Figure 6).

Phnom Penh	Sihanoukville	Siem Reap	Kratie	Ratanakiri
<ul style="list-style-type: none"> • Primary source: TV short stories • Secondary: Interpersonal communication with local authorities, NGOs, and elders 	<ul style="list-style-type: none"> • Almost no information 	<ul style="list-style-type: none"> • NGOs (World Vision) • Teachers • TV Commune/Village chiefs • Village health volunteers • Billboards • Posters • Leaflets 	<ul style="list-style-type: none"> • NGOs and village chiefs 	<ul style="list-style-type: none"> • TV, commune, and village chiefs, and NGOs

Figure 6: Sources of child protection information by province from the participatory qualitative research on caregiver practices

Not only do sources of information for child protection differ by residence and province, but communication channels will vary across audience groups. In other words, the best way to reach parents will not necessarily be the best way to reach adolescents and children. Matching communication approaches and channels to the preferences of each audience group identified in the behaviour change strategy is an essential step to ensure its success. The *Adolescent Engagement Study* illustrates this point by showcasing the diverse media preferences even within adolescent groups. For instance, TV is probably the best way to reach adolescent in poverty, survivors of trafficking, adolescent drug users, adolescents with HIV, and adolescents with low levels of education. It is not however a good way of reaching adolescents at risk for child marriage or adolescents who live in “media dark” environments. Figure 7 below summarizes the key media preferences for each adolescent group identified in the *Adolescent Engagement Study*.

Adolescents in poverty	<ul style="list-style-type: none"> • TV broadcast = best method (can reach about half) • Mobiles not good for direct reach as these are often shared between adolescents • Consider direct contact (e.g., field visits and community activities)
Adolescents with HIV	<ul style="list-style-type: none"> • TV broadcasts, especially at lunch and evening prime time • Post outdoor adverts in entertainment venues • Engage in community outreach • Capitalise on peer interactions at events
Adolescents at risk for child marriage	<ul style="list-style-type: none"> • Community outreach = best method • Local radio broadcasts in ethnic languages; sponsor song requests or karaoke as popular content
Adolescent drug users	<ul style="list-style-type: none"> • Broadcast messages on TV and radio • Post adverts outdoors in entertainment venues • Engage in community outreach
Adolescent survivors of trafficking	<ul style="list-style-type: none"> • Community outreach = best method • TV broadcasting for large, general prevention information • Mobile services (e.g., hotlines) to reach this group
Adolescents with low education	<ul style="list-style-type: none"> • TV broadcast = best method • SMS messages if language is simple
"Media Dark" Adolescents	<ul style="list-style-type: none"> • Community or school outreach = best method • Phone ownership is similar to national rates so SMS may be a way to reach this group

Figure 7: Media habits of various adolescent groups from the Adolescent Engagement Study

Identifying appropriate channels for the behaviour change strategy may be challenging, as what works at the national level may not be appropriate across or even within the five focal provinces. To overcome this challenge, the behaviour change strategy will need to be flexible and adaptable. Above all, this data suggests that the behaviour change strategy will need to use a diverse set of communication channels to ensure messages are being received. TV and radio are essential platforms for national level efforts. Word of mouth appears to be the most viable communication channel in rural areas and perhaps the best option for the more focused implementation of the strategy. NGO driven interpersonal and community based efforts for example through NGO supported and traditional community-based child protection practices (CBCPPs) that interact with the CCWC at the village level can bridge the mediated and interpersonal communication responses to VAC and institutionalization. These channels should be used in a complementary manner. Information and communication technologies such as the Internet, mobile phones, and the social media are still only emerging. Nevertheless, opportunities to leverage these newer and more interactive communication channels should be explored.

Overview of additional research from Cambodia

This component of the desk review involved a literature search of PubMed and Google Scholar databases. Searches used the following combination of key words – Cambodia AND Violence AND Children – and focused on publications from 2010 to 2016 to capture the most recent studies and efforts relating to VAC.

The final documents were shortlisted using a three-stage review process: title, abstract, and full-text review. The literature review yielded a total of 16,912 results, of which 16,900 came from Google Scholar. Given the large number of Google Scholar results, titles were reviewed till 20 consecutive results were considered irrelevant to the research question guiding the review. In other words, approximately 480 titles from Google Scholar were reviewed before proceeding to the abstract review phase. After reviewing the 480 titles, only 93 publications were shortlisted for abstract review and 66 of those were set aside to be read

fully. After reading the publications fully, only 34 were deemed to be of relevance to this desk review. The most common reasons for discarding articles were because publications were not specific to Cambodia, violence was not discussed or only explored from a historical standpoint, or there was no mention of violence against children. Figure 8 summarizes information relating to the search process.

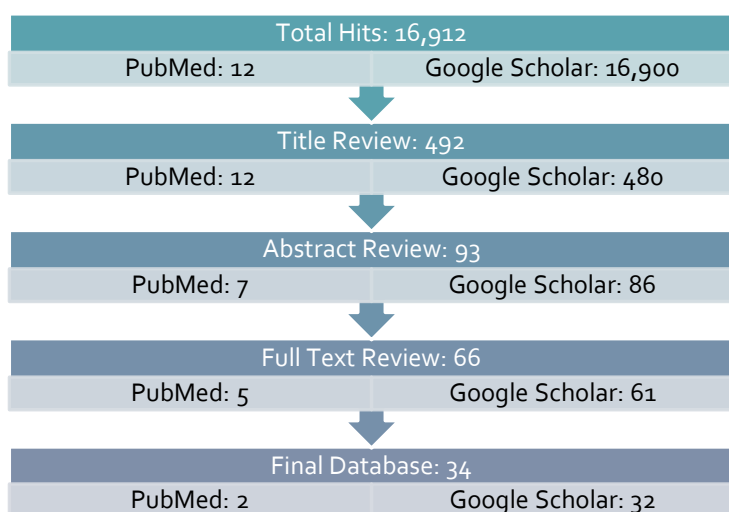


Figure 8: Flow Chart of the Literature Review Search Strategy

Of the 34 publications, 29 were summarized using the 15 recommendations from the Global VAC systematic review as a guiding framework. The other six publications were not summarized in this way, but were not discarded either because they presented examples of promising C4D approaches to address VAC that had been implemented and at times measured in Cambodia.

Applying the 15 global VAC recommendations to the literature review

The *Global Systematic Review on VAC* was a comprehensive, global systematic review commissioned by UNICEF HQ in New York. It sought to assess the effectiveness of using C4D approaches to address VAC. A total of 302 manuscripts from around the world were reviewed and used to develop 15 recommendations (see Figure 9) to guide future global research and action on VAC. These recommendations are based not only on the evidence from that systematic review, but are closely linked to theories, practices, and research for C4D approaches and for VAC. Using these recommendations to guide the analysis of the publications from the literature review will help ensure the behaviour change strategy puts these recommendations into practice in a way that is culturally attuned to the Cambodian context.

1	•Specifically address children within other forms of violence
2	•Explore linkages between different forms of VAC
3	•Examine VAC along a spectrum
4	•Contextualize violence both as a cause and an outcome
5	•Broaden conceptualizations of C4D approaches that involve any form of communication/communicative action
6	•Clarify the direct and indirect linkages between stated programme outcomes and communication objectives and messages
7	•Reconfigure programme and communication objectives of VAC interventions
8	•Move beyond individually focussed knowledge, attitudes, and practice by addressing social, emotional, and behavioural competencies
9	•Embrace the social ecological model for behaviour and social change
10	•Move beyond a place-based approach to a norms-based approach to incorporate innovative communication channels and tackle the culture of violence
11	•Start early and continue into adulthood
12	•Segment audiences by gender and address gender specific needs and differences
13	•Scale up promising interventions
14	•Position VAC as a “glocal” issue through qualitative and quantitative measurement
15	•Enhance investment in research

Figure 9: 15 Recommendations from the global systematic review on VAC

It is important to mention up front that three of the recommendations were not clearly discussed in the 29 publications that were reviewed.⁹ Information from Cambodia pertaining to the remaining recommendations is provided below:

Specifically address children within other forms of VAC

While there is a growing body of work studying the intersection of VAC and other forms of violence (e.g., intimate partner violence or violence against women), considerably more needs to be done to truly understand children's experiences in the context of other forms of violence. Blanch and Miles (2012) discussed the fact that many sexually exploited boys they surveyed were told by their employers to report their age as 18 to avoid "interference" by NGOs working to reduce sexual exploitation. This points to the need for more creative means of identifying and reaching sexually exploited children to even begin to understand what their experiences and needs are. Another study in the literature review discussed how women with disabilities reported experiencing much higher levels of all forms of family violence (not committed by partners) including insulting, belittling, intimidating, physical and sexual violence as compared to non-disabled peers (Astbury & Waliji, 2013). Again, without distinguishing the experiences of girls with disabilities from those of adult women, key differences in how violence affects girls with disabilities are missed as are opportunities to identify strategies that could best meet girls' needs. This point is further illustrated by research on CCWCs which found that intervention response to domestic violence focussed almost exclusively on mothers. The authors recommend that since children may be victims of domestic violence from both parents, it is essential to focus on VAC as an issue independent of the mothers' status.

It is important to make sure the needs of all children are being met when working on violence prevention. At the same time, understanding children's experiences with violence creates entry points to break the cycle of violence. There is ample evidence suggesting that perpetrators of violence have often been victims of violence as children. In fact, childhood exposure to violence and abuse can lead to serious consequences that manifest themselves not only during childhood, but also over the course of an individual's lifetime (Shonkoff, Boyce, and McEwen, 2009; Fang et al., 2012). Child maltreatment, peer victimization, as well as family and community violence have been connected to a range of developmental difficulties, mental, behavioural, and emotional issues, substance abuse problems, as well as involvement in criminal activity and violence (Jegannathan & Kullgren, 2011; Ong et al., 2015). In Cambodia specifically, Jegannathan and Kullgren (2011) draw attention to self-directed violence (suicide) – an often overlooked form of violence – and found that exposure to attempted or completed suicide within the immediate family (e.g. parents and

⁹ The three recommendations not specifically discussed in the reviewed publications included:

- Recommendation 6: Clarify the direct and indirect linkages between stated programme outcomes and communication objectives and messages
- Recommendation 7: Reconfigure programme and communication objectives of VAC interventions; and
- Recommendation 11: Start early and continue into adulthood

Given that many of the publications were research studies and did not test specific interventions, it is not surprising then that no themes were captured relating to Recommendations 6 & 7, both of which have a programmatic slant to them. It was, however, somewhat surprising that none of the 29 publications reviewed using this framework discussed early childhood education programmes or the importance of intergenerational programmes to shift attitudes and social norms linked to VAC.

siblings), partners, or friends was significantly associated with having personal suicidal expressions. Finally, two studies assessing the linkages between parental experiences with trauma and adolescent mental health symptoms found evidence that parental experiences with trauma are an important factor in adolescent anxiety and depression (Field, Om, Kim, & Vorn, 2011; Field, Muon, Sochanvimean, 2013). The intergenerational effects of trauma lend further support for the use of a holistic approach to violence prevention and suggest the importance of contextualizing VAC within the broader historical, social, cultural, political, and familial contexts in which all children in Cambodia live.

Explore linkages between different forms of VAC

Violence is a complex issue (or set of issues) to tackle not only because of the multiplicity of types and manifestations of violence that affect children, but also because there are a number of ways in which the different types or manifestations of violence are linked together. This interconnectedness certainly complicates the development, implementation, and evaluation of intervention and response strategies. This challenge may in part explain the lack of studies in the literature review that focus on multiple forms of violence or manifestations of violence that span different types of violence (e.g. child neglect which includes acts of omission relating to physical and emotional needs). Two studies did acknowledge the clear linkages between trafficking and exploitation – children can be trafficked for sexual exploitation or for forced labour (Aberdein & Zimmerman, 2015; Kiss et al. 2015). Developing a broad behaviour change strategy that explains the different forms of VAC and the linkages between them could serve as a way to address existing normalization or acceptance of VAC as part of the social and cultural milieu in Cambodia.

Examine VAC along a spectrum

As mentioned multiple times, VAC encompasses a diverse range of issues. Equally numerous are the definitions, conceptualizations, and taxonomies of VAC. Eisenbruch (2010) divides violence in Cambodia into 4 major categories: 1) self-directed: an examination of suicide; 2) Interpersonal: old and new forms such as lovesickness which may have evolved into acid attacks; 3) Collective: such as mass evictions; and 4) a population living under the perpetual shadow of potential violence. More recently, Reas (2015) suggests broadening current conceptualizations of VAC to look beyond abuse and neglect and also consider the notion of “*symbolic violence*” and “*civilized oppression*”. This is based on his work studying the harmful impact of “*voluntourism*” which diverts resources away from the development of more appropriate, community-based options to relieve poverty and instead promotes institutional care, which is intended to be a last resort option for vulnerable children (Reas, 2015).

Publications included in the literature review covered a range of violence issues including: trafficking, exploitation, suicide, child labour, gender-based violence, domestic violence, and acid attacks. What is interesting is the fact that none of the publications specifically focus on physical violence which is the most common form of violence experienced by Cambodian children. This is in agreement with findings from the *Cambodia Systematic Review on VAC*, which found that physical and sexual VAC are often subsumed under more general discussions about sexual and gender-based violence and domestic violence. The behaviour change strategy will therefore need to define and explain the different types of violence, their short and long term ramifications and provide ways to prevent and address the various types of violence.

Contextualize violence both as a cause and an outcome

Another related complexity of violence is understanding its role – is it a cause, outcome, both, or unclear? When violence is a clear outcome, programmes are working to address the causal factors driving that violence. For example, Sistak and Suchanek (2015) described how in Cambodia disability is perceived to be a result of bad karma stemming from past sins and is typically conceptualized as an individual and family tragedy. These negative attitudes and stigma towards individuals with disabilities leads to their social exclusion, discrimination, and even places them at risk for physical, sexual, or psychological harassment and abuse.

Sometimes violence is a causal factor that leads to other adverse outcomes. Aberdein & Zimmerman (2015) discussed how violence (trafficking) can result in acute and long-term mental health problems and reported on two trauma-informed interventions. Sumner et al. (2015) focused on how exposure to violence during childhood can increase vulnerability to a broad range of mental and physical health problems, ranging from depression and unwanted pregnancy to cardiovascular disease, diabetes, and sexually transmitted diseases including HIV. Yi et al. (2011) found that being a victim of violence at the family level and witnessing violence at the community level were risk factors for substance abuse among a sample of 1,943 students from Battambang.

Given the cyclical nature of violence, violence can be both a cause and an outcome – with one form of violence being a causal factor leading to other forms of violence. Violence can also be conceptualized as a cause and as an outcome depending on the focus of intervention efforts. Astbury and Walji (2013) found that women with disabilities who have experienced gender-based violence are also at an increased risk of experiencing high levels of stigma, discrimination, and other rights violations. Gender-based violence could be conceptualized as an outcome, in which case strategies would address key causal factors linked to gender-based violence. However, gender-based violence can also be considered a cause if the focus of the intervention is to reduce stigma, discrimination, and other rights violations.

In some cases, it is unclear whether violence is a cause or an outcome. This literature review did not contain any publications that illustrate this point. But, the *Cambodia Systematic Review on VAC* did discuss several determinants of VAC that had unclear causal relationships such as the directionality of the relationship between violence and alcohol consumption by a child. A child may consume alcohol to cope with experiences of violence (violence as a cause) or a child may consume alcohol and as a result may be more likely to instigate fights (violence as an outcome). Given the programmatic and measurement ramifications of conceptualizing VAC as a cause and outcome, the behaviour change strategy should delineate complementary messages and proposed response strategies for both.

Broaden conceptualization of C4D approaches to involve any form of communication or communicative action

The *Global Systematic Review on VAC* showcased a plethora of examples using communication as the mechanism to bring about reductions in violence and called for the need to expand what is considered and classified as C4D. This literature review also contained various examples of interventions using communication to address and respond to VAC that may not necessarily be labelled as C4D but certainly conform to the expectations and aims of C4D. Aberdein & Zimmerman (2015) advocate for less structured,



more holistic responses to meet mental health and psychosocial needs, as well as “out-patient” or community-based services for trafficked people. Such options are well-positioned to foster effective and sustainable reintegration largely because these services are often located closer to an individual’s home and avoid the institutionalization of individuals. The unfamiliarity of counselling methods may partially explain Cambodians preference or reliance on medication. More should be done to promote culturally acceptable counselling methods and expand the accessibility and availability of such services. Serious consideration should be given to telephone-based counselling services, which could help overcome current geographical barriers to service access while simultaneously providing a safe and confidential mechanism to disclose personal experiences. Counselling therefore could be considered as a C4D channel but at the same time as an action designed to facilitate discussion and dialogue to promote change.

Move beyond individually focused knowledge, attitudes, and practices by addressing relational, emotional and behavioural competencies

The global systematic review found that interventions with training, capacity building, and efficacy components reported positive outcomes. The success of enrichment programmes suggests that focusing on knowledge, attitudinal, and behavioural change alone is not enough to bring about lasting change, especially if programmes are focused only on individual level change. Instead, efforts should create opportunities and space to build individual and collective competencies that can in turn help shift attitudes and practices perpetuating VAC. One such example would be by addressing societal expectations that position children as having fewer rights than adults and thereby subtly dissuade children from active participation and decision making. Some of the literature in the review echo this point and even provide specific actionable recommendations: Educating professionals, instead of the public, may be one means of raising awareness and shifting discriminatory attitudes towards trafficked people and individuals with mental health issues (Aberdein & Zimmerman, 2015). Others insist that mental health screening and reintegration risk assessments should be critical components for post-trafficking services, especially when planning for family reunification and other social integration options (Kiss, Yun, Pocock, Zimmerman, 2014). Life skills training that focuses on human relationships/interpersonal communication, decision-making/problem-solving, health maintenance/physical fitness, and purpose in life/identity development may help address self-directed violence by youth (Jegannathan & Kullgren, 2011). Some additional examples of practical community solutions to VAC that are rooted in competencies include not making jokes about violence, openly stating violence is wrong, offering shelter to someone experiencing violence (Care Cambodia, 2015).

Move beyond a place-based approach to a norms-based approach to incorporate innovative communication channels and tackle the culture of violence

Only a couple of publications in the literature review explicitly called for efforts to start looking beyond the specific places and context where VAC occurs to eliminate violence. Nordenrot (2016) advocated for more work to be done that examines the institutions and societal structures that perpetuate structural violence, while a report by Care Cambodia (2016) emphasized the importance of working with various stakeholders, such as women, men, entire communities and their networks, and relevant authority groups to address gender-based violence. It is not surprising that many of the other publications continue to use a place-based approach to address VAC, as it is often simpler to focus on a particular place and identify approaches that

work well within those confines. While this work is important in its own right, it is equally important to identify and address VAC that occurs in less concrete or discrete places, to work in more complex social contexts, and to address the broader systems and institutions that, as Nordenrot argues, perpetuate VAC. One study found that adolescents have difficulty navigating the tensions between traditional and modern norms and expectations, which can make them more vulnerable to suicide (Jegannathan, Dahlblom, & Kullgren, 2014). Examining VAC through a normative lens may help to bring about change across multiple levels and address and even catalyse shifts in social and cultural values.

Embrace the social ecological model for behaviour and social change

Brickell (2011) argues that VAC is a collective, significant, social, and political problem. Framing VAC in this way means that prevention and intervention responses to VAC must also cut across sectors and socio-ecological levels. The literature review provides many examples of interventions and actions that could be implemented at various social ecological levels. At the individual level, efforts addressing violence and depression should focus on shifting parental attitudes – one of the chief causes of discontent among youth (Jegannathan, Dahlblom, Kullgren, 2014). Improving family relationships by fostering discussion and dialogue between parents and children and training family members in conflict resolution has the potential to curb substance abuse and depressive symptoms among youth (Yi et al., 2011; Yi et al., 2013). Schools could be more inclusive of individuals with intellectual disabilities by promoting peer support and strengthening teachers' competencies to adapt classrooms and curriculums for children with intellectual disabilities through the Provincial Teachers Training Centres (Sistka & Suchanek, 2015). At the community level, it is important to involve adolescents in youth-orientated community activities, which can help foster community connectedness and be a good way to address depressive symptoms (Yi et al., 2011). At the organizational level, one publication focused on the contested orphanage tourism industry in Cambodia (Guiney & Mostafanezhad, 2015). It brought attention to the corruption and exploitation of children for profit that forms the basis of the orphanage tourism, and the child protection issues linked to the use of short-term volunteers and the active role of children in securing donations. At the same time, the authors describe the lack of government funding for legitimate orphanages, which leaves many of these legitimate orphanages to fend for themselves.

At the legal/policy level, governments could enact laws to regulate the production, distribution, use, sale, and handling of acid, enforce and implement criminal laws designed to deter acid violence, and provide support to victims (Kalantry & Kestenbaum, 2011; Waldron, Jennifer, Bourgois, Vanna, Noor, and Gollogly, 2014). It is also important to address structural violence by critically examining the structures of society and physical barriers that allow VAC to persist (Nordenrot, 2016). Another policy level approach could involve resolving the tension between formal and informal justice systems. Burns and Daly (2013) described how victims of 'everyday rape' feel pressure from the state, as well as international and local NGOs to use the formal justice system, which is corrupt and inaccessible to all but the elite. Victims prefer to use more informal systems of justice such as the process of *somroh somruei*, a customary dispute resolution process which is considered more accessible and swift. However, the authors argue that *somroh somruei* is not a solution to the shortcomings of the formal justice system, as it too is affected by gender and power dynamics and fails to meet international human rights standards. Moving forward, Western organisations should widen their understanding of justice to include more culturally-accepted systems and bolster traditional mechanisms such as *somroh somruei* (Care Cambodia, 2015; Burns & Daly, 2013). Overall, this

desk review provides considerable support for this behaviour change strategy to employ a social ecological approach to addressing VAC.

Scaling up promising interventions

The literature review brought to the surface a handful of promising interventions and approaches to address VAC in Cambodia (see the next section). Some additional recommendations from the desk review point to psychological support for victims of trafficking should focus on men who have been overlooked in the provision of support services (Aberdein & Zimmerman, 2015). Therapy and healthcare services should be made more accessible to victims of trafficking and orphans and vulnerable children (Aberdein & Zimmerman, 2015; Ong et al., 2015). Moreover, health care workers and teachers should be provided training to identify children who are more vulnerable as well as those with depressive symptoms (Ong et al., 2015). Another possible intervention for orphans and vulnerable children could work to empower them by developing their perceived control of the future (Ong et al., 2015). Promoting life skills in schools may enhance the overall mental health of youth in Cambodia (Jegannathan & Kullgren, 2011). Faith-based approaches to violence prevention should be explored more fully in Cambodia. Blanche and Miles (2012) found that many of the sexually exploited men they surveyed found comfort in practicing their faith. Moreover, faith-based approaches and efforts to involve faith leaders (an important group of influencers) could also work to shift discriminatory and negative attitudes towards individuals with disability which are already tied to Buddhist beliefs of sin and bad karma (Sistka & Suchanek, 2015).

Position VAC as a “glocal” issue through qualitative and quantitative measurement

The absence of or limited access to data on VAC is another challenging feature of working on violence prevention. This is not unique to Cambodia, but rather a problem that exists from the most localized levels to the global stage. Hence the need for a “glocal” approach, one that takes global thinking and knowledge and acts on it locally in a manner that is respectful of human rights. Without even basic estimates, it becomes difficult to catalyse prevention and response efforts and even monitor progress. Statistics on disability in Cambodia are rarely available and official data are notoriously unreliable, incomplete, and to be treated with caution (Sistka & Suchanek, 2015). Baring aside the operational constraints of data collection, violence presents multiple measurement challenges simply because so much of it happens behind closed doors, occurs underground, or relies upon self-reports. Not to mention there are issues relating to confidentiality, privacy, and ethics that must be contended with. The CVACS provides a robust base for understanding the prevalence and incidence of various forms of VAC; what is lacking is measurement of effective strategies to combat VAC. The inclusion of an M&E framework to accompany the behaviour change strategy is therefore a critical first step in meeting this gap.

Enhance involvement in research

The need for additional research is linked closely to the need for more data and better measures for violence. Some of the studies in the literature review suggest specific research designs for determining the best approaches for violence prevention: Aberdein & Zimmerman (2015) recommend doing more intervention trial-style research to help figure out the strategies to meet the needs of trafficked individuals. Waldron et al. (2014) propose conducting a large scale qualitative study to explore the motives behind acid attacks and better understand the complex social context in which such violence occurs. They suggest that

such information can help inform the design and implementation of legislative and educational interventions. Others call upon researchers to more actively and purposefully locate and listen to the voices of those who are oppressed (focusing particularly on sex workers), listen to what they want and will accept, and carefully weigh the effects interventions may have on their lives (Steinfatt, 2011). Furthermore, none of the studies in the literature actively involved children in research process. To fully understand children's experiences with violence and to design child-friendly and child-appropriate interventions, it is critical to provide opportunities for their voices and insights to be heard and considered.

Segment audiences by gender and address gender specific needs and differences

When it comes to VAC, gender matters for many reasons. Gender dimensions are important to consider in the conceptualization, severity, and acceptability of violence in Cambodia. Brickell (2011) argues that contemporary Cambodian society is full of contradictions in terms of the ideals and practices for women: Traditionally Cambodia is a country with a strict hierarchical order where women are taught recitation and adherence. Now, Cambodia is a country working to promote gender equality and human rights. The processes of change underway, however, are not being felt evenly among urban and rural populations. Perceptions about how girls and boys deal with violent experiences is also informed by gendered norms and expectations. For example, there is a Cambodian proverb that says 'men are gold; women are cloth'. Girls are like a cloth and if thrown in the dirt, they become stained forever. Boys, however, are like gold, which if soiled, can be quickly wiped clean. Boys, then, are perceived to bounce back from violent experiences and are less likely to suffer from long-term consequences of abuse (Blanch and Miles, 2012). In order to promote gender equity agendas and transform gendered norms, it is important to engage multiple groups within society from children to parents to teachers to decision makers at the policy level. Findings from the *Global Systematic Review on VAC* suggest that programmes can be effective in changing attitudes and behaviours of men and boys and that programmes focusing on norm transformation were most effective. Care Cambodia (2015) suggests engaging men to promote positive masculinities around fatherhood, sexual health, alcohol abuse, and to create champions for the prevention of gender based violence.

Suicidal expressions and their determinants were found to differ between males and females, which points to the need for gender-specific suicide prevention strategies (Jegganathan & Kullgren, 2011). Similarly, while many of the reasons why girls and boys are in the commercial sex trade may be the same, interventions providing alternative economic opportunities must understand what jobs appeal to boys and what support they need to adopt those alternative options (Blanch & Miles, 2012). In other cases, gender differences in other contexts may not necessarily appear in the Cambodian context. For example, acid attacks in Cambodia differ from other countries in that males and females are equally likely to be victims of an acid attack (Waldron et al., 2014). Prevention responses should also make sure to not overlook the fact that boys, too, are victims of sexual violence, abuse, and exploitation. The accessibility of services for trafficking individuals, for example, should support the needs of underserved and marginalised groups such as men, those with disabilities, and sexual minorities (Aberdein & Zimmerman, 2015). In fact, Blanch and Miles (2012) call for a focus on young men working in the male-to-male-sex industry in Phnom Penh. Moreover, the authors discuss how many organisations working with sexually exploited children are in fact working with girls and only a handful are doing anything to address the specific needs of boys within the sexual exploitation trade. The desk review shows that for many forms of violence, there are important

gender differences when it comes to the determinants and experiences of violence. Prevention and response strategies must take gender differences into account to meet the needs of girls as well as boys.

Promising C4D approaches from Cambodia

The literature review yielded six specific examples of promising C4D approaches to address VAC, which are showcased here. Not all of these address VAC or even violence directly, but they provide some “food for thought” that may help inject the behaviour change strategy with innovation.

Home-based early education programme

According to data from the Ministry of Education, Youth and Sport only 16.80 per cent of Cambodian children ages 0-6 are enrolled in school. This points to an urgent need to increase pre-school school enrolment (Al-Aliosi, n.d.). In the absence of preschool services in rural and remote areas, home-based early childhood education programmes (HECE) are a viable option. This specific HECE programme aimed to help “vulnerable” children (identified as those who were socio-economically disadvantaged) by focusing on health and education. Village chiefs and groups of influential women in the community led the project implementation with technical help from the formal education system (e.g., primary schools and District Education Offices). The programme was implemented in 1836 villages in all provinces in Cambodia and served 76,207 children under the age of six. Interestingly, of the 547 mothers enrolled in the programme, 66 per cent reported having access to a mobile phone, meanwhile 88 per cent of mothers reported not having electricity in their homes.

While the focus of the programme was not on VAC, leaders of the mothers’ groups mentioned a reduction in VAC as one the main results of the programme. Programme implementers did mention that they did not have a clear sense of their roles and responsibilities, meaning that more work needs to be done to link programme objectives and outcomes. Future replication of this programme may need to find a role for professionals instead of relying solely upon mothers’ groups to provide early childhood education, should consider including measurements of violence in the child vulnerability assessment prior to enrolment to reach those most in need, and perhaps expand the scope of the programme to go beyond health and education. Finally, without a logical conceptual framework or information on monitoring and evaluation procedures for this programme, it is difficult to ascertain what the programme objectives and outcomes were and whether they were achieved. Neglect and positive parenting efforts may build on this type of programming.

C4D strategy for domestic violence

Brickell and Garrett (2015) described their work using participatory video (PV) workshops in Cambodia to address domestic violence. They found that participants’ storytelling often reproduced normative ideas discounted in the field of domestic violence studies about why violence happens, raising the question: “Whose reality counts? (Robert Chambers). The word “domestic” misleadingly evokes a homebound issue; so the PV workshops positioned domestic violence as a human rights issue and as a collectively significant social and political problem. This is especially pertinent for Cambodia, a country where the moral code dictates that women should accept the authority of the husband and even in circumstances of domestic

violence should ensure that such “fire” (conflict) is not communicated beyond the family. In terms of process, each workshop consisted of eight people. Day 1 involved a range of games to build technical expertise and group rapport. On Day 2, participants learned to storyboard and independently discussed, devised, and shot their drama about domestic violence. A computer edit was then completed with participants on the third day, before a community screening was held. The videos all showed alcohol as the conventional opening narrative with the transgression of binary gender roles (i.e. men/work, women/home) emerging as a second trope. The final video entitled Know & Change is available here: <https://www.youtube.com/watch?v=AqO5gVYkt8Y>

Radio edutainment to improve women’s status and primary school participation

Women’s Station FM 102 is a popular radio station focusing on women’s issues in Cambodia (Cheung, 2012). Their mission is to educate and inform Cambodians on various social and women's issues by designing and implementing edutainment (education-entertainment) programmes. Their radio programmes map into four areas: women’s issues such as law, domestic violence and health; news programmes; teenagers’ programmes and children’s programmes (WMC also has a smaller TV arm). This publication focused on whether exposure to “edutainment” radio could lead to improved women’s status and primary school participation. Results demonstrated that indeed, exposure to “edutainment” had a significant impact on behavior by raising the women's decision-making power within the household and increasing children's primary school attendance. The latter was reflected by higher primary school enrollment three years after exposure. Effectiveness was evident in both poor and rural households, confirming that radio is an effective vehicle to transmit information in marginalized areas, where access to other information technologies might be more unequally distributed. Exposure also affected attitudes towards domestic violence and the prevalence of son preference, which is a stepping stone towards changing socially constructed gender norms.

“Children are not tourist attractions” campaign

The “Children are not tourist attractions” campaign by Friends International (see Figure 10) is illustrative of the growing resistance to the exploitation of children in orphanages (www.thinkchildsafe.org) (Guiney & Mostafanezhad, 2015). Another non-governmental organization at the forefront of the fight against commoditization of orphanages is SISHA. SISHA was founded by a former Australian policeman to combat trafficking in Cambodia. More recently, this organization focused on combating corrupt orphanages that use children to actively collect donations from orphanage tourism.

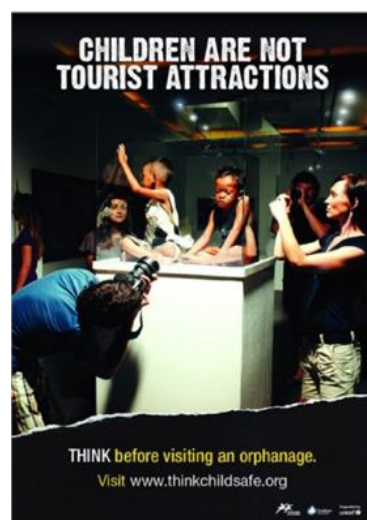


Figure 10: “Children are not tourist attractions” advert

Music and dance: Participatory mechanisms to involve vulnerable children

Many education programmes catered to disadvantaged youth have implemented traditional Khmer music and dance lessons, suggesting that these programmes share the responsibility of promoting cultural regeneration (Kallio & Westerlund, 2016). This publication discusses three music and dance programmes provided by non-governmental

organizations working with vulnerable and disadvantaged young people. This project was based on three broad themes: (1) Conservation: a recognition of the vulnerability of different Cambodian cultural traditions, and a strong emphasis on conserving one's own artistic tradition; (2) Coexistence: an acceptance of other Cambodian and non-Cambodian traditions and cultures existing in their students' lives in parallel to the historically significant ones; and (3) Community education: an understanding of their students' (and their own) roles in educating the wider community in contemporary Cambodia. While these projects do not focus specifically on VAC, music and dance could be vehicles to promote the participation of vulnerable children and could be used to culturally re-write gendered norms and expectations linked to VAC.

Using volunteers to address gender-based violence

Volunteerism plays a significant role in the prevention of and response to gender-based violence in Cambodia. There are three volunteer profiles across all the participating organizations: community volunteers, office volunteers and international volunteers (Manero, 2010). Volunteers are the primary means for many organizations to implement their projects. Volunteers allow the NGOs to reach remote areas, university campuses and other project areas. Volunteers, organizations and survivors of violence were generally satisfied with the work of the volunteers and volunteers appreciate the recognition received and the knowledge, experience and self-growth that they gained. Most volunteers face ongoing challenges, require improved understanding of gender-based violence and how to address stereotypical gender roles, training, as well as tangible (transportation) and intangible (psychosocial) supports. In order to promote volunteerism, the following recommendations are provided: recognize the value of volunteerism, invest in the work of volunteers, use volunteerism as a tool to strengthen the community as a whole, provide adequate training to volunteers, participate in training to strengthen NGO skills on volunteer management, create a network of volunteers working on gender-based violence, address volunteers' limited understanding of gender issues, and strengthen relationships among local authorities and volunteers working on gender-based violence.

Using ICTs to address violence against women

Randhawa (2010) studies the use of Information Communication Technologies in Cambodia, Malaysia, Pakistan and the Philippines for Violence against Women. This work was undertaken by the Association for Progressive Communications Women's Networking Support Programme as part of the project "Strengthening women's strategic use of ICTs to combat violence against women and girls". While ICTs are valuable tools for combating violence against women, they are also used by perpetrators of violence against women to extend control over women. For example, in Cambodia, videos taken for private consensual use are being used to humiliate and shame women, and in the case of a famous actress, images taken without her consent have subsequently been made available online. At the same time, one of the most prevalent tools for building resistance to violence against women and empowering women has been through mobile phones, due in part to their easy accessibility. A Cambodian couple who had been accused of coercive sex managed to use video on phones to prove that their relationship was consensual. The internet is another equally powerful tool, as it provides a space for women's rights activists to meet and organize.

Theories of VAC

A review of social and behaviour change theories used for VAC formed part of UNICEF Cambodia's requests. This section provides a brief overview of the purpose and utility of theories, key findings from the *Global Systematic Review on VAC*, and an appendix with summaries and applications of the most common social and behaviour change theories (see *Appendix 1*).

A theory or conceptual framework presents a broad systematic way of understanding an event or situation (National Cancer Institute, 2005). Once specifics about an issue are added to a theoretical framework, it becomes a practical tool to examine the why, when, and how of an issue and provides a blueprint of the building blocks needed to bring about change. Identifying the building blocks for change, in turn, informs the development of goals, objectives, indicators, intended audiences, approaches, channels, and message for interventions.

The *Global Systematic Review on VAC* analysed 302 manuscripts using C4D approaches to address VAC and found that approximately 50 per cent of those manuscripts did not reference a conceptual or theoretical framework. Those that did typically relied upon cognitive theories (e.g., Social Cognitive Theory, Theory of Planned Behaviour, Health Belief Model) or theories focused on individual level change (e.g. Stages of Change). Fewer interventions used community-based approaches, social norms theories, or more holistic models such as the social ecological model. One package of strategies that came up in the literature review is THRIVES: Core Strategies to Prevent Violence against Children from the US Centers for Disease Control and Prevention (Steinfatt, 2011). THRIVES represents a selection of complementary strategies informed by the best available evidence to address VAC worldwide. The strategies cut across health, social services, education, finance, and justice sectors. THRIVES was used to help guide the development of UNICEF's more recent technical package for ending VAC: INSPIRE: Seven Strategies for Ending Violence against Children. Figure 11 provides a side-by-side comparison of the seven strategies identified in THRIVES and INSPIRE.



There are a host of theories and models that can be applied to violence prevention and could inform this behaviour change strategy. Thus, the first step to developing a conceptual framework based on the social ecological model for the behaviour change strategy is to identify the specific VAC determinants it will try to address. Once those determinants have been identified, the Rain Barrel team will see if those determinants are captured in one specific theoretical framework or will need to create a unique theoretical framework for this strategy that draws from various existing theories and models.

Figure 11: Strategies for VAC prevention in the thrives and inspire package

Integrating the findings to move forward

This comprehensive desk review drew from various sources to provide an accurate and holistic picture of the situation in Cambodia when it comes to VAC and institutionalization. The synthesis of the evidence has brought to the forefront 10 important Cambodia-specific recommendations to apply as the conceptual framework and behaviour change strategy are drafted. By making a concerted effort to incorporate these recommendations and use them to inform key decisions pertaining to the strategy, the Rain Barrel Team will be able to develop a strategy that is locally tailored to the specific opportunities and challenges present in Cambodia. The 10 Cambodia-specific recommendations are summarized below:

1. **Focus on cross-cutting determinants of VAC.** Given that the behaviour change campaign is supposed to address a wide spectrum of VAC issues, focusing on the cross-cutting determinants of VAC is one way of giving focus to the campaign's broad scope. This focus must also take into account what C4D approaches can and cannot do. Addressing household poverty, for instance, falls outside the scope of what C4D can do. However, there are many mechanisms by which C4D can address the other cross-cutting determinants to make a positive difference.
2. **Create approaches that recognize the linkages across VAC.** Several forms of violence are closely linked and as the literature points out have common determinants. The messages and the overall responses of the communication strategy should perhaps stress a core set of informational takeaways and skills that cover or are applicable across multiple forms of violence. Some examples would be: creating a common understanding of the different types and manifestations of violence, convincing individuals that no form of violence is acceptable, providing individuals with the skills to make safer choices or better decisions to prevent violence and outlining specific actions that individuals can take when violence occurs.
3. **Build upon Khmer family values such as a sense of love and familial responsibility.** There is a strong sense of family obligation in Cambodian culture. In fact, love and familial responsibility drove both the decision for parents to send their children to residential care facilities and to keep them at home. Building upon these family-centred cultural values may help to generate demand and use of community-based options that can support families who want to stay together but require economic assistance. It may also be helpful to promote kinship care models and expand parenting responsibilities to include extended family members (e.g., fathers and grandparents) and even community members. Concurrently it is critical to navigate carefully the dissonance between the rapidly changing dynamics of Cambodian society, with globalization giving rise to a modern and urban popular culture that is can be at odds with traditional cultural values, by promoting the idea of Cambodian's who can embrace modernity while still retaining their core traditional values.
4. **Address the false beliefs driving parents and local leaders to choose residential care placement.** Parents and local leaders alike often believe that residential care facilities guarantee children adequate food and a good education, the requisite stepping stones for children to have a brighter future. When families are unable to put food on the table or provide their children with educational opportunities, it is easy to understand why they might send a child to a residential care facility given these false beliefs. If parents and local leaders knew the reality of life in residential care facilities and even the harms of living in such institutions, perhaps parents and local leaders would think twice about institutionalization and instead work together to find alternative solutions that keep families

united. The communication strategy should consider including some messaging that works to shatter these false and idyllic images of residential care facilities. In addition, the strategy can promote community-based options and child protection services available at the community level to help families stay together.

5. **Remember those most vulnerable to and at-risk for violence.** VAC data indicates that children who belong to certain vulnerable or marginalized groups are at a higher risk of experiencing and/or witnessing violence. These groups include children living with disabilities or HIV/AIDS, those who are out-of-school or in residential care facilities, those who come from families of migrant or minority groups, and those of women who are incarcerated. All too often, these more vulnerable groups are left out of prevention and response strategies. The communication strategy needs to take these differences and increased vulnerabilities into account when planning and designing the campaign.
6. **Use a mix of communication channels to reach the widest audience possible.** The communication data revealed several major sources of communication: 1) word of mouth including interpersonal communication and both peer and expert counselling; 2) traditional media (radio, television); 3) community efforts engaging NGOs, government and faith based organizations and 4) information and communication technologies. However, the communication preferences vary greatly at various levels (national vs local), across residence (urban vs. rural), across provinces, and even within age groups. This indicates that the communication campaign needs to include a balance of national mass mediated messages along with local level reinforcement through interpersonal channels and community networks. Local and community-based channels (e.g., CCWCs at the commune level and WCCCs at the district level) will need to be heightened in media dark and rural areas. Using a mix of communication channels will help the communication strategy be flexible and adaptable to the varied communication landscapes within Cambodia.
7. **Obtain insight on children's experiences with violence.** While the focus of this work is on addressing VAC, it is all too easy to forget to listen to the voices of children who live at risk of violence, witness violence, and/or experience violence or even ask them about their experiences. In hierarchical Cambodian culture, children are perceived to have a lower status and fewer rights than adults. In this context, children have responsibilities but not rights and despite changing attitudes children in Cambodia are dissuaded from participating in decisions that affect their lives and undertaking actions that improve their lives. Understanding children's experiences with violence is a critical step for discovering entry points to break the cycle of violence. It goes without saying that any research conducted with children and adolescents must abide by global ethical standards and must have in place procedures to reduce and mitigate the risk of a child experiencing discomfort or re-traumatization. The communication strategy should incorporate the voices and perspectives of children to better to understand their needs and identify strategies that could best meet their needs.
8. **Examine VAC along a spectrum:** Both the global and Cambodia literature stress the importance of highlighting the spectrum of VAC. The communication strategy is a perfect opportunity to bring attention to the various ways in which violence manifests itself, from the subtler and less recognized forms (e.g., neglect, emotional abuse) to the more apparent yet accepted forms (e.g., corporal punishment and child labour) to the more severe forms (e.g., trafficking, child labour and sexual abuse). Doing so will help to create a common understanding of what constitute VAC, a critical first step in getting individuals to denounce all forms of VAC.

9. **Identify actions that different groups of individuals can take to address VAC:** As a social responsibility, everyone has a role to play in ending VAC. But too often, individuals do not know what they can or should do when violence occurs. The communication strategy should clearly articulate actions that individuals from different groups can take to prevent and respond to violence. It is especially important to address what children and adolescents themselves can do and what specific family members can do. The literature suggests educating professionals as a means of raising awareness about violence, training teachers to identify children at-risk of violence or who may be suffering from violence, and even involving faith-based leaders in VAC prevention efforts. This could also be done with community-based organizations such as the CCWCs and WCCCs as a means of preventing and responding to VAC and unnecessary family separation. In addition, there are many mechanisms in place for individuals to report or disclose violence with could be promoted such as the Child helpline, APLE internet hotline, the ChildSafe hotline to name a few examples. The communication strategy can help build confidence and trust in these mechanisms and encourage individuals to use them.
10. **Acknowledge the differences in how girls and boys experience and respond to violence.** Both the global literature and evidence from Cambodia acknowledge the inexorable connection between gender and power and the role that gendered social norms and expectations play in the experience of and response to violence. The communication strategy should consider incorporating gender equity and prevention efforts that work to create new constructs of masculinity and femininity, foster positive relationships rooted in respect, communication, and negotiation, create safe and supportive environments for reporting and disclosure of violence and include gender-specific intervention and responses strategies attuned to the unique needs and differences of girls and boys.

The following summary points will provide guidance as the strategy is developed:

- Creating a common understanding of what constitutes VAC and the linkages between different types of VAC
- Addressing a culture of violence where individuals are subjected to multiple incidences and types of violence
- Breaking the culture of silence around violence
- Shifting attitudes normalising and accepting of VAC
- Educating individuals about the short and long term harmful effects of violence on child development and among adolescents
- Highlighting the negative impact of institutionalization
- Promoting Khmer family values and traditions of love, nurturance, and kinship care
- Harmonizing the dissonance between traditional values and the pressures of modern urban living
- Learning from the historical experiences of systemic violence in Cambodia
- Changing attitudes about and reliance on residential care facilities for vulnerable children
- Applying gender transformative approaches to rewrite gender norms (masculinity/femininity)
- Raising awareness about vulnerabilities experienced by individuals with disabilities and creating an enabling environment for individuals with disability to thrive
- Ensuring schools are safe spaces for children to learn
- Framing VAC as a social responsibility

- Taking into account urban and rural differences
- Tailoring efforts to ensure approaches address the needs of girls and boys

The richness of the analysis of the publications from the literature review using the 15 Global VAC recommendations hammers home the importance of integrating the global recommendations into the design and scope of the communication strategy. By combining both global and Cambodia specific recommendations, the communication strategy is more likely to make a difference when it comes to addressing VAC and institutionalization.

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Appendix 1: Continuum and stages of change theories

There are two kinds of theories of change: continuum and stages of change theories. This appendix provides a brief overview of the most common individual, interpersonal, and community level theories used in public health and communication. These are followed by examples demonstrating how the theories can be applied to VAC.

Continuum of change theories

Continuum theories identify variables that influence action and combine them into a predictive equation. Figure 12 shows a simple version of a continuum of change theory; if factors A and B are addressed then the behaviour is likely to be performed. Some examples of individual, interpersonal, and community level continuum of change theories are illustrated below.

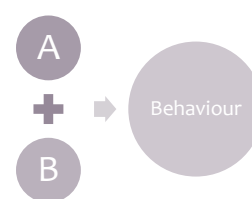


Figure 12: Simple Model of Continuum of Change Theories

Individual-level continuum theories

Individual-level theories address factors that explain or shape an individual's behaviours. These theories often focus on factors that exist within the individual self or mind such as knowledge, attitudes, beliefs, motivation, intention, self-concept, and skills (Rimer, Glanz, Viswanath, 2008). Two classic individual-level theories are the *Theory of Planned Behavior* and the *Health Belief Model*.

Theory of planned behaviour (TPB)

TPB explores the relationship among behavioural intention, attitudes, norms, and ability to perform the behaviour (see Figure 13). TPB was designed to explain all behaviours over which individuals have the ability to control, in other words behaviours that are deliberate or planned (Rimer et al., 2008). The four key concepts to understand with this theory are:

- **Behavioural intention:** perceived likelihood of performing a behaviour
- **Attitude:** personal evaluation of the behaviour
- **Subjective norm:** beliefs about whether surrounding people approve or disapprove of the behaviour

- **Perceived behavioural control:** belief that one has control over performing the behaviour.

TPB argues that behavioural intention is the best predictor of how an individual will behave (Rimer et al., 2008). According to this theory, behavioural intent is influenced by a person's attitude toward performing a specific behaviour combined with perceived control and norms, in particular subjective norms (whether or not those around you will approve/disapprove of a specific behaviour) (Rimer et al., 2008). The more favourable the attitude, subjective norm, and perceived control, the more likely a person is to adopt or perform the specific behaviour. Remember though that intention does not guarantee behaviour. See Table 6 for an example of how to apply TPB to address corporal punishment by parents.

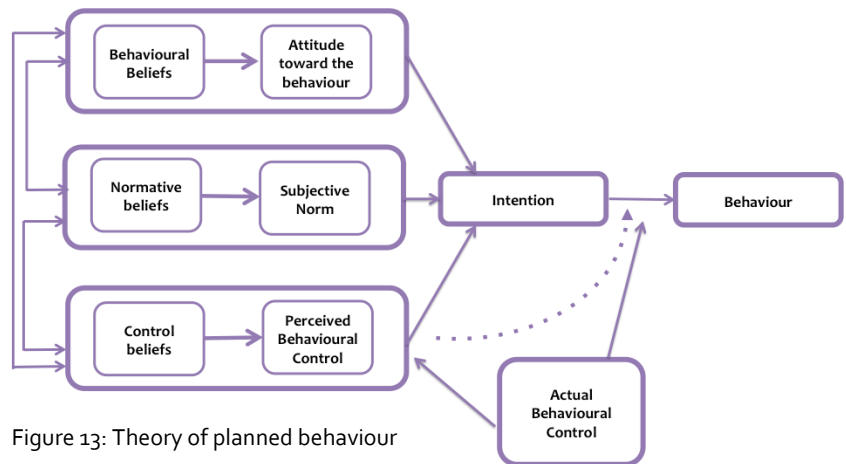


Figure 13: Theory of planned behaviour

Table 6: Applying TPB to Corporal Punishment

Construct	Definition	VAC application
Behavioural intention	Perceived likelihood of using positive discipline	Building parents' self-efficacy to use positive discipline techniques
Attitude	Personal evaluation of positive discipline	Teaching parents about child development
Subjective norm	Beliefs about whether surrounding people approve or disapprove of positive discipline	Showing parents videos on corporal punishment's negative effects
Perceived behavioural control	Belief that one has control over using positive discipline	Building parents positive discipline techniques

Health Belief Model (HBM)

HBM focuses on an individual's perceptions of the risks posed by a problem (susceptibility, severity), the benefits of avoiding that threat, and the factors influencing the decision to act (barriers, cues to action, self-efficacy) (Rimer et al., 2008). HBM consists of six core constructs (see Figure 14):

- **Perceived susceptibility:** Beliefs about one's chances of getting a condition
- **Perceived severity:** Beliefs about the seriousness of a condition and its consequences
- **Perceived benefits:** Beliefs about the effectiveness of taking action to reduce the risk or seriousness
- **Perceived barriers:** Beliefs about the material and psychological costs of taking action
- **Cue to action:** Factors that activate "readiness to change"
- **Self-efficacy:** Confidence in one's ability to take action

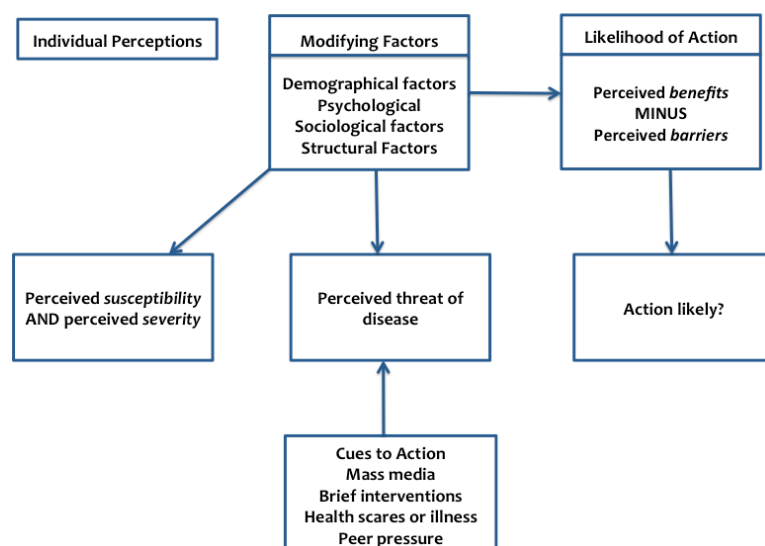


Figure 14: Health Belief Model

Motivation is central to this theory's framework for how behaviour change comes about. Gauging how susceptible a population feels to VAC (whether as victim or perpetrator of VAC), whether VAC is believed to be a serious issue, and whether something can be done to reduce or prevent VAC is critical for catalysing change. See Table 7 for an application of HBM to positive parenting.

Table 7: Applying HBM to Positive Parenting

Construct	Definition	VAC application
Perceived susceptibility	The belief that one is susceptible to VAC perpetration or victimization	Teach parents about child development and how/why children are vulnerable
Perceived severity	The belief the VAC has serious consequences	Show parents brain scans of children who have experienced violence compared to those who have not and discuss other harmful effects of harsh disciplining.
Perceived benefits	The belief that taking action would reduce one's susceptibility to the VAC	Discuss the value and tangible benefits of having a good parent-child relationship (e.g., better communication, less stress)

	victimization or perpetration or its severity	
Perceived barriers	The belief that the costs of taking action are outweighed by the benefits	Create a parent support group with designate leaders who parents can turn to for advice and support
Cue to action	Factors that prompt action	Provide books and toys for parents involved in positive parenting interventions so they can continue the taught skills at home
Self-efficacy	One's confidence in the ability to take action	Teach parents skills and competencies to put into practice positive parenting techniques

Interpersonal-level continuum theories

Interpersonal-level theories emphasize the social environment within which individuals exist. Such theories take into account the fact that the opinions, advice, support, and even behaviours of those closest to you – family members, friends, and peers – impact what we do (Rimer et al., 2008).

Social Cognitive Theory (SCT)

SCT is one of the most frequently used behaviour change theories and one that many interventions in the VAC systematic review relied upon (see Table 8). It draws upon several theories relating to learning and behaviour. At its core, SCT posits that change is a product of the interactions between personal factors, environmental factors, and human behaviour (see Figure 15). We'll focus on six of SCT's key constructs:

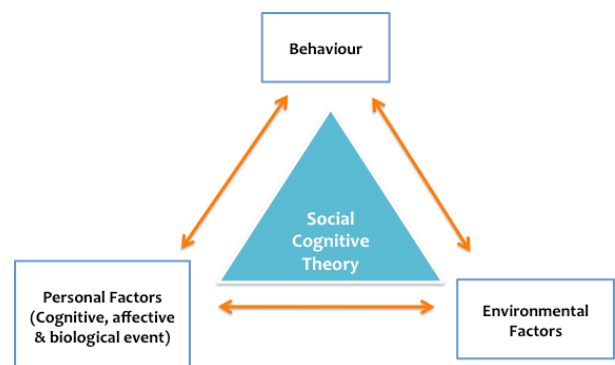


Figure 15: Social Cognitive Theory

- **Reciprocal determinism:** The interaction between the person, behaviour, and environment
- **Behavioural capability:** Knowledge and skill to perform a behaviour
- **Expectations:** Anticipated outcomes of a behaviour
- **Self-efficacy:** One's confidence in the ability to take action
- **Observational learning (modelling):** Learning by watching others doing a behaviour and the benefits reaped from that behaviour
- **Reinforcements:** Encouragements that increase a person's likelihood of continuing with the behaviour

SCT emphasizes that learning takes place in a dynamic social environment and that much of what we learn is guided by our observations. SCT recognizes that learning and actually performing a behaviour are two

separate processes. Learning can take place without change occurring. SCT assumes that learning is more than just the acquisition of a new behaviour, but rather involves cognitive constructs such as knowledge, values, and skills. (Rimer et al., 2008).

Table 8: Applying SCT to Bullying

Constructs	Definitions	VAC application
Reciprocal determinism	The interaction between the person, bullying, and environment	Implementing policies to reduce bullying in schools
Behavioural capacity	Knowledge and skill to intervene when someone is being bullied	Teach students what to do when they see someone being bullied
Expectations	Anticipated outcomes of a behaviour	Role model how to intervene by having students act out scenarios
Self-efficacy	One's confidence in the ability to take action	Provide simple actionable steps students can take to intervene in a bullying situation
Observational Learning (modelling)	Learning by watching others doing a behaviour and the benefits reaped from that behaviour	Promote positive roles models e.g. individuals who have intervened when someone was being bullied
Reinforcements	Encouragements that increase a person's likelihood of continuing with the behaviour	Offer prizes to those who intervene when bullying takes place

Community-level continuum theories

Community-level models explore how social systems function and offer strategies to work in different settings such as health care institutions, schools, worksites, community groups and government agencies. Community-level models tend to focus on bringing about social change via participation, community capacity, empowerment, and social capital or diffusing innovations into communities (Rimer et al., 2008).

Community organizing and community building

Community organizing and community building both bring community members together in order to generate change. Community members identify common issues within their community, mobilize resources, set collective goals, and develop and implement strategies to resolve those issues (Rimer et al., 2008). However, the two utilize entirely different approaches. Community organizing brings community members together around a specific need and typically take on powerful institutions. Community organizing adopts confrontational approaches such as protests and strikes to assert demands and advocate

for change. Community building on the other hand uses a consensus-building approach to facilitate collaborations and community connectedness (Rimer et al., 2008). This in turn allows community members to use existing assets in their community to bring about change from within.

Programme spotlight: Using community building to end youth violence and cultural identity

Hui Malama o ke Kei is a community-based youth intervention aimed at preventing youth violence and substance abuse among 5th and 6th grade students in a mainly Hawaiian community (Akeo et al., 2008). The intervention was borne out of previous attempts to address violence and substance abuse spearheaded by local grassroots organizations and community mobilizers. These efforts leveraged traditional methods in the form of sign campaigns. Upon realizing the ineffectiveness of such an approach, an after-school intervention was created that provided students with structured tutoring, as well as recreational activities designed to impart Hawaiian cultural values.

The community became an essential resource and component of the intervention. A Hawaiian preacher blessed the program and discussed the important role of community mobilizers. Grandmothers from the community made meals for the youth attending the intervention. This created an opportunity for inter-generational dialogue and enabled youth to learn how to have respect for their elders, an important Hawaiian cultural value. Intervention staff and students participated in community service events and activities such as mural painting and beach clean-ups. The intervention was created using existing resources and therefore did not rely on external funding. Small businesses in the community were encouraged to give small donations to support the intervention's efforts.

Diffusion of innovation

Diffusion of Innovation (DOI) studies how new ideas, products, or social practices spread through a community or social system. Diffusion is defined as "the process by which an innovation is communicated through certain channels over time among members of a social system" (Sood, Menard, Witte, 2003, p. 124).

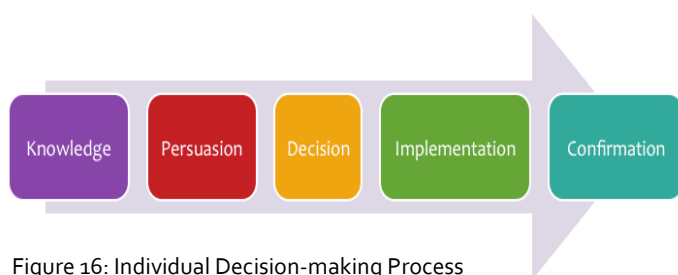


Figure 16: Individual Decision-making Process

Individuals undergo a mental decision-making process that helps them determine whether or not to accept the innovation (see Figure 16). First individuals learn about an innovation, form an opinion about the innovation, make a decision to adopt or reject it, go through with the decision, and finally confirm the decision.

The adoption of an innovation within a social system occurs as a classic bell curve with five categories of adopters (see Figure 17). These are:

- **Innovators:** the first people to use the innovation
- **Early adopters:** the first people to use the innovation as soon as it becomes available
- **Early majority adopters:** adopt the innovation just before the average member of the community
- **Late majority adopters:** adopt the innovation just after the average member of the community
- **Laggards:** last to adopt an innovation.

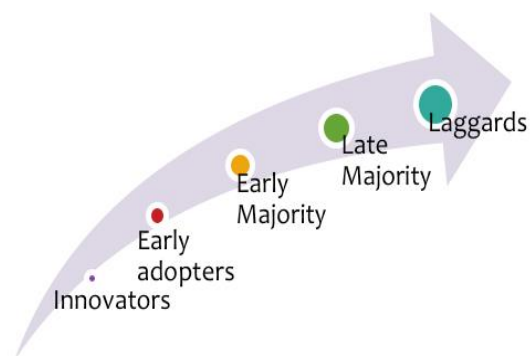


Figure 17: Categories of Adopters

One way of using DOI to guide the design of interventions is by classifying individuals by adopter categories. Programme planners can come up with a set of approaches that are tailored to reach different adopters. In so doing, these approaches in concert can generate momentum for the adoption of the innovation. To create such enabling environments for an innovation to be adopted and diffused, it is important to leverage formal and informal types of communication and in particular, the power of social networks. But, how quickly change will occur and to what extent an innovation will be taken up depends on the following factors:

- **Relative advantage:** Is the innovation better than the status quo?
- **Compatibility:** Does the innovation fit within the intended audience?
- **Complexity:** How easy is it to implement the innovation?
- **Trialability:** Can the innovation be tried on before deciding to adopt it?
- **Observability:** Will the innovation produce tangible results?

Table 9 shows how to assess these five factors in the context of a hypothetical intervention seeking to replace institutionalization with keeping families together.

Table 9: Applying Diffusion of Innovation to Institutionalization

Factor	Key question	Approach
Relative advantage	Is a child better in a residential care facility or at home?	An intervention could highlight the harmful effects that institutionalization has on child development and the increased risk for violence and abuse.
Compatibility	Does promoting the idea of keeping families together fit with the intended audiences?	An intervention could obtain support from formal and informal leaders of a community and even faith-based leaders to slowly shift parents and communities to kinship care models that keep families together.

Complexity	How easy is it to implement and establish community-based care options that promote keeping families together?	An intervention could work with community members to create community-based options and support to help families stay together instead of sending children to residential care facilities.
Trialability	Can keeping families together be tried before deciding to adopt this behaviour?	From a programmatic standpoint, an intervention could showcase positive role models – families who could have sent their children to residential care facilities, but instead chose not to.
Observability	Will not sending children to institutions produce tangible results?	An intervention could generate awareness of the benefits of not sending children to residential facilities and the benefits that are reaped by the family and entire community.

Stages of change theories

Stages of change theories (see *Figure 18*) focus on the process that individuals go through to deciding, adopting, and maintaining a behaviour. The theories below all lay out different pathways to change marked by a unique and clear set of steps (Rimer et al., 2008).

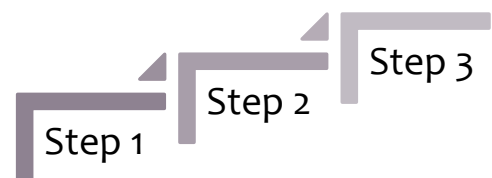


Figure 18: Basic Stages of Change Model

Individual level

Transtheoretical model

The *Transtheoretical Model (TTM)*, also known as the stages-of-change model, embraces the idea that behaviour change is a process and not an event. As a circular model with five stages (see *Figure 19 on next page*), the TTM posits that individuals do not simply pass from one stage to the next in a linear fashion. Rather, individuals may enter the model at any stage, relapse to an earlier stage, or start the process all over again. The five stages – *pre-contemplation*, *contemplation*, *preparation*, *action*, and *maintenance* – are described below.

- **Pre-contemplation:** An individual has no intention of taking action within the next six months.
- **Contemplation:** An individual intends to take action within the next six months.
- **Preparation:** is when the person intends to take action within the next thirty days and has already taken some behavioural steps in that direction.
- **Action:** is when the person has changed the specific behaviour for less than six months.
- **Maintenance:** is the second to last stage in which the person has changed the behaviour for more than six months.
- **Termination:** is when an individual has no temptation to relapse and is 100 per cent self-efficacy. This is last stage of the cycle.

The informational and support needs for individuals vary at each stage of the change process. Therefore, interventions using this theory must be tailored to meet the needs for each stage accordingly. It is also important to realize that individuals may never complete the change process or that it may take individuals multiple attempts to work through the change process (Rimer et al., 2008). Table 10 below demonstrates how the TTM can be used to guide a bystander intervention for adolescents to prevent sexual violence (adapted from Banyard, Eckstein, & Moynihan, 2010).

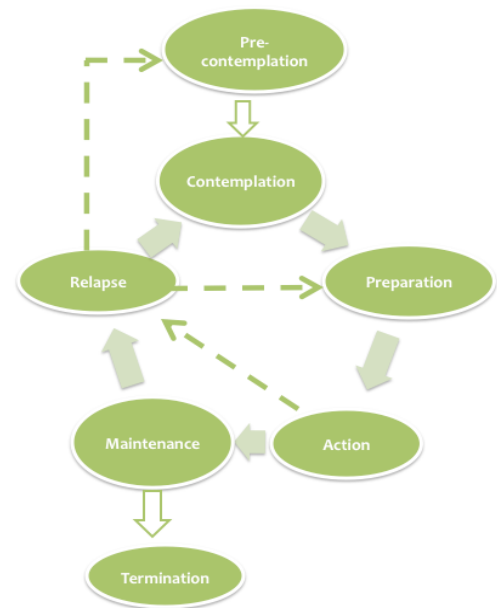


Figure 19: The transtheoretical model

Table 10: Applying the transtheoretical model to sexual violence prevention

Construct	Definition	Approaches	Application to VAC
Pre-contemplation	An individual has no intention of taking action within the next six months	Promote awareness of the need to change; Provide personalized information about risks and benefits	Raise awareness of sexual violence using local and national statistics
Contemplation	An individual intends to take action within the next six months	Motivate and encourage individuals to make plans to change	Educate participants on what it means to be a bystander for sexual violence and motivate them to think about what a bystander could do to prevent sexual violence
Preparation	A person intends to take action within the next thirty days and has already taken some behavioural steps in that direction	Help individuals create and implement action plans and goals for change	Outline safe actions participants can do to be a bystander. Use role-playing scenarios to help participants practice their intervening skills
Action	The person has changed the specific behaviour for less than six months	Provide social support, problem-solving, feedback, and reinforcement	Create a space where participants can support each other and discuss challenges to being a bystander

Maintenance	The person has performed the desired behaviour for more six months	Provide reminders, help participants cope with challenges and avoid relapses	Encourage individuals to share bystander actions with others
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Interpersonal level

Social network and social support

Social network theory posits that more often than not an individual makes decisions that are shaped by group relationships, expectations, and social/cultural norms (Ulin, Robinson & Tolley, 2005). Social networks are the connection between individuals. These connections can be important sources of social support (either positive or negative). As Figure 20 shows, there are four types of social support.

Emotional support	• Provision of empathy, love, trust, and caring
Instrumental support	• Provision of tangible aid and services to an individual in need
Informational support	• Provision of advice, suggestions, and information an individual can use to solve problems
Appraisal support	• Provision of information such as constructive feedback and affirmation for self-evaluation purposes

Figure 20: The Four Types of Support

These relationships between individual can also serve other functions. For C4D and VAC programming, it is important to examine who or what are the sources of information within an individual's network and who or what is the most trusted source of information. This information can identify key actors for VAC prevention initiatives and inform the selection of communication approaches and channels. This information can also help determine if an intervention should work to enhance or expand an existing social network. Monitoring social networks over time can provide information on interpersonal communication outcomes of a program, such as whether more individuals are talking about VAC, and if social networks are growing. Thus, understanding who is connected to whom, as well as the number and types of connections can yield valuable information for programme design, implementation, and evaluation.

Some key characteristics of social networks that may also be used for C4D and VAC planning and M&E are provided below (see *Table 11*):

Table 11: Applying some social network characteristics to VAC

Characteristics	Definition	VAC application
Density	The extent to which network members know and interact with each other	Who are people talking to about VAC? Over time, are more discussions taking place as a result of a programme?

Homogeneity	The extent to which network members are demographically similar	Who are the individuals that bridge different groups of individuals? How could they be leveraged to dissemination VAC messaging?
Geographic dispersion	The extent to which network members live in close proximity to the focal person	Are programme messages reaching all intended audiences?
Strength	The extent to which social relationships offer emotional closeness	Do participants have someone to turn to if violence occurs or if violence is imminent?

Community level

Community readiness model

The *Community Readiness Model* applies many of the concepts from the stages-of-change theory for personal change and from diffusion of innovation's individual decision-making process to a community (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). The model defines community readiness as the degree to which a community is willing and prepared to take social action to address an issue and outlines 9 stages of readiness (see *Figure 21*).

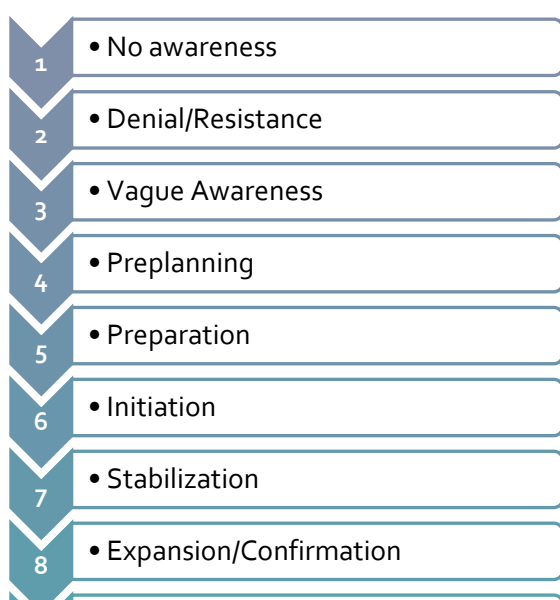


Figure 21: Community-readiness model

Even though the model looks linear, readiness levels can increase and decrease. The time it takes for a community to go from one level to another varies by community and by issue, and is also influenced by the type of approaches utilized to bring about social change and external factors. To determine at what stage of readiness a community lies, it is important to measure the attitudes, knowledge, efforts and activities, and resources of community members and leaders. Going through this assessment process helps a community identify its strengths and weaknesses, as well as barriers and facilitators to social action. Much like community building and organizing approaches, the *Community Readiness Model* then works to derive and implement locally tailored solutions with the end goal of expanding those efforts so that they are fully community-owned. Table 12 on the next page defines each of the stages of readiness and applies them to child marriage.

Table 12: Applying the community readiness model to child marriage

Stage of readiness	Definition	Application to VAC	
		Stages of readiness	Community readiness strategies
No awareness	VAC is normative and accepted	Child marriage is widely practiced.	Raise awareness of child marriage
Denial/ resistance	A community does not believe VAC is an issue or that change is impossible	Community members especially fathers see no reason to stop marrying their daughters who are under 18.	Raise awareness that child marriage is a problem in the community
Vague awareness	A community recognizes VAC is a problem but is not motivated to act.	Some community members realize that child marriage poses certain health risks for girls.	Raise awareness that the community can do something about child marriage
Preplanning	A community recognizes VAC is a problem and agrees something must be done	More community members recognize that child marriage is a problem and start to think about what can be done.	Raise awareness with concrete ideas to address child marriage
Preparation	A community sketches out a plan of action	The community meets to decide what can be done to prevent child marriage and who will do it.	Gather existing information to help plan child marriage prevention strategies
Initiation	A community implements an action plan	A few community members form a child marriage watch group.	Provide community-specific information about the child marriage watch group
Stabilization	The community has taken responsibility and there is on-going commitment to address VAC and sustain efforts.	The child marriage watch group grows in size as more community members participate.	Provide support for the child marriage watch group
Confirmation/ expansion	The community works to expand and improve efforts to address VAC.	The community leader publically endorses the child marriage watch group.	Expand and enhance the child marriage watch group

Community ownership	Most community members have detailed knowledge of local VAC efforts and the prevalence of VAC in their community.	Community leaders and families begin to publically denounce child marriage.	Maintain momentum and diversify efforts
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