ACCESS 2
Sustainable quality services for all

Australian Aid

Impact & Quality Assessment

of GBV Services supported under ACCESS 2

Consolidated findings from Siem Reap, Ratanakiri, Kampong Cham and Kampong Speu Provinces

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Disclaimer

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1. Executive Summary

In 2025-2026, ACCESS 2 commissioned a two-part assessment to examine survivors' experiences of GBV services and service providers' approaches to delivering those services across its four target provinces: Siem Reap, Ratanakiri, Kampong Cham and Kampong Speu. The assessments sought to understand the quality and impact of services from both survivor and service provider perspectives, and to identify good practices, gaps and opportunities for improvement. The assessment was conducted through focus group discussions and individual interviews with 73 survivors, as well as focus group discussions with 53 government service provider and Strategic Implementing Partner representatives across the four provinces.

Findings were analysed against the seven quality dimensions in the ACCESS 2 Theory of Change: Accessible & Inclusive; Responsive & Adaptive; Available & Consistent; Coordinated; Evidence-Informed; Safe; and Sustainable. Detailed findings against each dimension are presented in Section 4. While there were variations between provinces, reflecting differences in the level of development of GBV services and local administrative approaches, overall, the following strengths were consistently identified:

- **Accessible services through multiple entry points:** Survivors generally knew where to seek help and used a range of entry points, primarily through their commune or village office, but also through police, the Provincial Department of Women's Affairs, or Strategic Implementing Partners.
- **Survivor-centred practice:** Survivors commonly described being treated with respect, listened to and empowered to make their own decisions, while service providers demonstrated good understanding and application of the *Minimum Standards for Basic Counselling for Women and Girl Survivors of Gender-Based Violence (2016).*
- **Cross-sector collaboration and continuity:** Survivors were generally satisfied with the support they received throughout their cases, while service providers described increasingly structured case management approaches, multi-sector referrals and collaboration through the GBV Response Working Groups.
- **Tangible benefits for survivors:** Many survivors credited the services they received with making a tangible difference to their situation, safety, physical and psychological wellbeing, access to justice, economic security and overall confidence. Four detailed stories of change have been included in Appendix 1.
- **Growing institutional ownership:** Government service providers consistently described GBV response as part of their organisational responsibilities and demonstrated commitment to improving and continuing this important work.

The gaps identified primarily relate to case complexity, consistency and inclusion. Responses become less consistent when survivors experience repeated or serious violence that cannot be resolved by conventional mediation; non-physical violence (such as coercive control, stalking or intimidation); or when they are in informal or unregistered marriages. Referral and escalation practices among service providers below district level can vary, while safety planning, post-

resolution follow-up and communication during lengthy legal proceedings are also not yet consistently applied. Further strengthening is needed to improve the support provided to survivors with disabilities, communication or language barriers, and affected dependants or caregivers.

Overall, the findings indicate that ACCESS 2 has contributed to a stronger and increasingly institutionalised GBV response system across the four target provinces. Moving forward, priority should be given to strengthening the quality and consistency of this response, particularly where survivors' needs are complex, risks persist beyond the immediate incident, or escalation and coordinated specialist services are required. Recommendations have therefore been organised into four strategic areas:

1. Develop practical guidance for complex GBV cases, escalation and inclusion
2. Continue strengthening frontline provider capability
3. Identify, document and scale up effective practices
4. Work with stakeholders to increase sustainability of GBV services

2. Background

The Australia-Cambodia Cooperation for Equitable Sustainable Services – Phase 2 (ACCESS 2) program is a five-year program running from September 2023. Its overall goal is for persons with disabilities and survivors of GBV to benefit from access to quality and coordinated services, in line with the Royal Government of Cambodia's National Disability Strategic Plan and National Action Plan to Prevent Violence Against Women. Focusing on four target provinces - Siem Reap, Kampong Cham, Kampong Speu and Ratanakiri - ACCESS 2 aims to enhance the quality and reach of services to GBV survivors and persons with disabilities (PWDs), and to advocate for national and sub-national policy and planning to be responsive to the priorities of survivors of GBV and PWDs.

GBV services supported by ACCESS 2 consist of counselling, legal services, health services, social and economic services, and referral. GBV services are provided by government structures supported by the program – the Provincial Department of Women's Affairs (PDoWA) and provincial and district-level GBV Response Working Groups (GBV-RWGs) in the four provinces - together with ACCESS 2's Strategic Implementing Partners (SIPs). SIPs include non-governmental organisations (NGOs) such as the Cambodian Women's Crisis Centre (CWCC), Legal Aid Cambodia (LAC) and Transcultural Psychosocial Organisation (TPO), which provide specialist services to survivors, as well as capacity-building for government service providers.

ACCESS 2's Theory of Change identifies seven dimensions for assessing GBV service quality: Accessible & Inclusive; Responsive & Adaptive; Available & Consistent; Coordinated; Evidence-Informed; Safe; and Sustainable. These dimensions provide the analytical framework for this assessment.

In 2025-2026, ACCESS 2 commissioned a two-part assessment of survivors' experiences of GBV services and service providers' approaches, with data analysed against the seven dimensions to identify good practices, gaps and priorities for improvement. The first assessment covered Siem Reap and Ratanakiri Provinces, followed by a second assessment in Kampong Cham and Kampong Speu Provinces. This report consolidates the findings from both assessments.

3. Methodology

Design & Sampling: The assessment used a qualitative design for the primary data collection, comprising separate semi-structured Focus Group Discussions (FGDs) with survivors and service providers in each province. Participants in the survivor FGDs were recruited by PDoWA, GBV-RWGs and SIPs from among survivors who had received GBV services within the preceding 12 months and had at least 3 months of contact with the service provider. This was intended to enable discussions to go beyond survivors' initial contact and to explore longer-term service relationships and impacts. Purposive sampling also sought diversity in age, district, service pathway and case complexity and, where possible, representation of Indigenous or ethnic groups and PWDs. Survivor FGD questions were designed to encourage survivors to share their impressions of the services they received, rather than details of their case. Survivors who volunteered to discuss their personal circumstances more deeply were interviewed individually following their FGD.

Participants in the service provider FGDs included officers from provincial-level Department of Women's Affairs; Department of Social Affairs; Department of Health; Police Commissariat; district-level officers, commune focal points for women & children, and SIPs. Service provider FGD questions explored providers' approaches to service provision, examples of good practices and the challenges faced. For the survivors who agreed to be interviewed individually, follow-up contact was made with their primary service provider (with the survivor's consent) to clarify the particular services and steps taken in that survivor's case.

Participants & Fieldwork Coverage: A total of 73 survivors and 53 service provider representatives took part in the assessment, through separate survivor and service-provider FGDs and individual follow-up interviews with selected survivors. A larger sample size of survivors and service providers was purposefully recruited in Siem Reap Province, reflecting the significantly higher number of survivors reported by that Province to ACCESS 2 compared with the other three provinces.

Province	Participant Type	# of Participants	Notes
Ratanakiri	Survivor	13	7 Indigenous persons. 2 FGDs and 4 individual interviews.
	Service Provider	10	1 FGD
Siem Reap	Survivor	34	1 person with disability. 3 FGDs and 8 individual interviews.
	Service Provider	19	2 FGDs

Province	Participant Type	# of Participants	Notes
Kampong Cham	Survivor	11	1 ethnic minority. 1 FGD and 5 individual interviews.
	Service Provider	11	1 FGD
Kampong Speu	Survivor	15	2 persons with disabilities, 1 ethnic minority. 2 FGDs and 3 individual interviews.
	Service Provider	13	1 FGD

Data collection: FGDs in Ratanakiri and Siem Reap Provinces were conducted in August 2025, and those in Kampong Cham and Kampong Speu Provinces in May 2026. FGDs were facilitated by the consultant in English, with an interpreter providing English-Khmer interpretation. In Ratanakiri Province, a Jarai-Khmer interpreter was also present to assist communication with indigenous Jarai survivors. With participants' consent, FGDs and interviews were audio-recorded, transcribed and supplemented by facilitator field notes.

Analysis. Data from each assessment round were analysed thematically against the seven ACCESS 2 quality dimensions, identifying recurring themes, strengths and challenges in service provision. Survivor and service-provider perspectives were analysed separately and triangulated to identify areas of convergence and divergence. Individual survivor interviews were used to illustrate and contextualise findings rather than as representative evidence. The two assessment rounds were considered comparatively, taking account of differences in provincial context.

Ethics & safeguarding. Data collection followed survivor-centred, trauma-informed and do-no-harm principles. Participants provided informed consent and could decline questions or withdraw at any time. FGDs and interviews were conducted privately, with attention to confidentiality, and participants were provided with information on available counselling support if participation caused distress or retraumatisation.

Limitations. As a purposively selected qualitative sample, the findings are not statistically representative of GBV survivors or service providers in the four provinces. Recruitment of survivor participants through PDoWA and SIPs may have introduced selection bias, including a greater likelihood of recruiting survivors who had received positive service experiences. Survivors may also have a cultural reluctance to give direct criticism about service providers.

It was more difficult to recruit survivors with regular employment, as many were unable to take leave from work. In Kampong Speu Province, recruitment difficulties resulted in the inclusion of some survivors who had only recently entered the GBV response system. These participants were therefore only able to comment on their initial experiences of accessing and receiving services, rather than longer-term service outcomes.

The number and characteristics of participants also varied between provinces. Differences in the frequency with which particular issues were raised should therefore not be generalised as being

directly reflective of overall service performance. For the Ratanakiri and Siem Reap assessment, many participating survivors had received services at the commune level, however participants in the service provider FGDs were mostly from the district or provincial level, limiting actual triangulation between survivors' experiences with the matching level of service provider.

4. Findings by ACCESS 2 Quality Dimensions

4.1 Accessible & Inclusive

Overall finding

Across all four provinces, survivors generally reported that GBV services were accessible through multiple entry points, and that they received timely response. Service providers demonstrated strong commitment to maintaining accessible services, including responding to survivors outside normal working hours and using various methods for dissemination and outreach to communities. However, inclusive practices for survivors facing communication, language or cognitive barriers appear to be less systematic, and further support is needed to ensure that such survivors can access and participate in services on an equitable basis.

What is working well

Easy accessibility through multiple entry points: Many survivors first sought assistance from their village or commune authorities, while some who experienced more serious physical or sexual violence went first to the police. Several survivors in Kampong Speu Province reported that they have always known to go to their commune office to raise any concerns, but it is only in recent years that they have become aware of the range of GBV services available. Some survivors in Kampong Cham Province contacted PDoWA directly, and some in Siem Reap Province who knew about LAC or CWCC chose those organisations as their first point of contact. Most survivors reported that services were relatively easy to access and they experienced little delay in receiving a response through whichever entry point they selected. Service providers in all provinces reported responding outside regular working hours where necessary, as well as using telephone support to reinforce accessibility. Survivors appreciated that assistance was available free-of-charge. Those who received legal services were particularly grateful, noting that they would not otherwise have the means to seek their own legal advice.

Community outreach to raise awareness: Service providers also described a range of community outreach initiatives to raise public awareness of GBV and available support. Approaches were broadly similar across provinces, including commune meetings, leaflet distribution, radio and social media. However, the emphasis of messaging may differ, with some provinces placing greater emphasis on GBV prevention and behaviour change. Some survivors and service providers alike noted that many women may still be reluctant to seek assistance because of limited confidence or societal normalisation of violence.

> "What we're trying to do is to collaborate with PDoWA to change the mindset so that people stop thinking it's not serious. We want to change the mindset of the people to not think

> about GBV as a family affair only, it's everyone's affair. We need to eliminate GBV in the communities." – representative from Police Commissariat, Kampong Cham Province

Opportunities for strengthening

Inclusivity: Awareness and inclusive practices for PWDs or language barriers do not yet appear to be systematic across service providers. In Ratanakiri Province, where there is a high Indigenous population, Indigenous survivors reported that language rarely presented a barrier as Indigenous staff at commune offices were able to assist with interpretation. However, in Kampong Speu Province, one non-Khmer speaking survivor had to rely exclusively on her elder sister to interpret.

Service providers in Ratanakiri and Siem Reap Provinces demonstrated higher sensitivity towards the needs of survivors with disabilities, providing examples of how they had adapted their service provision to be more accessible and expressing a desire for additional capacity building in this area. In contrast, inclusivity was less discussed by service providers in Kampong Speu and Kampong Cham Provinces. An example was given of the engagement of a sign language interpreter to assist a nonspeaking survivor once the case reached court. However, two survivors with cognitive-communication impairments did not receive any specialist assistance to help facilitate communication. The assessment did not explore whether this was due to limited awareness of how to assess and reduce such barriers, limited availability of specialist expertise, or limited budget to engage assistance. Further capacity building and clearer mechanisms for accessing appropriate communication support may therefore be needed.

4.2 Responsive & Adaptive

Overall finding

Service providers consistently demonstrated strong understanding and application of survivor-centred approaches. This was reflected in high levels of satisfaction among survivors, who said they felt respected, listened to and empowered to make informed decisions. Survivors also frequently described receiving reassurance, encouragement and emotional support from frontline service providers, while service providers credited capacity building in mental health and psychosocial counselling for strengthening their responsiveness. However, some survivors displayed unresolved trauma symptoms and, in some cases, the psychosocial needs of other significantly affected persons besides the immediate survivor appeared to have been overlooked. Continued frontline capacity building and the availability of a referral pathway to TPO or other mental health expertise are important for addressing this.

Commune-level mediation and education of the parties are standard initial steps for domestic violence cases and, in many cases, resulted in satisfactory outcomes. However, in some areas, there appeared to be an over-reliance on mediation even where there was repeated or serious violence. Additionally, in many cases involving informal or unregistered marriages, survivors were not presented with escalation options if mediation was unsuccessful.

What is working well

Strong survivor-centred practice: Survivors across all four provinces consistently described being welcomed warmly, listened to empathetically and treated with respect and dignity. Service providers similarly emphasised active listening, confidentiality, informed consent and respecting survivors' choices when describing their approach to service provision. Several providers in Kampong Cham and Kampong Speu Provinces credited counselling rooms and the associated training with helping to create a more conducive environment for trust-building and providing primary counselling to survivors.

> "They explained the steps: where to go for the next step and how to send the case…They consulted with me if I want to stop at this level or I want to send the case further." – Survivor, Siem Reap Province (in relation to services received from the commune)

Holistic responses to survivors' circumstances: Some service providers recognised the importance of considering survivors' economic circumstances as part of their response, noting that financial difficulties can be a source of conflict within marriages and that financial dependence can be a significant barrier preventing women from leaving abusive relationships. PDoWA sometimes provided care packages, while commune and district-level service providers gave examples of mobilising assistance from other NGOs or fundraising to support survivors experiencing financial hardship.

Legal services highly valued by survivors: Legal assistance from LAC and CWCC received particularly positive feedback. Survivors valued the end-to-end support provided, including legal counselling, emotional support, explanation of options, document preparation, accompaniment to court and explanation of judgments. Survivors also described gaining confidence from having legal procedures clearly explained to them in plain language.

Frontline psychosocial support: Attention to survivors' emotional wellbeing emerged as a relative strength across the four provinces. Survivors frequently described receiving reassurance, encouragement and emotional support from frontline providers. In Kampong Speu Province, service providers expressed confidence in commune-level focal points' ability to provide primary counselling, while in Kampong Cham Province, several service providers appreciated being able to seek guidance or make referrals to TPO in more serious cases. However, several survivors displayed symptoms of unresolved trauma, suggesting that more ongoing support may be needed in some cases. Ratanakiri Province service providers themselves flagged the need for more availability of psychological counselling services or building their own capacity in mental health first aid, as they have noticed an increase in mental health issues among GBV cases, including cases that had resulted in suicide.

Opportunities for strengthening

Avoiding over-reliance on mediation in cases involving repeated or serious violence: Commune-level mediation and education of the perpetrator remain an important and often effective first response to domestic violence. Many survivors reported being satisfied with

mediation and, in some cases, reaching an acceptable resolution. However, there were cases where mediation or education continued despite repeated or serious violence, and some survivors were even urged by commune officers to "cool down" and give their husbands another chance. This pattern was particularly evident in Ratanakiri Province, where few survivors were given information about their rights or options if mediation was unsuccessful. This suggests a need for clearer guidance and oversight regarding when mediation is appropriate and when cases should be escalated.

Strengthening guidance for escalation options in informal or unregistered marriages: Across all provinces, there were more difficulties in addressing domestic violence cases where the couple did not have a formal marriage certificate and mediation was unsuccessful. In some cases, survivors were told that little further could be done when the spouse refused to agree to separation or sign the commune-level agreement, because formal divorce proceedings were not possible given their informal marriage status. However, beyond formalising the separation, survivors often have secondary concerns such as division of assets, liability for joint debts, land rights, child custody or support, and protection from further harassment or violence. Service providers other than legal professionals from LAC and CWCC appeared to have limited understanding of what further options might be available. Case 3 in Appendix 1 provides an example of how a legal response was successful in such a case.

Considering the psychosocial needs of other affected persons: While service providers demonstrate increasing awareness and confidence in responding to the psychosocial needs of the survivor, the needs of people significantly affected by the violence other than the immediate survivor were sometimes overlooked. Examples included children caught in conflict between the survivor and the abuser, and caregivers of cognitively disabled survivors who were shouldering dual burdens of caring for the survivor as well as acting as the survivor's main communicator. A holistic, survivor-centred assessment should also consider the needs of dependants and caregivers where these are materially affected by the situation.

4.3 Available & Consistent

Overall finding

Survivors generally experienced regular and consistent support throughout the case or conflict resolution process. Service providers reported increasingly institutionalised systems and work practices to support continuity of services and reduced reliance on individual staff. Remaining areas for improvement relate primarily to case management and communication with survivors during lengthy legal proceedings and following formal resolution of their cases.

What is working well

Regular follow-up and continuity of support*:* Most survivors with longer-running cases were satisfied with the follow-up and updates they received. CWCC and LAC appeared to have more systematic approaches to client follow-up, while most other survivors reported that their local authority checked in periodically while their issues remained unresolved. Survivors also reported

that service providers made themselves readily available for contact, and many service providers confirmed that they provided their direct phone numbers to survivors to facilitate communication.

Increasingly institutionalised case-management systems: Service providers at all levels reported implementing internal systems that reduce reliance on individual staff, including electronic databases, setting limits on individual caseloads, sharing case knowledge among a team, and having formal handover procedures when personnel change. Kampong Cham PDoWA reported that it was further strengthening ongoing oversight and follow-up with survivors through the development of formal case-management guidelines, including designation of a focal person for each case to collect and compile status updates from different service providers in cases involving referrals or multi-stakeholder responses. TPO in Siem Reap Province is working with communes in the target districts to standardise the use of the survivor intake / registration form and to more actively track and report follow-ups.

Opportunities for strengthening

Managing survivor expectations during lengthy legal processes: Survivors were generally satisfied with communication from service providers regarding the progress of their legal cases. However, some expressed frustration with the time required to complete civil proceedings, lack of clarity on criminal proceedings, and weak enforcement of court judgments. For example, several survivors reported that they did not know the length of the sentence imposed on the perpetrator. Service providers recognised they need to improve communication and managing survivors' expectations particularly throughout lengthy investigations or legal proceedings.

Post-resolution follow-up: Some survivors reported that local-level officers continued to check on their wellbeing even after the resolution of their divorce or separation. However, several survivors reported a lack of support or monitoring with ongoing related issues such as non-payment of agreed child support or unresolved land issues. CWCC has a policy of continuing to follow up with survivors for six months to one year after conclusion of their legal process or vocational training, but approaches at local level appear to vary between communes. The case management guidelines being developed by Kampong Cham PDoWA also aim to strengthen post-resolution monitoring.

> "We're still building case management guidelines to have a focal person to be the case manager of each case. Once it's fully developed, the focal person will serve as the person who gets all the updates of the survivor - if the survivor has been compensated, if the survivor is recovering at any organisation…" – PDoWA, Kampong Cham Province

4.4 Coordinated

Overall finding

Coordination between government agencies, SIPs and other specialist NGOs is a major strength, enabling effective responses to the diverse needs of survivors. Service providers recognise that effective GBV responses require contributions from multiple sectors, and cross-sector referrals

at district or provincial level are generally well-managed. However referral practices below district level are more variable, with some cases remaining at commune level for extended periods before being referred to specialist or higher-level services.

What is working well

Coordinated referrals and cross-sector collaboration*:* Survivors were generally satisfied with the coordinated process when they were referred from one service provider to another. The referring service provider often accompanied the survivor to the next service provider (particularly for referrals to LAC, CWCC or hospital) and shared relevant case information while maintaining confidentiality. Service providers in Kampong Cham Province particularly emphasised proactive communication between agencies to ensure survivors did not have to navigate the system alone. In Siem Reap Province, service providers also described utilising connections with other NGOs to facilitate access to social and economic services.

GBV Response Working Groups: Service providers across all provinces credited the GBV-RWGs as being vital for improving the quality and timeliness of response to GBV survivors. The GBV-RWGs' multi-sectoral membership helps to build a cross-cutting, highly coordinated network, and its replication at provincial and district levels creates a mechanism which enables escalation of issues from individual communes to district and/or provincial level in very serious or complex cases. Beyond quarterly meetings, each GBV-RWG also communicates via a Telegram group chat, which members use to facilitate faster referrals for survivors. In some provinces, the GBV-RWG appeared to be used as an active mechanism for case coordination, peer learning and collaborative problem-solving. In Kampong Speu Province, discussions suggested that the GBV-RWG was used more for information sharing and operational coordination, while district-level providers held separate monthly administrative meetings with commune chiefs which served as a mechanism for sharing updates on active GBV cases.

> "Before the establishment of GBV Working Groups, it was difficult to address the issue because it involved legal, police authority, healthcare. So after we established the GBV team, we could address the issue quickly and provide support and assistance to the victim on time."
> –District GBV Response Working Group member, Ratanakiri Province

Opportunities for strengthening

Inconsistency of referral practices below district level: Service providers gave many good examples of effective multi-sector coordination once cases were escalated to district or provincial level. However, the assessment identified variability in referral and escalation practices at commune level. In Ratanakiri Province, many survivors remained at commune level even where they experienced long-term recurring physical violence, with few cases being referred to district level or specialist services. This may partly reflect Ratanakiri's status as a newer ACCESS 2 target province, where inter-agency systems and frontline capacity are still being consolidated. In Siem Reap Province, some survivors received referrals to LAC or CWCC for legal advice, but other survivors with similar circumstances did not. In Kampong Speu Province,

discussions suggested that referrals to specialist legal services sometimes occurred only after repeated attempts at reconciliation at commune level.

These findings suggest that the issue is not a lack of referral mechanisms, but inconsistent application of referral and escalation pathways. Clearer triggers for referral or reporting to district level could help reduce variation between communes and prevent survivors from remaining at the local level for extended periods where their circumstances warrant specialist or higher-level intervention.

4.5 Evidence-Informed

Overall finding

Service providers demonstrated a strong commitment to using evidence and established standards to inform service quality. Survivors expressed high levels of satisfaction with the services they received, and providers routinely use survivor satisfaction surveys and practical outcome indicators to assess whether services are meeting survivors' needs. National Minimum Standards and Standard Operating Procedures are increasingly embedded in the practice of provincial and district-level service providers as well as SIPs, supported by regular training and refresher training. However, these standards and the associated training have not consistently reached village-level responders, resulting in a gap between the standards and frontline capacity to apply them in practice.

What is working well

Survivor feedback informs service quality: Service providers across three of the provinces reported routinely collecting feedback from survivors using the standardised satisfaction surveys as well as using practical indicators to assess service delivery and outcomes. Such indicators include survivors' understanding of available options, acceptance of legal outcomes and successful reintegration into daily life. The high levels of satisfaction expressed by survivors are consistent with the positive assessments of service quality documented throughout this assessment. Several survivors highlighted how the services had made a meaningful difference during a difficult period in their lives. At the time of this evaluation, Ratanakiri Province had not yet systematically implemented the use of the satisfaction survey but agreed with the importance of monitoring effectiveness of interventions.

National standards increasingly embedded in practice: Provincial and district-level service providers and SIPs demonstrated extensive familiarity with the national Minimum Standards and Standard Operating Procedures and were generally able to articulate how these standards and fundamental principles inform their practice. Regular training and refresher training have contributed to strengthening providers' understanding of rights-based and survivor-centred approaches.

Opportunities for strengthening

GBV response capacity-building to village-level responders. While knowledge and application of national standards were generally strong among provincial- and district-level service

providers, training or guidance has not consistently reached village-level responders. This may limit their ability to apply the standards in practice, and is particularly relevant in areas where community members tend to seek help from the village authorities first rather than commune.

> "For the village authorities, they are not a Member of GBV working group. Very few of them receive training on psychological counseling." – District GBV Response Working Group Member, Siem Reap Province

4.6 Safe

Overall finding

Survivors across all four provinces valued the rapid immediate response of local authorities or police to incidents of physical violence. Survivors also generally reported feeling that their safety, confidentiality and privacy were protected when reporting concerns or seeking counselling at commune or district offices, particularly where private counselling rooms were available. However, levels of awareness and proactive safety planning varied between provinces. In some cases, local authorities continued to rely on reactive interventions, perpetrator education or mediation without systematically assessing safety risks or counselling survivors on practical steps to protect themselves. Responses to non-physical forms of violence, including stalking, intimidation, coercive control and repeated threats, were particularly limited.

What is working well

Confidentiality and survivor trust: Survivors generally reported feeling safe when accessing services and valued the privacy and confidentiality provided by service providers. Counselling rooms at district and commune offices were identified as an important improvement in creating safer environments for disclosure.

Immediate crisis response: Across all provinces, survivors expressed satisfaction with and appreciation for the rapid intervention of local authorities or police in serious cases involving sexual violence or severe physical assault, including outside normal working hours. In domestic violence cases, village or commune leaders or police commonly responded quickly to separate the parties and educate the perpetrator. In several cases involving child abuse or violence by a non-family member, police responded quickly and arrested the perpetrator.

Opportunities for strengthening

Standardising safety planning: Multiple survivors in Ratanakiri and Siem Reap Provinces described serious violence—including being beaten unconscious, weapons being brandished, threats to kill, prolonged violent conflict or sexual coercion—where local authorities continued to provide reactive intervention, perpetrator education or mediation without appearing to consider practical safety measures. Those survivors who received services from CWCC or LAC were informed about safe shelter options, but survivors assisted only at commune level did not report receiving advice on safety planning.

In contrast, government service providers in Kampong Cham and Kampong Speu Provinces demonstrated a more developed understanding and application of safety planning, perhaps reflecting improvements made in response to the recommendation from the first part of this assessment. Short-term safety measures included separating the couple, discussing safe living arrangements, providing emergency contact details and requiring perpetrators to sign agreements not to commit further violence. Kampong Cham PDoWA also described counselling survivors on techniques to defuse arguments, self-defence and escape. Longer-term measures included livelihood support and monitoring compliance with no-violence agreements. Repeated violence was understood to warrant progressively stronger interventions, including police action or referral to higher-level authorities, rather than continued mediation aimed at keeping the couple together. Ensuring that good safety planning is applied consistently across service providers is important to ensure survivors are supported to manage ongoing safety risks.

Responding to ongoing and non-physical violence: While survivors were satisfied with interventions to protect their physical safety, a recurring theme was the limited legal or practical protection offered to survivors experiencing verbal violence, stalking, intimidation or threatening behaviour, either during the relationship or after separation. Several survivors reported continuing fear arising from persistent harassment or threats, but police and commune authorities declined to take any action in the absence of physical violence. Service providers also demonstrated uncertainty regarding available interventions other than mediation. Restraining orders were discussed, but were regarded as difficult to obtain and not necessarily effective, although Case 3 in Appendix 1 demonstrates one successful instance.

> "The divorce is settled but I still feel unsafe because my former husband is still around. He's already remarried, but he's still stalking me. Only the neighbours support me. Because there is no other legal assistance. I went to report the case to the police officer. But then the police officer said that he hasn't done anything so police cannot do anything. Because it's just stalking, the commune level [also] informed me that they cannot take any actions." – Survivor, Kampong Cham Province

4.7 Sustainable

Overall finding

Discussions suggested that ACCESS 2 has contributed to strengthening not only individual provider capability, but also government ownership, systems, professional practices and networks. Government service providers demonstrated a strong sense of ownership of GBV response work and expressed a desire to sustain services without, or with reduced, reliance on donor funding. However, they identified ongoing needs for support with GBV budget planning and continuity of capacity building. While government systems show several strong indicators of institutional sustainability, the long-term continuity of specialist legal aid services for GBV survivors is less assured due to NGO service providers' continued reliance on external funding.

What is working well

Strong institutional ownership and commitment*:* Service providers consistently described GBV response as an integral part of their organisational responsibilities. Discussions reflected strong personal and institutional ownership of GBV response and commitment to delivering professional, high-quality and cohesive services consistent with the Minimum Standards. Service providers mentioned that they have developed one-, three- and five-year action plans for GBV work. SIPs described various initiatives under ACCESS 2 to strengthen the capacity of local-level service providers to further institutionalise GBV response, and noted the positive change they have seen among government service providers over the course of the program. Meanwhile, district- and commune-level service providers expressed increased confidence in undertaking their roles within the GBV response system. As mentioned above, service providers have also started implementing various operational practices and systems to support sustainability.

> "If in the future there's no other partner, PDoWA will continue to work on supporting survivors, because we have an office to protect survivors. We're working on disseminating all the information to communities. With partner organisations, we can work more effectively. But even without a partner organisation, we would still work on supporting GBV because it's a national effort."- PDoWA, Kampong Cham Province

Opportunities for strengthening

Continued capacity building and knowledge transfer*:* Service providers, especially in Ratanakiri and Siem Reap Provinces, agreed there is an ongoing need to build capacity of frontline responders at commune and village levels. This includes both refresher training for previously trained personnel and foundational training for new officers, particularly at commune level where positions are subject to change every five years. The regular rotation of personnel also necessitates mechanisms to retain and transfer knowledge when personnel change. Increasing frontline service provider capacity in basic mental health counselling was also a commonly identified need, especially in those areas which do not have a direct project link to TPO.

Strengthening government budget planning and resource allocation: Provincial-level authorities affirmed the Royal Government of Cambodia's budgetary commitment to GBV response services, although available budgets remain limited. Some district-level providers were familiar with incorporating GBV activities into their annual workplans and budgets, while others identified a need for training and support on budget planning. Service providers also recognised the cost of repeated training and suggested more sustainable approaches, including investing in training more district-level trainers who can then cascade knowledge to commune-level officers. PDoWA has already sought to reduce the cost of refresher training by condensing basic refresher courses into fewer days.

Sustainability of specialist legal services: The delivery of specialist legal aid services for GBV survivors beyond ACCESS 2 funding may be less assured. LAC described the difficulty in attracting funding for legal services, particularly to assist GBV survivors with divorce and related civil law issues (as opposed to legal remedies for the violence itself). In the previous transition

period between ACCESS 1 and ACCESS 2, some cases had to be suspended or transferred to PDoWA because of LAC's funding constraints. So, while government systems and capacity are becoming increasingly institutionalised, specialist legal assistance remains dependent on external project funding.

5. Recommendations

Overall, the findings suggest that service providers have established strong survivor-centred and coordinated GBV services. The recommendations below consolidate the recommendations from the two sets of assessments and are organised under the following four strategic priorities of refining practice, strengthening capability, scaling up effective practices and sustaining gains.

1. Develop practical guidance for complex GBV cases and appropriate escalation, particularly:
   - couples without formal marriage certificates where mediation is inappropriate or unsuccessful. As involvement in mediation is outside the jurisdiction of ACCESS 2, such guidance would not relate to mediation skills or the mediation process, but rather clarifying the options available beyond mediation (for example: separation without any formal documentation; legal processes for asset division, child custody or support payments) so that providers can fully inform the survivor
   - survivors experiencing coercive control, stalking, intimidation or other forms of non-physical violence
   - inclusive service delivery for survivors with disabilities or language barriers
   - mechanisms for accessing specialist support for survivors with disabilities, including sign-language interpreters, speech-language pathologists and child psychologists
   - responding to the needs of dependants or caregivers
   - survivor safety planning, particularly for commune- and village-level authorities and administrative police posts
   - standardised referral pathways (allowing for differences in available services in different provinces or districts) and triggers for referral or escalation from commune- to district-level

   Relevant quality dimensions: Responsive & Adaptive; Coordinated; Safe; Accessible & Inclusive

2. Continue strengthening frontline provider capability through:
   - refresher training on counselling, survivor-centred practice and safety planning, particularly in provinces without direct technical support from TPO or other specialist psychosocial service providers
   - continued capacity building on the Minimum Standards for basic counselling for village authorities, and those provinces or districts where GBV response systems are at an earlier stage of development

- mechanisms for maintaining and transferring knowledge when commune-level personnel change.

Relevant quality dimensions: Evidence-Informed; Responsive & Adaptive; Safe; Sustainable

3. Identify, document and scale up effective practices, particularly relating to:
   - community awareness initiatives, particularly those engaging men and boys and reaching remote communities
   - case management
   - cross-sector follow-up and consistent communication with survivors during lengthy legal proceedings
   - safety planning
   - operation and dynamics of the GBV-RWG platform and collaborative problem-solving

   Relevant quality dimensions: Accessible & Inclusive; Available & Consistent; Coordinated; Evidence-Informed; Safe

4. Work with government, legal service providers and other stakeholders to identify sustainable approaches for maintaining GBV services beyond the life of ACCESS 2. This should include continued support to government service providers to strengthen GBV budgeting, maintaining the GBV-RWGs, exploring sustainable approaches to frontline capacity building and continuing specialist legal services.

   Relevant quality dimensions: Sustainable

6. Stories of Change

Four case studies are included in Appendix 1 to illustrate how GBV services have made a tangible difference to survivors' safety, wellbeing, access to justice and economic security. They are drawn from individual survivor and service provider accounts, with names and other identifying details modified where necessary to protect confidentiality. Together, they also demonstrate the importance of coordinated, sustained and appropriately escalated support when survivors' needs are complex.

Case 1 - Specialist legal support across multiple forms of GBV

A survivor received sustained legal assistance across domestic violence, land disputes, multiple civil lawsuits and technology-facilitated harassment. The case demonstrates the value of specialist legal assistance in recognising and responding to continuing psychological and economic abuse beyond separation.

Case 2 - Holistic GBV response for survivors with disabilities

A survivor with an intellectual disability who experienced rape and resulting pregnancy received a coordinated and survivor-centred response involving PDoWA, health services, social welfare, police and legal aid. The case demonstrates the importance of strong institutional ownership and multi-sector coordination when survivors face intersecting vulnerabilities.

Case 3 - Protecting a survivor's economic interests and safety

A survivor in an informal marriage experienced physical domestic violence, economic abuse and ongoing harassment even after separation. After years of unsuccessful commune-level mediation, referral to LAC enabled her to gain legal resolution on child custody and property matters and obtain legal support in response to ongoing intimidation. The case illustrates the role of specialist legal assistance where conventional mediation cannot resolve complex legal and safety issues.

Case 4 - Multi-sector coordination and justice for child sexual abuse

A child sexual abuse case involving a family living in extreme poverty was escalated from village to provincial level while being continuously supported by the commune-level focal point. The case illustrates how frontline capacity and GBV-RWG coordination can enable comprehensive medical, legal, safety and economic assistance in response to complex survivor needs.

Appendix 1: Four Stories of Change

Case 1

Summary

In this case spanning over five years, LAC initially provided legal representation to a domestic violence survivor to protect her property rights in divorce proceedings initiated by the husband. LAC then recognised that subsequent lawsuits and online harassment by the husband and his parents formed a pattern of ongoing psychological and economic violence requiring holistic legal support. Drawing on its years of GBV experience, LAC was able to provide survivor-centred legal services and utilise its connections through the GBV-RWG to coordinate cross-sector support for this exceptionally lengthy and complex case.

Background

Ms Channary had experienced repeated instances of physical violence from her husband, culminating in 2021 with a serious threat to murder her while wielding a knife. To protect the safety of herself and her young children, she moved out to stay with her mother. Police initially declined to investigate as she did not suffer physical injury, and she did not have witnesses to the incident. Ms Channary had to escalate it further to provincial law enforcement authorities before any action was taken to arrest her husband. The husband's family came to her to plead forgiveness and to ask her to withdraw her complaint, which she agreed to. However, once her husband was released from detention, the forms of abusive behaviour changed.

Commune authorities notified her that her husband had filed for divorce and full ownership rights over various joint assets. Over the following 4 years, this was followed by a range of other lawsuits filed by the husband's parents also claiming ownership rights over the joint properties and alleging that she fraudulently altered the property documents. In another lawsuit, the husband's mother alleged that Ms Channary had threatened her when she went to ask Ms Channary to forgive her husband's behaviour.

Initiative Overview

When the commune office notified Ms Channary about the petition for divorce and asset division, it also provided her with LAC's contact details should she require legal assistance. After receiving the first three lawsuits, Ms Channary recognised that she needed legal advice and representation to protect her rights and interests and contacted LAC.

Through its initial interview and needs assessment, LAC identified protection of Ms Channary's property rights as her immediate priority. As she was no longer living with her husband, physical safety was less of an immediate concern. LAC subsequently assisted her to defend the husband's claims over the property and formalise the divorce. However, instead of bringing closure, this prompted the series of other lawsuits from the husband's family.

Ordinarily, LAC would only assist survivors in divorce proceedings or in prosecuting criminal charges against the perpetrator. In Ms Channary's case, LAC recognised that repeated litigation

formed part of a broader pattern of psychological and economic abuse, rather than regarding each legal matter as an isolated dispute. LAC was able to provide holistic legal support across the different proceedings and to identify additional psychosocial needs.

At one stage, the husband and his parents began harassing and slandering her on social media. During this time, the LAC lawyer noticed a significant deterioration in Ms Channary's mental state, including her ability to comprehend advice and communicate. The lawyer asked Ms Channary if she would like LAC to arrange for professional psychological support. With Ms Channary's agreement, LAC referred Ms Channary to TPO.

In addition to defending the numerous lawsuits against Ms Channary, LAC also assisted her to assert her rights through reopening the criminal GBV complaint against the husband and taking action against the online harassment and defamation. The LAC lawyer describes this as *"one of the most difficult and complex assignments I have ever supported in my whole career as a lawyer"* – not only because of the technical legal workload, but also the additional responsibility of providing emotional support to Ms Channary and facing personal threats and intimidation from the opposing parties during courtroom encounters.

Achievements

Legal: After five years, almost all the legal proceedings have been finalised. Ms Channary's rights to the joint assets have been protected (although a final ruling remains pending) and the allegations of threatening violence and falsifying documents were successfully defended. The GBV charge against her husband was appealed up to the Supreme Court but ultimately upheld. The online harassment also stopped following the court ruling on the defamation case and a formal warning from the Provincial Department of Information concerning improper use of social media.

Psychosocial: Ms Channary had only one psychological counselling session with TPO, but this was effective. The LAC lawyer reported noticing significant improvement in Ms Channary's mental health following the referral to TPO, while Ms Channary herself described the counselling session as very helpful during the lowest point in her life.

She is deeply grateful for the extensive assistance provided to her:

> "I felt like ending my life because I was in the middle of nowhere but then once I met the service provider, they provided all the help I needed. I'm very satisfied. I felt empowered and very informed. They provided all the suggestions, recommendations, legal support, but let me have the full decision power. I hope future victims will get to experience the kind of support I've received."

Conclusion

In GBV cases, legal assistance is often understood primarily as a means of enabling survivors to obtain justice for the violence they have experienced. This case study demonstrates a broader role for specialist legal aid: protecting survivors from continuing and less visible forms of abuse

that may persist after separation, including economic abuse, legal harassment and technology-facilitated psychological violence.

LAC's specialist GBV experience enabled the lawyer to recognise the pattern of abuse underlying the multiple legal disputes and to provide a survivor-centred response to Ms Channary's interconnected legal, economic and psychosocial needs. This included being able to identify deterioration in her mental health and, with her consent, facilitate appropriate referral to TPO for specialist psychological support.

The case also illustrates the importance of continuity of specialist legal aid. Ms Channary experienced a period of service interruption during the transition between ACCESS 1 and ACCESS 2, which she described as frightening given the complexity and number of proceedings she was facing. While LAC was subsequently able to resume support, the experience highlights the potential significant gap if specialist legal services are no longer available.

Finally, LAC highlighted the value of the GBV-RWG and the resulting strengthened cross-sector relationships. This enabled LAC to promptly refer Ms Channary to TPO for psychological support, and to engage with relevant government departments in responding to the technology-facilitated abuse. This case therefore demonstrates how specialist legal assistance embedded within a coordinated GBV response system can support survivors not only to pursue justice but also to protect their rights, wellbeing and autonomy throughout a prolonged period of abuse.

Case 2

Summary
Global literature consistently indicates that women and girls with disabilities face a higher risk of GBV, making timely and effective multi-sector responses critical to their protection, recovery and access to justice. In this case, a woman with an intellectual disability and limited ability to communicate was raped by a family member and became pregnant as a result. When the initial local-level response was insufficient, her guardian used social media to contact the Ministry of Women's Affairs (MoWA), which referred the case to the relevant PDoWA. PDoWA effectively utilised the Provincial GBV-RWG to coordinate a multi-sector response involving health services, police and legal aid. The case demonstrates how strong institutional ownership of GBV response and survivor-centred practice within PDoWA has helped overcome significant barriers to accessing justice and protect a highly vulnerable survivor.

Background
Ms Pisey has an intellectual disability which limits her ability to comprehend and communicate. In 2023, one of Ms Pisey's sisters became concerned about changes in Ms Pisey's physical appearance and took her to a health clinic for a medical check-up. An ultrasound revealed that Ms Pisey was six months pregnant. Ms Pisey identified the perpetrator as the husband of her eldest sister.

Ms Pisey's mother reported the case to the commune office but was advised to mediate with the perpetrator's family. The family was unwilling to accept responsibility or provide compensation. Anxious to seek justice but without information about other available options, Ms Pisey's younger sister messaged MoWA through its Facebook page. MoWA responded the following morning and requested contact details so that the case could be referred to the relevant PDoWA. Both the mother and younger sister acted as guardians as Ms Pisey did not have the ability to communicate directly with others.

Initiative Overview

Primary counselling and needs assessment: PDoWA promptly contacted Ms Pisey's guardians to arrange a meeting and gather further information about the case. The PDoWA officer provided primary counselling to Ms Pisey and her guardians and recognised that Ms Pisey appeared to have significant cognitive limitations. Ms Pisey's guardians expressed that their primary concerns were the health of Ms Pisey and her unborn child, and seeking justice against the perpetrator.

Healthcare: PDoWA used the GBV-RWG's Telegram group to seek assistance from the provincial hospital in arranging antenatal care and a specialist psychological assessment.

The medical examination and psychological assessment were conducted in the One Stop Service Unit (OSSU) room, which provided a private environment for Ms Pisey, as well as space for her mother and younger sister to stay overnight with her. The psychological assessment formally confirmed Ms Pisey's intellectual disability. This was important both for the legal case and for helping her family understand her disability and how best to support her.

Sadly, Ms Pisey's baby died in the womb approximately one week before the estimated delivery date and had to be surgically removed.

Investigation and prosecution: PDoWA referred the case to the Provincial Police, as the seriousness of the offence exceeded the jurisdiction of the commune-level police to investigate and prepare the case to the Prosecutor's Office. The formal diagnosis of Ms Pisey's disability was central to the categorisation of the offence as an aggravated offence, which attracts higher penalties. Beyond its primary investigative duties, the police also provided Ms Pisey's family with a food package, which complemented the basic necessities and hygiene package already provided by PDoWA.

Legal representation: PDoWA also notified LAC and accompanied Ms Pisey and her family to their first meeting with LAC. The legal support had initially been provided under ACCESS 1. During the subsequent transition period between ACCESS 1 and ACCESS 2, LAC notified the GBV-RWG that it was ceasing to provide legal representation for some cases. At the time, PDoWA's approach was not to intervene in the lawyer-client relationship unless contacted by the survivor.

Two hours before the scheduled trial, Ms Pisey's younger sister telephoned PDoWA to report that they no longer had legal representation following LAC's withdrawal, and asked PDoWA to

help arrange another lawyer. PDoWA immediately contacted a pro bono lawyers' group. Although it is highly unusual to take on a case at such short notice, one lawyer agreed to do so, in part because of a previous connection with PDoWA.

Achievements

The perpetrator was convicted of rape and sentenced to eight years' imprisonment, with an order to pay 20 million riels (approximately USD4,940) in compensation. Despite the last-minute replacement legal arrangements, Ms Pisey's guardians did not report any service interruption, and the case outcome allowed them some closure. Ms Pisey's mother and younger sister highly appreciated the response provided by MoWA and PDoWA:

> "MoWA and PDoWA provided timely responses and intervened quickly. We felt reassured and safe, and we received regular updates throughout the process. For the services we received so far from the lawyer and PDoWA, everything has been very good. The lawyer provided full legal support free-of-charge. Our family would not have been able to afford a lawyer due to our limited resources."

However, Ms Pisey's guardians are frustrated that the perpetrator is still living freely in a different commune, as the court judgment remains unenforced. Weak enforcement of court decisions is a broader issue for the justice sector which is outside the influence of PDoWA and the GBV-RWG.

The case also provided PDoWA with an opportunity to reflect on its case management practices. While referrals and coordination between sectors had worked well, PDoWA recognised an opportunity to improve consistency of direct follow-up with the survivor, rather than assuming that the survivor was receiving all necessary support from the referred service providers. PDoWA identified the need for a more structured approach in which a designated case manager would take responsibility for following the case across all service providers:

> "This is a good lesson learned by us to improve on in future. Currently we don't have a specified case manager for all cases, but in future we plan to have a designated case manager who will be the one responsible for following up with all involved sectors."

Conclusion

This case demonstrates the impact of a coordinated, survivor-centred response when a case involves multiple and intersecting vulnerabilities. Although the initial commune-level response did not provide the family with an appropriate pathway to justice, the subsequent involvement of PDoWA enabled rapid mobilisation of health, psychosocial, police and legal services. PDoWA's response to the case, together with its subsequent reflection on lessons learned, demonstrates both the capability of its staff and the extent to which survivor-centred standards and procedures have become embedded in its practice through interventions under ACCESS 1 and continuing under ACCESS 2.

The case also illustrates the value of the GBV-RWG as a practical coordination mechanism. PDoWA was able to use the GBV-RWG's communication channels to mobilise multi-sector responses quickly. PDoWA further notes that the inclusion of Court representatives on the GBV-RWG has helped to strengthen PDoWA's relationship with the court, enabling PDoWA to obtain more timely updates on court proceedings.

Case 3

Summary

There are clear processes in place for formally registered marriages seeking divorce, but these processes do not apply in the same way where a marriage has not been formally registered. For informal marriages, survivors and service providers may be unclear about the options available. Where there is no marriage certificate, a couple can separate without going through a formal divorce process, but arrangements concerning child custody, support payments and division of joint assets may still need to be formalised. These matters can be pursued through the courts, but doing so requires navigating formal legal procedures.

This case illustrates the value of specialist legal assistance in helping a survivor in an informal marriage to leave an abusive relationship while protecting her economic interests and those of her children. It also provides an example of how legal protection can help address ongoing threats and harassment after separation.

[Note: The lawyer who handled the case was no longer with LAC at the time of the impact assessment. Specific details about the intervention and legal proceedings could therefore not be fully verified. Some information has been drawn from LAC's earlier case report and supplementary information provided by other LAC lawyers based on their organisational knowledge.]

Background

Ms Samnang had been married for 20 years but did not have a formal marriage certificate. From 2022, her husband began using drugs, which contributed to his increasingly financially irresponsible, violent and controlling behaviour. He accumulated large debts, destroyed or sold household belongings, and began verbally threatening and harassing Ms Samnang, including sharpening knives in an intimidating manner.

Ms Samnang wanted to end the relationship and sought assistance from her commune office. The commune office attempted mediation twice and issued a letter requiring her husband to stop his abusive behaviour, with no effect. On one occasion, he set fire to household assets, following which the police temporarily detained him. When he returned home, he continued with the same behaviour, accumulating debts of more than USD13,000 while blaming her.

In 2024, a commune officer informed her that other service providers might be able to assist. This was the first time she had heard of this possibility. The commune then referred her to

PDoWA, where officers helped to prepare a formal request for legal representation. She was also offered safe shelter at CWCC, but declined because she needed to continue working.

Initiative Overview

PDoWA referred Ms Samnang's case to LAC, where a lawyer provided legal counselling and support in preparing and filing a petition to the court. This was not for a formal divorce, given her informal marriage status, but rather to consider and rule on child custody and the division of any remaining joint assets.

Protection of economic rights: Court proceedings were complicated by her husband's repeated failure to appear, resulting in several adjournments. Ultimately, the outcome combined a court determination on child custody with a negotiated settlement concerning the family property and debts. LAC counselled Ms Samnang on the options available to her, and the advantages and disadvantages of attempting a negotiated settlement rather than continuing with the protracted court process, which could be further drawn out with appeals. Her husband had initially demanded custody of the children and that the family home be sold and the proceeds divided equally. With LAC helping to facilitate the negotiations, she ultimately agreed to pay a fixed amount to her husband while she retained full ownership of the family property.

Ongoing safety: While the legal proceedings were on foot, although Ms Samnang was already living separately at her parents' house, her husband continued to threaten and stalk her at her home and workplace, as well as online. She felt sufficiently unsafe that a family member had to accompany her to and from work. In response, LAC submitted a request for a long-term protection order on her behalf. When processing appeared to be taking longer than expected, LAC, with support from PDoWA, raised the matter at the quarterly Provincial GBV-RWG meeting, which includes representatives from the court and other relevant institutions. This contributed to expedited action by the court.

Achievements

The combination of legal advice and representation enabled Ms Samnang to secure her desired child custody arrangements and reach a settlement that allowed her to retain ownership of the family property. The process took less than ten months after she had been referred to LAC. With this final determination, she was able to sell the property, pay off the debts, restore her reputation and build a new life for herself and her children.

Coordination between LAC, PDoWA, the Provincial GBV-RWG and the court also supported follow-up on the long-term protection order. Ms Samnang did not specifically refer to the protection order when interviewed (and may not have been aware of all the legal mechanisms involved), but she reported feeling relieved that her husband's threatening and harassing behaviour had ceased.

Ms Samnang expressed deep gratitude for being referred to legal assistance, describing how the support helped her to find a way out of a situation she previously felt was impossible:

> “My case started since 2022. At that time, I didn't know where I could find help. Only in October 2024, that's when I was aware of the options. The moment the service was provided, I felt safe. It's like the end of the tunnel. He already destroyed all my assets. When I learnt that I didn't have to pay for legal services, I was very grateful because I didn't have money to hire a lawyer myself. Thank you very much for helping women who are underprivileged like me. Without the support, women would only suffer.”

Conclusion

This case illustrates the importance of moving beyond mediation when domestic violence is persistent, mediation has been unsuccessful, or the survivor's safety remains at risk. Although the absence of a formal marriage certificate initially limited the options perceived to be available at commune level, the subsequent referral to PDoWA and LAC enabled Ms Samnang to pursue legal avenues to protect her economic interests, her children’s best interests, as well as seek protection from continuing threats and stalking.

Ms Samnang also expressed appreciation for the commune’s primary counselling support and prompt responses to earlier incidents, including the threats and arson. This case therefore does not suggest that commune-level mediation is inappropriate in all cases, but highlights the need for practical guidance to help commune-level providers to understand the further options available in cases involving informal marriages, particularly where mediation has been unsuccessful or where violence or coercive control continues after separation.

Lastly, this case also demonstrates the value of the GBV-RWG as a platform for bringing all relevant sectors together, enabling updates to be shared and facilitating timely action in cases of high need.

Case 4

Summary

A 7-year-old girl was sexually abused by a neighbour while her mother was away fishing to support the family. The case required more than pursuing criminal justice: the family was living in extreme poverty, the mother was fearful of retaliation, and the child required medical, psychosocial and ongoing support.

The case was escalated from the village level through the police and district authorities to PDoWA, which coordinated with LAC and other members of the GBV-RWG. Through this coordinated response, the survivor and her family received medical care, legal representation, safety support and assistance with basic economic needs. The case demonstrates how effective coordination between government authorities and specialist NGO services can address the interconnected needs of survivors and their families.

Background

Mrs Rothana regularly spent several days fishing on the Tonle Sap to support her family of four children. While she was away, her children were cared for by relatives in the village. One day, she returned home to find her 7-year-old daughter, Mony, highly distressed. From what Mony told her, Mrs Rothana realised that her daughter had been sexually abused by a neighbour.

Shocked and horrified, Mrs Rothana immediately notified her village chief, who advised her to seek assistance from the commune council because of the seriousness of the matter. When she found the commune council office unattended, she returned to the village and notified the Administrative Police Post. The police recorded the details and tried to comfort and reassure her.

The police subsequently accompanied Mrs Rothana to meet the Commune Committee for Women and Children (CCWC) Focal Point. Working together, the CCWC Focal Point and Administrative Police Post compiled the necessary documentation and accompanied Mrs Rothana to file an official report with the District Police Inspectorate.

Initiative Overview

Legal: The District Police Inspectorate escalated the case to Siem Reap PDoWA, which arranged for Mony to undergo a forensic examination at the provincial hospital. The examination confirmed the sexual assault. Meanwhile, police located and detained the suspect.

PDoWA then referred the case to LAC. With the assistance of the CCWC Focal Point, LAC contacted Mrs Rothana and interviewed her and Mony at their home. LAC proceeded to provide legal representation to protect the rights of the survivor in the criminal proceedings and litigate her claim for civil compensation. This included coordinating with the police, collecting and submitting evidence to the court, preparing Mrs Rothana and Mony for hearings, and representing them in court.

Safety: At the same time, the CCWC Focal Point undertook active case management to address the family's wider needs. Mrs Rothana was initially very fearful of retaliation from the perpetrator's family or friends, so she was provided with the direct telephone numbers of the CCWC Focal Point and Administrative Police Post. The CCWC Focal Point maintained regular contact through telephone calls and home visits and accompanied Mrs Rothana and Mony to court hearings and other appointments.

Economic needs: The family's extreme poverty also created additional vulnerabilities. Through the network of the District GBV-RWG, the CCWC Focal Point was able to mobilise support and donations: the commune council and an NGO provided food and school materials, district authorities provided some financial assistance and a bicycle for the older children to travel to school, and another NGO provided funds and guidance to help Mrs Rothana establish a small snack-selling business in the village. This enabled her to earn an income closer to home and reduce the need to leave her children in the care of others.

Achievements

The criminal trial and civil proceedings were completed within four months. The perpetrator was sentenced to 7 years in prison and ordered to pay 12 million riels (approximately USD 3,000) in compensation for psychological trauma. LAC's legal expertise and survivor-centred techniques helped to overcome evidentiary challenges arising from the survivor's young age and trauma, as well as the parents' difficulty in understanding the court's questioning. However, the service providers highlighted a need for specialist child psychologists to assist in communicating with the affected child in cases like these.

Regular communication and follow-up helped Mrs Rothana feel reassured throughout what could otherwise have been an overwhelming process. The family also received food, school materials, financial assistance and livelihood support, helping to address some of the economic pressures that increased their vulnerability.

Mrs Rothana described the coordination positively:

> "They accompanied us to the next level. When I was scared, they calmed me down. [The coordination] was very good. From one level to another, it was fine."

The CCWC Focal Point credited initial and refresher GBV training for strengthening her knowledge and skills to coordinate the necessary responses and connect with other sectors through the GBV-RWG. She continues to monitor the family's wellbeing and seek additional support, recognising that longer-term assistance would be important for Mony's recovery and the family's stability.

Conclusion

This case demonstrates that an effective GBV response requires more than referral for legal action. For a child survivor from a highly vulnerable family, pursuing justice needed to be accompanied by medical care, safety planning, legal representation, regular case management and assistance with basic economic needs.

ACCESSS 2

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