

# The Responsibility to Prevent and Respond to Sexual and Gender-based Violence in Disasters and Crises

Research results of sexual and gender-based violence (SGBV) prevention and response before, during and after disasters in Cambodia



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## Abbreviations

AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACDM	ASEAN Committee on Disaster Management
ASEAN	Association of Southeast Asian Nations
CCA	Climate Change Adaptation
CDHS	Cambodia Demographic Health Survey
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHF	Cambodian Humanitarian Forum
CRC	Cambodian Red Cross
CWCC	Commune Women and Children's Committee
DM	Disaster Management
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
HRF	Humanitarian Response Forum
IFRC	International Federation of Red Cross and Red Crescent Societies
KIIs	Key Informant Interviews
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MoWA	Ministry of Women Affairs
NAP-DRR	National Action Plan for Disaster Risk Reduction
NCDM	National Committee for Disaster Management
NDF	National Development Framework
NGO	Non-Governmental Organizations
NSDP	National Strategic Development Plan (2014-2018)
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SGBV	Sexual and Gender-Based Violence
UN	United Nations
UNDP	United Nations Development Programme
UNISDR	United Nations Office for Disaster Risk Reduction





## Executive Summary

This report contributes additional evidence to why and how sexual and gender-based violence (SGBV)<sup>1</sup> risks increase during humanitarian disasters and provides follow-up research to *The Responsibility to Prevent and Respond to Sexual and Gender-based Violence in Disasters and Crises* published by the IFRC in 2018. It details how humanitarian actors can better prevent and respond to such escalation of SGBV and better meet the needs of affected women, girls, men and boys. This research is based on community views of disaster-affected women, adolescent girls, men and adolescent boys in Cambodia.

This research directly contributes to ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021 - 2025<sup>2</sup> and calls for all members of the IFRC to strengthen implementation of the *IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies* (2018) and related protection standards.

Data for this report was collected in two disaster-affected sites in Cambodia in order to:

- understand how SGBV affects women, girls, men and boys differently in all disaster-affected ASEAN countries during and after disasters
- map essential SGBV response services in the health, legal, security and psychosocial sectors that remain functioning during a disaster
- document how public authorities (including ASEAN coordinated response) and humanitarian actors (especially the Movement<sup>3</sup> actors) have responded to disaster-affected communities in the areas of SGBV prevention and response in order to collect and document good practices and recommend areas of improvement.

Local volunteers of the Cambodia Red Cross were trained to identify and conduct safe data collection on SGBV in their communities. Through these local humanitarian actors, 514 disaster-affected individuals (292 women and 222 men) participated in household surveys, 180 disaster-affected individuals (49 women, 33 adolescent girls, 52 adolescent boys and 45 men) participated in focus group discussions (FGDs) and 28 individuals shared perspectives in key informant interviews (KIIs), representing the health, legal, security and psychosocial sectors.

SGBV is an issue faced by all communities. It is often life-threatening and impacts a survivor's daily life, dignity, rights, livelihood and health. SGBV during and after disaster situations and other emergencies is under-researched and largely ignored in policy circles.<sup>4</sup> At the time of this research, few studies focused on low-income, developing countries and go beyond researching the gendered effects of SGBV on women and girls.

1 Sexual and Gender-Based Violence (SGBV) is defined as an umbrella term for any harmful act that results in, or is likely to result in physical, sexual or psychological harm or suffering to any person on the basis of their gender. Sexual and gender-based violence is a result of gender inequality and abuse of power (RCRC International Conference Resolution 3, 2015).

2 AADMER Work Program: <https://asean.org/wp-content/uploads/2021/08/AAD-MER-Work-Programme-2021-2025.pdf>

3 "The Movement" refers to the International Red Cross and Red Crescent Movement, which is composed of the International Federation of Red Cross and Red Crescent Societies, the International Committee of the Red Cross and the Red Cross and Red Crescent National Societies. It is a network of 80 million people that helps those facing disaster, conflict and health and social problems. (<https://www.icrc.org/en/who-we-are/movement>)

4 IFRC. Unseen, Unheard: Gender-based violence in disasters: Global study. Geneva, 2015.



Consequently, many humanitarian agencies not only overlook needs of women but also completely overlook men, boys and sexual minority groups as SGBV survivors in their needs assessments and discussions with communities, as well as during data collection and response programming.

**Similar to previous research from Lao People’s Democratic Republic, the Philippines and Indonesia, key findings in this report illustrate that the risks of SGBV are exacerbated during disaster situations in Cambodia, and that “disaster responders” and actors addressing needs of SGBV survivors are not working together adequately to reduce these risks. This research shows that this is a trend applicable to other disaster contexts.**

## Key recommendations

### To all actors:

- Improve the capacity to mainstream gender into the development and implementation of laws, policies, programmes and projects on disaster prevention and control.
- Develop approaches and materials for use by actors and officials to inform communities of existing support systems and services.
- Continue to raise awareness and understanding on zero tolerance for SGBV and domestic violence in all its forms.

### To Government (national and sub-national) and sector-specific actors:

- Review and assess the current status, quality and needs of support services for survivors of disasters and SGBV.
- Strengthen disaster management committees and local authorities at provincial, district, commune and village levels to prevent, mitigate and respond to SGBV, including by improving disaster preparedness and planning.
- Integrate SGBV prevention and response interventions into the national disaster law framework and improve legal enforcement of SGBV-related legislation.
- Design safe evacuation sites or centres for women, girls, boys and men.

### To the IFRC and National Societies:

- Prioritise the implementation of the revised IFRC *Minimum Standards for Protection, Gender and Inclusion in Emergencies and the Joint Action for Prevention and Response to SGBV* training package.
- Partner with external, specialised organisations and agencies who can strengthen a coordinated response for SGBV survivors.
- Implement early intervention and awareness programmes on SGBV prevention and response.
- Integrate protection, gender and inclusion (PGI) core competencies into the Terms of Reference for each person deployed for field operations.
- Develop a holistic and survivor-centred medical response during disasters.



## Chapter One: Background and Methodology

### 1.1. Background

Considering the fact that SGBV is the leading cause of death among women aged 18-44<sup>5</sup> (in some countries), that at least one-third of women experience some type of SGBV in their lifetime<sup>6</sup> and that Asia Pacific is the most disaster-prone region in the world<sup>7</sup>, it is crucial to assist all SGBV survivors with stronger support mechanisms during disasters and other emergencies.

SGBV is a vital humanitarian protection concern, emerging from gender inequality and an abuse of power. Preventing SGBV during disasters not only refers to stopping the violent incident itself but focusing on a long-term strategy to reduce gender inequality and harmful gender-related values and norms in communities as well. Specific examples of SGBV prevention before, during and after disasters may include increasing women's and girls' economic empowerment and social protection, engaging men, boys and sexual minorities in the transformation of gender norms and values, and increasing awareness of sexual and reproductive health and rights during emergencies.<sup>8</sup> SGBV response, then, concentrates on ensuring there are strong referral pathways and multi-sectoral services available for both female and male survivors during disasters. Specific examples of such a response may include strengthening in-country health, security, legal and psychosocial support services so they remain functioning during a disaster. Training and mentoring more personnel in these sectors to specifically address the needs of survivors is also an example of responding to SGBV.

In 2015, the IFRC collected nine qualitative case studies on SGBV prevention and response in disaster-affected countries, including Bangladesh, Bosnia-Herzegovina, El Salvador, Haiti, Malawi, Myanmar, Namibia, Romania and Samoa. The primary aim of this research<sup>9</sup> was to better understand what characterises SGBV during disasters, how legal and policy frameworks should be adapted and how National Societies and other local actors can prevent and respond to SGBV during disasters. As a result of this research, International Conference Resolution 3<sup>10</sup> on "SGBV: Joint action on prevention and response" was passed during the 32nd International Conference<sup>11</sup> in December 2015.

This resolution calls for the IFRC in cooperation with National Societies and other

5 Amos, Valerie. *Women in Relief and Recovery: Putting Good Policies into Action*. In: *Women on the Frontlines of Peace and Security*. United States: National Defense University Press, 2014.

6 <http://www.who.int/mediacentre/factsheets/fs239/en/>

7 <http://www.un.org/apps/news/story.asp?NewsID=53407#.WW1x28ILdZo>

8 SIDA. *Preventing and Responding to Gender-based Violence: Expressions and Strategies*. Edita, 2015.

9 IFRC. *Unseen, Unheard: Gender-based violence in disasters: Global study*. Geneva, 2015.

10 IFRC. 32nd International Conference of the Red Cross and Red Crescent. *Sexual and gender-based violence: Joint action on prevention and response*. December 2015. ([http://rcrcconference.org/wp-content/uploads/2015/04/32IC-AR-on-Sexual-and-gender-based-violence\\_EN.pdf](http://rcrcconference.org/wp-content/uploads/2015/04/32IC-AR-on-Sexual-and-gender-based-violence_EN.pdf))

11 The International Conference is a forum which drives major policy decisions and outcomes in the global humanitarian arena. It brings together all States who are party to the Geneva Conventions, the IFRC, ICRC and 190 National Red Cross Red Crescent Societies to make commitments on crucial humanitarian issues, such as the strengthening of humanitarian law frameworks and creating enabling environments for volunteering. Significant external partners, such as NGOs, academic institutions, the United Nations and its specialised agencies and international and regional partners are invited as external observers.

relevant partners to continue its research and consultations, to build capacity on SGBV prevention and response during disasters and other emergencies and to enforce zero tolerance in the prevention of sexual exploitation and abuse. The resolution also calls upon States to review and strengthen their domestic legal frameworks, ensuring applicable international obligations related to SGBV are reflected and enforced, and to assess the disaster resilience of these frameworks to ensure that laws, institutions and support systems continue to function in times of disaster.

Since the passing of this resolution, the IFRC has conducted a global study (including case studies from Ecuador, Nepal and Zimbabwe), titled *Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters*.<sup>12</sup> This research report analyses how current national laws and policies address: (1) Protection against and response to SGBV in disasters (disaster resilience of normal support systems through health and social welfare and community mechanisms, as well as consideration of these issues in Disaster Risk Management (DRM) laws and policies); and (2) Gender equality in disaster risk management systems (gendered roles, avoiding sex discrimination in providing assistance, the extent of women's participation and voice, as well as meeting the distinct needs of women and girls affected by disasters).<sup>13</sup> Additionally, the first phase of research on SGBV conducted by the Philippines Red Cross, Laos Red Cross and Palang Merah Indonesia (PMI) in 2017 has provided important recommendations for improving prevention and response to SGBV, with key follow-up programming taking place at the time of this research.

This research has a section on the linkages between disaster-related legislation, policies and procedures and legal frameworks related to SGBV prevention and response and how they are interconnected in disaster management and response. This analysis does not address the efficiency of implementation of anti-SGBV laws and regulations in peace time or in the context of a natural disaster or other emergency.

ASEAN is also strong in the commitments it has made toward protecting women, girls, boys and men during disaster time. The ASEAN Vision 2025 on Disaster Management is guided by the five key outcomes of the World Humanitarian Summit, including dignity, safety, resilience, partnerships and finance. On dignity, the vision states: "With dignity, ASEAN will need to further develop and apply its people-centred approach as a main priority. This approach at the centre of the humanitarian initiative will ensure gender equality and empowerment for women, girls, the youth and children so that they can act as agents of their own response."<sup>14</sup> On safety, the vision emphasizes: "ASEAN and the future implementation of AADMER need to ensure that there are mechanisms to enable protection and assistance for all especially those most vulnerable. Protection should be a priority for all ASEAN responders at all times during humanitarian events."<sup>15</sup> This vision is reflected in the recent AADMER Work Programme, with strong links to protection, gender and inclusion.<sup>16</sup>

12 IFRC. *Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters – Global case study*. Geneva, 2017.

13 *ibid.*

14 Association of South East Asian Nations (ASEAN). *ASEAN Vision 2025 on Disaster Management*. 2016.

15 *ibid.*

16 <https://asean.org/wp-content/uploads/2021/08/AADMER-Work-Programme-2021-2025.pdf>

The ASEAN Regional Plan of Action on the Elimination of Violence against Women (EVAW) (2016-2025)<sup>17</sup> has two major objectives: (1) for ASEAN to institutionalise EVAW policies and sustain support across pillars and sectors; and (2) for each ASEAN member state to have effective prevention and protection services supported by the national EVAW legal framework and institutional mechanisms. These objectives are also in line with the ASEAN Socio-Cultural Blueprint 2025<sup>18</sup> and the five-year work plans of the ASEAN Committee on Women (ACW)<sup>19</sup> and the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC)<sup>20</sup>. One of the primary objectives in the ACW 2016-2020 Work Plan is to “Enhance regional and national initiatives to improve the protection and empowerment of women, especially those in vulnerable situations, including the elderly, and those with disabilities, key affected women of HIV/AIDS (women living with HIV/AIDS), internally displaced persons, and women at risk or victims of gender-based violence including domestic violence and trafficking.” In the ACWC 2016-2020 Work Plan, all thematic areas are relevant to this research, but thematic area six in particular, which focuses on stronger child protection systems especially applies to the outcomes of this research.

For this research, the recommendations target and involve humanitarian actors at all possible levels of prevention and response:

1. Globally, this research project and its results are a contribution to the Call to Action on Protection from Gender-based Violence in Emergencies. Since the 2013 inception of this Call to Action, humanitarian stakeholders have implemented its roadmap and are advocating for more field-level implementation.<sup>21</sup>
2. Regionally, the results of this research are seeking a more effective partnership with the ACDM and other relevant ASEAN bodies, further involvement in the development and implementation of the ASEAN Regional Guidelines on Social Protection in times of disasters, and contribution toward the revised Standard Operating Procedures (SOPs) of regional-level disaster preparedness, response and recovery.
3. At the national level, this research project aims to advocate: (1) the strengthening of domestic disaster-related legislation, policies, and procedures, including implementation and contingency planning to ensure continued function of existing legislation, institutions, and services in times of disaster with regards to SGBV prevention and response; (2) coordination among governmental and non-governmental humanitarian actors on SGBV prevention and response during disasters; and (3) stronger partnerships among humanitarian actors to better address the needs of survivors during disasters.
4. At the provincial level of each country, this research project aims to strengthen capacities of the health, legal, psychosocial, and security sectors to be able to respond to the needs of survivors.
5. Within the communities selected for data collection, the research results will contribute to stronger referral pathways and multi-sectoral programme services for survivors.

17 Association of Southeast Asian Nations (ASEAN). *ASEAN Regional Plan of Action on the Elimination of Violence against Women (ASEAN RPA on EVAW)*. 2014.

18 Association of Southeast Asian Nations (ASEAN). *ASEAN Socio-Cultural Blueprint 2025*. 2016.

19 <https://asean.org/asean-socio-cultural/asean-ministerial-meeting-on-women-am-mw/over-view>

20 Association of Southeast Asian Nations (ASEAN). *ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC)*. 2018.

21 Call to Action on Protection from Gender-based Violence in Emergencies. *Road Map 2016-2020*. September 2015.

This research has not only built capacity among Red Cross Red Crescent (RCRC) staff and volunteers in Cambodia on SGBV awareness, but also on how to collect sensitive SGBV related data both quantitatively and qualitatively in an ethical and safe manner. Its planning and implementation process are the result of an effective partnership between the IFRC and the ACDM Working Group on Prevention and Mitigation, a large number of IFRC staff from the Asia Pacific region, the Cambodia Red Cross, and select external partners. Contributing to new knowledge and practice on multiple fronts, this report is an important bridge between law and policymakers, academics and practitioners to advance the agenda on improving SGBV prevention and response during emergencies. The target audience for this research includes, but is not limited to:

(1) legislators and policymakers in ASEAN member states; (2) the three ASEAN pillars: Political-Security Community, Economic Community and the Socio-Cultural Community; (3) first responders during disasters, alongside the government, such as National Societies, UN agencies, international and local NGOs; and (4) health, legal, psychosocial, security, and livelihoods sectors related to SGBV prevention and response during disasters.

Given that there has not been recent research conducted on SGBV in disasters in Cambodia at the time of data collection, this research is an important addition to understanding the views and needs of communities, and the people working within communities, in order to prevent and respond to SGBV during disasters and crises. It contributes to the larger body of research on SGBV conducted in South-East Asia. Although the Government of Cambodia is committed to ensuring gender equality in all fields, including disaster risk reduction, there are several challenges and limitations in the implementation of these commitments. This research reveals several areas for disaster response and recovery programmes to improve prevention and response to SGBV by the government, and where applicable, by other actors working with communities across the country.

## 1.2. Key Definitions and Concepts

The following are select key definitions and concepts applied throughout the report.

**Gender** refers to the social differences between females and males throughout their life cycles. Although deeply rooted in every culture, these social differences between females and males are changeable over time and are different both within and between cultures. Gender determines the roles, power and resources for females and males in any culture.<sup>22</sup>

**Sexual and Gender-based Violence (SGBV)** is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse.<sup>23</sup>

**Diversity** means acceptance and respect for all forms of difference. This includes, but is not limited to, difference in: gender, sexual orientation, age, disability, HIV status, socio-economic status, religion, nationality and ethnic origin (including minority and migrant groups).<sup>24</sup>

**Protection** in humanitarian action is fundamentally about keeping people safe from harm. It aims to ensure the rights of individuals are respected, to preserve the safety, physical integrity and dignity of those affected by natural disasters or other emergencies, armed conflict or other situations of violence. The Inter-Agency Standing Committee's definition of protection is the one most commonly accepted by humanitarian actors (including the Movement): "all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. Human Rights Law, International Humanitarian Law, Refugee law)." Protection in the Movement has both internal and external aspects. Internally, it refers to ensuring that the actions of the Movement respect and do not endanger the dignity, the safety and rights of persons. Externally, it refers to actions intended to ensure that authorities and other actors respect their obligations and the rights of individuals.

### Survivor-centred approach

This approach is defined by four guiding principles:

(1) Safety; (2) Confidentiality; (3) Respect; and (4) Non-discrimination.

<sup>22</sup> IFRC. *IFRC Strategic Framework on Gender and Diversity Issues*, 2013-2020, p.2.

<sup>23</sup> IFRC and ICRC. *Background Report on Resolution 3 "Sexual and gender-based violence: joint action on prevention and response,"* p.2, October 2015 (in preparation for the 32nd International Conference).

<sup>24</sup> IFRC. *Strategic Framework on Gender and Diversity Issues*, 2013-2020, p.2.



In practice, this means that the physical safety of all survivors who are respondents during the research or beneficiaries during follow-up community-based programmes, shall be ensured. The SGBV related incidents and stories that survivors share during the research or as participants of community-based programmes, shall be kept confidential and stored either in a locked facility or as encrypted data on a computer. The decisions of all survivors shall be respected. All staff involved in SGBV prevention and response projects, including but not limited to the research data collection team, RCRC volunteers and staff, and individuals associated to SGBV prevention and response community-based projects, will give referral service information to survivors. Finally, non-discrimination will be practised towards all survivors and case disclosures.

**Disaster** is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.<sup>25</sup> The IFRC SOPs<sup>26</sup> define disasters according to three levels:

1) RED (high scale, such as Typhoon Haiyan in the Philippines); 2) ORANGE (mid-scale, such as the Pidie Jaya earthquake in Aceh; and 3) YELLOW (small-scale, such as the 2016 floods in LAO PDR).

**The two disaster-affected areas of research for this report were both category Yellow. Please refer to the previous report for research on Red and Orange scale emergencies.**

**Frameworks for the protection of people** are grounded in legislation, establishing institutions and services, as well as allocating resources. Disaster Law refers to disaster-related legislation, policies and procedures which address the roles and responsibilities to manage and respond to disasters, minimise the impact of disasters and reduce disaster risks in order to make communities safer, to ensure timely and effective humanitarian relief, and to improve the protection of the most vulnerable when faced with crisis. Most countries have reflected international commitments on equality and equity in National Constitutions or Bills of Rights, and disincentives reflected in their Criminal Codes. As such, SGBV prevention, mitigation and response already exists in legal structures (implementation and resourcing vary). Disaster Law seeks to ensure that these frameworks are integrated with DRM frameworks, resourced and their disaster resilience increased so that they can continue to function in times of disaster.

<sup>25</sup> United Nations' International Strategy for Disaster Reduction (UNISDR)

<sup>26</sup> IFRC. *IFRC Secretariat Standard Operating Procedures for Disaster Response and Early Recovery in Asia Pacific*. September 2011. (<https://www.rcrc-resilience-southeastasia.org/wp-content/uploads/2016/02/Asia-Pacific-SOP.pdf>)

### 1.3. Methodology and Scope

A vast amount of literature was reviewed for this research, including academic literature in the form of dissertations, books and articles in peer-reviewed journals. This review informed the methodology and scope for this research. To represent the practitioner viewpoint as well, many pieces belonging to the “grey” literature category, in the form of NGO, Movement, INGO, UN, media, and blog reports were also included. An emphasis was also put on trying to find literature on SGBV prevention and response during crisis in developing countries, especially for the Asia Pacific region.

SGBV prevention and response during disasters remains a largely under-researched and unaddressed topic. Major themes and gaps include:

- The continued lack of safety and security in temporary housing. While the guidance on shelter planning, design and construction has improved, the use of such guidelines remains limited. Both past research and this current study document the lack of lighting, separate toilets for men and women and few safe spaces for women and children in temporary housing.<sup>27</sup>
- Low participation by women in shelter management committees and during relief distributions leading to increased risks of SGBV.<sup>28</sup>
- Low engagement of men and boys in planning, programming, implementation, and monitoring in community-based programmes on SGBV prevention and response, both during disaster and non-disaster time.<sup>29</sup>
- The disconnect between DRM legislation, policies and procedures and SGBV related laws and their implementation during disaster time.<sup>30</sup>
- The breakdown in multi-sectoral services for survivors (legal, psychosocial, security, and health) during disasters and weak referral pathways.<sup>31</sup>
- Improvement in national, district and community level coordination among governmental and non-governmental humanitarian actors to prevent and respond to SGBV.

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27 Global Shelter Cluster Working Group on SGBV Risk Reduction. *Good Shelter Programming, Tools to Reduce the Risk of SGBV in Shelter Programmes*. 2016. Trial edition.

28 *ibid.*

29 Mishra, P. *Let's Share the Stage: Involving Men in Gender Equality and Disaster Risk Reduction* in Enarson, E. and Chakrabati, P.G. (Ed.) *Women, Gender and Disaster: Global Issues and Initiatives*. Delhi: SAGE Publications, 2009.

30 IFRC. *Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters: Nepal Country Case Study*. 2017.

31 Global Protection Cluster, GBV Area of Responsibility (GBV AoR). *GBV Sub-cluster – Typhoon Yolanda – MIRA Secondary Data Review: Compiled 22 November 2013*. (<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/GBV%20Secondary%20Data%20Review%20v4.pdf>)

- The link between well-designed livelihoods interventions and reduction in domestic violence.
- Low analysis of at-risk groups and knowledge on safe and ethical data collection.
- Low inclusion of men, boys, and individuals of diverse sexual orientations, gender identities and sex characteristics in the planning, programming, and implementation of projects meant to address the needs of survivors.<sup>32</sup>
- Inadequate analysis of regional prevention and response mechanisms to prevent and respond to SGBV.



<sup>32</sup> Rumbach, J. and Knight, K. *Sexual and Gender Minorities in Humanitarian Emergencies* in Roeder Jr, L.W. (Ed.) *Issues of Gender and Sexual Orientation in Humanitarian Emergencies: Risks and Risk Reduction*. Virginia: Springer, 2014.

The primary research questions for this study have emerged both from the literature review and the past “Unseen, unheard” studies. They are as follows:

*Overall research question:*

How can public authorities (focus on national ASEAN governments) and humanitarian actors (focus on National Societies and the IFRC) better prevent and respond to SGBV during disasters?

*Sub-research questions:*

- What characterises SGBV in disasters? How does SGBV, during and in the direct aftermath of disasters, affect women, girls, boys and men differently?
- To what degree are gender issues incorporated in the national disaster risk management laws and policies?
- How can the existing legal and policy framework be strengthened to better address gender (including participation of women and girls) and prevention and response to SGBV, including prevention of sexual exploitation and abuse (PSEA) by humanitarian agencies and aid workers?
- What kind of response systems exist or need to be developed to help SGBV survivors during and right after disasters when existing essential services have broken down?

The characteristics of the types of SGBV are covered by the household survey results, whereas how SGBV affects women, girls, men and boys differently emerges from the FGDs. The background section addresses how legal and policy frameworks address or do not address SGBV prevention and response during disasters. Insights into existing response systems for survivors during disasters are highlighted in the KII results.

A secondary yet significant goal of this research was to improve how data on SGBV is collected during disasters, and that it is done in an ethical and safe manner. Therefore, a mixed methods research design, which is sequential in nature, was implemented for this project.<sup>33</sup> The content of the data collection tool is guided by the WHO publication “Ethical and Safety Recommendations for “Researching, Documenting and Monitoring Sexual Violence” (2007). The majority of studies conducted on SGBV prevention and response, particularly at the community level, tend to be qualitative and narrative in nature. While larger studies and research including quantitative components, such as household surveys, are increasing in number, they tend to be the minority choice. Some of the reasons it remains difficult to implement mixed methods studies effectively includes the level of technical skills required to carry out multiple methods, and more practical reasons, such as the logistics, time and budgetary constraints involved. Data on SGBV, and especially primary data, is also difficult and sensitive to collect and is often not collected in a survivor-centred way.

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<sup>33</sup> Morgan, David L. *Practical Strategies for Combining Qualitative and Quantitative Methods: Applications to Health Research*. SAGE Journals, 1998 and Morse, J. *Approaches to Qualitative-Quantitative Methodological Triangulation*. Nursing Research, Vol. 40, 1991

Despite the challenges in integrating methodologies, a mixed methods design was the most desirable choice for this research, not only because it answers the driving research questions most effectively, but also because it fulfils multiple aims outlined in Greene's (1989) and Bryman's (2006)<sup>34</sup> justification frameworks used for explaining the rationale behind using a mixed method approach. Specifically, two stages of data collection, qualitative and quantitative, have been used for this research to ensure the following:

*Triangulation:* The goal was to reach soundness of results by ensuring corroboration in the application of both methods.<sup>35</sup>

*Complementarity and Completeness:* It is hoped that the quantitative research will aid in the "elaboration, enhancement, illustration, clarification" of the results that were garnered.<sup>36</sup>

*Expansion and/or answering different types of sub-research questions:* Mixed methods are being applied in this research design to "extend the breadth and range of enquiry by using different methods for different inquiry components."<sup>37</sup> For more effective instrument development: The design and content of the household survey is based on guidance from the following tools: (1) the Reproductive Health in Conflict Consortium's (RHRC) "Gender-based Violence Tools Manual" (2004), (2) PATH's and the WHO's "Researching Violence Against Women" manual (2005); (3) the WHO's "Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence" (2007); and (4) a review of past surveys conducted by UNFPA, the IRC and Partners4Prevention.

#### Population Sampling for the Household Survey

To answer the research questions most effectively, the following population selection criteria was applied: the village sites or primary sampling units (PSUs) chosen for the research had to be disaster-affected within the last five years. "Disaster-affected" is defined by the number of affected households, the number of damaged houses and whether individuals had to leave their homes and live in temporary housing. Household level data was obtained from the disaster management and health teams in the National Societies, online data bases such as the Humanitarian Data Exchange, and Ministries responsible for disaster preparedness, response and recovery.

Two data collection sites were purposely chosen in Cambodia to collect responses and perspectives from communities affected by different types of disasters, differing lengths of temporary housing and different types of geography, ranging from rural to urban to coastal. The chosen population number for each country is at a 95 percent confidence interval with a five per cent margin of error. At the household level,

34 Greene, JC. *Toward a Conceptual Framework for Mixed-Method Evaluation*. Educational Evaluation and Policy Analysis. Vol. 11, No. 3, Fall 1989.

35 *ibid.*; p.105 and Bryman, A. *Triangulation*. SAGE Research Methods, 2011.

36 Greene, JC. *Toward a Conceptual Framework for Mixed-Method Evaluation*. Educational Evaluation and Policy Analysis. Vol. 11, No. 3, Fall 1989.

37 *ibid.*; p.259

disaster-affected households were randomly sampled based either on official government household lists or a list created with community leaders for updated information. The household survey was administered to adult men and women (above the age of 18). The target was to reach 50 per cent adult male respondents and 50 per cent adult female respondents. In reality, the percentage of women reached was roughly 56%.

The household survey has sections on population demographics, conditions of temporary housing in case the respondent left his/her home during the disaster, participation of women during relief distributions and in shelter management committees, safety and security concerns for women, girls, men and boys, incidents occurring in the aftermath of the disaster that were harmful for women, girls, men and boys, SGBV between married couples or respondents in relationships in the six months following the disaster, and suggested community-based coping mechanisms for both male and female survivors. The survey was administered through the open data kit (ODK) on mobile phones. To complement and enrich the household level data, FGDs with disaster-affected men, women (age 18-60), adolescent boys and girls (age 13-17) and KIIs with health, legal and psychosocial services, police, community leaders, and humanitarian actors were conducted. For the FGDs with adolescent boys and girls, written consent for them to participate was sought from either the parent or guardian.

The data collection teams were comprised of an in-country lead researcher, four field supervisors, and an equal number of female and male data collectors. An in-country external consultants with expertise in research was recruited as the lead researcher. Field supervisors were either externally recruited or recruited from within the National Society. Data collectors were all RCRC volunteers with frontline experience during disaster response. Each data collection team underwent a four-day training, covering topics relevant to SGBV and the ethics and safety measures for the actual data collection. The second half of the training included multiple rounds of household survey administration practice, FGD practice and a pilot test to ensure the effectiveness of the data collection instruments.

The household surveys, FGDs and KIIs were conducted over a period of six weeks in August and September 2018. This research, commissioned by the IFRC as part of a global research initiative to bolster SGBV prevention and response during and after disasters, and as a follow-up to the previous three case studies, continues to fill the abovementioned gaps and make valuable recommendations for multi-sectoral follow-up action in Cambodia.

**CAMBODIA**

## Key findings



42% of respondents reported domestic violence increased against women and girls after a disaster



18% of respondents said sexual harassment against women and girls increased after a disaster



Only 12% reported being able to access psychosocial counselling services



44% of respondents knew of someone injured by domestic violence during and after a disaster

## Risk factors identified



Domestic violence is a systemic concern



Unsafe temporary housing and evacuation centre conditions



Loss of livelihoods and inadequate livelihood interventions



Lack of awareness of SGBV and where to seek support

## What can be done?



Create awareness of SGBV and where to seek support in communities



Improve design of shelter and WASH facilities through consultation with women, men, girls and boys



Strengthen coordination between psychosocial, legal, and security sector



## Research snapshot



- **514** household respondents (292 female and 222 male) from 36 villages in six districts (5 rural and 1 urban) affected by different types of disasters, including floods, storms and drought were interviewed. Of these 514 households, 28 per cent were from displaced communities and 72 per cent from resident communities.
- **180** disaster-affected individuals (82 female and 97 male) participated in 23 focus group discussions divided across four sub-groups: 49 women; 33 adolescent girls aged 13-17 years; 45 men and 52 adolescent boys aged 13-17 years.
- **28** key informant interviews were held across sectors, including commune council representatives, provincial and district authorities in targeted provinces (including Ministry of Women Affairs, disaster management committees and the police), and six national level agencies - MoWA, NCDM, Humanitarian Response Forum (HRF), Cambodian Humanitarian Forum (CHF) and two NGOs - People in Need (PiN) and ActionAid).
- **51 per cent** of all respondents stated they were distressed by the rise in domestic violence after a disaster, and 18 per cent expressed they were distressed by the rise in sexual harassment.
- **7 per cent** of respondents reported being aware of cases of rape during periods of disaster.
- **42 per cent** of respondents believed SGBV against women, girls, boys and men increased during periods of disaster.
- **Twice** as many perpetrators of all forms of violence were male (42 per cent); 20 per cent of respondents identified female perpetrators.
- **Family members** (including extended family) were reported as the most sought-out parties for assistance (30 per cent) after an incident of violence, closely followed by community/ village leaders (29 per cent) and the police (28 per cent).
- **29 per cent** of respondents attributed increased violence to impacted livelihoods and/or employment and not being able to care for families.



## 2.1. Background and Context

Cambodia has a population of approximately 16 million and lies at the heart of Southeast Asia. The United Nations categorises Cambodia as a Least Developed Country (LDC).<sup>38</sup> Between 2008 to 2017, the UN Office for the Coordination of Humanitarian Affairs (OCHA) reported that 3.7 million people in Cambodia have been affected by flooding; 2.5 million by droughts; and 0.2 million by storms.<sup>39</sup> Cambodia's overall Disaster Risk Index in 2018 is 4.7/10,<sup>40</sup> the highest of its three immediate neighbouring countries. Its specific hazard and exposure risk factors ranged from 9.5/10 for flooding; 4.7/10 for droughts; 4.4/10 for tsunami; 4/10 for tropical cyclones and 4/10 for disaster events created by human interventions. Localised flooding and drought are annual events, with 70 per cent of the population living in rural areas and dependent on subsistence agriculture. Therefore, natural disasters have a devastating impact on livelihoods and families.

### Sexual and gender-based violence

In terms of SGBV prevalence during non-disaster periods, the National Survey on Women's Health and Life Experiences reported that "21 per cent of women have experienced physical and/or sexual violence by an intimate partner at least once in their life" and "32 per cent of women reported experiencing emotional abuse by an intimate partner in their life".<sup>41</sup> Over 30 per cent of Cambodian women had experienced physical, sexual, emotional, or economic intimate partner violence during their lifetime.<sup>42</sup>

The United Nations multi-country study on men and violence in Asia and the Pacific (2013),<sup>43</sup> and its research in Cambodia, reported that "36 percent of partnered men reported using physical and/or sexual violence against an intimate partner in their lifetime; 7 per cent reported doing so in the last 12 months."

The Ministry of Women's Affairs (MoWA) report identifies that challenging social norms related to the acceptability of violence against women is increasingly vital, as over 50 percent of the women who participated in the Cambodia Demographic and Health Survey (CDHS) endorsed at least one reason why it is acceptable for a man to beat his wife. Similar results were presented in the National Survey on Women's Health and Life Experiences in Cambodia report, with the main reason for not seeking help being "because they thought the violence was normal."<sup>44</sup>

38 List of LDC countries (as of 18 March 2018) ([https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc\\_list.pdf](https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc_list.pdf))

39 List of LDC countries (as of 18 March 2018) ([https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc\\_list.pdf](https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/ldc_list.pdf))

40 INFORM is a global, open-source risk assessment for humanitarian crises and disasters. It can support decisions about prevention, preparedness and response. ([www.inform-index.org/](http://www.inform-index.org/))

41 Ministry of Women's Affairs, Cambodia. 2015 *National Survey on Women's Health and Life Experiences in Cambodia*. 2015. ([http://www.wpro.who.int/mediacentre/releases/2015/vaw\\_full-en.pdf](http://www.wpro.who.int/mediacentre/releases/2015/vaw_full-en.pdf))

42 MoWA and UNFPA. *Women's Experience of Domestic Violence and Other Forms of Violence: Secondary data analysis report of CDHS 2014*. September 2016. ([https://cambodia.unfpa.org/sites/default/files/pub-pdf/IPV\\_2ndAnalysis\\_%28MoWA%26UNFPA\\_Sep2016%29\\_1.pdf](https://cambodia.unfpa.org/sites/default/files/pub-pdf/IPV_2ndAnalysis_%28MoWA%26UNFPA_Sep2016%29_1.pdf))

43 (<http://www.partners4prevention.org/about-prevention/research/men-and-violence-study>)

44 Ministry of Women's Affairs, Cambodia. 2015 *National Survey on Women's Health and Life Experiences in Cambodia*. 2015, p.109. ([http://www.wpro.who.int/mediacentre/releases/2015/vaw\\_full-en.pdf](http://www.wpro.who.int/mediacentre/releases/2015/vaw_full-en.pdf))

Several research studies show that women and girls, and other marginalised communities, have distinct needs during and after times of disasters. This research further confirms earlier findings that disasters exacerbate existing gender inequality, increasing social and economic burdens for women as well as vulnerability of women and girls in households. At the time of this publication, there has not been recent research conducted on SGBV in disasters in Cambodia. This research is an important addition to understand the views and needs of communities, and the people working within the communities, in order to prevent and respond to SGBV during disasters and crises in Cambodia.

Although the Government of Cambodia is committed to ensuring gender equality in all fields, including disaster risk reduction, there are several challenges and limitations in the implementation of these commitments. This research reveals several areas for disaster response and recovery programmes to improve prevention and response to SGBV by the government, and where applicable, by other actors working with communities across the country. Information on knowledge of SGBV, specifically against men, boys and sexual minorities remain limited in general, and are in their infancy in Cambodia.<sup>45</sup> Studies undertaken have been limited in scale and scope. To contribute to the evidence base, sections of this study also aim to provide more insight into how men and boys are affected by SGBV during and after disasters.

### **National legislative framework**

Over time, Cambodia has established a comprehensive legislative and regulatory framework to address issues pertaining to SGBV and continues to demonstrate its commitment by progressively setting national and local level priorities, as well as expressing commitment towards a range of rights-based International Conventions.

#### The Constitution of the Kingdom of Cambodia 1993 (as amended)<sup>46</sup>

The Constitution of the Kingdom of Cambodia sets out the framework to protect the rights of all Cambodian citizens. It states that “the Kingdom of Cambodia recognises and respects human rights as stipulated in the United Nations Charter, the Universal Declaration of Human Rights and the covenants and conventions related to human rights, women’s rights and children’s rights.” It ensures their equality in all its forms (Article 31), protection (Article 32), and equal participation in society (Article 35). It prohibits all physical abuse and protects all citizens’ dignity (Article 38), and it explicitly prohibits “all forms of discrimination against women” (Article 45). It commits the state and society to provide opportunities to women and access to adequate social support and decent living conditions (Article 46), as well as protecting the rights of children (Article 48).

45 UNDP and USAID. *Being LGBT In Asia: Cambodia Country Report*. Bangkok, 2014. ([http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research & Publications/hiv\\_aids/rbap-hhd-2014-blia-cambodia-country-report.pdf](http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research & Publications/hiv_aids/rbap-hhd-2014-blia-cambodia-country-report.pdf))

46 <http://pressocm.gov.kh/en/archives/9539>

Law on the Prevention of Domestic Violence and the Protection of Victims (2005 DV-Law)<sup>47</sup>

The objective of the Law on the Prevention of Domestic Violence and Protection of Victims is to prevent domestic violence, protect the victims and strengthen the culture of non-violence and harmony within the households in the Kingdom of Cambodia (Article 1). It defines domestic violence (Article 3) as violence that occurs between people who are husband and wife, living in the same house or are a dependent of the household, and includes acts affecting life and physical integrity among other categories defined.

The National Development Framework (NDF)

A key document of the National Development Framework, The Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase III (2013) recognises gender equity and mitigation of SGBV as key components of national development and highlights the need to further improve the status of women, who are the backbone of Cambodian society and economy. Other NDF documents highlight the need to strengthen implementation of anti-domestic violence, trafficking and exploitation laws.

The operational component of the NDF is the National Strategic Development Plan 2014-2018 (NSDP). Programmes implemented under the NSDP focus on family integration and prevention of domestic violence. These include efforts to strengthen enforcement of laws and protection of survivors of SGBV, as well as to improve monitoring and reporting of domestic violence under the NSDP Core Monitoring Indicators 2014-2018. The incorporation of SGBV-related priorities and action in the NDF demonstrates the government's commitment to address SGBV.

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47 Government of Cambodia. *Law on Prevention of Domestic Violence and the Protection of Victims*. 2005. [https://www.wcwonline.org/pdf/lawcompilation/Cambodia\\_dv\\_victims2005.pdf](https://www.wcwonline.org/pdf/lawcompilation/Cambodia_dv_victims2005.pdf)





### **Specific government response to SGBV**

Cambodia undertook a comprehensive Gender Assessment in 2014, which contributed to the development of the Five Year Strategic Plan for Gender Equality and Women's Empowerment 2014-2018 to respond to key gender issues and to meet the needs of women under four thematic areas: (i) economic growth, (ii) access to social services and protection, (iii) cross-cutting issues, and (iv) institutional strengthening and capacity development towards gender equality. It has six objectives, one of which is to (#4) "Ensure safety for women and girls in the family and society through awareness raising, and by implementing relevant action plans, laws and regulations to prevent gender-based violence."

The government has adopted a second National Action Plan to Prevent Violence Against Women 2014-18 (NAPVAW) which is intended to be the primary policy to address a whole-of-government approach to the prevention of violence against women (VAW). It sets out key strategies for government, national institutions, civil society, development partners and international organisations to work together to prevent VAW and to provide protection to victims of violence.

The government has also developed Guidelines for Referrals for Women and Girls Survivors of Gender-Based Violence which aim to provide comprehensive services to female survivors of SGBV through a system of case registration, assessment and referral to services (based on the individual needs and agreement of the survivor), which is intended to integrate a number of other standards and guidelines including:

- Legal Protection Guidelines for Women and Children's Rights in Cambodia (MoWA, 2014);
- National Guidelines for Management of Violence Against Women in the Clinical Handbook Field-testing on Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence (prepared by MoH);
- Minimum Standards for Basic Counselling for Women and Girls Survivors of Gender-Based Violence (prepared by MoWA and MoH);
- Policy and Minimum Standards to Protect the Rights of Victims of Human Trafficking (MoSVY, 2009);
- The Minimum Standards on Residential Care for Victims of Human Trafficking and Sexual Exploitation (MoSVY, 2014);
- Minimum Standards on Alternative Care for Children (MoSVY, 2008).



### **Challenges to SGBV legal framework implementation**

The 2014 Cambodian Gender Assessment<sup>48</sup> states that “although the fundamental and legal policy framework has seen significant improvements over the recent years, there are still challenges and constraints in the implementation and/or enforcement of these policies.” This is due to the lack of coordination with other authorities, investigative skills and resources, and clear operational guidelines to carry out and enforce the laws. These gaps result in unclear guidance on determining criminal cases.

The assessment further noted that while ‘sexual harassment’ is prohibited under the Criminal Code and Labour Law, it is not clearly defined. It further highlighted that Article 1045 of the Civil Code allows a parent or legal guardian to personally discipline a child to the extent necessary, which may result in abuse of children and adolescents. The legal framework lacks clarity in standards and guidelines for SGBV prevention and response, and in the classification of domestic violence as a crime. This, combined with traditional attitudes and lack of resources, has resulted in limited action by the police and local authorities. Similarly, varying levels of understanding of the legislative framework among national institutions, stakeholders and local and rural actors may result in limited action taken to prevent and respond to SGBV.

### **Laws and policies on gender in disaster prevention and response**

The National Committee for Disaster Management (NCDM) was originally established in 1995 to facilitate the coordination of the multi-ministry response to emergencies and disaster events. The adoption of the Law on Disaster Management in 2015<sup>49</sup> states three goals in terms of regulating disaster management:

1. Prevention, adaptation and mitigation in the pre-disaster period, due to natural or human-made causes
2. Emergency response during the disaster
3. Recovery in the post-disaster period

The law goes on to state that in the case of any disaster event or incident, the on-site competent authorities of the affected areas shall undertake six key activities, among which is “pay high attention to the needs of women, children, elderly, handicapped, and disabled persons” (Article 18). Chapter 6 states that “every individual has the right to the protection of life, dignity, property, and relief aid during a disaster”, as well as to “technologies for self protection, disaster risk reduction, prevention, emergency response, and recovery.”

48 Ministry of Women's Affairs. *Violence Against Women and Girls - Cambodia Gender Assessment*. Policy note 7, 2014. ([http://www.undp.org/content/dam/cambodia/docs/DemoGov/NearyRattanak4/NearyRattanak4-Violence against Women and Girls\\_Eng.pdf](http://www.undp.org/content/dam/cambodia/docs/DemoGov/NearyRattanak4/NearyRattanak4-Violence%20against%20Women%20and%20Girls_Eng.pdf))

49 Government of the Kingdom of Cambodia. *Law on Disaster Management*. Translated version, 2015. ([http://www.ifrc.org/Global/Publications/IDRL/DM acts/Cambodia DM Law\\_English.pdf](http://www.ifrc.org/Global/Publications/IDRL/DM%20acts/Cambodia%20DM%20Law_English.pdf))

The National Action Plan for Disaster Risk Reduction (NAP-DRR) 2014-2018 was adopted in 2014. In considering underlying vulnerabilities as part of the key issues in building the NAP-DRR (Section 2), it highlights that “traditional and modern gender roles make women more vulnerable and less capable to adapt to climate change.” The consequences for women and girls are disproportionate; the increase in number of women and girls dropping out of school and the decline in reproductive health due to reduced intake of food and water are two examples of how disasters disproportionately affect women and girls. The NAP-DRR goes on to state that, “While the Royal Government of Cambodia puts significant emphasis on gender, it includes limited attention to gender in disaster-related policies and actions. Globally, women and girls are affected by disasters (and climate change) differently in comparison to men and boys.” While the NAP-DRR attempts to highlight the vulnerabilities of women and children, including one mention of the risk of violence increasing during disasters, it provides no further consideration of or elaboration on SGBV prevention and response actions, or considerations of other groups at increased risk of SGBV.

### **Research approach**

The CRC formed a joint team of 19 researchers that included 13 CRC personnel (seven female, six male) from the two target provinces and national level, with two support officers. An intensive five-day training, orientation and piloting was undertaken prior to the field research. The final data questionnaire for the quantitative section of the research comprised 123 main questions in Khmer, and generated a database containing 148,900 pieces of data following the field survey.

The research is comprised of interviews with 514 disaster-affected men and women at the household level (292 female and 222 male) about their experiences related to SGBV in disasters. Up to 28 per cent of respondents reported being displaced from their homes because of a disaster. These interviews were supported by 23 focus group discussions (FGD) with disaster-affected women (49 participants), adolescent girls between 12 and 17 years of age (33 participants), men (45 participants) and adolescent boys between 12 and 17 years of age (52 participants). The FGDs discussed five broad themes: (i) effects of the disaster on their daily routines; (ii) decision-making and information-sharing in communities and families; (iii) safety and security; (iv) SGBV which progressively delved into: (a) SGBV in society; (b) SGBV during disasters; (c) survivor support mechanisms; and (v) to identify possible suggestions for actions.

A total of 28 key informant interviews (KIIs) were conducted among state and non-state disaster responders at national and provincial level, as well as those responsible and involved in SGBV prevention and response work.

The quantitative research was supported by a qualitative complement undertaken via FGDs for women, men, and adolescent girls and boys (12-17 years of age), as well as KIIs with disaster and SGBV prevention stakeholders primarily at national and provincial levels. For more information on the content of the data collection tools and how they were developed, please refer to the 2018 IFRC report on the first phase of this research collaboration.<sup>50</sup>

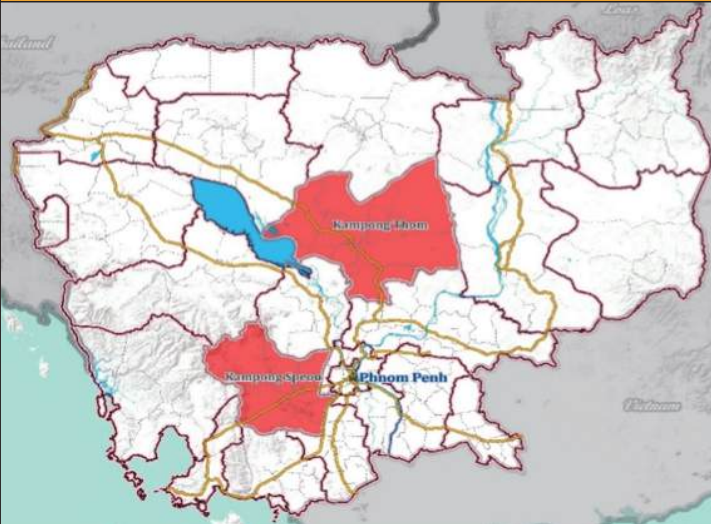
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50 IFRC. *The Responsibility to prevent and respond to sexual and gender-based violence in disasters and crises*. 2018. ([http://media.ifrc.org/wp-content/uploads/sites/5/2018/07/17072018-SGBV-Report\\_Final.pdf](http://media.ifrc.org/wp-content/uploads/sites/5/2018/07/17072018-SGBV-Report_Final.pdf). pdf)

## Research locations

The research was undertaken in Kampong Thom and Kampong Speu, two disaster-affected and disaster-prone provinces. The selection of districts and communes was based on CRC data where disaster or crisis is frequently reported. Surveyed household representatives were initially identified from lists of impacted families, collected by local CRC volunteers at the time of the emergency.

Depending on the nature of the experienced disaster, in some villages all households were adversely impacted, while in other villages, only some settlements or parts of the communities were affected.

Provinces	Districts	Commune/Sangkata	# of villages covered	Provincial locations
Kampong Thom	Kampong Svay	Kampong Ko	2	
		Sankor	2	
		Kder Doung	1	
	Prasat Sambour	Sambour	2	
	Stoung	Trea	10	
Samprouch		12		
Kampong Speu	Chhbar Mon*	Kandol Dom	1	
	Kong Pisei	Tuek La Ark	1	
	Phnom Srouch	Tang Sbar	3	
		Treng Tro Yeung	1	
		Ou	1	

\* Chhbar Mon is the 'Krong' (Municipality) which is the provincial capital, and is administratively designated as urban. All other districts are designated as rural.



## 2.2. Research Findings and Analysis

### Summary statistics for sample population

A total of 514 household respondents participated in the survey (57 per cent female and 43 per cent male). The average age of respondents was 45 years, ranging between 18 to 80. Up to 15 per cent of respondents were elderly (above 60 years of age). A relatively high percentage of elderly people is common in contemporary Cambodia where only the very young and the elderly are present in villages, as the working age population are away during the day.

Most of the respondents (94 per cent) were located in rural areas and 85 per cent of respondents reported being married or in a relationship. Seventy-six (76) per cent of respondents reported having attended school at some stage and were considered literate, with 81 per cent of male versus 72 per cent of female respondents having obtained some form of education. However, only 12 per cent of all respondents had completed some form of formal education.<sup>51</sup>

More than half the respondents declared they were farmers (54 per cent), and the next highest category were unskilled labourers (13 per cent). The population was predominately Buddhist (99 per cent) with the remainder declaring themselves Christian.

All respondents identified themselves as ethnic Khmer.

The average household size is five persons. Nearly two-fifths of households (39 per cent, 191 responses) have more members than the average household size, ranging from 6-18 household members. Over a third of reported household members were children (34 per cent, under 18 years of age). Fifteen (15) per cent of respondents reported there is at least one person with a disability living in their household.

### SGBV during and after disasters

FGDs with women and men revealed that domestic violence is frequently seen or heard in villages. It is recognised as a 'serious' concern and systemic challenge in Cambodia<sup>52</sup> and often occurs when husbands return after consuming alcohol with friends. However, this is seen as changing for the better, resulting in decreasing domestic violence. A contributing factor is the change in income earners within families, with female members now securing wages or income from factory work to support their families. Women travelling to work and back home were commented upon as being at risk. Men's groups mentioned increasing problems with drug abuse, which has increased tensions and conflicts as household valuables disappear or are sold.

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51 Only 44 respondents completed primary education, 15 completed high school, and only 1 person reported completing some higher education

52 RGC. National Action Plan to Prevent Violence Against Women 2014-2018. MoWA, 2014. Section 1.2.1 "Domestic Violence is the most widespread yet unreported violence against women and is a serious concern in Cambodian society."

Adolescent boys' FGDs mentioned the lack of understanding of SGBV or sexual harassment, and that they often followed what was said or practised by men in their communities. They were aware of domestic violence as they had seen or heard of it and understood that it occurred often when adults or parents were drunk. Both adolescent groups (girls and boys) identified alcohol, poverty or financial constraints, gambling, drug abuse and jealousy as triggers for domestic violence. All FGDs highlighted the increase in incidence of SGBV and domestic violence by linking it to ceremonies (e.g. weddings, celebrations) and holiday periods when alcohol consumption increases.

#### Increased instances of SGBV during and after disasters

FGDs among men mentioned that after periods of flooding, violence in some families increased and that sometimes alcohol was an instigator. Due to the inability to work it was common to note increase in alcohol intake, which in turn augmented tensions and violence in some families. These groups stated this was considered as accepted and normal in some families. The groups remarked as well that some men saw women as their property and to do with as they wished.

Conversely, FGDs among women in Kampong Speu revealed that impact of disaster is a contributing factor for increased risk of domestic tensions and violence, in that "family tensions increased due to the destruction of property and crops, resulting in emotional violence and conflicts."



*During the disaster the women had no privacy when trying to shower or go to the toilet. Some men were always hanging around and trying to spy on us.*

*Woman from a displaced community in Kampong Thom*

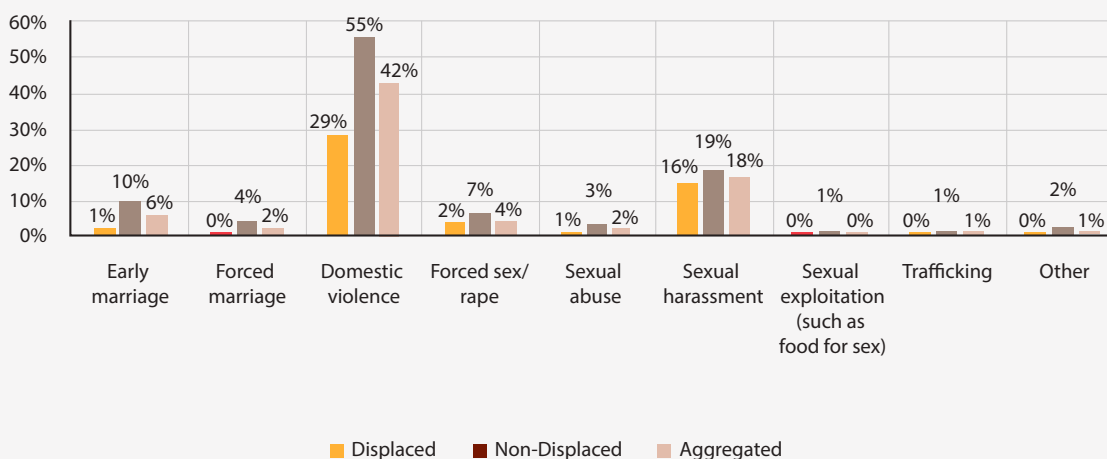
Factors seen as exacerbating domestic violence during and after a disaster were increased alcohol consumption, drug abuse, increased gambling and children missing school.

Adolescent girls and boys mentioned that violence against women and girls increased when families were displaced and there was no (farm) work and highlighted that 'safe places' were unavailable after disasters.

Types of violence against women and girls during and after disasters

Forty-two (42) per cent of all respondents believed that the risk of domestic violence against women and girls increased during and after a disaster, with the incidence of domestic violence being significantly greater in resident communities than displaced ones. Incidence of sexual harassment was reported as increasing by approximately the same level among both displaced and resident respondents. In some areas, resident community respondents reported an increase in early marriage during and after the onset of disaster.

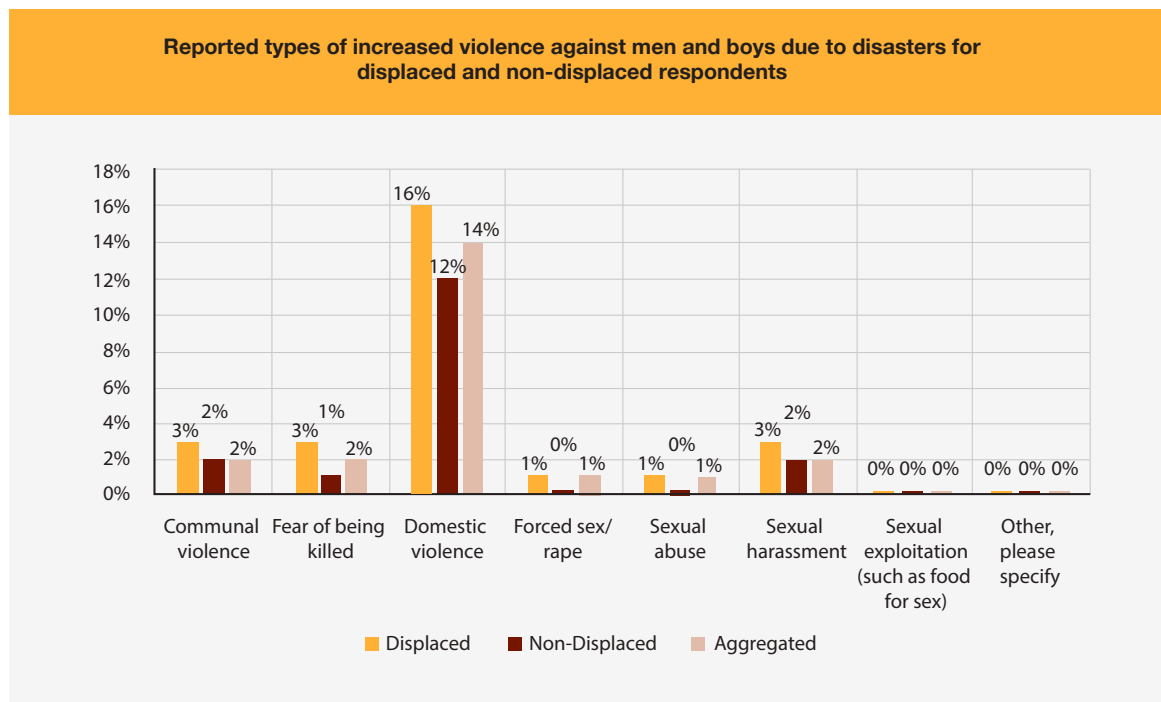
**Reported types of increased violence against women and girls during and after disasters, for displaced and non-displaced respondents**



Of greatest concern was sexual violence and rape. Incidents of rape were reported in 19 of the 36 villages by 7 per cent (35) of the respondents. Further analysis stipulated 35 incidents reported in the 19 villages covered by the study. Reported incidents by respondents living in their homes and villages were slightly higher (5 per cent), compared to responses from those who were displaced by a disaster (2 per cent). Responses from females and males from 5 out of the 6 districts surveyed were similar in nature.

Types of violence against men and boys during and after disasters

Violence against men and boys during and after disaster was also reported, though at much lower levels compared to women and girls. Fourteen (14) per cent of respondents stated that domestic violence against men and boys increased after a disaster.



Intimate partner violence

Of the 448 individuals in intimate partnerships surveyed, 73 per cent argued or had some form of conflict at least once or twice a month in the 12 months after a disaster.

Issues with money (47 per cent) and alcohol or drug abuse (40 per cent) were the two most frequently mentioned causes of arguments or conflicts between partners. Lack of employment or livelihood opportunities was the third most frequently mentioned cause (29 per cent). It is worth noting that more female respondents attributed the cause of partner conflicts to alcohol or drug abuse (52 per cent) compared to male respondents (28 per cent). Responses indicated that women and girls experienced more incidents of being threatened with weapons (2 per cent of the 292 female respondents) and/or being physically assaulted or hit with an object (4 per cent) in a month.

The most frequently reported form of intimate partner violence post-disaster was



emotional and/or psychological violence through insults or being sworn at, with 48 per cent of female respondents and 68 per cent of male respondents reporting such occurrences against them in the months after a disaster event. A quarter of both females (24 per cent) and males (24 per cent) reported they were threatened on a monthly basis by their partner after a disaster event.

In analysing the incidence of SGBV post-disasters compared to the incidence in non-disaster periods in intimate partnerships, there is an increase in the frequency of emotional or psychological violence, verbal abuse and physical assaults during and after disasters.

#### Domestic violence in post-disaster contexts

Up to 44 per cent of respondents knew of someone who was injured by domestic violence during and after disasters. A higher percentage of male over female respondents reported being aware of survivors of domestic violence. The incidence of injury due to domestic violence was greater in resident communities than in displaced communities.

#### **Safety and security**

Most FGD participants felt that safety and security risks from external sources (i.e. outside the villages) were minimal. However, internal risks and domestic violence appear to be systemic, with the latter being a common occurrence and having some form of acceptance at the community level. Alcohol, gambling and drug abuse, as well as youth gangs, were identified as sources of security concerns and risks by groups. Excessive alcohol consumption was identified as the most frequent cause of violence.

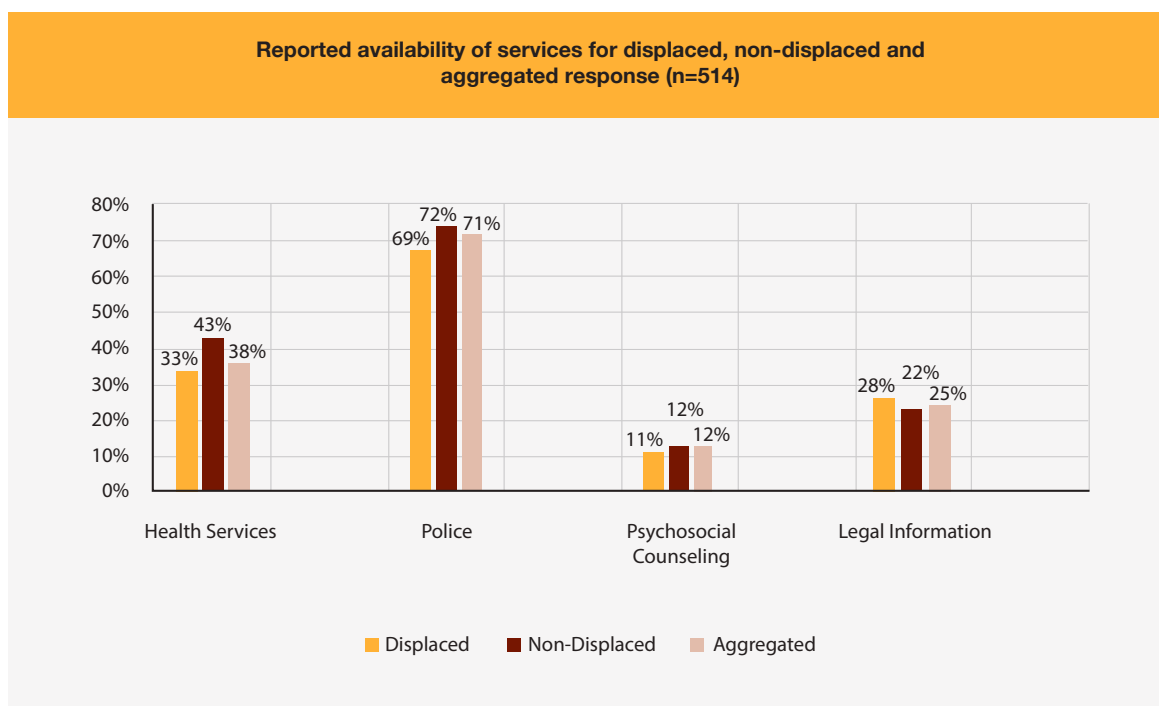
Adolescent girls and boys highlighted an increasing sense of insecurity after a disaster. Girls generally felt insecure and were aware of the increasing risks of rape and violence against them when travelling alone and at night.

Parents were more concerned about the safety of adolescent girls, often restricting them to stay close to home, while boys can move around freely. Adolescent girls and boys raised concerns on violence being used to control and punish them.

Both adolescent girls and boys raised concerns on the limited access to water and more importantly, sanitation at schools. Girls mentioned having limited access to education and health services, and not having safe places for recreation and play. They also mentioned being harassed by men and boys. Both adolescent girls and boys were aware of other girls and boys having to move away due to poverty or debt, and girls and boys being 'forced' to drop out of school in order to work in factories and help repay loans.

### Availability of services and suggested support programmes for survivors

Respondents were asked about their experience in accessing a range of services after a disaster. The majority indicated that the most available public service after a disaster was the police, who frequently took on roles of coordination and communication. Respondents of both displaced and resident communities (71 per cent) confirmed that police services were available during and after a disaster.



Thirty-eight per cent of respondents stated health services were accessible, which is often due to the presence of commune health centres relatively close to affected villages, as well as mobile health services. There was a noticeable difference in the responses of displaced female respondents compared to displaced male respondents. Displaced female respondents indicated difficulties in accessing public services, with only 19 per cent indicating access to health services and 48 per cent reporting access to police services. Comparatively, displaced male respondents reported roughly double these rates.

Overall, about twelve per cent of respondents reported being able to access some form of psychosocial counselling services.

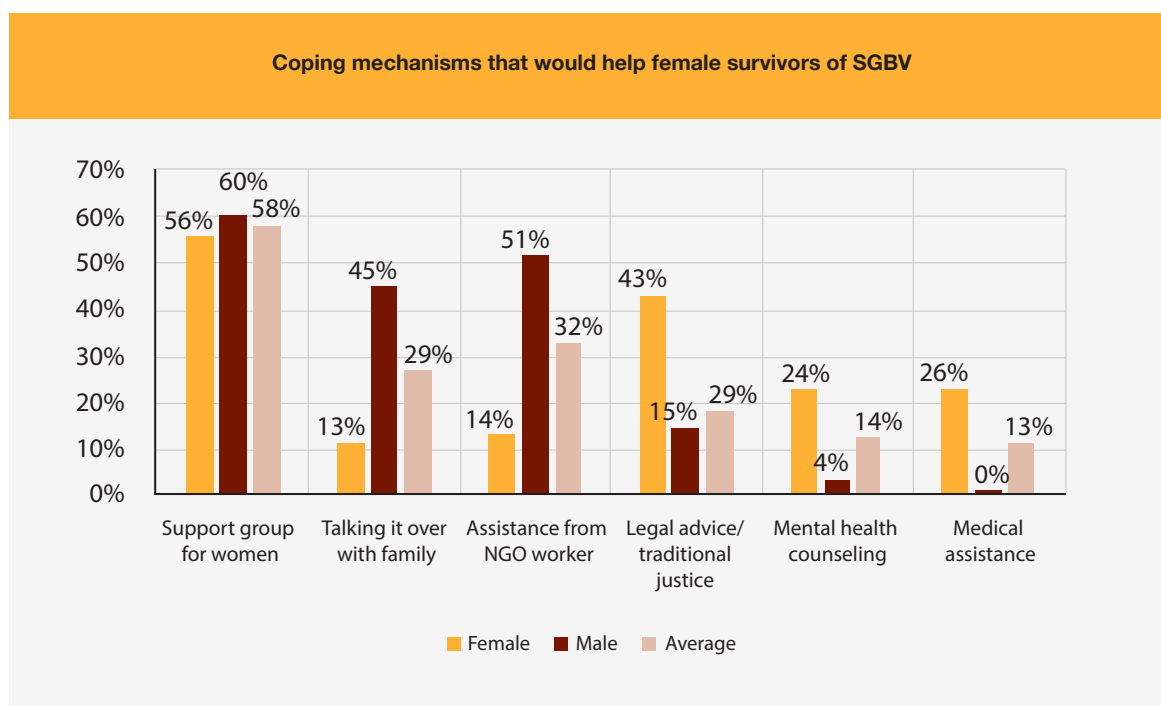
Due to the limited availability of SGBV response services, a lack of legal information and response services for survivors of SGBV, there is likely a lower number of reported incidents to the police for legal follow-up.

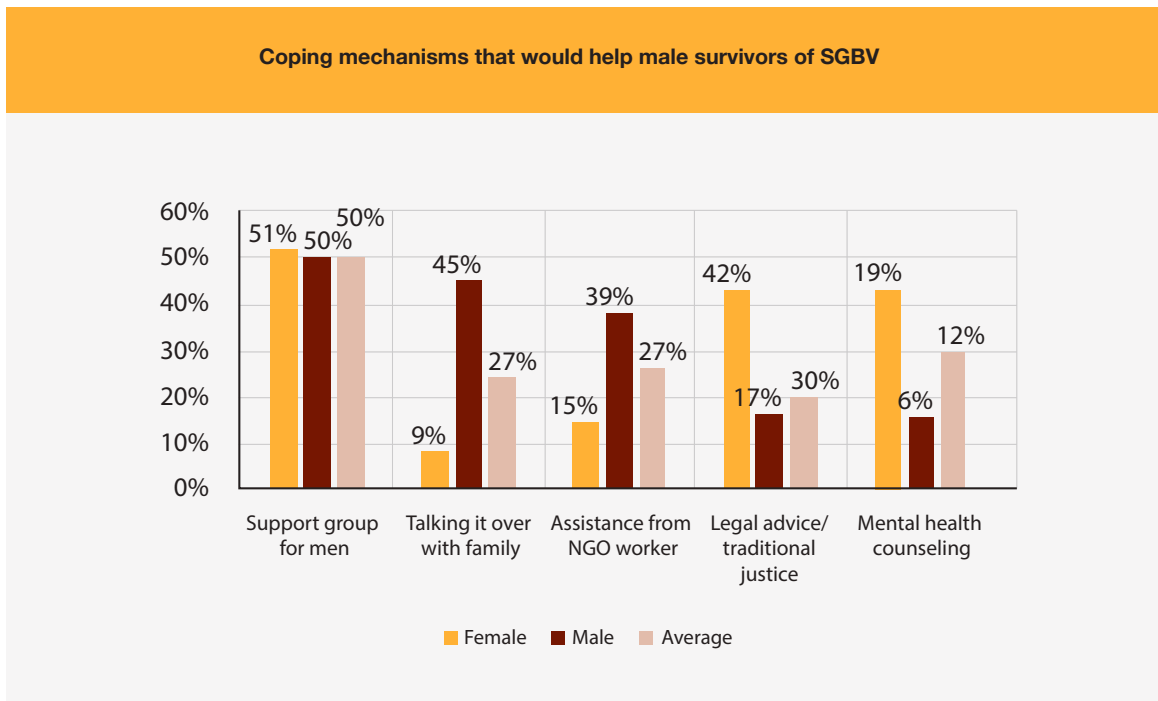
Disaggregation of the findings by sex indicated different priorities for women and men. Both agreed on the potential benefits of women support groups (58 per cent). Significantly more women believed that access to legal advice was the next most important service (43 per cent), compared to male respondents (15 per cent). Women also prioritised the ability to access health and mental health services. Significantly more male respondents (51 per cent), compared to female respondents (14 per cent) believed that assistance from NGOs would be beneficial as a coping mechanism for women.

Up to 50 per cent of respondents believed community-based men’s groups would be a good coping strategy for male survivors of SGBV as well as to contribute to the prevention of violence through increased peer pressure to address SGBV. Nearly a third (30 per cent) of all respondents believed having access to legal advice would be useful.

#### Survivor support mechanisms

Women participants in FGDs mentioned seeking family support from female relatives after incidents of SGBV, which usually derived from increased tension. If the situation was grave, village leaders, and at times the Commune Women and Children Committee (CWCC), were consulted. However, there is a prevailing culture of keeping quiet and accepting domestic and other forms of violence. These women recognised that there is a lack of understanding of laws related to domestic violence and recommended actions for communities.





Men’s groups mentioned that men often go to family members when a serious problem happens. In some cases, villagers report and/or consult with the village chief or village deputy chief to solve problems, and at times seek assistance from NGOs (if they are present and active). They believe a restorative and reconciliation process by the village leaders would resolve and prevent further domestic violence.

Adolescent girls and boys usually seek assistance from other family members (brothers or sisters), as well as going to neighbouring homes during periods of tension and violence. Both girls’ and boys’ groups mentioned seeking information and assistance from teachers. They were also aware that if the violence was serious, they could go to the village leaders, the local police or neighbours.

There is a need to raise awareness and understanding of SGBV by “training men and boys to better understand” the issues, implications and impacts of violence, and to change attitudes and behaviours. Women’s FGDs further highlighted the need to control availability of alcohol in communities after disasters and believed domestic violence can be prevented with help from local authorities. Men’s groups were aware of the danger and risks faced by girls and boys when they move around alone and at night, and these groups acknowledged the need to build toilets closer to homes. Adolescent boys and girls mentioned that sometimes local authorities (village and communes) should seek (written and/or sworn) agreements from abusers to cease and desist from perpetuating domestic violence. These groups felt an alternative dispute resolution would serve to be more effective than criminalising perpetrators according to the law. They also felt people need to be better informed of SGBV issues and understand how to better engage with local authorities (village leaders, police, and communes) to counter SGBV.



*Boys and girls are reluctant to speak out if they see violence in their households, but who to tell and talk to?*

*Adolescent boy, Kampong Thom*

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The various FGDs collectively expressed a desire to better understand issues of SGBV and to learn about the required actions to help address SGBV. They also stated that awareness raising on SGBV is essential for all sections of society in their villages.

<b>Suggested community-based interventions for SGBV prevention and response</b>	
Women	<ul style="list-style-type: none"> <li>• Local authorities (district, commune and villages) to provide more awareness and training (counselling) to families affected by violence.</li> <li>• General awareness-raising on citizen rights, protection, legislation and action to counter violence.</li> <li>• Authorities to review and enhance current penalty practices in order to hold SGBV perpetrators accountable.</li> <li>• Improve disaster-prone infrastructure (e.g. water supplies), private and safe sanitation areas, and support the construction of disaster-resilient housing for those of lower socio-economic status.</li> <li>• Support damaged livelihood activities and alleviate disaster losses.</li> </ul>
Adolescent girls	<ul style="list-style-type: none"> <li>• Provide access to separate and private sanitation in safe sites or areas. Ensure privacy during and after bathing.</li> <li>• Strengthen security and safety in villages and at 'safe sites' after disasters.</li> <li>• Support of survivors' basic needs, i.e. food, water and access to health care.</li> <li>• Provide training and awareness-raising on SGBV preparedness and prevention of SGBV after disasters.</li> <li>• Reduce corruption.</li> <li>• Enforce stronger punishment for the perpetrators of SGBV.</li> </ul>

Suggested community-based interventions for SGBV prevention and response	
Men	<ul style="list-style-type: none"> <li>• Improve access to information to raise awareness and reduce SGBV violence in households and the village.</li> <li>• Organise family and community or village meetings to discuss SGBV issues and identify actions to reduce SGBV incidents.</li> <li>• Constantly review and enhance actions taken to prevent SGBV.</li> </ul>
Adolescent boys	<ul style="list-style-type: none"> <li>• Provide safe, secure spaces for survivors of SGBV.</li> <li>• Keep information about SGBV confidential.</li> <li>• Provide assistance to the survivors.</li> </ul>

### Main themes emerging from key informant interviews

Both sub-national administrative (SNA) and national administrative levels were consulted through 28 key informant interviews conducted, 14 in Kampong Thom, 9 in Kampong Speu provinces and 5 in Phnom Penh.

Stakeholders and actors in national disaster preparedness and response (HRF<sup>53</sup>, CHF<sup>54</sup>, PIN<sup>55</sup>) mentioned that there were initial levels of awareness of and discussions on SGBV in disaster contexts. However, they acknowledged having insufficient information and understanding of what is taking place on the ground due to lack of data and absence of a baseline study. HRF mentioned there were ongoing internal discussions as to where SGBV cases should be handled, either within the protection group or within another group or cluster. PIN, a leading NGO, mentioned that while discussions have commenced among partners and stakeholders, they are far from effective in handling SGBV in disaster contexts.

The national CHF has mainstreamed gender-related issues in training programmes since 2012. CHF has developed some post-disaster rapid assessment tools (updated 2015)<sup>56</sup> and these currently contain some initial considerations of violence against women. Both HRF and CHF are jointly updating and revising their rapid assessment tools, which are likely to include some expansion in the consideration of SGBV.

Among the local authorities and community leaders, 16 key informants recognised that there are some forms of violence in the homes within their communities. They did not consider these as being extreme violence. However, they acknowledged that poverty, lack of work or livelihoods (after disasters) is stressful and tends to increase violence. They also recognised that emotional, physical, and sexual violence is difficult to identify and see, due to the context and culture. Residents often do not report incidents to the authorities, resulting in limited action taken.

53 Humanitarian Response Forum (development partners and international organisations; country equivalent of the IASC clusters approach) (<https://www.humanitarianresponse.info/en/operations/cambodia>)

54 Cambodian Humanitarian Forum (national NGOs and civil society organisations) (<http://chfcambodia.net/>)

55 People in Need (<https://www.clovekvtisni.cz/en/what-we-do/humanitarian-aid-and-development/cambodia>)

56 Humanitarian Response Forum, Cambodia. Key Informant Questionnaire. August 2015. ([http://chfcambodia.net/wp-content/uploads/2016/12/5.1-Rapid-Assessment-KI-Questionnaire\\_Revised-August-12-2015-In-English-and-Khmer.docx](http://chfcambodia.net/wp-content/uploads/2016/12/5.1-Rapid-Assessment-KI-Questionnaire_Revised-August-12-2015-In-English-and-Khmer.docx))

When asked who survivors go to for help when they experience violence, informants listed the village leader, commune representatives, police, family members and neighbours. They pointed out that one of the challenges for community members is low level of knowledge and understanding of related laws and issues, particularly of SGBV in all its forms. Commune and village representatives have very low awareness of SGBV, including during disasters, and lack the training, tools or guidance to effectively prevent and address issues of SGBV.

Key informants stated that violence in households and communities happens because of a range of factors. If these factors exist prior to a disaster, then SGBV incidence is likely to increase. Some of the factors identified were poverty, affected livelihoods leading to loss of income and idle workforce and easy access to alcohol and drugs by adults and youths. It is important to note, however, that while these factors tend to cause an increase in SGBV, the root causes of SGBV are gender inequality and abuse of power.

A weakness identified by sub-national key informants was related to the current provision of shelter (safe places) in Cambodia. There are often no separate shelters or tents for families, or even men or women which contributes to an increased risk of SGBV after disasters.

Female commune councillors were often actively involved in disaster response. However, it is not clear how much influence female councillors have in decision-making regarding the distribution of shelter and other materials to affected families. Key informants mentioned there is increasing recognition that SGBV happens to boys and men. This has created some challenges for a coordinated response because SGBV typically falls only under the purview of the Ministry of Women's Affairs, while protection of children (persons under 18 years of age) lies with Social Affairs; disaster management is with the NCDM, while criminal enforcement and local administration is with the Ministry of Interior. These separations in mandate and responsibilities raise the question as to who would coordinate and lead on SGBV prevention and response during disasters for boys and men.



## 2.3. Recommendations and Areas for Advocacy

### To all actors



- Continue to raise awareness and understanding on zero-tolerance to SGBV and domestic violence in all its forms, especially in and after disaster events which increase conflicts and tensions. Local authorities and communities – men and boys in particular – need to understand more about SGBV.
- Develop approaches and materials for use by actors and officials, to identify possible signs of SGBV and inform of existing support systems and services.
- Develop or adapt appropriate baseline and monitoring (data collection) tools in order to gather effective baseline data for use during and after disasters:
  - To include questions on women's, men's, boys' and girls' safety.
  - Data should be disaggregated by sex, age and disability.
- Build understanding and strengthen local capacities to prevent and respond to SGBV during and after disasters, handling disclosures from survivors and effective referral to the appropriate service, by specifically training disaster responders at all levels including community-based organisation representatives (female and male).
- Raise understanding on the risks of SGBV in the national inter-agency mechanisms to ensure SGBV mitigation approaches are integrated into all planning and implementation stages of disaster preparedness and response, in order to provide support and services to SGBV survivors.
- Provide additional and complementary resources to build up and strengthen (institutional and organisational) capacities and services to address SGBV issues associated with disasters.

### To government (national and sub-national) and sector-specific actors



- Clarify roles and responsibilities for the disaster and SGBV nexus and agree on strategic actions to be taken to prevent and mitigate incidence and impacts of disaster-induced SGBV.
- Create coordination systems and referral pathways for ministries (at respective provincial line departments and district offices) working on SGBV prevention and response. Specifically, this requires a special working group to be created between the Ministry of Women's Affairs, Ministry of Social Affairs, National Committee for Disaster Management and Ministry of Interior.



- Engage the Humanitarian Response Forum and the Cambodian Humanitarian Forum to improve disaster-related evidence-based data collection and monitoring. This includes integrating sex, age and disability disaggregated data, and including specific questions on risks of SGBV in the data collection tools used by the NCDM after a disaster occurs and in post-disaster monitoring.
- Strengthen disaster management committees and local authorities at provincial, district, commune and village levels, to:
  - Provide training in advocacy and incorporation of SGBV prevention in monitoring, mitigation and action.
  - Improve disaster preparedness and prevention planning and actions.
  - Allocate and assign more financial resources to sub-national levels for disaster prevention (rather than holding at national levels).
- Identify safe evacuation sites or centres with provisions and services to:
  - Ensure separate spaces for women, girls, men and boys to be allocated within the site.
  - Ensure adequate lighting and separate toilets with locks.
  - Set up on-site information desk with information on available health, legal, psychosocial support and security services for SGBV survivors.
- Integrate SGBV prevention and response interventions into the national disaster law framework. Specifically, use the Philippines disaster law framework as guidance for content:
  - Develop appropriate training and awareness raising approaches and materials (including pocket guides) to enhance the understanding and capacities of local authorities, SGBV prevention actors and stakeholders, for them to be better equipped to prevent, monitor and respond to incidents.
  - Develop educational modules and materials targeting pupils in grades 7 to 12 to raise awareness and understanding of disaster preparedness and related issues including identifying, taking action, reporting and contacting referral centres or services for SGBV survivors.
  - Improve legal enforcement of SGBV-related legislation.

### To the IFRC and Cambodian Red Cross



- Prioritise implementation of the revised IFRC *Minimum Standards for Protection, Gender and Inclusion in Emergencies* and the *Joint Action for Prevention and Response to SGBV* training package through:
  - Local and branch level training.
  - Integrating these tools into preparedness and response plans.
- Strengthen communication and reporting mechanisms within the IFRC and CRC and ensure the data on SGBV and its analysis are fully understood by

all relevant actors involved in the humanitarian response and preparedness programmes.

- Integrate SGBV prevention and response into all facets of disaster programming that cover prevention, assessment and responses, including:
  - Integration of IFRC internal documents and processes for: a) Emergency Plans of Action (EPOA); b) Disaster Relief Emergency Funds (DREF).
  - Use of Red Cross and Red Crescent Vulnerability and Capacity Assessment (VCA) tools with gender and diversity analysis.
- Integrate protection, gender and inclusion (PGI) core competencies into Terms of Reference for each person deployed for field operations. The core competencies measure a person's ability to identify and analyse the distinct needs, risks and capacities of all women, girls, men and boys.<sup>57</sup>
- Continue implementing early intervention and awareness programmes on SGBV prevention and response, such as:
  - The Violence Prevention module for the community-based health and first aid package (CBHFA), which includes messages on SGBV prevention.<sup>58</sup>
  - Through in-depth community consultations in districts where CRC has implemented the Violence Prevention module in micro projects.
- Develop holistic and survivor-centred medical response during disasters, including the minimum initial service package (MISP) and psychosocial support.
- Partner with external, specialised organisations and agencies who can strengthen coordinated responses for SGBV survivors. For example, the International Planned Parenthood Federation is the leading organisation on the implementation of the MISP, and the United Nations Population Fund (UNFPA) and UNICEF lead the SGBV sub-clusters in an emergency response.
- Pilot a CRC project on SGBV prevention, mitigation and response activities in areas most often affected by disasters through community-based programming and capacity development support to service providers and responders. Engage disaster-affected women, girls, men and boys to aid in the design of these programmes.
- Support as requested by government, the integration of gender considerations and SGBV prevention and response in disaster-related legislation, policies and procedures through CRC and the IFRC Disaster Law Programme.

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<sup>57</sup> There are three tiers of Protection, Gender, Inclusion-PGI competencies: for technical support staff, team leaders and leadership. Please contact the Inclusion, Protection and Engagement team in the IFRC Geneva for more information.

<sup>58</sup> This violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

