ABUSED AND ALONE
How to Meet the Challenge of Child Sexual Abuse in Cambodia

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Abstract

Objectives:
The objective was to identify what special challenges the local communities in Cambodia meet concerning child sexual abuse and to find strategies to meet these challenges.

Background:
Since 1998 and the end of the civil war, IOM’s “Childhood Mental Health & Counter Trafficking Project” has worked to prevent child mental health problems in the Rattanak/Mondul District of Cambodia. In the year of 2004 it was stated by the Program Director Dr. Eng Samnang that one of their most challenging tasks was to handle child sexual abuse. This project assignment was thereby started to contribute to the ongoing IOM “Childhood Mental Health & Counter Trafficking Project” on the subject of child sexual abuse.

Material and Methods:
Through literature studies and the study of Save the Children’s projects in Sri-Lanka and Zimbabwe, educational material was produced to contribute to the knowledge of IOM staff on child sexual abuse. Qualitative interviews and workshops were held to find if there were challenges concerning child sexual abuse in Cambodia more prevalent than in western countries like Norway, GB and the USA. Six qualitative interviews of representatives from key organizations working with abused children were made in Phnom Penh and Battambang, one workshop was done with the IOM staff and one with a group of girls exposed to child sexual abuse. The data were analyzed using Systematic Text Condensation.

Results:
The main challenges identified were stigmatization of the sexually abused children in the local communities, poverty, lack of respect for women and children’s value and rights and the lack of knowledge of child sexual abuse. The most used strategies to meet these challenges in the local communities are educational work on children’s rights, counseling and financial help to high-risk families, shelters and vocational training for abused children.

Conclusions:
There are many challenges in the Cambodian society concerning child sexual abuse that may be added to the challenges we already know from the western countries. Since most of them are due to poverty and the lack of knowledge, education is a very important strategy. This was reflected by IOM’s positive response to the educational material we presented. Both to prevent child sexual abuse and to identify and assist children exposed to sexual abuse we recommend to introduce school- and community-based programs on child sexual abuse, child protection and perpetrator prevention. We also support the use of shelters, vocational training and counseling for vulnerable children.
Introduction

Most retrospective studies done in western countries show that 20% of all girls and 5-10% of all boys experience some kind of sexual abuse during their childhood. 5% of all children experience repetitive, penetrative sexual abuse. 70-90% of the perpetrators are known to the child when the abuse occurs (1, 2, 3). There are increased rates of sexual abuse among children living with parents who are emotionally unavailable, psychiatrically disturbed, violent, alcohol or drug abusive (4). The prevalence of these psychiatric problems is high in post-conflict communities such as Rattanak/Mondul District (5) and in Kampong Cham Province (10) in Cambodia.

Cambodia is one of the poorest countries in the world. After the Khmer Rouge period from 1975 to 1979, they have been marked by collective trauma, political and social instability. One of the most challenging problems today is the lack of soil for the rural people to cultivate, as the rural population grows more than the cultivatable land. This results in growing unemployment and poverty in rural regions, and contributes to the problems families meet (9).

Rattanak/Mondul District are imprinted by poverty, unemployment and instability. The civil war endured to the year of 1998. Families still have to cope with traumas, the loss of important family members, disabilities and alcoholism. Due to the combination of poverty, unemployment and the nearness of the Thailand boarder, this area is also extremely vulnerable to human trafficking. What this means is that poor Cambodians, unknowingly, sell their children to prostitution, organized begging or labor in Thailand through organized criminal groups.

The “Childhood Mental Health & Counter Trafficking Project” was started by “International Organization for Migration” (IOM) in August 1998. It sets out to prevent and to identify children with psychiatric disorders, to give help to families in need and to prevent human trafficking. The project is run by local health workers, social workers and teachers with educational work in the local society as the main working method.

The Program Director, Dr. Eng Samnang, made us aware of the projects challenges concerning child sexual abuse. Sexuality is still a large taboo in the Cambodian society, and victims of sexual abuse are often stigmatized in the local community. This makes the challenges concerning prevention of child sexual abuse (CSA) and the identification and assistance of these children especially difficult.

Preventing CSA is a challenging task and few studies have been done on the effectiveness of the different methods. More studies have been done on the identification and assistance of children exposed to child sexual abuse. Most of these studies have been done in developed western countries. The knowledge is much more limited from underdeveloped, post-conflict countries.

After correspondence with Dr Eng Samnang, we decided to do a qualitative study to identify special challenges in the Cambodian society concerning CSA that may be added to the challenges we already know from the western countries. At the same time we wanted to find strategies to meet these challenges. Thereby the following objectives for this project:

To identify what special challenges the local communities in Cambodia meet concerning child sexual abuse and to find strategies to meet these challenges.
We decided to concentrate on child sexual abuse in the local community. The reason for this is that it has been more focus on the commercial sexual abuse of children in Cambodia the recent years than the sexual abuse in the local community. This is despite the fact that most of the cases reported occurred within the local community (6). We will focus on the strategies the non-governmental organizations can use when meeting the challenges of child sexual abuse.

The fieldwork was done in Phnom Penh, Battambang and Rattanak Mondul district, Cambodia, in the period 20th of May – 13th of July 2005.
Methods and Material

Material

To find answers to our objectives, we interviewed representatives from 6 NGOs (Non governmental organizations) with different perspectives and working methods towards child sexual abuse and trafficking. We visited the following representatives and organizations in Phnom Penh and Battambang: Mr. Chin Chanveasna, Coordinator of ECPAT-Cambodia (End Child Prostitution, Abuse and Trafficking in Cambodia), Mr. SO Sayorn, Counselor at AFASIP (Agir Pour Les Femmes En Situation Precaire), Ms. Terry S. Ly, Director of HCC (Health Care Center for Children), Ms. Pihla Muhonen, Director of COC (Children of Cambodia), Ms. Mao Lang, Director at HOMELAND (Meatho Phum K’omah) and The Administrative leader at PTD (Ptea Teuk Dong).

Two workshops were held. The participants in the first workshop were 22 workers from IOM. 17 were teachers (11 men, 6 women), 2 nurses (men), 1 from the Social Affairs (man), 1 from the Women Affairs (woman) and 1 from the police (man). The participants in the second workshop were 6 girls at the age of 14 to 20 (M = 16.5) who had all experienced sexual abuse and received support at the shelters Ptea Teuk Dong or Homeland. It was a criteria that the girls participating had been free from abuse for long enough time to be able to reflect on- and discuss the sensitive matters of sexual abuse.

Methods

We used these six approaches:

1. To make educational material concerning CSA for people working with children in different arenas (such as health workers, social workers and teachers) in Cambodia.
2. To present our educational material to the workers in the “Childhood Mental Health & Counter Trafficking Project”, to increase their level of knowledge about CSA.
3. To collect questions and comments from the IOM staff.
4. To do interviews of employees in key organizations working with children who have experienced sexual abuse.
5. To organize workshops with IOM staff and with children who have been exposed to sexual abuse.
6. To analyze the fieldwork material and integrate it with western knowledge of CSA in order to find a model for meeting the challenges in Cambodia.

The first two approaches were chosen both to strengthen our own knowledge of CSA and to contribute to IOM’s Project in Rattanak Mondul District. To make the educational material, we started of studying western literature and to look at other projects done on CSA in developing countries. Save the Children Norway supported us with material from two different projects; “Protocol for the Multisectoral Management of Children in Zimbabwe” (7), and “Pilot Project to prevent sexual abuse among children and to create awareness of Child Sexual Abuse in selected schools in the area of the Colombo Municipal Council, Sri-Lanka” (8). The literature used were found on the library with references from within the specialist environment in Norway upon CSA, BIBSYS with free text search on the terms “Child Sexual
We decided to make presentations on the following subjects:

- Definitions and Epidemiology (A.1)
- The Health Sector’s Acute Management of Sexually Abused Children (A.2)
- Signs of Child Sexual Abuse (A.3)
- Assessment of Suspected Child Sexual Abuse (A.4)
- Treatment of Child Sexual Abuse (A.5)
- Prevention of Child Sexual Abuse (A.6)
- How to Solve the Special Challenges Concerning Child Sexual Abuse in Cambodia (A.7)

The choice of subjects regarding CSA was done according to the way it was done in the literature. It was useful to look into all the subjects which possibly could be of interest to the IOM Project. The last presentation (A.7) was meant as an introduction to the workshop held with the IOM staff and was based on the statements of our interview objects regarding special challenges met in the Cambodian society. At a later stage, during the fieldwork, it was necessary to compress all the presentations (A.1-6) into one presentation (A.8), named after the title of our project at that stage; “Abused and Alone. How to meet children and youth exposed to sexual abuse in Cambodia”. This presentation contains the main aspects of CSA which we saw most useful to the IOM “Child Mental Health & Counter Trafficking Project” (Definitions-, epidemiology-, signs-, assessment- and prevention of CSA). The choice of subjects was based on unofficial talks with the director Dr. Eng Samnang and our own observations of the IOM staff working. All the presentations were handed to IOM for free usage. The last presentation (A.8) was translated into Khmer by Ms. Chea Varin (A.9).

Making the presentations possible, we were dependent on Psychiatric Nurse Ms. Chea Varin as an interpreter. She is her self IOM staff and knew most of the terms used, which turned out to be useful. The presentation was held at Rattanak Mondul Secondary School the 3de of June 2005, using an Overhead Projector and a Whiteboard.

After the weekly IOM staff meeting the 4th of June 2005, two hours were spent answering questions from the IOM staff and discussing subjects from the previous day. Questions and comments were noted for later use in the analyzing process.

The fourth approach, interviewing staff from other NGOs was done to identify what special challenges the local communities in Cambodia meet concerning child sexual abuse and to find strategies to meet these challenges. For assistance and interpretations, we got the help from psychiatrist Dr. Ok Vannaka in Phnom Penh and the IOM psychiatric nurses in Battambang. The contents of the interviews were written down for use in the analyzing process.

We started the interviews by introducing ourselves and our project. Then our interview objects were asked to talk freely about their organization and the work that they do, emphasizing on their work on CSA with some following up questions. At the end of the interview, they were asked to reflect on what special challenges that lies within the
Cambodian society, both concerning the work with the exposed children and the etiology of CSA in Cambodia.

At the last stage of the fieldwork, we held one workshop with IOM staff and one workshop with exposed girls, to groups with different perspective and experiences from CSA. The goal for the workshops was to identify and discuss special challenges in the Cambodian society and to find and evaluate strategies to meet these challenges.

Ms. Chea Varin translated the workshop with the IOM staff. First, they discussed the validity and importance of the challenges we had presented and made their own suggestions on special challenges. The challenges were listed, and the participants voted on what 5 challenges were the most important. Then they were divided into 5 groups with different sexes and professions present in each group. The groups were given one challenge each and asked to discuss strategies, outcomes of the strategies and possible practical challenges when carrying out the strategies. At the end, the strategies were put into a Benefit/Practicability-matrix to give us a better visual view of validity of the strategies.

The second workshop was done with the former exposed girls and was translated and assisted by Ms Chea Varin. After we had presented ourselves and our project, the girls were asked 3 questions: What challenges/problems lie within the Cambodian society to cause the occurrence of CSA? What could be done to prevent CSA? What could be done to make the situation easier for the abused children afterwards? In between the questions, the results of the discussions were presented to us and translated.

Data analysis

In the work of analyzing our fieldwork material, we have used Systematic Text Condensation as a method to identify and withdraw the meaningful units in our written summaries, and to reorganize the material in a suitable way. This work included the organization of the units under four self developed categories in a matrix. These four categories represent the titles of the result presentation. We have used the statements of 9 informants (6 NGO interviews, 2 workshops and 1 group of questions and comments from the IOM staff) to give a picture of what special challenges lies within the Cambodian society concerning child sexual abuse. The results are presented below.
Results

Stigmatization

When talking to the informants about the special challenges within the Cambodian society concerning child sexual abuse, stigmatization of the victims in the local community was an essential topic. Everyone agreed that stigmatization is one of the most important difficulties the children meet after being abused. The majority is supported by their families, but meets difficulties in the local communities when the abuse is known. The stigma is due to the lack of virginity and its importance for marriage and economical stability in the future. Another aspect of the stigma is that the victim is seen as guilty for what has happened. The informants also told us that the victims stigmatize themselves thinking that no one will love them or marry them. One of the informants thought of it as a paradox that the male perpetrators are not stigmatized, but think of this as a result of how people in general define virginity.

Because of the stigma, the abuse is often kept a secret. Many families feel ashamed and humiliated by the abuse. One of the informants claimed that the fear of stigmatization is one of the factors that keep many families from reporting child sexual abuse to the police. The informants made it clear that the stigma also is an obstacle when it comes to seeking medical assistance and counseling for both the victim and the family.

Moving the victim out of the community and into a shelter was a strategy that most informants mentioned when they talked about how to solve the problem of stigmatization. In the shelter, the victims are offered counseling, general education and vocational training. The former victims of child sexual abuse talked about how counseling might help many victims with their sad and angry feelings, feelings of guilt towards their family, low self esteem and suicidal thoughts. On the other hand, we were told that only three of the six girls had received counseling during their stay at the shelters. They also talked about the general education, vocational training and to receive help to start their own business in the local community as important strategies for economical independence and higher self esteem.

The fact that the stigmatization also affects the family was recognized by the informants. Giving counseling to the family and informing them about the consequences of keeping the abuse a secret was seen as a useful strategy. One of the informants talked about moving the family and the victim to another village as a possible strategy for the family to get away from the problems. To educate the community about child sexual abuse and the impact this has on the victim was mentioned as a way to solve the stigmatization coming from the local community. One of the informants thought that awareness among men could be the most important strategy. “The men have to learn that it is not the girl’s fault”, he said. Also changing men’s view of the importance of virginity could contribute to lessen the stigma.

Limited knowledge of child sexual abuse

Our experience is that the knowledge of child sexual abuse among police, health workers, social workers and teachers is limited. We observed difficulties with definitions among some of our informants. The definition of rape was much wider and the definition of child sexual abuse narrower than the international recognized definitions. For instance was it considered as rape if a boy and a girl have sex under the condition that they will marry, but later decide not to marry after all. Sexual harassment of children was not looked upon as child sexual abuse.
When talking about who the perpetrators and the victims are, their thoughts about the Cambodian situation differed from what we know from the situation in western countries. They believed that most perpetrators were people unknown to the victim. When confronted with the possibility of women as perpetrators and boys as victims, they claimed that this does not occur in Cambodia.

When we asked the exposed girls about why some become perpetrators, they answered that these men lack knowledge on how to control their sexual desire and the importance of controlling them. They also argued that boys receive much of their knowledge about sexuality through pornographic movies and magazines. This gives them a wrong view of sexuality and might contribute to the creation of perpetrators of child sexual abuse. In some groups of boys, raping girls is socially accepted.

In Cambodia, the general level of education is low. People have limited knowledge about Cambodian laws and their rights as citizens of Cambodia. According to the informants, this makes it difficult for the people to understand how to protect themselves and their children from sexual abuse. Alcohol is a large problem, and children are left alone while their parents get drunk. Some children have to walk long stretches alone in quiet areas to help out on the farm.

According to all the informants, to do educational work on child sexual abuse, Cambodian laws on child sexual abuse, UN Convention on the Right of the Child and Human Rights is important both for children, parents and the community in general. This can be done through respected, educated village people like the village chief, police officers and teachers holding community-meetings, teaching students in school and making home visits. Spreading information through radio and TV was another suggestion. Although all the informants agreed on the importance of education on CSA, the teachers showed some skepticism towards teaching students about sexuality related subjects in school. They were afraid that the students would feel embarrassed or that they would contribute to an earlier sexual debut.

Parents and children also need to be taught strategies on how to protect the child from being abused, it was said. The exposed girls suggested that there should be a team within the police with special knowledge about child sexual abuse. This, together with increased general knowledge about Cambodian laws on child sexual abuse would tell the community that fighting child sexual abuse is important, and that a perpetrator can be punished.

At-risk families and families with a victim need special information about the impact of child sexual abuse on the child, the impact of keeping the abuse a secret and where to seek help in order to support the child in a good way. NGOs and teachers can contribute with this information.

According to informants at the shelters, including the exposed girls, counseling is an important source of information for the victim. In the counseling, former victims can play a central role contributing with reliable information about how to move on and have a life after the abuse. They can also be useful role models for the victims. Male counsellors can also be a source of reliable, positive male role models for girls after the abuse. When the perpetrator is one of the parents, counseling by trained personnel can also be important support for the non-abusive parent.
The value of women and children in the Cambodian society

One of the informants told us that children are looked upon as a property in some families. Instead of recognizing the child as an independent human being with its own rights and value, they are sometimes treated like articles for sale. The informants could tell of numerous cases where the children were sold by their parents to prostitution and labor in the big cities in neighbor countries. They also told about parents who sell their daughters virginity to rich men in luxurious cars for no more than $100. It was also said that orphanage children are placed to often with unfit parents. This can contribute to more problems concerning child abuse. Some sexually abused children are married away to the perpetrator to solve the family crisis concerning marriage and the following economical problems after the abuse.

“Man is Gold – Women are cloth” is a Cambodian expression some of the informants mentioned. It was said that the male perpetrators does not have any difficulties getting married. It is the female victim that has problems. The lack of virginity is the essential challenge for the families when getting them married. If no one knows what has happened, there are no problems for anyone but the girl. If the abuse is known to the public, the male perpetrators may bargain with the local authority and the police to avoid prosecution. Corruption is often involved.

One of the abused children said: “Men can not control their sexual desire”. Another informant said that the perpetrators wish of having sex becomes more important than the girls emotions. It was also said by some of the abused girls that it has become socially accepted to rape in some boy-groups. “They talk a lot about sex and encourage each other to rape,” a girl said. According to the girls, pornographic movies and magazines were to blame for some of these problems. Some even rape to get revenge on a girl’s family. Another challenge which was mentioned is that some parents get drunk to often and leave the children by themselves. This contributes to the risk of getting raped.

Abortion is not legalized in Cambodia. One of the informants told us that some illegal abortions are done at some hospitals when girls get pregnant by rape. This is often accepted in the communities because people feel that it is not good for a child to grove up without a father. The mother may also take her anger towards the perpetrator out on her child. The fact that abortions are illegal makes it more difficult for the abused girls to recover.

Many of the informants have recognized collective trauma as an explanation of the crimes that are done against women and children in Cambodia. “People lost much of their ethics and philosophy during the Pol Pot”, one of the informants said. “Some were forced to kill their own families and others saw people get killed for stealing a bit of rice…” After the genocide by Khmer Rouge, the general level of education has been low. It is thereby difficult for the adult population to fully understand about subjects like Human- and Children’s Rights.

One of the informants told us the story about the 13 year old girl who lived alone with her alcoholic grandfather. She got beaten every time she came home without money, and one time she was found hit with an axe in the scull. The neighbors tried to help her with traditional healing, putting her on a bed of burning coal, without luck. She was in an unconscious state taken to the hospital. At the hospital they found she was pregnant, but they did not find out who the child’s father was. After the birth of the child, the girl got more and more socially isolated and incapable of taking care of her self. We met the girl at the age of 19, living at a shelter. She was capable of eating her self, but it looked like she had got mentally retarded by
the traumas. The shelter did not have the resources to offer her psychiatric treatment because in such a case a member of staff needed to accompany her to the hospital.

Few cases of child sexual abuse have been reported compared to the total number of cases hidden in the community, some informants claim. The families often keep it a secret because of the perpetrator’s threats. They are afraid of what the perpetrator will do if he finds out, and because of corruption can not trust the police and the judicial system to protect them from being harmed. A study by ECPAT- Cambodia based on rapes reported to the newspapers over a three month period in 2005, showed that in only 5 of 69 cases, the perpetrator was prosecuted and sentenced to imprisonment.

When asked about strategies of coping with these challenges, most of the adult informants focused on educational work in schools and communities. They said that Children- and Human Rights should be taught to local authorities, community chiefs and teachers, because they are the ones that have the most influence on the community. Cambodian laws should also be a central topic in the educational work. On the other hand, the abused girls participating in the workshop focused on how children through school and parents should be taught to protect themselves against abuse. They also said that parents should be taught how to protect their children.

The abused girls wish for laws or regulations on pornographic magazines and movies, so it finally can be illegalized. They wanted stronger sentences for child sexual abuse. They also wanted an end to the corruption in the police and the judicial system, because it is the only way to get the perpetrators in jail. Finally, they wanted vocational training in shelters to give them economical independence and strengthen their self esteem.

**Poverty**

As mentioned above, some informants talked about families selling their children to brothels and traffickers as a sign of disrespect for the child’s rights and value in the society. Other informants looked at this as a sign of desperation and poverty. Another example on how desperate families can get, is the cases where the victims of child sexual abuse have been married away to the perpetrator. For some families this is the only way to get their dowry and to give their daughter economical stability in the future. The Cambodian society is built in a way that most women are economically dependent on their husbands. This makes it also difficult for mothers to separate from their husbands when the husbands are the perpetrators of child sexual abuse.

Some informants recognize the rural areas of Cambodia as a challenge concerning child sexual abuse. When girls have to walk alone in quite areas, this contributes to the risk of being raped. It is far to walk to get help, and difficult to get transportation. At the same time, the children are often on their own while the parents are working in the fields. Since the population is spread out in the countryside, it is even more difficult to distribute information about traffickers, child sexual abuse and how to seek help if something occurs. Newspapers, radio and television are not accessible for everyone, and many can not read.

Most of our informants recognize poverty as the ultimate challenge concerning child abuse; Children are sold like merchandise by their parents or left by them selves while the others are working in the field. Their parents get drunk in their desperation. There is corruption in the
police and the judicial system. The general level of education is low and the understanding of children’s rights is limited.

When asked of what can be done with the poverty related issues, some of the informants pointed out the importance of identifying high-risk families. Big families in small houses, poor families and families without mothers or fathers are thought to have higher risk for child neglect and child abuse. These families can be supported by “micro financing”; they are supported with a cow with condition of giving the second calf back. Emergency funds are also used in some villages. Together the inhabitants save money to support the families especially in need.

Supporting the high-risk families with education is also an important way to protect them against trafficker tricks and the sex industry, other informants said. This can be a way of giving them knowledge about children’s rights, Cambodian laws and child abuse. Girls at risk of being abused can be moved to shelters to get education and vocational training. Families living in the streets can also be taken to shelters for vocational training and to be taught parental skills.
Discussion

In the process of choosing informants, it was important for us to find a heterogeneous group of people, all with different experiences with child sexual abuse in Cambodia. Through Chin Chanveasna, the coordinator of ECPAT-Cambodia, we got an overview of the situation and a political perspective. Through the representatives of the chosen shelters, we got different perspectives from informants working with the rehabilitation of the children. Through the staff at IOM’s project, we got more information on how they work in the local community to support children and families in need. Through the girls exposed to sexual abuse, we got information directly from the ones that have experienced the problems and tried different initiatives themselves. This gave us as rich a material as possible within the limited frames of our project.

By choosing to visit such a variety of shelters and organizations in Phnom Penh and Battambang, we have been able to see different approaches to prevent CSA and to help and assist children exposed to sexual abuse. It also helped us to specify the objectives of our project by concentrating on CSA in the local community and thereby exclude the commercial aspects. At this time in the process, we had little knowledge of the special challenges the Cambodian society meet concerning CSA. This may have been a benefit for us in the way that we did not influence the informants’ stories.

Through the choice of making educational material concerning CSA, we were able to reflect on and evaluate the literature on the different aspects of CSA, and what relevance these findings could have for the people working with the same issues in the IOM project. By holding the presentations for the IOM staff, we feel we have contributed by strengthening the knowledge and by giving new ideas on how to meet the challenges regarding CSA in the local communities. Retrospectively we see that giving the presentations prior to the workshop might have been too big an influence on the staff’s ideas and creative thinking. The Cambodian society is hierarchically built and has a strong tradition for not disagreeing with people of higher status or foreigners (16). By holding the workshop prior to the presentations, the value of the results from this workshop might have been stronger.

The workshop with the exposed girls gave us both a different perspective and a better understanding of the situation regarding child sexual abuse in Cambodia. The girls were creative and eager to share their thoughts about how to help others in the same situation. They also had thoughts about how to prevent sexual abuse from happening to others. This workshop turned out to be more important for our work because the group was less influenced by thoughts and reflections on the subject presented by us. Looking back, we see that it would have been useful for our project to do more workshops with other girls in the same situation.

In the process of talking to our informants, we have been so involved and absorbed by the conversations that we may have lost interesting and valuable quotations. We should have been better at making notes.

The results show us that our informants independent of background mostly agree on what special challenges the Cambodian society meets concerning child sexual abuse. It is thereby few contrasts in our material. Stigmatization of victims and poverty has been mentioned as the most important challenges.
Most of the informants have also chosen the same strategies to meet the challenges. The strategies most mentioned and used were the use of shelters and vocational training in the rehabilitation of the abused children. It is interesting to see that the use of these shelters differ from the way they are used in the western countries. In Cambodia there are shelters for children alone, and at-risk-children may be taken in as well as exposed children. In Norway there are instead only shelters for women (and their children). The reason for the difference might be that abused children in Norway meet less stigmatization in the local communities and do not have the same need for help to establish a new dignity through economic independence in the future. The shelters in Cambodia have the functions both to protect and to educate the victim and to ease the pressure of stigma on the victim’s family. The former exposed girls were very pleased with what the shelters offered.

Counseling was mentioned by the shelter staff and the exposed girls as an important strategy in the assistance of the victims. Counseling was to them a supportive conversation with a trained adult to assure that the child feels protected, seen and helped to express his or her feelings. We believe that counseling have a positive effect on most children.

Though the strategies for the prevention of CSA were limited, teaching children about the UN Convention on the Right of the Child could be a step in the right direction. The teachers showed some skepticism of teaching children about sexuality related issues. It is a common way of thinking that educational work on sexuality may contribute to an earlier sexual debut, and that this ultimately is a bad thing. Our view is that age plays a small role as long as a couple loves each other, talk before acting and know how to use a condom. Especially when we know that the alternative is that older persons have sex with other grown up persons without asking for permission and without using the condom. The worst case scenario for such relations is depressions, suicides, unwanted pregnancies or deaths by AIDS. The teachers’ skepticism may though be related to the importance of saving a girl’s virginity when we know that this is necessary to get married and to get an economical- and socially secure life in Cambodia.

An interesting issue to discuss is the reason why some families sell their daughters virginity to rich men. Some even marry their daughters to their perpetrators. These acts may be explained by poverty, but the fact that so many people were traumatized by Khmer Rouge could have done something crucial with the public moral and ethics. Though we have no information of the situation before Pol Pot, it is possible that the view of the value of women and children has changed during- and in the afterbirth of this regime.

While the IOM staff mostly reproduced what their organization does on the subject rather than being creative finding new solutions, the group of girls exposed to CSA contributed to the project with many new thoughts about both challenges and strategies. When we talk about the challenges that potentially could be characteristic of Cambodia, we have no literature references. It was our task to find these challenges through the fieldwork in Rattanak / Mondul District. To a great extent we have also succeeded.

Indirectly, we have also succeeded in finding questions there are no obvious answers for: How many women and children are exposed to sexual abuse in Cambodia? Who is the common perpetrator in Cambodia? How many of the sexually abused children end up with psychiatric disorders as a long-term effect of abuse in Cambodia? How can we contribute to change the people’s view of virginity and its importance for marriage? And what is the best
way of giving parents education in the parental role? These are all interesting questions which could make the foundation of new studies on CSA in Cambodia.

The Cambodian people are facing big challenges in the work of preventing child sexual abuse. There is a low level of education and many children are neglected by their parents. In the search for explanations, we find no evidence that it has cultural reasons. After years of oppression, Cambodia has been collectively traumatized and the people are poor. We believe that these consequences must be blamed for the many problems in the local communities. The process of helping the victims of child sexual abuse can be more difficult than preventing it from happening. The fact that the victims are stigmatized makes the psychological traumas of abuse more difficult to cope with. The stigmatization of the victims is a very complicated issue, and there is much indicating that the poverty and the collective traumatism have to take the blame for this as well. No matter what, there are efforts to be done both for preventing CSA and to assist children exposed to CSA.

Conclusions and recommendations

The strategies recommended in the literature for preventive work against child sexual abuse is not yet the choice of strategies used in Rattanak / Mondul District. The research shows that educational work on sexuality, child protection and perpetrator prevention have the best outcome on the incidence of CSA (8, 11, 12). IOM has started important preventive work concerning mental health problems among children in the district. Students are taught about the UN Convention on the Rights of the Child, there are activities to promote child mental health within school, high-risk families are supported and the teachers are trained to look for signs of mental health problems. At the same time, there are few initiatives to prevent child abuse, and especially child sexual abuse, from happening. With IOM “Childhood Mental Health & Counter Trafficking Program’s” position in the local communities of the Rattanak / Mondul District, there is a great potential in developing a protocol of action towards child sexual abuse.

The aim of doing educational work is to make it easier for the children to protect themselves, to reveal their story and to seek help. It is also important to make parents better at protecting and supporting their children. The fact that education may contribute to prevent children from becoming perpetrators as well is very interesting (11). School based- and community based programs could be the basis of such an education.

In the following, we will address the contents of School-based programs towards prevention of CSA, identification and assistance of the victims of CSA:

The children need to know the anatomy and physiology of their own bodies as a foundation for a healthy and normal sexuality. They need a language to use when revealing abuse (14), they need to know if they are pregnant or sick and they need to know how to act towards sexual fantasies when they enter puberty. Respect for your own and other boundaries is another important issue. Children need to know what a good touch is and what a bad touch is, and that it is right to say no when we feel uncomfortable. The violation of other’s boundaries has consequences both for the violated and for the violator. To teach the students about protection from sexually transmitted diseases like HIV is another important subject.
Emotional issues are just as important as somatic issues. Some people have big problems in the distinction of love, infatuation and excitement/wantoness. Fathers who become abusive with their children most often have this emotional problem (15). It is necessary to address this issue with the students in the secondary school. To discuss the distinction between those three words. To reduce the influence of pornography, the children should also be given education on healthy and normal sexual relations.

Finally, the children should learn about the UN’s Convention on the Rights of the Child. It is said in article no.19 that “All children have the right to be protected against neglect and all kinds of abuse” and in article no.34 that “All children have the right to be protected against all types of sexual exploitation and abuse, including child prostitution and child pornography”. These sentences combined the Cambodian laws on the subject may contribute to the children’s self esteem, giving them a feeling of worth and an opportunity to know when they are violated. When they know who is responsible for their protection, the children will also be able to make the right demands at the right place. Additionally, it may also function as perpetrator prevention.

To make the parents a part of the school-based program has shown to increase the effectiveness of learning (11). The parents should talk to their children about what they learn in school, about boundaries, how to protect themselves and the importance of telling if something happens. All children should receive age appropriate information, and active and participatory learning has the best results. If the topics are too much for the teachers to handle, it could be wise to involve health workers, social workers or others to lessen the teacher’s burden.

A Community-based program could contain information about what child abuse and child sexual abuse is. What psychological and social effects it has on the abused child. Who the perpetrator is and what consequences abuse has for him/her. And what the current situation on CSA is in Cambodia. It should also include how to protect and monitor children and their contact with adults and other children, how to talk to children about sexual abuse and sexuality in general and how to detect signs of sexual abuse in children.

Community-based programs may first include teachers, health workers, social workers, religious leaders and the local authorities. Secondly, it is important to involve parents, especially the parents in high-risk families (families in dissolution, stepfamilies and mental ill or substance abusive parents).

Beside the recommendations of introducing school- and community based programs, we can support the use of shelters for children exposed to incest or stigmatization in the local community. Vocational training and counseling is important to protect the children from negative- and long-term effects (13). These strategies are important in the empowerment of the abused children. Counseling and financial support to the high-risk families are also constructive and well functioning initiatives.

As expressed by the exposed girls, we must all work against corruption within the police and the judicial system to contribute to the rehabilitation of the abused children. It is a question of placing guilt and the protection of the victims. Such political issues may be difficult to comprehend with, but important to make a stand on. Another political issue is whether it
should be laws and regulations on pornographic material to protect children from being exploited and to prevent boys from developing a wrong image on sexual relations.

Our research shows that there is a great potential of improvement in the preventive work against child sexual abuse in Rattanak / Mondul District. There are many good initiatives to strengthen the children’s mental health in general, but there are no educational programs to strengthen the communities’ knowledge of child sexual abuse, child protection and perpetrator prevention. We recommend IOM’s “Childhood Mental Health & Counter Trafficking Program” to include these subjects in their existing program on child mental health. School- and community-based programs may be the appropriate way to address prevention of child sexual abuse. These programs will in the long term also contribute to the identification and assistance of the sexual abused children.
References

5. Annual report 2003: IOM’s Childhood Mental Health & Counter Trafficking Project.
14. Aasland (2004). *Si det til noen-
Appendices

(A 1-8 are Power Point presentations)

A1. Definitions and Epidemiology
A2. The Health Sector’s Acute Management of Sexually Abused Children
A3. Signs of Child Sexual Abuse
A4. Assessment of Suspected Child Sexual Abuse
A5. Treatment of Child Sexual Abuse
A6. Prevention of Child Sexual Abuse
A7. How to Solve the Special Challenges Concerning Child Sexual Abuse in Cambodia
A8. Abused and Alone. How to meet children and youth exposed to sexual abuse in Cambodia.
A9. Abused and Alone. How to meet children and youth exposed to sexual abuse in Cambodia. – Khmer version
A10. IOM’s Questions and comments on subjects concerning CSA
A11. Results from the interviews of NGO staff.
A12. Workshop with IOM staff
A13. Workshop with exposed children from the Ptea Teuk Dong and Homeland shelters.
A.1 Definitions and Epidemiology

Abused and Alone

Child Sexual Abuse - Definitions and Epidemiology

Definitions

- Sexual abuse (1)
  - Contact sexual activities
    - penetrative acts (e.g. penile, digital, or object penetration of the vagina, mouth, or anus)
    - non-penetrative acts (e.g. touching or sexual kissing of sexual parts of the child’s body, or through the child touching sexual parts of the abuser’s body)
  - Non-contact sexual activities
    - child pornography, encouraging two children to have sex together etc.

- Rape (8)
  - Intentional unlawful sexual intercourse by one person against another.
  - The man’s penis must enter the vagina/anus/mouth for rape to occur. If he tries but does not succeed, he is still liable for Attempted Rape.

- Incest (2)
  - Sexual intercourse between a child and another family member.

- Children (and youth)
  - persons under 18 years
  - based on the “UN Convention on the Rights of the Child”
Epidemiology

- Prevalence of child sexual abuse (1,3,4)
  - 20% for females
  - 5-10% for males
  - about 5% of all children exposed to repetitive penetrative acts

Characteristics of abused children

- The most common age: 7-13 years (5-6)
- There are increased rates of sexual abuse among children living with parents who are;
  - emotionally unavailable
  - psychiatrically disturbed
  - violent
  - alcohol or drug abusive
- The risk of sexual abuse is almost doubled for children with a disability (7)
- Most abused believe it was their fault

Characteristics of abusers (1,3,4)

- 90% are men
- 70-90% are known to the child
- up to 1/3 are under 18 years old (6)
- Most abusers have psychiatric problems and family problems
- 20-50% of the abusers have been victims of sexual abuse themselves
References

2. SMI (The Norwegian Support Center against incest)
A.2 The Health Sector’s Acute Management of Sexually Abused Children

Abused and Alone

The Health Sector’s Acute Management of Sexually Abused Children

Guidelines and Action

- Reception
- Medical and social history
- Medical examination
- Collection of specimens
- Documentation and record keeping
- Medical management
- Liaison with Police, Social Welfare and Public Prosecutor

Reception

- The abused should not have to wait unnecessarily
- A female staff member or a caretaker should, if possible, assist the medical examination
- It is crucial to maintain a gentle approach
- Show empathy and ensure the abused that he/she is going to have a normally functioning body in short time.
- Place the issue of guilt where it belongs
Medical and Social History

- Avoid leading questions
- Record usual personal data (name, date of birth etc)
- Record date of last menstrual period, any previous genital sexual experience, time/date/type of alleged abuse
- If more than a couple of days have passed; examine Sexually Transmitted Disease’s:
  - abdominal pains, vaginal discharge, genital sores and warts

Find out the social circumstances of the patient:
- Is the perpetrator living in the same dwelling?
- Who can effectively protect the child?
- Where can the patient be safely housed?
- For a health worker it’s not allowed to close the eyes for the diagnostic possibility of child sexual abuse!

Medical Examination

- General clinical examination
  - look for bruises, hematomas, fractures, hymenal diameter, hymenal characteristics, structures surrounding the hymen
- Questioning the child about each body part as it is examined
  - functions, symptoms and actions taken by others
Digital examination of a child or previously non-sexually active adult is unnecessary and inappropriate
- Visual examination of the vulva and introitus provides more information and is less traumatic

Collection of specimens

Collection of Specimens

- Forensic (think of benefit vs. cost):
  - <72 hours after the rape or sexual abuse; (pus swabs and glass slides)
  - >72 hours; clothes soild with semen/blood, especially underpants, can be used as forensic specimens. Somatic forensic examination inappropriate.
  - “Rape kit”?
  - If no specialized referral centers; microscopically inspection of urin samples and vaginal discharge

Rape Kit

- A large envelope containing instruments that are used by the doctor
- To obtain swabs and slides, blood, saliva, pubic hair, fingernails and scrapings
- Includes detailed instructions
- How is it with forensic specimens in Cambodia? Analysing possibilities?
Blood specimens for HIV
– can be taken at the first visit (>1 week after exposure) and 3 months later (false negatives)

Specimens for STD’s (Sexually transmitted disease)
– more than 2 weeks after exposure
– vaginal swabs, urine samples etc.

PS. In most cases of sexual abuse no findings is expected

Documentation and Record Keeping

Record the patients clinical notes, any specimens collected, reference numbers of HIV tests for possible court presentation
– Decide whether the physical evidence available at the time of the initial examination amounts to conclusive, highly suggestive or inconclusive sexual contact or penetration

Medical Management

Rohypnol can be used acute to calm the patient down

If signs of infection, then antibiotics should be prescribed.
– Will the patient be charged for these drugs?

What can be done to a pregnancy resulted from rape?
Refer the child to psychosocial support immediately (special trained health workers; psychiatrists, psychiatric nurses, doctors etc.)

Discuss findings with parents and offer support to them as well
  – Gain the child’s permission, if possible. Any resistance should be noted and explored.

Liaison with Police and Social Welfare

The main goal is to protect the abused from the perpetrator. Possible assessments:
  – Contact the child protecting services or the police
  – The abuser may then be remanded in custody until the case is heard in court
  – Within families, the abuser or the abused must be isolated from the other

The abused need psychosocial support!

References

A.3 Signs of Child Sexual Abuse

Abused and Alone

Signs of Child Sexual Abuse

- Behavioural
- Emotional
- Psychosomatic
- Physical

Behavioural Signs (1,2,3,4)

- Regression
  - The child is falling back in developmental stages
- Social withdrawal
- Learning difficulties
  - Difficulties concentrating
  - Sudden changes in school achievement
- Refusing to remove clothes in the presence of others
- Resisting physical examination

Abused and Alone, 2005
Aggressive behaviour
- Towards other children
- Towards domestic animals

Sexualised behaviour
- Language
- Body language
- Dressing
- Play

Sexualised drawings

Sexual abuse of other children

Self destructive behaviour
- Running away
- Drug-abuse
- Suicidal tendencies
- Prostitution

Signs of trauma
- Nightmares, flashbacks (PTSD)
- Hysteric symptoms (conversion)

Eating disorders
- Sudden change in weight
- Overeating and vomiting

Emotional Signs (2,3,4)
- Low self-esteem
- Frequent tears / crying
- Depression
  - Depressed mood
  - Reduced energy
  - Lack of initiative
  - Irritability
  - Reduced concentration
  - Somatic signs of depression (reduced appetite, reduced sleep)
■ Anxiety
  – Panic attacks
  – Generalised
  – Phobias etc.
■ Fear
■ Anger

Psychosomatic Signs (1,2,4)

■ Sleep disturbances
  – Nightmares
  – Difficulties falling a sleep
■ Muscle-tensions
  – Headaches
  – Muscle-pains
■ Recurrent abdominal pain

Physical Signs (2, 4)

■ Pain or itching in the genital area
  – Because of trauma or sexual transmitted disease
  – Difficulties when walking or sitting down, pain when urinating
■ Frequent urinary tract infections
■ Sexually transmitted diseases
  – Trichomonas, Chlamydia, herpes virus, venereal warts, syphilis, gonorrhoea
  – HIV
■ Unexplained pregnancies
References

3. Protocol for the Multisectoral Management of Child Sexual Abuse in Zimbabwe
4. Lecture by SMI (Support Centre Against Incest)
A.4 Assessment of Suspected Child Sexual Abuse

**Abused and alone**

Assessment of Suspected Child Sexual Abuse

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**Why is the Assessment Important?**

- To find the degree and extent of the abuse.
- To be able to protect the child and other possible victims.
- To find the effect of the abuse on the child and the family.
- To decide on medical treatment, counselling and reintegration actions.

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**Assessment of Suspected Child Sexual Abuse**

- The stages in the assessment process
- The child's presentation of the abuse
- Interviewing the child
- A case
- References
The Stages in the Assessment Process (1,2,4)

It is very important that the whole process is well planed in order to make sure that it is handled in the most efficient and professional way. This ensures a less traumatic experience for the child.

1. The child shows signs that lead to the suspicion of child sexual abuse.
2. Discussions with the supervisor or a professional.
3. Immediate creation of a Task-Force consisting of:
   1. Teacher
   2. Social worker
   3. Health worker
   4. Police
4. Interviewing the child
5. Interviewing the parents / non-abusive parent
6. Child protection planning:
   - Is it safe for the child to go home?
   - Are other family members safe?
   - Should the perpetrator be prosecuted immediately?
   - What kind of support does the child and the family need currently and in the future?
7. Taking action to protect the child.
Assessment of Suspected Child Sexual Abuse

- The stages in the assessment process
- Presentation
  - Interviewing the child
  - A case
  - References

Presentation (1)

In order to recognise the disclosure it is important to always consider the possibility of child sexual abuse.

Disclosure of abuse occurs in different ways:
  - Direct or non-direct statements to adults or friends
  - Behavioural and emotional symptoms
  - Medical disease or conditions

Assessment of Suspected Child Sexual Abuse

- Why is assessment important?
- The stages in the assessment process
- Presentation
  - Interviewing the child
  - A case
  - References
Interviewing the Child

- Avoid leading questions, congratulation or judgmental remarks so as to not influence the child's story.
- Drawings and play with dolls might help younger children to show what has happened.
- It is very important to find out if the child has suicidal thoughts early.

At the end of the interview the child is likely to require reassurance and justification on his/her participation in the session.

Memorandum of Good Practice (3)
- Listen to the child rather than directly question her/him
- Never stop a child who is freely recalling significant events.
- Make a note of the discussion, taking care to record the timings, settings, and personnel present, as well as what was said.
- Record all events leading up to the investigative interview.
What is important to the child? (6)
- To feel that they are taken seriously and have done the right thing by telling.
- Reassurance that it is not their fault and they will not be punished by anyone outside the family.
- To know that this has happened to other children and these children are now safe, well and happy.
- To feel that they will be protected.
- That the whole family will be taken care of, including the perpetrator if he/she is family.
- That you do not make promises you cannot keep.
- The trust is crucial for successful assessment and treatment.

Evaluating the validity of the interview (5)
- The amount of details.
- Shows greater knowledge of sexuality than other children of the same age.
- Emotions shown during the interview correlate with the content of the event. Ex: When a child describes something as painful, it is unusual for the child to laugh.
- The way the story is told, is influenced by the child's comprehension of the world. Ex: A child might talk about an erected penis in the mouth as a hot potato.

Assessment of Suspected Child Sexual Abuse
- Why is assessment important?
- The stages in the assessment process
- Presentation
- Interviewing the child
- A case
- References
A Case (4)

- Anita, a 14 year old girl has been **sexually abused** by her **stepfather** for 5 years.
- In school she is showing behavioural symptoms:
  - 5 years ago the teacher noticed a sudden change in behaviour: **problems concentrating**, **sexualised behaviour** and **sexualised language**.
  - Anita is **less socially engaged** than normal and seems **sad**.
- Anita tells her mother about the abuse. When the **stepfather denies** it, the **mother chooses to believe the stepfather – not the daughter**.

After this Anita seems even **sadder** and shows symptoms of **anxiety**. One day her teacher asks if something has happened and Anita reveals her story.
- The teacher notifies the headmaster.
- **Soon** after they form a **core-group** consisting of:
  - The headmaster and the teacher
  - The school health worker and a social worker
  - The police
- They discuss what is the best approach to protect Anita and make a plan.
- **Before the end of the school day**, the **stepfather is arrested** at his workplace and the mother is contacted and notified.

The **mother now chooses to believe her daughter** after discussions with the teacher.
- Mother and daughter go to stay with the grandmother until the stepfather is behind bars.
- Anita is **offered counselling** with the school nurse and later with a psychiatrist.
- Anita's **mother is also offered guidance and counselling** with a social worker.
References


Abused and Alone

Treatment of Child Sexual Abuse

Treatment (1)

- Aims of Treatment
- Treatment Planning
- The Treatment Process
  - Acknowledgement
  - Child Treatment and Development of Increased Parental Competence and Sensitivity
  - Resolution
- Conclusion

Aims of Treatment

- Stopping abuse or reversing neglect
  - Child protection-planning
  - Verifiable agreement with primary caregiver on controlling abuser/abused contact
Ensuring adequate caretaking

- Meeting the emotional needs of the child, offering affection
- Showing psychological responsiveness
- Supplying physical needs and protection
- Direction of the child’s behaviour and guidance for the child’s moral development

Improving the capacity for positive interpersonal relationships

To enable the children and caretakers to...
- enjoy personal relationships
- learn how to show empathy for peers
To enable the children to...
- become adequate parents themselves
- stop the maltreatment from being inherited through generations
- form friendships and warm relationships with trusted adults

Addressing any symptoms of psychological disorder

- parental alcohol or substance misuse must be an early priority, before improvement in caretaking and family functioning can be expected
- child and parents mental health problems

Managing any sexually aggressive or exploitative behaviour directed toward the child

- working directly with the abuser will be necessary as a part of the overall treatment in cases where the child still lives with him/her
Treatment Planning

1. Recognising and recording the problems, with specification of positive and negative features.
   
   **Parental**
   - Acceptance of problem, compliance, acceptance of responsibility for maltreatment, mental illness, childhood abuse
   
   **Parental-child interaction**
   - Attachment, empathy for child, neglect, physical abuse, own needs before child

Abuse

- severe abuse, early age of onset, no healthy relationship with an adult, developmental delay with special needs

**Professional factors**

- therapeutic relationship, outreach to family, partnership with parents

**Social setting**

- child care facilities, network vs. social isolation

**Family**

- violence, power demonstration, poor negotiation, poor autonomy and poor expression of affect, non-abusive and protective partner, supportive extended family, members who accept that abuse has occurred and will reveal recurrence

2. Finding therapeutic methods

- From attendance at a self-help group to more specific forms of therapy
- Most cases will require a mixture of therapeutic methods; individual-, group-, dyadic- and family therapy.

3. Criteria through which the intervention is to be judged successful or not

- Can be of great value negotiating with parents, in inter-professional review or child protection court

4. Timescale for change

- Makes expectations explicit and helps prevent unnecessary and harmful delay
The Treatment Process

- The Three Phases (1)
  1. Acknowledgement
  2. Child Treatment and Development of Increased Parental Competence and Sensitivity
  3. Resolution

Phase 1: Acknowledgement

- Help to unburden the child from any sense of personal blame
  - a psycho-educational approach helping he/she to understand it is the abuser who have a problem which requires attention and assistance

- Techniques helping the abuser admitting to the fact of abuse and taking responsibility for it
  - video- or audiotape of the child’s statement
  - direct quotes
  - description of injuries
  - face-to-face session between abuser and abused
Acknowledgement of the abuse effects upon the child

- current symptoms or mental health problems
- symptoms or mental illness that may follow

This acknowledgement can be used to help parents move to a fuller appreciation and understanding of past and current maltreatment.

Phase 2: Child Treatment

There is a tendency for professionals to withdraw after the acknowledgement phase. However, there is much to be done...

General issues

- The concept of placing guilt where it belongs is very important (6)
- Make the child know that it is possible to walk out of therapy as a completely normal child, that they will be protected and that the whole family will be taken care of
- Do not make promises it is not possible to keep. Trust is crucial for the therapeutic relationship

Help the child to express his/her feelings about the abuse itself and about any deprivation or neglect (2)
- Explore possible feelings of loss and guilt
- Forming peer relationships and functioning in school and with siblings are often major concerns for the child.
- Symptoms require direct treatment; Post-traumatic stress, anxiety syndromes, depression, other emotional disorders, sexual acting-out behaviour or self-injurious behaviour
Treatment of the most common mental disorders following sexual abuse

- Post-traumatic stress (94% PTSD immediately after rape, 47% PTSD after 3 months; Rothbaum et al. 1992)
  - Intervention after 3 months unless: High vulnerability, no social support, penetrative rape / the use of weapons
  - Work through distressing thoughts and flashbacks (3), cognitive restructuring (5), exposure
- Anxiety disorders
  - Deal with the abuse and related phobias and anxiety in a safe environment, allowing mastery (4)
  - Desensitization / exposure (phobias)
  - Medication (SSRI / SNRI)
- Depression
  - Activity regulating- and problem solving counselling, social skills training
  - Help with interpersonal relationships and negative thoughts
  - Medication (SSRI / SNRI)

Phase 2: Development of Increased Parental Competence and Sensitivity

1. To enhance overall parental competence with respect to their children through increasing parental sensitivity, empathy, emotional responsiveness and availability
2. To improve the degree to which caregivers can meet their children’s needs

Work with Parents

- The work with non-abusive caretakers may prove to be the key for improving the outcome of abuse cases
- Parent education in adequate caretaking (next slide)
- Abusers need to be encouraged to accept direct therapeutic assistance for their problems
- Psychiatric disorders, such as depression, will require a direct therapeutic approach
- Exploring the parents own experiences of childhood may increase both sensitivity and empathy for their children.
**Parenting qualities includes the following list of essential activities (1):**

1. Provision of adequate food and shelter
2. Obtainment of necessary medical care
3. Protection from harm (abuse and neglect)
4. Security of affective relationships
5. Responsiveness to the child’s emotional needs
6. Discipline and guidance of behaviour
7. Inculcation of moral values
8. Provision of new experiences
9. Assisting the child in social problem solving

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**Work with the Family**

- Many abusive persons are terrified of losing control within the family and will need much help with avoiding aggressive or exploitative methods of child rearing
- It is crucial to involve male figures in the treatment work wherever we can. Abused children and mothers need safe male role models
- Family reunification should not in itself be the only goal guiding the treatment process. The child’s welfare and best interests come first.

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**Phase 3: Resolution**

**Three primary options at this stage:**

1. Reuniting the family
2. Family restructuring
3. Alternative care for the child

“While relinquishment may be viewed by some professionals as evidence of therapeutic failure, we should not measure success by the attainment of family reunification but, rather, by the welfare of the child” (1)
Reuniting the Family in Incest Cases
- Clear guidelines may have to be established between the therapist and the family
  - No bathing of the child by the abuser
  - No engaging in intimate contact
  - No being alone with the children
  - No discussions of sexuality or maltreatment
- Such rules will need to change over time as the case progresses

Family restructuring
- One of the original parents adopting the primary responsibility for the child(ren), with or without another, new adult partner

Relinquishment of Parental Custodial Rights
- Indicated when neither adequate co-operation or sufficient gains have been established over time

Conclusion
- The turnover rates of child protection workers are high with reason. Stress and anxiety in professionals may follow such tough cases.
- Nevertheless - this is invaluable work!
References


A.6 Prevention of Child Sexual Abuse

Abused and Alone

Prevention of Child Sexual Abuse

General Strategies

- Child education
- Parent education
- Perpetrator prevention
- Changing social structures

A combination of different strategies is necessary to reach the best result

Prevention Methods

- School-based programs
  - Contents
  - What can be achieved?
- Parent education programs
- Perpetrator prevention
- Changing social structure
- ESCAPE Project on awareness creation and prevention of child sexual abuse
School-based Programs (1,2,6)

- Educational programs in schools or other institutions for children
- All children should receive age-appropriate information
- Active and participatory learning has the best results. Ex. Group-work, tasks, role-plays etc

School-based programs:
Contents

- Knowing your body
  - Why?
  - Anatomy and physiology
  - Who owns and decide about my body?
- Important emotional issues
- How do I protect myself?
- Children's rights

School-based programs:
Knowing Your Body

- Why?
  - Knowing their body helps the children feel that the body is an equal part of their person. This helps the children develop a greater respect and a better relationship with the body to better protect it.
  - The education makes a foundation for a healthy and normal sexuality. (Perpetrator prevention)
  - It also gives the children a language to use when revealing abuse and makes it less taboo to talk about what has happened.
Anatomy and physiology
- Learning the names and functions of all parts of the body, including the genital area
- What is disease and what is a variation of the normal?
- The genital area is equally important as any other body part
- Making drawings etc makes it easier and less taboo to talk about
- How does a girl get pregnant?
- Contraceptive
- Abortion – Is this an alternative?

Who owns and decide about my body?
- Good touch - bad touch
- It is right to say “no” when you feel uncomfortable
- “You decide when and where to be touched”
- Respect for your own and others boundaries

School-based programs:
Important Emotional Issues
- Issues that are important to discuss with children and youth in order for them to recognize the feelings and know how to act towards them:
  - What does it mean to love someone?
  - What does it mean to be in love with someone?
  - What does it mean to be excited/turned on by someone?
School-based programs:

How Can I Protect Myself?

- Say “no” to what feels uncomfortable or wrong.
- Always ask your parents when you want to go somewhere with someone.
- Don’t be all alone with people you or your parents don’t trust.
- Tell somebody you trust if something happens.

School-based programs:

Children's Rights

- UN's Convention on the Rights of the Child
  - Art. 19: All children have the right to be protected against neglect and all kinds of abuse.
  - Art. 34: All children have the right to be protected against all types of sexual exploitation and abuse, including child prostitution and child pornography.

- Cambodian laws on the subject
- Who has the responsibility to protect you?
- Where can you go to get help? Who can you talk to?
  - Your teacher
  - Governmental institutions
  - NGOs (Non Governmental Organisations)
  - Police
Knowing their rights gives the children self-esteem, a feeling of worth and the possibility to know when they are violated.

By knowing who is responsible for their protection, the children are able to make the right demands at the right institutions.

School-based programs:

Parents` Participation

Making the parents a part of the program increases the effectiveness.

The parents should talk to their children about what they learn in school, about boundaries, how to protect themselves and the importance of telling if something happens.

A parents` awareness program should cover

- What is child sexual abuse?
- The situation in Cambodia.
- Physiological and social effects on the children.
- How can you protect your child?
- How can you help your child to protect her/himself?
- Where can you get help if something happens?

It is important that the parents think about who their children spend time alone with.
School-based programs: What Can Be Achieved?

(2,3,4,5,8)

- Children protecting themselves
  - The effect increases when parents also talk to the child about how to protect themselves
  - NB! It is not the children that have the main responsibility to protect themselves
- Abused children find it easier to reveal their story

Empowerment of abused children

- Training and education will often protect the abused child against negative and long-term effects
- Parents, teachers and students are conscious about the possibility of sexual abuse and are able to notice signs and seek help.
- The perpetrator might avoid children whom they know have had education and training on the subject

Parent Education Programs

(1,2,7,9)

- Individual counseling for at-risk families.
- Parent education programs have proven to be very effective.
- Poor parenting is a major risk factor for sexual abuse.
- Good parenting helps children recover from victimization.
Parent education program:  
Who Should the Program Involve?  

- Parents and families who's children might be at higher risk for abuse  
  - Children living in families in dissolution  
  - Children living in stepfamilies  
  - Children living in families where parental supervision is compromised by mental illness or substance abuse

Parent education program:  
What Should the Program Contain?  

- A general part:  
  - Good parenting practices in all phases of child development  
- A more specific part:  
  - How to monitor children and their contacts with adults and other children  
  - How to talk to children about sexual abuse, sex in general and the avoidance of sexual victimization  
  - How to detect signs of sexual abuse in children

Perpetrator Prevention (2,10,11)  

- Groups of children at risk for developing abusive behavior:  
  - Children who were themselves abused in any way  
  - Very isolated children and adolescents  
  - Children who prefer to associate with much younger children  
- Groups of adults at risk:  
  - Substance abuse  
  - Previous offenders of sexual abuse (also those not involving children)
Different approaches to prevent the development of abusive behavior:

– Positive sexuality education to create respect for the boundaries of others and to prevent feelings of guilt and fears.
– Programs to help adults recognize abusive behavior and its precursors in children and adults, and to make the adults able to discuss, confront and extinguish abusive behavior without reinforcing children’s shame and humiliation.
– Public education programs aimed at potential abuser warning about negative consequences for the children and legal consequences.

Changing Social Structure (2)

Changes needed in the Norwegian society:

– Creation of a healthier culture around human sexuality by removing the shame and secrecy.
– Making sexual information more readily available for children and others. This information should work towards acceptance of sexual diversity and keep sexual activities in a context of mutual respect and affection.

– A change in the nature of gender roles that does not support a masculinity containing sexual entitlement and exploitation and that enhances a healthy relationship between father and children.
– Making a society that is fitted for child protection by making courts more accessible for children and giving the police special competence on child issues.

What can be done in Cambodia?
A School-based Program Initiated by ESCAPE in Colombo, Sri Lanka.

Pilot Project to prevent sexual abuse among children and to create awareness of child sexual abuse in selected schools in the area of the Colombo Municipal council.

November 2003 – March 2004

Lead by a NGO, ESCAPE - Eradicating Sexual Child Abuse, Prostitution and Exploitation.

A cooperation between
- Save the Children Sri Lanka
- National Institute of Social Development
- Institute of Human Rights
- National Child Protection Authority
- ESCAPE

The objectives of the project:
- To assess the level of knowledge about matters related to child sexual abuse among students in selected schools.
- To create awareness about the problem among teachers in the selected schools
- To create volunteer groups in the schools to work towards prevention.
- To create awareness about child sexual abuse among the students and to help them understand the message of protection against this abuse
- To create awareness about Children's Rights in the school community
- To provide students and teachers with the opportunity of reporting incidents of Child Sexual Abuse to the authorities and to obtain therapeutic assistance from ESCAPE
The Content of the Project

1. Introducing the project to different schools
2. Workshops for suitable, selected teachers from the different schools:
   - Position of children in Sri Lanka
   - Introduction to child sexual abuse in general and its position in SL
   - Introduction to the profile of the abuser
   - Effects of child sexual abuse on child and family
   - How to protect children from sexual abuse
   - Legal aspects
   - Social and cultural factors that promotes CSA
   - Basics in counseling
   - Handling exposure

Conducting a survey on knowledge and incidence of child sexual abuse
- A questionnaire was made based on earlier surveys done by professionals
- It was given to students age 12 to 19 at the different schools and filled out individually
- The questions were on
  - Family structure
  - Access to “adult” litterateur and movies
  - Discussions on matters related to sex with parents
  - Experience of sexual abuse
- The results led to the identification of needs and the different approaches

Forming volunteer groups in the different schools
- This was the responsibility of the chosen teachers in each school.
- The group consisted of the chosen teachers and 2 students from each class.
- The groups were responsible for organizing awareness programs and workshops for other students and parents

Methods in the awareness programs
- Student awareness programs:
  - Classroom teachings with students discussions
  - Group discussions
  - Artwork
- Parent awareness program
  - Lectures
  - Group discussions
Topics covered by the awareness programs for students:
- Introduction to adolescent age
- Characteristics of adolescent age
- The difference between love and infatuation
- Child abuse and child sexual abuse
- Some guidelines to stop inappropriate behaviours
  - Smoking
  - Drug abuse
- Guidelines to be safe in their family environment
- Introduction to counselling

Topics covered by the awareness programs for parents:
- What is Child Abuse?
- What is Child Sexual Abuse?
- The current situation about Child Sexual Abuse in Sri Lanka.
- Psychological and Social Effects abuse have on the children.
- Factors that can influence the students in appropriate behaviour.

References
1. ESCAPE-report
A.7 How to Solve the Special Challenges Concerning Child…

Abused and Alone

How Solve the Special Challenges Concerning Child Sexual Abuse in Cambodia?

The Working Model

- Identifying the challenges
- Finding strategies
- Discussing possible outcomes and benefit
- Discussing the practicability of the different strategies

Identifying the Challenges

- Poverty -> level of education -> value of children -> children viewed as property of their families
- Stigmatization of the abused child in the local community
- Cases being hidden in the community
- The cultural view of men and women ("Man is Gold, woman is cloth")
- Men's view of virginity
- The child being neglected by its family
- The family marrying the child to the perpetrator
- Positive / negative aspects concerning moving the victim to a shelter versus keeping it in the family
Finding Strategies

A. Children viewed as property of their families
   1. Fighting poverty
   2. Education on Human Rights and Children’s Rights
      - School-based programs, parental education and (community awareness)
   3. Strengthening children’s position in Cambodian laws, court system and police

B. Stigmatization of the abused child in the local community
   1. Education on CSA, Children’s Rights
      - Community awareness

C. The cases being hidden in the community
   1. Campaigns in the media on the importance of making a complaint
   2. Education on CSA (prevalence, consequences, where to seek help etc)
      - School-based programs
      - Parental education

D. The cultural view of men and women (“Man is Gold, woman is cloth”)
   1. Education on Human Rights and Women’s Rights
   2. Strengthening women’s rights and their position in Cambodian laws, court system and police
   3. Fighting for equality between men and women

E. Men’s view of virginity
   1. Education on women's anatomy, physiology and rights
      - School-based
      - Community-based
   2. Vocational training helps women getting economically independence and status in the community

F. The child being neglected by its family
   1. Education on children’s rights and Child Abuse
      - Parental and school-based
   2. Economical support
   3. Vocational training for the abused children
   4. Treatment of parent’s psychiatric disorders if needed

G. The family marrying the abused child to the perpetrator
   1. Education on children's rights
      - Parental and community-based
   2. Economical support
   3. Information on alternative options
      - Moving
      - Vocational training

Positive / negative aspects concerning moving the victim to a shelter versus keeping it in the family

Discussing Possible Outcomes and Practicability

A. Children viewed as property of their families
   1. Fighting poverty
   2. Education on Human Rights and Children’s Rights
      - School-based programs, parental education and (community awareness)
      Outcome:
      - People seeing the value of people as human beings
      - People having more respect for other people in general
      - Children respected as individuals
      - Decreased prevalence of CSA
      Practicability:
      - Expansion of the contents in school-based program
      - Parental meetings at school
      - A part of IOM’s community awareness program
3. Strengthening children’s position in Cambodian laws, court system and police
   Outcome:
   • Children getting their rights fulfilled
   • Easier for the court to sentence the perpetrator
   Practicability:
   • Lobbying / politics

B. Stigmatization of the abused child in the local community
1. Education on CSA, Children’s Rights
   • Community awareness
   Outcome:
   • More understanding of the trauma the victim has been through
   • Less stigmatization of victims
   • Decreased tolerance for CSA
   • Decreased prevalence of CSA
   Practicability:
   • Expand the existing mental health program
   • Parent awareness programs organized at school

C. The cases being hidden in the community
1. Campaigns in the media on the importance of making a complaint
   Outcome:
   • More complaints being made by victims families and community
   • More perpetrators sentenced to jail
   • Perpetrator thinks again before abusing a child
2. Education on CSA (prevalence, consequences, where to seek help etc)
   • School-based programs
   Outcome:
   •Victim and victim’s family know that abuse is illegal and wrong
   •Victim or victim’s family is able to seek help
   Practicability:
   • Expansion of existing school-based program

D. The cultural view of men and women ("Man is Gold, woman is cloth")
1. Education on Human Rights and Women’s Rights
2. Strengthening women’s rights and their position in Cambodian laws, court system and police
3. Fighting for equality between men and women
4. Vocational training for women
   Outcome:
   • Women more economically independent
   • Women higher status in the community
   Practicability:
   • Lobbying / politics
   • A part of IOM’s community awareness program
   • Referral to NGO’s / shelters

E. Men’s view of virginity
1. Education on women’s genital anatomy, physiology and rights
   • School-based
   • Community-based
   Outcome:
   • Men are more conscious about their view of women
   • Men gain a more nuanced view of virginity
   • Women are more conscious about their own value within the society and the family
   Practicability:
   • Expansion of the contents in school-based program
   • Parental meetings at school
   • A part of IOM’s community awareness program
F. The child being neglected by its family

1. Education on children’s rights and Child Abuse
   - Parental and school-based
     Outcome:
     • Decreased prevalence of CSA
     • Increased knowledge of CSA in the community (etiology, effects)
     • Increased knowledge of children’s rights
     • Increased knowledge of suitable parenting
     Practicability:
     • Expansion of the contents in school-based program
     • Parental meetings at school
     • Information given by IOM staff when visiting high risk families

2. Economical support
   Outcome:
   • The family is able to support an unmarried child
   Practicability:
   • The perpetrator sentenced by the court to pay the child and the family an economical compensation
   • Governmental support
   • NGO support

G. The family marrying the abused child to the perpetrator

1. Education on children’s rights
   - Parental and community-based
     Outcome:
     • Increased knowledge and respect of children’s rights
     • Family looking for other alternatives that is more in the child’s interest
     Practicability:
     • A part of IOM’s community awareness program
     • Staff give information when visiting families with a victim or high risk families

2. Economical support
   Outcome:
   • The family is able to support an unmarried child
   Practicability:
   • The perpetrator sentenced by the court to pay the child and the family an economical compensation
   • Governmental support
   • NGO support
3. Information on alternative options
   • Moving
   • Vocational training
   **Practicability:**
   • A part of IOM’s community awareness program
   • Staff give information when visiting families with a victim or high risk families
   • The child referred to a shelter for vocational training

Positive / negative aspects concerning moving the victim to a shelter versus keeping it in the family

A Benefit and Practicability Matrix

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Abused and Alone, 2005
A.8 Abused and Alone. How to meet children and youth …

Abused and Alone
How to Meet Children and Youth Exposed to Sexual Abuse in Cambodia.

A Project Assignment at The University of Oslo, Faculty of Medicine

Grete Reinsberg Mørch
Marius Ryengen

Problem to Be Addressed

- To develop and describe a culturally adjusted model to identify and assist children and youth exposed to sexual abuse in Cambodia.

Specifications:
- We will concentrate on sexual abuse of children within the local community, not the commercial sexual exploitation of children.

Different Aspects of Child Sexual Abuse (CSA)

- Definitions and Epidemiology
- The Health Sector’s Acute Management of Sexually Abused Children
- Signs of CSA
- Assessment of Suspected CSA
- Treatment of CSA
- Prevention of CSA
- How to Solve the Special Challenges Concerning CSA in Cambodia
Definitions

- **Rape** (8)
  - Intentional unlawful sexual intercourse by one person against another.
  - The man’s penis must enter the vagina/anus for rape to occur. If he tries but does not succeed, he is still liable for *Attempted Rape*.

- **Incest** (2)
  - Sexual intercourse between a child and another family member, or between a child and a person he/she trusts.

Epidemiology

- **Prevalence of child sexual abuse** (1,3,4)
  - 20% for females
  - 5-10% for males
  - about 5% of all children exposed to repetitive penetrative acts

- **Characteristics of abusers** (1,3,4)
  - 70-90% are known to the child
  - up to 1/3 are under 18 years old (6)
  - 20-50% of the abusers have been victims of sexual abuse themselves

Behavioral Signs of CSA

*In addition to general signs of mental health problems:*

- Refusing to remove clothes in the presence of others
- Resisting physical examination
- Sexualised behaviour
  - Language
  - Body language
  - Dressing
  - Play
- Sexualised drawings
- Sexual abuse of other children
**Physical signs of CSA**

- Pain or itching in the genital area
  - Because of trauma or sexual transmitted disease
  - Difficulties when walking or sitting down, pain when urinating
- Frequent urinary tract infections
- Sexually transmitted diseases
  - *Trichomonas*, Chlamydia, herpes virus, venereal warts, syphilis, *gonorrhoea*
  - HIV
- Unexplained pregnancies

**Assessment of CSA**

In order to recognize a disclosure, it is important **always** to have the possibility of CSA in mind.

When a case of CSA has been disclosed, it is important:

1. To quickly form a task-force (consisting of a teacher, social worker/nurse and police)
2. That the perpetrator is taken in to custody before he has a chance to talk to the parents / non-abusive parent (this because he may persuade the parents to believe that the child is not telling the truth)

**Good Practice interviewing a child**

- Avoid leading questions, listen to the child rather than directly question her/him
- Never stop a child who is freely recalling significant events.
- Make a note of the discussion, taking care to record the timings, settings, and personnel present, as well as what was said.
- Record all events leading up to the investigative interview.
What is important to the child? (7)
- To feel that they are taken seriously and have done the right thing by telling.
- Reassurance that it is not their fault and they will not be punished by anyone outside the family.
- To know that this has happened to other children and these children are now safe, well and happy.
- To feel that they will be protected.
- That the whole family will be taken care of, including the perpetrator if he/she is family.
- That you do not make promises you cannot keep.
- The trust is crucial for successful assessment and treatment.

Prevention of CSA (9,10,11)

Child education in Primary Schools:
- Anatomy of the body
- Who owns and decide about my body?
  - Good touch - bad touch
  - It is right to say “no” when you feel uncomfortable
  - “You decide when and where to be touched”
  - Respect for your own and others boundaries

- How can I protect myself?
  - Say “no” to what feels uncomfortable or wrong.
  - Always ask your parents when you want to go somewhere with someone.
  - Don’t be all alone with people you or your parents don’t trust.
  - Tell somebody you trust if something happens
  - If something happens – remember it is not your fault!

- Children’s rights
  - UN’s Convention on the Rights of the Child
  - Cambodian laws on the subject
  - Who has the responsibility to protect you?
  - Where can you go to get help? Who can you talk to?
Child education in Secondary School:
– Anatomy
– Who owns and decides about my body?
– How can I protect myself?
– Children’s rights
– Issues that are important to discuss with children and youth in order for them to recognize the feelings and know how to act towards them:
  • What does it mean “to love” someone?
  • What does it mean “to be in love” with someone?
  • What does it mean “to be excited/turned on” by someone?

Community / parent awareness:
– What is CSA?
– Epidemiology
– How to monitor children and their contacts with adults and other children
– How to talk to children about sexual abuse, sex in general and the avoidance of sexual victimization
– How to detect signs of sexual abuse in children
– Who can help you if something happens?

References
2. SM (The Norwegian Support Center against incest)
9. ESCAPE-report
Special Challenges in the Cambodian Society Concerning Child Sexual Abuse

Workshop on:
- Identifying the challenges
- Finding strategies
- Discussing possible outcomes
- Discussing the practicability of the different strategies

Identifying the challenges
- Poverty -> level of education -> value of children
  -> children viewed as property of their families
- Stigmatization of the abused child in the local community
- Cases being hidden in the community
- The cultural view of men ("Man is Gold")
- Men’s view of virginity
- The child being neglected by its family
- The family marrying the child to the perpetrator

- Positive / negative aspects concerning moving the victim to a shelter versus keeping her in the family

Thank you for your attention and co-operation!
A.9 Abused and Alone. How to meet children and youth… – Khmer version

បើយោងក្នុងទម្រង់ដើម្បីបង្កើតប្រព័ន្ធរៀមរៀងជុំវិញទូទៅ បង្កើតវិធីជាតិអភិវឌ្ឍន៍

I- ការងារដែលប្រកួតពីរេស៊ីលដំបូង ។

- ឈ្មោះនាងសាល់ដែលបានបង្កើតប្រព័ន្ធរៀមរៀងជុំវិញទូទៅ បង្កើតវិធីជាតិអភិវឌ្ឍន៍
- ពិសេសៗ (ប្រសិនបើ) ប្រកួតពីរេស៊ីលដែលបានបង្កើតប្រព័ន្ធរៀមរៀងជុំវិញទូទៅ បង្កើតវិធីជាតិអភិវឌ្ឍន៍
- ជាមួយមនុស្សដែលបានបង្កើតប្រព័ន្ធរៀមរៀងជុំវិញទូទៅ បង្កើតវិធីជាតិអភិវឌ្ឍន៍
- បង្កើតវិធីជាតិអភិវឌ្ឍន៍ដែលបានបង្កើតប្រព័ន្ធរៀមរៀងជុំវិញទូទៅ បង្កើតវិធីជាតិអភិវឌ្ឍន៍
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II- ការងារដែលបានបង្កើតវិធីជាតិអភិវឌ្ឍន៍ដោយមនុស្សដែលបានបង្កើត

- បង្កើតវិធីជាតិអភិវឌ្ឍន៍ដែលបានបង្កើតវិធីជាតិអភិវឌ្ឍន៍ដោយមនុស្សដែលបានបង្កើត
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- ការប្រែព្រិស (ពាក្យឈើពន្ធរុង្រៀងពាក្យសិកា)
- ការពន្យាប់
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VI- ការសម្រួលសុខភាពព័ត៌មានសិក្សាជាប់រូបភាពសុខភាព : 

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  - មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកា បើ ឃើញថារូបភាពសុខភាព
  - មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកា ឈឺ ទាំងស្ថានីយ៍ប្រែព្រិសថ្នាក់ (សារ)
→ សុខភាពសុខភាពរបស់ក្រុម បរាណរំពេញសុខភាពក្រុម
→ សុខភាពរបស់ក្រុម: 
  - Trichomonas, Chlamydia, herpes virus, venereal warts, syphilis, gonorrhoea.
  - HIV
→ សុខភាពរបស់ក្រុមហិរញ្ញវត្ថុសុខភាព

V- ការសម្រួលសុខភាពព័ត៌មានសិក្សាជាប់រូបភាពសុខភាព : 

→ ឃើញថារូបភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាពឈើពន្ធរុង្រៀងពាក្យសិការូបភាពសុខភាព ដ៏ស្រប
→ មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិការូបភាពសុខភាព បរាណរំពេញសុខភាពខ្លាំង ្ំពាក្យសិកា ដ៏ស្រប

  ឃើញថារូបភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាព

- មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាព ឈឺ មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាព ឈឺ មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាព

- មាត្រក៏សារសុខភាពឈើពន្ធរុង្រៀងពាក្យសិកាខ្លាតម្លៃរកចំពោះក្រុម បរាណរំពេញសុខភាព

Reference : - Hand out of A Project Assignment at The University of Oslo, Faculty of Medicine, Grete Reinsberg March and Murius Ryengen, Abused and Alone, 2005.
VI- វិធានការបង្កើតការសុខភាពជាមួយមនុស្ស

1. ការងារការរៀបចំប្រភេទរបស់ការងារស្ថានីយ៍ដែល

- និយាយអំពីការងារ (ប្រចាំថ្ងៃបំផុតគឺជាសុខភាពប្រចាំថ្ងៃ)

- ចេញការអនុញ្ញាតូវការងារនិងអនុញ្ញាតូវការងារដ៏ល្អិតទៅអំពីការងារដ៏ល្អិតទៅ

- ស្វែងរកការសុខភាពជាបម្រួលបំផុតនិងការសុខភាពជាលើកទីនេះសម្រាប់អ្នកដែលបានរៀបចំការងារ

- ស្វែងរកការសុខភាពជាការសុខភាពដ៏ល្អិតទៅអំពីការងារដ៏ល្អិតទៅ

- ស្វែងរកការសុខភាពជាការសុខភាពដ៏ល្អិតទៅអំពីការងារដ៏ល្អិតទៅ

- ស្វែងរកការសុខភាពជាការសុខភាពដ៏ល្អិតទៅអំពីការងារដ៏ល្អិតទៅ

- ស្វែងរកការសុខភាពជាការសុខភាពដ៏ល្អិតទៅអំពីការងារដ៏ល្អិតទៅ

ប្រកបដណ្តើមឡើយ ។

" សូមអនុវត្តបានការពោះ់ព័ោះចំពោះសម្រាប់បញ្ហាមិនរួម្សែ ដែលយើងបាន ជួយយើងមិន ប្រឈមជាំងអិន ។

ដើម្បីរើសរើសទាក់ទងសុខ កើតជាមករណ៍នៅក្នុងពេលវេលាដែលចុះឈឺត្រូវបាន ។

- ចុះឈឺត្រូវបានរើសរើសមករណ៍ដ៏សមិទ្ធិ ។

  បញ្ហាក្នុងពេលឧបសគ្គាប្រឹមឱ្យពោះ់ព័ោះ ដែលយើងបាន ជួយយើងមិន ប្រឈមជាំងអិន ។

  ការប្រឈមឱ្យពោះ់ព័ោះនេះខ្លះដែលទូទៅបាន មិនមានការខិតខំនៅពេលអំណាចពោះ់ព័ោះ ។

  ប្រែប្រួលែងអាចត្រូវបានប្រការពោះ់ព័ោះ ទោះបីជាមួយការរើសរើសក្នុងពេលពាក្យចុះឈឺត្រូវបាន ។

  ប្រការពោះ់ព័ោះទៅកាន់ប្រការពោះ់ព័ោះអនុសាសន៍ គ្រប់គ្រងទាំងអស់ ការឈ្នះឈឺត្រូវបាន មិនមាន ។

- រូបភាព៖

 ដំណោះស្រាកប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

  ជាច្រើនបែបនេះការប្រការពោះ់ព័ោះមិនមានការខិតខំនៅពេលអំណាចពោះ់ព័ោះ ។

- រូបភាព៖

 ការប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

- រូបភាព៖

 ការប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

- រូបភាព៖

 ការប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

- រូបភាព៖

 ការប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

- រូបភាព៖

 ការប្រការពោះ់ព័ោះ ដ៏សមិទ្ធិ ។

• ដើម្បីធ្វើឱ្យការបរក្សចម្លាក់មកាន់សម្រាប់របៀបជួយប្រការការងារ៖
• ដើម្បីធ្វើឱ្យការបរក្សចម្លាក់មកាន់សម្រាប់របៀបជួយប្រការការងារ៖

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

+ ការប្រឈមសម្រាប់ក្នុងការដឹកនាំវិស្សាសុខភាព:
  - អានព័ត៌មានដោយស្រៀមស្រឡុកជើង៖
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន
  - សិទ្ធិដោយស្រៀមត្រាប់សេរីបាន

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