

Making a Difference

An Assessment of Volunteer Interventions Addressing Gender-based Violence in Cambodia



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Title: Making a Difference: An assessment of Volunteer Interventions Addressing Gender-Based Violence in Cambodia

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Acronyms

BFD	Buddhism for Development
CBO	Community-based Organization
CDP	Cambodian Defenders Project
CDHS	Cambodia Demographic and Health Survey
DV	Domestic Violence
FGD	Focus Group Discussion
GAD/C	Gender and Development for Cambodia
GBV	Gender-based Violence
GDI	Gender-related Development Index
GEM	Gender Empowerment Measure
GII	Gender Inequality Index
HDR	Human Development Report
LSCW	Legal Support for Children and Women
MoWA	Ministry of Women's Affairs
NAP	National Action Plan
NGO	Non-Governmental Organization
NSDP	National Strategic Development Plan
PADV	Project against Domestic Violence
PBA	Programme-based Approach
PHD	People Health Development
RGC	Royal Government of Cambodia
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women
UNV	United Nations Volunteers
VAW	Violence against Women
VIO	Volunteer Involving Organization
VolCam	Network of International and Local Volunteer Agencies and Volunteer Involving Organisations in Cambodia

1. Executive summary

The primary objective of this study is to analyze interventions where volunteerism has played or is playing a significant role in the prevention of and response to gender-based violence (GBV) in Cambodia. Drawing on consultations with all stakeholders, including volunteers, survivors and representatives of organizations, this study aims to inform and strengthen future volunteer interventions to respond to and prevent gender-based violence.

In order to achieve its objective, the study included interviews and group discussions with volunteers and staff from seven different organizations engaged in GBV response and/or prevention through volunteer interventions and a group discussion with GBV survivors. The organizations that participated in this study were chosen from a compiled list of 15 national and international non-governmental organizations (NGOs), volunteer-involving organizations (VIOs) and community-based organizations (CBOs).

This study developed a typology of volunteers working on GBV. Three volunteer profiles were identified across all the participating organizations: community volunteers, office volunteers and international volunteers. While this study is not meant to be exhaustive on the topic, we are confident that it provides an accurate reflection of the main issues affecting volunteerism and GBV work in Cambodia.

Key findings:

- Community volunteers are essential for NGO programmes on GBV because the volunteers are the primary means of implementing these organizations' projects, thus all GBV prevention and response activities in local communities depend on volunteers. In addition, volunteers allow the NGOs to reach remote areas, university campuses and other project areas.
- Volunteers, organizations and survivors of violence were generally satisfied with the work of the volunteers: volunteers mainly because of the recognition received and the knowledge, experience and self-growth that they gained; organizations because they were able to mitigate their lack of funds and human resources and reach communities that they may not otherwise be able to reach; and survivors because of the impact of the volunteers' work in their communities.
- Most volunteers face ongoing challenges, such as lack of support from the community; lack of resources, experience and capacity; safety concerns; and working with the local authorities.
- Most volunteers require additional, regular and focused training, financial and transportation support, and safety and psychosocial support.
- Volunteers' understanding of gender and/or GBV is quite limited.
- Stereotypical gender roles tend to be reinforced to varying degrees by all stakeholders, including women survivors, male perpetrators, local authorities, the volunteers themselves, community members, and organization staff.

Based on these findings, this study offers a set of recommendations to strengthen volunteerism for GBV prevention and response aimed at NGOs, the United Nations (UN) system and policy-makers. These recommendations include: recognize the value of volunteerism, invest in the work of volunteers, use volunteerism as a tool to strengthen the community as a whole, provide adequate training to volunteers, participate in training to strengthen NGO skills on volunteer management, create a network of volunteers working on GBV, address volunteers' limited understanding of gender issues, and strengthen relationships among local authorities and volunteers working on GBV.

2. Background

2.1. Rationale

At the time this study was initiated, several UN agencies, including UNV Cambodia, were in the process of developing a joint initiative to support the strategic directions of the Cambodian National Action Plan to Prevent Violence against Women (VAW). UNV Cambodia was assessing the possible entry points for this joint initiative and analyzing how volunteerism contributed to existing GBV efforts. The initiative was to be in line with:

- The intent of the Law on the Prevention of Domestic Violence and Protection of Victims;
- The UNDP, UNFPA, UNV, and UNIFEM Regional Joint Programme “Partners for Prevention” (P4P); and
- The Country Programme outcome of the UN Development Assistance Framework (UNDAF) 2011-2015, “Improved societal attitudes and preventive and holistic responses to GBV.”

As this study looks at the benefits and challenges of using volunteerism as a means to prevent and respond to GBV, it could be the basis of future projects and activities to support organizations and individuals addressing these issues. Globally there is a lack of literature on GBV and volunteerism and our study has found that there has been limited research on this topic. This report offers an indication of the current status of volunteerism in GBV response and prevention in Cambodia, and provides recommendations for future interventions. This project is also meant as a pilot to inform similar projects in other Southeast Asian countries that are working with Partners for Prevention.

2.2. Objective and expected outputs

The primary objective of this study is to analyze interventions where volunteerism played or is playing a significant role in the prevention of and response to GBV in Cambodia. Drawing on consultations with all stakeholders, including volunteers, survivors and representatives of organizations, this study aims to inform and strengthen future volunteer interventions to respond to and prevent gender-based violence.

Therefore, the study produces the following four outputs:

1. A typology of volunteer profiles working on GBV prevention and response, to better understand volunteerism on GBV in Cambodian society.
2. A detailed analysis of volunteer interventions in addressing GBV. While the analysis cannot be considered comprehensive or representative of the general situation throughout Cambodia, it provides an indication of the main issues at stake and could be used to inform future research and programme directions.
3. Documentation of the success, support and challenges of volunteerism on GBV.
4. An assessment of where development partners, such as UNV Cambodia and Partners for Prevention, could direct their efforts for mainstreaming volunteerism in GBV interventions.

2.3. Context: Volunteerism, gender and GBV in Cambodia

A desk review of relevant documents and materials was conducted as part of the study. The documents and materials included official UN reports, government documents and survey reports, and organizations’ brochures, organizational profiles, reports, publications and websites.

2.3.1. Volunteerism in Cambodia

The literature review identified one key document on general volunteerism in Cambodia, called, *Volunteerism: Harnessing the potential in Cambodia*.¹ This research project, by Youth Star Cambodia and UNV Cambodia, studies the work of volunteers in Cambodia and their contribution to overall national development. This study found that “traditional” volunteerism has been essential to the formation of communities and to their access to resources and services, such as education. In addition, two main trends have led to increased opportunities for volunteers (including youth) to contribute to national development. First, there appears to have been a shift in the ways that NGOs work. International NGOs are working more in partnership with local NGOs, which are in turn initiating local grass-roots associations. These associations often rely entirely on village volunteers. Second, due to the disruption of education during past conflicts, youth are often more highly educated than older generations and thus may make significant contributions to the development of their country.

The Youth Star Cambodia/UNV Cambodia study has found that volunteers have positive effects in the following priority areas of the government’s National Strategic Development Plan (NSDP) 2006–10: promoting access to education (including survival rates and access to further education) and improving its quality; reducing poverty through increasing agricultural skills, decreasing interest rates and providing long-term flexible credit; reducing household vulnerability to unexpected incidences, especially related to health care; increasing lawfulness and peace in communities, including enhancing legal protection for women; promoting agricultural diversification; engaging young people so that they avoid harmful activities (such as violence and use of drugs); and promoting civic engagement and good local governance. Indeed, volunteer work has a far-reaching effect in implementing development initiatives in Cambodia.

Given the importance of volunteers in Cambodia, our study seeks to build on the work done by Youth Star Cambodia/UNV Cambodia by studying the significance of volunteerism in GBV interventions. In particular, our study seeks to analyze the contributions of volunteers in GBV prevention and response in their communities. Our study also investigates the needs of these volunteers in order to identify how their NGOs and communities can further support them to carry out their work.

2.3.2. Gender in Cambodia

Gender equality is guaranteed in the Cambodian Constitution, which prohibits all forms of discrimination against women (Article 45). Both men and women should have equal opportunity to exercise their civil, political, economic, social and cultural rights. Cambodia became a State Party to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) in 1992. More than half of Cambodia’s population is female (51.35 percent), yet they do not share half of the wealth, resources and voice.

Cambodia ranks 93 out of 136 countries on the Gender Inequality Index (GII) in the 2010 Human Development Report (HDR). GI is a new measurement that reveals the gender disparities in reproductive health, empowerment and labour market participation, replacing the Gender-related Development Index (GDI) and Gender Empowerment Measure (GEM). Ranking 93 on the GI shows how Cambodia’s gender-related development lags behind that of neighbouring countries, such as Thailand (GI 62) or Vietnam (GI 45).

¹ Youth Star Cambodia and United Nations Volunteers Cambodia (2008), “Volunteerism: Harnessing the potential in Cambodia”

As various research¹ shows, there is evidence of change in gender attitudes, including greater awareness of women's rights among younger women and women living in urban areas. Nevertheless, significant gender inequalities continue to persist in Cambodian society, and include:

- Limited participation in decision-making and development processes. Over the past decade, there have been improvements on the status of women in Cambodia. Yet women remain less visible in public sphere. Women comprise 34 percent of civil servants and hold 22 percent of seats in the National Assembly.
- Lower education levels of girls and women. Almost the same number of boys and girls attend school until the age of 14. However, fewer girls continue in higher education. Adult literacy rates are also unequal: only 70.9 percent of adult females are literate, compared to 85.1 percent of their male peers.
- Poorer health outcomes. The HDR 2010 reports a maternal mortality ratio of 540 deaths per 100,000 live births, which is not only one of the highest in the region, but also is an increase from the 2005 Cambodia Demographic and Health Survey (CDHS), which reported a maternal mortality ratio of 472 deaths per 100,000 live births.
- The number of men and women in the total workforce is almost the same (49.4 percent women). However, more women are self-employed or unpaid family workers (83 percent of female employment vs. 76 percent of male employment). This informal economy provides low, irregular income and unstable employment. More importantly, because many tend to operate unregistered, there is little or no access to organized markets, credit and training institutions and to other public services.

In Cambodian religious and cultural tradition, women are assigned a lower status than men. Idealized gender roles and behaviours are embodied in the Chbap Srey and Chbap Pros (the traditional codes of conduct for women and men). These codes give men higher status and authority as the head of the household, and exhort women to be faithful, modest and obedient and to accept their husband's behaviour no matter what he does. Although these traditional roles continue to be very influential for women, changing social and economic conditions have made it more difficult for women to adhere to traditional gender norms and new images of femininity have emerged, particularly in urban areas, reflecting these changes. Traditional norms of conduct for men appear to be less influential on men's behaviour than for women.

2.3.3. GBV in Cambodia

Violence against women is widely prevalent in Cambodia. The incidence of domestic violence (DV) has remained static over the past decade, while reporting of rape has increased. Reliable data on the incidence of sexual exploitation is unavailable; however, it appears to be entrenched in Cambodia. Data on sexual harassment is not widely available; however, recent studies indicate that it is more likely to occur in informal vulnerable occupations.²

Research from Cambodia indicates that GBV is a problem that cuts across age, class, race and ethnicity. The Royal Government of Cambodia's (RGC) baseline report on VAW found high levels of DV in both urban and rural areas, affecting women in all sectors of society³. According to the baseline survey, 19% of ever-married women age 15-49 reported experiencing emotional violence from their

¹ Ministry of Women's Affairs (2008) "A Fair Share for Women: Cambodia Gender Assessment", Ministry of Women's Affairs (2009) "Violence Against Women: Follow-up Survey" and UNDP (2010) Human Development Report

² Ministry of Women's Affairs (2008), "A Fair Share for Women: Cambodia Gender Assessment"

³ Ministry of Women's Affairs (2005) "Violence Against Women: A Baseline Survey"

husbands, 13% reported physical violence, and 3% reported sexual violence.¹ The study also showed overlap between different types of violence with 22% of women reporting physical, sexual, and/or emotional violence. Research has also documented a higher likelihood of violence in marriages where husbands exercise control over their wives. An estimated 42% of women in marriages with a high level of marital control reported physical and/or sexual violence.

The 2009 Follow-up Survey found significant community acceptance for DV and a strong belief that men are entitled to more rights than women.² Approximately 64% of the sample knew a husband who acted violent towards his wife and 23% of female respondents had suffered violence at the hands of their husbands. The survey also showed that violence had significant economic, physical and mental health impacts on those who experienced it.

The RGC took a major step forward in addressing VAW by approving the Law on the Prevention of Domestic Violence and Protection of Victims in 2005.³ The stated objective of this law is to “prevent domestic violence, protect victims and strengthen the culture of non-violence and harmony within households in society.”⁴ The law defines domestic violence as violence directed toward a husband, wife, child or other dependant, including acts affecting life, physical integrity, torture or cruel acts and sexual aggression, as well as threats.

Another key response to improve the prevention of VAW in Cambodia was the development of a National Action Plan to Prevent (NAP) Violence against Women in February 2009. The three strategic areas in the NAP identified by the RGC are: (1) Raising public awareness and distribution of laws to the public; (2) Creating and improving social, health and legal services; and (3) Development and improving related policies and laws.⁵

However, despite the new law and NAP, the Follow-Up Survey on VAW (2009) found that while the policy framework has been strengthened, implementation is uneven and poorly monitored, largely due to ineffective institutional arrangements at all levels and structural barriers to the effective application of VAW principles and norms. The Five Year Strategic Plan 2009-2013 Neary Rattanak III also states that: “Addressing the attitudes and behaviour which underlie GBV and the stigmatization of survivors and victims of violence remain a considerable challenge.”⁶

¹ National Institute of Public Health and National Institute of Statistics (2006) “Cambodia Demographic and Health Survey”, page 290

² Ministry of Women's Affairs (2009) “Violence Against Women: Follow-Up Survey”

³ Kingdom of Cambodia Government Document 1005/3

⁴ Kingdom of Cambodia Government Document 1005/31

⁵ Ministry of Women's Affairs (2009), National Action Plan to Prevent Violence Against Women

⁶ Ministry of Women's Affairs (2009), Five Year Strategic Plan 2009-2013 Neary Rattanak III

3. Methodology

3.1. Study design

In order to achieve its objective, the study covered seven different organizations engaged in GBV response and/or prevention, chosen out of an initial selection of 15 national and international nongovernmental organizations (NGOs), volunteer involving organizations (VIOs) and community-based organizations (CBOs).

For each organization, data was collected through two or more of the following methods:

- A semi-structured interview with organization staff;
- Semi-structured interviews with volunteers (two from each selected organization, when possible one male and one female);
- Focus group discussions (FGDs) with volunteers; and
- FGDs with GBV survivors who had been recipients of volunteer interventions.

Following data collection and preliminary data analysis, a participatory forum was organized with study participants and other staff and volunteers from the seven organizations, to present and validate the findings. A total of 24 representatives from all seven organizations participated in the forum and provided feedback on the findings and recommendations, which was then incorporated in this final report.

The remainder of this section provides more details on the sampling, data collection and data analysis processes. It also outlines the ethical considerations, the definitions used and the limitations of the study.

3.2. Definitions

3.2.1. Concept of GBV

For this study we used the following definitions of GBV and VAW:

- From the **UNFPA Gender Theme Group, 1998:**

Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes that violence which is perpetrated or condoned by the state.

- From the **United Nations Declaration on the Elimination of Violence against Women:**

Any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Accordingly, violence against women encompasses but is not limited to the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

To operationalize the terms used, examples were given during discussions with research participants. With a few notable exceptions, most staff and volunteers confused GBV with DV, which may be a reflection of what the understanding of gender is among Cambodian NGOs, staff, volunteers, and GBV survivors. As a result, the researchers were careful to define GBV explicitly as more than DV and including, but not limited to, rape, sexual violence, and human trafficking. Without more research it is not possible to confirm whether it is the term “gender” that caused misunderstanding, or the local understanding which tends to equate gender with women instead of with the social construction of male and female identities. The research team suspects the latter.

Gender is essentially a construct of the global North exported to other parts of the world through a variety of means, including humanitarian and development assistance and programming. The understanding of gender in the global North developed over time due to a particular set of circumstances. The question of how this concept can be transferred in a short timeframe and used within a cultural and social context with different circumstances is beyond the scope of this study, but nevertheless must be kept at the forefront throughout any research that deals with gender.

3.2.2. Concept of volunteering

For this study we used the definition of volunteering from the United Nations Volunteers Report prepared for the UN General Assembly Special Session on Social Development (Geneva, February 2001):

There are three key defining characteristics of volunteering. First the activity should not be undertaken primarily for financial reward, although the reimbursement of expenses and some token payment may be allowed.

Second, the activity should be undertaken voluntarily, according to an individual’s own free-will, although there are grey areas here too, such as school community service schemes which encourage, and sometimes require, students to get involved in voluntary work and Food for Work programmes, where there is an explicit exchange between community involvement and food assistance.

Third, the activity should be of benefit to someone other than the volunteer, or to society at large, although it is recognised that volunteering brings significant benefit to the volunteer as well. Within this broad conceptual framework it is possible to identify at least four different types of volunteer activity: mutual aid or self-help; philanthropy or service to others; participation or civic engagement; and advocacy or campaigning. Each of these types occurs in all parts of the world.

The three volunteer profiles are quite clearly delineated in the categories explained in Section 4.1¹; however, that should not be taken to mean that a common understanding of volunteering exists in Cambodia. On the contrary, numerous organizations contacted during the selection process did not consider community volunteers to be volunteers. Most thought that by “volunteer” we meant only international volunteers or volunteers working in the office. The term “volunteer” was thus explained to the organizations and interviewees in a manner that included community volunteers.

¹ See Section 4.1. Typology of volunteers for more information about the different types of volunteers.

3.3. Sampling and selection

3.3.1. Sampling and selection of organizations and staff

This study was designed to investigate the work of volunteers of the most relevant local NGOs working on GBV prevention and response in Cambodia. Relevant organizations were identified from the following sources:

- “Mapping and needs assessment of GBV interventions in Cambodia”¹, which documents all the national NGOs working on GBV in Cambodia;²
- The Regional Consultation “Working with Boys and Men for GBV Prevention”³, which brought together the main NGOs working in Cambodia with boys and men in GBV prevention; and
- The Network of International and Local Volunteer Agencies and Volunteer Involving Organizations in Cambodia⁴ (VolCam), which includes the main VIOs in Cambodia.

When compiled together, these sources produced a list of 50 NGOs, VIOs, and CBOs working on GBV and/or using volunteers. From the 50 organizations, 15 organizations were identified as potential participants in this study, based on the following eligibility criteria: (1) the organization works on GBV prevention and/or response, and (2) the organization uses volunteers for its GBV programmes (see Annex 7.1: Pre-Selection of NGOs, VIOs, CBOs). Among the 15 organizations, we purposefully selected seven organizations that were local NGOs using between 50 and 200 volunteers, to ensure that the organizations studied were well established in the local community, had an extensive network of volunteers and had a comprehensive volunteer programme.

In alphabetical order, the following seven Cambodian NGOs participated in this study:

- Banteay Srei
- Buddhist for Development (BFD)
- Cambodian Defenders Project (CDP)
- Gender and Development for Cambodia (GAD/C)
- Legal Support for Children and Women (LSCW)
- People Health Development (PHD)
- Project Against Domestic Violence (PADV)

The seven organizations identified ten mid to high-level staff members to be interviewed individually or in pairs based on the scope of the study. Staff interviewees served as key informants based on their involvement in the organization’s volunteer programmes, including their experience with community, office and international volunteers⁵. The positions of the interviewees varied across the organizations, from the Executive Director to the Trainer of the volunteers. Semi-structured

¹ Partnership for Gender Equality, UNDP Cambodia & MoWA (2008), “Mapping and needs assessment of GBV interventions in Cambodia”

² NB: Although this is not exhaustive, it is the most comprehensible data available.

³ East and Southeast Asia Regional Consultation on Working with Boys and Men for Gender-based Violence Prevention, organized by Partners for Prevention in collaboration with the MenEngage Global Alliance and the local host organization, Gender and Development for Cambodia (GAD/C), in Phnom Penh on 28-30 September 2009.

⁴ VolCam, www.volcam.org

⁵ See Section 4.1. Typology of volunteers for more information about the different types of volunteers

interviews with these ten staff from the seven selected NGOs were conducted.

3.3.2. Sampling and selection of volunteers

From the seven organizations chosen, 15 local volunteers were identified by the research team and the NGOs as key informants for this study. Eight female and seven male volunteers ultimately participated in the semi-structured interviews, two from each organization, except one organization for which three volunteers were interviewed because the organization used three types of volunteers and wanted all of them to be represented.

Seven male volunteers participated in a focus group discussion; three of them also participated in the interviews and four did not. These volunteers were identified by the research team and the NGOs as key informants for this study. The FGD was conducted in Siem Reap town, with the presence of participants from four of the selected NGOs.

3.3.3. Sampling and selection of GBV survivors

The study also conducted a FGD with six female GBV survivors who were recipients of volunteer interventions. The FGD was conducted in Battambang town, with the presence of participants from three of the selected NGOs. The survivor participants were identified by the volunteers and the NGOs. One male wanted to join the FGD as a self-declared GBV survivor, but, after evaluating the advantages and disadvantages of his participation, the research team decided to keep the group female only.

3.3.4. Sample population and focus groups

Table 1: Organizations selected

Number of volunteers working on GBV	Large number of volunteers	7 (from 50 to 200 volunteers, most of them community volunteers)
	Few volunteers	0
	On <i>ad hoc</i> basis	4 (these 4 organizations are also included among the 7 organizations above that have large numbers of volunteers)
Volunteer procedures	Formal volunteer procedures	7
	Informal volunteer procedures	4 (these 4 organizations are also included among the 7 organizations above that have established volunteer procedures. The types of procedures depend on the type of volunteers: for the recruitment and monitoring of international volunteers the procedures are usually informal, while for the office and community volunteers the organizations have established procedures)

Length of time NGOs have been using volunteers	5 of the NGOs have been using volunteers from the first day of their establishment (ranging from 2 to 15 years ago). The 2 other NGOs started using volunteers after they had been established.	
Geographical distribution	Urban	1
	Rural	0
	Both	6
Scope of work	Prevention	1
	Response	0
	Both	6

Table 2: Volunteers working on GBV interviewed

Volunteer Profile	Community Volunteer	13
	Office Volunteer	2
Age range	5 volunteers aged from 23 to 26 years old (2 are office volunteers, 2 university-community volunteers and a community volunteer) 10 volunteers aged from 37 to 60 years old (all are community volunteers)	
Sex	Female	8
	Male	7
Civil Status	Single	7
	Married	6
	Divorced	2
	Widowed	0
Dependants	The office volunteers and the university-community volunteers do not have any dependants, while 8 out of 11 community volunteers have from 2 to 6 children	
Place of residence	Phnom Penh	3
	Battambang	2
	Siem Reap	6
	Kampong Chnang	1
	Kampong Cham	3
Educational Background	No formal schooling	0
	Primary school (6 years or less)	5 (all are community volunteers)
	Secondary school (7-12 years)	5 (all of them community volunteers)
	Post-secondary (before university)	0
	University	5 (2 are office volunteers, 2 others University-community volunteers, 1 community volunteer)
	Other training (specify)	0

Work Status	Student	2	
	Unemployed	0	
	Employed	10	5 self-employed in farming or small business, 1 Buddhist nun, 4 government employees
	Student & Employed	3	1 Buddhist monk, 1 businessperson (marketing), 1 NGO worker
	Retired	0	
How long have they been volunteering (in general)	4 have been volunteering from 7 to 18 years 11 have been volunteering from 8 months to 3 years		
Average time dedicated per week	40h/week	3	
	From 6 to 20h/week, based on their individual work plans	5	
	On an <i>ad hoc</i> basis when cases of violence occur	7	
Have they volunteered before for a different NGO?	Yes	5	
	No	10	

Table 3: FGD with volunteers working on GBV

Age range	From 23 to 57	
Sex	Female:	0
	Male:	7
Place of intervention	Urban (Siem Reap town):	2
	Rural (Siem Reap province):	5

Table 4: FGD with GBV survivors

Age range	From 30 to 49	
Sex	Female:	6
	Male:	0
Location	Urban:	0
	Rural (Battambang province):	6
Time they have been suffering from violence	From 6 months to 20 years	
Time they have been receiving volunteer interventions	From 5 months to 6 years	
Has the violence stopped since the volunteer intervention?	Yes	0
	No, but it has been reduced	4
	No	2

3.3.5. Study location

The study was conducted in:

- Four rural settings: Battambang province (Sangker district), Kampong Cham province (Chamkar Leu district), Kampong Chhnang province (Roleapaea district) and Siem Reap province (Pouk and Kralanh districts), and
- Three urban settings: Battambang, Phnom Penh and Siem Reap.

The volunteer interventions on GBV by the seven NGOs take place in these locations, which were purposefully selected based on a combination of rural and urban areas.

3.4. Data collection

The data collection took place in May and June 2010 and covered three major themes:

1. Volunteer work on GBV prevention and response;
2. Gaps, challenges, needs and positive aspects of GBV interventions with volunteers;
3. The impact of the services provided by volunteers.

Almost all of the interviews and FGDs were recorded using an electronic recorder, and both the main researcher and the Khmer interpreter/facilitator(s) took notes during and after each interview, FGD and field visit. These notes were compiled in English and then compared by the Khmer interpreter/facilitator(s) with the audio files in order to fill in any gaps.

Data was collected through several methods as outlined in the sample design:

- **Semi-structured interviews with the NGO staff.** See *Annex 7.2: Guidelines for the interviews with the NGOs, VIOs, CBOs* for more details.
- **Semi-structured interviews with volunteers.** See *Annex 7.3: Guidelines for the interviews with the volunteers* for more details.
- **FGD with male volunteers.** See *Annex 7.4: Guidelines for the Focus Group Discussions with the volunteers* for more details.
- **FGD with survivors.** See *Annex 7.5: Guidelines for the Focus Group Discussions with the survivors and Section 5.2.4: Further Research* for more details.

Interviews with the NGO staff were mainly conducted in English. Most of the interviews with the volunteers were conducted in Khmer by the main English-speaking researcher with the assistance of an interpreter. Both focus group discussions were conducted in Khmer with the assistance of a translator.

3.5. Ethical considerations

All participants were informed that participation in this study was completely voluntary. Any organization, survivor or volunteer who decided to take part in the study could change their mind and withdraw at any time. There were no consequences for deciding not to participate or to withdraw. Participants also had the right to decide to have their data withdrawn from the study at a later date, as long as their data could be identified, without any consequences to themselves. These ethical considerations, as well as those below, were shared with all potential study participants and their consent was sought prior to initiating any data collection. (See *Annexes 7.2 Guidelines for*

interviews with NGOs, VIOs, CBOs, 7.3 Guidelines for interviews with volunteers, 7.4 Guidelines for focus group discussions with volunteers and 7.5 Guidelines for focus group discussions with survivors for more details on the consent process).

Two organizations exercised their right to not participate. One organization cited a heavy work load as the reason for declining to participate and the other organization stated that its programme had just started and, thus, it did not have sufficient information to contribute to the study. All of the organizations and persons who decided to participate completed the study.

3.5.1. Informed consent

The aim of the project, the procedures used to collect the information and all the ethical issues were explained to all the study participants, and their verbal informed consent before starting any data collection was provided (See *Annexes 7.2 Guidelines for interviews with NGOs, VIOs, CBOs, 7.3 Guidelines for interviews with volunteers, 7.4 Guidelines for focus group discussions with volunteers and 7.5 Guidelines for focus group discussions with survivors* for more details).

3.5.2. Confidentiality and anonymity

Anonymity was ensured in that all resulting documents and products do not contain names or any other identifying information. Confidentiality was ensured for answers provided during the interviews. Only the research team had access to the answers, and all data has been kept on a password protected computer in a secure office.

The interviews with the NGO staff were conducted in private rooms at the interviewees' workplaces. The interviews with the volunteers were held in private locations chosen by the interviewees. Three volunteers from one organization requested to be interviewed as a group due to discomfort of answering questions on their own. The research team complied with this request and the interview was conducted in this manner. There were also certain limitations on anonymity for interviewees (both volunteers and GBV survivors), given that they were identified as potential study participants internally by each organization. These conditions and any constraints were clearly explained to study participants as part of the informed consent process. Confidentiality and anonymity could not be ensured for the FGDs and the participatory forum, given the concomitant presence of other study participants. However, given that all GBV survivors participating in this study were still subject to violence, additional measures were taken to ensure their safety and privacy. In particular, the FGD with GBV survivors was conducted in a secure location at least 10 kilometres away from the rural communities of the survivors. The FGD was also conducted during business hours to ensure that the perpetrators would be less likely to discover that the survivors were participating in such a study. Finally, the survivors were accompanied by their volunteers or people they trusted to and from the FGD to ensure their security and comfort.

Most of the study participants were not familiar with the concepts of anonymity and confidentiality and with the informed consent process. Therefore, these concepts were introduced when soliciting participants and at the beginning of interviews. Due to cultural differences and language barriers, some interviewees became uncomfortable and sometimes defensive when the concepts were being explained. It seems that the process of going through these ethical considerations and asking for consent was unfamiliar to the participants, who perceived it as being overly formal. This situation affected the level of comfort and confidence of the study participants at the beginning of the interview. Once the consent process was completed, the informants relaxed and actively participated in the interviews or discussions.

3.5.3. Risks and benefits

Due to the nature of GBV, discussions may bring up sensitive issues that could be upsetting to participants or subject them to re-traumatization. Participants were, thus, informed that they could ask for the interview to be rescheduled or restarted after a break, or to withdraw completely from the study. No participants opted out of the interview or discussion and most participants found comfort in talking about their experiences and appreciated being given a voice. Indeed, volunteers expressed strong appreciation for the opportunity to talk about the challenges and needs they face in their work; most of them were very talkative and provided many details about their work. GBV survivors were also eager to talk about their difficulties at home and needed only minimal encouragement to begin sharing details of the abuse they suffered at the hands of their husbands. They talked openly and offered many details of their situations, not only to the research team but also to the group in general, or to the person sitting next to them. Having the opportunity to talk openly about one's experience of abuse with other women going through similar situations was beneficial.

All potential participants and organizations were also informed that there were no direct or immediate benefits to them from their participation in the study, but that they could benefit indirectly from their participation, as the information given could be used by organizations, agencies and the government to design and implement better programmes and services. After the interviews and FGDs, participants were given a cap to thank them for their involvement in the study. An added benefit that emerged during data collection was the participants' appreciation of the opportunity to share their experiences. Finally, study participants also appreciated the participatory forum, being informed about study findings, and being given the opportunity to provide input and shape the final report and recommendations. When transport was required to any study activities, the research team provided compensation.

3.6. Data analysis

To analyze the data, the research team compiled all the notes from the data collection process and identified common themes, unexpected results and unique issues. The use of several data sources and different data collection methods ensured more reliability in the interpretation of the data.

Study participants from each organization were invited to a participatory forum where the research team presented their preliminary findings for validation. The forum participants provided feedback on the findings and made suggestions for new directions and recommendations. This feedback was incorporated in the analysis in this final report.

3.7. Limitations

While every effort was made to overcome difficulties, the present study came across several limitations:

- **Language:** Language was the one major barrier in the implementation of this study, and one that could not be thoroughly addressed due to limited resources. Simultaneous translation during the interviews and FGDs was not sufficient to capture all that was said and may have missed secondary meanings, messages and innuendos. The multiple consequences of this limitation must be kept in mind at all times when assessing the implementation, findings, and analysis in this study.
- **Key informants:** While key informants provide general insight into volunteer interventions on GBV by certain local NGOs, the methodology of this study does not allow for the findings to reflect the whole situation of volunteer interventions on GBV in Cambodia.

4. Findings

4.1. Typology of volunteers working on GBV

The study revealed three distinct groups of volunteers who had different profiles. We have categorised them as community volunteers, office volunteers and international volunteers. The profile of each group is outlined below.

4.1.1. Community volunteers

According to the research, 'community volunteers' had the following profile:

- Literate, but without higher education;
- Living in the same communities where they did the volunteer work (usually small communities in rural areas); and
- Aspiring to become life-long or long-term activists for GBV prevention and response in their communities.

Host organizations did not necessarily refer to these volunteers as "community volunteers" but rather identified them with other terms, such as: volunteers in the communities, core group volunteers, Village Volunteers' Network, Gender Peace Network, Village Health Volunteer, sentinels, activists, or peer educators. However, in essence, all these terms referred to volunteers with the same profile.

Profile/requirements of a community volunteer, according to one of the participating NGOs:

- *Be physically fit*
- *Can read and write*
- *Be dedicated, brave, & friendly*
- *Be known & respected by people in the community*
- *Be able to communicate with the authorities and other NGOs*
- *Be able to solve problems in families*
- *Have approval and support from his or her own family*
- *Live in a non-DV family*
- *Be a resident of the target village*

An important finding of this study is that community volunteers formed the core of GBV projects in rural areas. Since they volunteered in their own communities where they could be present at all times, community volunteers were known by and knew most of the community members. As a result of the added value of community volunteers (e.g., trust from the community, no living/travel costs for the organization, extensive local knowledge), they formed the foundation for many GBV projects that would otherwise not have been able to cover these rural areas. It is therefore understandable that this type of volunteer was the most common one for GBV assignments.

The community volunteers had very similar **roles and responsibilities** across all seven organizations, usually working on both GBV prevention and response within their communities, and in some cases also on volunteer coordination. For most volunteers, their role was not limited to GBV work, and they were also involved in such activities as HIV/AIDS prevention or health and environmental issues, depending on the NGO's programme in that location. In effect, community volunteers functioned as representatives of their NGO in those communities.

The tasks performed by the community volunteers fit into one or more of the following three areas:

- GBV Prevention:
 - Provide information, training and legal information to the communities, mainly in groups but sometimes also from house to house. The most common topics addressed were: gender, DV (DV law, effects of DV, and cycle of violence), marriage certification, rape and sexual abuse, human trafficking, illegal/safe migration, alcohol and drug abuse, health, HIV/AIDS and children's rights.
 - Other topics covered by some of the volunteers were: safe abortion, adoption, divorce, family property, economy of the family, employment, human rights, promoting higher education for women, stress, depression, "morality" (such as the roles of husbands and wives and role of women) and Buddhism.
 - Build relations with the authorities, to better inform them of GBV prevention and response and strengthen their support for the issue.
 - Advocate for GBV prevention in public forums and meetings, in cases where volunteers themselves were part of the local authorities (e.g., insert discussions of GBV in formal speeches).
 - Establish men's and women's support groups within the communities.
 - Participate in/organize campaigns within the communities, such as the White Ribbon Campaign or International Women's Day.
- GBV Response:
 - Act/intervene when a case of GBV occurred by: trying to stop the violence, taking survivors to the hospital or a safe shelter when needed, contacting the local authorities, bringing the perpetrator to the police station in serious cases or making him sign an agreement to stop the violence in other cases.
 - Provide counselling for women survivors of violence, both in groups and individually, and visit the families to follow up.
 - Provide counselling for men, both in groups and individually, and visit the families to follow up. The goal of the counselling was to show the perpetrators the negative consequences of their behaviour and try to change it.
 - Offer referral arrangements to other support systems when needed (such as legal aid, shelter, authorities, or police).
 - Help survivors access the judicial system, e.g., help them to write complaints or sue the perpetrator.
- Volunteer Coordination: lead, organize, support and monitor the work of other volunteers.

There was one exception to the profile and roles of community volunteers. In one organization, the volunteer work was done in an urban setting mostly by and with university students. These volunteers only worked in GBV prevention, with the same functions mentioned above, and not in GBV response. For the purposes of this study, when it is necessary to specify any differences, these volunteers are referred to as **University- Community Volunteers**.

Reasons to become a community volunteer: When asked why they decided to become volunteers

in a GBV assignment, most community volunteers stated that they wanted to contribute to their communities and to develop their own capacity and gain experience. A few volunteers were also aware of gender inequalities and GBV problems in their communities and wanted to contribute to social change.

"I didn't want to see domestic violence cases in my commune. There are a lot of problems of gender inequality and nobody was working for it here"- male community volunteer

"Traditionally men were family leaders and I wanted to change this thinking"- female community volunteer

Some women survivors of GBV decided to become volunteers because they wanted to learn more about the topic and prevent similar incidents of violence happening to other women.

"Before, my husband abused me so I wanted to learn about domestic violence to stop the violence within my own family" – female community volunteer

The **conditions of service** varied from one organization to another, but they mostly covered: training on gender and other topics, travel allowance when needed, sometimes a small monthly allowance, phone allowance and, in a few cases, health insurance. Most of the volunteers did not have an established **schedule**, instead they worked on an ad hoc basis when the incidents of violence occurred (response) and when they carried out planned trainings/visits per month (prevention).

Most of the organizations had a **monitoring system** in place to coordinate and evaluate the work of community volunteers, which usually consisted of regular meetings between volunteers and staff and submission of reports. The volunteer **recruitment** process was also similar among the organizations. The NGO staff would usually conduct informal surveys in different communities and select the most active, sensitized and motivated people. Usually they try to involve the local authorities in this process. Sometimes, volunteers are even selected by the community.

"The project staff conducts a needs assessment in the communities and study who are the people interested in GBV. They see it through participation in awareness raising activities, or because sometimes these people are survivors and sometimes local authorities" – NGO staff

GBV survivors came in contact with community volunteers more often than with NGO workers or any other type of volunteers, because of their permanent presence in the community. Therefore the understanding of survivors about who volunteers were tended to reflect the profile of community volunteers. When asked about who they considered to be volunteers, GBV survivors answered the following:

"People working for an organization who help with problems about DV or when people are going to divorce" – GBV survivor

"Volunteers want to help me to have a happy family" – GBV survivor

"People who help with happiness in the family and improve living standards" – GBV survivor

"People who help to avoid fights" – GBV survivor

4.1.2. Office volunteers

Depending on the host organization, office volunteers were also referred to as national interns or student volunteers. They have a common **profile** in that they are usually university students who work for the NGO for several months. Their **roles and responsibilities** consist of providing support to project staff, with a focus on administrative and financial functions.

Reasons for volunteering: Office volunteers stated that they volunteered because they wanted to

contribute to their communities and also to build their own capacity and gain experience so it would be easier for them to find a job. One of them was also aware of gender inequalities and GBV problems and wanted to contribute to social change.

"I wanted to get experience so I could get a job afterwards" – female office volunteer

"When I observe what's happening in the society through newspapers, TV, etc., I realize that there are a lot of problems related to domestic violence (...) so I wanted to do something about it" – male office volunteer

The **conditions of service** varied from one organization to another, but they mostly tended to cover training on gender and other issues; travel allowance when needed; and a small monthly allowance. Office volunteers had an established **schedule** and usually worked from 20 to 40 hours per week.

Regarding the **recruitment** process, the organization usually post an advertisement and people interested have to apply to a specific department or position and pass an interview and a written test.

Their work is **monitored** daily by their supervisor (usually the head of the unit they are assigned to); the organizations usually do not have a formal mechanism to do follow-up to their work.

4.1.3. International volunteers¹

Most of the organizations used international volunteers in a random and ad hoc way, based on the skills and interests of the person who contacted them expressing interest in volunteering with the organization. Therefore, the **profiles** of international volunteers were quite diverse, from young people on holidays or fresh graduates who wanted to have a first professional experience, to expatriate senior professionals who wanted to contribute their expertise.

The **roles and responsibilities** differed from one volunteer to another, depending on the skills and experience of the respective person: communications, fundraising, writing reports, graphic design and English teaching. The wide range of roles reflects the ad hoc nature of international volunteer **recruitment**; taken as a whole, it also illustrates a certain set of skills that, while needed, may not be as well developed among Cambodian NGOs.

Several NGOs were specific in identifying their need or desire for more international volunteers/staff with particular skills to provide support with programme management, reporting, and fundraising. Interestingly, these were the same NGOs that already worked with international volunteers, suggesting that the ad hoc nature of international volunteer recruitment might help meet the needs of the volunteers more than those of the NGOs, and possibly even put undue burden on the Cambodian NGOs. For instance, short-term volunteers require resources and support from the NGOs for their orientation and training. This investment in time and resources by the NGOs is often not worthwhile or returned in benefits from the volunteers' contributions. It is possible that the NGOs do not feel that they can be too selective about the international volunteers, or that they do not have the knowledge, skills, and resources to dedicate to more strict international volunteer recruitment.

The **conditions of service** varied from one organization to another. Two organizations used to have arrangements with an international Volunteer Involving Organization (VIO), which was the one that provided support to the volunteers (living allowance, transportation, and visa). The rest of the organizations tended to just cover travel allowance when needed.

Their work was usually **monitored** by the head of the section where they were assigned.

¹ As no international volunteers were available to participate in this study, this information is based on interviews with NGO staff. For this reason, this profile does not include the motivation of international volunteers for becoming involved with GBV interventions.

Overall, this study has identified three types of volunteer profiles. It must be noted that these profiles are constructed by the research team and were not necessarily perceived as such by the volunteers or NGOs themselves. Also, the community and office volunteer profiles may overlap at times as volunteers take on different roles and responsibilities. The following section discusses the findings of the interviews with the NGO staff, volunteers and GBV survivors.

4.2. Findings

4.2.1. Prevalence of volunteer interventions on GBV

The interviews and FGDs suggest that community volunteers are essential for NGO programmes and allow the NGOs to reach remote areas, university campuses and every setting in between. As the primary staff for implementing the organizations' projects, all GBV prevention and response activities in local communities depend on volunteers. Indeed, volunteers serve as focal points of the NGOs at the community, village, and, sometimes, district level.

"[Volunteers] live in the communities and can provide immediate assistance to the community. A lot of the cases wouldn't be attended if it weren't for these volunteers" – NGO staff

"We can't work without them [volunteers]" – NGO staff

Typically, NGOs depend on volunteers to access local communities. When NGOs begin an intervention programme in a certain area, the NGO staff select volunteer(s) to implement the project, as explained in the typology section (Section 4.1). The NGOs provide training to the volunteers, who then start their work in the local communities, usually beginning with GBV prevention activities and providing information to raise awareness about GBV. As the work of the volunteers becomes more established in the community, the volunteers grow to be the contact point for GBV response.

4.2.2. Satisfaction with volunteerism

Overall, the qualitative research conducted for this study has found that volunteers, organizations and survivors of violence were generally satisfied with the GBV work of the volunteers.

The main satisfactions mentioned by the **volunteers** were:

- **Impact on the communities**

One of the main gratifications for all volunteers interviewed was to see the change that their work had produced. Volunteers received gratification from and were motivated by seeing the impact of their work in the community, whether on individuals or the community at large.

"I'm happy when I see men stop drinking and stop violence" – female community volunteer

"I'm happy when I can get people to understand about bad people who try to take their daughters away. [...]. One of these bad people is now in prison because the family sued him" – female community volunteer

- **Recognition**

The volunteers were also satisfied and motivated by the recognition they received from survivors, communities, NGO colleagues, and even perpetrators.

"I have gained respect from my classmates and other students" – male university-community volunteer

"I have gained respect from the community, particularly from perpetrators with positive change, they thank me for helping their families" – male community volunteer

- **Experience and knowledge**

All the volunteers, including office and community volunteers, mentioned how much knowledge and experience they gained through their volunteer work. In particular, the knowledge gained about laws and procedures seemed to be well-appreciated among the volunteers.

"I could only finish primary school, but with this job I have learnt a lot" – female community volunteer

"I've learnt about women's rights, that I have rights and can advocate for them" – female community volunteer

- **Self-development**

Experiencing what they perceived as self-growth through their work provided strong satisfaction to the volunteers. This particular reason for work satisfaction went beyond the increased experience and knowledge mentioned above, and reflected a positive change in how the volunteers saw and felt about themselves and their place in their families and communities.

"It has been an opportunity for me to advocate and prevent violence; before I needed to follow the village chief, now I'm more independent" – female community volunteer

"Usually a nuns' work is to study Buddhism and to serve monks in the pagoda. With this work, I can do much more" – female community volunteer

When speaking of self-growth, the interrelated themes of independence, self-confidence and empowerment emerged as particularly important indicators of work satisfaction for the **female volunteers**.

"I am brave now" - female community volunteer

In the participatory forum conducted to validate the preliminary findings, participants gave concrete examples of how the experience of volunteering empowered them and improved their self-esteem:

- By gaining more knowledge and changing some incorrect concepts they had about gender, migration, DV as a family issue and so on.
- By becoming more confident and brave, being able to share their ideas in public with the community.
- By receiving value and respect from their families, their communities and the authorities and by becoming a person that the community can count on when there are problems. Some volunteers have been promoted to be members of the village or commune council.

In the FGD, the main satisfactions that the **survivors** mentioned were that they were comforted by the volunteers, and that volunteers were people from their own communities who could be trusted. Also, because the volunteers were living in the community, survivors could request their help at any time. The FGD with the survivors implied that volunteers brought added value to GBV interventions as they lived in the community, understood their situation better, and worked for non-profit purposes.

"[I can request help] even during the weekends and at night time" – GBV survivor

"The volunteers feel more pity for me than the regular staff of the NGO" – GBV survivor

"It's good [to use volunteers] because the volunteers are people from the village who live in the village and

know the real situation” – GBV survivor

“I feel their warmth, I trust them” – GBV survivor

“I know I can go and talk to them and they will support me” – GBV survivor

In the interviews, staff from the **organizations** suggested that they were satisfied with the work of volunteers because it substantially improved the coverage, impact and sustainability of their community programmes. Community volunteer work allows NGOs to:

- Reach communities that otherwise could not be covered

“[We use volunteers] because our team is limited, we can’t cover the whole country” – NGO staff

“[With only our staff], we cannot collect all the information from communities” – NGO staff

- Have a trustworthy presence in the community

“The volunteers not only work but live in the community. They know the situation better and can intervene immediately” – NGO staff

- Stay engaged with the communities after their assignments are completed

“An NGO can’t work in one village forever. Volunteers will remain there and can continue working for the community when they finish their assignment” – NGO staff

- Mitigate the organizations’ lack of funds and human resources by using unpaid technical expertise and support

“They are useful, they don’t cost as much money and they work as paid staff” – NGO staff

“[We use volunteers] because of our limited budget” – NGO staff

- Finally, the organizations derived satisfaction from building the capacity of the community and office volunteers and thus fulfilling a social responsibility.

“To develop our country we have to develop our people” – NGO staff

It is interesting to note that there was no mention of satisfaction derived from using international volunteers. Discussions with NGO informants about international volunteers focused more on the skills that they could contribute to the organization. For instance, NGO staff suggested that international volunteers could easily provide technical support for certain issues, such as English language training, grant proposal writing and fundraising, computer training, website construction, and graphic design.

4.2.3. Challenges to volunteerism

The **volunteers** faced very similar difficulties and challenges across all the organizations. We categorized the difficulties identified by the volunteers into the following:

- **Lack of support from the community**

Most of the volunteers suffered at the beginning of their assignments due to a lack of understanding from within their own communities of the work they were doing, which varied from disrespect to more serious cases of curses and threats. The belief that domestic violence is a private family issue is still deeply rooted in Cambodian society and this affects volunteers’ work.

However, most of the volunteers also said that they overcame this difficulty after proving to the community that they were able to do a good job. In fact, not only did they overcome

this difficulty, but they turned it into one of their main gratifications: gaining respect and recognition from the community.

“When I first started people looked down on me because people believe DV is a family issue, they cursed me. But later on, it changed when they saw that I was helping the victims” - male community volunteer

“I received curses and threats from perpetrators when I started, but later on, when I started to work with the authorities, people treated me better and respected me” – female community volunteer

- **Working with the authorities**

Many of the community volunteers found it difficult to work with local authorities, such as judges, police or village chiefs, because of corruption and lack of cooperation.

“Based on Cambodian Law, people can work only when they are 18, but some people go to the authority and change their birth certificates” - female community volunteer, referring to cases of human trafficking

Even in cases where corruption was not mentioned as a problem, cooperation with authorities still remained a concern due to lack of respect for the volunteers’ voices and knowledge. This was particularly difficult for female volunteers.

“The authorities always listen to men first” – female community volunteer

This experience suggests ongoing challenges for female volunteers who have to deal with gender stereotypes in addition to advocating with local authorities to prioritize the issue of GBV.

- **Limited impact**

In contrast to one of the other main findings of this study, many of the volunteers felt frustrated when faced with lack of results from their interventions, sometimes despite repeated efforts.

“There are no changes in the perpetrators after I talked to them many times” – male community volunteer

Community volunteers found it particularly difficult to deal with drunken men, as it was much more difficult to have positive results from interventions in these cases (see the Safety category below for further discussion on this).

Volunteers were also frustrated when they could not intervene because the families hid their real situation due to embarrassment, e.g., women suffering from violence from their husbands or families sending their under-age children to work overseas. These frustrations would then result in reduced motivation and likely affected the volunteers’ involvement in their work, as well.

Indeed, in the FGD, the survivors emphasized how, despite volunteer interventions, the violence had not stopped, though in many cases it had been reduced.

- **Lack of experience and capacity**

Another main concern of the volunteers was their self-perceived lack of knowledge, skills and experience. In some situations they felt insecure about how to solve some difficult situations, answer questions (particularly about the law), or offer counselling and advice to survivors.

"Sometimes the community asks for help but I don't know how to do it" – female community volunteer

A particular difficulty identified by volunteers was dealing with people from different ethnic, religious, class or age groups. Volunteers found it difficult to make themselves understood or found communication difficult because of barriers like language and traditions.

"I cannot talk to the rich perpetrators because of my economic status" – female community volunteer

"It's very difficult for me as a young person to talk to older people" – male University-community volunteer

- **Safety**

In the interviews and the FGD, community volunteers, particularly the women, stated that they feared for their own safety especially when acts of GBV occurred at night, when the perpetrators had weapons, and when the perpetrators threatened the volunteers.

Dealing with perpetrators who were drunk was particularly difficult, because the men became very aggressive and the volunteers feared for their safety and did not know how to intervene. Some volunteers and survivors said that sometimes even the police, whom they might have otherwise turned to, were afraid in such cases:

"Sometimes, the husband uses a knife or wants to set fire to the house, so the police are also afraid" – female community volunteer

"When my husband is drunk there is nothing the volunteer can do" – GBV survivor

- **Lack of resources**

Most of the volunteers talked about transport during their work as one of their main preoccupations: the bad conditions of the roads in general and especially in the rainy season, the lack of means of transport, or the long distances they had to cover. The most immediate and frustrating impact of these barriers occurred when an urgent action was required, such as taking the survivor of violence to a clinic or to a shelter.

The organizations mentioned as well the lack of resources as a difficulty for the volunteers to accomplish their work. Some of the diverse resources mentioned were: hard copy of the DV law, documents and training materials, electronic equipment such as a photo camera or a recorder, raincoats and an office.

- **Work load and income**

Some volunteers found it difficult to combine their personal obligations such as income generating work or religious obligations with their volunteer work. They would have liked to receive a living allowance to be able to dedicate more time to their volunteer work.

The **organizations** also mentioned a few challenges of working with volunteers, of which the one mentioned by most referred to the lack of power of persuasion that NGOs had with the volunteers.

"You cannot push the volunteers the way you push staff" – NGO staff

Another challenge:

"Some [volunteers] quit the job because they don't see benefits. [The organization] has already wasted time and money to provide them training" – NGO staff

The other challenge mentioned referred to the lack of language skills of international volunteers, who could only communicate in English and thus put a burden on NGO staff that then had to provide translation or interpretation assistance. Interviews with the organizations also found that, while the organizations recognized the work of the volunteers to some extent, they did not necessarily appreciate the full value added of the volunteers' work. For instance, none of the participant organizations have studied the impact of the volunteers' work. The most that the organizations had done was include a small paragraph in some of their reports.

The **survivors** did not have any comments on the challenges of working with volunteers, or at least no comments reflecting on the work of the volunteers themselves. When asked about difficulties in working with volunteers, the survivors did not provide any substantial responses, and the only relevant comment that some survivors made came from a different question. In particular, survivors suggested that when their husband was drunk, there was nothing a volunteer (or an NGO staff) could do.

4.2.4. Gaps in support to volunteers

When asked directly, all the volunteers said that they were content with the level of support provided by their organization. Nevertheless, when asked if they would need anything else from the organization, they all had requests. Interestingly, the needs identified by the **volunteers**, the **organizations** and the **survivors** were all very similar, with capacity building and financial support emerging as the two major themes. The organizations also identified the difficulty of finding qualified people for staff and volunteer positions, the low capacity of existing staff and volunteers, and the need for technical support, including training on volunteer management. Volunteers' needs were very similar across the organizations:

- **Training**

All the volunteers who participated in this study identified the need for more training. Some of them were very specific about what they needed, and others thought they needed more knowledge in general. The topics identified by most volunteers were counselling, gender, DV law and procedures, other relevant laws, GBV, leadership and children rights. Office volunteers, even though they worked mostly in administration or finance, felt the need to know more about the issues their organization focused on. The community volunteers, on the other hand, generally linked their need for training with the frustrations and limitations they faced in their community work.

"[Volunteers] need capacity building" – NGO staff

"[Volunteers] need more training related to rules and law" – NGO staff

"[I need] more knowledge about law, rules and procedures" – female community volunteer

"[I need] more training. I want to know more about DV law" – male community volunteer

"Volunteers should have more strategy and knowledge about how to make the husband to stop the violence" – GBV survivor

Since the community volunteers generally work with individual cases, the wider context of their work may not be so obvious. However, these cases, be they of DV or underage work or illegal immigration, are all part of the much larger structural and societal issue of GBV. Therefore, since the structural factors that facilitate GBV (poverty, illiteracy, HIV/AIDS, social trauma, patriarchy, sexism, traditional gender roles, etc.) remain largely unchanged no matter how many individual cases reflect change, it is unavoidable that volunteers would at times get discouraged, particularly when there is no visible community/society-wide accompanying action addressing the root causes of GBV.

This may have undermined the volunteers' self-confidence and belief in their work, as exemplified by the fact that most of them identified the need for more training. As most of the training the volunteers received seemed to be limited in length, frequency, content and scope, it is probably true that most of them would benefit from additional training. However, their self-identified need may also indicate that volunteers blame themselves or their lack of skills when they cannot 'solve' certain situations. This not only points to the need for structural reforms, development, and society-wide anti-GBV campaigns to accompany community-based interventions, but also to the need to provide continuous support to the volunteers to maintain their well being and their motivation. This need is also reflected in the fact that some volunteers mentioned the desire for a network of volunteers (more below) – such a network would go a long way to support the volunteers in their work even if only by offering a space for them to share similar experiences, frustrations, and achievements.

It should also be noted that it seems that the relationship of community volunteers with the survivors and perpetrators goes a long way to compensate for lack of specialized skills. Perceived as legitimate GBV focal points, the community volunteers already have the trust of the community members and do not need to prove themselves as much. This foundation could be further strengthened with adequate training and experience.

- **Financial support**

All volunteers agreed that the financial support they received from their organizations was not sufficient. Office volunteers found it difficult to dedicate their time to unpaid work because all of them were also full time students and that left very little time in their schedules for income generating work to support themselves. Community volunteers faced the same dilemma of balancing their volunteer work with the need to support themselves and their families. Aside from the need for a living allowance, they also had more specific needs directly related to their GBV work, such as support for transportation (e.g., monthly transport allowance, a bicycle or a motorbike) and for various materials (e.g., printed materials, raincoats). The survivors also mentioned that volunteers needed more support, particularly for transportation. This was mirrored by acknowledgment from the organizations that they should provide more financial support to the volunteers.

"Increase monthly allowance" – female community volunteer

"A bicycle" – male community volunteer

"[Volunteers] need financial support for them and their activities" - NGO staff

"Organizations should give more money to the volunteers so they are more active and more motivated" – GBV survivor

- **Safety**

More volunteers than organizations identified safety as one of the main needs of support. Volunteers would like more support from the local authorities and the organizations in this area (for instance, when they have to travel to remote areas).

"Sometimes I have to travel to remote areas and I feel insecure. I would like more support from the authorities" – female community volunteer

Female community volunteers were concerned about travelling at night, especially when they did not have their own means of transport, and in places where road quality was not very good. When discussing their safety concerns about dealing with violent cases or with men who were drunk and aggressive, volunteers talked about the need for training on how

to deal with such cases.

- **Psychosocial support**

None of the volunteers interviewed received psychosocial support from their NGOs. Most community volunteers were involved in cases of DV, which means that they must, in some form or another and to varying degrees, have been affected by vicarious trauma¹, compassion fatigue or burn out. This is not mentioned directly by either the volunteers or the NGOs themselves, though it might be mentioned indirectly when volunteers identify their need for more training, or frustration with lack of impact. This is possibly a reflection of the normalization of VAW and GBV in Cambodia, which in turn may normalize and minimize vicarious trauma and therefore render it less visible. Making it less visible would not lessen its impact, however, but rather it would make it harder to identify and address.

The question arises, then, of how this would affect volunteers' ability to engage in their work. In the participatory forum, the volunteers called for more "training on psychology" (with such topics as self-esteem, knowing oneself, and emotion management), but emphasized the need for capacity training and other benefits, such as leadership training, communication skills, counselling, GBV, support and motivation, monthly allowance, transportation, materials, and health insurance.

- **Networking**

Some volunteers expressed their interest in meeting with other volunteers and NGOs working on GBV.

"[I would like to] participate and meet with other NGOs working on GBV" – male community volunteer

When asked directly if a network of volunteers would be useful, all the organizations and volunteers said yes. The reasons they gave were: in order to share information, knowledge, experience, ideas, difficulties, successes and so on.

Apart from that, during the interviews volunteers expressed appreciation for the opportunity to talk about the challenges and needs they faced in their work. Although this may not be enough to draw any conclusions, it does suggest that volunteers may have limited opportunities inside and outside of their organizations to provide this kind of input. This exclusion may make the volunteers feel isolated, not appreciated or ignored, which may explain the suggestion for a volunteer network.

4.2.5. Volunteers' understanding of gender and/or GBV

The knowledge of the volunteers on gender issues was highlighted as a difficulty and a need by the volunteers, the survivors, the organizations and the research team. All volunteers received some form of training from their NGOs, with most training sessions averaging 3 days in length, none longer than 5 days, and a few shorter. Most training sessions were given only once, with only one volunteer mentioning repeat training sessions. In terms of topics, the majority of trainings focused

¹ Vicarious Trauma is defined by the Vicarious Trauma Institute (<http://www.vicarioustrauma.com/index.html>) as a transformation in the helper's inner sense of identity and existence that results from utilizing controlled empathy when listening to clients' trauma-content narratives. In other words, Vicarious Trauma is what happens to your neurological (or cognitive), physical, psychological, emotional and spiritual health when you listen to traumatic stories day after day or respond to traumatic situations while having to control your reaction

on gender and/or DV and the DV law. Other topics mentioned included human trafficking, marriage certification, monogamy law, rights-based approach, CEDAW, counselling skills, conflict resolution, and VAW.

The interviews and FGDs allow for better insight into the range of understanding on gender issues that exists among volunteers. One salient point repeated by the study participants was the need to give or receive help “to have a happy family” and support the family unit. Study participants generally perceived divorce to be a worse option for abused women than “rehabilitating” the abuser and maintaining the family unit.

“The volunteer gave counselling for my husband and me when I wanted to divorce. The NGO talked to us about the difficulties and effects of the divorce for the family and children” – GBV survivor

“I wanted to see a positive change: families suffering from DV becoming happy families” – female community volunteer

Using the example of divorce, we found that some volunteers would discourage survivors from this option, and instead focus their efforts on keeping the family together. Volunteers perceived that life for divorced women is extremely harsh, with numerous insurmountable barriers such as lack of property, lack of employment, social stigma, etc. These beliefs and actions by the volunteers may be a direct reflection of their lack of understanding of gender issues and DV. For instance, it suggests that volunteers hold and promote traditional roles of men as heads of families and of women as having responsibility for the home. The volunteers’ training – or lack of training – on gender issues could be an important factor affecting these beliefs. Throughout the interviews, numerous other examples provided similar insight into the volunteers’ understanding of gender.

That being said, it is also important to note that such beliefs are not entirely without basis. In reality, life for divorced women in Cambodia would be quite difficult in terms of social stigma, housing, community support, employment, and so forth. The rigid and traditional gender roles reinforced to different degrees by all research participants are also reflected in societal structures that are not supportive of women moving away from the family unit, challenging the authority of a man/husband, or exposing ‘private’ matters to the community. Providing more training on gender concepts would be only one small step of the many needed to change those structures.

4.2.6. Relevance of volunteers’ sex on GBV interventions

“Yes, women don’t trust men, they prefer to talk to women and men prefer to help men. It’s difficult for me as a man to talk to women because their husbands might feel jealous and I can cause trouble to women” - male community volunteer

“Women talk better to women. Female victims won’t feel comfortable talking to male volunteers. Women are better at talking to other people. Some male are not willing to listen to women” - female community volunteer

“The important thing is what they can actually do, their abilities, not their sex” – young office female volunteer

The volunteers and organizations were asked if they thought that the sex (male/female) of volunteers was relevant to the work they did on GBV issues. With very few exceptions, volunteers and organizations agreed that work was easier and more effective when the volunteer was of the same sex as the person they were engaging with, i.e., men volunteers working with men (usually perpetrators, but also authorities), and female volunteers working with female survivors. The reasons

given for this were mostly focused on male volunteers working with female survivors, which was seen as “difficult” because of perceived mistrust of men by survivors, because of men’s “unwillingness to listen”, and because it was not considered appropriate.

Thus even from this very small group one can start to see a clear division along gender lines of the kind of work volunteers do. While not always the case, male and female volunteers continue to perceive, act, and reinforce male and female stereotypical roles. The female volunteers are better at talking to women, because “they talk better” and “are better at talking to other people,” because the survivors do not trust men, and because if the volunteer were male the woman’s husband “might get jealous”. The male volunteers are better at talking to men, because they can discuss issues with other men and are not concerned about safety in the same way as women. Interestingly, this also included dealing with the authorities, who “listen to men first”, and therefore it is better and more effective if male volunteers approach the authorities.

Thus, it seems that stereotypical gender roles tend to be reinforced to varying degrees by all stakeholders, including female survivors, male perpetrators, local authorities, the volunteers, community members, and organization staff. A number of questions/issues arise from this conclusion:

- Since the people the volunteers work with, both men and women, themselves tend to hold rather traditional gender roles, what kind of volunteer work would be most helpful and effective? From all the responses it seems clear that a male volunteer would be severely limited in his ability to help a female survivor. However, the question must also be asked, if the male volunteer had a different understanding of gender that transcended traditional boundaries, would that not be beneficial in their work, including for female survivors he might be working with?
- Again, what kind of understanding of gender and GBV do the volunteers have, and how is it being changed, challenged, reinforced, or altered by the trainings they receive? This also raises the question of monitoring and feedback – do NGOs observe and monitor volunteers’ work, provide feedback and direction, assess activities, and how thorough is the monitoring, what does it look at?

5. Conclusion

5.1. Conclusions

This study's findings represent a step forward in better understanding the work being carried out by volunteers on GBV prevention and response in Cambodia. The primary objective of this study is to analyze interventions where volunteerism played or is playing a role in the prevention of and response to GBV in Cambodia. Drawing on consultations with major stakeholders, including volunteers, NGOs and survivors, this study aims to inform and strengthen future volunteer interventions to respond to and prevent GBV. The study produced a typology of volunteer profiles working on GBV prevention and response and provided a detailed analysis of volunteer interventions in addressing GBV, a framework of the success and challenges of volunteerism on GBV. The recommendations section below provides an assessment of where development partners, such as UNV Cambodia and Partners for Prevention, could direct their efforts for mainstreaming volunteerism in GBV interventions.

The work being carried out by volunteers on GBV prevention and response is far-reaching across Cambodian society. Without them, the civil society and development partners could not reach most of the rural areas that the volunteers are covering with their interventions. The work of the community volunteers is particularly remarkable: by using volunteers in their projects, NGOs are building their capacity in a sustainable manner. As a result, people living in local communities will have a greater understanding of GBV issues which can have a multiplier effect on the impact on GBV prevention and response work, as more and more people learn about GBV. The findings also suggest that since volunteers live in the communities where they work, they become legitimate focal points for the local community and survivors come to trust them and reach out to them. This means that volunteers provide added value to GBV interventions beyond what regular NGO staff can do.

Overall, volunteers, organizations and survivors of violence were satisfied with the work of the volunteers in GBV work. In particular, volunteers found satisfaction with/from the experience and knowledge that they gained and from seeing the impact of their work in their communities. Nevertheless, they all face challenges such as fear for their own safety, lack of experience and capacity, initial lack of support from communities and communication difficulties with the authorities. Interviews and FGDs have found that there are numerous gaps in the support to volunteers, such as training, financial support, safety, psychological support and networking. These gaps in support may contribute to the volunteers' limited understanding on gender issues. With very few exceptions, volunteers and organizations agreed that work was easier and more effective when the volunteer was of the same sex as the person with whom they were engaging. It seems that traditional gender roles tend to be reinforced to varying degrees by all stakeholders, including women survivors, male perpetrators, local authorities, the volunteers themselves, community members, and organization staff.

While the results illustrate the successes and challenges of volunteer interventions on GBV, the findings also highlight possible entry points for NGOs and development partners to strengthen these interventions and ultimately contribute to preventing GBV and promoting gender equality.

5.2. Recommendations

The following recommendations have been grouped into 4 main areas:

5.2.1. NGOs

- **Recognize the value of volunteerism in GBV work**

This study has provided preliminary evidence that volunteers carry out the bulk of the NGOs' work in the field yet the NGOs typically do not fully acknowledge the heavy burdens that

the volunteers carry and the extent of their GBV work.

- » NGOs should include assessments of the volunteers' work in all organizational reports and materials and publicly document and highlight the volunteers' contributions and efforts.
- » NGOs that do not currently engage volunteers in their GBV interventions could assess the potential use of volunteers in their organization's work. This assessment would provide a baseline that could then be used by the NGOs in the strategic planning of their programmes.

- **Invest in the work of the volunteers**

Given the far-reaching effect of volunteers working on GBV and the amount of work that they carry out on behalf of the organizations, the NGOs should prioritize the work of the volunteers and allocate more resources to facilitate their work. For instance, NGOs can improve the conditions of service by responding to the needs of their volunteers. Conducting a survey of the challenges and gaps in support of the volunteers' work could help the NGOs better understand their situation. As the volunteers implement the programmes of the NGOs, it would only be of benefit to the NGOs to invest in their volunteers. Ultimately, the NGOs are responsible for the physical and psychological well-being of the volunteers and the work that they carry out.

- » At the very least, every effort should be made to ensure the volunteers' safety.
- » NGOs should invest in the volunteers by responding to the needs of the volunteers with special attention to building their capacities and facilitating their work.
- » NGOs should provide sufficient psychological support to their volunteers.

- **Provide adequate training to volunteers**

Survivors, volunteers and NGO staff all identified training as one of the main needs of the volunteers. While the NGOs themselves may be limited in their capacity to offer comprehensive training sessions, this should nonetheless be prioritized over other needs. This study has found that volunteers are primary focal points of the NGOs at the community-village level, and, depending on their training, they might sometimes do more harm than good. For instance, while representing the NGO, the volunteers could contribute to perpetuating stereotypical gender roles and gender inequality. NGOs should thus provide adequate training to their volunteers.

- » NGOs should pool their resources to cooperate and develop initial and ongoing training standards and consider conducting joint training sessions to improve the volunteers' skills and knowledge of gender issues. Joint trainings would also provide opportunities for volunteers to interact across organizations.
- » NGOs should take advantage of existing training sessions and resources that are currently available through UN agencies and other development partners.
- » NGOs should investigate both the content and format of current training sessions. This will provide a better understanding of how the concepts of gender and GBV are understood by the volunteers.

- **Address volunteers' limited understanding of gender issues**

The findings suggest that the majority of volunteers perpetuate stereotypical gender roles, e.g., women talk to women, and men talk to men. Furthermore, when dealing with the authorities, volunteers found that they “listen to men first”.

- NGOs should promote volunteers working in mixed-sex teams (i.e., one man and one woman per team) so they can break these gender stereotypes.
- NGOs should address gender roles and gender equality in the training sessions.

- **Use volunteerism as a tool to strengthen the community as a whole**

The interviews and FGDs with the volunteers have found that the volunteers, especially women, felt that their volunteering on GBV issues had contributed to their self-growth and development. The volunteers learned more about human rights and became focal points for GBV issues in their community. This responsibility further empowered the volunteers within their own communities. By taking into account these positive effects of volunteering, NGOs could use it more purposefully as a tool to build women's capacities and improve their self-esteem.

- » NGOs should assess what the use of volunteers could contribute to other programmes and act on those assessments.

- **Participate in training to strengthen NGO skills on volunteer management**

During the interviews, several NGOs identified the need for receiving volunteer management training to improve their knowledge on the issue and better coordinate their volunteer programmes.

- » NGOs should initiate, plan and/or participate in training to strengthen their management of volunteers, including topics such as recruitment, training, programmes, monitoring and evaluation and performance assessment.

- **Create a network of volunteers working on GBV**

Interviews with both volunteers and NGO staff found that the creation of a volunteer network to connect volunteers working on GBV from all over the country would be useful for sharing information, knowledge, best practices, ideas, challenges, successes and so on. The network could be used as a support system as well.

- » NGOs should promote the creation of a network of volunteers working on GBV to provide a support system for their work.

5.2.2. The UN system

- **Recognize the value of volunteerism in GBV work**

Given the extensive work conducted by volunteers, the UN family and other development partners should recognize the amount and value of work being done by volunteers, especially community volunteers.

- » The UN system should allocate more resources to facilitate the work of volunteers.
- » The UN system should continue to conduct research about the impact of volunteerism.

- » The UN system should assess the potential impact of using volunteers in their GBV programming and act accordingly.
 - » The UN agencies should award certificates or public honours to show their appreciation of volunteers working on GBV, and/or support NGOs that wish to do so.
- **Provide adequate training for volunteers**

Interviews with volunteers and NGOs have found that volunteers lack training and NGOs lack the capacity and resources to provide adequate training and support for their volunteers.

- » The UN system should support NGOs through funding, training resources (curricula, documentation and other knowledge resources) and technical assistance to provide adequate training on gender issues and capacity-building for volunteers.
- **Provide training to strengthen NGO skills on volunteer management**
- Throughout the interviews, several NGOs identified their need for volunteer management training to strengthen their volunteer programmes and human resource policy and procedures. The UN system, particularly UNV Cambodia, and key development partners, particularly VolCam, could provide technical assistance and financial support to NGOs working on GBV to strengthen their volunteer management skills and further increase the effectiveness of their volunteer programmes. The training could also address how local NGOs could take advantage of international volunteerism. This training could help the NGOs formalize the conditions of service and guidelines for their volunteers, which would increase transparency and accountability within the organizations.
- » UNV Cambodia and VolCam should coordinate training sessions for NGO staff on volunteer management.
 - » UNV Cambodia and VolCam should produce a how-to manual for NGOs using community volunteers who are involved in GBV interventions.
 - » UNV Cambodia and VolCam should provide technical assistance to facilitate local NGOs' efficient use of international volunteers.
- **Support the creation of a network of volunteers working on GBV**
- Interviews with both volunteers and NGO staff found that the creation of a volunteer network to unite volunteers working on GBV across Cambodia would be useful for sharing information, knowledge, best practices, ideas, challenges, and successes.
- » UNV Cambodia should facilitate the planning and organization of such a network, ensuring sustainability.

5.2.3. Policy-makers

- **Strengthen relationships among local authorities and volunteers**

Despite the efforts of NGOs to work with local authorities, this study has found that there are still remaining challenges for volunteers in working with local authorities. National and sub-national authorities in Cambodia could support local authorities in promoting a relationship with the volunteers and NGOs working in the community. This will ultimately facilitate GBV prevention and response.

- » National and sub-national authorities in Cambodia should promote dialogue and collaboration among local authorities and the volunteers and NGOs working in their local communities.

5.2.4. Further research

In terms of potential future studies, some recommendations emerging from the present study are:

- While this study revolved around violence against women, future research could look at male survivors of GBV, a group about which there is little discussion at the moment in Cambodia.
- While this study touched the effects of volunteer training it does not specifically look at the content and quality. Future research could include a comprehensive survey of the training available/offered to volunteers working on GBV, content, format, scope, frequency, etc. and strategic planning for future research.

6. Bibliography

6.1. Websites

Banteay Srei: www.banteaysrei.info

Buddhist for Development (BFD): www.bfdkhmer.org

Cambodian Defenders Project (CDP): www.cdpcambodia.org

Cambodian Human Rights and Development Association (ADHOC): www.adhoc-chra.org

Engaging men: www.engagingmen.net

Friends International: www.friends-international.org

Gender and Development for Cambodia (GAD/C): www.gad.org.kh

Karol & Setha: <http://k-s-i.org/index.php>

Legal Support for Children and Women (LSCW): www.lscw.org

Messenger's Band, part of Womyn's Agenda for Change (WAC): www.womynsagenda.org/new/programs/spc/about_mb.html

Partners for Prevention: www.partners4prevention.org

Project Against Domestic Violence (PADV): www.padvCambodia.org

Star Kampuchea and Volunteer Action for Cambodia (VAC): www.vacambodia.org

UNV Cambodia: www.un.kh.org/unv/beta

UNV global website: www.unv.org

VolCam: www.volcam.org

Volunteer Service Abroad - New Zealand (VSA): www.vsa.org.nz

Women's Network for Unity (WNU): www.wnu.womynsagenda.org

Youth Star Cambodia: www.youthstarcambodia.org

6.2. Documents

"A Fair Share for Women", Ministry of Women's Affairs, April 2008

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"Mapping and needs assessment of GBV interventions in Cambodia", Partnership for Gender Equality, UNDP Cambodia & MoWA, December 2008

"Violence Against Women: A Baseline Survey", Ministry of Women's Affairs, 2005

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"Volunteerism: Harnessing the Potential to Develop Cambodia", Eleanor Brown, Youth Star Cambodia in cooperation with UNV Cambodia, June 2008

7. Annexes

ANNEX 7.1. Pre-selection of NGOs, VIOs, CBOs

The pre-selection of the 15 NGOs, VIOs, and CBOs working on GBV with volunteers includes (in alphabetical order):

- Banteay Srei
- Buddhist for Development (BFD)
- Cambodian Defenders Project (CDP)
- Cambodian Human Rights and Development Association (ADHOC)
- Friends International
- Gender and Development for Cambodia (GAD/C)
- Karol & Setha
- Legal Support for Children and Women (LSCW)
- Messenger's Band, part of Womyn's Agenda for Change(WAC)
- People Health Development (PHD)
- Project Against Domestic Violence (PADV)
- Star Kampuchea and Volunteer Action for Cambodia (VAC)
- Youth Star Cambodia
- Volunteer Service Abroad - New Zealand (VSA)
- Women's Network for Unity (WNU)

The seven NGO selected that participated in the study are (in alphabetical order):

- Banteay Srei
- Buddhist for Development (BFD)
- Cambodian Defenders Project (CDP)
- Gender and Development for Cambodia (GAD/C)
- Legal Support for Children and Women (LSCW)
- People Health Development (PHD)
- Project Against Domestic Violence (PADV)

ANNEX 7.2. Guidelines for the interviews with the NGOs, VIOs, CBOs

We will go to the organization office to meet with the designated person/s. We will send them the questions in advance.

We will start all the interviews with the following introduction paragraph (when translating it into Khmer, we will make sure that the language used is accessible):

“Thank you for agreeing to take part in this interview. As part of a research project on documentation of volunteer interventions to address GBV, for the next hour or so we will talk about your organization’s programmes/projects/activities on GBV; the work being done by volunteers on GBV prevention and response and the gaps, challenges, needs, impact and positive aspects (best practices) of your GBV interventions with volunteers.

Everything you say will be confidential and anonymity of the answers will be ensured. Only the research assistant and I will have access to the answers. All data kept on the computer will be password protected.

There will be no direct or immediate benefits from your participation in this study. You may benefit indirectly as the information given may help organizations like yours, agencies and the government to design and implement better services.

Remember that you can refuse to answer any question and can stop participating or take a break at any time.

Do you want to add anything? Do you have any questions or comments? If you are clear about the research and what we are going to do, I would like to ask for your verbal consent before we start”

ORGANIZATION DETAILS	
Use of volunteers to work on GBV	Large number of volunteers / Few volunteers / On ad hoc basis Established volunteer procedures / Informal procedures
Type of organization	Large VIO / Cambodian NGO-CBO / International NGO
Geographical distribution	Urban / Rural / Both
Scope of work	Prevention / Response / Both

GBV WORK
Projects/Activities <i>Prompts: networking, lobbying, advocacy, capacity development, research, policy development, outreach, media/communication, service delivery to survivors, prevention, etc. related to GBV</i>
Any intervention with boys and men?
Funding <i>Prompts: source, amount</i>
Location
Main needs of external support
Does your organization belong to any networks or participate in mass events/campaigns (like White Ribbon Campaign)? Which ones?

VOLUNTEER WORK
Number of volunteers <i>Prompts: Now / in general / working on GBV and in general</i>
Experience with using volunteers <i>Prompts: Since when? Ad hoc or on a regular basis? On GBV interventions and in general</i>
How are they recruited? How do you manage them? <i>Prompts: In general, unless there is a specificity for volunteers working on GBV</i>
Why does the NGO use or work with volunteers on GBV? <i>Prompts: reasons, benefits, costs</i>
Conditions of service
Volunteers' working on GBV education / training / experience
Demographic information of volunteers working on GBV <i>Prompts: age range, years of experience (range), gender ratio and other types of info. Any trends?</i>
Is there a preference for male or female volunteers to work on GBV? If so, why? <i>Prompts: maybe certain roles or types of work/activities?</i>
What do volunteers working on GBV do? Is that different from their actual expertise?
How do they (volunteers working on GBV) work compared to NGO/project paid staff?
Main needs of the volunteers working on GBV <i>Prompts: How could you improve their work? What kind of support do they need? What are their main challenges?</i>
Main needs of your organizations related to the volunteers work <i>Prompts: Any specific needs related to volunteerism as a means to carry out GBV work?</i>
Do you think it would be useful a network of volunteers working in gender or GBV issues?
Any studies on the volunteer work/impact on GBV? <i>Prompts: Request a copy</i>

ANNEX 7.3. Guidelines for the interviews with the volunteers

We will start all the interviews with the following introduction paragraph (when translating it into Khmer, we will make sure that the language used is accessible):

“Thank you for agreeing to take part in this interview. As part of a research project on documentation of volunteer interventions to address GBV, for the next hour or so we will talk about your work on GBV as a volunteer and the gaps, challenges, needs, impact and positive aspects (best practices).

Everything you say will be confidential and anonymity of the answers will be ensured. Only the research assistant and I will have access to the answers. All data kept on the computer will be password protected.

There will be no direct or immediate benefits from your participation in this study. You may benefit indirectly as the information given may help organizations, agencies and the government to design and implement better services and better volunteer support.

Remember that you can refuse to answer any question and can stop participating or take a break at any time.

Do you want to add anything? Do you have any questions or comments? If you are clear about the research and what we are going to do, I would like to ask for your verbal consent before we start”

DEMOGRAPHIC INFORMATION	
Age:	
Sex:	Female / male
Civil Status:	Single / married / divorced / widowed
Dependants (explain):	
Place of birth & current residence:	
Educational Background:	No formal schooling / Primary school (6 years or less) / Secondary school (7-12 years) / Post-secondary education (before university) / Other training (specify)
Work Status:	Student / unemployed / employed (specify) / retired
ORGANIZATION DETAILS	
Use of volunteers to work on GBV	Large number of volunteers / Few volunteers / On ad hoc basis Established volunteer procedures / Informal procedures
Type of organization	Large VIO / Cambodian NGO-CBO / International NGO
Geographical distribution	Urban / Rural / Both
Scope of work	Prevention / Response / Both
Location of the volunteer's work:	
VOLUNTEER EXPERIENCE	
How long have you been volunteering with this organization?	
What do you do?	
Average time dedicated per week	

Conditions of service
Why did you choose to become a volunteer?
Why did you choose to volunteer for this concrete assignment on GBV?
Have you received any training on gender / GBV?
Main difficulties that you face
Main gratifications
Overall satisfaction with the assignment
Do you think your sex (male/female) is relevant to what you do as a volunteer working on GBV issues?
Main needs of support related to your volunteer work <i>Prompts: What has helped / hindered your work?</i>
Main needs of support related to your volunteer work <i>Prompts: What has helped / hindered your work?</i>
Do you think it would be useful a network of volunteers working in gender issues? Why?

ANNEX 7.4. Guidelines for the Focus Group Discussions with the volunteers

7.4.1 FGD guidelines

We will start all the FGDs with the following introduction paragraph (when translating it into Khmer, we will make sure that the language used is accessible to all the participants):

“Thank you all for agreeing to take part in this FGD. We really appreciate your willingness to participate.

For the next 80 minutes or so we will talk about your work on GBV as a volunteer and the gaps, challenges, needs, impact and positive aspects.

The information learned in the focus groups will be used as part of a research project on documentation of volunteer interventions to address GBV. The objective of this project is to document the best practices of interventions where volunteerism plays or has played a significant role in the prevention of and response to GBV, in order to introduce/support/replicate similar experiences in the UN Joint Programme on GBV.

Although confidentiality and anonymity cannot be ensured, given the concomitant presence of many people, we would like to ask the group that what is said in this room stays here. What we can ensure is that your responses will remain anonymous and no names will be mentioned in the report. Also, all data kept on the computer will be password protected.

There will be no direct or immediate benefits from your participation in this project. Nevertheless, you may benefit indirectly as the information given may help organizations, agencies and the government to design and implement better services and better volunteer support.

Please, remember that you can refuse to answer any question and can stop participating or take a break at any time.

We would like as well to set the **GROUND RULES** of the FGD before starting:

1. We want YOU to do the talking.

We would like everyone to participate, so we may call on you if I haven't heard from you in a while. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

2. There are no right or wrong answers

Every person's experiences and opinions are important and we want to hear a wide range of opinions. We hope you can be honest even when your responses may not be in agreement with the rest of the group.

3. What is said in this room stays here

As we said before, we want you to feel comfortable sharing when sensitive issues come up, so it would be great if we can all commit to what is said in the room stays here.

4. We will be tape recording and taking notes

We want to capture everything you have to say. We won't identify anyone by name in our report. You will remain anonymous.

Do you want to add anything? Do you have any questions or comments? If everybody is clear about the research and what we are going to do, I would like to ask for your verbal consent before we start.”

Before asking the first question, we will introduce ourselves (moderator and researcher) and we will do an icebreaker (to be determined) to increase comfort of the participants.

7.4.2 FGD questions

(They were developed after a few interviews with organizations and volunteers)

1) What do you understand by volunteering? What do you understand by gender equality?

Prompt: Is it necessary to belong to an organization to be a volunteer?

2) What made you volunteer in this field and not in a different one?

3) What's the favorite part of your work?

Prompts: What do you like best? What motivates you to volunteer in this field? What have you learnt? Would you recommend it? What would you say?

4) What has been most difficult about/during your assignment?

Prompts: Support you have received, Are you being used best in possible match with your skills & experience? What are your needs? Sustainability (Money)

5) What are the impact/effects of your work?

6) Do you think your sex (male/female) is relevant to what you do?

7) Do you feel treated equally as staff? Do you get trained as staff would be?

8) Are you aware of mass movements or networks related to GBV like White Ribbon Campaign? Have you participated?

9) What else would you like to add about volunteering in this field?

ANNEX 7.5. Guidelines for the Focus Group Discussions with the survivors

7.5.1 FGD guidelines

We will start all the FGDs with the following introduction paragraph (when translating it into Khmer, we will make sure that the language used is accessible to all the participants):

“Thank you all for agreeing to take part in this FGD. We really appreciate your willingness to participate.

For the next 80 minutes or so we will talk about your experience as beneficiaries of volunteers’ work.

The information learned in the focus groups will be used as part of a research project on documentation of volunteer interventions to address GBV. The objective of this project is to document the best practices of interventions where volunteerism plays or has played a significant role in the prevention of and response to GBV, in order to introduce/support/replicate similar experiences in the UN Joint Programme on GBV.

Although confidentiality and anonymity cannot be ensured, given the concomitant presence of many people, we would like to ask the group that what is said in this room stays here. What we can ensure is that your responses will remain anonymous and no names will be mentioned in the report. Also, all data kept on the computer will be password protected.

There will be no direct or immediate benefits from your participation in this project. Nevertheless, you may benefit indirectly as the information given may help organizations, agencies and the government to design and implement better services.

Please, remember that you can refuse to answer any question and can stop participating or take a break at any time.

We would like as well to set the GROUND RULES of the FGD before starting:

1. *We want YOU to do the talking.*

We would like everyone to participate, so we may call on you if I haven’t heard from you in a while. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

2. *There are no right or wrong answers*

Every person’s experiences and opinions are important and we want to hear a wide range of opinions. We hope you can be honest even when your responses may not be in agreement with the rest of the group.

3. *What is said in this room stays here*

As we said before, we want you to feel comfortable sharing when sensitive issues come up, so it would be great if we can all commit to what is said in the room stays here.

4. *We will be tape recording and taking notes*

We want to capture everything you have to say. We won’t identify anyone by name in our report. You will remain anonymous.

Do you want to add anything? Do you have any questions or comments? If everybody is clear about the research and what we are going to do, I would like to ask for your verbal consent before we start.”

Before asking the first question, we will introduce ourselves (moderator and researcher) and we will do an icebreaker (to be determined) to increase comfort of the participants.

7.5.2 FGD questions

They were developed after a few interviews with organizations and volunteers)

- 1) What do you understand by volunteering? What do you understand by gender equality?
- 2) What kind of support have you received from the NGO? Since when?
- 3) What do/did you like best/was most helpful about the support you receive/d through volunteers from the NGO?
- 4) What do/did you like least/was least helpful about the support you receive/d through volunteers from the NGO?
- 5) What do you think about the NGO using volunteers in their work?
- 6) If you could change something about the NGO's work with volunteers, what would it be?
- 7) "The work of volunteers from the NGO is very important for the community." What do you think about this sentence? Do you agree/disagree? Why?
- 8) Are you aware of mass movements or networks related to GBV (E.g. White Ribbon Campaign)?
- 9) What else would you like to add about your experience with volunteers?

At some point, we also made a round with 4 questions: how old are you? How long have you been suffering from violence from your husband? How long have you been receiving help from the volunteers? Has the violence stopped after the volunteer's interventions?



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