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Reducing The Risk of Sexual Abuse of Children with Disabilities in Cambodia:

A Research Report into the Work
of World Childhood Foundation
and its Partners in Cambodia.

Annabel Trapp, Paul Stephenson and Chanborey Pen

August 2025

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This research was conducted by Annabel Trapp, Paul Stephenson, and Chanborey Pen, whose combined expertise in safeguarding, disability inclusion, and participatory methods ensured that the process was both rigorous and grounded in local realities.

Special thanks to the World Childhood Foundation for its leadership, strategic vision, and long-term commitment to inclusive child protection. This report would not have been possible without Childhood's investment in learning, local partnership, and system-wide change.

Finally, we recognize the broader community of practitioners, advocates, donors, and allies who are working toward a world in which the rights of every child- including children with disabilities- are fully realized. Their collective efforts continue to advance a more just, inclusive, and accountable child protection system, where no child is left behind or unheard.

Acronyms

3PC	Partnership Program for the Protection of Children
AAC	Augmentative Alternative Communication
CCWC	Commune Committees for Women and Children
CRPD	Convention on the Rights of Persons with Disabilities
CIF	Children in Families
CNCC	Cambodia National Council for Children
CPP	Child Protection Policies
CWD	children with disabilities
Childhood	World Childhood Foundation
DAC	Disability Action Council
DT	Damnok Toek
DoSVY	Department of Social Affairs, Veterans and Youth Rehabilitation
FGD	Focus Group Discussion
FCF	Family Care First
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NCIC	National Center for Infants and Children
NISE	National Institute of Special Education
OIC	Organisation to Improve Communication Cambodia
PSEA	Prevention of Sexual Exploitation and Abuse
SOPs	Standardized Operational Principles

Executive Summary

Children with disabilities face a heightened risk of sexual abuse due to intersecting barriers: social isolation, communication challenges, stigma, and systemic neglect. In Cambodia, these risks are magnified by under-resourced services and limited government capacity. In response, the World Childhood Foundation (Childhood) has supported a pioneering partnership with five local organizations—Children in Families (CIF), Safe Haven, Epic Arts, Damnok Toek (DT), and OIC Cambodia (OIC)—to develop inclusive safeguarding approaches that protect children with disabilities from sexual violence.

This report presents findings from a participatory, mixed-methods study examining how Childhood and its partners have integrated child protection with disability inclusion. Drawing on fieldwork, interviews, surveys, and document review, the study identifies key achievements, enabling factors, persistent barriers, and strategic recommendations to strengthen and scale this work across Cambodia and beyond.

Key Findings:

Achievements

Inclusive Tools & Empowerment:

Childhood partners have co-developed and implemented communication tools—such as augmentative and alternative communication (AAC) systems and visual disclosure aids—that enable non-verbal and minimally verbal children to recognize and report abuse, sometimes for the first time. Partners trained Government institutions, including the National Center for Infants and Children (NCIC) and other NGO and civil society actors on the effective use of these tools.

Staff Capacity & Culture Shift: Through ongoing mentorship and training, Childhood has supported a rights-based, trauma-informed culture of protection sensitive to the needs of children with disabilities. Across partner organizations, safeguarding has moved from compliance to daily practice. Partners have developed replicable specialized programs for children with disabilities.

ACHIEVEMENTS

Childhood partners		
	Enhanced Staff Capacity and Vigilance	
	Increased Community Awareness and Education	
	Policy and Legal Developments	
	Improved Communication Capacity	
Government Stakeholders		
	Policy and Legal Developments	
	Higher Safety Levels in NGO-Linked Programs	
NGOs and Other Stakeholders		
	Peer Mentorship and Knowledge Sharing	
		NGO Collaboration and Tool Sharing

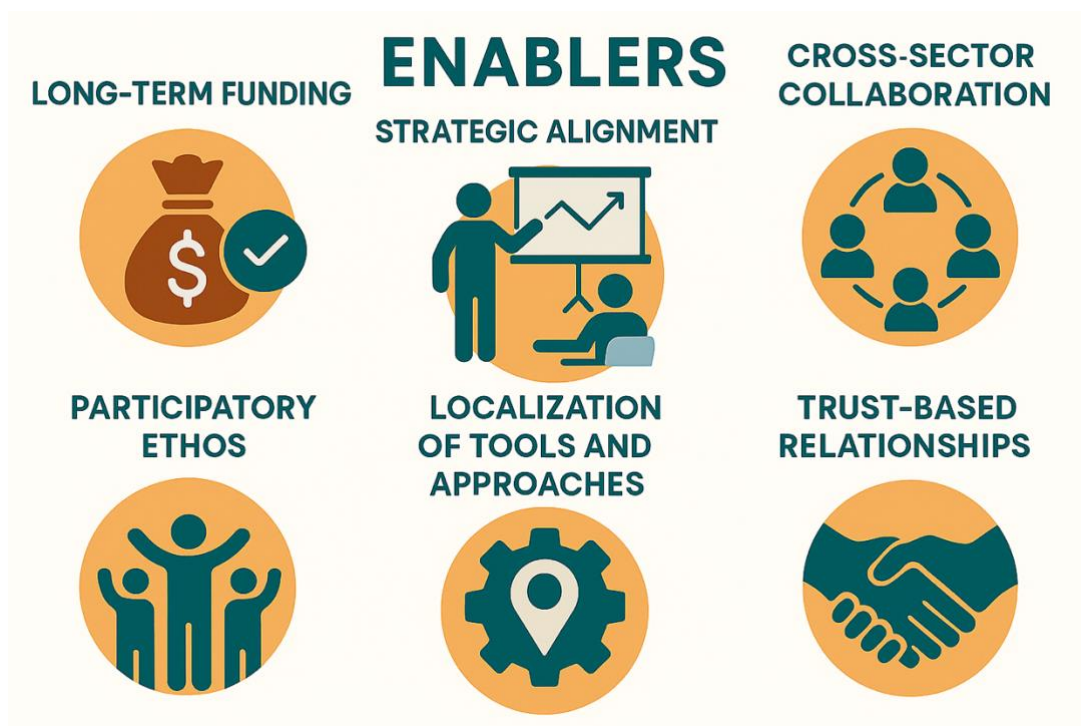
Community Awareness: Partner-led outreach campaigns, creative workshops, and caregiver training have demystified disability and strengthened grassroots support. Childhood’s investment has helped embed inclusive protection within the everyday fabric of communities.

Systems Change & Policy Influence: Partners have piloted inclusive reporting models, collaborated with local authorities, and contributed to national safeguarding policy frameworks. Training of Government officials and staff by Childhood partners has led to a clear shift in government practice toward the inclusion of children with disabilities in protection planning. Joint case management platforms, such as those through the ChildSafe Alliance, are improving cross-sectoral response to abuse increasing the likelihood of prevention and appropriate response.

Peer Learning & Sector Strengthening: With Childhood’s support, partners have extended their impact by mentoring other Cambodian NGOs in inclusive safeguarding approaches, building a growing community of practice committed to protecting all children.

Enablers

Progress has been made possible through a combination of strategic design and values-driven collaboration:



Flexible, Long-Term Funding: Childhood’s multi-year grants gave partners the space to innovate, adapt, and institutionalize inclusive practices beyond short-term project cycles.

Technical coaching and strategic alignment: Childhood’s strategic guidance and technical support strengthened internal leadership and enabled partners to embed and sustain inclusive safeguarding practices aligned with core organizational values and mission.

Cross-Sector Collaboration: Childhood fostered partnerships between child protection and disability-focused actors, enabling each to contribute specialized knowledge while bridging sectoral gaps.

Participatory Ethos: Inclusion was not limited to programming—partners engaged children, caregivers, and frontline staff in co-designing tools, strategies, and evaluations, ensuring interventions reflected real-world needs.

Localization of Tools and Approaches: Communication aids, training content, and referral protocols were adapted for Khmer language and cultural contexts, then piloted by partners with support from Childhood.

Trust-Based Relationships: A shared commitment to transparency and learning underpinned relationships between Childhood and its partners, encouraging open dialogue on challenges, failures, and breakthroughs.

Barriers

Despite these gains, children with disabilities in Cambodia continue to face systemic risks. Childhood and its partners have identified key barriers that must be addressed:



Fragile Capacity: Sector-wide, high staff turnover and donor-driven project cycles undermine continuity. Partner efforts often outpace broader systems’ ability to absorb and replicate them.

Disclosure Gaps: Deep-rooted stigma, fear of repercussions, and limited communication supports continue to silence children with disabilities. Safe, trusted spaces for disclosure remain rare.

Legal Gaps: Communication tools developed by Childhood partners are not yet recognized within Cambodia’s legal framework, reducing their utility in justice processes and formal protection mechanisms.

Fragmented Systems: Case management, referrals, and data-sharing mechanisms remain siloed across sectors and agencies, making comprehensive child protection responses difficult to coordinate.

Inequity of Inclusion: Smaller or rural NGOs often lack access to inclusive tools and support, reinforcing protection inequities. Current systems tend to benefit the best-resourced actors, rather than the most vulnerable children.

Cultural stigma: Silence and stigma around the abuse of children with disabilities remains the most entrenched and pervasive barrier to inclusive safeguarding in Cambodia.

Limitations of the Study

The study faced several constraints. Direct consultation with children was not undertaken due to ethical safeguards, so their perspectives are reflected indirectly through staff, caregivers, and case examples. Caregiver voices were also limited, captured largely through second-hand accounts rather than systematic interviews. Fieldwork time was short, requiring prioritization of key informants, and translation from Khmer introduced some risk of nuance being lost. These limitations inevitably narrow the scope of the findings, though efforts at triangulation and trust-building helped mitigate their impact.

Key Learnings

The research shows that silence cannot be equated with safety: a lack of reports often signals gaps in detection, not protection. Lasting progress depends on culture change—both within organizations and communities so that safeguarding becomes a shared daily responsibility. Strong, coordinated systems greatly improve protection, while fragmentation leaves children vulnerable. Yet progress remains uneven, with smaller NGOs often under-resourced and unable to adopt inclusive practices. Above all, sustainable change requires long-term, values-driven funding; short project cycles cannot build the depth of skills and systems needed to protect children with disabilities.

Recommendations

The following recommendations are based on the research findings and insights shared by stakeholders and consultants for this research. They are intended to guide Childhood and the broader donor community in advancing inclusive child protection and reducing sexual violence in Cambodia, and potentially in other global contexts.

RECOMMENDATIONS

 <p>Institutionalize Ongoing Learning and Peer Mentoring</p>	 <p>Strengthen Inclusive Safeguarding in Government Systems</p>
 <p>Expand Access to Inclusive Tools and Case Management Platforms</p>	 <p>Provide Flexible, Multi-Year Core Funding</p>
 <p>Facilitate Cross-Sector Collaboration and Visibility</p>	 <p>Invest in Cultural Change and Disclosure Confidence</p>

Childhood's model, centered on local leadership, inclusive design, and long-term partnership, demonstrates that transformative safeguarding for children with disabilities is possible. Scaling this impact requires:

- **Institutionalizing Inclusive Practices:** Partner innovations must be embedded in national policy, budgets, and training systems to become standard—not exceptional.
- **Strengthening Government Systems:** Disability-inclusive safeguarding should be integrated into national SOPs, justice protocols, and civil-service training curricula, with dedicated budget lines to sustain implementation.
- **Scaling Proven Tools:** AAC and inclusive disclosure tools should be validated by legal and educational systems, enabling nationwide uptake.
- **Investing in Networks:** Continued investment in peer mentorship, joint programming, and equitable funding is essential to build a cohesive, resilient safeguarding ecosystem.
- **Flexible, multi-year, multi-sectoral funding:** Continue offering unrestricted, multi-year grants that allow partners to invest in staffing, infrastructure, and long-term system development.
- **Changing Culture:** Childhood and its partners have shown that culture change is achievable through local leadership. Sustained education, storytelling, and leadership development are critical to dismantle stigma and promote disclosure—especially around abuse of children with disabilities.

A: BACKGROUND

1. Introduction

Protecting children from sexual abuse and exploitation remains a critical global challenge, with children with disabilities facing heightened risks due to systemic vulnerabilities and pervasive social barriers. In Cambodia, these risks are further compounded by cultural stigma, inadequate support systems, and significant gaps in child protection mechanisms.

Recognizing the urgency of protecting children with disabilities the World Childhood Foundation (Childhood) has, since 2017, invested in strengthening safeguarding measures and promoting collaboration between disability and child rights organizations in Cambodia. Over recent years, Childhood has supported a network of programs working to improve protection and inclusion for children with disabilities, partnering with CIF, Damnok Toek, Epic Arts, OIC Cambodia, and Safe Haven. Together, these organizations address complementary aspects of protection, from family-based care and inclusive education to AAC-supported communication, advocacy, and safeguarding. By fostering connections among partners, Childhood has encouraged cross-learning, amplified collective impact, and shown how targeted investments in children with disabilities can drive organizational transformation and contribute to broader system change in child protection.

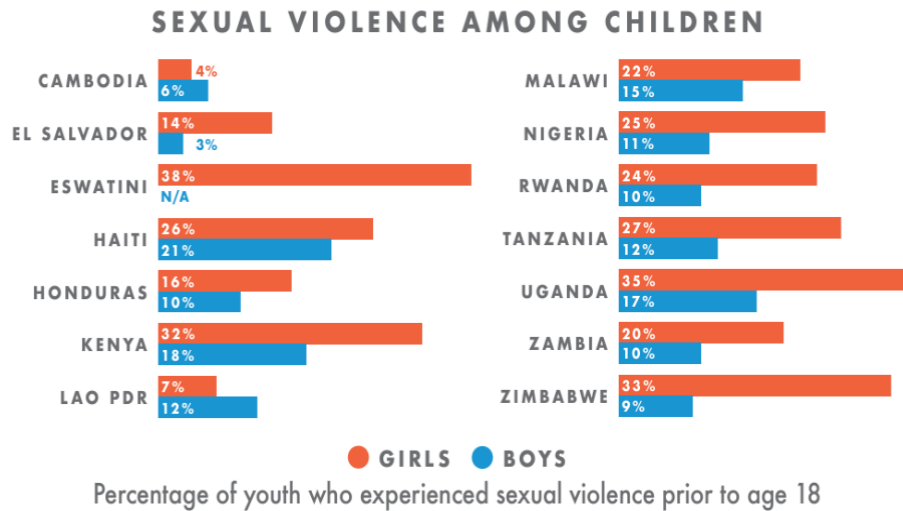
This report presents the approach and findings of a mixed-methods study of Childhood and its five Cambodian partners. It identifies key challenges, lessons learned, and promising practices that can inform future strategies to integrate child protection with inclusive approaches, with the ultimate goal of preventing and reducing the sexual abuse of children with disabilities.

Background and context

Child sexual abuse and exploitation is a pervasive global issue, impacting the lives of millions of children. While no child is entirely immune to the risk, certain groups, including children with disabilities, face disproportionately higher vulnerability. Systemic gaps and socio-cultural factors exacerbate the risks and challenges experienced by this already marginalized group worldwide.

The 2024 Building Safe Futures report documents the prevalence of sexual abuse of children under the age of 18 in 14 countries across the world (see Figure 1).ⁱ Cambodia ranks as one of the countries where the reported percentages of youth who experienced sexual violence prior to age 18 is comparatively low compared to other countries. but is likely to be an undercount due to stigma and silence. Updated Cambodia-wide data is scarce since 2013, though NGOs and UN agencies continue to monitor trends. These figures do not disaggregate for children with disabilities but reporting on abuse of children with disabilities is made more difficult by communication barriers, discrimination and invisibility.

Figure 1: Building Safe Futures



Heightened Vulnerability of Children with Disabilities

Recent studies indicate that children with disabilities face a significantly higher risk of sexual abuse compared to their non-disabled peers, with the risk being even more pronounced among children with intellectual or developmental disabilities.

Increased Risks for Children with Disabilities

- **General Risk:** children with disabilities are **more than twice as likely** to experience violence, including sexual abuse, than their non-disabled peers.ⁱⁱ
- **Intellectual Disabilities:** Children with intellectual disabilities are three and a half times more likely to have a confirmed report of sexual abuse than children without intellectual disabilities.ⁱⁱⁱ
- **Developmental Disabilities:** Estimates suggest that children with developmental disabilities are at a risk of sexual abuse ranging from 4 to 10 times higher than their non-disabled counterparts.^{iv}

Factors Contributing to Increased Vulnerability

Several factors contribute to the heightened vulnerability of children with disabilities to sexual abuse:

- **Social Isolation:** Limited opportunities for social interaction can heighten children's vulnerability by increasing dependence on a small circle of caregivers and reducing access to support networks.^v
- **Dependence on Caregivers:** Relying on adults for daily care can blur personal boundaries and place children in situations of prolonged exposure to potential perpetrators.^{vi}
- **Communication Barriers:** Many children with disabilities—especially those with intellectual or speech impairments—struggle to express experiences of abuse, which makes disclosure and response more difficult.^{vii}

- **Lack of Sexuality Education:** A lack of age- and ability-appropriate education about relationships, consent, and bodily autonomy leaves children unaware of their rights and more susceptible to exploitation.^{viii}
- **Stigma and Misconceptions:** Cultural attitudes may portray children with disabilities as asexual or incapable of understanding harm, contributing to their exclusion from mainstream protection efforts.^{ix}
- **Lack of Protective Dialogue:** Families and caregivers may avoid discussing topics like sex and consent, further reducing children's ability to recognize abuse and seek help.^x

Recent studies have also found that certain factors, including unmet educational needs,^{xi} social isolation,^{xii} and lack of understanding about appropriate boundaries, can increase the risk of children with disabilities engaging in inappropriate sexual behaviors.^{xiii} These studies also highlight that some children may themselves display inappropriate or harmful sexual behavior. It is important to distinguish such behaviors from abuse: while harmful sexual behavior can be an indicator of a child's own experience of trauma or abuse, it also requires tailored responses that combine protection, therapeutic support, and safeguarding to prevent harm to other children.^{xiv}

Systemic Challenges

The Cambodian context presents significant systemic obstacles to addressing child sexual abuse and exploitation among children with disabilities:

- **Flawed Support Systems:** Families of children with disabilities often struggle with day-to-day challenges, including securing access to healthcare, education, and rehabilitation. The added burden of addressing sexual abuse can feel overwhelming, leading to guilt, shame, and inaction.^{xv}
- **Lack of Professional Training:** Adults working closely with children—including educators, caregivers, and volunteers—often lack the training, tools, and action plans needed to respond effectively to suspected or confirmed abuse.^{xvi}
- **Inadequate Reporting Mechanisms:** Few children report abuse, and even fewer cases lead to convictions. The silence surrounding this issue creates an environment of impunity for perpetrators.^{xvii}
- **Resource Constraints:** Communication with children with disabilities often requires costly adaptations, which many organizations are ill-equipped to provide. Long-term funding challenges further limit the scope and sustainability of interventions.^{xviii}

These systemic challenges mirror global patterns. Recent UNICEF and WHO studies highlight that safeguarding children with disabilities requires **multi-sectoral engagement**, linking health, education, justice, and social welfare systems.^{xix, xx}

Cultural and Structural Barriers

In Cambodia, cultural norms and societal beliefs contribute to the neglect of this critical issue. Discussions about sex and consent are considered taboo, making it difficult for families and communities to engage in conversations that could educate and empower children with disabilities. Religious and cultural stigmas further compound the issue, as they may frame disability as a source of shame or punishment, discouraging families from seeking help or reporting abuse.

In the current climate, USAID funding cuts further undermine collaborative protection efforts and long-term sustainability of child protection and disability inclusion programs in Cambodia, particularly

by reducing resources available for training, advocacy, and accessible communication supports for children with disabilities.

State Responsibility for Inclusive Child Protection

While this report highlights the valuable role of NGOs and community actors in advancing inclusive safeguarding, it is important to recognize that the Cambodian government is the primary duty-bearer for child protection under the UN Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD). Sustainable progress requires government leadership through national policies, budget allocations, and system-wide integration of inclusive safeguarding. NGO and donor contributions are vital, but they cannot substitute for government responsibility in guaranteeing protection and wellbeing for all children with disabilities.

B: RESEARCH

2. Purpose and Scope

The purpose of this research was to evaluate the progress, challenges, and lessons learned from Childhood-funded initiatives in Cambodia targeting the prevention of sexual abuse against children with disabilities. The research was designed to:

- Analyze how partner organizations have integrated child protection into disability services;
- Identify key outcomes and changes in practice;
- Highlight effective collaboration models and advocacy efforts;
- Document training, capacity building, and organizational development;
- Formulate recommendations for strengthening future programming and funding strategies.

Within the scope of this research, the term 'children with disabilities' includes children with intellectual and developmental disabilities, physical disabilities, sensory impairments (hearing and visual), and those with multiple or complex disabilities. Children with speech and communication challenges came up frequently in the findings, largely due to their heightened risk of abuse and the partner-led innovations around augmentative and alternative communication (AAC) tools that directly addressed their protection needs.

The research scope included all five of Childhood's Cambodian partner organizations, examining their work from initial engagement through current practices.

- Damnok Toek (Neak Loeung)
- Organisation to Improve Communication (OIC) Cambodia (Phnom Penh)
- Children In Families (Phnom Penh)
- Epic Arts Cambodia (Kampot)
- Safe Haven (Siem Reap)

See **Annex 1** for a summary of Childhood-funded projects enhancing protection for children with disabilities in Cambodia.

The study also incorporates insights from external stakeholders, including government officials and peer network organizations, to provide a well-rounded perspective. Analyzing and documenting the challenges encountered and lessons learned is essential, offering valuable insights for the broader field.

3. Methodology

The study followed a qualitative, participatory approach, organized around the central question:

How have Childhood-supported partners and their networks integrated child protection and inclusive practices to reduce sexual violence against children with disabilities in Cambodia?

The research criteria addressed five core thematic areas, each with specific guiding questions related to organizational practices, stakeholder engagement, child-level outcomes, and sustainability. See **Annex 2** for the full research framework.

Desk review

The research consultants began the research by conducting a thorough desk-based analysis of quantitative data from Childhood's five partners in Cambodia. The consultants considered existing project documents, data/statistics and other relevant information shared by the Childhood team in the Preliminary Planning phase. Information sources include:

General documents:

- Terms of reference for study
- Childhood Global strategy 2023-2026
- Childhood Global strategy 2020-2022
- Childhood PPT vision 2023

Project documentation per project (where appropriate/available):

- Original Proposal/Application
- Agreement (year 1 and additional years if there are important changes)
- Project summaries (Mostly Y1)
- Background document
- Project summary
- Narrative report, NR for each year
- Final narrative report at end of project. (N/A for some of the projects)
- Case stories
- Media tracking report
- Implementing partner websites

The main findings from the desk review informed the finalization of the Research Framework referenced above and found in **Annex 2**.

A concise synthesis of the collated desk review findings is available in **Annex 3: Desk Review Briefing Document**. More detailed findings disaggregated by partner organization are also available upon request.

Primary Data Collection

Key informant interviews (KIIs) /Focus Group Discussions (FGDs)

To enrich the research process and ensure alignment with the agreed criteria, the research team conducted a total of 30 in-person and remote KIIs and/or FGDs with staff members, government officials, and external network partners identified by Childhood's partner organizations in Cambodia. Specifically, the research team:

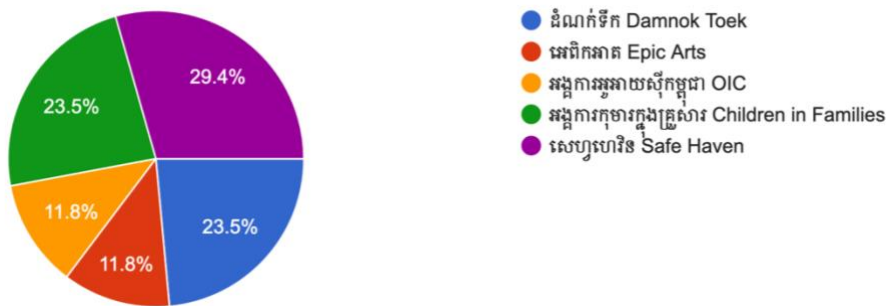
- Met with key project staff from Childhood's partner organizations in Cambodia.
- Visited project locations to document case studies and gather quotations for inclusion in the final report.
- Conducted KIIs with government partners from:
 - Disability Action Council (DAC) (Phnom Penh)
 - DoSAVY (Prey Veng & Siem Reap)

- MoSVY (DoWPWDs) (Phnom Penh)
- National Center for infant & children (Phnom Penh)
- National Institute for Special Education (Phnom Penh)
- Engaged with key networking and referral partners, including:
 - Friends International (Phnom Penh & Siem Reap)
 - Improving Cambodia's Society through Skillful Parenting (ICS-SP)
 - M'Lop Tapang
- Conducted remote interviews with key informants at Childhood Head Office.

Surveys

The team also developed three online surveys (in English and Khmer) for Childhood partners, external networking organizations and government stakeholders, selected by Childhood partner organizations. The Childhood partner survey was completed by 17 respondents, and the external networking survey was completed by six respondents. These surveys can be found in **Annexes 4 and 5**. All engagement with government stakeholders took place in person so the online survey was not shared with them.

Chart 1: Online Survey Respondents (%) per Childhood partner organization



Fieldwork

In-person interviews and FGDs were conducted by the research team’s national consultant, who visited each partner organization for 1-1.5 days in April and early May 2025. His fluency in Khmer fostered trust and strengthened data collection efforts with key stakeholders in Cambodia.

In close collaboration with Childhood’s partners, the research team coordinated key informant participation by confirming exact dates and locations for in-person interviews at each project site.

4. Analysis

The research team uploaded all primary data, including audio interviews, surveys and KII notes. They used online translation to translate all data into English, and the national consult verified all translations for factual and linguistic accuracy, editing where necessary. The data were then disaggregated and analyzed to understand opinions, attitudes, and experiences of all stakeholders and their respective organizations.

The research team triangulated data with the findings from the desk review to enhance the validity and credibility of the findings and mitigate the presence of any research biases in the research.

Ethical Considerations

Throughout the research, key informants were assured that the study's purpose was not to evaluate individual performance or assign credit or blame. Instead, the emphasis was placed on assessing the effectiveness of Childhood's support and identifying key lessons learned. All interviews were conducted in strict accordance with privacy standards to ensure confidentiality, and any quotes included in this report are anonymized. Wherever possible and within the available timeframe, information was cross verified using multiple sources to enhance accuracy and reliability.

Informed Consent

Informed consent was obtained from all participants prior to their involvement. The interview protocol required the consultant to seek explicit permission to record each discussion and to use the interviewee's name in the report, where applicable.

5. Research Work Plan

The research team followed this work plan developed and finalized in consultation with Childhood:

Activity	Notes	Timeline
Planning and coordination	<ul style="list-style-type: none"> ● Inception meeting and updates with Childhood 	Jan-July
Inception Report	<ul style="list-style-type: none"> ● Short inception report to align expectations on process, methods, case studies, report format, the timeline of activities, etc. ● Incorporate changes after review by Childhood 	By end Feb
Desk review	<ul style="list-style-type: none"> ● Review project documentation and other relevant background literature 	By end Feb
Fieldwork preparation	<ul style="list-style-type: none"> ● Develop methodology and protocols ● Prepare national consultant 	March
Data collection	<ul style="list-style-type: none"> ● Conduct key informant interviews/focus groups, questionnaires ● Review additional project documentation 	April
Data Analysis	<ul style="list-style-type: none"> ● Analyze primary data ● Verify data between stakeholder groups ● Triangulate data with desk review 	May - June
Draft Paper	<ul style="list-style-type: none"> ● Prepare draft report (appr. 30 pages) ● Present and consult with Childhood Advisory board 	Mid-August
Final Report incl. executive summary and ppt presentation of key findings	<ul style="list-style-type: none"> ● Incorporate written comments and changes identified during the consultation with Childhood ● Submit final report 	Mid-September
Oral Presentation	<ul style="list-style-type: none"> ● Present findings via Teams or similar, to entire Childhood team 	September

6. Limitations

The table below outlines key limitations encountered during the study, along with the mitigation strategies that the research team employed to address each challenge and ensure the credibility and depth of the research findings.

Limitation	Mitigation Strategies
Limited time for fieldwork: Eight days was allocated for primary research with five partners across multiple locations, restricting the number of interviews and flexibility in scheduling.	Prioritized key informants and high-impact interviews to ensure comprehensive data collection. Used remote interviews and surveys for additional stakeholders.
Language barriers and risk of misinterpretation: Poor translation or misunderstanding of interview questions by non-English speakers may have led to inaccuracies in data collection.	National consultant conducted interviews in Khmer. Ensured clear and culturally appropriate translation of interview questions. Conducted a briefing session with the national consultant to align on key evaluation concepts.
Potential reluctance or sensitivity among interviewees: Some stakeholders may have been hesitant to discuss child protection issues, particularly in cases involving sexual abuse.	Built trust through ethical interviewing practices, ensuring confidentiality and anonymity. Provided clear explanations of the evaluation's purpose and reassurances that findings will not be used to assign blame.
Limited ability to verify information across sources: Due to time and logistical constraints, cross-checking all data sources was challenging.	Triangulated findings by gathering perspectives from multiple informants (e.g., project staff, government officials, and networking partners). Validated qualitative data through desk review.
Stakeholder availability: Key informants, particularly government officials, had limited availability, affecting the ability to conduct planned interviews.	Scheduled interviews well in advance, allowing flexibility in timing.
No direct consultation with children: Due to ethical considerations, time constraints, and safeguarding concerns, the study did not include interviews or focus groups with children, including children with disabilities.	Relied on secondary accounts from caregivers, staff, and stakeholders to understand children's experiences. Future studies should explore safe, child-sensitive methods, including those developed by Childhood's partners, to include children's voices.
Limited consultation with caregivers: Caregivers' perspectives were only captured indirectly through staff accounts, case illustrations, and limited survey responses, rather than through systematic interviews or focus groups.	Noted caregiver insights where available, but prioritized staff, government, and partner perspectives due to time and ethical constraints. Future studies should include structured caregiver consultations to better understand their role in supporting disclosures, protection practices, and stigma reduction.

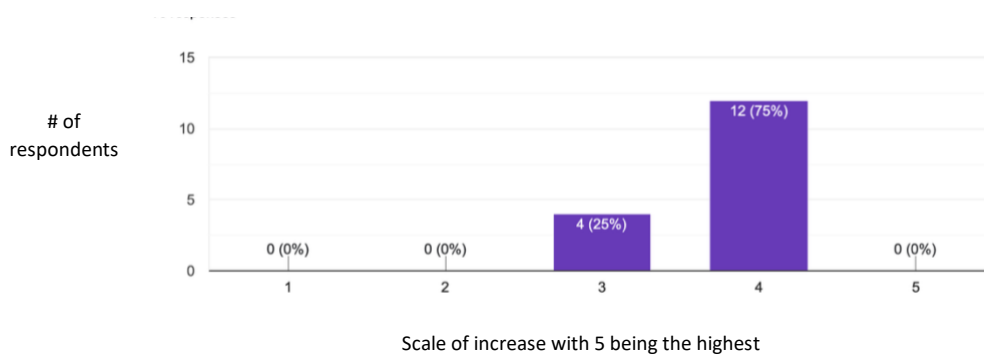
C: FINDINGS

The main research findings are presented as follows: **7. Achievements**, **8. Enablers**, and **9. Challenges and Barriers**.

7. Achievements

Childhood and its partners have catalyzed significant progress in safeguarding children with disabilities from sexual abuse in Cambodia. These advances span a range of domains—including innovative program design, targeted policy influence, grassroots community transformation, and systemic capacity building across the child protection sector. Together, they reflect a deepening commitment to inclusive safeguarding, where the rights and realities of children with disabilities are no longer peripheral but central to protection efforts (see partner views on increased safety for children with disabilities since receiving Childhood's support in Chart 2). The achievements signal the evolution of a maturing ecosystem in which inclusive child protection is embraced not only as a technical solution but as a moral imperative rooted in dignity, equity, and justice.

Chart 2: Partner views on the increase of children with disabilities Safety from Sexual Abuse since receiving Childhood's support.



The most meaningful changes driven by Childhood-supported partners, government stakeholders, and peer NGOs are detailed below.

A. Achievements by Childhood-Supported Partners

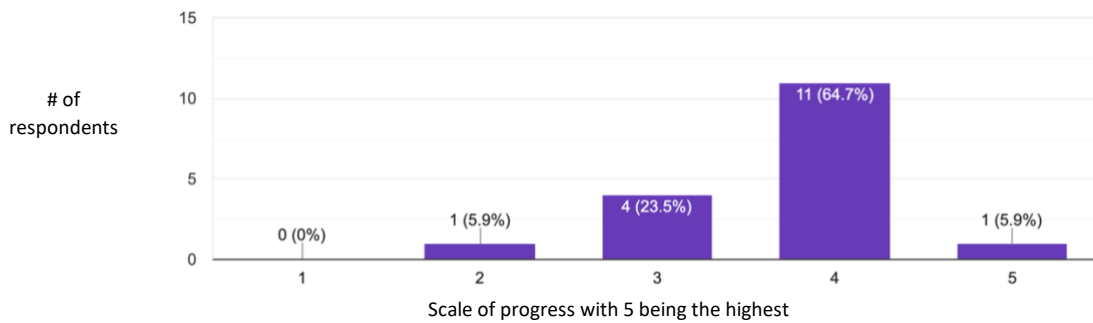
i. Enhanced Staff Capacity and Vigilance

Extensive and targeted training of partner staff has dramatically improved the quality and consistency of safeguarding practices. Trainings have covered topics such as trauma-informed care, recognizing abuse indicators in children with communication difficulties, and using AAC tools during interviews and disclosures. Partners like CIF and Safe Haven have facilitated mentoring and one-on-one coaching with their own staff and peer organizations to ensure that training on safeguarding and inclusive child protection translated into actual practice. As a result, staff have become more skilled in identifying risk and more confident in responding to disclosures, leading to faster and more appropriate interventions. The regular refresher trainings have helped to ensure sustained improvement and adaptability in responding to new safeguarding challenges.

“We’ve learned to ask better questions—not just ‘are you okay?’ but to really look and listen for signs of harm.”
 Staff member, Safe Haven

“It’s not just about checking boxes anymore. We talk about safeguarding every week now.”
 Staff member, CIF

Chart 3: Perception of Partner Progress (%) in children with disabilities Protection since Childhood's Support



ii. Development of Specialized Programs for Children with Disabilities

Recognizing the heightened and complex risks faced by children with disabilities, Childhood has supported its partners to develop specialized programs tailored to the unique protection and developmental needs of children with disabilities. Models like Safe Haven’s family-centered safeguarding approach and CIF’s disability-informed foster care have provided safer, more responsive environments for children. These targeted interventions have not only improved individual outcomes but now serve as replicable templates for broader adoption across child-focused organizations and systems.

“Safe Haven has a proven track record of preventing family separation and supporting almost 100% of families to keep children at home.”
 — Staff member, Safe Haven

Case Study: Safe Haven



Safe Haven launched the Strengthening Child Protection for Children with Disabilities to support children with complex disabilities who are at elevated risk of abuse. Their model integrates medical, therapeutic, and protection services.

Key Interventions:

- Developed individualized safety plans and therapeutic care for survivors.
- Conducted interagency trainings on trauma-informed interviews and visual communication.
- Enhanced internal tracking and follow-up systems.

Impact:

- Improved early detection of abuse and survivor support.
- Built capacity among partners and local authorities to respond effectively.
- Empowered families and caregivers through specialized training.

Key Insight:

Specialized, holistic support systems are essential for safeguarding CWD with severe disabilities. Inclusive safeguarding must accommodate medical, emotional, and communicative complexities.

iii. Increased Community Awareness and Education

Childhood partners, including Epic Arts, Safe Haven, and Damnok Toek, have driven community-level change through targeted outreach and education. They have integrated messaging on disability rights, bodily autonomy, and child protection into workshops, performances, caregiver trainings, and the deployment of child-safe agents. These agents are trusted community members such as tuk-tuk drivers and hotel or guesthouse staff who are trained and supported by Epic Arts to recognize and report instances of child abuse. The campaigns, designed specifically for children with disabilities using age- and ability-appropriate tools, have helped to demystify disability, empower caregivers, and enhance children's understanding of consent and personal safety. These efforts have been positively received by government officials. As a result, partners report observing increased caregiver involvement, more confident self-advocacy by children, and an increase in community-initiated reports, suggesting signs of shifting norms around child protection and accountability.

"Parents now come to us asking how to talk to their children about safety. That didn't happen before."

Community Facilitator, Epic Arts

"We see more reports now, often from neighbors or extended family. That shows people understand their role."

Outreach Worker, Safe Haven

"Safe Haven has a mobile clinic [van] to so that many clients can meet at the same time. This means they travel less, and we also travel less. We spend less on their transport, and the client has an opportunity to meet with other families who have children with disabilities. They learn from each other's experiences on how to care for their children with disabilities."

Senior Manager, Safe Haven

Case Study: Epic Arts



Epic Arts uses the arts as a tool for promoting body autonomy, abuse awareness, and disability inclusion at the community level.

Key Interventions:

- Trained local ChildSafe Agents to identify and respond to abuse risks.
- Developed anonymous artistic reporting mechanisms.
- Partnered with local authorities to embed safeguarding in community development plans.

Impact:

- Normalized dialogue around sexual violence and disability rights.
- Enabled safe disclosures through non-verbal means.
- Fostered protective networks within communities.

Key Insight:

Cultural tools like performance and creative expression can break through stigma and open pathways to protection, especially in conservative or rural settings.

iv. Increased Likelihood of Prevention and Appropriate Response

Childhood’s partners have moved beyond reactive safeguarding by embedding systematic policies, appointing safeguarding focal points, and redefining what constitutes success. CIF, for example, has shifted from equating “no reports” with safety to actively interrogating potential gaps in detection. This shift in mindset, coupled with structural reforms, has resulted in more regular reporting and timelier interventions.

“We emphasize that safeguarding does not mean we only respond when things happen, but we create situations to prevent them from happening.”
— Senior Management, CIF

Case Study: Children in Families



CIF represents a powerful example of how internal governance reform can catalyze improved protection outcomes for CWD.

Key Interventions:

- Introduced the OSCaR safeguarding management role and tracking system.
- Transitioned from "incident-free" reporting to proactive risk detection.
- Developed inclusive family-based risk assessments.

Impact:

- More accurate identification of abuse risks, especially in domestic settings.
- Stronger collaboration with government actors for case management.
- Institutionalized survivor-sensitive safeguarding practices.

Key Insight:

Shifting internal culture to recognize silence as a warning sign of underreporting leads to more responsive and effective safeguarding.

v. Empowerment through Accessible Communication and Reporting Tools


One of the most transformative advances in safeguarding has been the development and use of inclusive communication tools by OIC, Epic Arts, and Damnok Toek. Through AAC systems, illustrated

boards, and visual messaging platforms, these tools have enabled non-verbal and minimally verbal children to express themselves safely—often for the first time. Staff and caregivers consistently described them as “lifesaving,” not only for facilitating disclosures but also for strengthening children’s confidence, autonomy, and psychological security. These innovations directly addressed one of the greatest barriers to protection: the inability to report abuse.

“One girl pointed to the picture of someone touching her. That’s how we found out.”
 — Staff member, DT

“The boys in our program started using the drawings to talk about their bodies and who can touch them.”
 —Facilitator, Epic Arts

“The picture cards helped me ask questions I never knew how to ask before.”
 — Staff Member, OIC

OIC Cambodia		
OIC Cambodia has pioneered the use of accessible communication as a cornerstone of child protection for children with disabilities (CWD), especially those who are non-verbal or have limited expressive abilities.		
Key Interventions:	Impact:	
<ul style="list-style-type: none"> Developed Augmentative and Alternative Communication (AAC) tools, including picture cards and visual boards. Trained government agencies (e.g., MoSVY, NCIC) in AAC usage. Advocated for inclusion of communication accommodations in child protection protocols. 	<ul style="list-style-type: none"> Enabled children who could not speak to disclose abuse safely and accurately. Facilitated trauma-informed interviews and better information gathering by government officials. Positioned Cambodia as a regional leader in inclusive disclosure practices. 	
Key Insight:	Communication barriers are often the primary obstacle to abuse disclosure for CWD. Addressing this challenge systemically can fundamentally shift safeguarding outcomes.	

vi. Strengthened Reporting and Response Systems


Childhood’s partners have adapted reporting systems to be inclusive and user-friendly for children with disabilities and their families. This has included setting up anonymous reporting boxes, creating illustrated complaint mechanisms, and adapting hotlines for accessibility. For example, Epic Arts has integrated visual guides into their reporting system, and Damnok Toek has incorporated AAC into their response protocols.

Partners such as Epic Arts and Damnok Toek have engaged in initiatives that train community members as ChildSafe Agents, operate inclusive 24/7 hotlines, and promote accessible reporting tools—particularly benefiting children with disabilities. These systems are known and accessible not only to children but also to families and community members, creating a broader protective net. Partners have also participated in broader child protection networks like ChildSafe. Epic Arts shared that ChildSafe has achieved an 82% joint response rate to reports of abuse, with up to 87% of cases jointly managed with local authorities. This has enabled faster referrals, multidisciplinary support, and

collective accountability. Childhood’s financial and technical support has been instrumental in enabling this robust, community-based approach to preventing and responding to abuse.

“We built a board game that explains the reporting process to kids. Now they don’t feel scared to speak up.”
 — Staff Member, Epic Arts

“We didn’t have a hotline before. Now families call us directly, even after hours.”
 — Staff Member, Damnok Toek

CASE STUDY: Damnok Toek (DT)		
Damnok Toek has undergone a significant transformation, shifting from residential group care to inclusive, family-based safeguarding models.		
Key Interventions:	Impact:	
<ul style="list-style-type: none"> • Developed tools to include children with intellectual disabilities in safety planning. • Revised policies to reflect trauma-informed, community-embedded safeguarding. • Led training for multi-agency case management teams. 	<ul style="list-style-type: none"> • Reduced risk in domestic reintegration cases. • Increased detection and reporting of sexual abuse. • Built cross-sector capacity to respond to complex cases. 	
Key Insight:		
Transitioning service models to prioritize family and community-based care, when matched with inclusive tools, leads to more durable safeguarding outcomes.		

B. Achievements by Government Stakeholders

i. *Shaping and Implementing Policy and Legal Provisions*

Childhood partners have played a critical role in shaping national policy reforms that explicitly recognize the heightened protection needs of children with disabilities. Through technical input, consultations, and advocacy, partners have contributed to key frameworks including the Alternative Care Policy (2014), the revised Law on Child Protection, and the draft Law on the Protection of the Rights of Persons with Disabilities as well as local implementation tools like commune-level child protection plans and standard operating procedures (SOPs). For example, Epic Arts provided input to ensure that children with disabilities were explicitly included in local safeguarding strategies, reinforcing inclusive practice at the community level. These disability-inclusive provisions represent a significant step toward institutionalizing safeguarding practices and ensuring long-term protection for children with disabilities within Cambodia’s legal and policy systems.

“The new law gives us a way to demand services for children with disabilities, not just suggest them.”
 — Government Social Worker, provincial DAC

ii. *Emphasis on the “Best Interests of the Child”*

Training by Childhood partners such as CIF and OIC has contributed to a clear shift in government practice toward the inclusion of children with disabilities in protection planning. Officials at the commune and provincial levels have begun explicitly identifying children with disabilities in risk assessments and intervention strategies—marking a move from invisibility to intentional inclusion.

This shift reflects growing recognition of the unique vulnerabilities of children with disabilities and signals progress toward more equitable and responsive child protection systems.

“Before, we just put all children in the same category. Now we ask—what does this child need, and how can we include them?”
— Commune official, trained by CIF

iii. Perceptions of Higher Safety in NGO-Linked Programs

Government officials and community stakeholders consistently described NGO-linked programs as significantly safer environments for children compared to non-affiliated services. Reported safety levels were exceptionally high, with respondents highlighting stronger safeguarding policies, trained staff, and clearer reporting procedures as key factors. This success is attributed to collaboration with trained, well-resourced NGOs. In contrast, areas without such links face a higher risk gap. As one provincial official stated, *“We’ve seen more disclosures and better outcomes in NGO-supported areas than where we don’t have that link.”* This highlights the critical role of partnerships in protecting vulnerable children, based on self-reported evidence from partner organizations, case records, monitoring tools, and stakeholder interviews. While NGO-linked programs are widely perceived as safer, these findings should be viewed as indicative rather than statistically representative, given their reliance on qualitative reporting and a limited sample size.

“If the child is in a Childhood partner program, we know they are getting support. We worry more about those outside.”
— MoSVY Officer

iv. Improved Communication Capacity

Government institutions, especially the National Center for Infants and Children (NCIC), has benefited from technical support and tools provided by Childhood partners, including OIC. Staff who received the training have been provided with visual communication materials and guidance on using them effectively during assessments and interviews. These tools helped bridge communication gaps with non-verbal or minimally verbal children, enabling better understanding, reducing fear, and supporting disclosures. Caregivers and officials noted that children appeared happier and more willing to communicate when these tools were used, indicating a stronger sense of psychological safety and trust.

“Children started smiling and pointing instead of just sitting silently. That’s when we saw it was working.”
— MoSVY caseworker.

v. Enhanced Referral and Response Mechanisms

Childhood-supported interventions have strengthened local government mechanisms, such as the Commune Committees for Women and Children (CCWC), and enhanced coordination with national bodies like the Disability Action Council (DAC). When an abuse case is reported, these bodies now coordinate more regularly with police, social services, and NGOs to provide support, from legal counsel to medical care. In one case involving a deaf girl, the provincial DAC coordinated an inclusive response, arranging for sign language interpretation and legal assistance. This example highlights the evolving capacity of local systems to provide integrated and sensitive responses to abuse cases involving children with disabilities.

“We have close cooperation with DoSVY, often involving police and CCWC in intervention cases. DoSVY and CCWC have become more active and pay more attention to children with disabilities issues.”
 — Staff Member, Epic Arts

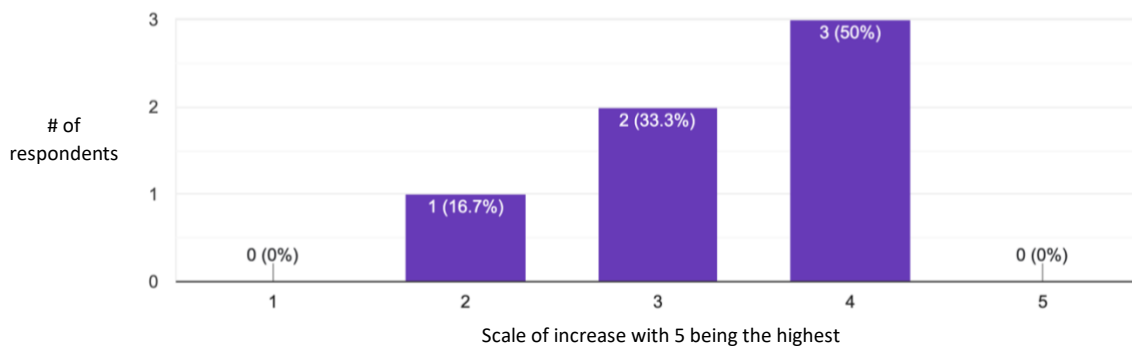
C. Achievements by Networking NGOs and Other Stakeholders

i. Peer Mentorship and Knowledge Sharing

Childhood partners including CIF, OIC Cambodia, and Safe Haven have extended their expertise to less-resourced NGOs, mentoring them on safeguarding systems, risk detection, and communication tools. This mentorship, which has been especially impactful in rural areas, has allowed smaller organizations to meaningfully include children with disabilities in their programs, thus expanding the reach of protection efforts. In doing so, partners themselves reflected that their approaches to child protection had become more inclusive toward children with disabilities, particularly through the integration of AAC tools, policy revisions, and disability-sensitive case management practices. This evolution has not only strengthened their own systems but also influenced the wider sector.

“CIF mentored our team in how to develop safety plans for children with disabilities. We now do it ourselves and train others.”
 — Networking NGO representative

Chart 4: Networking Organizations Perceived increase in Protection to children with disabilities as a Result of Childhood partner support (%)



ii. Cross-NGO Collaboration and Tool Sharing

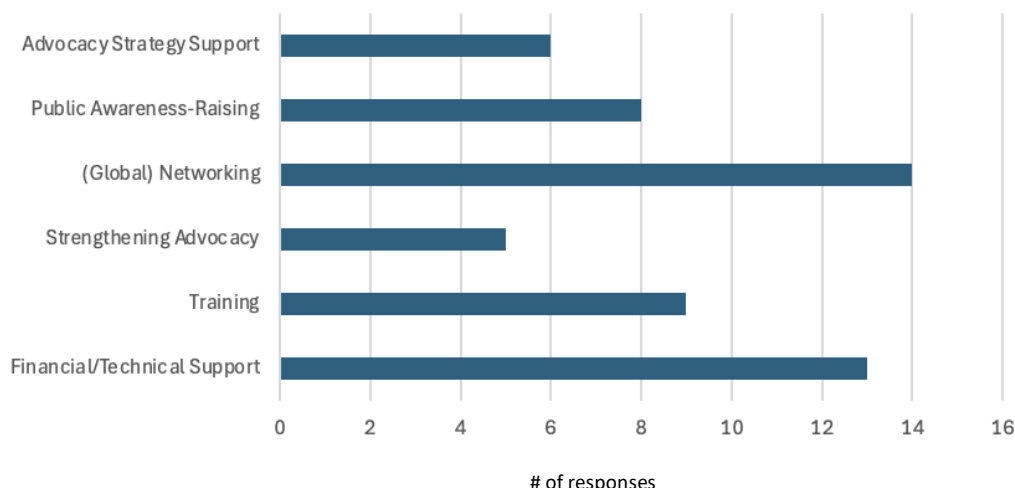
Organizations in Childhood’s network have shared practical tools—like inclusive risk assessment templates and adapted forms for reporting incidents. They have also used feedback from their work in the field to improve these tools over time. This hands-on collaboration has brought organizations closer together and helped make inclusive practices more common across the network. Mentorship has been especially helpful in rural or less-resourced areas, where many organizations previously lacked the skills or confidence to support children with disabilities. Safe Haven’s mentoring approach stood out as a strong example, focusing on ongoing support and coaching rather than one-time training sessions. As a result, more organizations are now using disability-inclusive methods in their child protection work, helping to build a safer and more connected system for all children.

“We co-wrote the disability SOPs with DT and CIF under the FCF network. It helped us all stay aligned.”
 — Staff Member, Epic Arts

“Being in the 3PC network pushed us to adapt our safeguarding to include children with disabilities properly. We used to just write generic policies.”
 — Staff Member, Mid-sized NGO

iii. Network Participation and Systems Strengthening

Chart 5: Networking partners views on how Childhood partners have supported children with disabilities advocacy



Childhood has been instrumental in positioning its partners within key national and international networks, amplifying the reach and influence of inclusive child protection practices. Partners such as CIF, DT, Epic Arts, Safe Haven and OIC Cambodia played active roles in platforms like 3PC, Family Care First (FCF), and the Disability Specialist Group, contributing to the development of Standardized Operational Principles (SOPs), referral protocols, and inclusive incident reporting tools.

Through joint case management mechanisms like the ChildSafe Alliance, they also helped improve response speed and coordination in abuse cases. Internationally, partners showcased their models at forums including UN side events and Better Care Network summits, positioning Cambodia as a frontrunner in AAC and visual safeguarding innovations. This networked engagement fostered shared learning, strengthened sector standards, and helped mainstream inclusive safeguarding across the child protection ecosystem.

“The meetings are more than updates—they’re where we problem-solve together. That’s where we figured out how to refer children with disabilities to Safe Haven properly.”

— ChildSafe Alliance local partner

“We need to lobby internationally at the UN to better support the disability sector.”

— Senior Manager, DT.

D. Organizational Practices in Inclusive Child Protection (Synthesis from Desk Review)

The desk review of Childhood partner organizations provided additional evidence that reinforces the evaluation findings. This documentary evidence illustrates how safeguarding and disability inclusion are being embedded at the organizational level.

Key themes emerging from the desk review include:

- **Safeguarding systems**
 - All organizations have strengthened policies, recruitment standards, and accountability mechanisms.

- AAC (Augmentative and Alternative Communication) tools were introduced by Damnok Toek and OIC Cambodia to enable children with communication challenges to participate in safeguarding.
- Epic Arts and CIF updated internal governance to meet international safeguarding standards.
- **Family-based care and support**
 - Partners consistently prioritize reintegration into families and community-based care over institutional models.
 - CIF's *Family of Origin as 1st Priority (FOR-1)* and Safe Haven's Positive Parenting groups equip families with the tools to care for children with disabilities.
 - Damnok Toek's tracing and reintegration work shows that even children with higher support needs can thrive in family settings when provided with holistic support.
- **Disability inclusion and advocacy**
 - Partners are addressing stigma and promoting disability rights at local and national levels.
 - Epic Arts worked with sub-national authorities to embed child protection plans in local governance.
 - OIC Cambodia's communication tools are being considered by government for justice and protection processes.
- **Collaboration and partnerships**
 - The ChildSafe Network and Co-Case Management models demonstrate effective cooperation with authorities and communities.
 - Several organizations regularly participate in national networks and forums, expanding visibility and influence.
 - Some tools (e.g., AAC) have gained high-level endorsement, including from the Prime Minister.
- **Organizational resilience and sustainability**
 - Diversified funding strategies and capacity-building efforts have helped partners maintain services despite donor shifts.
 - Monitoring systems (e.g., Safe Haven's SMART goals and CIF's governance strengthening) ensure accountability and continuous improvement.

In summary, the desk review confirms that Cambodian partner organizations are pioneering inclusive safeguarding models, prioritizing family-based care, and influencing national policy. Their documented practices and innovations reinforce the evaluation findings and highlight pathways for sustainable system change.

*(For detailed organizational profiles, case studies, and statistics, see **Annex 3.**)*

Summary:

The research highlighted significant progress among Childhood's partners in strengthening safeguarding practices, building staff capacity, and piloting inclusive approaches such as AAC-based reporting. Safeguarding is no longer treated as a narrow compliance task but embraced as a shared responsibility grounded in dignity, equity, and inclusion. Partners have developed tailored protection programmes, created reporting systems accessible even to non-verbal children, and expanded community-based education that is reshaping public attitudes. Stronger collaboration between NGOs and government actors has also enhanced referral pathways and legal responses, contributing to more frequent disclosures, earlier interventions, and a growing culture of accountability.

At the same time, major gaps remain in the national child protection landscape. In Cambodia, no disability-disaggregated data is available on the rates or reporting of sexual abuse of children with disabilities. This reflects both global trends of underreporting and the absence of national monitoring systems able to capture the experiences of children with disabilities. The lack of reliable data makes it difficult to assess the scale of the problem or to design evidence-based prevention and response strategies, underscoring the urgent need for government investment in disability-sensitive protection systems.

Together, these achievements and challenges point to the emergence of a more resilient but still incomplete child protection ecosystem — one in which children with disabilities are increasingly protected, heard, and empowered, yet where stronger government action is essential to ensure sustainability and national scale.

8. Enablers

The success of safeguarding and inclusive child protection efforts across and beyond partner organizations has been fundamentally driven by Childhood’s strategic, financial, and technical support. Its long-term commitment has helped shape internal systems, foster external collaboration, and catalyze grassroots change

i. **Flexible and Long-Term Funding**

Childhood’s multi-year, adaptive funding has enabled its partners to build internal safeguarding infrastructure, retain dedicated staff, and innovate new tools, such as OSCaR and AAC-based reporting materials. This stability has given organizations space to pilot, iterate, and scale practices that would have been unfeasible under short-term, project-based grants.

“Childhood’s funding (since 2018) was transformative... This financial support allowed us to participate in otherwise unaffordable, high-quality training and helped shape us into the organization we are today.”

— Senior Manager, Safe Haven

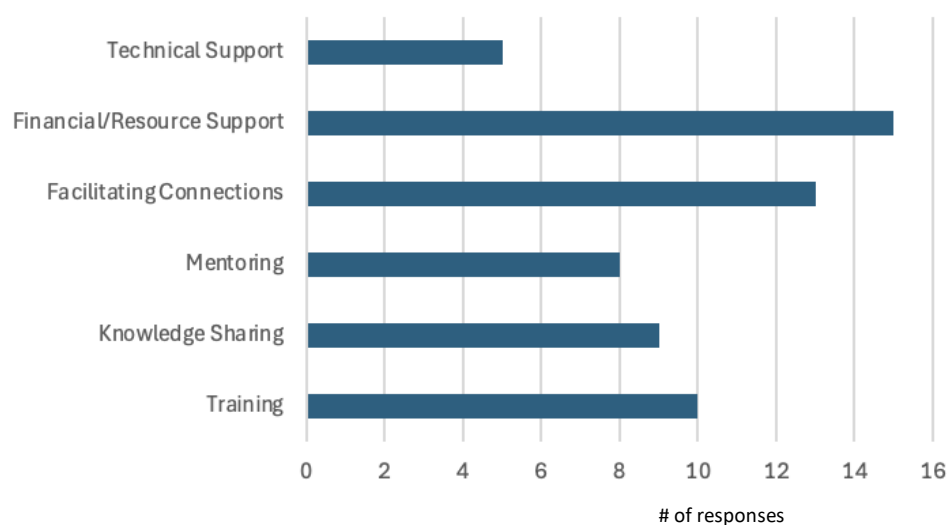
ii. **Embedded Technical Coaching and Strategic Alignment**

Childhood has played a central role in helping partners move beyond a compliance-based approach to safeguarding by offering both strategic guidance and embedded technical support. Strategic efforts have focused on strengthening leadership commitment and aligning safeguarding with core organizational values and missions. At the same time, ongoing technical coaching has given partners practical support to put safeguarding measures into action and adjust them to fit their day-to-day work. This combination of support has helped ensure that safeguarding is not only adopted, but fully embedded and sustained within their regular operations.

“Childhood brings a much-needed technical lens, especially in areas where donors might not deeply consider protection processes.”

— Senior Manager, Damnok Toek

Chart 6: Types of support provided by Childhood (reported by partners)



iii. Strengthening Internal Leadership for Mainstreamed Safeguarding

To ensure safeguarding is sustained and led from within, Childhood has invested in building strong internal leadership across its partner organizations. Through mentoring, in-person coaching, and targeted training, partners have gained the skills and confidence to embed safeguarding in all program areas. This leadership development has enabled its partners to independently train staff, manage case response teams, and lead local coalitions focused on inclusive child protection. These advances reflect a shift toward institutional ownership of safeguarding and demonstrate the growing influence of partner-led models within the sector.

“World Childhood Foundation put [staff capacity building] as a priority... this aligns with our vision, meaning staff capacity building is a part that ensures the quality of our services is better.”

— Senior Manager, CIF

iv. Peer Learning and Sector Visibility

Through learning exchanges, strategic introductions, and involvement in collaborative forums, Childhood has helped raise the profile of its partners as strong examples of inclusive safeguarding. By connecting groups like OIC Cambodia and Epic Arts to national working groups, regional conversations, and international platforms, partners have been able to share their expertise in areas like AAC and community-based disclosure. These opportunities have helped them grow their networks, gain recognition, and contribute to wider conversations in the sector.

“Without support from Childhood, it would not make this work in child protection grow. Before 2019, child protection wasn’t really happening in Kampot—now we’re recognized and working with communities, ChildSafe Agents, and authorities.”

— Senior Manager, Epic Arts

Summary: The transformative progress in inclusive safeguarding across Childhood’s partner network has been underpinned by a deliberate and sustained package of support, combining flexible funding, technical guidance, capacity development, and strategic visibility. Rather than driving compliance alone, Childhood has enabled its partners to embed safeguarding into the DNA of their organizations—anchoring it in leadership, values, and day-to-day operations.

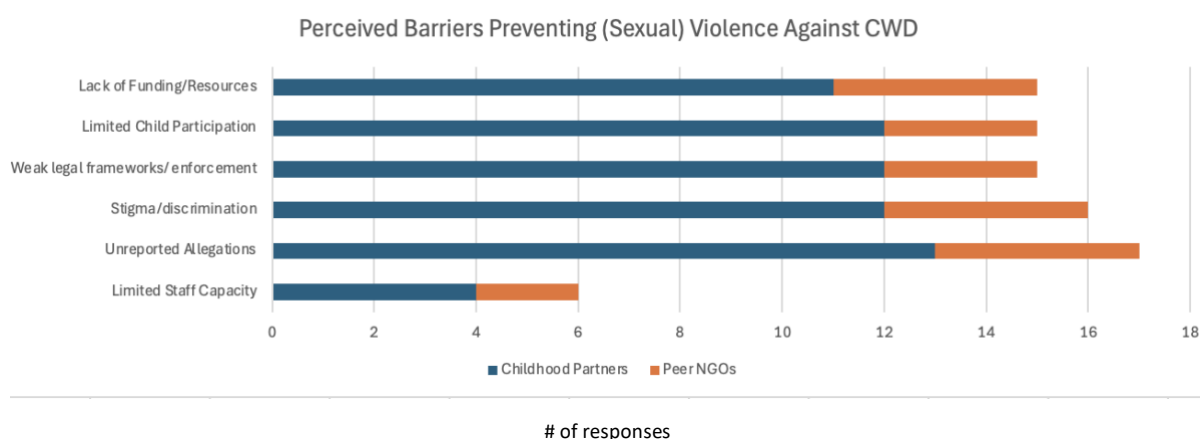
Long-term, adaptive funding has given partners the freedom to innovate and institutionalize inclusive practices that would not have survived under short-term project cycles. Technical coaching and strategic alignment have ensured these innovations are grounded in sound safeguarding principles and tailored to local realities. Simultaneously, targeted investments in internal leadership have enabled partners to take ownership of safeguarding—from staff training to case management—fostering independence and resilience.

Finally, Childhood’s role as a connector, linking local actors to national forums and global platforms, has elevated the visibility of inclusive safeguarding approaches and amplified partner influence across the sector. Together, these enablers form a robust scaffolding for sustainable change, empowering organizations not only to protect children with disabilities, but also to lead broader shifts in safeguarding practice.

9. Challenges and Barriers

Despite notable efforts by Childhood-supported partners, systemic, organizational, and cultural barriers continue to hinder the full integration of inclusive safeguarding practices across partner organizations, peer networks, and government institutions—preventing the complete embedding of inclusive child protection systems in Cambodia.

Chart 7: Barriers Perceived by Childhood Partners and Networking Partners (Peer NGOs) in Protecting children with disabilities in Cambodia from Sexual Abuse.



- i. Sustaining Capacity Beyond Individual Staff and Projects: Safeguarding capacity remains fragile across sectors due to turnover, weak training systems, and short-term funding, highlighting the need for sustained, institutionalized approaches.*

High staff turnover, especially in rural or high-demand contexts, undermines continuity. Childhood partners like Epic Arts and DT report losing institutional knowledge with the departure of key staff, exposing gaps in SOPs and internal systems. DT reports struggling to retain qualified staff due to the demanding nature of care for children with severe disabilities. CIF cites "*limited awareness and training among staff*" as an ongoing issue, likely worsened by weak knowledge transfer. OIC Cambodia reports persistent skill gaps in supporting children with communication difficulties despite prior training.

Across Childhood’s partners, onboarding, refresher training, and structured mentorship are often underdeveloped. Without these systems, staff departures can stall or reverse progress. Partners widely agree that one-off trainings are insufficient. Sustained, in-depth learning—via mentoring or apprenticeship models—is essential, and several have called on donors to support long-term capacity-building. OIC Cambodia’s experience illustrates this: repeated trainings haven’t closed sector-wide skill gaps, highlighting the need for ongoing technical reinforcement.

Among peer NGOs not directly supported by Childhood, these challenges are even starker. Short-term grants rarely fund core infrastructure like safeguarding staff or disability-adapted tools. Few have succession plans, and informal mentoring by groups like Epic Arts and Safe Haven, while valuable, cannot meet broader demand. As a result, many NGOs default to generic child protection approaches that overlook the specific risks facing children with disabilities.

Government actors face similar constraints. Despite impactful training from CIF and OIC Cambodia, the absence of mandates, high staff rotation, and lack of onboarding systems limit sustainability. Without institutional mechanisms to embed safeguarding knowledge, government capacity remains dependent on individual champions or external input.

Ultimately, safeguarding remains anchored in individuals and projects rather than embedded in systems. Addressing this gap will require formal learning structures—onboarding, ongoing training, and role-specific support—to ensure continuity, scalability, and long-term resilience.

"Training without follow-up or support rarely leads to sustained change."
– Senior Manager, Safe Haven

ii. *Organizational Culture and Disclosure Hesitancy: Tools alone don't protect children—deep-rooted stigma and silence continue to block the voices of those most at risk.*

A central misconception in Cambodia's child safeguarding landscape is that a lack of reported cases signals safety. This belief was explicitly challenged by CIF and Safe Haven, amongst others. CIF, for example, acknowledged that the absence of abuse reports was not a sign of success but a failure to detect and respond to abuse. This realization, supported by Childhood's guidance, has led to an internal cultural shift recognizing that proactive safeguarding means asking hard questions, not assuming silence equals well-being.

Yet such cultural shifts remain limited. Across many NGOs and public institutions, safeguarding is still perceived as a compliance formality rather than an integrated, everyday responsibility. For example, Epic Arts, which offers accessible reporting mechanisms such as a video- and photo-enabled hotline for deaf individuals, reports ongoing challenges in ensuring all staff are properly trained to respond to disclosures. Safe Haven has observed resistance in other NGOs to even engage with children with disabilities, citing fear or perceived irrelevance. This organizational reluctance is amplified by a lack of understanding around disability and child protection, and in some cases, by stigma.

Disclosure is also shaped by lived experience. Many children with disabilities experience abuse from trusted caregivers or staff, creating fear of retaliation. In rural or institutional settings, children often lack safe adults, communication support, or knowledge of their rights. Even when disclosures occur, legal systems often fail to respond due to lack of training, accessible tools, or belief in the validity of non-verbal testimony. Child-friendly spaces and trauma-informed procedures are rare, leading many cases to be diverted to informal mediation.

Overcoming these barriers requires long-term investment in training, mindset shifts, and leadership that prioritizes safeguarding as an everyday, shared responsibility. Building a culture that listens to and believes children, especially those with disabilities, is essential to inclusive protection.

"Courts don't know how to work with children with disabilities."
– Senior Manager, Epic Arts

iii. *Communication Tools Without Legal Backing: Innovative tools have opened new paths to protection, but without legal validation, their reach remains limited.*

While inclusive communication tools such as AAC systems and picture-based aids have opened crucial channels for children with disabilities to disclose abuse, their impact is severely limited by the lack of legal recognition.

Cambodia's justice system does not formally accept alternative communication as valid testimony, leading to widespread hesitation among police, judges, and other officials to act on disclosures made through these methods. Despite advocacy by partners like OIC Cambodia and growing national interest, including endorsement from the Prime Minister, there is still no formal policy or legal framework supporting their admissibility. The 2024 Child Protection Policy omits guidance on AAC use, and no changes have been made to evidentiary standards. Without legal validation, even the most innovative tools remain underutilized and lack authority in formal proceedings, leaving children with communication challenges without meaningful access to justice.

"A significant challenge is gaining full trust and acceptance of the communication tools by the legal system and authorities. There is sometimes skepticism about the reliability of information obtained through these non-traditional methods."

– Senior Manager, OIC

iv. *Fragmented Case Management and Referral Systems: Good practices exist, but without systemic alignment, too many children remain unprotected.*

While strong case management and referral practices exist among Childhood partners, these efforts remain isolated, lacking systemic alignment. Tools like OSCaR and the development of SOPs have improved coordination and influenced national policy, yet many NGOs still rely on fragmented systems, informal networks, or paper-based records that fail to link with government platforms like Primero. This disconnection results in duplicated efforts, missed cases, and vulnerable children, especially those with disabilities, falling through the cracks. Referral pathways often depend on individual relationships and break down with staff turnover or lack of government follow-up. Moreover, resistance to disability inclusion among some NGOs, a lack of centralized data systems, and limited accessible reporting formats further undermine protection efforts. Without shared protocols, legal mandates, or coordinated funding, existing good practices cannot scale. Partners agree that a unified, interoperable, and disability-inclusive system, backed by legal support and collective advocacy, is essential to ensure no child is left behind.

"There is no referral service: DoSVY doesn't have an emergency place for victims of abuse."

– Senior Manager, Epic Arts

v. *Short-Term Funding and Structural Dependency: Inclusive safeguarding takes time, but most funding cycles don't give it a chance.*

Developing and sustaining inclusive child safeguarding systems in Cambodia is a long-term undertaking—one that requires deep skill development, cultural change, and systemic integration. Yet this reality is fundamentally at odds with the short-term, project-based funding cycles that dominate the landscape. While Childhood's values-driven, flexible funding has enabled its partners to invest in sustainable, inclusive practices, most NGOs face funding cycles that undermine continuity.

Inclusive safeguarding, especially for children with disabilities, demands more than training sessions. Skills in AAC-supported disclosure or inclusive case management take years to build, yet many donors expect results within 12- to 18-month timelines. Long-term policy advocacy—such as efforts by OIC Cambodia to promote picture-based communication tools—also requires sustained support, which is rarely available.

Crucially, this dynamic also limits government capacity. Across Cambodia, sub-national officials often rely on NGOs to provide core safeguarding functions, including transport, follow-up, basic supplies,

and communication tools. For example, while OIC Cambodia and CIF have trained local government actors, these efforts are rarely institutionalized within government-owned systems. There are no standardized onboarding protocols, refresher trainings, or public financing streams to maintain safeguarding knowledge within state institutions. As a result, public safeguarding efforts remain heavily dependent on NGO support, reinforcing a pattern where civil society fills systemic gaps without the ability to fully transfer responsibility to the state.

Partners call for donor strategies that prioritize long-term investment and systemic resilience. Childhood's model offers a path forward—but it must be replicated more broadly to embed inclusive safeguarding across Cambodia.

"Projects are meant to be projects and they're not meant to go on indefinitely. But staff have to continue to be paid... that's one of the big challenges that I see."

– Senior Manager, CIF

vi. *Fragmented Collaboration and Unequal Inclusion:* Some organizations are over-supported but others are invisible. No system is safe unless all parts are connected.

While coordination among Childhood-supported partners has improved through shared learning and informal collaboration, these efforts remain mostly ad hoc and lack the formal structures needed to drive broader change. Across Cambodia, the wider safeguarding system continues to be fragmented. Coordination among NGOs, government agencies, and service providers is inconsistent, leaving many children with disabilities underserved and some organizations without the support required to operate effectively.

Many local NGOs outside the Childhood network work in isolation, without access to inclusive tools, technical training, or sustained funding. Some mainstream child protection actors continue to exclude children with disabilities altogether. Without equitable investment and system-wide inclusion, progress is uneven and difficult to scale.

Government coordination also varies. In some provinces, local partnerships support responsive services; elsewhere, unclear mandates and high staff turnover hinder referrals and follow-up. National ministries often work in silos, and policy development is disproportionately shaped by well-resourced actors, excluding smaller NGOs from meaningful participation.

Funding disparities reinforce these gaps. While some organizations thrive under long-term donor support, others struggle to cover basic operations. The lack of shared standards, integrated data systems, and structured support for underfunded actors leaves efforts disconnected.

Childhood-supported organizations like CIF and OIC Cambodia model effective cross-sector collaboration, but these remain the exception. Research highlights the need for inclusive, multi-stakeholder networks, joint proposals, and formal coordination mechanisms.

Addressing these gaps requires strategic investment in shared systems, resource access, and structured support for smaller NGOs. Donors like Childhood can foster joint programming and reduce competition, while government actors must commit to long-term collaboration with clear mandates and accountability.

Safeguarding cannot depend on isolated excellence. It demands coordination, inclusion, and equity to ensure all children—especially the most vulnerable—are protected.

"All NGOs work in different sectors and don't work on every issue—they should develop one proposal together to advocate together."
– OIC Program Manager

vii. Cultural Stigma and Silence Around Abuse of children with disabilities: *Until communities believe children with disabilities should be protected, systems alone won't be enough.*

Cultural stigma remains one of the most entrenched and pervasive barriers to inclusive safeguarding in Cambodia. Despite meaningful progress by Childhood-supported partners like Epic Arts, CIF, Safe Haven, and OIC Cambodia, harmful societal beliefs continue to obstruct recognition, reporting, and appropriate responses to abuse involving children with disabilities.

Across many communities, children with disabilities are still viewed as asexual, unaware, or incapable of experiencing abuse. These beliefs, rooted in cultural and religious norms, lead to their exclusion from conversations about safety, consent, and relationships.^{xxi} Many children grow up without the language, awareness, or support to identify or disclose harm. Caregivers and community members often avoid such topics out of discomfort or shame, while children may internalize stigma and remain silent for fear of disbelief or retaliation.

This stigma also extends deep into institutions. Police and judicial authorities often delay or avoid acting on cases involving children with disabilities, particularly when communication barriers complicate investigations or when alleged perpetrators hold social status. Mediation is frequently preferred over prosecution, even in well-documented cases, as authorities cite fears of disrupting family structures or provoking backlash. The Cambodian legal system remains largely unfamiliar with AAC or picture-based tools, and skepticism about their reliability weakens their use and the credibility of the children who depend on them.

Efforts to challenge these narratives are underway. Epic Arts' ChildSafe Agent program trains community members to recognize and report abuse. Safe Haven and others run awareness campaigns that promote inclusive protection and address widespread misconceptions. However, these initiatives remain limited in scope. Many NGOs lack the funding, tools, or institutional relationships to tackle stigma at scale. National policies still provide little guidance on how to support children who are non-verbal or have multiple disabilities, and government agencies such as the DoSVY often lack the capacity and training needed to deliver inclusive protection services.

The challenge is even more acute for smaller or non-specialist NGOs, some of which openly decline to work with children with disabilities due to lack of expertise or perceived relevance. Even when training is offered, follow-up support is often missing, limiting the lasting impact of inclusive approaches.

Overcoming this cultural silence demands more than technical reform. It requires a multi-tiered strategy: sustained public awareness campaigns, open community dialogue, culturally grounded education, and practical, disability-sensitive training for caregivers, law enforcement, and social workers. Above all, national leadership must actively promote inclusion, embedding safeguarding for children with disabilities into laws, budgets, and institutional mandates. Until Cambodian society fully recognizes the rights of children with disabilities to safety and dignity, safeguarding systems will remain incomplete and inequitable.

"The community still don't understand much yet... [children with disabilities] are used as recyclers or street vendors."
– Senior Manager, Epic Arts

"Most people in the community don't know much about how to take care of children with disabilities. They are more involved in being violent against them."
– Staff Member, Damnok Toek

Summary: Together, these challenges illustrate that while Childhood and its partners have laid important groundwork for inclusive safeguarding, serious gaps persist across Cambodia's broader child protection ecosystem. Organizational fragility, legal inadaptability, and cultural resistance continue to limit the reach and consistency of protection for children with disabilities. Bridging these divides will require sustained investment in systems-building, peer support, and policy reform. Scalable, disability-inclusive models must be made accessible to under-resourced NGOs and public institutions alike. Above all, safeguarding children with disabilities must be treated not as specialized work, but as a fundamental obligation of all child protection actors.

D: THE WAY FORWARD

10. Key Learnings

Drawing from the experiences of Childhood's partners and their wider networks, the following learnings reflect both practical insights and the strategic shifts needed to institutionalise and scale inclusive safeguarding within disability and child rights organisations, and government partners. These findings reinforce that meaningful protection from sexual violence requires more than tools or training- it depends on systems, culture, and sustained commitment.

- **Inclusive safeguarding is both possible and necessary but only when systems adapt to children, not the other way around.**
Tools like AAC and visual supports enabled children with complex disabilities to participate in their own protection. But without integration into national frameworks and services, these approaches remain isolated innovations rather than standard practice.
- **Culture change within organizations and communities is the foundation for safety.**
The most sustainable progress came where safeguarding moved from a checklist to a daily mindset, and where stigma around disability and sexual abuse was openly challenged. Silence is no longer misread as safety.
- **Strong systems protect children; fragmented systems delay justice.**
Where data, referrals, and roles were coordinated across NGOs and government, response times has improved and accountability increased. But where systems remained siloed, cases fell through the cracks highlighting the urgent need for shared infrastructure and inter-agency cooperation.
- **Progress is uneven and inequity persists across the sector.**
Peer NGOs outside established networks often lack the tools, funding, or visibility to adopt inclusive safeguarding. Without structured mentorship and sustained support, promising practices will remain clustered rather than widespread.
- **Long-term, values-driven funding is the engine of change.**
The most durable results came from flexible investments in leadership, staff capacity, and systems not short-term projects. When funding supported the underlying systems, not just service delivery, partners have been able to embed inclusive and protective practices that endured beyond the funding cycle.

11. Conclusion

The work supported by Childhood in Cambodia has reshaped the landscape of child protection for children with disabilities. Partner organizations have moved beyond conventional, compliance-based models to build inclusive and proactive safeguarding systems- ones that recognize not only the physical, but also the emotional and psychological vulnerabilities of children at risk. These systems prioritize safety through accessible communication tools, specialized staff training, caregiver engagement, and inclusive programming. These ensure that even the most marginalized children can be seen, heard, and protected.

Critically, this transformation has not occurred in isolation. The engagement of government actors, peer NGOs, and sector-wide networks has multiplied the impact helping shift safeguarding from siloed projects to a more integrated and accountable ecosystem. Tangible gains are evident: more disclosures, stronger responses, and an increasing normalization of disability-inclusive protection across institutions and communities.

A central driver of this shift has been the deliberate collaboration between the disability and child protection sectors. Childhood's partners actively bridged sectoral divides by mentoring NGOs outside the disability field, embedding inclusive tools within broader child protection programming, and advocating jointly for structural reform. This cross-sector collaboration not only increased visibility of children with disabilities but also improved case detection and response across the entire safeguarding system. Peer organizations and frontline responders- many of whom had previously excluded children with disabilities from programming- are now adopting inclusive risk assessments, reporting tools, and response protocols. As a result, children with disabilities are no longer peripheral to child protection efforts but are increasingly being recognized and supported across the full safeguarding landscape.

The Cambodian experience offers clear lessons for other contexts: inclusive protection is most effective when child protection and disability actors work together, pooling expertise, adapting tools, and building shared accountability. These partnerships require time, trust, and targeted investment, but when sustained, they lead to measurable shifts in practice, culture, and impact. Importantly, they show that inclusive safeguarding is not a specialist add-on but a necessary foundation for effective, equitable child protection.

Childhood's experience in Cambodia demonstrates that safeguarding children with disabilities is not simply a technical obligation—it is a moral, strategic, and systemic imperative. Through long-term, trust-based partnerships and an unwavering commitment to inclusion, Childhood and its partners have laid a durable foundation for change. The challenge now is to sustain and scale this progress—ensuring that protection is not the privilege of a few well-supported programs, but a right guaranteed to every child, everywhere. No child should remain invisible. No child should be left unprotected.

12. Recommendations

The following strategic recommendations are informed by the research findings and the perspectives of stakeholders and consultants involved in the study. They are intended to guide Childhood and the broader donor community in advancing inclusive child protection and reducing sexual violence in Cambodia, and potentially in other global contexts.

While NGOs and donors play vital roles in piloting tools, building capacity, and supporting communities, the Cambodian government is the primary duty-bearer for child protection under the CRC and CRPD. The long-term sustainability of inclusive safeguarding depends on government ownership, financing, and integration into national systems. This responsibility is even more urgent in the current political climate, as declining bilateral aid makes it clear that NGOs cannot substitute for state-led protection.

1. Institutionalize Ongoing Learning and Peer Mentoring

What to do:

Support partners to embed structured onboarding, regular refresher training, and formal peer mentoring programs across the safeguarding ecosystem.

Why?

One-off training isn't enough—many partners lack continuity in staff capacity, especially with high turnover. Peer mentorship helps scale good practices and localizes learning.

Government responsibility: Ministries and sub-national authorities should embed inclusive safeguarding into official training curricula and professional development for social workers, teachers, and justice officials.

Note for donors: Fund the design and delivery of partner-led training calendars, mentorship exchanges, and learning hubs. Support coaching roles within strong NGOs to mentor others.

2. Strengthen Inclusive Safeguarding in Government Systems

What to do:

Support technical assistance and advocacy that embed disability-inclusive approaches in national SOPs, justice protocols, and civil service training curricula.

Why?

Government officials often rely on NGOs for tools and training. Without institutional integration, inclusive practices remain fragile and unevenly applied.

Government responsibility: National ministries must embed disability-inclusive practices in SOPs, justice protocols, and commune-level child protection plans, with budget allocations to sustain implementation.

Note for donors: Fund cross-sector working groups, capacity-building for sub-national officials, and engagement in national policy reform. Link local practice to national policy.

3. Expand Access to Inclusive Tools and Case Management Platforms

What to do:

Fund the scale-up and adaptation of AAC tools, visual reporting aids, and interoperable

Why?

Tools exist, but uptake is uneven—due to limited training, funding, and system

digital platforms (e.g., OSCaR) for use by smaller NGOs and community actors. Fragmented data systems undermine coordination and follow-up.

Government responsibility: Government should validate AAC tools and integrate NGO-built case management platforms with national systems.

Note for donors: Invest in tool translation, licensing, and user training. Encourage cross-partner digital interoperability and connect safeguarding data with government systems where feasible.

4. Provide Flexible, Multi-Year Core Funding

What to do:

Continue offering unrestricted, multi-year grants that allow partners to invest in staffing, infrastructure, and long-term system development.

Why?

Flexible funding has enabled leading partners to become innovators and sector leaders. In contrast, small NGOs with only project-based funds struggle to prioritize safeguarding.

Government responsibility: The state should allocate specific budget lines for safeguarding, reducing reliance on donor-funded pilots.

Note for donors: Prioritize unrestricted funding for core safeguarding functions (e.g., safeguarding officers, communication tools, training systems), especially for high-risk or rural programs.

5. Facilitate Cross-Sector Collaboration and Visibility

What to do:

Support partners to engage in national networks, global forums, and multi-stakeholder platforms where they can share models, shape policy, and strengthen referrals.

Why?

Childhood's convening role has helped elevate partners as thought leaders, but many still lack the access, confidence, or funding to participate independently.

Government responsibility: Government should convene and resource multi-sector working groups linking education, health, justice, and social welfare.

Note for donors: Fund travel, translation, and preparation for strategic collaborative forums. Support South-South learning through virtual and in-person exchanges and strengthen the visibility of partner innovations with communications support.

6. Invest in Cultural Change and Disclosure Confidence

What to do:

Support long-term community education, child empowerment, and caregiver

Why?

Stigma around disability and sexual abuse remains a major barrier to prevention and

engagement initiatives that reduce stigma reporting—especially in rural and under-
and increase safe disclosure. informed areas.

Government responsibility: Ministries should fund sustained awareness campaigns and embed disability-inclusive protection messages into national policy and curricula.

Note for donors: *Back programs that center local leadership, arts-based learning, and youth empowerment (e.g., Epic Arts' ChildSafe Agents). These efforts are low-cost, high-impact, and locally scalable.*

ENDNOTES

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ANNEXES

Annex 1: Childhood Projects Cambodia

Annex 2: Research Framework

Annex 3: Desk Review Synthesis (short)

Annex 4: Childhood Evaluation Survey Childhood Partners

Annex 5: Childhood Evaluation Survey Network Partners