Recovery, Rehabilitation and Reintegration of Women and their Children Who Survived Gender-Based Violence
(A reflection on lessons learned based on the 13 years of experience of HAGAR Cambodia)

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1. How did HAGAR Cambodia Women’s Program start?

1.1 Who is Hagar?

From the Biblical account in Genesis 16:1-16, Hagar (an Egyptian name which means ‘Escape’) was introduced as an Egyptian servant of a Hebrew couple Abraham and Sarah. She was a foreign servant of a family from another culture. As a slave she had no rights of her own for she was owned by Sarah. She was like one of her commodities (v.1). She slept with the husband of her owner not by her own volition but in obedience to Sarah’s desire to give Abraham a son (v.2-3). She was a single girl who got pregnant but became insecure and then despised her owner (v.4-5). She experienced ill treatment from Sarah so she ran away (v.5-6). She ended up homeless (v. 7-8). She knew that she would become a mother of a hostile son or a ‘troublemaker’. In her time of destitution, Hagar met God and she believed that God saw her personally despite who she was (v.13). She obeyed God and went back to reintegrate herself with the same family.

In Genesis 21:8-20, when Sarah herself had her own son, she wanted to get rid of Hagar and her 14 year old son, so Sarah sent them away (v.10). Hagar and her son wandered in the desert until their water and food ran out (v.14). In Hagar’s desperation and destitution, she tried to abandon her son (v. 15-16). However, this time God heard the boy’s cry (v.17). God asked Hagar to care for her son and to raise him up (v.18-19). God was with this boy as he grew up (v.20). (Personal paraphrase)

1.2 How did HAGAR start in Cambodia?

There are many women and children in Cambodia who are in a destitute situation and have the same story as in the Biblical account of Hagar and her son. In order to foster hope for these vulnerable women and children in crisis through holistic, transformational development and creative initiatives, Hagar Cambodia was founded by Mr. Pierre Tami in 1994.

2. What problems are we trying to address? (Context of the people we are trying to serve)

Some of the worst forms of violence committed against women (such as domestic violence, rape and trafficking of women) occur regularly in Cambodia. Despite the increasing numbers of violent acts being reported against women, there is insufficient action by the government of Cambodia in combating the practical problems of violence against women. Cultural and social attitudes towards violence against women, unfair legal and judicial processes and lacks of government assistance to victims of this violence, all contribute to women in Cambodia suffering from violence (LICHADO, 2006).

2.1 Domestic Violence and Rape

Domestic violence is a disturbing problem in Cambodia that scars its victims physically, mentally and emotionally. The January 2007 statistics highlighted by the Project on Gender Mainstreaming and Policy Development on the gender situation in Cambodia, presented that:

- 64% of the people surveyed know of husbands who have been physically violent toward his wife.
- 30% of men and 26% of women found extreme violence (such as burning, choking or shooting) sometime acceptable
- 20% of women missed their daily work due to violence

• A quarter of the people know someone who had been raped, higher among the poor people (42%)
• Only 11% of the victims sought help for domestic violence or rape

Figure 1. Various forms of violence found acceptable by wives from their husbands.

<table>
<thead>
<tr>
<th>Forms of violence</th>
<th>Percentage of People Who Accepted Violence of Husband to Wife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cursing</td>
<td>93</td>
</tr>
<tr>
<td>Throwing</td>
<td>71</td>
</tr>
<tr>
<td>Knocking on head</td>
<td>69</td>
</tr>
<tr>
<td>Tie up &amp; hit</td>
<td>40</td>
</tr>
<tr>
<td>Threaten with knife</td>
<td>37</td>
</tr>
<tr>
<td>Burning or Choking</td>
<td>24</td>
</tr>
<tr>
<td>Throwing acid</td>
<td>28</td>
</tr>
</tbody>
</table>


2.2 Factors contributing to the growing problems of domestic violence

• Rising poverty leads to increasing cases of domestic violence
• Effects of suffering from three decades of civil war and violence are being experienced at home
• Cambodian culture influenced by the traditional moral code of behaviour for women, ‘chbap srey’, (that states that women must serve and respect their husbands at all times, e.g. ‘never tell anything to your parents about your husband or this will cause the village to erupt’; have patience, prove your patience, never respond to his excessive anger’, etc.). This leads to reluctance to report domestic violence abuse by victims. Those who report and seek outside help face shame and dishonour and they may be seen as betraying their family.
• Cambodian women’s inherent cultural inferiority makes it difficult for them to reach out for assistance when dealing with domestic violence.
• The absence of laws advocating specifically for the protection of victims of domestic violence. The Law on the Prevention of Domestic Violence and the Protection of Victims has yet to be implemented in Cambodia (LICHADO, 2006). Police and officials are reluctant to interfere with what is seen as a ‘domestic problem’ and often will refuse to investigate domestic violence claims.
• Lack of awareness and education of the society on problems of domestic violence. The civil society has largely remained responsible for education and advocacy. Domestic violence victims often feel they have nowhere to turn to for assistance. The government has not made substantial efforts to educate and train police, lawyers, judges and the general public to raise awareness regarding the seriousness of domestic violence.

2.3 Rape

Rape is one of the most serious crimes committed against Cambodian women. However, it is also one of the least recognized crimes due to Cambodian social and cultural attitudes towards women and sexuality. In recent years, the reporting of rape crimes, such as violent rapes, gang rapes and rape crimes of children and younger women have significantly increased (LICADHO, 2006).

2.4 Factors contributing to under reporting of rape cases

• Cambodian cultural and social attitudes towards male and female sexuality where men are perceived to have more value in Cambodian society than women. A Cambodian saying ‘men are

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3 This law has passed the National Assembly and the Senate on 16 September 2005 and 29 September 2005, respectively. The law was then signed by King Sihanom on 24 October 2005.
gold and women are cloth' expresses the double standards where men can be promiscuous and not tarnished, as gold still shines when cleaned, but women, once they lose their virginity, like white cloth that is dirtied, can never be clean again. Hence, many rape victims remain silent through feelings of shame or fear or they may even blame themselves for the attack or feel unfit for marriage.

- Difficult for people to understand certain kinds of rape. People will often report the rape of the child but not rape within a marriage or rape by boyfriends or sweet hearts. A survey reported that many young people in Phnom Penh did not believe that gang rape of sex workers was a crime.
- Social scorn and family shame resulting from loss of virginity when raped are powerful factors that result in some victims feeling that the only profession they are fit for is prostitution. Some parents forced their daughter to marry the man who raped her to preserve family reputation or even encouraged their daughters into prostitution if they are no longer virgins.
- Distrust of the justice system because of corruption. There are no legal court fees for proceedings with a criminal case but in practice hidden fees are demanded at various levels by corrupt officials.
- Victims may fear retaliation from their perpetrator especially when the perpetrator is in a position of authority over the victim.
- Unofficial ‘compensation’ settlements between perpetrators and victims settled outside the court, hence, rapist are able to buy their way out of being punished.

2.5 Trafficking

In June 2006, Cambodia was ranked as one of the worst countries in the world for human trafficking as reported by the US State Department TIP annual report. Furthermore, Cambodia was known as a source, destination and transit country for men, women and children trafficked for the purposes of sexual exploitation and forced labor. The report also declares that corruption, lack of training and funding for law enforcement and a weak judiciary system stand in the way of Cambodia making significant efforts to eliminate its slave trade.\(^4\) Reports show that growing numbers of women are being trafficked to Malaysia, Singapore, Thailand and Vietnam for the purpose of sexual exploitation, forced domestic labor and factory work (LICAHDO, 2006). The January 2007 statistics by the Project on Gender Mainstreaming and Policy Development on the gender situation in Cambodia highlighted that every month, around 800 women and children are trafficked into Thailand, 400 of whom will be deported back by Thai authorities.

2.6 Contributing factors to increasing trafficking in Cambodia:

- Effects of a Post Conflict Society. Three decades of civil war and political and economic upheaval had a major impact on the lives, status and roles of both men and women within the household and in the society. Significant and widespread loss of human life during the Khmer Rouge regime seriously eroded the material, cultural and emotional foundations of both families and communities. Fewer support systems exist in extended families or in the community for those with problems or for the very poor families than before.
- Trafficking is becoming increasingly complex due to increasing poverty in Cambodia, added by increasing dysfunctional family units. At least one in three of Cambodia’s 15 million people live below the poverty line today. Cambodian women have limited opportunities for formal education or learn vocational skills. Although trafficking is not limited to women alone, young women and girls remain the majority of the vulnerable group because they lack the social and economic power and as a result are at risk of abduction and trafficking. In a report on the situation of trafficking in women\(^5\), 84% of interviewees knew their trafficker and 46% were friends, relatives or family members. There is also strong concern that some corrupt national, provincial and community officials are involved in trafficking circles.
- Migration and traditionally sanctioned ethos of women with a strong sense of commitment and feeling that it is their role to provide financially for their parents, siblings and their own children, contribute to increased trafficking. With few options available to unskilled women, they are easily lured or tricked into accepting promises of jobs as maids, cooks or factory workers in urban areas, only to find themselves

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\(^5\) CWDA, Report on the Situation of Trafficking in Women. CDWA, Phnom Penh, 1999
trafficked and sold into the increasing market demand for sexual services in brothels. During the migration process, women often become completely reliant on the trafficker.

- Insufficient legislation for the protection of trafficking victims, the punishment of traffickers and the prevention of trafficking. In addition, laws are not strenuously enforced and punishments are weak.

3. How did we go about addressing these problems?

Subjected to domestic violence, sexual abuse, exploitation, trafficking, imprisonment and confined education opportunities, poor Cambodian women and mothers face incredibly difficult lives. Such women have very few places to turn for the assistance they need to change and rebuild their lives. Hagar Women Program (WP) started in early 1994 as a Drop In Centre for mothers and children who are marginalized, destitute, rejected and in crisis. Later on, in order to provide long-term personal holistic care and restoration to achieve life in all its fullness, a residential care centre, which was known as the Hagar Shelter, was established in 1997. As of 2007, the Hagar Shelter facility was then known as the Hagar Women Program Assessment Centre. A long term residential care facility (WP Shelter) is being constructed in 2007 to receive the outflow of women and their children from the Assessment Centre.

The Women’s Programme was started as a centre to help poor destitute mothers and their children, but has grown into a much more diverse programme influencing various groups such as women and their children in trafficking, domestic violence (including victims of acid attacks), as well as those that are homeless, raped, and at risk (see Figure 2 below for the Women Program Metaphor). The Women’s Programme has a vision to meet the physical, spiritual, psychological and social needs of destitute and disadvantaged women and their children in order to provide employment opportunities in a secure environment. This programme promotes the core values: love, faithfulness, patience and humility and sacrifice and has a three-step healing strategy that includes: Recovery, Rehabilitation, and Reintegration.

3.1 Recovery

The Recovery Stage starts at the Hagar Assessment Centre which acts as the short-term assessment area where referred women are evaluated and according to their individual needs, they are recommended to appropriate specialized care and counselling. Women and children are received at the Assessment Centre, which is specifically designed to ensure referred young girls and women a sense of security while they are
being assessed and receiving initial care. Recovery can either be short-term or long-term depending on each
woman's condition. They are encouraged to rest, have medical check-ups and medical care in conjunction
with provision of food, clothes, sleeping space and bedding. They also receive treatment and initial
counselling therapy and encouraged to participate in activities, such as scarf and mat-weaving, making bead
ornaments, singing, dancing, sports, recreational activities and Bible studies.

To complement personal counselling, women and children aged 10 years and above are encouraged to
participate in creative development activities, such as improvisational drama, art, storytelling, movements
and group play therapy in order to build trust, express feelings and ideas and discover new perceptions
of themselves. In the process, women and children are able to gain confidence and provide opportunities to
interact and bond with each other. Currently, these services are being provided at the Assessment Centre.

Upon completion of the construction of WP Shelter in 2007, young women and mothers with their families
victimized by trafficking and acid attack will transfer to this facility for long-term recovery and rehabilitation.
These women and their families will continue to receive personal counselling and therapy and services that
will facilitate their rehabilitation.

3.2 Rehabilitation

In the Rehabilitation Stage, depending on the individual case, a woman generally stays at the assessment
centre for six to nine months. The women continue to receive counselling and then begin literacy, numeracy,
and life-skills development classes. When these classes are completed, they can enrol in one of Hagar’s
Vocational Training Programme courses (has been transformed into Commercial Development Program in
2007) for specialized skills (aesthetics, cooking, domestic sewing, industrial sewing, house keeping and
jewelry making) to further enhance their employment opportunities. In the past, Hagar provided these skills
directly via the Vocational Training Program but beginning 2007, the skills development will be outsourced by
various service providers (including Hagar businesses). This will allow Hagar to focus on the recognized
need to strengthen HAGAR’s soft skills development, apprenticeships activities to existing HAGAR
businesses and beyond and career pathways. As an alternative provided to women and their children, a
scholarship for formal education program in government or private schools is also offered. Recovery to
rehabilitation may last up to two years or more within or outside of Hagar facilities.

3.3 Reintegration

In the Reintegration Stage, individual cases are evaluated to determine whether the women and mothers
with their families are ready to be reintegrated back to their chosen community. The Hagar’s reintegration
team helps the women to clarify their plans for their future and facilitate their return back into the society.
They also help find employment for these women so that they can provide for themselves and their families.
These women may choose to apply for employment to one of the three Hagar businesses (Catering and
Restaurant Services, Soya Factory, Apparel and Accessory Production), or start up their own micro
enterprise or find employment in factories, restaurants or NGOs. Part of the reintegration support to women
includes a small start up fund to help them set up their new home and/or their chosen enterprise, rice support
for three months and tuition fees for their children. All reintegrating women are assigned a social worker to
walk with them through the reintegration process. All reintegrating women and their children receive
individual follow-ups from the team for at least two years.

4. Who were involved?

4.1 Background of Resident Women:

Hagar Women's Program has cared for and helped reintegrate a total of 1030 women and 2010 children from
the year 1994 to 2006. In terms of background of these women, Figure 3 presents that a total of 521 (51%)
mothers and young girls, comprising the largest group, were from destitute situations such as homeless or
street families, migration from the border, abandoned by their families, in very poor situations making them at
risk in the community, etc. Mostly mothers and their children victimized by domestic violence comprised a
total of 156 (15%), trafficked young girls comprised a total of 127 (12%), mostly young girls who were raped
comprised 73 (7%), widows totalled to 61 (6%) and around 27-33 adults comprised women left by their
husbands for other women, women with HIV/AIDS and divorcee (3% each category). The trend of admission according to background per year is presented in Figure 4. It shows that towards the year 2000, the number of admission by women in very destitute situations started to decline while admission of women who survived domestic violence, rape and trafficking started to increase. The shift in admission can be attributed to the changing economic condition of Cambodia, the shift in the priority of Hagar where most women came by referral system from human rights organizations, NGO partners, and government partners and the observed change in the social condition of the country where more domestic violence, rape and trafficking are being reported requiring shelter facilities for survivors.

Figure 3. Background composition of total number of women admitted at the HAGAR shelter.

![Total Background Composition of Women Admitted at HAGAR Shelter from 1994-2006](image)

Figure 4. Number of women admission per background per year from 1994 to 2006.

![Background of women admitted at HAGAR Shelter from 1994-2006](image)

Figure 5 presents the WP Assessment Centre admission as of June 2007, based on their background: with domestic violence as the highest (33%), followed by rape (21 %), women at risk due to their very poor condition in the slum community (17%), trafficked girls (13%), women running away from home and end up on the street (8%), homeless and no where to go (4%) and single girl who got pregnant in an orphanage (4%).
4.2 Background of Resident Children:

In January to June 2007, around 37 babies and 21 day care children, both residents and from HAGAR businesses, were cared for at the WP children facilities. Figure 6 below shows that majority of these children (63%) have witnessed or experienced domestic violence with their mothers. Others have been at risk due to their very poor condition from the slum communities (25%), mothers have been raped (6%) and homelessness (6%). With the kind of trauma these children have experienced, the staff of the WP children facilities are faced with a challenge of not just caring for these children but also providing activities that would help address their trauma. Currently, the WP is setting up creative development activities for these children, where play therapy, sports, music, movements, etc. are added in the curriculum. Carers and parents are also to be trained on early child development, parenting, health and hygiene and creative discipline in October 2007.

4.3 Age Ranges of Resident Women:

Figure 7 and 8 present the age ranges of residents from January-June 2007 and in December 2006, respectively. In both figures, about 54-56% of residents were in the age range of 15 to 25 years old (29% and 39%, respectively, were in the age range 15-20). This showed a significant change from the early years of HAGAR where majority of residents were above 30 years old. This trend of increased admission of mostly younger girls can be explained by the changing demography in Cambodia. This trend also indicates the need for HAGAR to make its services attractive and relevant to the younger beneficiaries.
4.4 Level of Education of Women Residents:

Upon admission of women into residency at the Assessment Centre, the level of education of women residents is assessed to determine the literacy program needed. Figure 9 and 10 show the level of education of women residents who were admitted in January to June, 2007 and as of December 2006, respectively, both figures present a high percentage of women residents who did not get any formal education. Figure 9 shows that 54% of the women admitted during January-June 2007 did not receive any formal education at all (as compared to 37% in December 2006 in Fig. 10). About 25% of them achieved grades 1-3 level of education, about 13% achieved levels 4-6 and about 8% of them achieved level 7 or more. This implies that those women who have not received any education at all will take longer time to complete their literacy program before they can pursue any vocational trainings afterwards, which require a minimum of Grade 3.
4.5 Human Resources of the Women’s Program:

To care for these women and their children in order for them to achieve fullness of life requires a huge amount of human and financial resources. Table 1 gives a summary of personnel involved in the Women Program in full time capacity. It is worth mentioning that in the past 13 years, there were significant amounts of input from expatriate staff, volunteers and missionaries who helped establish HAGAR Cambodia into what it is today.

Table 1. Current human resources who provide the following various services in the Women Program as of September 2007.

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Current Number of Full Time Staff</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing in house services in the Women Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual and group counselling</td>
<td>7 Cambodian counsellors</td>
<td>HAGAR uses the Heimler Scale of Social Functioning to look at the</td>
</tr>
<tr>
<td>(using various tools) for women and their children</td>
<td></td>
<td>improvement of the client’s a) level of satisfaction in relation to the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>client’s work, finance, friends, family and personal, b) the client’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>level of frustration in relation to health, influence, moods, escapes;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) hope and d) the client’s coping performances with time.</td>
</tr>
<tr>
<td>Women’s Education</td>
<td>12 Cambodian Educators</td>
<td>Includes women’s literacy and numeracy and catch up schooling,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>soft skills development and life skills development, post literacy and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>special skills.</td>
</tr>
<tr>
<td>Children’s Creative Development (for children of resident women)</td>
<td>13 Cambodian child carers and educators</td>
<td>Provision of creative activities for children at baby care, day care and catch up schooling</td>
</tr>
<tr>
<td>Reintegration of women and their children</td>
<td>7 Cambodian social workers and counsellors</td>
<td>Includes reintegration of women into community, job placement support, facilitating children’s education; up to two year follow up support in communities and in places of work, etc.</td>
</tr>
<tr>
<td>Women and Children residents care and supervision</td>
<td>7 Cambodian Carers</td>
<td>Includes housemothers or resident carers, health carer, pastoral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>carer, etc.</td>
</tr>
</tbody>
</table>
Overall leadership and management of WP | 1 Senior Manager | Currently, the only expatriate full time position.
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WP Admin and Finance | 2 | Expatriate volunteers seconded to HAGAR from mission organizations
Research, Creative Development for Women and Children | 3 | Services being outsourced by Women Program
  | Personal Creative Development for women residents | Provided by a formal local NGO partner called ‘Chrysalis’
  | Vocational Training/ Commercial Development for women residents | Provided by other programs within HAGAR and by other HAGAR businesses
  | Health Care/ Medical treatment for women and their children | Provided by other health providers in Cambodia and other partners

5. What Key Principles and Practices have been adopted? (Core Values, Biblical Basis, Practices)

As a result of the major change of leadership in 2005, HAGAR Cambodia has undergone a major organizational change process. The whole year 2006 was devoted to organizational reflection, revisiting its vision and mission, re-programming and restructuring. Resistance to change by staff has been successfully overcome with major lessons learned by everyone engaged in the change process. Below are some relevant principles and practices that have been crystallized in the change process:

5.1 Clear organizational identity

With the successful growth and expansion of HAGAR Cambodia, one of the challenges faced was HAGAR’s organizational identity. Due to its rich background and longevity, the following questions were raised:

- Is HAGAR Cambodia a Christian mission organization?
- Is HAGAR Cambodia a development NGO? (Hagar has been registered as a development NGO in Cambodia and implemented development projects)
- Is HAGAR Cambodia a business? (HAGAR owns successful registered commercial enterprises)
- Is HAGAR Cambodia a human rights organization? (HAGAR has been working in the area of violence against human rights, as represented by our beneficiaries)
- Is HAGAR Cambodia a relief organization? (HAGAR has been involved in some relief projects)

Quoting Mr. Talmage Payne, Hagar CEO, “Our purpose is singular—we restore broken lives. We welcome the toughest of human conditions; we stay focused on the individual and we do whatever it takes for as long as it takes to restore life in all its fullness. Within the complexity of Hagar remains a fundamental commitment to relationships that transform all involve.” Hagar, known as a Swiss-based Christian development organization, is still faced with the challenge of how its identity is being worked out in the organization, in its systems, its program implementation and dealing with outside networks and stakeholders. This is an issue that is still being addressed at the HAGAR Cambodia Board level.

5.2 Value-driven approach

HAGAR Cambodia has been driven by Christian values. The Women’s Program is committed to the following core values, identified by all the staff of Women Program, to drive the staff in achieving their purposes:

1. Love
   We commit to loving all nationalities in Cambodia, and one another without discrimination as Christ loves us.

2. Faithfulness
   We commit to being faithful to each other as Christ is faithful. We work together to meet the needs for justice. We offer hope in order to experience life in all its fullness.

3. Patience and Humility
   We commit to following the model of Jesus Christ in humbling himself; showing patience in everything, in order to help each other and so develop a better quality of life.
4. Sacrifice
We all commit to sacrificing our energy and hearts to each other as Christ has sacrificed himself for us, in order to look forward into the future with hope.

5.3 Biblical Basis

The Hagar Story

The story of Hagar in the Bible (as presented in section 1.1 serves as Hagar Cambodia’s organizational metaphor. That story represents many of Hagars in Cambodia, women and children who are in destitute situation, marginalized and rejected. However, God sees these women and children personally and in the case of the Biblical Hagar, she knew God through this encounter. Hagar Cambodia Women’s Program aspires to be God’s arms and feet to care and minister to these women and children so that they will experience God’s fullness of life.

One Body, Many Parts

Another Biblical basis of Hagar Women’s Program is ‘the one body in Christ, but with many parts’ (1 Corinthians 12:12-26) which helped the team in building up unity. As a reflection of the Cambodian society, disunity, competition, lack of cooperation and lack of trust are characteristics also found within Hagar Cambodia. In addition, those who are doing difficult jobs as carers for women and children felt not supported and encouraged. The Hierarchical culture of Cambodia also creeps into the organization despite expatriate presence. As part of the organizational change process, upholding the Biblical basis of having ‘One Body, Many Parts’ helped significantly in challenging the organizational culture and helped build unity and cooperation. A team spirit, hoping to strengthen trusting relationships, among staff and beneficiaries has been one of the programmatic strategies aimed for 2007-2008.

5.4 Holistic Approach

The holistic approach, that deals with the physical and spiritual, emotional and mental, social and economic aspect of the whole person, has been the approach of ministry and care for women and their children. HAGAR Women’s Program has been enriched with:

- staff who focus on providing services for the physical and spiritual needs of women and their children (mostly by the Shelter/Assessment Centre staff who provide resident, pastoral, health and recreational care);
- staff who focus on providing services for the emotional and mental needs of women and their children (mostly by the Counseling Team and counselling partners and the Women and Children Education team)
- staff who focus on providing services for the economic and social needs of women and their children (by the Vocational Training or Commercial Development and Reintegration teams)

5.5 Paradigm Shift: from Program-focused to Beneficiary-focused Approaches

During the process of organizational reflection, the staff of the Women Program have realized the strong need to improve the quality of services in order to become effective. One major change that has taken place was the shift of paradigm from program-focused to beneficiary-focused approaches. In the past, the journey of women under the Shelter Program (from recovery to rehabilitation to reintegration phases) was guided by target time frame and program activities (from 1st to 2nd months for physical recovery, then 2nd to 3rd months for literacy, 4th to 9th month vocational training, then 9th month onwards for reintegration). In 2007, a beneficiary-focus approach has begun where the journey of a women from recovery, rehabilitation and reintegration has been guided by her personal case (individual case management) where the role of a counsellor in assessing her progress, coping mechanisms, and level of hope is seen to be very important using various tools of measuring indicators of success.

6 The Women’s Program Counselors use the Heimler Scale of Social Functioning as a tool in measuring the following: satisfaction index in relation to work, finance, friends and family and personal and the frustration index in relation to activities, health, influences, moods, escapes and indicators of level of hope.
5.6 Defining Indicators of Success

In addition to the use of the counselling tool (Heimler Scale of Social functioning) that measures various indications of emotional progress as above, the shift of paradigm also included the shift on who defines the indicator of success of the program. In the past years, goals and objectives were set by program staff containing mostly output indicators specifying quantitative indicators (e.g. numbers of women counselled, number of counselling sessions held, number of women trained, number of women reintegrated, etc.). However, in order to measure effectiveness and impact, success indicators for outcome and change were also identified in the process of reflection. Furthermore, these indicators were researched and taken from women beneficiaries themselves who are at various stages in their journey. Indicators of change and impact identified by various groups of beneficiaries are listed below:

From women in Recovery and Rehabilitation Stages’s (see Figure 11)

Figure 11. Pictorial representation of the best things that happened to women at the Women Program.

- Valuing life over death (reduced their suicide tendencies)
- Have hope for the future
- Can see good in herself
- Happy
- Healing from trauma
- Believes in God – less worries; able to put trust in God
- Feels able to forgive (specially those who offended or hurt her)
- Developing personally
- Have friends/able to establish friendship
- Able to think of the future (have dreams and plans)
- Improved knowledge (able to read and write)
- Has learned vocational skills and other skills
- Have enough food for herself and her children
- Her children get education

such as feeling that she is achieving her ambition in life, feels hopeful for her future, feels life has meaning, feels her life has enough scope for self-expression and feels life was worth the struggle.

7 This set of indicators was generated by the focus group discussion conducted among 33% of women resident partners in the stage of recovery and rehabilitation at the HAGAR Women’s Program in 2006.
Feels able to support herself and her children
Believes she can be independent after leaving the centre

From women in Reintegration Stage:

Figure 12 below presents the summary of the common themes that the women have identified as their perceived indicator of "life in all its fullness". It is noteworthy that what they consider as life to the full is the achievement of their basic human rights—their rights to a good life. These indicators are now being considered to influence major activities of the Women Program.

Figure 12. Perceived indicators of "life in all its fullness" by reintegrating women beneficiaries of HAGAR Cambodia.

Likewise, Figure 13 below presents what services or activities that helped them best in their transformation which confirmed the value of having a holistic approach. These activities will be strengthened all the more in HAGAR WP to maintain impact.

Figure 13. HAGAR services and activities that helped them best in achieving transformation.

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8 This set of indicators was generated by a research process using semi-structured questionnaire conducted among selected 34 reintegrating women in urban and rural communities in June 2007.
5.7 Personalized Care / Relationship based

In the context and culture of Cambodia, women are not usually valued and victims or survivors of trafficking for sexual exploitation, rape and sexual abuse are stigmatized, traumatized and suffer significant betrayal of trust. World Vision reported that these young girls who moved into various NGO centres after having been sex-workers showed some behavioral disorders, such as self mutilation, paranoiac fantasies, aggression and sexually suggestive behaviors towards male staff and other residents. A number of these behaviors revealed that the girls endured incest and prior sex abuse before being trafficked or entering the commercial sex industry. There is a tendency for them to blame themselves and sometimes they are bitter against their families, even though they maintain a desire to be reconciled. The WVC report further suggests that ‘masking of negative feelings is a strong feature in Khmer society, and it seems likely that the impacts of trauma emerge more in the long term, and will need on-going counseling support.’ In HAGAR’s many years of experience, it is learned that these girls take longer time to trust others, including shelter staff. Therefore, personal relationship in a friendly environment and a provision of long term high quality of personalized care during their recovery were found crucial in their successful reintegration into society later on. Various evaluations of HAGAR projects also affirmed its strength of being relational and personal.

5.8 Long-term Approach at all levels (recovery, rehabilitation and reintegration): Bridge Metaphor

The length of time needed for recovery by young girls and mothers who were received at Hagar shelter has been observed to be directly related to their degree of experienced trauma. In order to be effective, Hagar experiences show that it is necessary to consider the following minimum timing to allow the readiness of a girl before moving from one stage to another:

<table>
<thead>
<tr>
<th>Stages</th>
<th>Observed minimum range of time needed to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>From intake to physical recovery and readiness to take on literacy classes</td>
<td>1-3 months</td>
</tr>
<tr>
<td>Literacy classes up to grade 3 level ready to take on vocational training</td>
<td>3-6 months</td>
</tr>
<tr>
<td>Basic and advance levels of vocational training (cooking, sewing, aesthetics, house keeping etc.)</td>
<td>3-6 months</td>
</tr>
<tr>
<td>Pre-reintegration (finished training and preparing for reintegration and waiting for job opportunities)</td>
<td>1-2 months</td>
</tr>
<tr>
<td>Reintegration and follow up to chosen community (including job placement or set up personal business)</td>
<td>up to 2 years from reintegration stage</td>
</tr>
</tbody>
</table>

Note: Counselling support from counsellors and social workers are provided throughout intake to reintegration.

In previous years, about 3 years was considered as the necessary time frame to journey with one woman and her children. The organizational reflection, evaluation reports and research results revealed that if we need to be effective in facilitating personal transformation of these women, we need to allocate an average of 3-5 years to journey with them from entrance to the program up to their exit (when case is considered closed). This timeframe allows the provision of improved quality of care and continuing intervention, both in Hagar facilities or in the community, to ensure that these women achieve economic sustainability to prevent them from being victimized again by society. Hagar is aware of the need to balance between not making these young girls and women institutionalized (preference to short time) and helping them achieve economic, social and spiritual empowerment so that they will not resort back to their previous situations (which requires long time of 3-5 years or more).

It has been observed that with this span of time of 3-5 years journey, these women and their children experience a sense of belongingness to a family, the Hagar family all over Cambodia. Homecoming events

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9 World Vision Cambodia, Regaining Honour, Cambodia's Children Experiences in Prostitution and After, PP, WVI 1996.
are arranged 2 times per year for their continuing learning together, sharing successes and failures and renewing of relationships.

The `Bridge Metaphor' in Figure 14 has been identified by most women as a description of their journey with Hagar from a life of exploitation, destitution, rejection and crisis to a life in all its fullness.

Figure 14. Women Program aims to be best at providing long-term personal holistic care to destitute, marginalized and rejected women and children so that they can experience life in all its fullness.

5.9 Creativity and Fun

For staff and mothers to creatively develop personally and to improve their knowledge and practical skills in order to raise and to care for their children effectively, the women program initiated in 2007 more activities that develop creativity and confidence. To achieve this, Hagar Women’s Program has established a partnership with a local organization that provides training for marginalized groups, based on creative arts methods already used successfully in other settings and cultures. These methods, collectively known as Action Methods, have been studied, applied and adapted for the training approach in Cambodia. At the heart of these methods are improvisational drama, art, storytelling, movement and active communication. The process enables people to build trust, break down social barriers, express feelings, be creative and explore new ideas and ways of perceiving self. This training has created many personal transformations in the lives of people in Cambodia who experience discrimination, such as those living with HIV/AIDS, people with disabilities, street children and young girls and women coming out of the sex industry. Below are some quotes from Hagar women who have completed this training course and some assessment from the trainors.

Chrysalis Trainor reported:
“It’s a journey of changes, like a tree. You will never see your tree grow up while you are with them. Unless you went somewhere far for awhile then you come back you will see it grew amazingly. However, during Chrysalis training with Hagar beneficiaries and staff …… I can see some changes in their behaviours and thoughts such as below.”

Positive Value in Herself:
“I am really thankful to my teammates that they value me. They give me opportunity by giving me paper and pens to draw whatever I can. Then they listened to my thoughts. I am so happy.”
A lady cook at Hagar

Positive Change in Behaviour:
“Before I joined chrysalis training, I hated men. I did not dare nor did not want to talk to them. If they came and talked to me, I always used my tears to show them to go far from me. I’ve changed now. I can talk to them whatever I want them to know. This course made me braver, dare to let people in the group know my sorrow.”
Hagar staff (she used to be a beneficiary)

“Chrysalis training provided me with a meaningful life experience for the last time. Sometimes I forget my sickness while having lots of laughter with other people.”
A beneficiary who is dying of breast cancer
In addition to the training above, and to cater to the younger population at the shelter, sports, music, drama, crafts, arts, games and other recreational activities have been incorporated to have fun and to develop creativity.

5.10 Economic Empowerment

As mentioned above, it is experienced by Hagar that economic empowerment is very important to prevent these women from going back to their previous situation. Hence, Hagar ensures that skills developed by these women would allow them to acquire jobs that would meet their economic needs. In 2006 alone, 85 out of 108 women who have graduated from Hagar vocational training have found jobs (including apprenticeship) via the job placement efforts. This was an average job placement of 78% of graduating women from vocational training wherein 36% of women found jobs right after graduation from the course. These women reported an average of 46 US$ salary per month (or 1.5 $ per day) as compared to nothing or less than 1 US$ per day before coming to Hagar. This income is just above the minimum wage in Cambodia of 45 US$ per month or 1.5 US$ per day. In the June 2007 progress report of the same batch of reintegrated women, it was reported that among 85 women who got jobs, 36 women (42%) had an increased average income of $2.5 per day (75 US$ per month) coming from their jobs and other sources of income. They reported a better living standard than before and they can also save some money. Figure 15 shows the types of jobs obtained by this group of reintegrated women in 2006. The new goals of Hagar in 2007 for these women will be for them to be able to maintain or keep their jobs and attain economic sustainability for their families.

5.11 Appreciative Inquiry Approach to Strategic Planning/Participatory Approaches / Staff Capacity (Energizing forces)

As mentioned above, in the previous years of Hagar, strategic plans were made by the top management and activities were defined by the implementing departments or staff. However, in the process of change, the Women Program strategic planning process in 2006 used an appreciative inquiry approach which resulted to the WP’s clarification of its core values, vision, mission and strategic goals for 2007-2011 by all staff involved in the program. In the process of planning, six energizing forces as previously known catalysts to the WP to perform at its best were highlighted by all the staff, namely: 1) WP is driven by the energy from the love of the Lord Jesus Christ; 2) WP creates a supportive and caring environment for women and their children as well as for the staff; 3) WP upholds partnerships and good relationships among each other, with women and other stakeholders; 4) WP is energized by seeing women achieve their life dreams; 5) WP produces models of best practices; 6) WP maintains strong support from donors. Then, logical frameworks produced by all WP units contained goals, outcomes and activities based on the six energizing forces and drafted with the participation of all the WP staff in order for it to maintain best performance for the future. As part of the process, a participatory approach to identify the WP’s overall indicators of success has been researched from the women’s perception. This whole process which happened in the span of 6 months generated a lot of participation, enthusiasm, sense of ownership, unity and renewed motivation.
Furthermore, in response to the organizational change, it was identified that restructuring of the Women Program was necessary to allow staff to find their strengths and gifting and to renew the strength of those who have been working for years with the same jobs (or those who have experienced burn out). In the restructuring process, staff were given a chance to identify their preferred jobs inside and outside the WP and then to facilitate their transfers, if necessary. A major restructure occurred in the Counselling team which involved the division of the staff into two groups: Counsellors and Assessment Centre staff. This change aimed to allow the counsellors to focus on counselling and effective case management and to give the responsibility of overseeing and caring for residents to the Assessment Centre staff. In addition, some management systems were also strengthened and put into effect, such as: a fortnightly Women Program management team meeting, a monthly coaching time with the senior manager of all WP managers, a monthly all-WP staff business meeting, learning and reflection. Partnerships and external linkages were prioritized and strengthened with other NGOs, the government and additional service providers for outsourcing some of the health and training related needs of the women program were identified.

6. What are the challenges encountered and ways we address them?

Contextual/Cultural

6.1 Social context

It has been observed that most of the young girls and mothers referred to Hagar suffer from domestic violence and rape which reflects the increasing violent expressions of anger and suppressed negative feelings among post war Cambodians. Usually expressions of violence are heightened by alcoholism, substance abuse and gambling. Also, present generations of parents were the young people during Khmer Rouge time where good parenting models were lacking. Some women, due to economic dependence, choose to decide to go back to their previous relations despite cases of domestic violence.

In addition to caring for survivors of gender-based violence, HAGAR has been proactive in raising awareness among young girls, mothers and their children of issues leading to domestic violence and how it can be prevented and other basic human rights of women and children. Part of the life skills development for these women include creative parenting, child development and health and hygiene. For women who decide to go back to previous relations despite cases of domestic violence, the social worker managing the case facilitates the couple to be aware of their issues. In addition, the local authorities and the staff of the Ministry of Social affairs are usually present in the formal signing of agreement between the couple. In cases of recurrence of domestic violence, the local authorities and HAGAR staff usually intervene.

6.2 Stigmatization

Stigmatization among survivors of gender-based violence is usually high among neighbours, relatives and members of the community of the survivor. Despite the decreasing level of stigma attached to them, most girls and women in reintegration were observed to prefer staying in Phnom Penh where there are more job opportunities and they are closer to their friends they met at the shelter. In the recent internal research of reintegrated women, it was observed that 68 % of women respondents are currently residing in Phnom Penh as compared to 18% of the same respondents who originally came from Phnom Penh before coming to HAGAR.

6.3 Racial Discrimination

This is an ongoing challenge not just in HAGAR but in the whole of Cambodia based on its history. This is also observed in the attitude of most shelter staff who are Cambodians towards the Vietnamese girls and women rescued from brothels by police raids. The lack of Vietnamese staff or Vietnamese-speaking Cambodians at the Shelter aggravates the situation.

Programming:

6.4 Limited pool of qualified Christian counsellors
With the growing demand for counsellors and social workers but limited supply of human resources in these kind of fields, most NGOs end up recruiting staff who do not have the full qualification to do the job. Despite the abundance of training or short courses in the field of counselling and the increasing graduates in the field of psychology, to find a qualified Cambodian Christian counsellor has been a challenge. Furthermore, there is limited services available to cater to the needs of the counsellors and caregivers. In the case of HAGAR which has been in operation for more than a decade, most counsellors and social workers have experienced traumatic experiences themselves, hence there is a strong need to provide counselling supervisors who will be able to help them in their own stress management and counselling.

6.5 Limited funding

A major challenge faced by the WP in most years has been the limited funding available to implement programs according to plan. However, this challenge experienced in 2007 has produced many significant creative ideas among the team in raising funds and in project implementation which also helped strengthen team unity and cooperation.

7. How do we face these challenges?

7.1 Dependency on God

The challenges mentioned above remind us of our dependency on God for everything. As HAGAR believes that the Mission of HAGAR is very much in line with what is in the heart of God, we need to keep reminding ourselves of our total reliance on Him for provision and for wisdom to guide our ways. This reliance on God makes other non-Christian staff of HAGAR curious to get to know Him better, it also strengthens the faith of the believers in seeing answers to prayers.

7.2 Action-Reflection-Learning Process

It has been a recent drive for the staff to be more reflective in its actions and decisions and to be more open to be a learning team. Creativity and learning have been best observed in times of challenges. The current challenge faced is how to 'unlearn' the old ways and be open to 'learn' new ways of thinking and doing.

8. What key lessons have we learned?

The following is a brief summary of lessons learnt:

8.1 Most women beneficiaries in recovery defined their transformation in relation to the non-physical (Figure 11 and Figure 13); hence we need to focus strategies for recovery and reintegration to maintain these impacts.

8.2 What 'life in all its fullness' mean to beneficiaries are not reaching self actualization or fulfilment but the acquisition of their basic necessities to survive or basic human rights;

8.3 Economic worries of women have been observed to add extra stress especially during pre-reintegration phase, e.g. worrying how to live in the community and be able to support the family by herself;

8.4 Feeling 'safe' for these women does not only mean emotional safety (recovery from trauma) but also physical (e.g. need for a safe place to live for her and her children), social (freedom from violence at home and having good relationship with neighbours), economic (financial sustainability to be able to provide for the family for food, education and health) and spiritual (to continuously learn to depend on God for everything, and for encouragement);

8.5 We need to deal with our own needs, trauma and biases/discrimination before we can care effectively for others and see them eye to eye or as equal in God's sight.

8.6 The personal encounter or understanding of the heart of God for the marginalized is a very strong driving force in this kind of work or ministry, especially when things seem to be against all odds!

9 Stories of Transformation