

**MEETING THE MENTAL HEALTH & PSYCHOSOCIAL NEEDS  
OF SEXUALLY EXPLOITED WOMEN IN THE  
GREATER MEKONG SUB-REGION:**

**A MIXED METHODS STUDY ENHANCING THE TRAINING  
DEVELOPMENT OF HUMAN TRAFFICKING  
AFTERCARE WORKERS**

Submitted in fulfillment of the degree of  
Doctor of Professional Studies (Research)

**Suzanne Marie Anderson**

School of Professional Studies  
University of Southern Queensland

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## Certification of Dissertation

I declare that the work presented in this dissertation is, to the best of my knowledge and belief, original and my own work, except as acknowledged in the text, and that the material has not been submitted, either in whole or in part, for a degree at this or any other university.



\_\_\_\_\_  
Signature of Candidate

*23 June 2016*

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Date

Endorsement

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Signature of Supervisor(s)

\_\_\_\_\_  
Date



## Dedication

To the Lord,  
who has truly ordered each step of this doctoral work, creating  
the desire, providing the resources, and treasured journey  
companions.

To the trafficked women and men throughout the world, I hope  
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## Abstract

Human trafficking, also regarded as modern day slavery, is an international human rights problem. This problem has been acknowledged by 154 countries through their ratification of the *UN Trafficking Protocol*. The *Protocol* calls for a comprehensive response to human trafficking including a non-binding or 'soft' obligation of member states to provide post-trafficking protection and assistance. One aspect of protection and assistance is the provision of mental health and psychosocial support. Due to the non-binding nature of the obligation, the development of these services has been relegated to a lower priority and remains largely under-researched. This state of affairs is more pronounced in the Greater Mekong Sub-region (GMS) which lacks a strong mental health sector resulting in services predominately being provided by non-professional workers.

Research literature has documented high rates of posttraumatic stress disorder (PTSD), depression, and anxiety in trafficked populations. Findings have recommended the adaptation of evidence-based approaches to treating trauma as a means of developing high quality mental health and psychosocial support services. Furthermore, past research has recommended that these services be culturally relevant. Thus a thorough understanding of how cultural values affect the way trafficking trauma is experienced by the women and communities is required. This extends to the way affected women and communities respond and cope. A review of current training curriculums also reflects a gap in resources addressing the mental health and psychosocial support needs of trafficked women in the GMS, especially in addressing the core elements of trauma counseling.

The purpose of this study was to respond to the mental health and psychosocial aftercare needs of trafficking victims by evaluating their needs and the current services available in the GMS (excluding China). This study sought to obtain compelling evidence-based insights into the experiences, challenges, and needs of trafficking victims. It further investigated the training and professional development needs of non-professional aftercare workers within this context. This study was designed to conduct rigorous practice-based research that determined the extent to

which there is a need to enhance training curricula for the professional development of trafficking aftercare workers in the GMS.

A number of aspects related to mental health and psychosocial support needed investigation to support the development of a culturally relevant mental health and psychosocial training curriculum. This study sought to answer the following research questions related to the experiences of trafficked women in the GMS (excluding China):

Research Question 1: *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

Research Question 2: *What cultural contexts and characteristics are related to the trauma experience of trafficked women in GMS?*

The following questions were related to the application of the results of Research Questions 1 and 2 to the training of aftercare workers:

Research Question 3: *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from GMS?*

Research Question 4: *What training have aftercare workers who are providing services to those in and from the GMS already received?*

Research Question 5: *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

Research Question 6: *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

In order to address the research questions, an exploratory, sequential mixed methods design using a pragmatic approach was adopted. The research consisted of two phases: 1) a structured, but open-ended interview, which, in addition to developing a deep understanding of the experiences and challenges of trafficked women, provided data for the development of the next phase; 2) an online survey translated into the five languages of the GMS. The samples included professionals with experience in aftercare settings who would have been in positions to observe the experiences, challenges, and aftercare of sexually exploited trafficked women.

A Causal Layered Analysis and a thematic analysis were applied to the qualitative data, and descriptive frequency and correlation analyses were applied to the quantitative data. The results of the research phases were applied to the development

of a practice-based solution in the third phase. This involved the development of an enhanced, evidence-based, culturally relevant training curriculum and a concept note.

Research findings included the development of a conceptual understanding of the cultural contradictions inherent in the GMS that make women vulnerable to sex trafficking and affect their experiences post-trafficking. The contradictions include the 'push factors' of poverty; the obligation of children, especially daughters, to support the family; and the monetary value of sex that make women more vulnerable to trafficking. The 'rejection factors' that cause a trafficked woman to be stigmatized by family and community post-trafficking include their having broken social mores, being viewed as 'bad' or 'contagious,' and being viewed as a failure for not successfully supporting their families. Finally, the cultural 'repression/isolation factors,' that result in isolating a trafficked woman and preventing her from getting support, include not talking about her experiences to avoid shaming her family, not talking because it is a cultural norm to remain silent about feelings and bad experiences, and talking about these would reveal that the woman had done something 'bad' to have brought this experience upon themselves.

Research findings related to the experiences and challenges as well as related to cultural dimensions included:

- how trafficked women understand their trafficking experiences and the accompanying violence in terms of 'meaning making';
- the role of coercive violence, and the concept of willingness and choice (or lack thereof), on the part of the women in the trafficking experience as it applies to the cultural context of the GMS;
- the networks of cumulative harm, relationships of trust, and attachment affected by the trafficking experience;
- the impact on developing learned helplessness through repeated violence (pre-, during, and post-trafficking), male entitlement and female submission, as well as beliefs about karma, fate, and destiny; and
- the exploration of culturally relevant means of expressing the emotional and psychological impact of trauma in GMS cultures, based on the reactions to

trauma developed by the National Organization for Victim Assistance in its Community Crisis Response Team Training curriculum.

Research results related to aftercare workers and their training indicated that while many aftercare workers have regular training and supervision, most have been trained informally. Results were mixed as to whether services are currently meeting needs, but there was consensus that training is needed. Training interests include: counseling; mental health and psychosocial support for individuals and groups; supervision and mentoring; and cultural relevance. Contradictory to the expectations of the collective culture of the GMS, respondents indicated an interest in expert-led training strongly balanced with facilitated learning among participants.

This study contributed to methodological development of the Causal Layered Analysis (CLA) beyond the futures discipline by applying it to understanding the current context of human trafficking. It increased the reliability of the CLA framework by utilizing a five-step process to systematically analyze the data. The need for further clarification of the CLA terminology was identified relating to the fourth layer, myths and metaphors. The results of this study proposes that in an Asian context identifying ‘proverbs and sayings’ better described the ‘myths and metaphors layer.’ Assessing whether culturally embedded sayings are myths after the proverbs and sayings have been elicited made methodological sense. It might be a more effective approach to identifying the stories and narratives connected to the worldviews and transformational influence.

Methodologically, the use of a mixed methods design advanced its use in the exploratory research of complex problems and firthered a systematic approach to analysis. The utilization of mixed methods research designs in resolving practice-based issues better informs proposed solutions. This is due to the resulting ability to triangulate findings and the depth and breadth of research insights associated with qualitative and quantitative strategies of enquiry.

This study contributed to professional practice through the development of a conceptual framework for the cultural transposition of practice from one cultural context to another. It further contributed through the development of an enhanced

training curriculum for the training of aftercare workers and through the formulation of a concept note for prospective donor agencies.

Future research is needed in a number of areas related to: a) studies located in associated disciplines related to 'idioms of distress,' b) evaluations of mental health and psychosocial methods, c) assessment of what training non-professionals need, and d) research building on the results of this study related to cultural dimensions that include the cultural transposition process, the exploration of the myths and metaphor layers of the CLA, and questions specific to the experiences of trafficked women as mediated by culture.



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## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APA</b>	American Psychiatric Association
<b>AQF</b>	Australian Qualifications Framework
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CCRT</b>	Community Crisis Response Team Training
<b>CLA</b>	Causal Layered Analysis
<b>COMMIT</b>	Coordinated Mekong Ministerial Initiative Against Trafficking
<b>DPST</b>	Doctor of Professional Studies
<b>DSM</b>	Diagnostic and Statistical Manual
<b>EBP</b>	Evidence-based practice
<b>EMDR</b>	Eye Movement Desensitization and Reprocessing Therapy
<b>ETIP</b>	World Vision's End Trafficking in Persons Programme
<b>GAD</b>	Generalized Anxiety Disorder
<b>GMS</b>	Greater Mekong Sub-region
<b>GO</b>	Governmental organization
<b>HIV</b>	Human Immunodeficiency Virus
<b>IASC</b>	Inter-Agency Standing Committee
<b>ICD</b>	International Classification of Diseases
<b>ILO</b>	International Labour Organization
<b>IOM</b>	International Office of Migration
<b>IRC</b>	International Rescue Committee
<b>KI</b>	Kurtosis
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>MOLISA</b>	Ministry of Labour, Invalids and Social Affairs (Vietnam)
<b>MoVWA</b>	Ministry of Women's and Veterans Affairs (Cambodia)

<b>MSDHS</b>	Ministry of Social Development and Human Security (Thailand)
<b>NGO</b>	Non-governmental organization
<b>NOVA</b>	National Organization for Victim Assistance
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>PHAC</b>	Public Health Agency of Canada
<b>PTSD</b>	Posttraumatic Stress Disorder
<b>RCC</b>	Restorative Community Concepts
<b>SI</b>	Skewness
<b>STD</b>	Sexually transmitted disease
<b>TF-CBT</b>	Trauma Focused Cognitive Behavioral Therapy
<b>TIP</b>	Trafficking in Persons Report
<b>TVPA</b>	US Trafficking Victims Protection Act
<b>UN</b>	United Nations
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNIAP</b>	UN Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-region
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office of Drugs and Crime
<b>UNODCCP</b>	United Nations Office of Drug Control and Crime Prevention
<b>USQ</b>	University of Southern Queensland
<b>VWO</b>	Voluntary Welfare Organization
<b>VWU</b>	Vietnam Women's Union





# CHAPTER 1 INTRODUCTION & OVERVIEW

## 1.1 INTRODUCTION

The purpose of this study was to respond to the mental health and psychosocial aftercare needs of trafficking victims by evaluating their needs and the current services available in the Greater Mekong Sub-region (GMS), including Cambodia, Vietnam, Thailand, Burma/Myanmar and Thailand, but excluding China. The first objective of this study was to obtain a depth and breadth of evidence-based insight into the experiences, challenges and needs of trafficking victims, as well as the training and professional development needs of non-professional aftercare workers based on the experiences and perceptions of the aftercare workers. The second objective of this study was to conduct rigorous practice-based research that provides compelling evidence to enhance the training development of human trafficking aftercare workers providing support to sexually exploited women in the GMS.

The experience of trafficked persons has been conceptualized as a “multi-staged process of cumulative harm” (Zimmerman, Hossain, & Watts, 2011, p. 327). This cumulative harm affects trafficking victims physically, emotionally, psychologically, behaviorally, and socially (Devine, 2009; Kiss et al., 2015; Zimmerman et al., 2014) and affects trafficked women’s ability to engage in the responsibilities of daily living and (re)integration into communities post-trafficking (Surtees, 2013).

Prior research and best practice for developing training recommends parameters that the training be contextually relevant to the trauma population being addressed (Rousseaux, 2003), to the cultural context (Devine, 2009), and to the resource context for which it is to be developed (Bartsch, 1997). Cultural relevance involves not only being relevant to the cultures of the trafficking victims for whom the aftercare workers are providing services, but also to the cultural context of the aftercare workers and how they learn best. Comprehensive research with input from

the population whose needs are to be addressed is needed to inform and guide the development of a tailored training program.

This chapter provides an introduction to the study and is divided into eight parts. The first section provides background information about the issue of human trafficking, followed by the second section which focuses more on the context of the GMS and the need for high quality, culturally-relevant training for aftercare workers, with the third section addressing the context in which the research study was conducted. The fourth section provides an overview of the practice-based projects and grounds them in institutional, professional, and personal contexts. The research questions are presented in the fifth section, with an introduction to the methodology of the mixed methods research design employed for this research in the following section. The sixth section outlines the anticipated contributions of this study to professional practice knowledge, aftercare organizations, as well as the researcher's professional work. The last two sections provide a framework for the rest of the dissertation. First an overview of the remaining chapters and then definitions related to this study.

## **1.2 BACKGROUND**

Human trafficking, also referred to as a modern day form of slavery, has become recognized as a widespread problem throughout the world, particularly in the GMS. Although the assessment of trafficking levels is a complex and contentious issue, it is estimated that almost 21 million people are victims of forced labor globally (International Labour Organisation [ILO], 2012a). It is estimated that 22% are trafficked for sexual exploitation and that the Asia-Pacific region accounts for about 56% of the global numbers of people in forced labor situations. There has been a lot of criticism about the amount of attention that has been placed on human trafficking, especially the sexual exploitation of women, by organizations who are trying to advance religious, moral, or feminist agendas (Weitzer, 2005). While the total numbers of trafficked persons is heavily debated (United Nations Office of Drugs and Crime [UNODC], 2012b; Weitzer, 2011) the international community has codified and documented a call to support those who are affected.

The need to address human trafficking has been recognized by the passage and ratification of the *UN Trafficking Protocol 2000* (UN) and the US-based *Trafficking Victims Protection Act 2000* (TVPA) (US Congress). These call for the development of initiatives by countries to respond to trafficking internationally and specify, among other areas of response, the need for protection and assistance to be provided to trafficking victims. Annually, the United States publishes the *Trafficking in Persons (TIP) Report* (US Department of State, 2015) ranking countries on their efforts to combat human trafficking through prosecution, prevention, protection, and partnership initiatives. Countries have been receiving feedback on their efforts to combat human trafficking since the first TIP Report in 2001. Fifteen years later the GMS has yet to meet the minimum standards of the TVPA. Guidance materials interpreting the requirements of the *UN Trafficking Protocol* put forth the need for the development of protection and assistance initiatives that are culturally relevant (UNODC, 2008, 2009b).

Piper (2005) proposes that there is a universally agreed upon lack of research into human trafficking. Piper agrees with those who point out that the research has primarily focused on women and girls who have been trafficked for sexual exploitation, because the research field has been dominated by a feminist approach. The emphases of research efforts have been prevention and prosecution, fostered in part by the *UN's Trafficking Protocol* that deals “with protection of the trafficked person, [and]<sup>1</sup> contains very little in the way of hard obligation” (Gallagher, 2001, p. 990). Rather than being obligated through legal consequences for inaction, member states are encouraged to provide protection. Little research has been completed investigating the health impact of human trafficking (Oram, Stockl, Busza, Howard, & Zimmerman, 2012).

Furthermore, an analysis of journal articles shows less regional research on trafficking completed in Asia than in Latin America, the United Kingdom, Eastern Europe, or West and Central Africa (Goździak & Bump 2008). The studies have primarily been carried out in Europe (Zimmerman et al., 2014). With limited research on human trafficking in Asia, there is a gap of culturally relevant knowledge of the Asian context, which, relevant to this study, includes the GMS.

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<sup>1</sup> Brackets inserted by author.

A number of researchers have called for evidence-based practices (EBP) to be developed and applied to low-resourced contexts (Sammon, 2009; Surtees, 2013; UNIAP, World Vision, & NEXUS Institute, 2012). However, in situations of emergency or trauma, Wessells (2009) cautions against outsiders applying non-culturally relevant psychosocial approaches. Western practitioners are cautioned to be careful in applying Western modalities in non-Western contexts (van der Veer, 2003). Additionally, Escueta and Butterwick (2012) note that posttraumatic stress disorder (PTSD) is a Western idiom of distress (an expression of distress contextual to the United States).

Furthermore, EBP's, of which there are number that address PTSD (Schnyder et al., 2015), are in general favored by researchers, but implementation is fraught with challenges even in high-resourced countries where the EPB's have been developed (Addis, Wade, & Hatgis, 1999). As more EBP's become developed, it becomes impossible to train new practitioners in such a diversity of models even within the confines of formal educational programs. Social work education leaders have proposed an alternative in which practitioners are taught the common elements of practice (Barth, Kolivoski, Lindsey, Lee, & Collins, 2013). This common element or core approach could be applied to trauma treatment. Herein lies the gap in which exploratory research is required. Research—documenting the experiences of trafficking victims and the needs of the aftercare workers serving them—emanating from the GMS context is needed to inform the development of training that is contextually and culturally relevant.

### **1.3 RESEARCH CONTEXT**

The GMS has been identified as having significantly high rates of human trafficking (Zimmerman et al., 2014). GMS countries include countries from which trafficked persons originate—source countries; countries through which trafficked persons are transported—transit countries; and countries in which trafficked persons are exploited—destination countries (US Department of State, 2015). Estimating the severity of the human trafficking problem is hampered because it is hidden (UNODC, 2012b). It is hidden due to its illegal nature, the lack of agreement as to the definitions of human trafficking, and because trafficked persons are hard to identify

and often they do not identify themselves as trafficked persons. The UNODC's statistics are based on victims who are detected and are not indicative of prevalence. The ILO provides the most complete numbers on the forced workforce, but in their most recent report (in 2012) did not separate human trafficking estimates from other forms of forced labor (UNODC, 2012b). ILO's 2005 report did separate out estimates of trafficked persons and reported that of 12.3 million victims of forced labor, 2.45 million people were estimated to be trafficked (Belser, de Cock, & Mehran, 2005; UNODC, 2012b). While the statistics are an important resource to beginning to understand the problem of human trafficking, for this study the focus narrows to the individuals represented by those numbers, and how they are individually affected.

The trauma of human trafficking affects the individual physically, emotionally, cognitively, behaviorally, and relationally (Devine, 2009). Often, trafficking victims are misdiagnosed as having PTSD. This can be stigmatizing and hinder the recovery of the individual. Avoiding labels, and assessing both risk and especially protective factors or personal resources, provides a more complete picture of an individual's challenges and assets. Providing services that are not sensitive to the needs of the individuals and how they have been affected by trauma can be "retraumatizing" (Devine, 2009, p. 11) and can be experienced as a "second injury" or "second assault" (Young, 2001a, p. 7-31).

In the five countries of the GMS, there are over 20 different cultural groups (Central Intelligence Agency, n.d.). Aftercare workers may be faced with supporting either internally or internationally trafficked persons who are of a culture different from their own. A theme in a number of the guidance resources for working with trafficked persons is that services must be culturally sensitive (Taepphant, 2010; Zimmerman & Borland, 2009). There are cultural dimensions in what is experienced as traumatizing, in the definitions of mental health and well-being, as well as in the ways of reacting to and coping with trauma (Devine, 2009; NOVA, 2009). Research in the GMS assessing trafficking continues to highlight the need for culturally relevant services (Devine, 2009; Taepphant, 2010; Zimmerman & Borland, 2009) and has documented discrimination and insensitivities (Surtees, 2013).

Only within the cultural context of the trafficked woman can the assessment of both risk and protective factors or personal resources provide a more complete picture of an individual's challenges and assets (Bonanno, 2004; Carter, 2012) and enable aftercare workers to provide more holistic support.

The response to mental health needs is clustered under the umbrella of medical needs in the practice environment. It has been recommended that nonmedical, lay workers or counselors be trained to provide mental health care (Aberdein & Zimmerman, 2015; Hossain, Zimmerman, Abas, Light, & Watts, 2010). These non-formally trained workers have been used in other trauma response programs (Davidson & McFarlane, 2006; Eisenman et al., 2006). Most of the research that has been done has been qualitative research with trafficked persons as respondents (Goździak & Bump, 2008), and there is little information about the demographics of the aftercare workers. The latter is restricted to reports that many of the aftercare workers are non-professionals and workers who have experience working with other trauma populations. In addition they indicate that aftercare workers mostly apply the knowledge gained from other trauma populations to supporting trafficking victims.

This study seeks to investigate from the perspective of the aftercare workers what impact of trauma they are seeing, and what kinds of training they think they need to address those needs. It also seeks to obtain more information about the professional development experiences of aftercare workers themselves.

## **1.4 PRACTICE-BASED RESEARCH PROJECTS & CONTEXTS**

### **1.4.1 Projects**

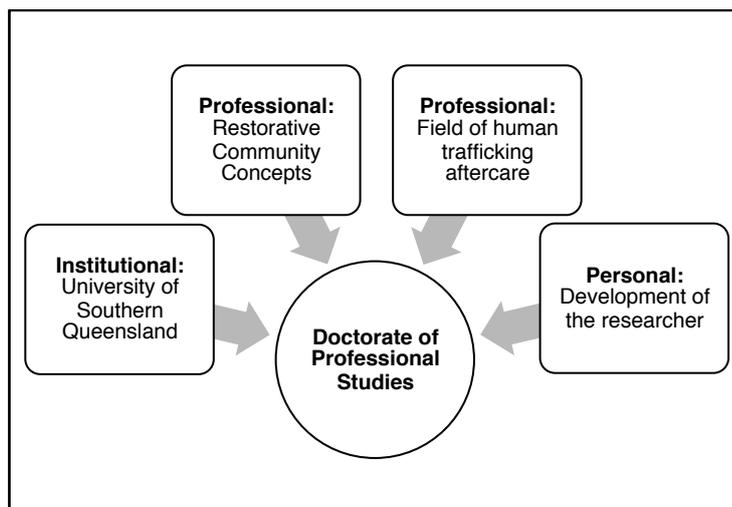
This study was comprised of three practice-based projects. The first and second, and most significant of the practice-based projects, were to conduct research related to better understanding the experience of human trafficking by those from the GMS, as well as the training needs of those providing aftercare services for human trafficking survivors. The first project involved interviewing aftercare workers who have worked with trafficked women from the GMS, followed by the second project, an online survey that was translated into the five primary languages of the GMS in an effort to reach local aftercare workers. The third project was to apply the learning

from the research phase to the enhancement of an existing curriculum into a culturally relevant curriculum specific to the trauma of human trafficking.

These doctoral practice-based research projects were developed to address a documented gap in the literature and gaps in specialized training/praxis available to aftercare service providers in the GMS, who are providing protection and assistance services to victims of human trafficking. It was based on and targeted to the needs and gaps identified by those who are service providers, the same service provider population as those for whom the proposed training curriculum was developed. The training proposal developed is specialized not only in terms of addressing the specific issues of trafficking victims, but also seeks to address the unique needs of the victims and survivors who are being served within the cultural framework of the GMS.

#### **1.4.2 Context overview**

The context of this research engages multiple domains—the institutional, professional, and personal. The institutional domain is the educational institution, the University of Southern Queensland (USQ), and the specific degree, the Doctorate of Professional Studies (DPST). The professional context refers to the researcher's sole proprietorship, Restorative Community Concepts (RCC), and to the wider international community addressing the needs of human trafficking victims. The personal context is that of the researcher and how this project fits into her life-long learning journey that has revolved around responding to the needs of those affected by crisis and trauma. See Figure 1.1.

**Figure 1.1: Context of research project**

Source: Developed for this research.

### 1.4.3 Institutional context

The institutional context for the present research study is the USQ, and their DPST program. The university in Australia was chosen to broaden an already diverse educational background. The researcher's bachelor's degree was obtained in the United States and her master's degree in Singapore. Due to the cross-cultural dimensions of the present research and the background of the researcher, it was natural to expand into a new geographical academic context.

The DPST is intended to provide an educational development route for experienced professionals addressing complex problems (Costley & Lester, 2012). As such the USQ DPST program was chosen because of its fit with the researcher's professional background and the nature of the research to be pursued. The researcher is an experienced professional with an over 25-year history of working with survivors of trauma and of training others to provide support for trauma survivors. Furthermore, an educational program was needed that would allow for the multi-disciplinary approach needed to address the complex issues of researching the nature of human trafficking in the GMS, and to apply that knowledge to the development of a culturally relevant training program.

Finally, a degree was sought that would require a high level of academic rigor. The USQ DPST meets the qualifications of the Australian Qualifications Framework

(AQF) Level 10 (Australian Qualifications Framework Council, 2013, p. 63) with the purpose of producing graduates who “will have systematic and critical understanding of a complex field of learning and specialized research skills for the advancement of learning and/or for professional practice.”

#### **1.4.4 Professional context**

The professional context is both local—Restorative Community Concepts, the business of the researcher, and regional—the larger research and professional community already working in the arena of human trafficking.

#### **Restorative Community Concepts**

RCC is a sole-proprietorship established in 2001, in Singapore, for the purpose of providing training and consultation in a variety of areas that have the common feature of restoring relationships within communities. Communities include the family, neighborhood, and broader community. While RCC has made forays into professional areas outside of responding to trauma and crisis, this has remained its central and continuous core area of engagement. RCC has been engaged in responding to the impact of trauma from a number of different types of crises, including natural disasters (i.e. tsunami, earthquake, tidal surge), industrial accidents (i.e. plane crash, industrial plant explosion) and man-made crises (i.e. terrorist attack, bombing, war). Venturing into the field of human trafficking trauma of those in the GMS would require further knowledge acquisition. This would best be accomplished within the framework of an educational program that would provide a standard to validate the research and its application.

#### **Field of human trafficking**

The need for psychological support for human trafficking victims has been repeatedly identified by international organizations (International Office of Migration [IOM], 2007; UNODC, 2009a; US Department of State, 2012b) that have identified the problem of human trafficking. While the Institute for the Study of International Migration (Goździak & Bump, 2008) reports that more qualitative than quantitative studies have been completed, the need for more research, especially qualitative research, has been documented (IOM, 2007; UNODC, 2009a; Zimmerman et al., 2011). Additionally, based on Goździak & Bump’s (2008)

*Bibliography of Research-Based Literature*, more regional research, reflected in an analysis of journal articles on trafficking, has been done in the areas of Latin America, the United Kingdom, Eastern Europe, and West and Central Africa with less research work having been completed in Asia.

The need for training focused on the needs and dynamics of human trafficking has been identified (IOM, 2007; UNIAP, 2011; UNODC, 2009a; US Department of State, 2012b). *The International Framework for Action: To Implement the Trafficking in Persons Protocol* has identified the need for specialized services for trafficking victims (UNODC, 2009b). The foundation of professional development for aftercare workers needs to be based on a comprehensive understanding, rather than a broad set of categories (Gregory, 1994).

Asia as a whole includes a broad range of cultural (religious, ethnic, political, historical etc.) contexts. In order to more deeply explore the needs of trafficking victims with a focus on understanding the cultural nuances, this research project focuses more narrowly on a subset of the GMS.

#### **1.4.5 Personal context**

As a lifelong learner choosing the next step in the formal journey of education, the goal of this academic pursuit was to further develop the ability to skillfully and independently develop tools, approaches, and resources, building on current literature through analysis and research. More specifically, it was to take the problem expressed to the researcher in the context of providing crisis response training after disasters in Asia, ‘This kind of training is needed to address the needs of human trafficking victims.’ The goal was to develop a credible response that examined existing knowledge, collected new knowledge through mixed methods research, and developed an improved resource to address specific practice- or practice-based needs.

It is generally known that there is a divide between researchers and practitioners. This is particularly true in action-based professions, such as social work and other social service professions (Booth, Booth, & Falzon, 2003) where practitioners may often depend more on shared practice-wisdom than consult the results of the latest research results. Research results can often feel arcane, and the nugget of

information gained from reading an individual study, if comprehended, can seem insufficient to developing practices addressing complex problems. The USQ DPST presented the opportunity to bridge the divide of research and practice within one program.

Too often it appears that Western-based practitioners (of which the researcher is one) take knowledge from their own context and apply it to different cultural contexts. Usually these are in low-resourced contexts that are eager for any kind of information and resources that can help them address their problems. Often these resources are delivered and received without examining the relevance (van der Veer, 2003). After having lived, obtained a higher degree, and worked in different cultures, the researcher understands it is vital to explore human trafficking from the local perspective and to develop a culturally relevant training resource.

Finally, and most personally, as acknowledged by Wellington and Sikes (2007), the DPST can provide a strengthening of professional confidence, emotionally and intellectually. Emotionally, the achievement of a DPST serves as an acknowledgement of personal attainment that offers a sense of being ‘on par with’ other professionals and academics and of achieving a recognized standing to develop new knowledge and approaches to solving problems. Intellectually, this academic program provides an opportunity to hone skills in critical thinking, analysis, evaluation, and synthesis towards the goal of developing new knowledge.

## **1.5 RESEARCH QUESTIONS**

Research questions one and two sought to formulate evidence about the experiences of sexually exploited trafficked women from the GMS. In addition to obtaining evidence of the experiences of trafficked women from the perspective of those providing care to those affected from the GMS, the questions were specific to cultural contexts and characteristics and sought to provide an insight as to the relevance of current programs. Furthermore, these questions sought to understand trafficked women’s experiences beyond the categories of depression, anxiety, and PTSD, at a granular level, from a holistic perspective that would allow the development of relevant training curriculum content.

## **Experiences of Trafficked Persons**

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

Research questions three to six focused on gathering information about mental health and psychosocial training—existing services, previous training, desired training, and preferred training approaches and methods. Knowledge about preferred training approaches and methods would allow the training curriculum to be developed in a way that would meet the expressed desire of those working in the GMS.

## **Aftercare Workers Training Needs**

**Research Question 3:** *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?*

**Research Question 4:** *What training have aftercare workers who are providing services to those in and from the GMS already received?*

**Research Question 5:** *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

**Research Question 6:** *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

## **1.6 METHODOLOGY**

This section provides an introduction to the data collection methods and analysis approaches used for this study. A more detailed description can be found in Chapter Three.

This study adopts a mixed methods research design. According to Creswell, a mixed methods research design is closely aligned with a pragmatically informed worldview (Creswell & Plano Clark, 2011). This study was exploratory as it sought to gain

greater insights and familiarity with a relatively under-researched problem, while also seeking to develop a meaningful practice-based solution to the problem. An exploratory sequential design (Creswell & Plano Clark, 2011) calls for the collection of qualitative data prior to the collection of quantitative data.

The qualitative structured, but open-ended interviews (qualitative data collection tool) and the anonymous online survey (quantitative data collection tool) were conducted sequentially. The qualitative data collection phase identified variables, terminology, and regional perspectives. These regional perspectives were applied to the development of the quantitative instrument for the second phase of data collection.

The qualitative data was analyzed from two perspectives. First, the Causal Layered Analysis was applied to the data gathered from structured, but open ended interviews to yield a greater depth of data and therefore a multi-leveled understanding (Inayatullah, 2004) of the experiences of trafficking survivors and the role of aftercare service providers in meeting their psychosocial needs. Secondly, a thematic analysis approach was used with the structured, but open-ended interview data to develop a taxonomy of the experience of trafficked women relevant to developing training content.

The collection of quantitative data adds to the breadth of the research, adding to the validity and reliability of the overall data collected, and provides data that can be triangulated with the qualitative data (Steven, 2012).

The quantitative data in this study was not intended to test a hypothesis as surveys are often intended to do (Creswell & Plano Clark, 2011), but served to extend the reach of information collected to those who cannot be interviewed directly by the interviewer. The strength of this mixed methods approach is its ability to triangulate data from interviews in English with the multi-language survey responses of respondents. It further broadens the number of respondents from whom information can be collected. This allows for a broader data set, which serves to facilitate deeper meaning and reveal underlying relationships associated with experiences and needs. The data from both streams—qualitative and quantitative—were merged into the development of a comprehensive narrative after they were analyzed separately.

## 1.7 ANTICIPATED CONTRIBUTIONS OF THE STUDY

The intended beneficiaries for this study are academia, programs serving human trafficking victims, governmental bodies, Restorative Community Concepts, and the researcher, both professionally and personally. All are intended to indirectly benefit sex trafficking victims through providing enhanced and more culturally relevant aftercare.

**Professional practice knowledge.** This study was conducted to address the gap in the literature related to the praxis of aftercare service providers of trafficking victims and their training needs in providing psychosocial support in the GMS. It provides original valid and reliable evidence related to observations of this praxis thereby adding to a growing body of professional practice and theoretical knowledge.

**Aftercare programs and governmental bodies.** Programs can use the information from this study to further refine the services they provide. Governmental bodies such as the governments of the five GMS countries must submit reports to the United Nations (UN) on their efforts. The results of this study can inform the development of services that assist the GMS countries and meet protection recommendations outlined in the *Trafficking Protocol Framework* (UNODC, 2009b). This study further provides recommendations based on the emerging knowledge that informs further research and guides constructive future interventions.

Programmatically, the project provides a training resource to individuals working with trafficking victims and to the larger community of aftercare practitioners. Individuals, through the training received, are able to gain additional skills to be utilized in working with this population. Advances in the training materials developed, based on evidence, brings the community of practitioners further along a continuum of development and professionalization—from borrowing materials developed for other vulnerable populations, as has historically been done, to having a training resource specifically targeted to the needs of trafficking victims within the GMS. With an increase in skilled support, the aim is that victims will have more resources toward healing and restoration in the future. This last aspect is beyond the

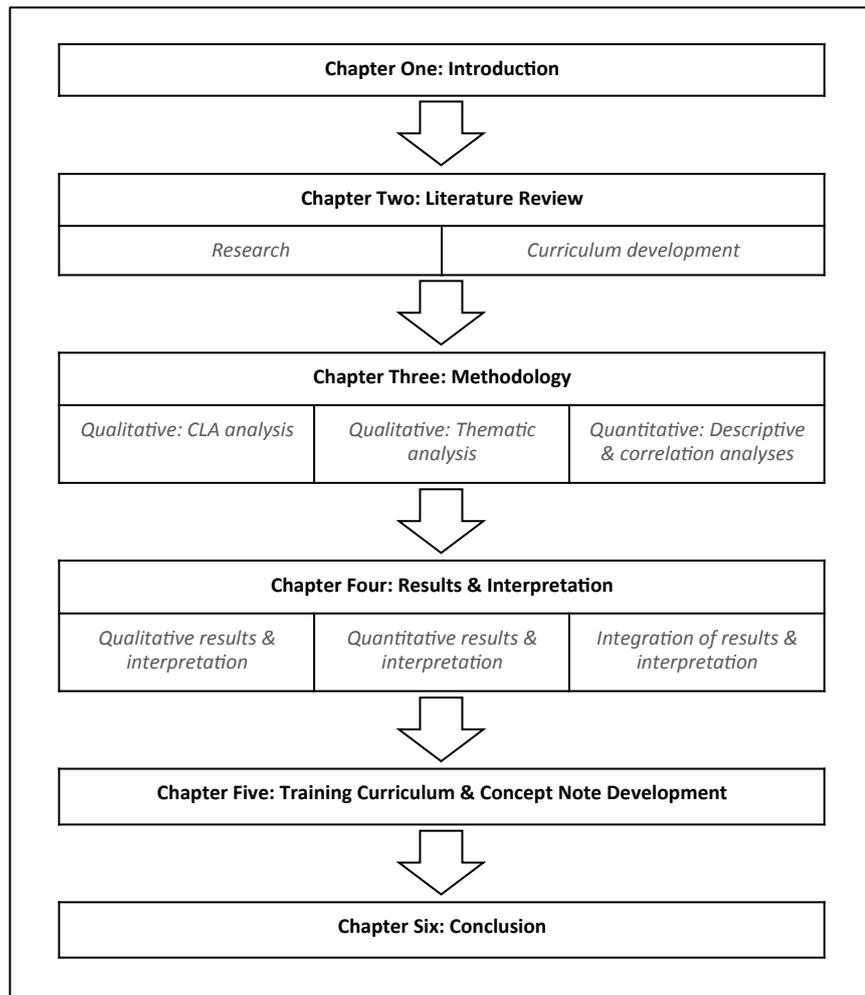
scope of this project in terms of assessment and could only be assessed in terms of what service providers report they are able to do as a result of the training.

**Restorative Community Concepts.** Organizationally, RCC has expanded its capacity to address humanitarian issues throughout the region. RCC has broadened its expertise from addressing individual crises and community-wide disasters—both in terms of criminal victimization, natural, industrial, and man-made disasters—to now understanding and being prepared to address the issues of human trafficking. RCC also has the proprietary training curriculum as its intellectual property as well as the tools upon which the training curriculum was developed—survey instruments, data and research. Furthermore, RCC has developed additional professional relationships with individuals and organizations in Southeast Asia who are addressing the needs of trafficking victims.

**The researcher.** Professionally, the researcher has developed her knowledge and skills in the areas of a) critical thinking; research—mixed methods, using both qualitative and quantitative approaches to data collection and their accompanying methods of analysis; b) intercultural literacy, and c) development of a proposed training curriculum incorporating learning gained from the research. Additionally, the researcher has developed a systemic and critical understanding of a substantial and complex body of knowledge on the frontier of human trafficking and psychosocial support interventions and professional practice. Furthermore, the researcher has developed her skills from working on an intuitive level to working with a conscious awareness of the theoretical approach and orientation brought to the work.

## 1.8 DISSERTATION STRUCTURE

Generally, research doctoral dissertations consist of five chapters, an introduction, literature review, methodology, discussion of results and the conclusion (USQ, n.d.). However, the present study consists of six chapters, including an additional chapter to address the unique applied nature of the research project. The chapters are outlined in the Figure 1.2.

**Figure 1.2: Dissertation structure outlining mixed methods approach**

Source: Developed for this research.

This chapter provides background to the research study—including its context as a workplace-based research project, a high level overview of the research questions, and methods of data collection and analysis.

Chapter Two presents the Literature Review of current literature on human trafficking in the GMS: aftercare, aftercare training curriculums, and cultural dimensions. The Literature Review chapter covers not only literature related to the areas being researched, but also areas related to the enhancement of the training curriculum.

Chapter Three provides an overview of the methodological approaches to be taken with both the qualitative and quantitative data.

Chapter Four has three parts. The first contains the results and interpretation of the qualitative data based on a Causal Layered Analysis (CLA) (Inayatullah, 2014) and thematic analysis. The second contains the results and interpretation of the quantitative data based on frequency and associational analysis, and the third, an integration of the two streams of data into a single narrative.

Chapter Five provides an overview of the recommended modifications to the existing training curriculum, both in terms of content and delivery, based on the results of the data analysis and interpretation.

Chapter Six summarizes the research project, its findings, applications, and limitations, and recommends future research.

## 1.9 DEFINITIONS

The following terms and concepts—aftercare, Greater Mekong Sub-region, intercultural, mental health, psychosocial, and trauma—are defined here and used throughout.

**Aftercare.** Aftercare itself is not defined and as a term is absent from guidance documents for implementing international trafficking declarations (UNODC, 2009b). It is a more colloquially used term to describe support that is provided to trafficked persons after they have come out of the trafficking situation. Aftercare services include (re)integration (Velazco, 2011) services as well as protection and assistance as defined in the *UN Trafficking Protocol 2000* (UN). Macy and Johns (2011, p. 87), in describing the results of their research about aftercare, state that it is a “continuum of [aftercare]<sup>2</sup> services to address survivors’ changing needs as they move from initial freedom to recovery and independence.” This would be an appropriate definition, but for the fact that aftercare is included in the description, and it was not put forth as a definition.

**Greater Mekong Sub-region, excluding China (GMS).** For the purposes of this study the countries in the GMS are defined as countries located on the Mekong River

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<sup>2</sup> Brackets inserted by author.

including Burma/Myanmar, Cambodia, Laos, Thailand, Vietnam, and China. This study excludes China from its scope.

**Intercultural.** Chen (2010, as cited in Liu, 2014, p. 7) “proposes a model which conceptualizes intercultural competence as three processes: affective process (intercultural sensitivity), cognitive process (intercultural awareness) and behavioral process (intercultural adroitness).” Liu (2014) further explains that affective processes have to do with a person’s emotional reactions to intercultural encounters, cognitive processes have to do with a person’s assessment of what is required and an individual’s ability to meet those requirements, and behavioral processes refer to the ability of the individual to behave in ways that achieve the desired outcome of interactions and communications across cultures.

**Mental health.** A recent international study (Manwell et al., 2015) looked at several definitions of mental health and preferred the following definition from Canada (Public Health Agency of Canada, 2006, p. 2), “Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.” Manwell et al. (2015) argues that there is no one definition of mental health that can be used across all domains—cultural, systems, and practice, as well as the domains of physical, mental, and social health—and that a purely biological definition may be a more universally acceptable place to begin trying to define mental health. The key elements of mental health that were identified revolved around the individuals and their ability to function—“the ability or capacity of a person to effectively deal with or change his/her environment” (Manwell et al., 2015, p. 1). The Canadian definition has been used for the current study.

**Psychosocial support.** Psychosocial support as defined by a coalition of international humanitarian agencies is:

A scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support

offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialised psychological and social services (International Rescue Committee [IRC], 2009, p. 7).

The Inter-Agency Standing Committee (IASC) (2007) uses the term Mental Health and Psychosocial Support (MHPSS) to address the same broad range of services (IRC, 2009). Devine (2009, p. 4) defines psychosocial well-being to consist of “three core domains [of]<sup>3</sup> human capacity, social ecology, and culture and values.” For the purposes of this study psychosocial support has been defined as care and support offered by aftercare workers, which influences both the individual and the social environment of trafficked women, with special consideration of their culture and values.

**Trauma.** Suleiman (2008, p. 276) proposes that a “neurologically based definition would be that a traumatic event—or ‘traumatic stressor’—produces an excess of external stimuli and a corresponding excess of excitation in the brain. When attacked in this way, the brain is not able to fully assimilate or ‘process’ the event, and responds through various mechanisms such as psychological numbing, or shutting down of normal emotional responses.” A more biologically based definition has been chosen for this study because a non-biologically based definitions risks containing cultural overlays that would likely make it not as universally applicable.

## 1.10 CONCLUSION

This chapter has provided an introduction to this research and its goal to learn more about the experiences of women from the GMS who have been trafficked and sexually exploited and to apply that learning to proposed enhancements of an existing training program. An overview of the mixed methods approach, combining qualitative and quantitative methods, and an accompanying approach to analysis has been provided. An outline of the dissertation has been presented, as well as introductory definitions and concepts related to this research. The next chapter

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<sup>3</sup> Brackets inserted by author.

provides a detailed exploration of the literature related to the areas of research as well as to curriculum development.

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## CHAPTER 2 LITERATURE REVIEW

### 2.1 INTRODUCTION

This chapter provides an overview of the literature informing the development of the research and outlining the need for the development of the proposed training curriculum. It is divided into five main sections. The first section provides a background to the trafficking situation in the GMS, reviewing its definition, history, current legal instruments, and providing some general statistics. More specific information about the current situation and initiatives to respond to trafficking in the GMS is addressed in section two. Section three contains a detailed description of the various ways that trafficked women are individually affected by the trafficking experience. Aftercare services—definition and scope, barriers, gaps and need, and current training resources—are discussed in section four. Finally, section five provides a detailed overview of the foundations and approaches to aftercare, cultural dimensions, training delivery, and considerations for developing a training curriculum, tailored by the results of the literature review and research.

Human trafficking—a modern day form of slavery—has become a widespread problem throughout the world, particularly in the GMS. While the assessment of trafficking levels is a complex and contentious issue, it is estimated that almost 21 million people are victims of forced labor globally (ILO, 2012a). It is estimated that 22% are trafficked for sexual exploitation and that the Asia-Pacific region accounts for about 56% of the global numbers of people in forced labor situations. These statistics do not include those who are trafficked for organ donation, forced marriage, and adoption.

Derks (2000) traces the awareness of trafficking back to the late 19th century when attention was focused on the forced prostitution of European and American women. The first recorded UN action took place in 1949 with the development of the *UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others*. Little action followed until the 1980s. In the 1980s a

confluence of issues once again focused attention on prostitution, but was refocused on Eastern Europe, Africa, South America, Asia, and countries outside of Europe and America. The focus expanded at this time to include migration patterns, the feminist movement, the spread of HIV/AIDS, child prostitution, and sex tourism. It took nearly 50 years before research on human trafficking was observed, beginning in 1996 and peaking in 2002 (Laczko & Goździak, 2005).

At this time the majority of research focused first on Europe and second on Asia. In the midst of this, in 2001, the United States began publishing its annual *Trafficking In Persons Report* (Laczko & Goździak, 2005). Based on a review of bibliographic entries in an analysis of journal articles, more regional research has been done in the areas of Latin America, the United Kingdom, Eastern Europe, and West and Central Africa, than in Asia (Goździak & Bump, 2008).

Trafficked persons are used for sexual exploitation, forced or bonded labor, debt bondage, domestic servitude, forced marriage, illegal adoption, begging, organ harvesting, and surrogacy (Derks, 2000; Laczko & Goździak, 2005; UNODC, 2012b; US Department of State, 2012a, 2014). The present study's focus is on the human trafficking of women for sexual exploitation.

Zimmerman et al. (2011, p. 327) describe a conceptual framework for the process of trafficking and the accompanying impact on health as “a multi-staged process of cumulative harm.” Health includes both physical health and emotional well-being. The process of trafficking encompasses the stages of recruitment, travel and transit, exploitation, detention, integration or reintegration, and re-trafficking. Zimmerman identified exposure to harm at each stage. Recruitment often targets those with a history of abuse or other deprivation. Travel can involve risk, the beginning of violence, and the confiscation of personal documents. Exploitation may involve poor working conditions, physical, sexual, and psychological violence, as well as restricted movement. Detention has been seen to include a lack of certainty and few health services. Integration or reintegration involves adaptation to a new culture or readaption to the original culture. This would include negative treatment based on the stigmas of sexually exploited women in the community in which the trafficked woman is establishing herself, limited services, and retribution from traffickers.

Recommended approaches to implementing the *UN Trafficking Protocol* are outlined in the *International Framework For Action: To Implement The Trafficking In Persons Protocol* (UNODC, 2009b). The *Framework* outlines four areas of initiatives: prevention, protection and assistance, prosecution, and coordination and collaboration nationally and internationally—identified as the fourth ‘P’, partnership (US Department of State, 2012a). In each of these four areas the *Framework* identifies the development of knowledge and research, as well as programs and capacity, and the subsequent evaluation and assessment of programs. Presently, more initiatives are undertaken internationally in the areas of prevention and prosecution. This is in part due to the lack of hard obligations required of member states in the *Trafficking Protocol* (Gallagher, 2001).

Part Two of the protocol, dealing with protection of the trafficked person, contains very little in the way of hard obligation. States parties are instead enjoined to provide assistance for and protection of trafficked persons “in appropriate cases and to the extent possible under domestic law.” Subject to either or both of these caveats, states parties are to: protect the privacy of trafficking victims and ensure that they are given information on legal proceedings and facilities to present their views and concerns during criminal procedures against offenders; *consider* implementing a range of measures to provide for the physical and psychological recovery of victims of trafficking; *endeavor* to provide for the physical safety of trafficking victims within their territory; and *ensure* that domestic law provides victims with the possibility of obtaining compensation. (Gallagher, 2001, p. 990)

The protection and assistance component begins with the identification of trafficking victims, a necessary prerequisite to providing assistance. Identification usually occurs through law enforcement efforts, but may also occur through other means. Protection and assistance support continues through the prosecution and (re)integration of the trafficked person. The focus of the present study is a narrow facet of protection and assistance that is mental health and psychosocial support. This may occur at the point of detainment by police, during the detention or sheltering while awaiting prosecution or (re)integration, or during the time of (re)integration.

In 2000, the *Trafficking Protocol* was enacted by the UN. This same year the US Congress also passed the *Trafficking Victims Protection Act 2000* (TVPA) that calls for the US State Department to publish an annual report ranking countries according to their efforts to address the problems of human trafficking according to the guidelines of the TVPA—formally known as the *Trafficking In Persons Report* (TIP) (US Department of State, 2014). Country rankings include 3 tiers, with Tier 2 having two divisions, providing a total of four ranking categories. Tier 1 is applied to countries that fully comply with the minimum standards of the TVPA; Tier 2 is applied to countries that do not fully comply with the minimum standards, but are making efforts to do so; Tier 2 Watch List countries are not meeting the minimum standards, are assessed to have a significant trafficking problem, are not providing enough evidence of initiatives, but have plans to improve the situation in the next year; and, Tier 3 is applied to countries who do not meet the minimum standards of the TVPA and are not making significant efforts to do so. The countries addressed in the present study range from Tier 2 to Tier 3 designations (US Department of State, 2015).

The impact of human trafficking includes physical, emotional, cognitive, behavioral, and social dimensions (Devine, 2009). Little research has been completed investigating the health impact of human trafficking (Oram et al., 2012). Of 19 research papers identified (dated between 2004 and 2011), all addressed women or children who have been sexually exploited. The majority of the papers addressed the impact of HIV/AIDS (eight papers) and violence (10 papers) as a result of sexual exploitation. Six or fewer studies addressed the sexual, physical, or mental health impact of trafficking for sexual exploitation.

The present study focused on the GMS (Cambodia, Laos, Burma/Myanmar, Thailand, and Vietnam). It develops: a) an enhanced understanding of the needs of women trafficking victims who have been sexually exploited as viewed through the experiences of those who have worked with trafficked women in aftercare settings; b) enhances understanding of the needs of aftercare workers; c) evaluates training delivered to aftercare workers; and d) develops and delivers culturally relevant training materials.

## 2.2 TRAFFICKING

### 2.2.1 Definition

The most widely used definition of human trafficking was established by the UN in 2000 in the *Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children*, otherwise known as the *UN Trafficking Protocol*, and supplemented the *UN Convention Against Transnational Organised Crime* (Busza, Castle, & Diarra, 2004; Hossain et al., 2010; Piper, 2005; Surtees, 2013; Thatun, 2006; Zimmerman et al., 2008). The *UN Trafficking Protocol's* definition states:

‘Trafficking in persons’ shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, and deception, of the abuse of power or of a position of vulnerability or at the giving or receiving of payments or benefits to achieve that consent of a person having control over another person, for the purpose of exploitation. (UN, p. 2).

IOM (2007, p. 20) distills the UN’s definition into three components, “activity,” “means,” and “purpose.” *Activity* refers to the movement of a person either internally within a country or externally across international borders. *Means* refers to the use of deception or coercion to move that person. *Purpose* refers to the reason for exploiting the person.

There are a number of different interpretations in applying the *UN Trafficking Protocol* definition that can affect data that summarize the number of people trafficked. Key issues in interpretation involve the difference between whether it is the intent or the outcome that is the focus of identifying trafficked individuals. Particularly in the area of sexual exploitation there are varying definitions, and consequently data, as to individuals engaged in prostitution versus trafficking.

Complicating matters further, there can be differences between how governmental organizations (GOs) and non-governmental organizations (NGOs) measure trafficking data. This depends on the definition of sexual exploitation revolving

around the issue of consent (Gallagher, 2001; Piper, 2005). GOs tend to follow the UN's definition that focuses on the intent at the time the trafficking is initiated. NGOs on the other hand, because they are serving survivors of trafficking, measure trafficking based on outcome (Gallagher, 2001; Piper, 2005). Even with these differences of opinion about the definitions, the *Trafficking Protocol* was recognized for significantly refining the definition in a way that would assist in more uniform data collection (Gallagher, 2001).

Another challenge to defining sex trafficking is that many people are trafficked for labor purposes such as maids or waitresses and are then forced into prostitution or sexually abused by their employers (IOM, 2012a). The definition of human trafficking is different from the definitions of forced labor and of people smuggling. Forced labor includes those were compelled to work by state (national governments), as well as those who are in forced labor situations for sexual or labor exploitation privately (ILO, 2012b). People smuggling is the illegal movement of people across borders for profit, without the attributes of force or coercion (Gallagher, 2001).

For the purposes of this study, the UN's definition of sex trafficking has been used because of its focus on the impact of trauma on trafficking victims, as well as to ease the communication this research's results to others. It is the aspects of "the threat or use of force or other forms of coercion, of abduction, of fraud, and deception, of the abuse of power or of a position of vulnerability or at the giving or receiving of payments or benefits to achieve that consent of a person having control over another person, for the purpose of exploitation" (*UN Trafficking Protocol 2000 [UN]*) that impact the experience of trauma by the trafficked person.

### **2.2.2 History**

The modern history of human trafficking awareness began in the late 1900s. There has been criticism about the attention placed on human trafficking, especially on the sexual exploitation of women, since it is seen as having resulted from the efforts of organizations that are trying to advance religious, moral, or feminist agendas (Goździak & Bump, 2008; Weitzer, 2005).

Weitzer (2011) posits that the sexual exploitation of women is actually only a very small part of the human trafficking problem, but is the part that has received the most attention throughout the years. He contends that the data has been inflated by the blending of data of those who are involved in sex work by choice with those who are trafficked and used for sex work through coercion. An example of what some would describe as sex work by choice is a woman leaving a village knowing that she is going to be engaged in sex work and choosing it because of the financial gain for herself and her family. On the other side are those who define this situation as human trafficking because they see the choice between sex work and poverty as a forced choice.

### **2.2.3 Legal instruments**

#### 2.2.3.1 UN Trafficking Protocol

The *UN Trafficking Protocol* was enacted in 2000 (UN). Upon its ratification it went into effect in 2003 (UNODC, 2009b). As of August 2012, 154 countries had ratified the *UN Trafficking Protocol* (UNODC, 2012b).

#### 2.2.3.2 The International Framework for Action

The *International Framework For Action* (UNODC, 2009b) was developed in 2009. Of the 154 countries that have ratified the *UN Trafficking Protocol*, 134 jurisdictions have enacted legislation criminalizing human trafficking (UNODC, 2012b). However, there is less evidence of concrete implementation of the *Trafficking Protocol*. The measure of this gap in implementation is that, while many countries have specific legislation criminalizing human trafficking, there have been very low numbers of prosecutions. The purpose of the *Framework* is to assist member states to improve their efforts by providing a tool for implementing and measuring practices in alignment with the *UN Trafficking Protocol* (UNODC, 2009b).

The present project has focused on an area of implementation referred to as assistance and protection. Protection of human trafficking victims is predicated on the ability to identify them. The majority of efforts since the enactment of the *UN Trafficking Protocol* have been focused on improving identification measures. Once

human trafficking victims are identified, a robust system of referral to protection and assistance programs is needed (UNODC, 2009b). Furthermore, protection and assistance programs are to be established based on international standards and human rights-based approaches.

There are two settings of protection and assistance on which the present project has focused its efforts. The first setting is in the destination location where the person is first identified as a trafficked person. Destination locations can be internal or external to the county of the trafficked person. In the destination location the trafficked person is in need of support to make decisions about whether to enter the criminal justice system, whether she wants to integrate into the local community, or if she prefers to reintegrate back to her home community.

The second setting of aftercare programs is in the area of reintegration. When a trafficked woman is returned from the destination location to her home country, she goes through a process of reintegration. As part of this process a trafficked woman may spend time in a shelter receiving assistance for reintegration, or she may live within the community and come to a community-based reintegration program to receive such assistance.

In both the destination and reintegration settings there is an opportunity for aftercare support programs to address the mental health and psychosocial needs of trafficked women. It is these two locations that the present project has targeted in developing capacity, knowledge, skills, and resources.

The *Framework* provides guidance from six perspectives: “*Protocol* requirements, specific objectives, framework indicators, implementation measures, operational indicators and resources” (UNODC, 2009b, p. 13). First, it provides the protocol requirements as outlined in the *UN Trafficking Protocol*, accompanied by a description of the intent of the provision. Next, minimum standards are described focusing particularly on the legal and institutional implementation of the protocol provisions. This is followed by implementation measures that provide specific practical recommendations of how the provisions can be implemented. Then, operational indicators are provided to help in the measurement of the implementation

of the legislation through established programs. Finally, referrals to resources for further information as to the implementation of the specific objectives are provided.

Protection and assistance framework guidance specific to the present study is summarized in Table 2.1.

**Table 2.1 Protection and assistance guidance from the *Framework***

<b>Protocol requirements</b>	<ul style="list-style-type: none"> <li>• Medical, <b>psychological</b> and material assistance to victims of trafficking (<b>article 6, para. 3 c, Protocol</b>)</li> </ul>
<b>Specific objectives</b>	<ul style="list-style-type: none"> <li>• Respond to medical, <b>psychological</b> and material needs of trafficked persons</li> <li>• Provide for the physical, <b>psychological</b> and <b>social</b> recovery of trafficked persons</li> </ul>
<b>Framework indicators (minimum standards)</b>	<ul style="list-style-type: none"> <li>• Support services and/or specialized organizations in place</li> <li>• Measure to provide for the physical, <b>psychological</b> and <b>social</b> recovery of victims of trafficking in persons in place</li> </ul>
<b>Implementation Measures</b>	<ul style="list-style-type: none"> <li>• Create <b>support services</b> or specialized organizations or specialized crisis centres equipped to respond to trafficked persons' needs as appropriate</li> <li>• Ensure implementation of measures for the physical, <b>psychological</b> and <b>social</b> recovery of trafficked persons</li> <li>• Ensure that support services or specialized service providers are distributed appropriately throughout a State's territory and are part of a network, in order to secure effective referral</li> <li>• Ensure that social workers or specialized health care staff are appropriately and comprehensively trained in trafficking in persons (including on legislation and measures to prevent and combat trafficking)</li> <li>• Promote the creation of specialized networks to support medical, <b>psychological</b> and <b>social</b> assistance to victims</li> <li>• Develop human rights-based, gender-responsive and equitable health policies and programmes for trafficked persons in line with human rights treaties and other related international standards</li> </ul>
<b>Operational indicators</b>	<ul style="list-style-type: none"> <li>• Number of trafficked persons supported by specialized organizations or support services</li> <li>• Evidence of effective implementation measures for the physical, psychological and social recovery of trafficked persons</li> <li>• Network of appropriately located support services and specialized service providers in place</li> <li>• <b>Training modules on trafficking in persons in place in medical, psychological and social service curricula and professional training available</b></li> <li>• Percentage of social workers or specialized health care staff that have undertaken specialized training in trafficking in persons</li> <li>• Evidence of specialized networks in place</li> <li>• Evidence of human rights based, gender-responsive and equitable</li> </ul>

	policies and programmes to trafficked persons
<b>Resources</b>	<ul style="list-style-type: none"> <li>• DAW/DESA, Handbook for legislation on violence against women, 2009, (section 3.6)</li> <li>• UNODC Toolkit to Combat Trafficking in Persons, 2008, (chapter 8, tools 8.5 (medical), 8.6 (psychological), 8.7 (material))</li> <li>• UNICEF/Government of India, Manual for Medical Officers, Dealing with Child victims of Trafficking and Commercial Sexual Exploitation, 2005</li> <li>• IOM, Handbook on Direct Assistance for Victims of Trafficking, 2007, (chapter 5: Health and Trafficking)</li> <li>• UNICEF/Government of India, Manual for Social Workers dealing with Child Victims of Trafficking and Commercial Sexual Exploitation, 2005</li> <li>• UNODC, Toolkit to Combat Trafficking in Persons, 2008, (chapter 8, tools 8.11-8.15)</li> <li>• UNDP, Toolkit on Human Trafficking and HIV (soon to be published)</li> <li>• IOM/UN.GIFT, Caring for Trafficked Persons: Guidance for Health Providers, 2009</li> </ul>

Note: Author has put text in bold to highlight text related to this study.

Source: (UNODC, 2009b, pp. 30-31)

## 2.2.4 Statistics

Most international sources of data on trafficking come from IOM, UNODC, and the United Nations Children’s Fund (UNICEF). More recently statistics from the ILO have also been used (Lee, 2005; US Department of State, 2014). For the purposes of the current project, statistics from IOM, UNODC, and ILO were considered due to the availability of data and this project’s focus on sexually exploited women.

Internationally, the United States estimates that the annual number of women and children trafficked is more than 1 million, including 250,000 from South-East Asia alone (Asian Migration News, 2000b as cited in Skeldon, 2000). IOM estimates that there are over 800,000 people who are trafficked across international borders every year (IOM, 2012b). IOM maintains a database—the Counter Trafficking Module—that contains data on all of those who are assisted by IOM and its partners (IOM, 2012c). IOM and its partners assisted 679 trafficked persons in 2011 in Thailand, Laos, Vietnam, and Cambodia, the majority of whom were adult women.

IOM data shows the GMS countries addressed in the present study to be more source than destination countries. Almost twice as many assisted trafficked persons come from these countries as those whose destinations were the five GMS countries. Laos and Cambodia are in the top 10 nations assisted. Thailand is in the top 10 countries

of destination where trafficked persons were assisted by IOM. Twenty-seven percent were assisted for reasons of sexual exploitation while five percent were assisted for reasons of combined sexual exploitation and forced labor. Sixty-two percent of those assisted by IOM were female and 63% were adults. Trafficked persons assisted by IOM were both internally and internationally trafficked individuals. The second largest region aided was Asia and the Pacific and contained 25% of those assisted by IOM in 2011. Fifty-seven percent of those assisted received medical assistance. Medical assistance includes assistance focused on both physical and emotional well-being. It is an oversimplification of service provision to combine physical and emotional aid, because it is generally understood that these service areas would involve different professionals.

With the 2010 passage of the *UN's Global Plan Of Action To Combat Trafficking In Persons*, the UNODC was tasked with data collection and biennial reporting of trafficking patterns (UNODC, 2012c). The first such report was issued in 2012 and was based primarily on data from national institutions, supplemented with information from international institutions and NGOs. Key findings of UNODC's 2012 report, of interest to the present study, include that women account for 55 to 60% of all trafficking victims, and that 58% of trafficking cases were for the purpose of sexual exploitation. Sexual exploitation remains the single highest category of trafficking worldwide, and UNODC reports that the trafficking of East Asians to countries throughout the world remains significant.

ILO collects data on all forms of forced labor. Depending on the definitions used for human trafficking, statistics reported by ILO could comprise 90 to 100% of human trafficking data (ILO, 2012b). ILO's definition of forced labor includes those who are compelled to work by the state (national government). Statistics from ILO, which the TIP report (US Department of State, 2014) and IOM's 2012 report reference (IOM, 2012b), reports that there are 20.9 million people who are victims of forced labor—jobs in which they have been coerced or deceived, and they do not have the freedom to leave (ILO, 2012b). Approximately 90% of these are people who are compelled to work in private industry, either for labor or for sexual exploitation. Approximately 22% of these victims are in situations of sexual exploitation. Women and girls are 55% of this population.

For data purposes the GMS countries are often lumped into the large region of South Asia, East Asia, and Pacific (UNODC, 2012b). In terms of per capita rates of human trafficking, Asia falls into the middle range in terms of the number of people per thousand who are in forced labor situations. However, due to population levels, in total numbers, Asia and the Pacific have the highest number of people in forced labor situations internationally. About 44% of this population group has been moved internally or internationally for purposes of sexual exploitation.

Researchers analyzing available human trafficking studies lament the lack of systematized data (Piper, 2005). However, these commentaries predate the new data collection initiatives of ILO and IOM data reports of 2012. While the awareness of human trafficking began by addressing the problem of women who were trafficked for sexual exploitation, the scale of the problem is significantly higher than previously understood. As better data is collected, the numbers of men are increasingly being reflected as well as those trafficked for labor exploitation (ILO, 2012b; IOM, 2012c).

The next sections address data in the GMS countries and show that there is a significant gap between the numbers provided by IOM, UNODC, and ILO and of those identified and served by GOs and NGOs. This variance would suggest that the need for protection and assistance services will continue to increase as identification and prosecution efforts improve. This in turn will create a need for more well-trained aftercare workers.

### **2.3 GREATER MEKONG SUB-REGION**

The GMS is typically defined as encompassing Cambodia, Thailand, Vietnam, Laos, Burma/Myanmar, and the Mekong River region of China (Thatun, 2006; World Vision & Australian Aid, 2013). Due to the vastness of China, the scope of the present study is limited to Cambodia, Vietnam, Laos, Burma/Myanmar, and Thailand, and covers the cultures of those five countries.

The GMS countries are reported to experience significant movement of laborers across their borders. Illustrative of that, IOM provided assistance to 195 people from Laos in 2011. Of those 185 were females who had been exploited in Thailand, and

108 of those were from Laos (IOM, 2012a). Cambodia, as another source country, has women who have been trafficked (internally and internationally to a number of regional countries including Thailand and Vietnam) to work in a number of industries including the sex trade (IOM, 2012a). Trafficking in the GMS appears to be more of a local industry occurring more at the village level than as the result of a broader, more organized system (Marshall, 2001; Piper, 2005).

About 60% of those identified as having been trafficked for exploitation were exploited for sexual purposes (UNODC, 2012a). Of those who received assistance from the Ministry Of Social Development And Human Security between 2010 and 2011, almost 100% were from the five GMS countries reviewed by this current research project.

A significant feature of trafficking in the GMS region is the trafficking of women to Thailand from Cambodia, China, Laos, and Myanmar/Burma for exploitation including the sex trade. While Thai women have often been trafficked outside of the region, with increased protection initiatives they have become less vulnerable. As a result, traffickers have increasingly targeted women in the GMS from China, Burma/Myanmar and Vietnam (Thatun, 2006). The Asian region, in general, has been identified as a center point of trafficking especially for sexual exploitation. Women are trafficked from Asia to other places around the world or trafficked among Asian countries (Piper, 2005). A majority of the intra-regional trafficking occurs in Southeast Asia, with Thailand and the surrounding countries being source, transit, and destination countries (Piper, 2005). A review of projects addressing trafficking in the GMS shows they are generally targeted as source countries (Piper, 2005) and not primarily destination countries.

Within the GMS it is difficult to obtain a comprehensive view of the human trafficking problem and to further delineate the sub-population group of adult women who have been trafficked for the purposes of sexual exploitation because those numbers are not reported separately.

In a number of countries statistics are not released by the government, if collected at all (US Department of State, 2014). Furthermore, when assessing protection measures, countries are assessed in terms of their protection for internally trafficked

persons, protection for foreign trafficked persons, and protection for their nationals who are living outside of their home country and may seek protection through diplomatic missions abroad (US Department of State, 2014). While there are some initiatives by national governments, repeatedly foreign donors and NGOs are the providers of protection programs (US Department of State, 2014). A regional example of one such program is World Vision's End Trafficking in Persons Programme (ETIP) that addresses prevention, protection, and policy perspectives. In the area of protection, ETIP works towards the expeditious "safe and dignified" repatriation and reintegration of trafficked persons through safe shelters and tailored follow-up assistance for up to two years to assist with full recovery (World Vision & Australian Aid, 2013, p. 9). Ideal approaches to (re)integration as outlined in the *UN Trafficking Protocol 2000* (UN) would allow for trafficked persons to choose whether they wanted to repatriate or whether they wanted to establish roots in the country to which they had been trafficked. A number of regional initiatives have been undertaken in the GMS countries who were a part of the Coordinated Mekong Ministerial Initiative Against Trafficking (COMMIT), a program of the UNIAP that made development of (re)integration support a high priority for the region in 2009 (Surtees, 2013).

While the information available for each of the countries addressed in this study varies significantly, the following sections provide an overview of the trafficking situation in Thailand, Cambodia, Vietnam, Burma/Myanmar, and Laos.

### **2.3.1 Thailand**

Thailand is a Tier 3 source, destination, and transit country for women who are trafficked for sex exploitation. Conservative estimates report that there are tens of thousands of trafficked women from neighboring countries (with the sex trade considered as a significant issue) (US Department of State, 2015). As a source, transit, and destination country, Thailand is regularly regarded as a hub of sex trafficking (Piper, 2005) in the GMS, encompassing both internal and international trafficking for sex and labor trafficking (IOM, 2012a). Many of these are suspected to be pushed back to the country of origin as undocumented migrants and are not appropriately identified as having been trafficked. Thus they are deprived of support

and services (US Department of State, 2014). Furthermore, Thailand is a transit state for trafficked persons from other Asian countries to regions throughout the world such as North America, the Middle East, and Europe (US Department of State, 2014).

In 2013, according to the TIP, Thailand's Ministry of Social Development and Human Security (MSDHS) provided assistance to 681 trafficked persons in 2013 and to 303 trafficked persons in 2014, both local and foreign victims, with another 63 having been identified overseas and processed by the government center upon arrival back to Bangkok (US Department of State, 2014, 2015). MSDHS has nine shelters at which trafficked persons receive counseling, some legal assistance, and medical care (US Department of State, 2015).

In the area of protection, the Thai government's efforts have been found to be inadequate (US Department of State, 2014). The US Department of State's recommendations for future development in Thailand include the use of trained mental health professionals, who use victim-centered approaches to screen possible trafficked persons in private places (US Department of State, 2014). In 2015, while there had been some examples of effective screening and assessment, services remained inconsistent throughout the country (US Department of State, 2015).

### **2.3.2 Cambodia**

Based on the US Department of State's *TIP Report (2015)*, Cambodia is a Tier 2 Watch List country that does not comply with the minimum standards for the elimination of trafficking, but that is making significant efforts to meet those standards. Specifically related to the focus of this study, it is recommended that Cambodia "increase its support and services including psycho-social support, and reintegration programs; increase efforts to make the court process more efficient and sensitive to the needs and interests of trafficking victims, including through the provision of witness protection" (US Department of State, 2014, p. 121).

Cambodia is a source, transit, and destination country for human trafficking. Cambodian women who are migrating to countries within the region and to Africa can become subjected to sex trafficking (US Department of State, 2014, 2015; World

Vision, 2008). Within Cambodia there is a flow of women from rural areas to the larger cities to work in brothels or other settings such as entertainment or massage settings where they are vulnerable to sexual exploitation. The sale of virgin women continues to be an identified problem for Cambodian women.

Cambodia is a destination country for Vietnamese women who travel there and are forced into commercial sex. Additionally, there are reports that Cambodia is a transit country and that Vietnamese women arriving in Cambodia are further trafficked to Thailand and other Asian countries such as Malaysia (US Department of State, 2014, 2015; World Vision, 2008). Surveying Cambodians trafficked to Thailand, three-quarters of the victims were trafficked by someone they knew in their community or by family members (MoWVA, 2004 in World Vision, 2008).

Between 2005 and 2009, 2,700 human trafficking victims identified in Cambodia were repatriated back to their home countries. The majority were repatriated to Vietnam, with a smaller percentage to Thailand (UNODC, 2012a). Data of repatriation back into Cambodia in 2006 documented more than 147,000 Cambodians repatriated from Thailand. Between 2004 and 2006 the majority of Cambodians repatriated came from Thailand, with Vietnam second (Huguet & Ramangkura, 2007; World Vision, 2008).

Of suspects prosecuted for human trafficking, about half were charged with domestic and the other half with international trafficking (US Department of State, 2014). In the last two reporting periods, fewer victims were identified and referred to shelters by government social service agencies, 310 in the current report, down from 570 in the previous reports. The police referrals reflected a similar decrease from 388 in the last reporting period to 151 (US Department of State, 2014). In 2014, the numbers of police referrals increased to 326, closer to 2012 levels (US Department of State, 2015). In 2014, Cambodia did not provide numbers of those referred and assisted as it has in past reporting years (US Department of State, 2015).

Services were not comprehensive, with programs that serve other vulnerable populations taking on the responsibility of serving trafficking victims. Services are therefore secondary and not focused. Most services were provided by NGOs (US

Department of State, 2014). There have been some allegations of inadequate care. Foreign victims do have access to the same sources of support as Cambodian victims; however, many of those programs were not able to provide the language and culturally relevant support needed (US Department of State, 2014). Overall, Cambodia's protection services have been assessed as inadequate (US Department of State, 2015).

### **2.3.3 Vietnam**

While Vietnam is recognized as a significant source country for women who are both internally and internationally trafficked and sexually exploited, Vietnam has been designated a Tier 2 country (and is not on the Watch List) by the US Department of State. This is the most positive ranking of the five GMS countries addressed by the present study (US Department of State, 2014, 2015). Vietnamese women are trafficked within Asia, Europe, and Africa for sexual exploitation (US Department of State, 2014). While Vietnam is not in full compliance with the minimum standards for addressing trafficking, it has shown to be making significant efforts in this direction.

In 2011, the Ministry of Public Security reported that 821 Vietnamese were repatriated back to Vietnam returning from countries throughout the world and the region, including Cambodia, Laos, and Thailand. Vietnam is currently addressing human trafficking under the provisions of the *National Plan Of Action Against Human Trafficking* that has been in effect from 2011 to 2015 and includes reintegration assistance for victims (UNODC, 2012a) as one of its five provisions. In 2013, Vietnam certified 982 trafficked persons, the majority of whom were identified outside of the country. Of these 349 were served by NGOs (US Department of State, 2014). In 2014, Vietnam certified 1,031 potential trafficking victims. A breakdown of type of trafficking or adult/children status was not provided (US Department of State, 2015).

To date, Vietnam's efforts to provide protection have focused more on those who have been sexually exploited than on other trafficking categories (US Department of State, 2014). The US Department of State recommends the development of services for trafficked persons who can be found among vulnerable groups.

Parallel initiatives to develop and professionalize the field of social work (J. Ang, personal communication, 8 November 2013) may have positive benefits for the development of victim-centered protection for trafficked persons. The primary source of assistance in Vietnam is through the Vietnam Women's Union (VWU) with the support of NGOs and foreign donors (US Department of State, 2014). They operate three shelters, one of which is specifically designated for trafficked persons. Local officials operate four assessment centers. Additional victims are housed through The Ministry of Labour, Invalids and Social Affairs (MOLISA) social protection centers (US Department of State, 2014). MOLISA's centers provide a variety of services to vulnerable populations; however, they have limited funding and staff trained in the unique issues of human trafficking (US Department of State, 2014).

While the government encourages victims to participate in the prosecution of traffickers, victims are deterred due to the stigma of being labeled a trafficked person, fear of repercussions in their local communities, and fear of being prosecuted for illegal acts committed while being trafficked (US Department of State, 2014).

### **2.3.4 Burma/Myanmar**

Burma/Myanmar is ranked a Tier 2 Watch List country by the US Department of State (2015), acknowledging its efforts to eliminate human trafficking, but signaling that it is still not meeting minimum standards. The U.S. Department of State reports that due to poor economic conditions in Burma/Myanmar, it is a source country for women who are trafficked for sexual exploitation, primarily to destinations in East Asia, but also to other locations throughout the world. Among the large number of migrants deported from Thailand to Burma/Myanmar each year there are many who are not specifically unidentified as trafficked persons. About one-third of the persons repatriated from Burma/Myanmar in 2009 were repatriated to Thailand and about 16% of those who received assistance by the anti-trafficking unit were from Thailand and Burma/Myanmar (UNODC, 2012a). In 2013, 214 identified trafficked persons were repatriated to Burma/Myanmar from Thailand and China and received by the Department of Social Welfare (US Department of State, 2014).

There are five centers for persons in need in Burma/Myanmar that also accept trafficked persons, with additional facilities slated to be opened in the future (US Department of State, 2014). There is one that focuses on female trafficked persons (US Department of State, 2014). NGOs and foreign donors provide most services to trafficked persons. Government facilities provide access to some medical care and limited counseling (US Department of State, 2014). Immediate services are limited and longer-term support is limited in scope and location, leaving victims susceptible to being re-trafficked (US Department of State, 2015).

### **2.3.5 Laos**

Laos is ranked a Tier 2 Watch List country by the US Department of State (2015) for its lack of compliance with minimum standards in addressing human trafficking (US Department of State, 2015). While data is limited on the scope of trafficking in Laos, Laos is predominately a source country, and much less a transit or destination country, with many women migrating for work and then being subjected to exploitation in the sex trade, particularly in Thailand (US Department of State, 2015). It is thought that many of these may be among the thousands of migrants returned to Laos from Thailand without ever having been identified as having been trafficked. Within the GMS some women are trafficked to Vietnam and through Laos to other countries within Asia such as Thailand. Additionally some Vietnamese women are trafficked through Laos to Thailand (US Department of State, 2014).

Between 2007 and 2011, the majority of trafficked persons returned to Laos came from Thailand (UNODC, 2012a). The *National Plan Of Action Against Trafficking In Persons in Laos* active from 2007 to 2012, included provisions that the trafficked persons should be provided with appropriate shelter. While 17,000 migrants were returned from Thailand to Laos during 2013, only 103 trafficked persons were identified in Thailand and returned for repatriation. An NGO reported serving an additional 43 trafficked persons returned to Laos (US Department of State, 2014).

The 2015 TIP describes protection activities in Laos as modest, with much of the assistance provided in Laos to trafficked persons dependent on foreign donors (US Department of State, 2015). NGOs' support includes a transit center in Vientiane, where trafficked persons stay a week while assessments and arrangements for

longer-term support are made for sheltering, “medical care, counseling services and vocational training” (US Department of State, 2015, p. 216). During the data period of the 2014 TIP, 32 trafficked persons were housed in a quasi-governmental shelter, of whom 20 were female (US Department of State, 2014). All longer-term support is provided by NGOs and is limited, leaving trafficked persons vulnerable to re-trafficking (US Department of State, 2015).

## **2.4 SEXUALLY EXPLOITED WOMEN**

In reviewing the history of the human trafficking of woman, the sex work of women, as was addressed earlier, has many terms: prostitution, commercial sex work, sex industries, sexual exploitation, sexual slavery, and trade in brides, to list a few (Piper, 2005). Each of these terms illustrates a different conceptual framework and exists along a continuum of perceived choice—from coercion by circumstances to force. Additionally, different terms—while having essentially the same meaning, such as prostitution, carry a more negative connotation than commercial sex workers (Piper, 2005).

Those who argue a perspective of choice point to data that reflects the lack of an agent or middleman facilitating women’s involvement in sex work. For example, a survey in Thailand showed that under 15% of women in brothels were there with the assistance of an agent or middle man (Boonchalaksi & Guest, 1998; Skeldon, 2000). Proponents of coercion by circumstances argue that no one would voluntarily choose sex work, if other options existed. Women chose sex work as the best option among limited employment options, viewing it as the best means of earning an income that would allow them to support their families. Circumstances, including environmental and developmental problems, (Piper, 2005) such as poverty, lack of education, the responsibilities of daughters to support their families (Bjerkan, Dyrliid, Nikolic-Ristanovic, & Simeunovic-Patic, 2005; Caouette & Saito, 1999 as cited in Skeldon, 2000), and the desire to escape abuse at home (Askew, 1998; Skeldon, 2000), all contribute to women choosing sex work. At the far end of the continuum is the most prevalent image of women trafficked for sexual exploitation—as women taken by force, or through the coercion of a friend, relative, agent, or middleman. This turns into captivity in which the victims are used for the economic gain of others.

Herman (1992, p. 34) describes traumatic events as “those which overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning.” This definition would include any women who were forced, did not have a choice about their involvement, whose preferred connection with family or friends was affected, or whose sense of meaning in life was distorted by their engagement in sex work. It is therefore important to note that perceived choice or the individual’s interpretation of her circumstances could have a significant impact on whether a person’s circumstances are considered traumatic.

For the present study, a perspective of sexual exploitation includes any sexual exploitation that involves traumatic experiences at the pre-trafficking, trafficking, or post-trafficking stages. This perspective highlights the mental health and psychosocial impact of trauma in the context of trafficking and sexual exploitation, and consequently focuses on the services needed as opposed to highlighting the causes of sexual exploitation.

### **2.4.1 Impact**

Before in-depth research into the impact of trafficking trauma on women was broadly initiated, Rousseaux (2003) drew parallels between the psychological impact of victims of sex-trafficking and survivors of torture, sexual abuse, and domestic violence. These were largely based on documenting her own clinical practice. As such, research from related fields has been included in the review of the impact of sexually exploitive human trafficking.

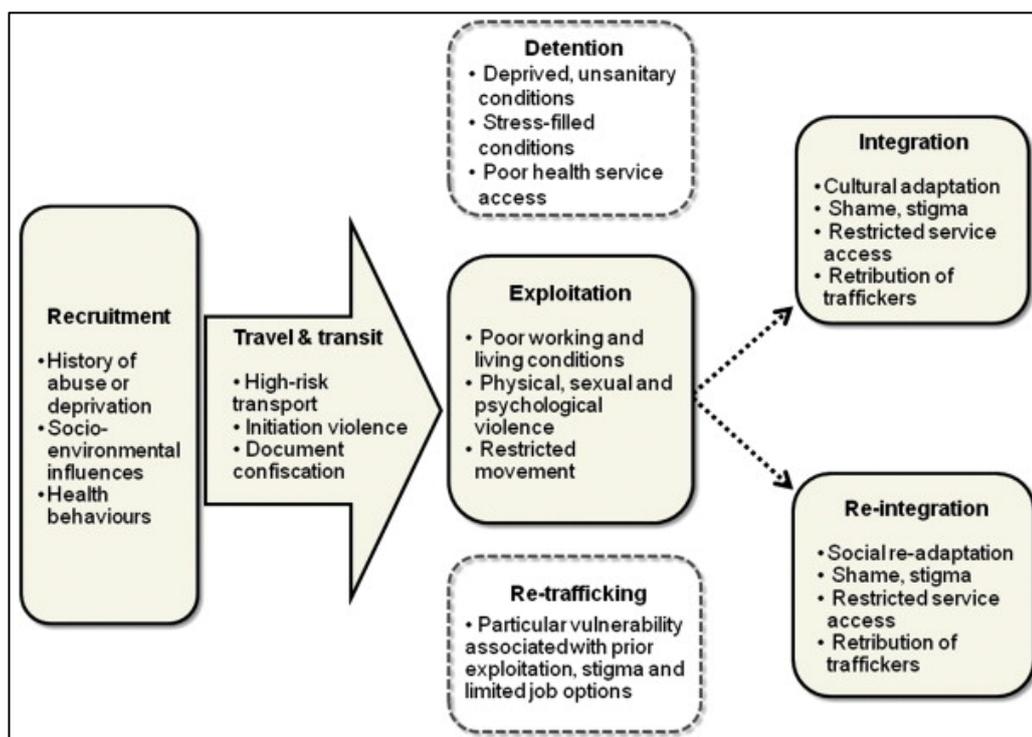
The first in-depth study into the impact of trafficking on women was completed by Zimmerman et.al. (2008). It researched the violence experienced by trafficked European women and the subsequent health impact (including psychological). This study of 192 women, interviewed within 14 days of entering post-trafficking services, showed that almost all reported trafficking violence, more than half pre-trafficking abuse, as well as a number of physical and psychological problems. Ostrovschi (2011) studied 120 women in Moldova at two and 12 months post-trafficking and found that more than half of the women met the criteria for PTSD, anxiety, and/or depression at two months and the majority also at 12 months. Kiss et al. (2015), in the most comprehensive study to date, reported on a study involving

1,000 subjects in Thailand, Cambodia, and Vietnam including men and women, adults and children, who were victims of all kinds of trafficking, and who were interviewed within two weeks of entering post-trafficking services. More than half were experiencing symptoms of depression, with a small percentage having attempted suicide in the last month. A little less than half experienced symptoms of anxiety and still fewer, but more than a quarter, had symptoms of PTSD.

It is the impact of human trafficking that speaks to the need for mental health and psychosocial support—the ultimate focus of this project. Recent research has helped to identify indicators from the pre-trafficking or trafficking experience of trafficked persons who are linked with an increased risk for greater psychological impact. Surtees (2013), in her research of the GMS, acknowledges that the psychosocial effects of trafficking can come from both the trafficking and post-trafficking experiences.

A number of constructs have been put forth to describe the different aspects of trauma from trafficking. Clawson et al. (2006) describes a continuum of trauma in which one end represents a traumatic event as a once in a lifetime experience and the other end represents the experiences of a vulnerable individual who is exposed to repeated trauma throughout various life stages. Zimmerman et al. (2011) recommends a comprehensive view of human trafficking that reviews each of the stages of the trafficking experience and catalogues the potential scope of risk and health impact at each stage. The following diagram identifies four stages: recruitment, travel and transit, exploitation (which may include detention and re-trafficking), and the aftercare phase of integration or re-integration. This model recognizes that each stage has unique risks that may contribute to the subsequent health conditions of trafficking victims. See Figure 2.1.

Figure 2.1 Multi-staged process of cumulative harm



Source: Zimmerman, 2011, p. 328.

Zimmerman proposes that assessing the level of violence during each phase may provide information about those who are at higher risk for medical and psychological consequences, and may be a resource for targeting services. For the purposes of this study, Zimmerman's multi-staged process model provided the underlying framework for locating the focus of the study on aftercare work.

Despite the recent research studies which included Oram et al. (2012, p. 11), the reported evidence characterizes as "extremely limited" the links between sexually exploitative human trafficking, violence, and significant health problems. Certainly research by Kiss et al. (2015) will take a big stride forward in answering some of these questions for some of the GMS countries.

Results of the research on psychological impact report that:

- The longer the duration of the trafficking experience, the increased levels of psychological impact (Oram et al., 2012). This is reported to reduce with the increase of time out of the exploitation phase of trafficking.

- Increased levels of PTSD were associated with injuries and sexual violence (Hossain et al., 2010).
- Increased levels of depression and anxiety were related to longer durations in the trafficking situation (Hossain et al., 2010).
- As post-trafficking time increases, depression and anxiety reduced, but PTSD does not (Hossain et al., 2010).
- Overtime work, limited freedom, threats, severe violence, and inadequate living conditions were linked to symptoms of depression, anxiety, and PTSD (Kiss et al., 2015).

#### 2.4.1.1 Physical impact

Using the conceptual framework of Zimmerman et al. (2011), physical violence and impact can be identified at all stages from recruitment through (re)integration. In research by Zimmerman et al. (2008) in Europe, the majority of women reported physical and sexual violence during the exploitation phase, more than half report abuse before being trafficked, and a number reported physical complaints during the (re)integration phase. Those recruited often come from a context that includes a history of family, community, or governmental violence (Clawson et al., 2006; Stark & Hodgson, 2003; Ugarte, Zarate, & Farley, 2003). The travel and transit stages may include physical and sexual violence (Clawson et al., 2006; Stark & Hodgson, 2003; Ugarte et al., 2003). During the trafficking stage trafficked women may experience dangerous working conditions and poor nutrition (Spear, 2004 as cited in Macy & Johns, 2011) as a backdrop to the sexually exploitative environment.

During the exploitation phase, violence is a common experience in human trafficking (Oram et al., 2012) and may well be present for almost all sex trafficking survivors (Macy & Johns, 2011; Raymond & Hughes, 2001). Additionally, there is limited or non-existent medical care during the trafficking experience (Surtees, 2013). While external observers might say that all sex that occurs within a sexually exploitative human trafficking situation is an experience of violence, the trafficked person may not define it the same way (Oram et al., 2012).

Injuries sustained during the trafficking experience and lack of medical care during (re)integration may contribute to difficulties in daily functioning such as holding employment or completing paperwork related to paying bills and other life responsibilities (Clawson et al., 2006; Surtees, 2013). Medical care costs can lead to financial difficulties (Surtees, 2013), and health problems affect the trafficked person's overall sense of well-being (Surtees, 2013). Somatic experiences of the psychological pain such as headaches, back and stomach pain, being easily tired, dizziness, and memory problems (Oram et al., 2012; Zimmerman et al., 2008) can often turn into physical pain and limitations (Zimmerman et al., 2011). Furthermore, it can be hard to distinguish between physical injury and a somatic expression of emotional reactions to the trafficking experience (Raymond et al., 2002). Somatic expression of psychological distress is more prevalent in non-Western cultures (Kleinman & Kleinman, 1985; Watkins, 2012).

Because physical health issues can interfere with the trafficked person's basic ability to function in life, part of a comprehensive response needs to include comprehensive medical care (Oram et al., 2012). Of those interviewed at the time of post-trafficking, almost two-thirds of respondents reported 10 or more concurrent physical health problems (Zimmerman et al., 2008). There are also general injuries such as broken bones that are not necessarily related to the sexual exploitation aspect of human trafficking (Macy & Johns, 2011; Raymond & Hughes, 2001).

Women who have been sexually exploited in trafficking situations are more likely to suffer from infectious diseases and health conditions such as AIDS (Tsutsumi, Izutsu, Poudyal, Kato, & Marui, 2008), tuberculosis (Tsutsumi et al., 2008), syphilis, trichomoniasis, gonorrhea, chlamydia, herpes, pubic lice, vaginal tearing, and urinary tract and gynecological infections (Macy & Johns, 2011; Raymond & Hughes, 2001; Zimmerman et al., 2008). All of these can impact the individual's own health, family, and community acceptance of the trafficked person back into the home or community, and serve as an obstacle for those who would like to form new partner or marriage relationships. Furthermore, the primary infection could become a source of further infection in the community to which the trafficked person returns, if she does not disclose or manage herself in ways so as to not infect others (Macy & Johns,

2011). Macy and John's research indicates that sex trafficking is a vehicle for the spread of AIDS within the heterosexual community worldwide

While it is recommended that sex-trafficked persons have access to medical care, there is a potentially contradictory recommendation, that while medical services are offered, they should never be mandated. This is to ensure that trafficked persons, who have already experienced coercion, are not pressured or coerced into medical procedures or testing that can be experienced as invasive (Armstrong, 2008; Bortel, Ellingen, Phillips, & Thomas, 2008; Macy & Johns, 2011).

The physical impact of trauma is a personal violation, and in some cases the impact remains with the person for a lifetime and can be the most tangible aspect of the loss of control that can come with victimization. In the quantitative stage this study gathered information on the different types of physical injuries that are experienced. Often people are afraid and embarrassed to acknowledge the physical impacts. It is helpful for aftercare workers to be aware and able to enquire and normalize the range of physical impact of trafficking in their aftercare work.

#### 2.4.1.2 Psychological impact

*"My wounds are inside. They are not visible."* (Zimmerman et al., 2008, p. 55)

Galappatti (2003, p. 11) in his research into psychosocial intervention, writes: "By psychological effects is meant those experiences which affect emotions, behavior, thought, memory and learning ability, and how a situation may be perceived and understood." For the sake of this discussion, psychological and behavioral areas are discussed separately. While legal instruments require the consideration of the mental health status of trafficked women, Tsutsumi et al. (2008) report that little is yet known about those suffering psychological effects of trafficking.

A systematic review of the impact of trafficking on women finds high levels of mental distress for all women, and more so for those who were sexually exploited (Oram et al., 2012). For many trafficked women the impact is felt internally as "feeling unwell" (Surtees, 2013, p. 128), or for those who have a history of abuse, in the lack of having a positive and stable sense of well-being (Escueta & Butterwick,

2012). Surtees (2013, p. 128) indicates that “feeling unwell” is used to describe the feelings of depression, anxiety, stress, and trauma that many trafficked persons report.

Generally, the trigger of mental health distress is seen to be the violence, coercion, captivity, controlling, brainwashing, and the fear of retaliation that are experienced as part of the trafficking exploitation process (Clawson et al., 2006; Rousseaux, 2003; Stark & Hodgson, 2003; Ugarte et al., 2003).

Rousseaux (2003) adds to Galappattis description of psychological effects by describing the effects human trafficking can have on relationships. She says that trafficking for sexual slavery often involves the distortion of an interpersonal relationship, and as a result, the capacities for trust and connection are traumatized. Underlying this would be the foundation of trauma that is common for those who come from environments of abuse in their families and communities.

Research studies on mental health, which have looked mostly at the contexts of anxiety, depression, and posttraumatic stress disorder (PTSD), have been based not on clinical diagnostic instruments, but rather on instruments that indicate if there are symptoms of the disorder (Ostrovski et al., 2011; Tsutsumi et al., 2008). Some studies have based their assessments on the International Classification of Diseases (ICD) diagnosis and others on the Diagnostic and Statistical Manual (DSM). The DSM is understood to have a stricter, higher threshold for establishing the presence of PTSD. PTSD is seen to be chronic and debilitating if left untreated (Feeny, Foa, Treadwell, & March, 2004; Ostrovski et al., 2011; Raymond & Hughes, 2001). It is anticipated that the mental health distress experienced by these women will continue after the women’s (re)integration.

It is generally agreed that the mental health impacts of human trafficking on women are significant (Flowers, 2001; Macy & Johns, 2011; Raymond & Hughes, 2001). A systematic review of the impact of trafficking on women found anxiety ranges between 48.0 to 97.7%, depression rates between 54.9 to 100.0%, and PTSD symptomology between 19.5 and 77.0% (Oram et al., 2012). A meta-analysis of studies on partner violence and those fleeing war or mass violence showed lower PTSD rates than those for sexually exploited women (Hossain et al., 2010).

Additional mental health disorders considered in assessing trafficked women include acute stress, substance use, panic, and adjustment disorders. Other symptoms and behaviors of mental health distress, that are not specific disorders, but that are reflected in the research, include suicidal ideation, suicide, learned helplessness, having a sense of insecurity, altered views of their lives in the present and future, grief symptoms of nervousness and loneliness, as well as an altered sense of control, (Escueta & Butterwick, 2012; Seligman, 1975 as cited in IOM, 2004; Surtees, 2013; Ursano, Fullerton, & Norwood, 2002; van der Kolk, McFarlane, & Weisath, 1996).

A dimension not considered to date in the research on psychiatric classifications, or other kinds of mental distress, includes the additional area of psychological affect reported by Rousseaux (2003) regarding memory. She distinguishes the difference between traumatic memories that are encoded and retrieved in different ways than non-traumatic memories (Briere, 2002; Herman, 1992; Rothschild, 2003; Rousseaux, 2003; van der Kolk, 1996) resulting in a speechless terror.

Escueta and Butterwick (2012) highlight that PTSD is a Western idiom of distress (expression of distress contextual to the United States) and that the regional idioms of distress for human trafficking victims are essentially not addressed in the literature. Surtees (2013, p. 128) does include what appears to be a local idiom of distress when she describes a “disease of the spirit” described by some of those in the GMS. It is essential that local idioms of distress be explored, understood, and taken into account in any form of mental health or psychosocial support.

The practice literature (NOVA, 2009), with which the researcher has worked over the past 20 years, describes an immediate psychological response, or crisis reaction, to trauma that can unfold over a longer period of time, and that can inform the longer-term psychological reactions. There are three phases: shock, denial, and disbelief; the cataclysm of emotion; and reconstruction of equilibrium. The cataclysm of emotion is described to include fear and terror; anger, fury and outrage; confusion and frustration; guilt and self-blame; shame and humiliation; and grief and sorrow. This approach to conceptualizing trauma does not rely on diagnostic symptoms but identifies a foundational individual emotional and psychological experience. There is overlap between NOVA’s crisis reaction and the diagnostic

symptoms of anxiety, depression, and PTSD. This conceptual framework has not been researched, but has been used and confirmed in practice internationally. The quantitative survey has gathered data on whether or not aftercare workers see aspects of the crisis reaction in trafficking victims.

#### 2.4.1.3 Behavioral impact

The impact of human trafficking can also have an impact on behavior. There is also overlap between psychological and behavioral. Some trauma behaviors would be seen as the manifestation of the psychological such as suicide behaviors and emotional dysregulation. Other behavioral outcomes include substance abuse, which may at first be used by traffickers as a means of control, but can become a way of coping with the trafficking impact by the trafficked person (Clawson, Dutch, Salomon, & Grace, 2009; Macy & Johns, 2011; Raymond & Hughes, 2001). It can become an addiction that lasts after the women are out of the trafficking situation (Macy & Johns, 2011).

Emotional dysregulation, irritability, and self-harming have been reported (Briere & Gil, 1998) as well as difficulties with concentration and suicidal behaviors (Zlotnick, Donaldson, Spirito & Pearlstein, 1997 as cited in Clawson et al., 2006). Reactions to control or lack of control can be seen in responses of learned helplessness (Seligman, 1975 as cited in IOM, 2004), in their attempts to change the environment to fit their needs, or to change themselves to fit the environment (Rothbaum, Weisz, & Snyder, 1982).

Often it is the behaviors that are seen by aftercare workers that are a signal of the emotional experience of the trafficked person, especially in cultures that tend to repress emotional reactions. Data collected about the most prevalent behavioral challenges observed were addressed in the content development of the training curriculum.

#### 2.4.1.4 Community reaction

Galappatti (2003) looks at ‘social effects’ as those having to do with the relationships that people have with one another as a result of how life experiences may have

changed them through separation, estrangement, and other losses. Many people who have been through a traumatic experience, especially through abuse in the home, feel like they are “damaged” and do not have a full place in society or in relationships (Escueta & Butterwick, 2012, p. 333). Furthermore, the (re)integration phase may have its own abuses that add to an already multi-layered history of abuse. As well as carrying the stigma of the type of abuse trafficked persons have endured, the level of impact can be more profound for those who have limited social support and who are economically vulnerable (Briere & Spinazzola, 2005; Surtees, 2013).

Many trafficked persons feel blamed and judged—both ‘behind their backs’ and directly within their hearing—for what happened to them or for losing money in the trafficking process. Sexually exploited women reported experiencing gossip, harassment, and name calling (Surtees, 2013). Surtees reports that in some cases this harassment was dangerous to the trafficked person; in their own home, in the case of domestic violence; and out in the community, especially if the woman lived alone; but also in cases where partners were not able to respond to the abuse on behalf or in defense of the trafficked person (Surtees, 2013). Another social dimension faced by women who have been sexually exploited is the reaction of children who were left behind when their mother was trafficked, or children who were born as a result of the trafficking experience (Surtees, 2013).

Surtees’ (2010) research in the GMS reports that a significant indicator of whether the (re)integration experience is positive or negative is the response of family and friends in the trafficked person’s home community. Recognizing the critical role of social support in positive coping (de Jong, 2002) with trauma, this study explored the experiences of trafficked women with their community in both the interview and survey.

## 2.4.2 Protective factors and resilience

*“Resilience is common.”* (Bonanno, 2004, p. 20)

Across a number of contexts there is a tendency to underestimate the ability to respond to challenges with resilience (Bonanno, 2004; Wessells, 2009). Research that looks at the impact of traumatic events often overlooks the questions that would provide a more holistic perspective that takes into account the support that already exists, and the unique strategies that individuals might use to cope (Wessells, 2009). Particularly Western-based conceptualizations of trauma that assess the impact on the individual can overlook the resources inherent in Asian cultures and communities that will support coping and recovery (Clawson et al., 2006; Escueta & Butterwick, 2012; Summerfield, 1999). A symptom-based approach to trauma can be retraumatizing because it makes the assumption that individuals are unable to effect change in their situation or circumstances (Escueta & Butterwick, 2012).

Assessing risk and protective factors as well as personal resources will provide a more complete picture of an individual’s challenges and assets. Common risk factors in low-resourced countries may include limited skills, discrimination, poor physical health, poor nutrition, injuries, limited social support, lack of control, or pre-existing mental health problems (Brewin, Andrews, & Valentine, 2000; de Jong et al., 2001; Jablensky, Marsella, Jansson, Levi, & Bornemann, 1994).

Protective factors can include a social network of family and friends, as well as self-help groups, employment opportunities, recreation, access to assistance organizations, ability to participate in cultural and religious ceremonies, leadership and religious guidance that can comfort and provide a sense of meaning and hope for the future, a place to live, problem-solving skills, intellect, humor (de Jong, 2002), education, environmental conditions, disposition (Carter, 2012), and focusing on the routine (Shamai, 2003). Carter (2012, p. 4) categorizes protective factors as “Generalized Resistance Resources” that includes social connections, rituals, self-worth, and knowledge.

Specifically in the instances of women who have been trafficked, Rousseaux (2003) identifies the same skills (strength and coping strategies) used by these women to

survive their trafficking experience as a resource that can be used to ameliorate the impact. When looking at resilience factors, it is important to look at them in terms of the cultural context of the individual (Bryant & Njenga, 2006).

Bonanno (2004) differentiates between resilience and recovery. Recovery describes a situation with which someone has problems coping or functioning, from which they must recover. Resilience describes an individual who is able to continue functioning through adversity with minor challenges. Bonanno describes various means of resilience, which he differentiates between cognitive and emotional strategies.

Cognitive strategies include hardiness which is the tendency to look for the meaning and purpose in life and to believe that both positive and negative experiences can be a source of growth, and “self-enhancers” who think well of themselves (Bonanno, 2004, p. 25). Emotional strategies can include repressing, which is typically viewed as a negative coping, although some research is showing it to be an effective coping mechanism; and engaging in positive emotions such as laughing, finding gratitude in life, and focusing on interests and positive feelings such as love.

The impact of human trafficking is multi-faceted and involves the whole person. It includes the physical impact of both the work conditions and violence, the emotional and psychological reactions as the person tries to make sense of her experience, the behavioral that is often a manifestation of the emotional and psychological, and the relational that can be significantly affected by how the trafficking experience has changed the person. It is the purview of mental health and psychological support to address these areas as they provide protection and assistance and facilitate (re)integration.

## **2.5 AFTERCARE SERVICES**

Aftercare services are those that support trafficked persons in the post-trafficking phase of their experience. Presently, support is primarily provided by NGOs and some GOs (Simeunovic-Patic & Copic, 2010).

The range of aftercare services available follows a continuum of those that begin immediately when the person leaves the trafficking situation, through to independent living (Macy & Johns, 2011). It can include support that is tailored to the individual

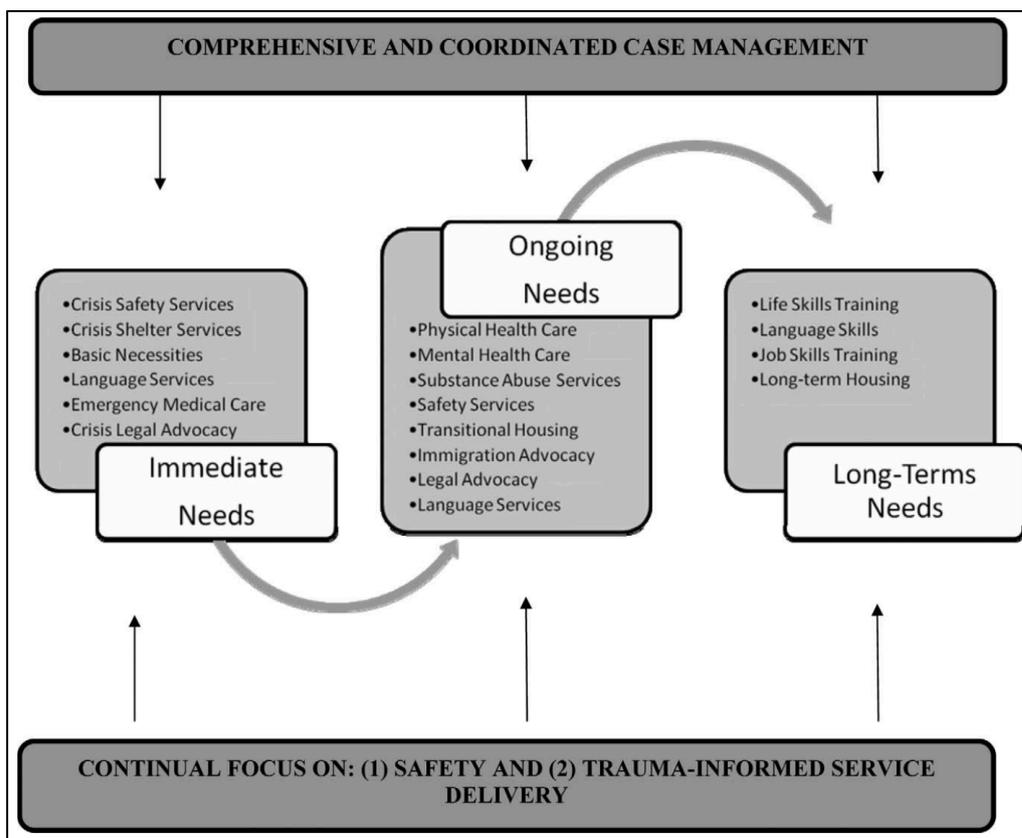
trafficked person's needs and protection throughout relevant legal proceedings (Simeunovic-Patic & Copic, 2010).

Two frameworks can be used to conceptualize aftercare services provided. The Comprehensive and Coordinated Case Management approach (Macy & Johns, 2011) and the Intervention Pyramid developed by the Interagency Standing Committee (2007) were first developed to address the needs of communities in emergency situations.

The Case Management approach addresses services needed from a longitudinal perspective or horizontal perspective, from immediately after leaving the trafficking situation through transitional support to independent living. It incorporates ongoing needs that arise quickly after the initial more crisis-based needs and could continue until the end of the support received by trafficked persons. This could be viewed as the horizontal view of services. Others have presented this as a longitudinal approach to service delivery (Aron, Zweig, & Newmark, 2006).

It is recommended that these services be made available immediately upon entering post-trafficking services, in order to have time to provide some support in recovery and stabilization, before trafficked persons are required to make decisions about their involvement in justice and/or immigration proceedings (Zimmerman et al., 2008). Surtees (2010) proposes an average time frame for each phase of support, suggesting that the immediate needs or crisis intervention phase last from zero to three months, that the transitional or on-going support phase last from four to 12 months, and then that the final long-term or (re)integration or social inclusion phase last 13 to 36 months. See Figure 2.2.

**Figure 2.2 Case management framework for a continuum of aftercare services to address sex trafficking survivors' changing needs**

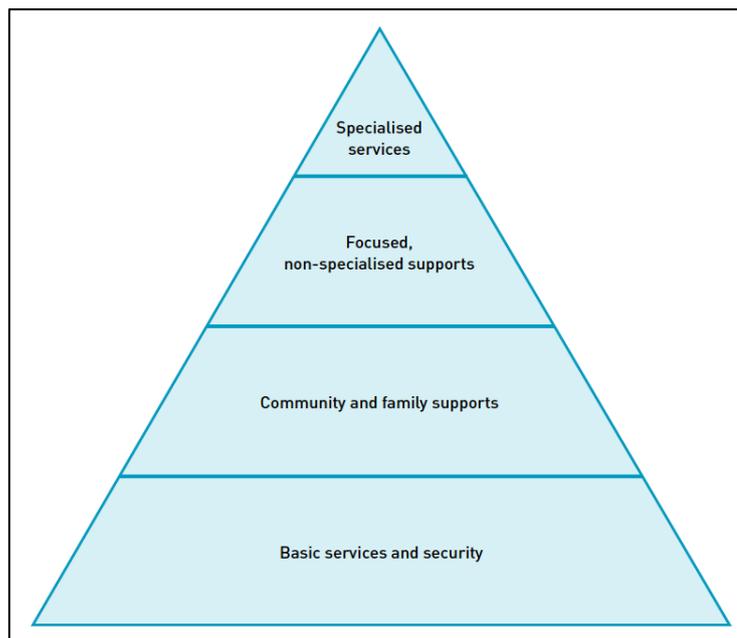


Source: (Macy & Johns, 2011, p. 90)

The Intervention Pyramid looks at the different levels of needs of trauma-affected individuals and can be viewed as the vertical perspective. At the bottom of the triangle are those who require less specialized needs with the top of the triangle addressing the smallest population group in need of specialized counseling and psychiatric services. Devine (2010) suggested in his work in the GMS and Indonesia that the pyramid could be applied to human trafficking. Efforts to apply the Pyramid stop at the point of suggestion, and it has not been further developed for use in the human trafficking field. See Figure 2.3.

In comparing the casework and intervention conceptual frameworks, the Intervention Pyramid would address the stratification of the needs of those within the services available. This could be utilized in varying service contexts especially in low-resourced settings, pointing to the level of training that would be needed to address the lower levels of the pyramid, and reserving the few professional counseling and psychiatric resources for those whose needs call for more specialized services.

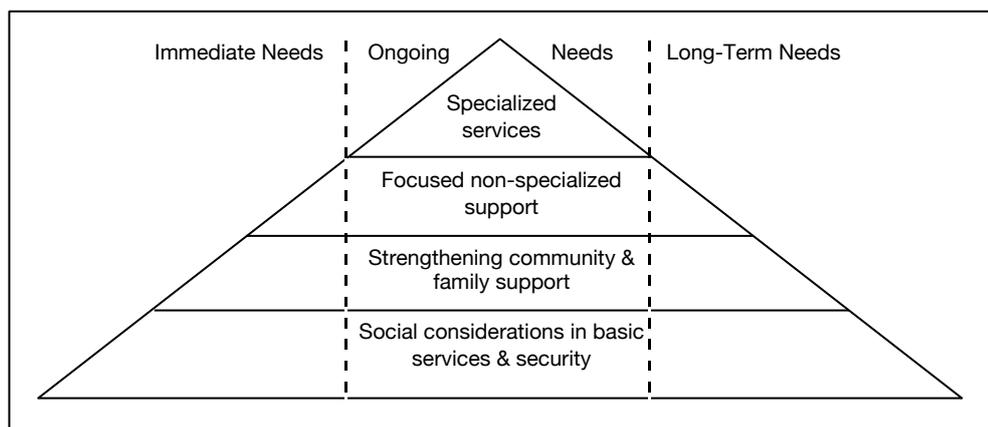
**Figure 2.3 Mental health and psychosocial support in emergencies intervention pyramid**



Source: (IASC, 2007, p. 12).

Combined together the Casework Management and Intervention Pyramid conceptual frameworks, illustrate both the horizontal or longitudinal needs and the vertical or stratification of service needs. See Figure 2.4.

**Figure 2.4 Overlap of the case management continuum and the intervention pyramid**



Source: Adapted from the Interagency Standing Committee, 2007 and Macy & Johns, 2011.

### 2.5.1 Definition and scope

Although the term aftercare is not specifically used in *The International Framework for Action* (UNODC, 2009b), it is colloquially used to identify any services provided after a trafficked person exits the exploitation phase and moves into the post-

trafficking support services phase. These services fall within the Protection and Assistance pillar of the *Framework*. Generally, protection and assistance includes medical, psychological, and material, and/or social assistance. For the purposes of this study the focus of aftercare is on psychological assistance as it relates to immediate, on-going, and long-term mental health and psychosocial support.

Other terms used for this phase of support include (re)integration and assistance. (Re)integration refers to the holistic restoration of a trafficked person including economic, social, environmental, residential, and mental and physical well-being with the goal of providing (re)integration support until “independence and self-sufficiency” is achieved (Surtees, 2013, p. 4). There are needs for minimum standards for (re)integration services (Surtees, 2013). Assistance as defined by Surtees (2013) is any support that a trafficked woman has found helpful either abroad or at home, whether it was provided by NGOs or GOs.

Aftercare may include supporting trafficked persons to meet in groups, share their experiences, support one another, and gain strength, when their loved ones are not able to relate to the trafficked person or to provide support. Sometimes participation in these groups can help survivors to be more comfortable in sharing their story with government officials or the media to create more awareness and advocate for change (World Vision & Australian Aid, 2013). Aftercare services may not only be targeted to the trafficked person, but may also focus on the trafficked person’s family and community (Surtees, 2013).

### **2.5.2 Gap and need for aftercare service development**

Aftercare services are provided by GOs and NGOs with more services generally available from NGOs. The majority of services are generally more available for the trafficked person while they are in the shelter program than when they return to their former community or settle into a new one. However, psychological and counseling services are often not available in programs, and the qualifications of those who are providing the services may be limited. Generally, Surtees found more negative experiences with services and that the quality of services was uneven. She reports

that the lack of assistance was experienced as stressful for those who were trafficked and for their families (Surtees, 2013).

Some types of assistance, imposed by governments or organizations, has included being forcibly held in a shelter (Surtees, 2013). This injury, the experience of being forcibly held in a shelter, can be perceived as just as or more injurious than the initial abuse. This type of injury has been identified as a “second injury” (NOVA, 2009, p. 7-15) that comes from those whom victims/survivors expect to be helpful but, in fact, provide services in a way that are insensitive or are experienced as additional victimization.

Due to the high levels of depression, anxiety, and PTSD symptoms, and the range of effects observed in trafficked persons, and in order to fulfill the obligations of the *UN Trafficking Protocol*, there has been recognition of the need to develop aftercare services for physical and mental health care that are of a high quality (Zimmerman & Borland, 2009). It is recommended that what is best practice in working with survivors of partner violence, sexual abuse, torture, or with those living in areas of conflict may be transferable and serve as a foundation on which to build the work with trafficked persons (Carter, 2012; Hossain et al., 2010; Rousseaux, 2003; Zimmerman & Borland, 2009; Zimmerman et al., 2008).

IOM reminds those working with trafficked persons that providing mental health support for individuals does not indicate pathology (Devine, 2009). Trauma reactions have long been recognized as not unusual in light of the extreme stress the individual has experienced. In contrast, the *Framework* (UNODC, 2009b) calls for an evidence-based approach to the psychological care and treatment of trafficked persons. Evidence-based approaches are typically developed and validated for their ability to reduce the symptoms of pathology.

In addition to the legislative recommendation for mental health and psychosocial services, the need to strengthen them has been noted by researchers (Surtees, 2013; Tsutsumi et al., 2008) as well. Research is needed in the area of mental health and psychosocial impact as well as effective interventions.

Piper (2005) proposes that there is a universally agreed upon lack of research into human trafficking. A recent study by Kiss et al. (2015) has sought to address at least two of these shortcomings within the GMS in three countries, Thailand, Cambodia, and Vietnam, by assessing the experiences of over a 1,015 men, women, and children who have experienced all forms of human trafficking.

However, while there is a growing body of research on the consequences and impact of human trafficking, that does not necessarily translate into understanding the needs of trafficked women, since there is limited research in that area (Zimmerman et al., 2008). This is particularly important in working in non-Western contexts or with non-Western persons who may define their needs based on the values and perspectives of their own cultural context.

In their findings on research-based literature on human trafficking, Gozdziaak & Bump (2008) summarize that more focus is needed in assessing the work of NGOs and what they have learned about working with different groups of trafficked persons in order to develop effective aftercare programs for trafficked persons. Research findings recommend that a continuum of aftercare services be provided (Macy & Johns, 2011). However, in further reviews of aftercare services, it was found that literature either addressed the needs of survivors, without providing intervention recommendations, or focused on a narrow aspect of services. There is a lack of research into the outcomes of various interventions or services (Clawson et al., 2009; Macy & Johns, 2011).

Research in the United States provides anecdotal information as to the effectiveness of approaches, but assessment and documentation are lacking. Hossain et al. (2010) recommend that future research by mental health practitioners should focus on developing and validating interventions that can be used by non-mental health professionals. Macy and Johns (2011), in an effort to extend available research information, recommend that practitioners document their efforts, either themselves in a case study approach, or by partnering with researchers to document and evaluate service outcomes.

The focus of this study project, in addition to making a contribution to knowledge, has been to develop a training resource to fill a need, an existing gap, in resources available for trafficked women. While not identified in the literature, in fact, it could be said that most of the research has been focused on sexually exploited adult women, but one of the gaps identified in practice is the availability of resources for adult women. It appears that there is more attraction to funding programs for children than for adult women (S. Morrish, personal communication, 26 February 2014).

This study sought to assess the impact of trafficking on women with an aim towards confirming and expanding existing research with an emphasis on understanding the cultural dimensions, to review what has been used for women in other trauma situations, and to propose the development of a training tailored to sexually exploited women from the GMS that is accessible to non-professionals and culturally relevant.

While this study has considered input from aftercare workers working with females under 18 years of age, the focus of the research and the development of the enhanced training curriculum will be directed towards developing support for adult women. This delineation has been made because of the identified lack of resources for adult women and in recognition of the unique concerns of those under 18 years of age, who are still in their developmental years of life.

### **2.5.3 Training**

While the *Framework* (UNODC, 2009b) calls for the training of social workers and specialized health care staff, the reality in low-resourced countries is that the number of professionally trained mental health workers is low (Surtees, 2013). Those who are providing services are not trained in counseling or psychosocial support and may also not be trained in the unique issues experienced by trafficked persons. As a result there are limited resources for trafficked persons to access counseling and psychosocial support (Surtees, 2013). However, it is agreed that non-professional aftercare service providers can be trained to support the mental health and psychosocial recovery and well-being of trafficked persons more comprehensively.

The core focus of this specialized training would be recognition of the indicators of trauma—physically, mentally, and behaviorally—and the ability to support coping

through basic tools for stress management. Also, implicit in the services delivered is the need for an ethical foundation on which they are provided including cultural awareness, confidentiality, and non-discrimination (Surtees, 2013). Minimum standards related to this training and service also need to be developed.

The development of high quality aftercare services that are culturally relevant is inexorably linked to the need for training. The training needs to have a strong foundation, use the elements of best practice, address a variety of methods of providing services, and be culturally relevant and grounded.

## **2.6 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOUNDATIONS**

Mental health and psychosocial support are a narrow aspect of the broader (re)integration, aftercare, and protection and assistance services.

### **2.6.1 Definitions**

Devine (2009, p. 4) defines psychosocial as referring to the:

...dynamic relationship between psychological and social elements affecting human development. The concept of psychosocial is closely linked to the concepts of “well-being” or “wellness”. Most definitions of psychosocial are based on the assumption that psychological and social factors are responsible for the well-being of people. Humanitarian agencies have come to prefer the term “psychosocial well-being” over narrower concepts such as “mental health”, because it points explicitly to social and cultural as well as psychological influences on well-being. The term psychosocial implies a very close relationship between psychological and social factors.

Galappati (2003) takes a broader view, adding referrals to medical services to the tasks of psychosocial services. In the area of psychological services Galappati includes awareness raising, psychoeducation, interpersonal skills, and social activities allowing for the expression of reactions and experiences. He emphasizes that the psychological and social needs continually influence each other.

This circular influence may be particularly relevant in the GMS, which places higher values on community than on the individual. Mental health support covers the range of services that will assist trafficked persons to reach “a state of positive emotional well-being” (Zimmerman & Borland, 2009, p. 137). This study focused on direct services in the mental health and psychosocial dimensions, including emotional, psychological, behavioral, and social.

### **2.6.2 Barriers**

Surtees (2013) separates the barriers to service into two categories, system issues and individual perspectives. One of the barriers to counseling services in the United States is a long waiting time to receive support (Clawson et al., 2009). This is interesting because low-resourced countries have similar waiting times due to a lack of availability of trained clinical professionals.

Lack of assistance in the GMS is not dissimilar—no services available, trafficked persons unaware of services; trafficked persons not referred for services; trafficked persons uncomfortable asking for services; and for some, trafficked persons accept that what they have experienced is normal (Surtees, 2013). For internationally trafficked persons in the United States, the individual perspective of shame and stigma related to mental illness can also keep people from seeking services (Clawson et al., 2006).

The relationship of service providers to trafficked persons also affected the willingness of trafficked persons to ask for services. If services were provided forcefully and without full information, trust and confidence in services were undermined (Surtees, 2013).

### **2.6.3 Approaches**

Several approaches advanced in the *Framework* (UNODC, 2009b) apply specifically to services and assistance. These include a human rights-based, gender-sensitive, and/or feminist approach. A number of other approaches that are advanced in the literature include services that are victim-centered (Thatun, 2006), trauma-informed (Clawson et al., 2006; Zimmerman & Borland, 2009), strengths-based (Saleeby,

2002), culturally relevant (Boniface, Khasim, Manikese, & Dijkman, 2009; Clawson et al., 2006; de Jong, 2002; Heath, Nickerson, Annandale, Kemple, & Dean, 2009; Macy & Johns, 2011; Rousseaux, 2003; Zimmerman & Borland, 2009); and based on the principal of “First Do No Harm” (Watkins, 2012, p. 285). There is also a debate about whether services should be professional versus non-professional (Hossain et al., 2010; Surtees, 2013). All of these perspectives shape services and the training of service providers in terms of the training content and methods, and provide the theoretical foundations and perspectives of the services that trafficked persons receive.

### 2.6.3.1 Human rights

Human trafficking is acknowledged as an egregious human rights violation in the *Trafficking Protocol 2000* (UN). The foundation of this is solidly based in the actions of the UN including the *Convention on Eliminating All Forms of Discrimination Against Women 1979* (UN General Assembly), the *Convention on the Rights of the Child 1989* (UN General Assembly), and in foundational statutes of the International Labour Organization (Thatun, 2006). This is acknowledged specifically in the *Trafficking Protocol* through its references to the *UN Declaration of the Basic Principles of Justice for Victims of Crime and Abuse of Power 1985* (UN), which has its foundation in universally recognized human rights (United Nations Office of Drug Control and Crime Prevention [UNODCCP], 1999).

While mental health concerns were not addressed in the *Universal Declaration of Human Rights 1948* (UN General Assembly), there are those who read it with well-being as implicit or foundational to the *UN Declaration*, and as essential to an individual’s and community’s positive mental health (de Jong, 2002). Imbedded in this is the obligation to provide mental health assistance to *those* who have been victimized (Hossain et al., 2010). COMMIT has identified this as a clear emphasis in their efforts on behalf of trafficked persons in the GMS (Thatun, 2006).

This has further been codified in India in a *Code of Ethics for Care Givers Working With Women in Shelter Homes* that has a section devoted to the human rights and dignity of each person and the responsibility of shelter workers to respect those in all

aspects of the services they provide (Sekar, 2011). Also IOM's (Zimmerman & Borland, 2009, p. 28) guidance for health workers who are caring for trafficked persons outlines twelve key and ethical human rights standards that include that they "Respect the rights, choices, and dignity of each individual." Additionally, Galappatti (2003) sees social justice and human rights as inherent to the discussion of the 'resilience discourse' that includes recognizing that local culture and traditions must be respected and protected. Gallagher (2001, p. 1004) argues that human rights are not a separate perspective but that they are a "thread" integral to the discussion of trafficked persons.

#### 2.6.3.2 Victim-centered

There are some conflicting views as to the meaning of 'victim-centered.' COMMIT takes a clearly 'victim-centered' approach rooted in the human rights approach discussed previously in Section 2.6.3.1. On the other hand, there are those who are concerned that a 'victim-centered' approach would encourage a focus on weaknesses, and that in order to focus on strengths without minimizing the impact of the trauma, it is better for language to be survivor-based (Carter, 2012). Another perspective is that 'victim-centered' services can maintain the trafficked woman at the center of the decision making process.

#### 2.6.3.3 Trauma-informed and -specific

Service providers in the United States have found that trafficked persons who received support from services that were 'trauma-informed or trauma-specific' were able to recover from their experiences more rapidly and able to engage in the activities of long-term recovery and move to independence (Clawson et al., 2009).

The distinction between 'trauma-informed' and 'trauma-specific' services is that 'trauma-specific' services are those that are targeted at addressing the mental health and psychological impact of the trauma. 'Trauma-informed' services apply to all aspects of a system of services for trafficked persons. It describes the characteristics of a system that provides services in a way that is informed of an individual's full history of trauma and abuse, and delivers services in a way that is sensitive to the individual's resulting vulnerabilities. The primary goals of these kinds of services are

the return of a sense of power and control to the survivor in a support relationship that is collaborative (Clawson et al., 2006).

Developing a total ‘trauma-informed’ system of services involves reviewing organizational policies and procedures, training of staff—including comprehensive trauma screening during assessment (Ugarte et al., 2003), meeting basic needs, creating an environment of safety, developing opportunities for peer support, giving access to ‘trauma-specific’ support, and developing alternative treatments (Clawson et al., 2006).

IOM, in its guidance for health care workers, draws a parallel between trauma-informed care and patient-centered care in which the patient is at the center of the decision making process (Zimmerman & Borland, 2009). This is in keeping with the earlier description of trauma-informed services being collaborative. While the service provider is knowledgeable about resources and different ways of addressing the trafficked person’s needs, the victim/survivor is the decision-maker in terms what approaches they want to take for themselves (Ochberg, 1988).

‘Trauma-specific’ treatment would address the core areas of trauma treatment which include “grounding techniques help trauma survivors manage dissociative symptoms; desensitization therapies help render painful images more tolerable; and certain behavioral therapies teach skills for the modulation of powerful emotions” (Harris & Falot, 2001, pp. 4-5).

#### 2.6.3.4 Feminist

The defining characteristics of the feminist approach to services and interventions are that it values the choice of the individual and builds the strength and resilience of the individual survivor (Rousseaux, 2003). It also features an analysis of cultural assumptions and the role of power in violence against women. In the areas of choice and building on strengths, the feminist approach has much in common with the trauma-informed approach. However, it differs, in that it advocates looking at women who are trafficked through the broader lens of gender cultural assumptions and the assessment of the role of power in the abuse of women.

### 2.6.3.5 Culturally relevant

The role of cultural diversity and providing services across cultures is a fundamental consideration when considering psychosocial care of trafficked persons. This is especially applicable to persons who have been moved across international borders, when services are provided in the destination country, a culture different from the trafficked person's own culture. A second reason why cultural diversity is a fundamental consideration relates to the application of interventions developed in cultures that are different from that of the site of application. Even trafficking within the confines of national borders can result in services being misaligned to needs that vary across cultures.

These variants may be less obvious cultural differences of religion, economic class, residential context—rural versus urban, and educational level, for example (NOVA, 2009). Culture can be further delineated as surface versus deep, or explicit and implicit culture. Surface or explicit culture is more observable—dress, food, and language. Deep culture is implicit and is often less observable. The implicit culture is often lived as the norm, but not examined or articulated, and encompasses the values, attitudes, and beliefs of the service providers and those they support—the trafficked persons (Hanley, n.d.; Indiana Department of Education, n.d.; van Vianen, De Pater, Kristof-Brown, & Johnson, 2004).

It is often deep culture that is most challenging to address because it can affect the trafficked woman's efforts to make sense out of what has happened to her, and it will often affect the reception the trafficked woman receives from her family and community should she choose to repatriate after her trafficking experience. It is important to provide culturally relevant services (Armstrong, 2008; Aron et al., 2006; Bortel et al., 2008; Caliber, 2007; Clawson & Dutch, 2008; Macy & Johns, 2011; Zimmerman & Borland, 2009). A first step in achieving cultural relevance is to simply acknowledge that differences exist and, in keeping with the collaborative approach discussed earlier, ask the trafficked person about her preferences (Bortel et al., 2008; Caliber, 2007; Macy & Johns, 2011).

Services that are related to explicit culture include the need for having translators to overcome literacy and language barriers (Zimmerman & Borland, 2009). Often an

individual's emotional language is her mother tongue, but counseling services may be available only in the trafficked woman's second language (Surtees, 2013). Food and clothing that feel culturally comfortable and appropriate to the trafficked person are other supports that relate to explicit culture (Sekar, 2011).

Additionally, the help-seeking/receiving practices of a culture will affect what is relevant for the individual trafficked person. For example, culture may determine in what kinds of methods (e.g. culturally appropriate relaxation methods) trafficked women may be willing to engage (Boniface et al., 2009; Zimmerman & Borland, 2009). Developing mental health services from a public health perspective would involve a collaborative horizontal approach, in a way that is informed by and adapted to the local culture, incorporating local expertise in terms of the understanding of stress and relevant coping strategies (de Jong, 2002).

Implicit culture needs to be respected in a way that values the trafficked person's reality, that seeks to understand what meaning the trafficked person's culture might ascribe to their experiences (Rousseaux, 2003)—such as abuse being minimized in a culture where abuse is normalized, or guilt and shame related to the trafficking situation (Zimmerman & Borland, 2009)—and how that will affect her choice of a community in which to live.

Cautions about working in culturally appropriate ways are pointed directly at Westerners who since the time of colonization have brought their own ways to a foreign culture and applied them without examination of their relevance or effectiveness in that new setting. Western approaches may overlook cultural strengths and methods of engaging in supportive relationships to support the recovery process (Argenti-Pillen, 2000; Burstow, 2003; Clawson et al., 2006; Summerfield, 2004; Tsoi Hoshman, 2007).

#### 2.6.3.6 First do no harm

A key principal of providing ethical services is to first 'do no harm' (Zimmerman & Borland, 2009). Wessells (2009) cautions against outsiders applying non-culturally relevant psychosocial approaches in situations of emergency or trauma. Western practitioners are cautioned to be careful in applying Western modalities in non-

Western contexts (van der Veer, 2003). For example, it has been reported that Western therapeutic approaches featuring a trauma discourse (emphasizing a revisiting of previous traumas) may inadvertently increase a sense of helplessness and undermine the strength of the individual and her community. Individualized talk therapies may not take into account the somatic expressions of trauma and suffering experienced by those of other cultures (Watkins, 2012).

#### 2.6.3.7 Professional versus lay aftercare workers

Low-resourced countries often do not have extensive resources in terms of mental health professionals. Helpers may be depending on resources such as the guidebook *Where There is No Psychiatrist* (Patel, 2003) because of the lack of professional services. And yet, while this lack of professionals is part of the reality in low-resourced countries such as the GMS countries, recommendations for the development of evidence-based practice by mental professionals is still recommended (Sammon, 2009; Surtees, 2013; UNIAP et al., 2012). At the same time as there is a call for an evidence-based approach, Hossain et al. (2010) recommend the development of intervention methods that can be used by laypeople and non-professionals.

#### 2.6.4 Mental health and psychosocial support methods

The recognition of and response to personal crisis and trauma dates back to World War I, when a British psychiatrist Charles Myers (Friedman, Keane, & Resick, 2010) described a reaction he was seeing in soldiers, shaking in fear, unable to fight—a reaction resulting from what they were enduring on the front lines—as shell shock. In World War II the terms for trauma were battle fatigue and battle exhaustion (Campise, Geller, & Campise, 2006). Since that time mental health professionals have been exploring the most effective methods for providing support not only to those in combat, but also to victims of crime, natural disasters and other types of catastrophe.

There are a range of mental health and psychosocial approaches to address the mental health impact of the trauma of human trafficking. Included are counseling, psychoeducation programs, and other alternative forms of support that support or

enhance a general sense of well-being. These are generally provided on a one-on-one or group basis, or in peer programs that may feature more peer than professional support.

The way services are delivered using trauma-informed, patient- or victim-centered methods that include the opportunity for trafficked persons to make choices, can implicitly affect the person's well-being in positive ways. A number of researchers have recommended the development of EBPs to be applied in low-resourced contexts (Sammon, 2009; Surtees, 2013; UNIAP et al., 2012). However, there can be a number of challenges to implement EBP in high-resourced contexts. How much more would there be in low-resourced contexts? A more measured approach may be to start with a common core approach that implements the common features of trauma intervention programs.

#### 2.6.4.1 Evidence-based practices

The *Framework* (UNODC, 2009b) also calls for an evidence-based approach to the psychological care and treatment of trafficked persons. As of 2011, there is no known research into effective mental health care and treatment approaches for trafficked persons, especially in low-resourced settings (UNODC, 2009b; Zimmerman et al., 2011). Additionally, little is known about treating co-occurring mental health reactions to trauma such as PTSD and depression, especially in those who have experienced complete trauma (Ostrovski et al., 2011; Zimmerman et al., 2011).

In a high-resource context where most EBPs have been developed, there are numerous challenges to implementing them in clinical settings. Those challenges include the psychological reactions of practitioners who have to shift to a different method of intervention from that in which they were trained, and the perceived imposition of these methods by researchers and third party payers (Addis et al., 1999; Barth et al., 2013). In a developing country context, similar reactions may be experienced by the imposition of Western trainers who bring methods that are so different from their clientele's natural approaches to coping. Furthermore, even Western clinicians are intimidated by the results of evidence-based, manualized

therapies, concerned that they will not find the same level of results in their own clientele.

It is likely that these approaches could be perceived as even more threatening in contexts with few trained mental health professionals. Observing the challenges to implementing EBPs within the context that they were developed because of the divide between researchers and practitioners (who are generally master degree level trained at a minimum), it is anticipated that the challenges will be greater in trying to use EBPs with non-professional practitioners in low-resourced settings.

Setting aside the debate about whether EBPs are appropriate for low-resourced settings, it is beneficial to look at what practices are considered as EBP in trauma treatment. Therapies for PTSD and mood disorders that are commonly experienced by trafficked persons, such as anxiety and depression, should be reviewed (Hossain et al., 2010). Those addressing more complex trauma affecting developmental and relational tasks should also be considered (Clawson et al., 2006; Pearlman & Courtois, 2005) as resources for working with trafficked persons.

For PTSD, prolonged exposure therapy (which includes breathing training, psychoeducation and exposure), stress inoculation, and cognitive therapy have had positive results with various trauma survivors including refugees and sexual assault survivors (Foa, 2006). Prolonged exposure therapy has been applied with some success with the South Vietnamese (Bryant & Njenga, 2006). Narrative exposure therapy (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004; Neuner, Schauer, Roth, & Elbert, 2002; Ostrovschi et al., 2011) and trauma-focused cognitive behavior therapy (Medical University of South Carolina, 2005) have shown some promise in addressing trauma, but have not been evaluated with the trafficked persons population. Borrowing from the treatment of other traumatic experiences, cognitive behavioral therapies feature prominently (Foa & Rothbaum, 1998 as cited in Clawson et al., 2009; Feeny et al., 2004; Macy & Johns, 2011). Schnyder et al. (2015) identified the following seven evidence-based PTSD psychotherapies: Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy, Cognitive Therapy for PTSD, Narrative Exposure Therapy, Prolonged Exposure

Therapy, Brief Eclectic Psychotherapy for PTSD, Cognitive Processing Therapy, and Eye Movement Desensitization Reprocessing (EMDR) Therapy.

While the call to use evidence-based practices is consistent, the reality is that there is much suspicion and reluctance to use these approaches in the contexts in which they are developed. As such it seems that it would be appropriate to have a similar level of discernment when applying evidence-based practices in a context different from where they have been developed.

#### 2.6.4.2 Common core

In the social work educational community in the United States, training new clinicians in multiple evidence-based approaches is impractical, so they have taken to teaching a “common elements approach” (Barth et al., 2013 p. 301). Teaching the common elements that are in most evidence-based approaches either prepares the social workers to more easily take, learn, and utilize an evidence-based approach later on, or they can integrate the common elements into their practice of addressing, not only mental health issues, but also the practical issues that are often the presenting issues with which social workers are faced (Barth et al., 2013). Some common elements identified include assessment, psychoeducation, homework assignments, appointment reminders, and goal setting.

Borrowing from the context of responding to community emergencies during the immediate or mid-range response, consensus has been developed around empirically supported intervention principles that include intervention and prevention efforts at the early to mid-term stages. These include supporting: “1) a sense of safety, 2) calming, 3) a sense of self- and community-efficacy, 4) connectedness, and 5) hope” (Dückers, 2013, p. 1; Hobfoll et al., 2009, p. 221).

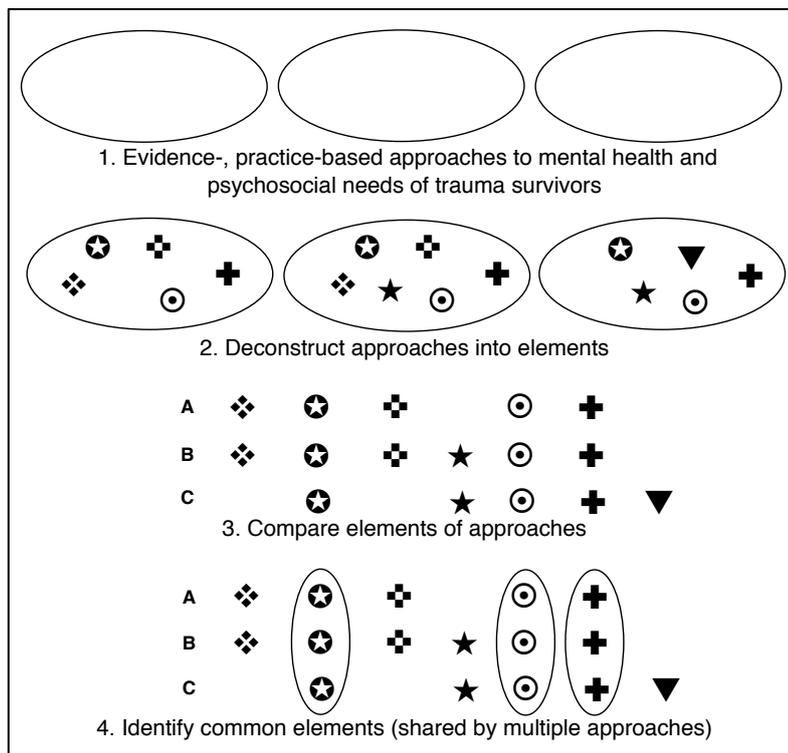
Zimmerman and Borland (2009) propose that supporting trafficked persons psychologically involves three steps, restoring a sense of safety and personal control, addressing the traumatic experience, and (re)integration into the community of the person’s choice.

Schnyder et al. (2015), along with seven founders of evidence-based PTSD psychotherapies, identified the following six common elements to PTSD treatment: psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; addressing strong emotions; and memory processing.

In his work with stress and trauma in South Africa, Bartsch (1997) recommends the following core features: allowing those affected to tell their stories in a safe context, if possible within their natural community or within a community developed for this purpose; providing focus on the resources that exist within the existing cultural structure for addressing stress and trauma; and exploring the cultural ways of mourning, expressing grief, and living with loss.

For the purposes of this research a core approach model was developed to maintain respect for cultural diversity while retaining common elements in practice. This common element or core approach could be applied to trauma treatment. Figure 2.5 illustrates four steps to identifying a core elements approach to trauma support: 1) most common evidence- or practice-based approaches to trauma treatment are identified; 2) they are then deconstructed into their essential elements; 3) comparable and common or similar elements are identified; and 4) they are reconstructed into a common core approach to trauma treatment with the various approaches of the evidence- or practice-based approaches from which they are taken.

**Figure 2.5 Identifying core elements for mental health and psychosocial support for trauma**



Source: Developed for this research.

A first step was made in the area of working with PTSD (Schnyder et al., 2015, p. 1) in which common elements were found to be: “psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; emotions; and memory processes.” These elements could be woven into the variety of ways of providing services such as one-on-one counseling, psychoeducation, and group and peer support.

#### 2.6.4.3 Counseling

It is challenging to get a clear determination on whether counseling is helpful or not to a trafficked woman. There are opinions that fall on both sides of the argument.

In a review of literature on providing services to international persons trafficked to the United States, recommendations were made for mental health services in the form of short-term and long-term counseling (Armstrong, 2008; Aron et al., 2006; Bortel et al., 2008; Caliber, 2007; Florida Coalition Against Domestic Violence, 2004; IOM, 2007; Macy & Johns, 2011; Raymond & Hughes, 2001; Tzvetkova,

2002; Victim Services and Safe Locations Sub-Committee, 2010). While there were voices in the research on both sides, recommending counseling and cautioning that it may not be culturally appropriate, the overall view was that psychological and psychosocial support are needed and that the lack of these kinds of services meant that trafficked persons remained “feeling unwell” (Surtees, 2013, p. 128).

Herman (1992) observed that for many women there can be a choice to keep their experiences to themselves. This was judged to work against the openness needed to address the trauma. For others, the mental health counseling generally recommended may not be culturally relevant (Aron et al., 2006).

It has been a generally accepted approach to trauma therapy that the best outcomes result when the individuals are able to recount and relive the experience and reinterpret their experience within a safe counseling relationship (Rachman, 1980 as cited in IOM, 2004). Foa (2006) highlights that there is a lot of support for the somatization of the trauma experience. Critics of this “working through” (Summerfield, 1999, p. 1455) approach identify it as based on a Judaic-Christian tradition of confessional process.

In a context of community emergencies, Wessells (2009) observes that in societies that value the collective over the individual, individuals who receive one-on-one counseling may be further isolated at just the time they need the support of the community. While it can be argued that the natures of community emergencies and human trafficking are different, it is important to note that trafficked persons may not be comfortable with one-on-one counseling from a cultural perspective. Furthermore, the disclosure of distress can be viewed in some cultures as inappropriate and may have a negative effect if such a disclosure reflects badly on the individual’s family (Lee & Sue, 2001; Wessells, 2009).

#### 2.6.4.4 Psychoeducation

Psychoeducation has been named as a common element underpinning approaches to psychosocial aftercare. It is more favored by some because it can be adapted to a group context that can be more in keeping with the ethos of collective societies, and because it emphasizes “health, partnership, coping and, to a certain extent

empowerment” (Dixon, 1999; Escueta & Butterwick, 2012, p. 327). Psycho-education about trauma may include providing a psychological perspective to trauma, identifying what trafficked persons may be experiencing, predicting what they may experience in the future, and educating the trafficked persons about ways of coping (Najavits, 2002).

#### 2.6.4.5 Group/peer support

The use of group and peer support have been found to help trauma survivors to “develop a new identity as a valued and responsible member of a community” (Herman, 2003, p. 11) by meeting with others who have similar experiences. Peer support has also been recommended in the context of community traumas (Litz, Gray, Bryant, & Adler, 2002).

From the perspective of Karen refugees in Australia, the shared experience is an important aspect of coping (Watkins, 2012). It has been observed in work done in settings with the threat of political violence that the interactions in relationships can shape the story of the experience (Shamai, 2003), and that social support can be a buffer against stress (Eckenrode & Wetherington, 1990). The Asian context of family and community would make group therapy a more natural approach (Bryant & Njenga, 2006).

In the GMS some trafficked persons found support groups to be helpful in addressing self-worth and other aspects of the trauma, while others were not interested in participating in this kind of service (Surtees, 2013). In the United States, support groups have been found to be beneficial in working with immigrant and refugee populations because of the ability of the group to recognize their shared social context (Clawson et al., 2006; Hotaling, Burriss, Johnson, Bird, & Melbye, 2003).

A range of psychosocial services have found that social activities that help groups of people express their thoughts and feelings can be helpful in addressing stress and trauma (Bartsch, 1997; Bartsch & Bartsch, 1997; Galappatti, 2003). Looking deeper into social support in different cultures, research has shown that the types of acceptable social support can vary. Variances include the content of the support—whether it be advice or feedback, and the source of social support—whether it be

from family, friends, work colleagues, or from professional workers (Wellisch et al., 1999).

#### 2.6.4.6 Other forms of support

There are a number of forms of support that do not fall directly within the context of providing mental health and psychosocial support for trauma, but do nonetheless assist in building up a person psychologically and in contributing to a holistic, culturally sensitive response. Some additional recommended services for trafficked persons include access to:

- substance abuse services (Macy & Johns, 2011),
- religion and spirituality support (Galappatti, 2003; Surtees, 2013),
- yoga (Surtees, 2013),
- volunteering to gain skills and experience (Clawson et al., 2009),
- acupuncture (Aron et al., 2006),
- skills training (Galappatti, 2003),
- everyday life skills training, unrelated to specific employment: “critical thinking,” “creative thinking,” “interpersonal relationships,” “effective communication,” “decision making,” “problem solving,” “coping with emotions,” “coping with stress,” “self-awareness and empathy” (Sekar, 2011, pp. 81-92), and
- everyday life activities: relaxation, sports, music, dance, drama, singing, picnics, an opportunity to see the outside world, and festival celebrations (Sekar, 2011).

#### 2.6.4.7 Explicit support

The previous sections have addressed methods of providing assistance around issues of trauma through approaches and interventions directly focused on the effects of the traumatic experiences. These can be described as explicit services of support. Other aspects of providing high quality, holistic services are the ways and means of delivering those services, essentially having to do with how service providers interact while they are delivering those services. These can be described as implicit forms of support and are discussed next.

#### 2.6.4.8 Implicit support

Surtees (2013) found a number of practices in programs serving trafficked persons undermined self-determination and empowerment through restrictions about movement in and outside of the shelter: limiting with whom trafficked persons could communicate; the use of a rigid daily schedule; and discipline and punishment. Additionally, Surtees reports that some staff were engaged in discriminatory and denigrating behavior, and in some cases were themselves abusive. In some situations the intent of the rules appeared to be the exertion of force over the program participants instead of serving to provide an orderly community environment.

There are also implicit methods of providing support that can help address the effects of trauma. They are often invisible to the trafficked person living in a shelter or participating in a program. These can include reliable, dependable, and predictable behavior (Litz et al., 2002); careful language (Macy & Johns, 2011) on the part of the program staff that can help to build damaged trust and connection (Macy & Johns, 2011; Rousseaux, 2003); protection and kindness (Sekar, 2011); providing guidance on respectful and safe behavior for trafficked persons and staff (Macy & Johns, 2011); safety and confidentiality (Macy & Johns, 2011); abstaining from coercion or force to obtain participation in activities or in talking about their abuse (Macy & Johns, 2011; Surtees, 2013); providing a safe environment in comparison to the entrapment (Rousseaux, 2003) and fear for safety (Surtees, 2013); providing opportunities for the trafficked person to experience exerting some control over her situation (Surtees, 2013), which can be done by asking about the trafficked woman's preferences of food and clothing (Macy & Johns, 2011); maintaining structure and order in the shelter, both in their individual schedules (Macy & Johns, 2011) and in the facilities.

Trust can take a while to develop after so much betrayal, so the length of time that services are offered can impact whether trust can be developed (Clawson et al., 2006). Comprehensive communication that allows the trafficked person to be “actively engaged in, and fully informed about, decisions and options in their post-trafficking lives” (Surtees, 2013, p. 8) assists the trafficked person to develop a sense of competency and self-efficacy, instead of the approaches that are paternalistic and

do not allow for ‘self-determination’ (Surtees, 2013). In an effort to develop self-determination and -efficacy and a voice, Surtees (2013) recommends allowing participants to collaborate with the program staff in reviewing and modifying policies and restrictions and letting them voice their opinions about the impact of the policies.

## **2.6.5 Cultural dimensions**

The preceding sections discussed explicit services provided to trafficked persons and implicit methods of providing those services. The cultural dimensions will be interwoven with both approaches and are covered in the following section. In addition to developing the cultural competence of services delivered and how they are delivered is the need to develop the training for aftercare workers to be delivered with cultural competence.

### **2.6.5.1 Implicit/explicit cultural dimensions**

As introduced in Section 2.6.3.5 explicit culture is visible and implicit culture shapes people’s values, attitudes, and beliefs. A common analogy used by intercultural professionals to illustrate two main dimensions of culture is the iceberg, in that there is more of the iceberg under the water than above, but we are not able to easily view the larger dimension of the iceberg. This is also true of culture. The part of the iceberg that is above water represents explicit culture, that which can be seen, such as clothing, food, music, dance, theatre, festivals, architecture, and laws. The submerged part of iceberg, out of sight below the surface, represents the implicit culture that is harder to see, but that’s more likely to affect the success or failure of work involving people from multiple cultures. There are two significant bodies of work that look at the more complex implicit culture that will be reviewed in the following section, GLOBE Research Project (Grove, 2013) and Hofstede (2003).

### **2.6.5.2 Cultural dimensions**

When transposing from one culture to another, whether applying knowledge from one culture to another, or a trainer being from a culture different from that of the participants, it is important to recognize the differences in cultures that could affect

communication, understanding, acceptance, and relevance, both in the content of the materials, as well as in the delivery of the training content.

Two frameworks for explaining cultural variation were considered for use in the present study, Hofstede (The Hofstede Centre, 2013) and the GLOBE Study (Grove, 2013). Hofstede, a social psychologist, developed categories of cultural values that can be used to discuss the differences between cultures including concepts such as power, egalitarianism, and individuality. The GLOBE study, built on Hofstede and other works, has identified and delineated multiple leadership styles. The GMS countries have not all been fully addressed by either the Globe study or Hofstede, but Hofstede has looked at Vietnam and Thailand, while the Globe has only looked at Thailand. For the sake of this study, the more socially general concepts of Hofstede are more relevant than the leadership qualities identified in the Globe Study. Hofstede looks at more universal value differences that would apply to daily life and relationship interactions. Hofstede's cultural dimensions were used to explore the culture of those who are being trafficked, as well as the cultural values that may affect the learning styles of those who are to be trained.

Hofstede's (2002) work describes six dimensions of culture: identity, hierarchy, gender, truth, virtue, and indulgence, on which values can exist on a continuum from two extremes. The dimensions and their continuums are as follows:

- **Identity:** *Individualism versus Collectivism* – To what extent are members primarily responsible to themselves or to others?
- **Hierarchy:** *High Power Distance versus Low Power Distance* – To what extent are large or small power distances between individuals of low and high power accepted?
- **Gender:** *Masculinity versus Femininity* – To what extent do men and women have distinctly different roles, or do the roles overlap?
- **Truth:** *Uncertainty Avoidance versus Uncertainty Tolerance* – To what extent does a society prefer to avoid uncertainty or have the ability to tolerate uncertainty?

- ***Virtue: Long-Term Orientation versus Short-Term Orientation*** – To what extent is the society focused on changing to adapt to the future, or do they rely on the past to inform the present?
- ***Indulgence: Indulgent versus Restrained*** – To what extent is the society focused on allowing or holding back their desires?

Of the countries that Hofstede (The Hofstede Centre, 2013) has looked at in the GMS, Thailand and Vietnam, there are similarities across four dimensions but differences on truth and virtue.

### 2.6.5.3 Cultural dimensions of training delivery

Hofstede (1980) suggests that there are two ways to cross the cultural divide in education. The first is for the teacher to adjust to the needs of the students and the second is for the students to adjust to the teacher's methods of delivery. In a situation where the teacher is the minority, as would be the case in training aftercare workers in the GMS countries, the first option is preferable.

Cultural dimensions most considered in training are identity, hierarchy, gender, truth, and virtue (Hofstede, 1986). Identity (individualism versus collectivism) relates especially to how students will participate; how students will associate with one another; and the value of the training certificate. Hierarchy (high power distance versus low power distance) describes how students relate to one another and to the teacher, who initiates communication, whether the learning is student- or teacher-centered, and whether the teacher is wise teacher or an expert sharing knowledge.

Gender (masculine versus feminine) relates to valuing more a brilliant or friendly teacher, competition, students' over- or under-rating their performance, and the evaluation of whether failing in the class is minor or significant. Truth (uncertainty avoidance or tolerance) relates to the desire for the right answers or the appreciation of a good discussion; whether teachers are suppose to know everything or not; and pressure for conformity or tolerance of difference. Virtue (long-term versus short-term orientation) relates to attributing success to effort or luck, the priority on working hard or enjoyment, and an appreciation of the more concrete or abstract sciences.

Liu (2014) explains that intercultural competence consists of affective processes that have to do with a person's emotional reactions to intercultural encounters, cognitive processes that have to do with a person's assessment of what is required and an individual's ability to meet those requirements, and behavioral processes that refer to the ability of the individual to behave in ways that achieve the desired outcome of interactions and communications across cultures. All of these will be required of an effective Western trainer in navigating Hofstede's dimensions in the context of the GMS.

For this study, participants of both the interview and survey were asked about their learning preferences. Their responses were synthesized with what is known about the cultural dimensions of the GMS countries and applied to developing the methods of delivering the training.

#### 2.6.5.4 Cultural dimensions of trauma

A number of aspects of deep culture, which are similar to the dimensions described by Hofstede, may be different between cultures. Examples are the structure of the family, gender responsibilities, orientation to time, the priority of social and employment responsibilities, as well as religious traditions that may influence the foundational philosophies of the medical and mental health systems in different cultures (Bryant & Njenga, 2006; Devine, 2009; Surtees, 2013). In the context of refugee camps, Kilpatrick found that there was little cultural consideration in implementing programs, and the little that did exist appeared not to be applied to practice (Kilpatrick, 2011). Overall, learning about the individual culture's idioms of distress is important (Wellisch et al., 1999).

Studies of refugees are a starting place for understanding the different cultural approaches to addressing trauma and improving functioning. A study of more than 2,000 refugees from Southeast Asia in the United States found that having a stronger "sense of coherence (i.e., an individual's belief that the world is comprehensible, manageable, and meaningful)" (Ying, Akutsu, Zhang, & Huang, 1997, p. 839) reduced the impact of stressors and lowered the likelihood of psychological dysfunction. Methods of increasing a sense of coherence included interaction with

others of the same culture, increasing individual functioning, and addressing trauma. This is especially true for the Cambodians (Ying et al., 1997).

A study of Karen refugees in Australia showed that many of the women described symptoms that fit the profile of PTSD symptoms; however there was no concept of PTSD within the women's description of their suffering. Furthermore, the women's PTSD symptoms did not appear to be distressing or of concern to the women. As Ying's study discussed earlier, this study of Karen women supports the idea that people from different contexts interpret different events as traumatic (Hinton & Lewis-Fernández, 2010; Watkins, 2012). The meaning ascribed to traumatic events affects the impact that they have (Hagengimana & Hinton, 2009; Park, Mills, & Edmondson, 2012; Sachs, Rosenfeld, Lhewa, Rasmussen, & Keller, 2008; Terheggen, Stroebe, & Kleber, 2001; Watkins, 2012). In the Karen context, suffering is considered a normal experience. Due to the long history of war and persecution in their context, unfairness and injustice do not contradict their worldview (Watkins, 2012).

Van de Put (2002), in his work with Cambodians in the context of trauma, war, and violence, echoed similar and contrasting themes to the previous studies on refugees. The continuous trauma in the Cambodian context has made it challenging to ascribe a sense of meaning to it. However, the commonness of trauma has contributed to the normalization of trauma reactions (Somasundaram & Sivayokan, 1994 as cited in van de Put & Eisenbruch, 2002) as well as to the response of not talking about it. The driver behind not talking about it is that it serves no purpose. All the people have been through similar experiences and it is better to not think about it. This is different from that described for the Karen people for whom the constriction of expression was described as a survival response.

For the Karen (a people group indigenous to the Thai Burma border area) and Cambodian people, this containment may have been an approach that would have helped them to survive during times of political oppression (Rechtman, 2000; Watkins, 2012). This approach of silence has become a pattern or habit that helped with survival in times of previous oppression, and may have been part of a Darwinian survival selection process. But the question exists: If it were not a case of

life and death survival, what would the natural tendency for coping with trauma circumstances be?

Watkins (2012) suggests that a construct of distress might be more accurately portrayed on a continuum in contrast to the Western dichotomies. Ways of coping included seeking information or resources to address situations they felt they could influence. In situations that were beyond their ability to influence, they sought emotional support from others and coped through “prayer, distraction, and self-control” (Watkins, 2012, p. 308). When seeking social support, the presence of a shared common experience appeared to help them to experience the interaction as helpful. Seeking help seemed to have its roots in seeking help from tribal elders. Normalization of shared experiences and the minimization of their own experience compared to others were found to be helpful (Watkins, 2012).

Traditional healers, such as the monks, have an important role in interventions. Cambodian’s idioms of distress include: “‘heat in the head’, ‘stabbing in the abdomen’, ‘thinking too much’”(van de Put & Eisenbruch, 2002, p. 102), “tiredness, or headache, or Cambodian sickness” (van de Put & Eisenbruch, 2002, p. 105), “flashbacks of past traumas in the form of dreams and imagery which spill over into waking life” (van de Put & Eisenbruch, 2002, p. 107), nightmares, and depression (van de Put & Eisenbruch, 2002). These are all symptoms of PTSD in the Western constructs of trauma in need of treatment, but are considered normal in the Cambodian experience. Positive coping in the Cambodian context is to be inexpressive of strong emotions. Other Cambodian idioms of distress include “ancestor madness” which is often used to explain misbehavior within the community (van de Put & Eisenbruch, 2002, p. 111). A Cambodian woman trafficked to Malaysia described her unhappiness as “a disease of the spirit” (Surtees, 2013, p. 128).

Buddhists consider suffering an essential developmental part of life (Escueta & Butterwick, 2012). While there are many aspects of responding to trauma that vary from culture to culture, there are some features that are common to the treatment of trauma across cultures “normalization, death/grief rituals, community support, and close monitoring” (Bryant & Njenga, 2006, p. 76).

In some Asian cultures there may be a natural tendency to cope independently by working harder and controlling one's own thoughts (Liang & Bogat, 1994 as cited in Heath et al., 2009), or by holding back and being less willing to openly express one's reaction to a traumatic situation (Bryant & Njenga, 2006). They may see this as a better option than being indebted for having received help from another (Wellisch et al., 1999).

Some have gone so far as to describe PTSD as a Western idiom of distress that is not in need of treatment within other cultural contexts (Bracken, Giller, & Summerfield, 1995; Bryant & Njenga, 2006; Rousseau, Drapeau, & Platt, 1999). Culture will affect what is interpreted as traumatic, its external expression, methods of coping, and to whom individuals will turn for support (Bartsch, 1997; Escueta & Butterwick, 2012; Surtees, 2013).

There are a number of dimensions that are areas of tension when addressing trauma and stress in cross-cultural settings:

- Holistic versus particularistic focus – Are body, mind, soul, and spirit viewed as whole or separate? (Bartsch, 1997)
- Individual versus communal – Which is central to healing? (Bartsch, 1997; Young, 2001a)
- Rational versus intuitive – Is learning constructionist or theoretically instructional? (Bartsch, 1997)
- Time orientation: past, present, future – Circular or linear? Which dimension is most important? Do ancestors influence the present? (Bartsch, 1997)
- Internal versus external locus of control – Who/what is in control? (Bartsch, 1997; Young, 2001a)
- Internal versus external responsibility – Who is responsible for remedying the problem? (Young, 2001a)
- Life versus death – Is death a continuum of life or the opposite? (Young, 2001a)
- Nature versus technology – What technological interventions are acceptable to sustain life? (Young, 2001a)

- Conflict versus harmony – What are acceptable ways to solve problems? (Young, 2001a)
- High versus low context – Is the meaning of a traumatic event deeply connected to the context of the people’s lives now and in the past? (Bartsch, 1997; Hall, 1976)

#### 2.6.5.5 Cultural transposition

If an intervention borrowed from a different culture is to be relevant in a second culture, a deliberate process of cultural transposition or integration is needed. “Integration does not reject indigenous frames but seeks to invite dialogue and interaction between the two” (Bartsch, 1997, p. 8). Approaches to transposition include: identifying a ‘cultural guide’ who can help interpret the indigenous experience with some awareness of the outsider perspective; approaching the indigenous culture with humility and respectful curiosity (Bartsch, 1997; NOVA, 2009); being aware of indigenous perceptions of the outsider culture that can be an obstacle to communication or understanding (such as being the pushy foreigner or the outsider ‘expert’); being clear on the outsider’s role “to release ‘inside’ information and apply ‘outside’ information” to assist the indigenous agency obtain its goals; and recognizing the complexity of the local culture and the social and political context (Bartsch, 1997, p. 5).

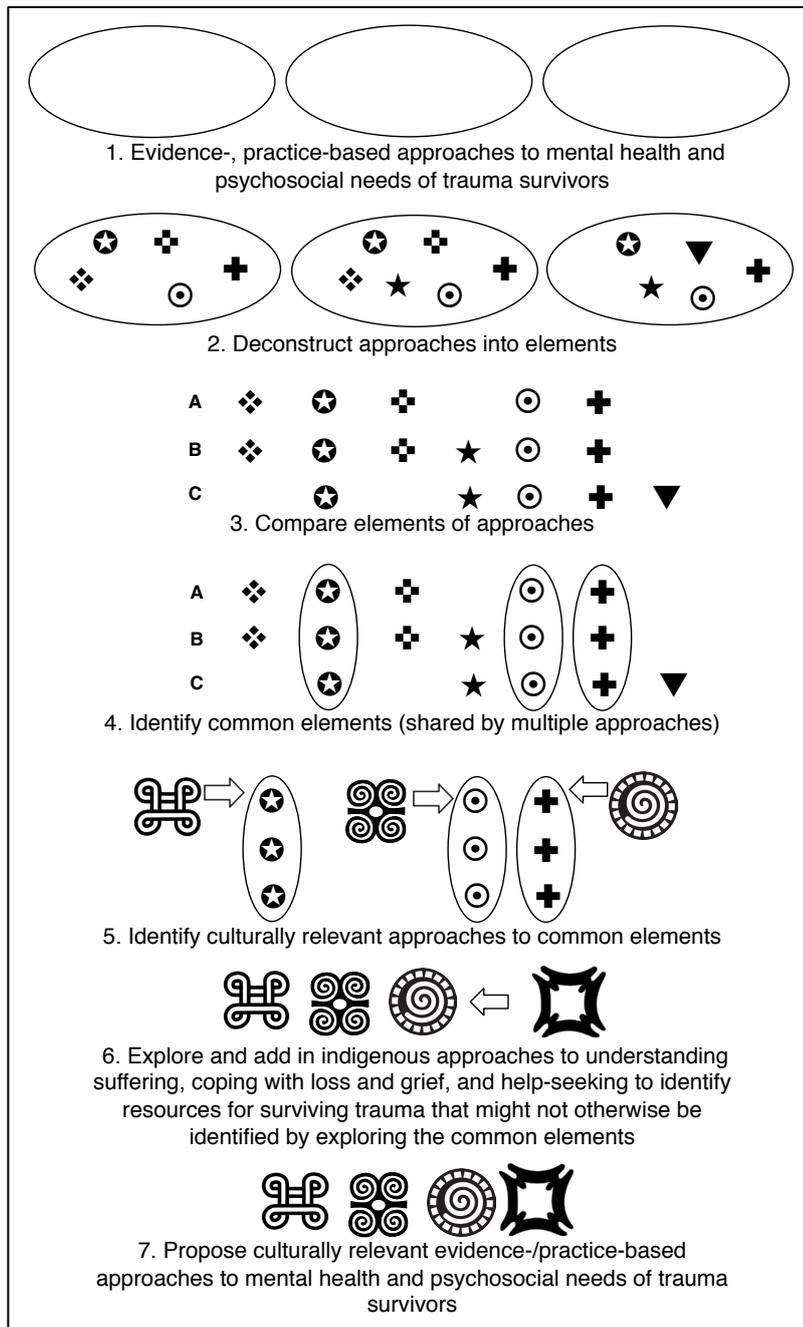
Trauma intervention has been seen to be applicable in various cultures and has shown that trauma can be experienced similarly in different cultures (Sack et al., 1993 as cited in Bryant & Njenga, 2006; Goenjian et al., 1997). Approaches to providing trauma interventions that help to ensure cultural relevance have been explored. For example, an ethnographic approach to choosing post-disaster interventions has been developed to identify what would be most relevant in the local context and can be implemented by those with a high school degree (Bolton & Tang, 2004). However, there is also research that describes the difference in individualistic and more communitarian societies as affecting the type of interventions that will be effective. Culture will affect what is interpreted as traumatic, its external expression, and methods of coping, including to whom individuals will turn for support (Bartsch, 1997; Escueta & Butterwick, 2012; NOVA, 2009; Surtees, 2013).

The process of cultural transposition can be added on to the previously discussed process of identifying the common core elements (in Section 2.6.4.2). After identifying the common core, there needs to be a process of identifying the local approaches or resources. For example, if social support is a common element, then it is further refined in the indigenous context, as to whether social support is most acceptably received from family, friends, work context, or a professional provider context (Wellisch et al., 1999). Then an additional step is required; that is to explore indigenous approaches to understanding suffering, coping with loss and grief, and help-seeking to identify resources for surviving trauma that might not otherwise be identified by exploring the common elements.

Previously Figure 2.5 illustrated four steps to identifying a core elements approach to trauma support: 1) most common evidence- or practice-based approaches to trauma treatment are identified; 2) they are then deconstructed into their essential elements; 3) they are compared and common or similar elements identified; and 4) they are reconstructed into a common core approach to trauma treatment with the various approaches of the evidence- or practice-based approaches from which they are taken. Figure 2.6 adds to these initial steps to take the core elements of trauma support and adapt them to be culturally relevant. Three additional steps have been added: 5) identifying the culturally relevant approaches to the core elements; 6) followed by the most important and probably most challenging step of asking, ‘What else?’ What are the other ways that the culture understands or copes with suffering, loss, grief, strong emotions, help-seeking, and repairing relationships; 7) leading to a proposed culturally relevant approach to mental health and psychosocial support.

In the development of training, it might be more effective to start with this question first, before the participants are aware of what the evidence- and practice-based programs suggest and to then continue to explore this question throughout the delivery of the training. This approach by necessity needs to draw on the knowledge and experience of those in the local context and would come from a constructivist, learner-centered approach (Baumgartner, Lee, Birden, & Flowers, 2003) to be discussed in a following section.

**Figure 2.6 Cultural transposition of core elements of mental health and psychosocial support for trauma**



Source: Developed for this research.

## 2.6.6 Constructing a mental health and psychosocial training

The need for mental health and psychosocial training has been identified (Surtees, 2013; UNIAP, 2011; Zimmerman & Borland, 2009). Surtees found a number of limitations in the skilled capacity of aftercare workers, including a lack of information about human trafficking, lack of educational and professional experience, small numbers of trained social workers and psychologists, regular staffing by volunteers, lack of ethical codes, and a lack of systems for monitoring practices.

### 2.6.6.1 Existing training programs

The bulk of literature on human trafficking comes from the United States and Europe. The main training curriculums have been developed in a Western context. Van der Veer begins his manual for training in areas of armed conflict with a section entitled, “Preface for Western Trainers” (2003, pp. v-vi). He cautions that Western counselors may come with a set of normative practices—working in an office, diagnosing, requirements of extensive education—that cannot be replicated in the field. There is a need for materials that are developed more deeply in the context of the local countries from where the trafficking victims come.

The most comprehensive manual developed is the *Hands that Heal: International Curriculum to Train Caregivers of Trafficking Victims* (Grant & Hudlin, 2007). This manual was developed from a faith perspective. While the introduction to the book highlights the international cross-cultural training experience of its contributors, a review of the contributors’ biographies indicates a group based primarily in Western countries with one contributor from Southeast Asia. While the manual has a section on cross-cultural issues, it is broad in nature, addressing in one volume the varying cultures of Asia, Africa, the Indian subcontinent, and Central Eurasia.

Orris (2010), a doctoral student from California, developed a *Training Manual for Lay Counselors Working with Victims of Prostitution and Trafficking in India*. It draws on the seminal work of Judith Herman (1992) as the foundation of its approach to working with victims of trafficking. Orris uses Herman’s phases of

support that include safety, remembrance and mourning, and reconnection as a framework for the manual.

While Orris indicated that lecture is the primary learning method in India, the training manual is missing the pictures and diagrams this writer has learned is an important component to learning in India. Additionally, this manual did not include stories developed in the Indian context. While Orris did spend some time in Indian programs before writing the manual, it is not clear whether the manual was piloted in the Indian context.

There is a second resource addressing women in India entitled *Psychosocial Care for Women in Shelter Homes in India* (Sekar, 2011). This manual addresses the psychosocial needs of women staying in shelter homes as a result of trafficking as well as for crimes. It addresses quite extensively the cultural and social challenges experienced by women in India who have been victimized experience.

Another resource much closer to the meeting the needs of aftercare workers in the GMS is the *Training Manual on Psychosocial Assistance for Trafficked Persons* (Taephant, 2010). This manual is targeted for the GMS, but while it mentions training to provide counseling skills, the content and the proposed three-day training agenda appear to fit more of a sensitive case-management approach than to providing counseling. It does include a section on “Culturally Sensitive Care” (Taephant, 2010, p. 19); however the section is brief and does not provide skills for exploring these issues as aftercare workers engage in helping individuals who are different from themselves.

The last three manuals described are the only manuals this study could identify that focused on trafficking victims. Other manuals focused on the psychosocial issues after trauma but not specific to trafficking include; *Healing the Wounds of Trauma: How the Church Can Help* (Hill, Hill, Bagge, & Miersma, 2007), *Stress and Trauma: A Manual for Caregivers* (Bartsch & Bartsch, 1997), and *Training Counsellors in Areas of Armed Conflict* (van der Veer, 2003). All are focused on locations dealing with conflict trauma. The first manual is faith-based, does not strongly address the cultural values of the participants, and is based in a Kenyan

context. The second is based in the South African context and does address cultural aspects extensively. This manual has included local feeling words, as well as many diagrams, pictures, and stories in the local context. The third manual does not address cultural values or spirituality and is broadly drawn on experiences in Asia, South America, Eastern Europe, and Africa.

Finally, there is the International Federation of the Red Cross and Red Crescent Societies' trainer's book *Community-Based Psychosocial Support* (2009a, p. iii). This manual is also broadly based on experiences throughout the globe and geared towards communities experiencing "natural disasters, conflicts, and health-related issues."

From this review it is clear that few resources are developed based on research focused specifically on trafficking victims, and even less has been developed targeting or addressing the experiences and needs of trafficking victims from the GMS.

There are a number of care manuals for working with trafficked persons that contain a smaller section on addressing mental health and psychosocial care. *Caring for Trafficked Persons: Guidance for Health Care Providers* (Zimmerman & Borland, 2009) focuses on the medical health care of trafficked persons such as assessment, patient data files, referrals, urgent referrals, infectious diseases, with one of 17 Action Sheets addressing the mental health needs of trafficked persons. *The IOM Handbook on Direct Assistance to Victims of Trafficking* (IOM, 2007) focuses on the broad continuum from safety of aftercare workers, identification of trafficked persons, sheltering, reintegration, health, and working with law enforcement. There is a section of about a couple dozen pages out of a manual of more than 300 pages focusing on mental health care. *The Psychosocial Support to Groups of Victims in Human Trafficking in Transit Situations* (IOM, 2004) is a collection of narratives about different approaches used to support trafficked persons, and is more than a manual.

Another training resource that addresses crisis and trauma in the context of community crisis and disaster is the *Community Crisis Response Team Training Manual* (CCRT Manual) (NOVA, 2009). In the late 1960s and early 1970s those

working with women who had been raped and who were victims of domestic violence began to recognize the impact of trauma on rape survivors and domestic violence victims (Young & Stein, 2004). In the 1970s the first rape crisis center and domestic violence programs were established in the United States. Thereafter, NOVA was established in 1975 to coordinate the efforts of organizations working to provide support and compassion to victims of all crimes. It was shortly afterwards, in the 1980s, that the American Psychiatric Association (APA) formally recognized the impact of trauma by including PTSD in its third edition of the DSM (US Department of Veterans Affairs, 2015).

In the beginning, NOVA was a mostly volunteer organization. The Executive Director resided in Oregon and the organization was listed in the telephone Yellow Pages. When Mount St. Helen's erupted in 1980, those affected called NOVA and reported that they were victims and were asking for help. At that time NOVA's vision did not include those affected by natural disasters. The Executive Director at that time, Dr. Marlene A. Young, subsequently developed a plan for responding to community-wide disasters and presented it to the NOVA Board recommending its development. The Board's assessment, at the time, was that disasters only happen once in a lifetime. The plan was put on a shelf. In 1986, Patrick Sherrill entered the Edmond, Oklahoma Post Office and killed 14 employees before killing himself. Before the event was over, Mike Turpen, the Attorney General of Oklahoma at the time, and a member of the NOVA Board, contacted the NOVA Offices. He reported what was happening and asked for help. The community crisis response plan was dusty, but was taken off the shelf and operationalized with the deployment of the first team of crisis responders.

Since that time the *CCRT Training Manual* was developed, trainings were delivered, and thousands of crisis responders have been trained throughout the world. The *CCRT Training Manual* has been revised based on the organization's learning and experience in responding to domestic and international disasters since 1986.

Significant changes were made after responding to the September 11, 2001 attacks on the World Trade Towers in New York City. The *CCRT Training Manual's* focus has been broadened to include any sudden, random, and arbitrary event such as natural disasters, industrial accidents, manmade disasters, and war that results in

trauma for the individuals involved. In the 1990s the *CCRT Training Manual* was modified to prepare crisis responders to provide support to those affected by the war in the former Yugoslavia.

This project was initiated to produce a proposed training curriculum focused on mental health and psychosocial support to address gaps in the resources. In order to address these gaps the proposed training curriculum sought to:

- be research-informed from this study in the areas of the impact of trauma on trafficked persons and participants' preferred learning styles,
- focus solely on human trafficking victims as the trauma population,
- focus solely on mental health and psychosocial support needed for immediate and longer term support,
- focus on the GMS countries (more specifically on whichever country in which the training is taking place),
- integrate cross-cultural dimensions throughout the training delivery methods and content,
- be accessible to non-professional practitioners,
- comprise six, two to three day modules within a six month period to allow time and opportunity for skill application, refinement, mentoring, and supervision, and
- be based on a constructivist, learner-centered approach to be discussed in the next section.

#### 2.6.6.2 Constructivist, learner-centered approach

As discussed in the previous section on cultural transposition, a culturally relevant training program needed to be developed in a way that elicits the knowledge and experience of the local, indigenous community in order to reach the goal of integration of 'outside' and 'inside' knowledge (Bartsch, 1997). Bartsch suggests that a question to answer related to training across cultures is whether learning is more appropriately constructionist or theoretical. Adult learning theory is often divided into two streams, the behavioral and the constructivist (Baumgartner et al., 2003). Behaviorists approach instruction through modeling, observation, and

reinforcement of behavioral habits. Constructivists come from the perspective that those who are learning construct knowledge themselves, and that as the learners seek to understand and organize their understanding, they construct their own view of learning (Baumgartner et al., 2003). Certainly the foundational knowledge on any given subject started with a constructivist approach, as there was nothing to copy; thus modeling and observation were not possible.

The constructivist stream started with andragogy and was first defined as the “art and science of helping adults learn” (Knowles, 1984, p. 43). It set out five basic principles: 1) adults may come to learning looking to learn from the expert and need to be moved to self-directed learning, 2) adults come to new learning with a foundation of education and experience, 3) adults come to learning with interest based on the tasks they are presently trying to accomplish, 4) adult learning is problem-centered, and 5) adults are internally motivated.

Another constructivist approach, transformative adult learning theory, is about how learning changes people’s ways of being in the world instead of changing what they know by adding knowledge. Belonging to this permutation of adult learning theory is Paulo Freire who advanced the concept of learning for emancipation or education for the purpose of creating social change and developing opportunities for freedom (Baumgartner et al., 2003; Freire, 2006). The most recent approach to constructivist learning is the theory of self-directed learning (Baumgartner et al., 2003; Tough, 1971). The nature of this approach is that the learner sets the goals and the content and methods of learning.

Freire’s transformative learning was applied in low-resourced communities, where residents were seen to be lacking a voice to speak for themselves (Gadotti & Torres, 2009). His theories are often filled with words like “bottom-up,” “grassroots,” and “participatory” (Blackburn, 2000, p. 3). Recently, his perspectives were foundational in a United Nations Educational, Scientific and Cultural Organization (UNESCO) (2009) overview of adult and lifelong learning supporting the basic human right to education. The role of the teacher with expert knowledge was rejected, since he believed that the learning flowed two ways (from student to teacher, and from teacher to student), in which “it was possible for people to fearlessly discuss their

problems” (Gadotti & Torres, 2009, p. 1260). This shift in the role of the learner was highlighted with a change of terminology from “pupil” to “participant” (Blackburn, 2000, p. 8). The expectation of the educator is to be respectful and curious about the participants’ knowledge and experience and to be willing to enter into their context and reality in an effort to facilitate or serve as a catalyst for learning.

Escueta’s (2012) project with Filipinos with a history of abuse incorporated a Freirian approach seeking to identify the foundational causes of their problems so they could identify solutions as a group. Causal Layered Analysis is another way to deconstruct the layers of cause to a particular situation and, by identifying the story, to then rewrite the story to address the community-wide challenge (Inayatullah, 2004). Taking a social constructivist view adds the dimension that experiences are not judged as right or wrong. It simply makes an observation of approaches to coping and in this way does not assign a dichotomy, such as done with Western diagnosis; but it rather allows room to explore individual experiences (Shamai, 2003).

#### 2.6.6.3 Curriculum development

Working with a transformative, social, constructivist, theoretical approach (Baumgartner et al., 2003; Shamai, 2003) in the development of the training curriculum, the training curriculum was built around experiential exercises that allow for identification and release of inside knowledge and experience (Bartsch, 1997; van der Veer, 2006).

The training curriculum associated with this research has been developed to address the common elements of evidence-based and empirically supported interventions, while recognizing the impact of trauma, focusing on strengths and resilience, and addressing trauma reactions.

#### 2.6.6.4 Training delivery methods

Contact training is recommended as a way of conveying the same skills of positive regard that will be required in therapeutic interventions, starting with an assumption and recognition of the knowledge and skills that participants already possess (Bartsch, 1997; van der Veer, 2006). The positive regard of the facilitator will model

how participants are to treat their clients as an implicit approach to services. The relationship between the aftercare worker and the client is more important than specific intervention strategies (Bartsch, 1997). Training participants (the aftercare workers) will have their own experiences of coping, their experiences working with trafficked persons, and their prior experience as students and as instructors.

Just as the training builds on the skills of its participants, the participants will learn that when they are providing mental health and psychosocial support, they will be building on the resources of their clients (van der Veer, 2006) by starting from a place of understanding their clients' world (Onyut et al., 2004; Schauer et al., 2004; van der Veer, 2003).

The trainer/facilitator's role will be to offer simple structures to crystalize the concepts illustrated by the participants' content. It is recommended that various training methods be used (Eisenman et al., 2006) including drawing images (Escueta & Butterwick, 2012), and dolls (Schoemaker & van der Veer, 2003). As an 'outsider' it is vital that we monitor our approach, address our perceived 'power,' and run the training focusing on the participants' content, pace, and timing (Bartsch, 1997).

#### 2.6.6.5 Content

The content of the training program associated with this study has been based on the foundational belief that much of what we know about working with trauma in women who have experienced domestic violence, sexual assault, and other forms of systematic violence is relevant to work with women who have been trafficked and sexually exploited (Rousseaux, 2003).

Synthesizing the literature about trafficked women and borrowing from related fields indicates that a training addressing the mental health and psychosocial issues should include the following components (in no order of priority):

- Assessing risk (Surtees, 2013)
- Making referrals, when to make a referral and to where or whom (Zimmerman & Borland, 2009)
- Caring for the caregiver (Surtees, 2013).

- Recognizing what referral opportunities exist or do not exist within the context in which the aftercare workers are working and recognizing what symptoms would prompt the need for a referral (Zimmerman & Borland, 2009).
- Working within the therapeutic window (Bicknell-Hentages & Lynch, 2009).
- Developing core elements for psychosocial workers, including listening skills (Olij, 2005; van der Veer, 2006), creating a safe atmosphere, and building a connection with the client (van der Veer, 2003).

Borrowing once again from trauma in areas of conflict, the International Society of Trauma Studies and Rand Corporation (Eisenman et al., 2006) developed, through consensus, the recommendation that training of psychosocial workers should include the following knowledge:

- Need for confidentiality and trust
- Dimensions of human trafficking and sexual exploitation trauma
- Common mental health and disorders associated with trauma
- Interaction of physical and mental health after trauma
- Treatments
- Possibility of burnout of care providers

and the following skills recommended by Bartsch (1997):

- Listening
- Communication
- Assessment
- Crisis intervention
- Stress reduction
- Self-care
- Community referrals
- Family involvement

For the purposes of this research both the quantitative and qualitative data collection approaches asked respondents about their preferred learning methods and their training content needs. These were combined with what is in the literature to develop

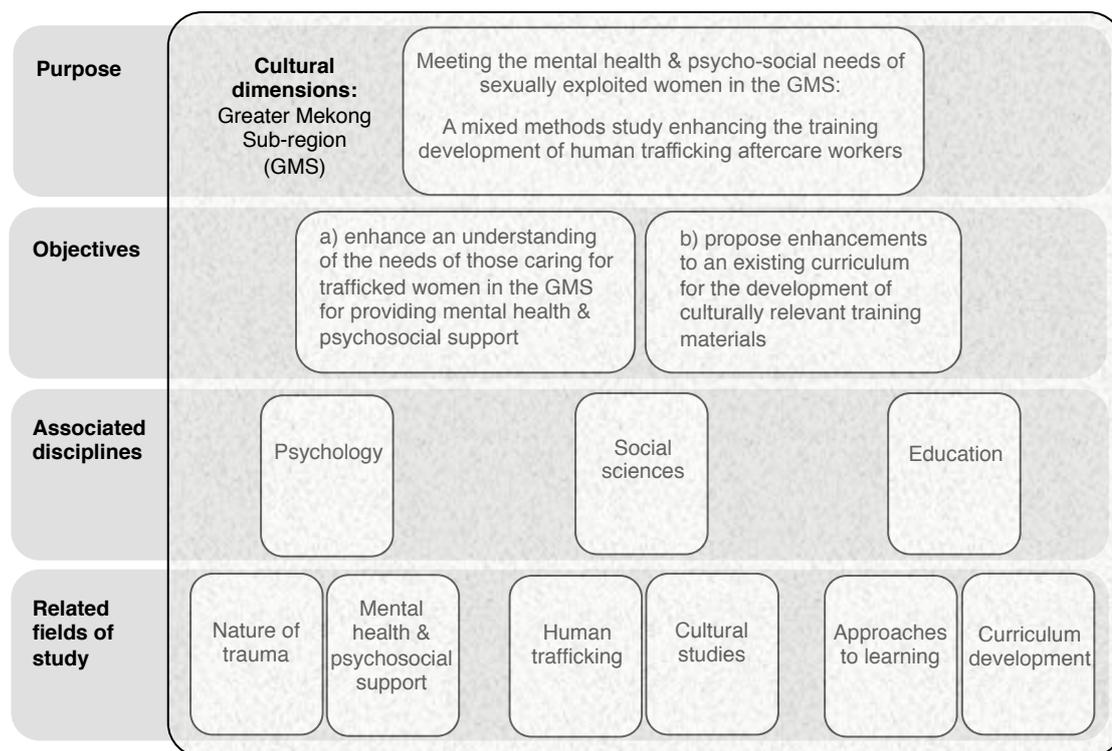
a training that is research-based and tailored to the needs of aftercare workers as they see them.

## 2.7 CONCLUSION

This chapter presented an analytical summary of the existing literature relevant to the research problem as well as the to practice-based project as it incorporates associated disciplines. Research, legislation, and statistics are challenging to assess and document in terms of prevalence due to the hidden nature of human trafficking. Yet it is internationally agreed that human trafficking is a significant problem and that a large number of those trafficked internationally are from Southeast Asia. It is a problem that has serious implications for the mental health and well-being of the individuals caught in this form of modern day slavery. Documentation of the physical, emotional, psychological, behavioral, and relational effects continue to develop.

As an awareness of trafficking developed and research was done as to its impact, researchers and international bodies began addressing the need for comprehensive, quality, and ethical services. These services can only be developed and sustained through effective training. Effective training incorporates resources from associated disciplines as outlined in Figure 2.7. First, based within the discipline of psychology, is found an understanding of the nature of trauma on the individual, an area that this research has investigated through the experiences of aftercare workers. Services for aftercare programs need to be developed and evaluated. The practice-wisdom and evidence-based projects based on work with other populations and vulnerable female populations can be used as a foundation for this new area of trauma support. Second, based within the social sciences discipline, this study was based on a systemic understanding of the context of human trafficking, how individuals become vulnerable, and how that affects their options for (re)integration. Services that are culturally relevant and accessible to non-professionals need to be based within the international framework for responding to human rights' violations employing victim-centered, trauma-informed and -specific awareness approaches.

**Figure 2.7: Research purpose, objectives, associated disciplines, and related fields of study**



Source: Developed from this research.

Third, related to the discipline of education with which this study deals, is the importance of explicitly addressing the most effective learning approaches to bridge cultural differences between trainers from a context different from those who are being trained. In this study, that is the difference between the contexts of the West and the GMS. Finally, the curriculum development needed to be relevant to the needs of the trafficked persons as identified by the aftercare workers who will be delivering the services.

Significant efforts are still needed in the areas of “knowledge and research, capacity building and development, and monitoring and evaluation” in order to fully implement the United Nations’ global plan of action to combat human trafficking (UNODC, 2012b, p. 14). This research project sought to address two of these three areas by incorporating the findings of original research into the training needs of aftercare workers so that they may support trafficked persons. It aimed to develop the capacity of aftercare workers to provide good mental health and psychosocial support to trafficked persons through the development of a training curriculum.

Chapter Three outlines the research approach and methodology to be applied to this study and represents the first step in developing a culturally sensitive approach to the aims of this study.

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## CHAPTER 3 RESEARCH DESIGN & METHODOLOGY

### 3.1 INTRODUCTION

The Organisation for Economic Cooperation and Development (2002, p. 2) defines research as a “creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture, and society, and the use of this stock of knowledge to devise new applications.” Historically, with the more highly valued positivist approach to research, with its emphasis on empirical research that is quantifiable, it is possible the foundational perspective that research is first a *creative work* may often be overlooked.

Furthermore this definition is completed with a reminder that research is undertaken with an aim towards *devising new applications*. The more recent growth of qualitative and mixed methods research, as illustrated by the focus of this study, appears to be a return to its creative roots and practical utility.

This study is a creative work incorporating relatively new qualitative and mixed methods research approaches. Concurrently, it was developed on a *systematic basis*. This chapter articulates that system and approach to enquiry by describing the choice of research paradigm, design, limitations, sampling, results, analysis methodology, reliability and validity, and ethical considerations to address the research questions.

This chapter is divided into nine sections that detail the methodological approach taken for the mixed methods study. The first section provides an introduction to the research questions, followed by an explanation and justification of the research design and strategy of inquiry, including the foundational philosophical worldview and the researcher’s frame of reference. Next an assessment of the validity and reliability of this study is presented. Two sections present in detail the sampling procedures for both data collection approaches, followed by two sections providing an overview of the results. The approach taken to data integration and comparison of

the data from qualitative and quantitative data collection exercises is covered next. The chapter concludes with a detailed discussion of the ethnical considerations of this study.

### **3.2 THE RESEARCH QUESTIONS**

The implementation of the *UN Trafficking Protocol* outlined three areas of emphasis in efforts to address the growing awareness of the human trafficking problem globally—prosecution, protection & assistance, and prevention (UNODC, 2009b). The majority of efforts have been in the areas of prosecution and prevention due to stronger requirements for these actions in the *UN Trafficking Protocol* (Gallagher, 2001). Research into the impact and victim response due to human trafficking still needs developing (Goździak & Bump, 2008), as do additional efforts to provide protection and assistance (Hossain et al., 2010).

Much of the protection and assistance provided is by those relatively untrained in the specifics of human trafficking as well as in the approaches to mental health and psychosocial support. There have been a number of recommendations for the development of training that is tailored to the needs of human trafficking victims. Among them are the *International Framework for Action: To Implement the Trafficking in Persons Protocol* (UNODC, 2009b) as well as others (Surtees, 2013; UNIAP, 2011; Zimmerman & Borland, 2009).

There cannot be, however, a one-size-fits-all approach to providing aftercare considering that human trafficking victims come from many different social and cultural backgrounds, and from a diversity of worldviews as discussed in Section 2.6.5.4. Although trainers are cautioned against it (van der Veer, 2003), it is not uncommon for training resources to be taken from one cultural context and transplanted with little adaptation to the intricacies of a different context.

The purpose of this study is to obtain information from aftercare workers working with women from the GMS, who have been trafficked and who have been sexually exploited, in order to guide the development of an evidence-based training program tailored to the needs of this population. To that end the following research questions guided the line of inquiry of this study.

## **Experiences of Trafficked Women**

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

## **Aftercare Workers' Training Needs**

**Research Question 3:** *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?*

**Research Question 4:** *What training have aftercare workers who are providing services to those in and from the GMS already received?*

**Research Question 5:** *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

**Research Question 6:** *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

### **3.3 SELECTION OF RESEARCH DESIGN AND STRATEGY OF INQUIRY**

Historically, there have generally been two approaches to collecting data—quantitative and qualitative. However, in the past 20 years the development of a mixed methods approach that combines the strengths of quantitative and qualitative approaches has been codified. Mixed methods research can be defined as the collection, analysis, and integration of quantitative and qualitative data in a single study or program of inquiry (Creswell, Plano Clark, Gutmann, & Hanson, 2007; Sweetman, Badiee, & Creswell, 2010). According to Creswell and Plano Clark (2011, p. 8) there are multiple reasons a mixed method may be employed.

Research problems suited for mixed methods are those in which one data source may be insufficient, results need to be explained, exploratory findings need to be generalized, a second method is needed to enhance a

primary method, a theoretical stance needs to be employed, and an overall research objective can be best addressed with multiple phases or projects.

A mixed methods approach utilizing both qualitative and quantitative data was chosen for the present study. This choice was made to provide a greater breadth and depth of understanding of the experience of women from the GMS who have been trafficked and sexually exploited. It is an exploratory study, for which a mixed methods approach strengthened its findings. Furthermore, this research is applied in nature, with the development of a proposed training manual as its final artifact. This study is located in the field of social research while emerging from an academic context, all of which lends itself to a mixed methods approach (Fielding, 2010).

Creswell and Plano Clark (2011, p. 54) outline four factors to consider that address the additional challenges of a mixed methods study. They are: “using a fixed and/or emergent design; identifying a design approach to use; matching a design to the study’s problem, purpose and questions; and being explicit about the reason for mixing methods.” The following section addresses these design considerations.

### **3.3.1 Research Design**

This mixed methods research design included a number of decisions at the developmental stage about how and when methods would be mixed (Creswell, 2009). First, a decision was made about whether the design was to follow typologies already defined and validated, or involve the development of a new typology. Second, the chosen methods of integration and typological design were deemed appropriate to the research question. Third, the choice of a mixed methods approach was substantiated for the study at hand. Fourth, the foundational philosophical worldview underpinning this study was determined to be in line with the typology chosen. And fifth, the researcher’s frame of reference was made transparent, to avoid its implicit effects on the validity of the research results.

#### **3.3.1.1 Foundational philosophical worldview**

While worldviews are generally implicit in a research design, Creswell (2009) recommends that researchers be explicit about their philosophical worldview as it

informs their choice of research design and may affect their interpretation of research data. This is also an essential component for validity and reliability in qualitative studies. In considering which worldview or paradigm would inform this study's line of questioning, it was easy to eliminate a solely post-positivism approach that would require that much more be known about the field of study in order to establish a hypothesis and test it in a structured impartial manner.

A participatory approach was reluctantly eliminated due to the researcher's geographical and travel constraints. A participatory approach requires a researcher to be at the research location for extended periods of time to facilitate repeated dialogues with the research participants that allow time for meanings to be shared, reflected, and refined. For this project the researcher is located outside of the GMS, in Singapore. While a participatory approach was eliminated from the research phase of the studies, it was embedded in the development of the proposed training curriculum—the applied dimension of the present study.

A pragmatic approach is a multi-disciplinary or multi-faceted approach to research methods, worldviews, data analysis, and assumptions that the researcher brings to the project (Creswell, 2009). According to Creswell (2009), the mere fact that a study design is a mixed methods approach necessitates its placement within a pragmatically informed worldview (Creswell & Plano Clark, 2011). The multi-disciplinary or -faceted nature of a mixed methods approach fits the nature of this project that incorporated varied methods and multiple disciplines in the research, including including trauma, intercultural dimensions, social justice, curriculum development, and learning perspectives.

A pragmatic approach also allows the researcher to do what works within the circumstances. The circumstances in the present study include language and financial resource constraints. The intended participant population is from five different language groups with which the researcher has no shared language, unless potential participants are also English language speakers. While the ideal situation would be to have translators to conduct interviews with all participants, this was not financially feasible. As a result interviews were conducted in English. However, the online survey was translated into the five languages of the GMS countries. While the online

survey consisted of primarily closed-ended questions, respondents were provided an ‘other’ category for many of the questions to provide additional information in a free text field. Constructivist and emancipatory worldviews informed the pragmatic approach.

#### **3.3.1.1.1 Constructivist worldview**

An exploratory sequential design (Creswell & Plano Clark, 2011) which calls for the collection of qualitative data prior to the collection of quantitative data was employed in this study. This sequence is in keeping with the constructivist perspective of this research that endeavored to solicit a narrative perspective of the respondents and to build an understanding from their views—not from the researcher’s or those of previous predominantly Western research studies. The qualitative data collection phase—or narrative perspective—identified variables, terminology, and regional perspectives. The collection of qualitative data assisted in the development of the quantitative instrument for the second phase of data collection, using the variables, terminology, and perspectives that are familiar to the GMS participants.

#### **3.3.1.1.2 Post-positivism**

A post-positivist perspective modifies the positivism view of research (Robson, 2011). A positivist view holds that all phenomena to be studied can be quantified and measured, and an absolute reality or truth can be objectively known (Coolican, 2014). Post-positivists agree that reality exists, but believe that it “can be known only imperfectly and probabilistically in part because of the researcher’s limitations” (Robson, 2011, p. 22). Post-positivists believe that construction of knowledge is a rational exercise in which the best evidence is used at the time and revised as new evidence is identified.

Constructionism, also known as social constructionism, holds that knowledge or meaning is not separate from the people involved in them (Robson, 2011).

Constructionism is more focused on the individuals and how they understand or make sense of the world, than on the group. Critics of constructionism point towards its lack of measurement, generalizability, and its view towards studying meaning that

is intrinsically defined by the individuals engaged in the research instead of knowing through observing behaviors. Opponents of constructionism also argue that it lacks sufficient reliability and validity.

Positivism and post-positivism favor a quantitative approach to research, while constructionism favors a qualitative approach to data collection and the two, on the surface, would appear to be incompatible (Robson, 2011). However, Robson argues that the emergence of mixed methods approaches, and the limited references to incompatibility in the reports of the mixed methods approach, reflect the compatibility of the two methods. This study used both approaches, utilizing a post-positivist view in the quantitative phase to add empirical rigor, triangulation, validity, and greater breadth to the findings.

#### **3.3.1.1.3 Emancipatory worldview**

The emancipatory perspective informs the outcome purpose of the research. This study's overarching purpose was to develop an enhanced evidence-based training curriculum for the purposes of empowering aftercare workers to help trafficked women. The recovery of trafficked women, who have been abused by the power and control of others, is of primary concern and is underpinned by their becoming strengthened and empowered as a result. This is needed in order for trafficked women to engage in the world and to build a meaningful life that is self-determined.

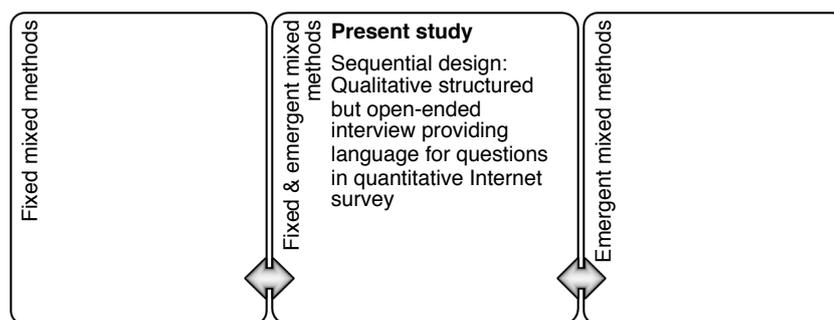
The direct result of this project is, therefore, that the aftercare workers who currently often borrow from other disciplines such as child abuse or domestic violence approaches to accomplish their work (Williamson et al., 2010; Zimmerman et al., 2011), will be equipped with training directly related to the trafficking population with whom they are working.

#### **3.3.1.2 Fixed and/or emergent design**

Creswell and Plano (2011) argue that mixed methods designs fall on a continuum from a fixed method conceptualized at the beginning as a mixed methods study and implemented as such—a *fixed design*, to the other end of the continuum, in which a study is initially developed to be either quantitative or qualitative and during the

course of the research the alternative method is added to the process—an *emergent design*. In the middle of the continuum is a study that is conceptualized from the beginning as a mixed methods study, but emergent in nature, with one approach to data collection informing the development of the next approach to data collection. The current study was conceptualized as a mixed methods study from the stage of the research proposal. It was designed so that information from the first phase—the qualitative structured, but open-ended interview, was used to inform the content development of the second phase—the quantitative online survey. As illustrated in Figure 3.1, this study is located in the center of the continuum. This study was conceptualized as a sequential design, due to the consecutive steps in data collection and the accumulation of data from the first phase to inform the second phase.

**Figure 3.1: Fixed versus emergent design continuum**



Source: Adapted from text for this research (Creswell & Plano Clark, 2011).

The qualitative and quantitative data collection tools were closely aligned, covering similar areas of enquiry. Both tools were targeted to reach aftercare workers serving trafficking victims from the GMS countries, whether they were working in a GMS country or otherwise.

The strength of this mixed methods approach was its ability to triangulate data from interviews in English with the survey responses of respondents who may not have English language ability. It further broadened the number of respondents from whom information was collected allowing for a broader data set. This facilitated deeper meaning and revealed underlying areas of integration or non-integration.

### 3.3.1.3 Identifying a design approach

In considering an approach, Creswell and Plano Clark (2011) recommend that researchers are explicit about whether they are taking a typology-based or a dynamic approach to their research design. A typology-based approach follows designs that are already described in the literature while a dynamic approach does not. Creswell and Plano (2011) identify the typology-based approach as more appropriate for less experienced researchers and the complexity of the dynamic approach as best left to more experienced researchers. The present study took a typology-based approach as recommended by Creswell and Plano (2011, p. 68) to ensure a design that is “rigorous, persuasive and of high quality.”

### 3.3.1.4 Matching a design to the study’s problem, purpose, and questions

Creswell and Plano (2011) describe six types of design, four basic designs and two that combine basic design features into more complex designs. The basic design types are “the convergent parallel design, the explanatory sequential design, the exploratory sequential design, and the embedded design” (Creswell & Plano Clark, 2011, p. 69). The complex designs are “the transformative design” and “the multi-phase design” (Creswell & Plano Clark, 2011, pp. 96 & 100). These different designs describe the timing and sequence of administering the qualitative and quantitative data collection strands, analysis, comparison, and interpretation of data results, and whether one strand informs another strand of data collection (Creswell & Plano Clark, 2011). Three design approaches were considered for the present research project—exploratory, transformative, and multi-phase designs (Creswell & Plano Clark, 2011).

A transformative approach was considered due to the social justice nature of the research topic that would be looking at the needs of a marginalized population (Mertens, 2010). However, the researcher and the project were not sufficiently anchored in the community to be studied to have a strong enough transformative component. Because of the applied nature of this project, a multi-phase design was considered. This approach is often applied to complex, larger data gathering and analysis exercises, and often placed within the government or large organization settings (Creswell & Plano Clark, 2011). These were beyond the scope of the present

project. Ultimately, an exploratory design was chosen because of the limited foundational research available exploring the impact of the human trafficking experience on women who have been sexually exploited in and from the GMS through the lens of the aftercare workers whose role it is to provide high quality, culturally relevant services.

### 3.3.1.5 Reasons for using mixed methods

Creswell and Plano Clark (2011) provide a typology of reasons for using a mixed methods study and suggest that, while there may be a number of reasons for choosing a mixed methods approach, there should be one main reason driving the choice. The primary reason for a mixed methods approach in the current study is complementarity (Creswell & Plano Clark, 2011; Greene, Caracelli, & Graham, 1989). Complementarity according to Johnson and Christensen (2013, p. 502) “seeks elaboration, enhancement, illustration, and clarification of the results from one method with results from the other method.” More is known of the impact of trafficking and sexual exploitation using Western constructs of PTSD, depression, and anxiety than is known about the contextually based experiences of women from the GMS. The complementarity purpose is intended to gather information using the open-ended question approach of qualitative data collection to gain an understanding of the unique impact on women from the GMS and to use that enhanced understanding to craft more appropriate questions for the qualitative data collection phase of the project.

Another reason for the mixed methods approach used in the present study is expansion (Creswell & Plano Clark, 2011; Greene et al., 1989). Expansion addresses the desire to take the information gathered from a limited number of interviews and expands to collect information from a broader range of participants to see how it applies throughout the GMS.

Furthermore, a mixed methods approach was chosen to offset the weaknesses in each method standing alone. Qualitative methods do not allow for as large a sample size as quantitative methods, limiting its generalizability. The deeper information gathered through qualitative measures combined with the broader data gathered from

the quantitative measures provides a fuller analysis of the problem. The instrument in Phase 2 was augmented from the data collected in Phase 1. The outcome of both informed the enhancements of the proposed training curriculum. Considering the application of the research results to the training curriculum, the quantitative data would not be rich enough to develop the content of the training curriculum, while the qualitative data would not provide enough generalizability to justify the inclusion of qualitative results. Both are required.

#### 3.3.1.6 Researcher frame of reference.

The researcher holds strong opinions on a number of topics related to this study. First, those whom society has failed to protect—the trafficked women—are owed compensatory support in rehabilitating their lives. Second, there are many resources and much thinking developed in Western countries that is directly applied without transposition to the context and values of the cultures in which it is applied.

A common complaint reported to the researcher in practice when training in the Asian region is that many Western trainers come in and are critical of the way that locals in developing countries work. The criticisms come before first trying to understand why things are done the way they are (van der Veer, 2006). While a transformative design was not chosen, perspectives of the transformative design have much in common with the emancipatory worldview inherent in the present study.

Mertens (2003) suggests that the purpose of constructing new knowledge is to improve conditions for marginalized population groups (Sweetman et al., 2010). The concept of using new knowledge for new applications is in keeping with the research definition included at the beginning of the chapter (OECD, 2002). While trauma victims and trauma theory are not recognized in the transformative design literature addressed by Mertens (2003, 2010). Sweetman et al. (2010) suggest that transformative research does not have to be limited to traditionally marginalized populations such as feminists, members of diverse ethnic/racial groups, people with disabilities, as well the lesbian, gay, bisexual, transgender, and queer communities. In the present research study, the marginalized group who has experienced trauma are the women who have been trafficked for the purposes of sexual exploitation.

The researcher's views had the potential to lead to researcher bias especially in the qualitative data interpretation of a mixed methods study. These were mitigated by measures to ensure reliability and validity that are discussed in Section 3.4.

### **3.3.2 Overview of qualitative methodology design**

Qualitative research has at its foundation a constructivist view of phenomena in the world and seeks to study it through the use of words and description (Rubin & Babbie, 2001). Social scientists had favored qualitative approaches in the early part of the 20<sup>th</sup> century. It went out of favor in the mid 20<sup>th</sup> century, to again be embraced in the last two decades of the 20<sup>th</sup> Century. Qualitative research is most often based on the observations or inquiry of the researcher who has some point of interaction with the community or phenomenon being researched (Rubin & Babbie, 2001). Rubin and Babbie (2001, p. 388) describe qualitative data being collected “by participant observation, direct observation, case studies, intensive interviewing and similar methods.”

Qualitative data methods are particularly favored by social science fields of inquiry (Rubin & Babbie, 2001) because of their ability to describe phenomenon, to allow for exploration of observations, and to allow for exploration beyond the strict confines of a structured survey. Some qualitative concepts applicable to the present study include the concept of phenomenology and the use of a structured, but open-ended interview process (Coolican, 2014). Phenomenology pertains to efforts of the researchers to shed their own subjective perspective and to develop an understanding of the participants' subjective experiences and how they understand their own experiences (Rubin & Babbie, 2001). This is particularly relevant because of the intent of this research to understand the unique cultural perspective of trafficked women from the GMS countries.

The use of structured, but open-ended interviews allows for the balance of a consistent framework to use as a starting place for exploring a phenomenon and allows the researcher to explore new areas that might emerge through the discussion. The use of a standardized survey (Fowler & Mangione, 1990) would not have allowed for the exploration and clarification of responses that was needed for this

project. The structured, but open-ended interview is differentiated from the semi-structured interview in that the latter utilizes a consistent list of questions used in order, instead of a list of topics to be covered in whatever order the interviewer decides (Coolican, 2014). The goal of the interview was to collect information on a range of areas related to the layers of the CLA and a broad range of experiences of trafficked women. This broad data would be used to gain greater depth of understanding in order to create a more culturally relevant quantitative survey.

The qualitative data collection tool used was a structured, but open-ended interview (Coolican, 2014) that provides a structure and flow to the collection of data. The interview protocol developed was intended to collect information on a core series of topics, while allowing the interviewer to clarify or investigate further as was deemed advantageous. The interview protocol sought to gather information about the experiences of trafficked women through the eyes of the service providers, the needs of service providers to enhance services to this population, and information about preferred learning approaches. Embedded in the interview protocol is a series of questions based on a CLA method of inquiry that is described later.

Another reason a qualitative structured, but open-ended interview was chosen is because the researcher is of a different culture from the cultural context of the research participants. The intent was to explore the mental health and psychosocial impact of being trafficked on those who were trafficked and sexually exploited in the GMS. The assumption that while the behavior—forms of violence, coercion, and deception by the traffickers—might be similar, the perception of the violation would be different from culture to culture depending on cultural values and worldviews. The open-ended question design of the interview survey also allowed for exploration by the interviewer.

### 3.3.2.1 Causal Layered Analysis as a phenomenological method of inquiry

CLA is an inquiry methodology that has primarily been used in futures studies, though there has been some recent use of it in broader social science contexts in Europe and Australia (Bishop & Dzidic, 2014) and recently in the United States (Wilson, 2015). Bishop and Dzidic (2014, p. 16) clarifies that the “causal” in the name is not meant as a study of the causal factors of a studied phenomenon, but

rather, “causal” refers to the connections between and within the layers identified in the CLA framework.

The layers in CLA are described as the litany, systemic, worldview, and metaphor levels. CLA was developed to take a phenomenon and elicit information from respondents at ever deepening levels of knowing (Inayatullah, 2014).

Bishop and Dzidic (2014) argue that CLA is a research approach that is well suited to addressing complex “‘wicked’ problems” (Rittel & Webber, 1973, p. 155) as compared to the ‘tame problems’ that research science most often addresses. In considering a research problem, problems that are complex, for which a greater depth of data and analysis are needed, are well suited to CLA.

#### 3.3.2.2 Phase 1 research strategy of inquiry: Structured, but open-ended interview

The structured, but open-ended interview was designed as the first research step. The researcher’s foundational concern was that the experience of being a sexually exploited trafficked woman from a GMS country could not be understood by a Westerner without exploration. The interview was developed with four general sections. The first identified whether the individual met the criteria for participation. The second asked questions about the interview participant’s insight, based on their work, as to how trafficking survivors are affected by their trafficking experience. It also asked about coping methods. The third, though not delineated separately from the second, consisted of questions about services needed, services provided, help-seeking behaviors, and barriers to services. Embedded in the second and third sections were questions that were relevant to the CLA framework of analysis. The fourth and final section shifted to the topic of training delivery preferences. Table 3.1 provides a summary of the interview sections. The full interview instrument is attached in Appendix B. A survey tool developed by Clawson, Small, Go, and Myles (2003) was used as a resource to develop the interview questions.

**Table 3.1 Structured, but open-ended interview structure**

Section	Content
1	Assessment of respondent's appropriateness for study
2	Aftercare workers' observations of how trafficked women describe their experiences and how they cope (embedded CLA questions)
3	Aftercare workers' observations of services needed, services provided, help-seeking behavior, and barriers to service (embedded CLA questions)
4	Aftercare workers' preferences of training methods and approaches

Source: Developed for this research.

Potential interview participants were invited by email (see Appendix C). As participants were identified, they were provided with a Participant Information Letter, Consent Form, and a Trauma Information Letter, samples of which are provided in Appendices D, E, and F. Signed consent forms were received before beginning interviews. All interviews were conducted in English.

The Trauma Information Letter was provided as a supportive resource in case the interview was found to be distressing by the participant. Working with traumatized populations can cause vicarious trauma in aftercare workers. However, the risk of arousing a distress response in respondents was not anticipated as the participants are regularly working with these issues. The risk associated with triggering a distress response during the interview is considered to be less likely than that associated with the aftercare workers' daily work (Johnson & Benight, 2003; Newman & Kaloupek, 2004; Newman, Walker, & Gefland, 1999). During the course of this study there were no reactions of distress observed.

Skype interviews were recorded using Call Recorder, a third party add-on (<http://www.ecamm.com/mac/callrecorder/>). A backup recording was made with a digital recorder set up next to the computer speaker. Hi-Tech Outsourcing Services, India, transcribed the Skype interviews. A *Non-Disclosure/Confidentiality Agreement* was established with Hi-Tech Outsourcing (see Appendix G). To preserve the confidentiality of the survey respondents, each of the files was assigned a sequential code. Data files are stored on a password-protected computer.

### 3.3.3 Overview of quantitative methodology design

Quantitative research has at its foundation a positivist view that phenomena in the world can be studied and quantified into numbers and figures (Rubin & Babbie,

2001). It is based on the belief that there are laws that correlate variables and that those correlations can be studied, identified, and quantified. In the middle of the 20<sup>th</sup> century social scientists began to favor the quantitative approach as more scientific and a more preferable approach. Quantitative approaches are favored for testing theory-based hypotheses and for the development of survey instruments. Quantitative approaches allow for generalizability of results, in other words, taking a concept and assessing how much it applies to a particular assumption about a given population. Quantitative data collection was included in the mixed methods approach of this study in order to obtain a broader perspective of the data collected and knowledge learned from the qualitative interviews.

#### 3.3.3.1 Phase 2 research strategy of inquiry: Online survey

In this study the quantitative data is not intended to test a hypothesis as surveys are often intended to do (Creswell & Plano Clark, 2011). It served to extend the reach of information collected to those who cannot be interviewed directly by the interviewer, and to obtain more generalizable data. A quantitative survey tool could also be more easily translated enabling data collection from non-English speaking participants.

The quantitative survey tool was adapted from a *Needs Assessment for Service Providers and Trafficking Victims* developed by Clawson et al. (2003) and used information taken from the qualitative data collection phase. Additionally, questions enquiring about preferred training methods were included. The questions were primarily forced-choice questions, with opportunities to include ‘other’ information in a free text field. The online survey was divided into ten sections that are outlined in Table 3.2. The survey can be found in Appendix H.

**Table 3.2 Structure of online survey**

Section No.	Title	Description
1	Introduction	Provided background to research and the consent form that was accepted when the participant clicked 'next' to proceed.
2	Client population	Six questions asked for general demographic information on the populations with which the respondent has worked. The first 3 questions were required to determine qualification to include the survey in final data set.
3	Client experiences	Nine questions about clients' experiences of violence, the impact of the trafficking experiences, and positive and negative coping.
4	Service delivery	Six questions about services needed, provided.
5	Barriers to service	Three questions about barriers to receiving services.
6	Service access, need & agency needs	Three questions about how services are accessed, seriousness of victims' needs, and agency needs to provide better services.
7	Learning styles	Six questions about the participants' preferred learning styles, training resources, the role of the learning leader, and desired training outcomes.
8	Respondent background information	Eight demographic personal and professional questions.
9	Knowledge about/experience with trafficked women	Six questions about learning experiences focused on working with trafficking victims and what training was desired.
10	End of survey	Provided a thank you for participating, a notice of whom to contact if there were any concerns about the research project, and a way of signing up to receive information about trainings developed as a result of the research project.

Source: Developed for this research.

The survey was translated into the five languages of the GMS countries included in this research project. Straker Translations (<https://www.strakertranslations.com>), a professional translation service, was used to translate the surveys. They were chosen due to their certifications including ISO 9001:2008 and EN 15038:2006 translation quality certifications. The decision to not back translate was taken due to budget constraints and because Straker Translations indicated that it was not their practice to back translate. Information about the project and its context, as well as glossary terms were provided to the translators.

The online surveys were uploaded to and formatted in SurveyMonkey<sup>®</sup> (<https://www.surveymonkey.net>). Each of the translated surveys was laid out next to the English version. Email invitations included a hypertext link to each language survey in the body of the invitation (See Appendix I). Multiple submissions were allowed from the same IP address. This approach was chosen to provide an

opportunity for people in low-resource contexts, who might be sharing computers within an organization, to participate.

### **3.4 ASSESSING THE VALIDITY AND RELIABILITY OF THE STUDY**

This study has been structured to include methods of establishing reliability (to determine if the data is accurate) and validity (determine if the effect is genuine) (Coolican, 2014). As a mixed methods study there are issues of reliability and validity related to each of the quantitative and qualitative strands as is generally the case with both methods of study as well as with the overall mixed methods structure. These are outlined below.

Reliability and validity methods included collecting data from a number of participants, presenting disconfirming evidence (Creswell & Plano Clark, 2011), and implementing a five-step structure (Bishop & Dzidic, 2014) to the CLA analysis (Inayatullah, 2014) as is described in detail in Section 3.3.1.6.

The collection of quantitative data added to the breadth of data collected, which added to the validity and reliability of the overall data collected, and provided data that was then triangulated with the qualitative data (Steven, 2012).

Another risk to the validity of the data is the researcher's frame of reference. The researcher has declared her frame of reference (Section 3.3.1.1). She will continually assess her own contextual lens and how it may be affecting the interpretation of respondents' views through asking self-reflective questions, such as 'What personal assumptions might have been made here?' Independent third parties including the supervisory team, other academics, and colleagues in practice, have also consistently provided feedback on interpretation.

Coolican (2014), while acknowledging there has been a strong argument among qualitative researchers that subjecting qualitative research to rigorous measures would in fact constrain the very nature of qualitative research, suggests a number of measures to ensure the quality of qualitative research which are outlined in Table 3.3.

**Table 3.3 Qualitative methodology reliability and validity measures**

Measure	Yes	No
Respondent validation		X
Triangulation		X
Subjectivity & reflexivity	X	
Interpretations & 'fit'	X	
Negative case analysis	X	
Coherence	X	
Transferability & generalizability	X	
Resonance, impact & persuasiveness	X	
Data audit	X	

Source: Developed from text for this research (Coolican, 2014, pp. 324-327).

**Respondent validation.** This involves going back to respondents in order to confirm the researcher's understanding and interpretations of the respondents' contributions. This was not built into this research due to time constraints as well as to the belief that the mixed methods approach would allow for an additional layer of information gathering that would confirm or disconfirm the researcher's interpretations.

**Triangulation.** (Coolican, 2014, p. 324; Madill, Jordan, & Shirley, 2000) defines triangulation for qualitative research as "completeness not convergence." This would mean interviewing until coming to redundancy, meaning that new interviews were not eliciting new information, simply repeating what was learned in earlier interviews. The area of the GMS is too large to have completed interviews to the point of redundancy; but the mixed methods approach was intended to provide an exploration of the information provided in the interviews and to provide an open text field for further information to be provided. The interviews together with the online surveys do illustrate a representative sample given the size of dedicated sexual trafficking of women interventions described in Chapter Two. Further, by adopting a mixed methods design, the quantitative data are able to validate qualitative findings, which represent key reliability and validity strategies included in this study.

**Subjectivity and reflexivity.** Qualitative research cannot be separated from the values, attitudes, and beliefs of the researcher. An approach to mitigate the impact of

the researcher's perspectives on methodology is to acknowledge and articulate them. The perspectives and worldview of the present study's researcher are outlined in Section 3.3.1.1.

**Interpretations and 'fit.'** The interpretations should fit with the data and this should be evident in the report and in the records of the data analysis process. A clear process of analysis has been outlined for the CLA in Section 3.7.1.1. and for the thematic analysis in Section 3.7.1.2.

**Negative case analysis.** This involves addressing the cases that are outliers and that do not fit the common responses. Unlike quantitative data analysis that removes the purpose of the qualitative approach, in the present study it is intended to collect as broad a spectrum of experiences as possible, even the outliers. They are included in qualitative analysis, and in some cases included in the creation of the quantitative tool.

**Transferability and generalizability.** In qualitative research, although its focus is on finding what is unique, transferability and generalizability are related to the ability to use the information collected in one situation in another context. In the present study, which is looking at five different countries within one region, even if the concept (for example, the understanding the trafficked woman has of why she was trafficked) does not apply perfectly in another context, it provides the researcher and the practitioner (who have access to the research information through the training) information to explore in another context, in this case, in another country. That said, a particular strength of the research design is that the quantitative data is able to increase the transferability and generalizability of the findings.

**Resonance, impact, and persuasiveness.** Resonance, impact, and persuasiveness have to do with whether or not the researcher has been able to put forward a new idea or insight that can persuade the reader of the research report that the phenomenon exists and is revealed or explained by the research data. While the 'X' in the 'yes' box in Table 3.3 indicates the researcher's belief that the measure was achieved, it is in reality left to the reader, the examiner, to determine.

**Data audit.** A data audit in the case of qualitative research is not done to verify that the one truth has been identified, but rather that another researcher could review the steps and tools of analysis and observe that the results were found “systematically and transparently” (Coolican, 2014, p. 327). The steps of analysis have been outlined in this chapter and the tools remain available for examination upon request.

### **3.5 STRUCTURED, BUT OPEN-ENDED INTERVIEW (PHASE 1): SAMPLING PROCEDURES**

A non-probability purposive, snowball sampling approach (Rubin & Babbie, 2001) was taken. A non-probability sampling was used because this study was designed as an exploratory study intended to identify a wide range of, and granular, experiences of the trafficked women, not just the most common experiences. There is no intention of using the data to answer ‘how many’ trafficked women have had these experiences. This approach was taken due to the challenges of obtaining a probability sampling of participants due to language, organizational restrictions, and the limited number of people working with human trafficking victims from the GMS as well as the location, access, and language limitations of the researcher.

#### **3.5.1 Sampling strategy**

Participants were solicited utilizing the network of the researcher’s business, RCC, as well as by attending meetings in the region of Southeast Asia. “In this strategy, particular settings, persons and activities” (Maxwell, 2005, p. 97) were selected in order to identify those who were working or who have worked with trafficked women from the GMS.

The minimum number of interviews required was set at 10. A minimum of 10 interviews was chosen in an effort to obtain a couple of perspectives (ideally two) from each of the five GMS countries that were covered by this study. Following the general identification of individuals working with trafficked women, a criterion-based selection (Maxwell, 2005) was applied to identify individuals who were working with 1) women, 2) who had been sexually exploited, and 3) were from the GMS. Table 3.4 presents the approach used to determine the eligibility of interview participants.

**Table 3.4 Criteria for participant inclusion in interviews**

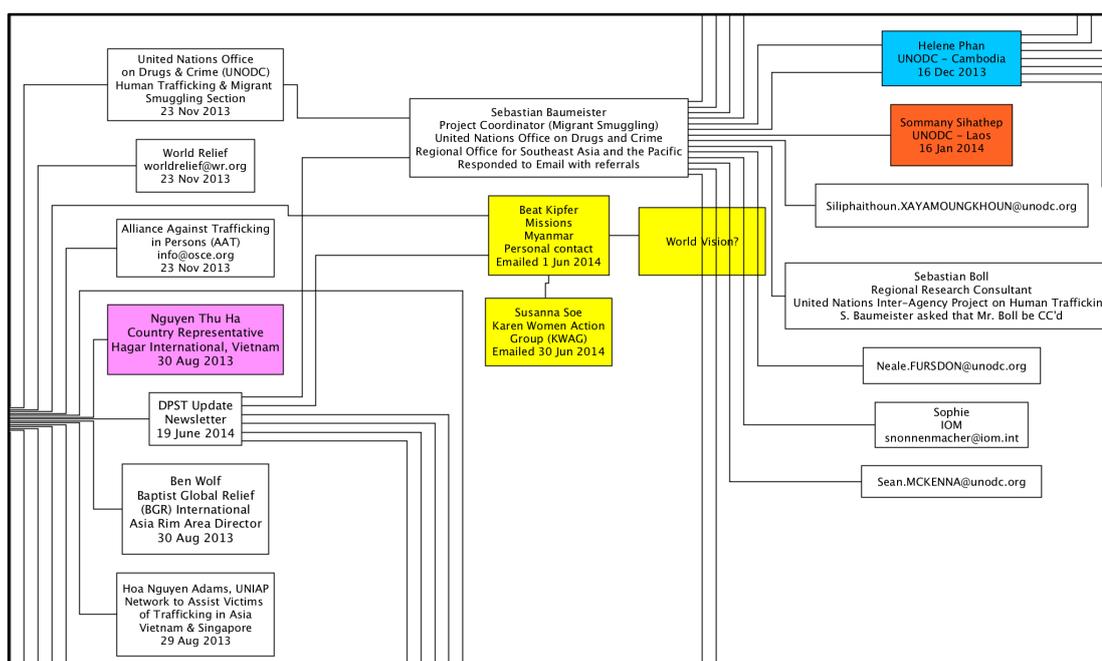
	Criteria	Question
Profession	Serving trafficking victims post-trafficking	Determined before the interview.
Nationality of clients served	GMS countries (Burma, Cambodia, Laos, Thailand & Vietnam)	What countries are the trafficking victims you work with from?
Gender	Female	What kinds of trafficking victims have you worked with?
Form of exploitation	Trafficked and sexually exploited	What kinds of trafficking victims do you/have you worked with?

Source: Developed for this research.

### 3.5.2 Steps in the sampling process

The starting place for identifying interview participants was to send an email requesting participants through the network of the researcher in her role as Director of RCC. At the time the research started, the network was comprised of over 250 individuals and organizations working with or in fields related to human trafficking in the GMS and around the world. The network was expanded through referrals from the original network and through identifying additional individuals and organizations with experience working with trafficked women. The unfolding network of referrals was tracked using an open source diagramming software—*yEd Graph Editor* (yWorks, 2001-2004)—that provided a pictorial graph of how referrals were linked (Figure 3.2). A sample of the email used to invite participants and an USQ endorsement letter sent as an attachment can be found in Appendix I & J.

**Figure 3.2: Structured, but open-ended interview invitations diagram**



Source: Developed for this research using yEd graph editor (yWorks, 2001-2004).

Each contact is a ‘node’ within the diagram. At the end of the research there were a total of 267 nodes. The nodes were color coded to indicate the country in which the contact was located, with uncolored nodes indicating a regional or non-country-specific role. See Table 3.5 for a summary of nodes by color and country.

**Table 3.5 Networking diagram nodes by country**

Country	Color	Number of Nodes
Burma/Myanmar	Yellow	28
Cambodia	Blue	54
Laos	Orange	19
Thailand	Green	39
Vietnam	Pink	19
Regional	No color	108
Total Nodes		267

Note: Colors are not shown in the sample diagram (Figure 3.2).

Source: Developed for this research.

The first email invitation was sent on August 2013 and the last was sent out on July 2014. There were subsequent waves of invitations sent out in September and December of 2013, and February, March, June, and July of 2014. In between waves

of invitations sent, the researcher followed up with individual referrals. See Table 3.6 for an overview of individual networking contacts made by month after the initial e-mailing.

**Table 3.6 Networking activity by month soliciting research participants**

Year	Month	Number of contacts made & online group postings*
2013	Aug	49
	Sep	18
	Oct	6
	Nov	15
	Dec	6
2014	Jan	3
	Feb	56
	Mar	55
	Apr	0
	May	14
	Jun	28
	July	2
No date recorded		51
Total		303
Failed email address		20

\*Includes multiple attempts in different months.

Source: Developed for this research.

A number of methods were used to create awareness about the need for interview participants. A newsletter was developed and distributed at about six month intervals throughout the participant identification process in December 2013, June 2014, and January 2015. The newsletters can be found in Appendix K. The purpose of the newsletter was to socialize the network and to provide support to the network simultaneous to the solicitation of participants. Announcements were posted on human trafficking interest groups on LinkedIn and Facebook. See Table 3.7 for a list of these groups. Additionally, a blog article was written for Cancer InCYTES Blog<sup>4</sup> and published 2 December 2014—*Important Research Needs Your Help – Research*

<sup>4</sup> <http://cancerincytes.blogspot.sg/2014/12/important-research-needs-your-help.html>

*to Practice: Psychosocial and Mental Health Support to Human Trafficking Victims in the Mekong* (See Appendix L).

**Table 3.7 Electronic groups used to announce need for research participants**

LinkedIn	Facebook
<ul style="list-style-type: none"> <li>• Action Against Human Trafficking</li> <li>• Christians Against Human Trafficking</li> <li>• End Human Trafficking—Fashion Hope</li> <li>• Human Trafficking Center CCARHT</li> <li>• Human Trafficking Survivors Foundation</li> <li>• Human Trafficking Today</li> <li>• Industry and Human Trafficking in Supply Chains</li> <li>• Network to Assist Victims of Trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• Human Trafficking—Modern Day Slavery</li> <li>• Network to Assist Victims of Trafficking in Asia</li> <li>• Salvation Army Anti-Human Trafficking SA</li> <li>• Singapore Anti-Human Trafficking Work Group</li> <li>• United Front Against Human Trafficking</li> <li>• Walk Against the Traffick, Singapore</li> </ul>

Source: Developed for this research.

The researcher also travelled to participate in meetings and conferences during the time of data collection to increase the network. The trips were also seen as potential opportunities to complete face-to-face interviews. Table 3.8 provides a summary of meetings attended and resulting interviews—both on-site, and later, remotely.

**Table 3.8 Conferences attended and interviews completed**

Event	Social Workers Conference	Caritas Meeting	Business Trip
Date	8-10 November 2013	22 February 2014	24 March 2014
Location	Hanoi, Vietnam	Jakarta, Indonesia	Chiang Mai, Thailand
Country of participants (relevant to the study)	Laos, Cambodia & Vietnam	Burma, Cambodia, Laos, Thailand & Vietnam	Thailand
Interviews conducted onsite	Vietnam	Laos	Thailand
Interviews resulting from contacts developed	None	Thailand	None

Source: Developed for this research.

### 3.5.3 Limitations of the sampling strategy

There were a number of limitations to the purposive, snowball sampling approach that was used. First, those who were invited to participate were limited to connections that could be reached from within the researcher’s professional network. Secondly, participants needed to have some English skills. Individuals with some English skills are likely to have had some level of Western influence, higher levels of education, and a more cosmopolitan or urban contextual experience. More urban or

cosmopolitan aftercare workers may not have a deep understanding of the experiences of rural women who have been trafficked, of which there are many (US Department of State, 2015). Another limitation affecting this sampling was the need for access to technological resources to participate in a Skype (<http://www.skype.com>) or other voice over online protocol interview. In addition to having access to the technological resources, the potential respondents would need to have access to a quiet or private space in which they felt comfortable to complete the interview. With these limitations it is almost certain that those who were interviewed were not representative of the entire population of aftercare workers in each of these countries.

### **3.6 ONLINE SURVEY (PHASE 2): SAMPLING PROCEDURES**

The purpose of the online survey was to confirm findings in a broader country-to-country context while also facilitating triangulation of qualitative findings. Due to the exploratory and applied nature of the research, the need to include quantitative research strategies was imperative.

#### **3.6.1 Sampling strategy**

Similar to sampling strategy applied in Phase One for qualitative data collection, a purposive snowball approach was taken to identify participants. Unlike the typical approach to an exploratory research design, interview participants were also invited to complete the online survey (Creswell, 2009). While there was some overlap in the information they provided in the interview, the majority of questions on the online survey included a rating scale that provided additional information that was not collected in the interview.

The network of RCC was once again utilized to invite participants. The size of the network had grown during the process of seeking participants for the interview to approximately 300.

#### **3.6.2 Steps in the sampling process**

The online survey was scheduled to be open for a maximum period of six months. The minimum number of survey responses targeted was 60, in an effort to surpass a

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minimum number of 50. This target was set to ensure that the minimum needed for inferential statistics was met (Hair, Black, Babin, & Anderson, 2010).

A series of paced steps was created with the goal of encouraging participation without overburdening the network's goodwill by sending too many or too frequent emails. An email invitation to potential participants with a month's time to complete the on-line survey was sent out in late October 2014, followed by two emails with reminders that the scheduled closing date was in late November 2014. Because there were not enough surveys completed after the first round, an extension was provided, leaving the survey open another two weeks until mid December 2014. Thirty-six surveys had been collected by this time, so the minimum number of 50 surveys had not been met.

After the holiday season (Christmas, the calendar New Year, and the Lunar New Year) yet another more personal request was made by email with additional efforts to extend the network. This invitation was sent out in February 2015 with a final closing date in March 2015. Efforts to extend the network also expanded from targeting aftercare workers in the five GMS countries to including aftercare workers anywhere in the world with experience working with trafficked women from the five GMS countries. The online survey remained open for seven months in order to collect a sufficient number of responses. The steps in the sampling process are outlined in Table 3.9.

**Table 3.9 Online survey sampling steps**

Date	Step	Notes
29 Oct 2014	Email first invite	Set closing date as 28 November 2014
12 Nov 2014	Reminder email	Two weeks remaining
26 Nov 2014	Reminder email	Two days remaining
28 Nov 2014	Closing date	
		35 qualifying surveys received
3 Dec 2014	Extension email	New closing date set 12 Dec 2014
12 Dec 2014	Second closing date	
		7 qualifying surveys received
19 Feb 2015	Second extension email	New closing date set 5 Mar 2015
5 Mar 2015	Final closing date	
11 Mar 2015	Last survey submitted	
		18 qualifying surveys received
		Total 60 qualifying surveys received

Source: Developed for this research.

Participants were identified as qualifying or disqualifying with a series of required questions at the beginning of the online survey. Qualifying participants needed to meet the three-pronged criteria outlined in Table 3.4.

### 3.6.3 Limitations of the sampling strategy

There were a number of limitations to the purposive, snowball sampling approach for obtaining participation in the online survey. Similar to the approach for obtaining participation in the interviews, participants were invited starting with the researcher's professional network. Because the survey was translated into the five languages of the GMS countries addressed in the present study, it was intended that the online survey would allow this study to be more representative of the population and allow for increased validity and reliability claims so as to support the applied interventions contained in the purpose of the study. The surveys would also reach further than the interviews that were limited to English, thus allowing for language penetration.

Additionally, the technological and space issues required would not be as extensive as those needed for a Skype interview. However, participants would still be limited to those who have some kind of online access. It is unknown if there are aftercare workers working in the remote areas who do not have access to technology.

However, as there are limited services targeting trafficked women in the urban areas, the likelihood of specialist workers in the rural areas would appear to be low.

Additionally, the timing of the survey collection overlapping with several ‘end-of-year’ holidays, Thanksgiving (US), Christmas (global), calendar New Year (universal), and Lunar New Year (Asia) may have also had a dampening effect on participation. This may have been mitigated by the extension of the deadline in February 2015 until March of 2015, during which time almost a third of all surveys were received.

### 3.7 STRUCTURED, BUT OPEN-ENDED INTERVIEW (PHASE 1): RESULTS OVERVIEW

Thirteen individuals completed the interview process—11 were completed through personal interviews via Skype or in person and two were accepted in writing at the request of the respondents. Of the 11 interviews, four were conducted in person in Thailand, Vietnam, and Indonesia and seven were conducted via Skype. Interviews were conducted over 12 months from September 2013 to 2014. Table 3.10 below outlines the interview method, the country, and the working context of each participant.

**Table 3.10 Structured, but open-ended interview participants**

No.	Date	Interview method	Country working	Country from	Working w/ clients from	Position	Org. type
1	12 Sep 2013	Audio Skype	Vietnam	Vietnam	Vietnam	Training Program Team Leader	NGO
2	8 Nov 2013	Audio In person	Vietnam	Vietnam	Vietnam	Counseling Psychologist	NGO
3	10 Nov 2013	Audio In person	Vietnam	Singapore	Vietnam	Technical Advisor	NGO
4	16 Dec 2013	Audio Skype	Cambodia	Cambodia	Cambodia	Psychologist	NGO
5	22 Feb 2014	Note taking In person	Laos	Laos	Laos	Officer-in-Charge	NGO
6	2 Mar 2014	Audio Skype	Cambodia	Australia	Cambodia	Chief Executive Officer	NGO
7	10 Mar 2014	Audio Skype	Thailand	Thailand	Thailand	Program Director	NGO

No.	Date	Interview method	Country working	Country from	Working w/ clients from	Position	Org. type
8	20 Mar 2014	Audio Skype	Cambodia	United States	Cambodia	Medical Technical Consultant	NGO
9	24 Mar 2014	Note taking In person	Thailand	Thailand	Thailand, Laos, Myanmar	Program Director	NGO
10	8 Jul 2014	Initially note taking, then audio through Skype	Australia, Southeast Asia, Thailand	Australia	Thailand & Cambodia	Project Volunteer	NGO
11	14 Jul 2014	Written submission	Cambodia	Cambodia	Cambodia	Provincial Coordinator	NGO
12	26 Jul 2014	Audio Skype	Thailand, Australia	Australia	Thailand, Myanmar	Student	NGO
13	21 Aug 2014	Written submission	Vietnam	Vietnam	Thailand, China & Russia	Psychologist	NGO

Source: Developed for this research.

Data from the qualitative survey was collected through recording of conversations where possible, or note taking, if recording was not possible. Recordings were transcribed and note taking was rewritten (Rubin & Babbie, 2001). Due to language concerns, (English was not the interview participants' first language), a couple of participants requested to complete the interview in writing. This eliminated the opportunity for follow-up questions for two of the interviews, but they were nonetheless accepted for the value they would have in obtaining more input.

### 3.7.1 Data analysis strategy

Qualitative data was analyzed from a thematic analysis approach (Coolican, 2014). Initially a first level of analysis of the questions that were replicated in the quantitative survey was completed. This was done for the purposes of identifying options for forced-choice questions. Data from the qualitative survey that was reviewed for this purpose included the following areas:

- Methods of positive coping
- Methods of negative coping
- Fears
- How trafficking victims made sense of their trauma

- Hopes
- Help-seeking

Full analysis of the qualitative data was undertaken after data collection was initiated for the quantitative online survey, and was completed before analysis of the quantitative data results were initiated. This sequence was chosen to avoid coding the qualitative data with influence from the results of the quantitative data. Coding centered on the CLA analysis, identifying themes, as well as creating a taxonomy of the experiences of trafficked women.

Interviews were prepared for analysis through transcription from the audio-recordings, except for the two that were submitted in writing. While the use of qualitative data analysis software was explored, a more basic approach was adopted. A spread sheet application was utilized. Open-ended responses were analyzed and key passages were coded. Information on each coded segment was entered into the spread sheet. These were sorted and analyzed for trends and contrasts. The spread sheet was used on a macro-level to review trends—similarities and variances. The original text was used on a micro-level to review and verify the specific context and meaning of the text for which trends or variances were identified.

#### 3.7.1.1 Causal Layered Analysis

Imbedded in the thematic approach to analyzing the data was a CLA approach based on the work of Inayatullah (2004). While all of the text was reviewed and coded for information related to the four layers of CLA (Bishop & Dzidic, 2014), there were specific questions in the survey that were constructed specifically to obtain information for each of the four layers. The CLA analysis seeks to obtain information on four levels, beginning at the level of litany (repetitive and automatic explanation), moving to systemic influences, deepening further to identify the respondent's worldview, and then eliciting an image or metaphor that illustrates their views of the research topic.

While Bishop and Dzidic (2014) believe that procedural descriptions for applying CLA are vague and thus challenging to replicate, they also believe complex social

problems are well suited to CLA. They propose a five-step application of CLA for community psychology studies that was followed for this study.

- Step One: Considering the research question,
- Step Two: Familiarization,
- Step Three: Coding between the Layers,
- Step Four: Coding within the Layers, and,
- Step Five: Reconstruction of the issue (Bishop & Dzidic, 2014, p. 18).

*Considering the research problem* involved assessing whether the research question was well suited to CLA. *Familiarization* involved both reviewing the data several times, and taking notes about observations that related to coding that was done in a later step, as well as familiarization with the layers of CLA. The next step—*coding between the layers*—required reviewing the data and coding it according to the four layers of the CLA. Some text was coded in more than one layer. *Coding within layers* involved identifying themes that were observed in multiple layers as is standard to qualitative data analysis. The final step of *reconstruction* was to develop an overall understanding of the meaning of the problem that connected and had internal consistency among layers as well as highlighting inconsistencies (Bishop & Dzidic, 2014).

### 3.7.1.2 Thematic analysis approach

Analysis of open-ended questions achieved two objectives: 1) documentation of the full range of themes in responses—a taxonomy of experiences, and 2) documentation of the most common themes expressed. The first objective required noting new information and/or dissimilarities about experiences that arose with each interview. The second objective required noting similarities. A coding scheme took shape as the data was analyzed. The coding scheme developed within a framework that included the following categories:

- Reactions of trafficking victims
- Expression of those reactions
- Causes of their reactions

- Gains and losses of responding the way they do
- Positive coping
- Motivation for positive coping
- Social support for trafficking victims
- Negative coping
- Fears of trafficking victims
- Fears of trafficking victims related to their ability to cope
- Causes of their fears
- Who has control over the circumstances of trafficking victims
- Trafficking victims' hopes
- Meaning of trauma suffered
- Values mostly strongly related to
- Effects of trafficking on the person's place in community
- Help-seeking
- Support services needed
- Barriers to providing services
- Resources needed to better support trafficking victims
- Preferred learning approaches

Coding of the qualitative data took place prior to the review and analysis of the quantitative data to generate coding which emerged from the data and was not influenced by trends observed in the quantitative data.

### **3.7.2 Limitations**

While a structured, but open-ended interview (Coolican, 2014) was used, a number of the participants were not interviewed in their primary language, so the understanding of the questions had a greater variance than if all of the interviewers had a similar context and primary first language. While efforts were made to collect interviews representing the five countries, Laos and Burma/Myanmar were underrepresented.

The length of the questionnaire and the energy required to communicate over Skype, listening (at times with some distortion of sound), and comprehending respondents

who were responding in accented English resulted in limited time and energy to go beyond the questions already in the interview guide. Generally, after about an hour and a half the interviewer found that both she and the respondent were at a natural finishing point, and it felt as if it would be an exhausting imposition to extend longer. Coolican (2014, p. 178) acknowledges the demand on the interviewer as the “check and prober” and the interview participant as the “producer.”

Another limitation of the thematic analysis (including the Causal Layered Analysis) is the researcher’s lens as a Westerner. Most respondents were English as a second language speakers. While a native speaker might have three words they could use to describe a concept, thus conveying a particular nuance of what they are trying to describe, an English as a second language speaker might only be familiar with one word and thus not be able to convey the same detailed nuances.

Limitations that are general to qualitative research, including lack of generalizability, data analysis limitations due to researcher’s bias and expectations, and replication of data collection also apply to the present study.

### **3.8 ONLINE SURVEY RESULTS (PHASE 2): RESULTS OVERVIEW**

A total of 113 attempts were made to complete the survey. Of those, 53 met the three-pronged criteria outlined in section Table 3.4. There were an additional seven who met the qualifications of working with trafficking victims who had been sexually exploited and were from the GMS; however, their client population was less than 18 years of age. The decision was made to include these seven in the analysis. Of the 53 remaining attempts, the majority of the participants answered only six or less of the 49 questions on the survey and thus the surveys were not complete enough to include in the analysis. The remaining participants were not serving trafficked persons who were sexually exploited, women, or clients from the GMS.

Of the included surveys, five were submitted in Khmer, two in Thai, one in Burmese and seven in Vietnamese, and while the most, 45 surveys, were submitted in English, most of the respondents still originated from the GMS. Table 3.11 shows the number of qualifying surveys completed based on the language in which they were

completed. Approximately, seventy-five percent of the surveys were completed in English.

**Table 3.11 Total and qualifying online survey participants by survey language**

Survey language	Total number of survey & survey attempts made	Number of qualifying surveys completed (18 years or older)	Number of surveys completed (<18 years)
Burmese	1	0	1
Khmer	9	4	1
Laotian	1	0	0
Thai	2	2	0
Vietnamese	9	7	0
English	73	40	5
Total completed:	112	53	7
		Total qualifying: 60	

Source: Developed for this research.

### 3.8.1 Data analysis strategy

The purpose of this study was exploratory, seeking to learn more about the experience of trafficked women and the needs of the aftercare workers. The following steps were taken to prepare the data for descriptive and inferential statistical analysis in Statistical Package for the Social Sciences (SPSS) (IBM Corp., Released 2013). The following sections describe the actions taken to extract, screen, and check data normality.

#### 3.8.1.1 Data extraction and coding

The survey data was collected using SurveyMonkey<sup>®</sup>, an online survey program. This program was chosen over others considered, because of its ability to handle the foreign language fonts that were required for providing surveys in the five languages of the GMS countries. When the surveys were closed, all the data was exported to Excel files in a condensed form, with numerical coding provided instead of the actual answer text. Data was extracted for respondents who met the three-pronged criteria as outlined in Table 3.4. Qualifying surveys completed in different languages were consolidated into one Excel file containing all qualifying surveys.

Unfortunately, the data as it was exported was not in a format that could be managed by the SPSS. The researcher had to meticulously edit and reformat the data. While the answers were coded with numbers, there needed to be text answers specified for each number code. Multiple response questions needed to be recoded for each variable to consist of a binary response (1 – yes, 0 – no). Additional data preparation included naming variables, shortening variable labels, and indicating measures for each variable. The final data set included 60 data sets and 329 variables.

### 3.8.1.2 Data screening and normality

The first step after importing was to screen and clean the data to ensure it was accurate and useful for analysis (O'Rourke, 2000). Screening is about reviewing the data to ensure it is coded accurately and cleaning is about correcting any errors to the data that have been found. The benefit of an online survey administration program is that the data would be entered accurately into the data files. This was not affected by the need to reformat the data as the reformatting occurred in the *variable view* and not the *data view* of SPSS. Quantitative survey data was quantified and analyzed in terms of response frequency and incorrect values as well as outliers (O'Rourke, 2000). Outliers or extreme scores have the potential to affect the accuracy of many statistical tests including correlation tests (Osborne, 2013). However, the survey used in this study consisted of primarily of Likert-type data that is constrained by a 1 to 5 scale eliminating the possibility of outliers, if the data has been screened and cleaned accurately. Outliers were none-the-less tested through SPSS. Very few variables had any outliers, but a review of the mean and 5% trim mean showed them to be close or the same.

The accuracy of many inferential statistical methods relies on the normality of the data. Normality can be assessed through Skewness (SI) and Kurtosis (KI) testing (Kline, 2011; Osborne, 2013) using SPSS. In the present study the SI of all variables did not exceed reached  $\pm 1.8$  and the majority were between -1.0 and 1.0. The KI of all variables did not exceed  $\pm 3.5$  and the majority were between -1.0 and 1.0. This is well within the (Kline, 2011) agreed upon standards for univariate and multivariate analysis approaches that define  $SI > \pm 3.0$  and  $KI > \pm 8.0$  as being extreme. Based on this criterion all of the data were well within a normal distribution range.

While replacing missing variables is a common step in screening and cleaning (Kline, 2011; Osborne, 2013), it is not necessary in correlation and association statistics that provide a statistical significance on the individual variables factoring in the number of data for that individual correlation, as such data was not imputed for the statistical analysis completed.

### 3.8.2 Limitations

The limitations of the quantitative thread of this study include sample size, lack of generalizability, and access to aftercare workers.

**Sample Size.** While the sample size of 60 participants meets the minimum limit of 50 for inferential statistical analysis, sample sizes below this are considered small (Hair et al., 2010). It is especially small considering its geographical spread includes five countries. Anecdotally, UN representatives working in the GMS shared their impression that the population this study was trying to reach was not very large (Anonymous, personal communication, 27 February 2015).

**Generalizability of the results.** Using a non-probability purposive snowball sampling is not a representative method of sampling. Furthermore, in reviewing the educational background of the participants, who are mostly educated at the bachelor degree level or above, it is clearly not representative when existing research highlights that non-professionals are doing much of this kind of work (Hossain et al., 2010). However, due to the exploratory nature of this study it was decided that these limitations were acceptable.

**Access to a representative sample of aftercare workers in the GMS.** It was known before this study was initiated that it would be challenging to access a representative sample of aftercare workers in the GMS, because the full population is unknown, and due to language and technological constraints. However, the goal of translating the online survey into the five languages of the GMS was to eliminate language constraints and to further penetrate the overall population of aftercare workers in the GMS.

### **3.9 MIXED METHODS DATA INTEGRATION/COMPARISON**

The data integration step allows for the triangulation of the research findings providing the benefits of a mixed methods approach that can be realized when there is a synthesis of diverse strands of data (Onwuegbuzie & Leech, 2006; Sandelowski, Voils, Leeman, & Crandell, 2012). The following section outlines the sources of data from both the qualitative and quantitative strands of data collection and their accompanying analysis approach; the steps involved in analyzing the data independently and then together; and then a description of the content to be analyzed independently and then consolidated.

#### **3.9.1 Data analysis approach to answer research questions**

As described in Section 3.3.1.5 the two data collection tools addressed many of the same areas but in different ways based on their strengths and limitations. Both are intended to be exploratory and it would be presumptive to characterize them as more concrete than that. The intent was to first obtain a deeper understanding that was then expanded to provide a broader picture of the research questions. Below, in Table 3.12, is a summary of the research questions, the sources of data, and the analysis approach used to answer each question qualitatively and quantitatively.

**Table 3.12: Qualitative and quantitative data analysis to answer research questions**

Research Questions	Qualitative Results	Quantitative Results
RQ1. What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?	CLA and thematic analysis of Q1 to Q9	Descriptive and correlation analysis of Q7 – Q14, Q16, Q17, Q25, and Q28
RQ2. What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?	Thematic analysis of Q1 to Q9	Descriptive and correlation analysis of Q15
RQ3. What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?	Thematic analysis of Q10 to Q11	Descriptive and correlation analysis of Q6, Q18 – Q23, and Q28
RQ4. What training have aftercare workers who are providing services to those in and from the GMS already received?	N/A	Descriptive and correlation analysis of Q41, Q45 and Q46
RQ5. What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?	Thematic analysis of Q11	Descriptive and correlation analysis of Q24, Q29, Q48 and Q49
RQ 6. What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?	Thematic analysis of Q12 and Q13	Descriptive and correlation analysis of Q30 to Q35

\*Q numbers correspond to question numbers on the online and survey that are included in Appendix B and Appendix H, respectively.

Source: Developed for this research.

The summary in the preceding table demonstrates the data source for answering each of the research questions, and how the data analysis from each of the questions of the interview and online surveys was prepared for integration in the last step of the mixed methods approach.

### 3.9.2 Process of integrating analysis content

After the CLA and thematic analyses of the qualitative data, as well as the descriptive and correlation analyses of the quantitative data were completed, the next step was to integrate and compare the qualitative and quantitative data (Onwuegbuzie & Leech, 2006; Sandelowski et al., 2012). This step is crucial to ensuring that this study provides one consolidated, reconciled narrative from the data and does not result in two parallel studies that are not integrated (Yin, 2006). Table 3.13 illustrates the steps of data integration.

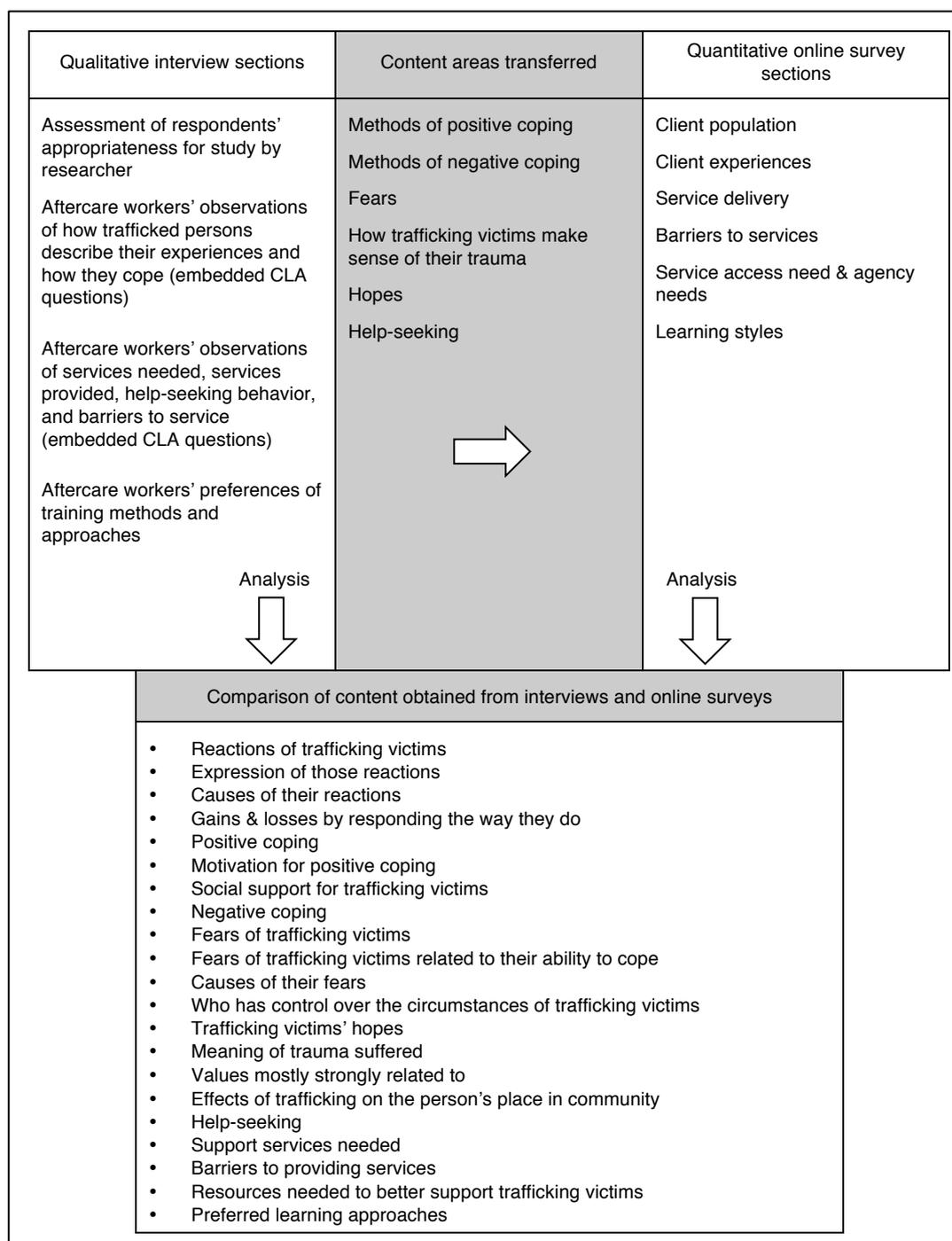
**Table 3.13 Process of integration and comparison of qualitative and quantitative results**

Steps	Qualitative	Quantitative
1	Interview administration	
2	Preliminary thematic analysis for online survey development	
3		Online survey administration
4	CLA and thematic analysis	
5		Descriptive, correlation and association analyses
6	Comparison of quantitative and qualitative results	

Source: Developed for this research.

The process of content integration is a crucial step that ensures that a mixed methods approach has integrity. As a sequentially designed study, the two data collection approaches were conducted consecutively. The relevance of the online survey was dependent on data collected from the interviews. The sequential design also relates to the analysis approach that required the interview analysis to be complete prior to the online survey analysis to avoid contamination of the interview analysis by the survey analysis. Figure 3.3 provides a picture of the content areas of each of the data collection tools, the content that was obtained from the interviews and used for the survey development and the content to be compared at the integration phase of data analysis.

**Figure 3.3 Content integration and comparison**



Source: Developed for this research.

### 3.10 ETHICAL CONSIDERATIONS

Ethical issues in social sciences research relevant to the present study include: obtaining voluntary participation and informed consent, harm to participants, confidentiality, data analysis, and the reporting of findings (Rubin & Babbie, 2001).

There are different ethical considerations related to the qualitative and quantitative phases of data collection. See Table 3.14.

**Table 3.14 Ethical considerations related to qualitative and quantitative phases**

Ethical consideration	Qualitative	Quantitative
Participation	X	X
Researcher relationship with participants	X	
Cultural differences	X	
Reciprocity	X	
Therapeutic relationship	X	
Harm to participants	X	
Data analysis & report findings	X	X
Trauma research considerations	X	
Research approval	X	X
Data protection	X	X

Source: Developed for this research.

### 3.10.1 Voluntary participation

With few exceptions, it is foundational that participants give consent to their participation in a study and that it be entirely voluntary—in other words that there is no explicit or implicit pressure to participate (Rubin & Babbie, 2001). Explicit or implicit pressure and influence may be present in situations where there is a pre-existing authoritative relationship between the researcher and the potential participants. However, allowing voluntary participation can work against data results that are generalizable. Participants may self-select their participation, thus resulting in data reflecting information limited to those with an interest in a particular topic (Rubin & Babbie, 2001). Interest in participating in the present study may have been increased knowing that a training curriculum would be the resulting product of the present project. This participation could have been implicitly encouraged by the desire to gain access to a tool needed for providing mental health and psychosocial support to trafficked women. No direct commitments were made regarding the provision of training to respondents or their organizations compensatory for their having participated. However, participants were assured that they would receive the outcomes of the research and would be made aware of any training opportunities that might arise.

### 3.10.2 Researcher's relationship with participants

In the development of the research strategy, the relationship between researcher and respondent was considered, as well as the implicit or explicit understandings that could come about as a result of that relationship (Maxwell, 2005). None of the individuals in the immediate first tier of the researcher's network fit the profile of the respondents sought for this project, so none of the respondents would be individuals with whom the researcher had a long-standing relationship. However, it was possible that there would be limited degrees of separation between the researcher and respondents, which could result in a colleague-of-a-colleague engaging as a respondent and thus having a distant relationship with the researcher that could potentially affect the content of the interview.

#### 3.10.2.1 Cultural differences

Seidman (1998) highlights challenges that can result when there is a cultural, economic, status, gender, or language difference between the researcher and the respondent, all of which are applicable to the present study. While efforts were made to mitigate these issues by not offering direct compensation for participation, the reality exists that often when a researcher from a more well-resourced context initiates interaction in a low-resourced context it can be viewed as a potential means to access resources, funding, referrals for education, and other incentives to participate. Participants were made aware that the outcome purpose of this study was a training curriculum relevant to their area of work; however there were no discussions that interview participation would result in preferential access. In the present study the researcher did receive correspondence on a couple of occasions soliciting financial support from programs in which participants were employed.

#### 3.10.2.2 Reciprocity

Additionally, Seidman (1998) highlights issues of reciprocity inherent in research when there are differences such as economics, resources, and class. Reciprocity is about the gains from the interviewing relationship that may be shared or weighted in favor of the researcher and not those whose stories form the basis of knowledge gained from the research. The benefits appear to have been shared in the present

study. While the researcher gained the data needed to complete the research study, the participants' gain was reflected in comments from participants that this was the first time they had been listened to and the first time they had taken time to reflect on their own work practice (Anonymous, personal communication, 8 November 2015).

### 3.10.2.3 Therapeutic relationship

Due to the subject matter of the research and the fact that the researcher is a practicing counselor, another area of caution was that the researcher not enter into a therapeutic relationship with participants (Seidman, 1998). This would have become a risk, if a participant found some part of the interview distressing. Preparation was made to provide support without entering into a therapeutic relationship, should that have become necessary. A Trauma Information Letter was provided to the participant before the interview began. If the respondent became distressed they would have been directed to this resource.

It is likely that the advice against entering into a therapeutic relationship with the respondent comes out of a high-resourced context where it would be easy to refer a respondent to another appropriate resource. In a low-resourced context there may be no appropriate referral resources. Ethically it may be more appropriate for the researcher to intervene therapeutically, providing limited crisis intervention, in an effort to help emotionally ground a respondent, while not entering into a longer-term therapeutic treatment relationship. This is an example of where a pragmatic approach needed to be applied in the present study, because the context of the study has individual nuances requiring adaptation. These concerns were eventually unwarranted, as the interview process distressed none of the respondents.

### 3.10.3 Harm to participants

The principal of doing no harm to participants (Rubin & Babbie, 2001) relates to physical harm as well as to emotional harm that could result from being asked to reveal personal information; having to face an aspect of themselves in which they have not previously engaged (such as moral or immoral behavior); recognizing themselves in research reports evaluated from an unfavorable perspective; or being re-exposed to distressing experiences (Rubin & Babbie, 2001). The aspect of not

being exposed to distressing experiences is particularly relevant in a study about trauma and is dealt with in greater detail in Section 3.10.5.

An extension of the principal of ‘doing no harm’ is protecting the privacy of participants through anonymity and confidentiality (Rubin & Babbie, 2001). Anonymity is provided when there is no way for a researcher to identify the participants’ identity and confidentiality occurs when a researcher knows the participants’ identity but agrees not to reveal it. In the present study, interview participants in Phase 1 were offered confidentiality. In most cases this was chosen, with a couple of participants indicating that they did not require confidentiality. However, all interviews have been stored with a code to de-identify participants. Participants of the online Survey in Phase 2 were all anonymous, as they are participating remotely online.

### **3.10.4 Data analysis and report findings**

Just as a researcher has an ethical responsibility to the study’s participants, they also have a responsibility to their colleagues and other professionals. While it can be tempting to report only positive results and to link after the fact discoveries to a well-planned research design, it is important to be transparent about the shortcomings of a study and the results that were found not by design, but more by accident (Rubin & Babbie, 2001). In the present study the researcher endeavored to identify concretely the study’s limitations and to report results in the chronology they were uncovered.

### **3.10.5 Trauma research considerations**

An ethical issue that commonly arises in studies involving trauma is the need for the research to be done without emotionally or psychologically (re)traumatizing the participants. In the present study distress on the part of participants was not anticipated. The participants were not going to be asked about their own personal experiences of trauma. However, research with trauma survivors (rape, domestic violence and assault) who are asked about their personal experiences

Indicated that the vast majority of the trauma survivors tolerated participation very well. Participants generally found that the assessment

experience was not distressing and was, in fact, viewed as an interesting and valuable experience. The findings suggest that trauma survivors are not too fragile to participate in trauma research even in the acute aftermath of a traumatic experience. (Griffin, Resick, Waldrop, & Mechanic, 2003, p. 221)

In the present study these considerations were addressed in a number of ways. The principal researcher is qualified and experienced in working with trauma victims. The principal researcher has spent over 20 years working with trauma survivors in a supportive capacity and eight in a therapeutic capacity, as well as being certified as a Trainer and Certified Crisis Responder with NOVA.

Distress via audio-communication can be heard in people's tone of voice, or if they become unusually silent or hesitant, become disorganized in their thinking and speaking, begin to cry, or sound frightened. If this were to occur, the interview would stop and the interviewer would implement a crisis intervention response which is formatted to address safety and security, ventilation and validation, and prediction and preparation (NOVA, 2009). As well, affected participants would be directed to the Trauma Information Sheet provided prior to the interview. For interviews conducted via video communication, there was the added dimension of being able to see if a distressed reaction resulted. Again, if the interview participant showed signs of distress, the interview would be discontinued and a crisis intervention response implemented. There were no distressed responses in the process of the interviews.

### **3.10.6 Research approval**

A Human Ethics Application was submitted and received approval from the USQ Human Ethics Committee after amendments were made. (See approval letter in Appendix M.) Questions requiring further consideration and explanation centered primarily around the qualifications of the researcher to address any distress in the respondents that should arise during interviews. In addition, there were a few questions related to more functional aspects of obtaining consent, data storage, and clarification of the Participant Information Sheet content.

### 3.10.7 Data protection

Data is protected in accordance with the guidelines of the USQ Human Ethics Committee and those outlined in the Human Ethics Application.

Audio and video recordings of interviews were used for transcribing purposes and kept in case there is a need to cross-reference them during the requisite five-year period; after this they will be destroyed. During the project, the transcriptions have been kept on a password-protected computer and securely stored. Back-up files were also securely stored as per university policy. During this study, data was kept on a password-protected computer. The computer and back-up files have been stored securely and separately. After this study is completed, data will be transferred from the password-protected computer to a password and encrypted flash drive and kept in a locked safe for the requisite period of time of five years.

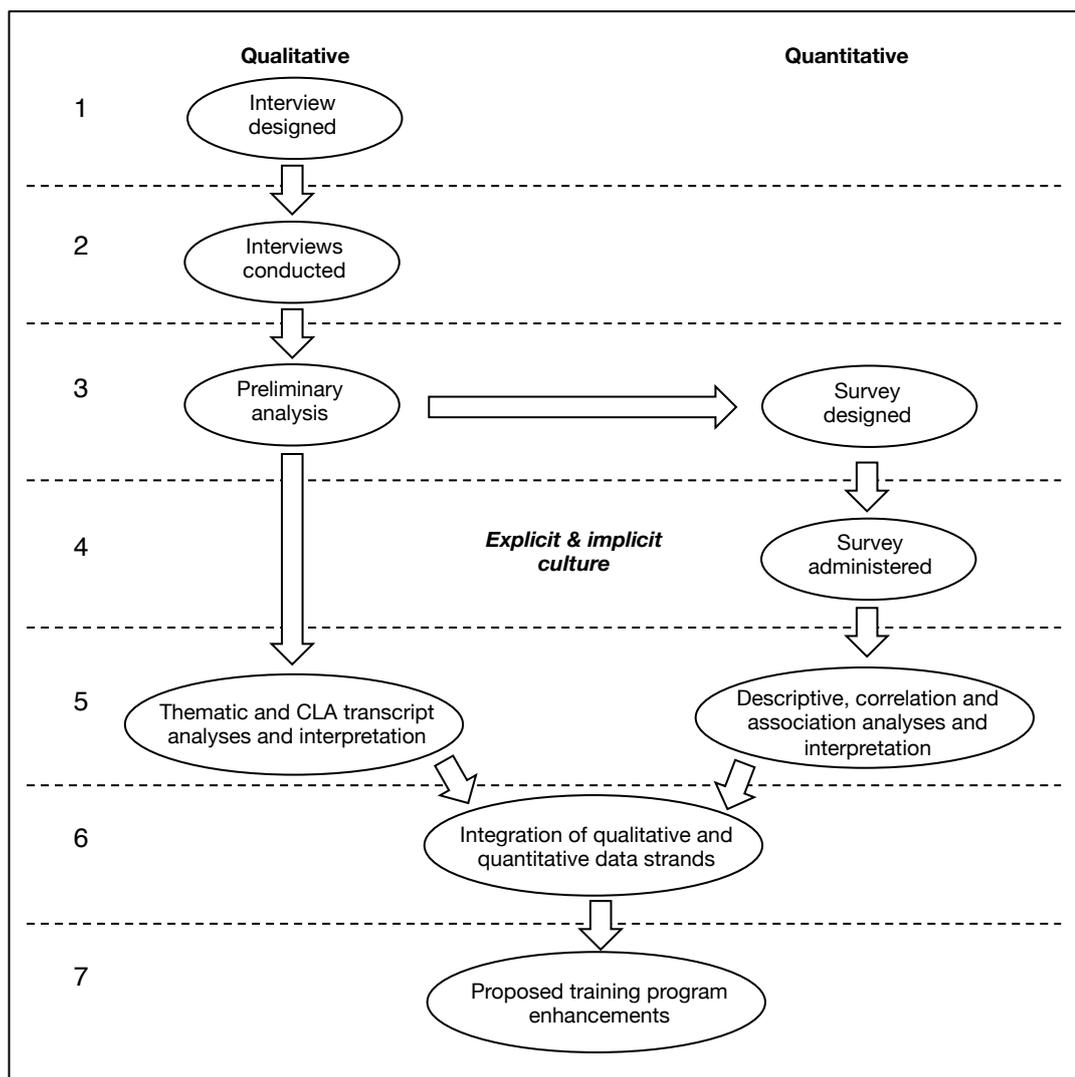
Another aspect of the present study was the use of an external provider for the transcription of interviews with whom the researcher established a *Non-Disclosure/Confidentiality Agreement* (see Appendix G).

### 3.11 CONCLUSION

The present study was designed as an exploratory mixed methods design, consisting of two data collection tools. First, a qualitative structured, but open-ended interview was used and then second, a quantitative online survey. The first data collection tool fed into the development of the second. The first tool was specifically targeted at ensuring that the second would be as culturally relevant as possible. The second tool sought to identify the prevalence and intensity of the experiences identified in the structured, but open-ended interview. The data collection strategy sought to collect a broad understanding of five of the GMS countries while collecting a deeper understanding of the individual experiences of trafficked women from the perspective of the aftercare workers. In the next chapter discussing the results and interpretation of the data, these two strands of data were analyzed individually and the data integrated into a consolidated narrative.

In summary, the ultimate goal of the present research project was the development of a culturally relevant training program for aftercare workers who are supporting adult women from the GMS who have been sexually exploited. The conceptual framework is diagrammed in Figure 3.4. There are a number of research aspects that coalesced in service of this outcome goal. The first was to assess the needs of trafficked women through the perspective of the aftercare workers. This perspective was taken due to the researcher's relatively easier access to aftercare workers. Additionally, the researcher wanted to understand from the perspective of the aftercare workers the needs of trafficked women that aftercare workers require skills to address.

**Figure 3.4 Methodological conceptual framework: Instrument design, data collection, and analysis**



Source: Developed for this research.

Utilizing a qualitative approach with open-ended questions as the first step of the data collection was intended to allow for information on culturally relevant trafficking experiences to emerge. This culturally relevant information was then incorporated into the development of the quantitative data collection instrument, the online survey, to collect information about the prevalence and intensity of those experiences. The qualitative and quantitative strands were then brought together to develop a broad, deep and integrated, culturally relevant narrative about the experiences and needs of trafficked women. This information was then applied to the development of a training curriculum that sought to address the common/core elements identified in the research and evidence- and practice-based literature as

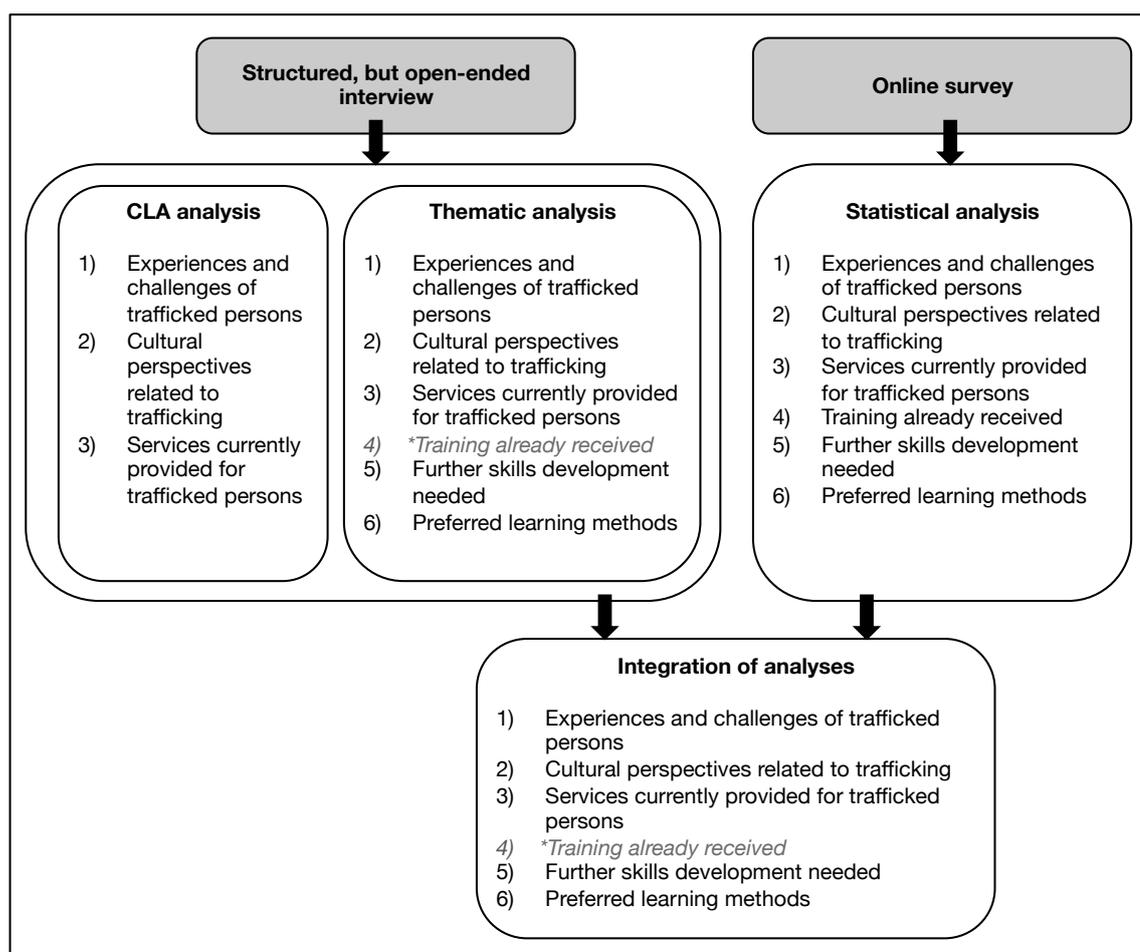
needed in addressing individual trauma. It is important to remember that while explicit information was sought about culturally relevant approaches to supporting trafficked women, the present study and development of the training curriculum was developed and exists within an implicit cultural framework that the researcher had to endeavor to be aware of, but which may have been impossible to fully identify and articulate.

# CHAPTER 4 RESULTS & INTERPRETATION

## 4.1 INTRODUCTION

This chapter is divided into three main sections. The first presents results and interpretation of the interview data; the second presents results and interpretation of the survey data; and the third integrates the data from the two sources. All three sections are organized around the six research questions outlined in Section 3.2. Figure 4.1 illustrates the organization of the chapter, how presentation of the results and interpretation interrelate, and how the research questions are answered.

**Figure 4.1 Organization of results and interpretation based on the research questions**

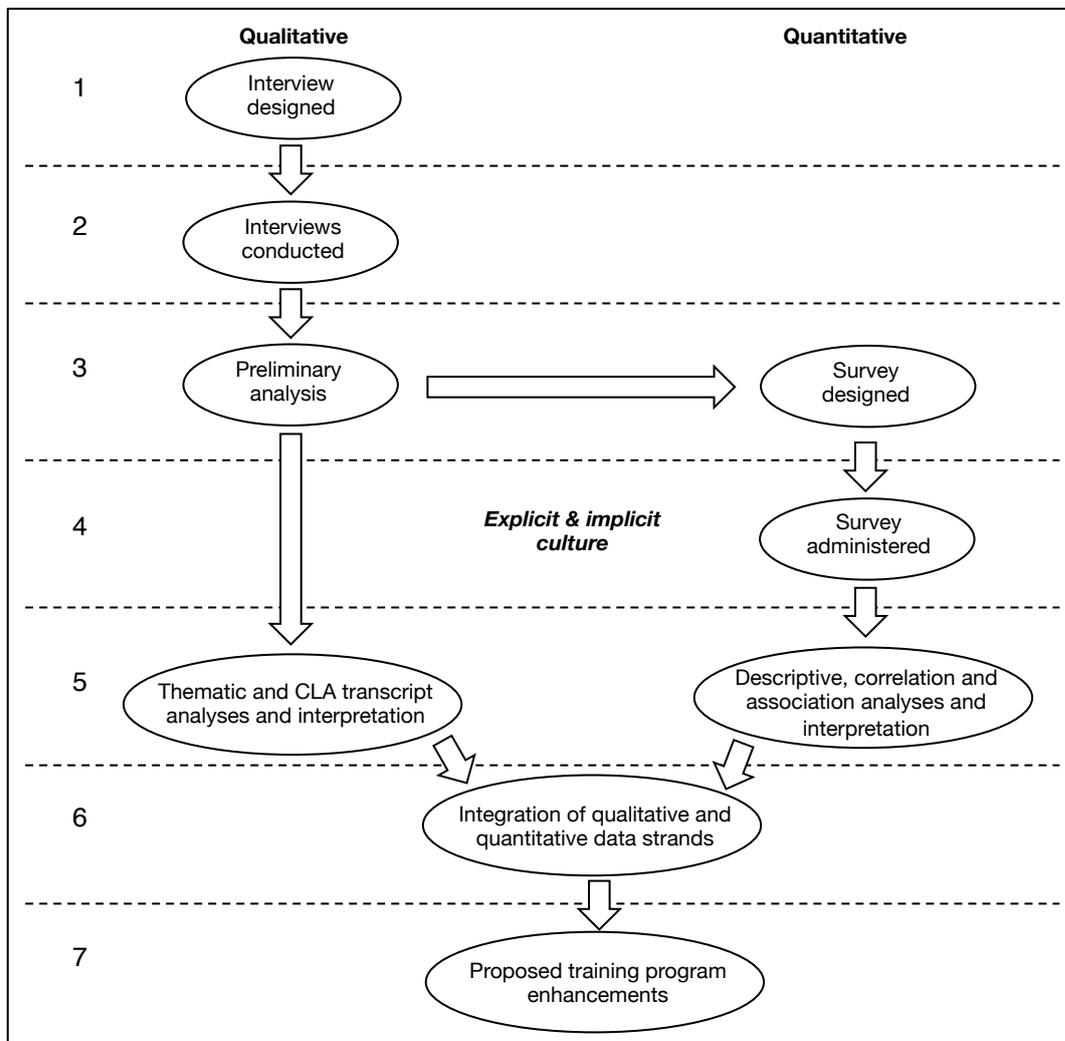


\* This research question was not addressed in this segment of the analyses.

Source: Developed for this research.

The interview data results are presented and discussed from both the perspective of a CLA and of a thematic analysis. The CLA addresses the first three research questions, whereas the thematic analysis addresses all six questions. Statistical analysis of the survey data follows the CLA and thematic analyses, and addresses all of the research questions. The final section synthesizes the data from the two qualitative analyses (CLA and thematic analyses) and the quantitative analysis. Figure 4.2 illustrates where these analyses occur within the methodological conceptual framework of this study. The interview and survey data are presented and discussed in the first two sections of this chapter as represented by stage five of the figure and the integration as represented by stage six.

**Figure 4.2 Methodological conceptual framework: Instrument design, data collection, and analysis**



Source: Developed for this research.

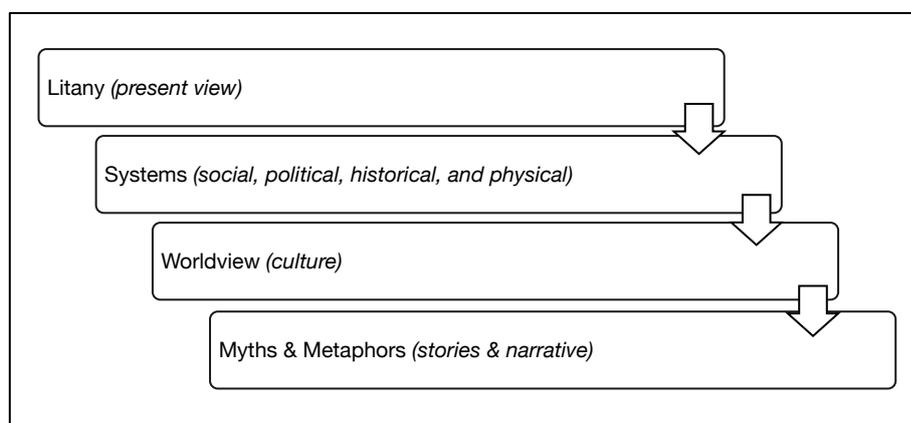
## 4.2 QUALITATIVE DATA: STRUCTURED, BUT OPEN-ENDED INTERVIEWS

Due to this study's exploratory nature, the first phase of research methodology was the collection of primary qualitative data. Structured, but open-ended interviews were used as the data collection tool. The selection and justification of tools were covered in the methodology design discussion in Section 3.3.2. Participant profile information of interview respondents can be found in Chapter Three, Table 3.10.

The interviews asked service providers working with trafficked women in the GMS about: 1) individual experiences, reactions, and coping of trafficked women; 2) cultural perspectives related to being trafficked; 3) services provided to trafficked women; 4) how service providers learned to provide services; 5) training still needed, and 6) preferred training approaches and methods. The results of the thematic analysis are provided with a discussion, interpretation, and summary.

A CLA was applied to the interview data to develop a deeper and richer understanding of the trafficking experience for the individual, communities of origin of trafficked women, and the organizations that provide services to them. CLA provides a four-layered analysis that seeks to go beyond the surface explanation of the experience of trafficked women. CLA allows for the exploration of social systems, worldviews, and stories (myths and metaphors) in which the trafficking experience is embedded (see Figure 4.3).

**Figure 4.3: CLA layers**



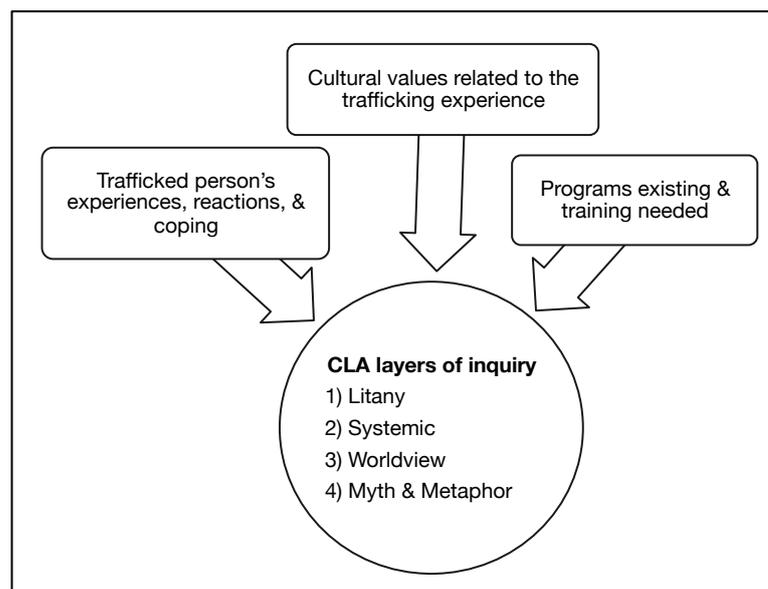
Source: Adapted from (Inayatullah, 2014).

CLA was developed by Sohail Inayatullah in the 1980s (Inayatullah, 2014) as an approach to reach beyond the surface explanations of problems in order to look at an issue from shallow to deep levels. It has been used primarily in the field of futures forecasting but has recently been applied to a broader range of subjects including social psychological problems, as well as teacher/occupational therapist collaborations (Bishop & Dzidic, 2014; Wilson, 2015).

Interviews were collected over a period of nearly 12 months, beginning in September of 2013 and finishing in August of 2014. Thirteen interviews of professionals working with women, who had been trafficked and experienced sexual exploitation, were completed. The professionals all worked with women from the GMS (excluding China). All respondents have worked in the GMS. Eleven interviews were completed face-to-face, via Skype, and lasted between an hour and an hour and a half. Two interviews were conducted in writing. The respondents, Cambodian and Vietnamese, participated in writing because they did not feel confident to speak in English. Table 3.10 provides detailed information about interview method, country of work, country of origin, origin of clients, employment position, and organization type.

The structured, but open-ended interviews consisted of four general sections. The first preliminary section consisted of three questions to determine whether the respondent fit the profile of respondents: 1) working with trafficked women from the GMS, 2) working with those who had been sexually exploited, and 3) working with women. After the respondent was qualified as a participant, the remaining interview sections explored: 1) the experience, reactions, and coping of trafficked women, 2) program information and needs, and finally, 3) information about the respondents' preferences regarding the delivery of training in their own countries. Embedded within the questions of the structured, but open-ended interviews were questions targeted to elicit information related to the four layers of CLA as illustrated in Figure 4.4 below.

**Figure 4.4: Structured, but open-ended interview areas with embedded CLA inquiry**



Source: Developed for this research.

The purpose of collecting qualitative data was to: a) gain a deeper understanding of the experiences of trafficking victims, their responses to trauma, and their aftercare needs; b) collect information that would be used to inform the refinement of this research project's quantitative survey tool; and c) provide descriptive data to supplement the quantitative data collected.

#### **4.2.1 CLA Analysis: Experiences and challenges of trafficked women, and related cultural values**

The qualitative analysis was approached from two perspectives. The first used the five-step method recommended by Bishop and Dzidic (2014) for analyzing qualitative data using a CLA lens. The second was a thematic analysis to identify themes within the data beyond the CLA analysis and is discussed in Section 4.2.2. The five-step CLA analysis method is outlined below.

**Step 1: Assessing the research question(s).** In the present study, the CLA addressed these questions:

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

Bishop (2014) suggests that CLA is appropriate when the answer to the research question may consist of multiple realities. The present study sought to understand the experiences and challenges of trafficked women from the individual, community, and organizational, as well as cultural perspectives in an effort to develop a comprehensive narrative to describe this phenomenon.

**Step 2: Familiarization.** This step involves the researcher becoming familiar with the discreet levels of CLA, with the data, and with the context from which the data was collected. Familiarization for the present study was based on the researcher's experience in some of the countries of the GMS, as well as on a review of the literature. Familiarization with the data occurred through conducting the interviews, reviewing the transcripts' accuracy, organizing the data for further review, and analyzing the data for themes.

**Step 3: Coding between the layers.** This step involves reviewing the data and classifying appropriate content into one of the four CLA layers. In the present study, the questions that would generate the four layers were identified at the point of interview tool development. The interview contained questions tailored to elicit information about the CLA layers as well as other information. The data was first classified based on identifying the responses to questions associated with each layer. Data collected in response to the other questions was also reviewed for content related to the CLA layers.

**Step 4: Coding within the layers.** This step involves looking for themes within each of the CLA layers. In the present study the layers for each perspective (individual, community, organizational, and cultural) were laid out against each other and reviewed for themes within and across each perspective. Those themes are discussed in the following sections.

**Step 5: Reconstruction of the issue.** This step involves constructing a new narrative, overview, or description of learning gleaned from the data in response to the research questions. It weaves together a coherent narrative interpreting the

information from each layer to provide an understanding of the phenomenon being researched. In the present study this consolidated narrative is presented below in Section 4.2.1.6.

#### 4.2.1.1 Litany layer

The litany is the surface view. It is the accepted view and is often considered the common knowledge or wisdom that explains what the problem is. Because it lacks depth, it can often lead to a sense that the problem is too hard or impossible to solve (Bishop & Dzidic, 2014).

##### 4.2.1.1.1 Litany layer: Results

Table 4.1 outlines the interview responses that provide a surface picture or litany. This is organized by themes, across the three perspectives of the individual, the community, and the organizations. This provides a picture of what can be seen on the surface, but not the drivers below the surface.

**Table 4.1: Litany layer responses for individuals, community, and organizations**

Individuals	Communities	Organizations
<p><b>Emotional experience*</b></p> <p><i>Anger</i></p> <p><i>Anxiety/fear</i></p> <p><i>Numbness</i></p> <p><i>Re-experiencing the trauma</i></p> <p><i>Sadness/depression</i></p> <p><i>Shame</i></p> <p><i>Psychotic reactions</i></p> <p><i>Overwhelming collection of emotions</i></p> <p><i>Low self-value</i></p> <p><i>Difficulty trusting</i></p> <p><i>Whole chain of emotions</i></p> <p><i>Being emotionally unstable</i></p> <p><i>Having an inability to control their emotions</i></p> <p><b>Never giving up hope that things can get better</b></p>	<p><b>Emotional experience</b></p> <p><i>Discriminates against the trafficked person</i></p> <p><i>Talks about the women negatively</i></p> <p><i>More unwelcoming than welcoming</i></p>	<p><b>Emotional experience</b></p> <p><i>Lack training to be able to do more</i></p>

Individuals	Communities	Organizations
<p><b>Hopes – for justice; better status in society; to have a good family</b></p> <p><b>Hopes – for a better life (education, occupation, financial, relational—to have a partner, children, relationships with respectful friends), health—physically, emotionally, and personally—to be able to choose what they want to be; to be safe)</b></p>		
<p><b>Cognitive impact</b></p> <p><i>Confusion</i></p> <p><i>Memory affected, focus, forgetfulness</i></p> <p><i>Difficulty making decisions</i></p> <p><i>Self-blame</i></p>		<p><b>Cognitive impact</b></p> <p><i>Lack training to be able to do more</i></p>
<p><b>Behavioral impact*</b></p> <p><u>Not common to talk about feelings in their culture</u></p> <p>Not ready to talk about their experiences</p> <p><i>Do not want to reveal who the perpetrator is; afraid of being sold again</i></p> <p><u>Afraid talking about their emotions would result in their losing face</u></p>	<p><b>Behavioral impact</b></p> <p><i>Discriminates against the trafficked person</i></p> <p><i>Talks about the women negatively</i></p> <p><i>More unwelcoming than welcoming</i></p> <p><i>There is stigma, discrimination, condemnation, and ostracism in the community towards the trafficked person</i></p>	<p><b>Behavioral impact</b></p> <p><i>Lack training to be able to do more</i></p> <p><b>Doing the best they can</b></p>
<p><b>Social/relational impact*</b></p> <p><i>Fear of relationships (rejection, discrimination, and stigma)</i></p> <p><b>Reject men/choose female relationships</b></p> <p><i>Must hide their experiences</i></p> <p>Concerned about family (their reaction &amp; their financial needs)</p> <p>Desperate for relationships (family, husband)</p> <p>Relate to women in an outwardly flirtatious and sexual manner</p>	<p><b>Social/relational impact</b></p> <p><i>Discriminates against the trafficked person</i></p> <p><i>Talks about the woman negatively</i></p> <p><i>More unwelcoming than welcoming</i></p> <p><i>In some communities the traffickers or the person who trafficked the person are there when the trafficked woman is to be reintegrated</i></p> <p><i>Concerns about who will care for the children that were a result of the trafficking situation</i></p> <p><i>Family fears impact (drug addiction; STD's, HIV, medical issues &amp; mental instability)</i></p> <p>Those supporting the women include family and friends</p>	<p><b>Social/relational impact</b></p> <p>Those supporting the women include: NGOs and GOs</p>

Individuals	Communities	Organizations
<p><b>Economic*</b></p> <p><i>Do not have money to send to their family</i></p> <p><i>Can not support their family</i></p> <p><i>Are not able to make money</i></p> <p>Want to be wealthy; rich</p> <p>Desire economic independence</p> <p><i>Trafficked woman may still have debts to others in their community when they return</i></p> <p><i>May not have a home to live in or land to grow rice (Cambodia)</i></p>	<p><b>Economic</b></p> <p><i>Trafficked woman may still have debts to others in their community when they return</i></p>	<p><b>Economic</b></p> <p><i>Lack resources to be able to do more</i></p>

\*A more detailed list of the emotional, social/relational, economic, and behavioral impact is contained in Section 4.2.2.1.

Bold – strength; Italics – challenges; underline – cultural

Text without bold or italics – could not be determined whether it was a strength or challenge

Source: Developed for this research.

While the boundaries between the sub-categories of emotional, social/relational, cognitive, and behavioral can be nebulous, with areas of overlap, they can nonetheless be useful in discussing the scope of the experiences and challenges affecting female trafficking victims from the GMS. For example, when trafficked women are described as ‘not knowing whom they can trust,’ this can be viewed as an emotional or social/relational experience. Emotionally they are distrusting as a result of trust having been broken through the trafficking experience. A social/relational issue of the inability to trust is that the trafficking experience and its impact gets in the way of trafficked women being able to establish or re-establish relationships with family and old or new friends. The women’s concerns about trust can lead to unhealthy behaviors in relationships that are discussed later in Section 4.2.2.1.

**Emotional.** Based on interviews, the emotional impact on the individual is described to include anger, fear, anxiety, numbness, a re-experiencing of the trauma, sadness, depression, shame, and psychotic experiences (hallucination and psychosis). Several respondents provided a more generalized description such as a ‘whole chain of emotions,’ ‘being emotionally unstable,’ or ‘having an inability to control their emotions.’ Another generalized description is that trafficked women may experience low self-esteem or have a low value of themselves. At the same time there was a hint

of resilience in the response of trafficked women who never gave up hope that things could get better.

The community's emotional reaction was reported to often be one of rejection when the community was aware of what had happened to the trafficked person. The agencies' response to the emotional effects on trafficked women was that they were doing the best that they could to support the women, but they reported a lack of training and resources to be able to do more. What is not clear is whether this meant that service providers lacked knowledge or training that would help them to understand the emotional, cognitive, and behavioral experience of the trafficked women, or that they lacked knowledge or training about how to support the trafficked women in dealing with the range of reactions that they were experiencing.

**Cognitive.** Cognitive reactions refers to how individuals think about the themselves as a result of the trafficking experience and how the trafficking experience has impaired their routine cognitive functioning required for daily living. Respondents reported that trafficked women experienced confusion, difficulty with focusing and decision-making, forgetting, and would blame themselves for their trafficking experience.

**Social/relational.** The impacts on relationships are numerous. They include fear or distrust of relationships (rejection, discrimination, and stigma), while at the same time feeling desperate for relationship (to be back with their families, to find husbands). Trafficked women in many cases feel the need to hide and not talk about their experiences. Families of trafficked women are concerned about the physical impact, including drug addiction, sexually transmitted diseases, HIV, and other medical issues, as well as mental instability. Some trafficked women are reported to reject relationships with men (presumably because of what they suffered at the hands of men), to relate to men in an outwardly flirtatious and sexual manner, and to choose significant relationships to be with women. It is not clear whether this refers to platonic friendships or more significant intimate relationships. Trafficked women expressed a lot of concern about their families—concern about how their families will react to them, as well as concern about the financial needs of the families now that they—the trafficked women—are no longer able to provide financial support.

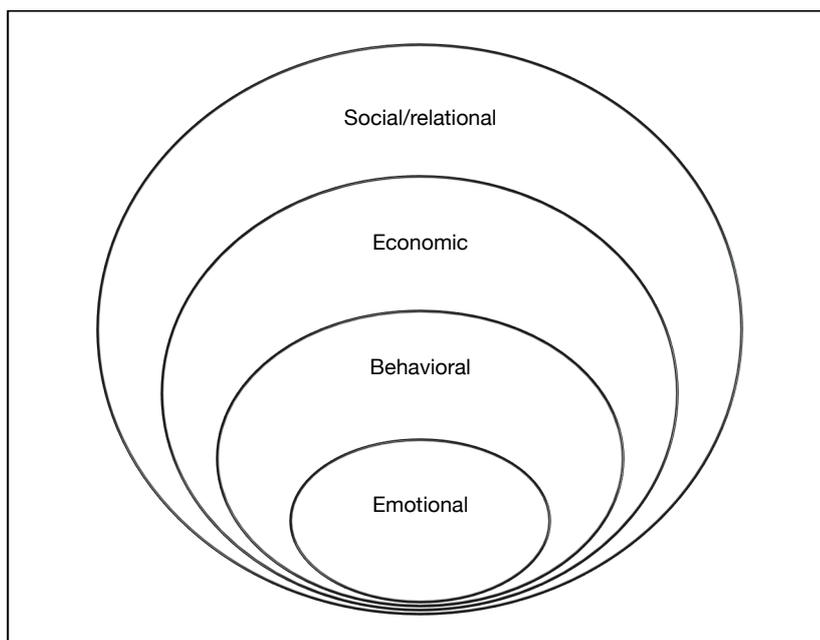
When a trafficked woman returns to her community, her family and friends may support her. However, as mentioned previously, the family and community to whom a trafficked woman may return has been described as more unwelcoming than welcoming. The communities are described to often respond with discrimination and negative talk about the trafficked person. In some instances the trafficked woman returns to a community where the trafficker still resides or operates. Some trafficked women return to their communities with a child that is the result of the trafficking situation. The family may have concerns about who will care for the child.

**Economic.** One of the most important needs for the trafficked women is to be able to make money. After they are removed from the trafficking situation they often do not have money to send home. Thus, they are not able to support their families and are often not able to find other ways to make money. Within the community the trafficked women may have outstanding debts to others, may not have resources to make money, a home to live in, or land on which to grow crops.

#### 4.2.1.1.2 Litany layer: Summary

Multiple facets of trafficked women's lives are affected by the trafficking experience. These can be viewed as concentric circles (see Figure 4.5) from the interior of the individuals to their external world. Internally the individuals experience an emotional reaction to what they have experienced, which may inform their behavioral reactions. Their ability to interact with the external world to meet their own needs is affected by their ability to work or to economically support themselves and others. Finally, in the outermost circle from the trafficked women is the reaction of the external world—family, friends, and community—especially in situations where family, friends, and community know about the experiences of the trafficked person.

**Figure 4.5 Concentric circles of litany experiences of human trafficking**



Source: Developed for this research.

### **Key Insights:**

- The emotional impact can be described as an overwhelming range of many emotions, while at the same time the trafficked woman may also be holding some hope for a better future.
- The person's place in the social context of family, friends, and the community is affected by the trafficked person's concern about how she will be received.
- The trafficked person's concern seems to be validated by the description that often the community has a strong negative reaction to the trafficked person.
- It is common that trafficked women do not want to talk about their experiences. This may be an individual choice or it may be a behavior that is taught and reinforced within cultures. It is not clear in what ways this is a helpful choice and in what ways it may be unhelpful.
- The need for economic security, which can be described as a catalyst for women to enter, or to be sent into, trafficking situations, remains a paramount concern after women exit the trafficking situation.

### 4.2.1.2 Systemic layer

The social or systemic causal layer assesses a problem from the perspective of social or systemic structures or frameworks. These can include social, educational, economic, organizational, family, and community systems as related to the context and nature of the enquiry (Bishop & Dzidic, 2014). Using the iceberg analogy, this is the first level under the surface of the water. It is not as explicit as the litany layer, but is often the level that is addressed by those tasked with addressing social concerns within a community.

#### 4.2.1.2.1 Systemic layer: Results

Table 4.2 outlines the interview responses that provide a picture of the social or systemic layer of the problem of human trafficking. Again, the view is taken from three perspectives—the individual, the community, and the organizations helping trafficked women.

**Table 4.2: Systemic layer responses by individuals, communities, and organizations**

Individuals	Communities	Organizations
<p><b>Social/community system</b></p> <p><i>Poor family and social network</i></p> <p><i>Lack of good social skills to obtain employment</i></p> <p><b>Want life to be better for their children</b></p>	<p><b>Social/community system</b></p> <p><i>The community does not understand what trafficking is.</i></p> <p>The bar owners are 'helping' the trafficked woman to have more money; some bar owners even pay into the social welfare system for the trafficked woman (Thailand).</p> <p><i>The abuse is systemic with people of power, police, and others.</i></p> <p>The reaction of the community is based on the reaction of the village leader.</p> <p><i>Government is not providing enough money.</i></p> <p><i>The outcome of the legal process can depend on money (bribery [Cambodia]).</i></p>	<p><b>Social/community system</b></p> <p><i>Southeast Asian based ways of providing care have not been developed; most training is based on adopting Western approaches.</i></p> <p>The aftercare worker has the most control over the trafficked person's situation.</p> <p><b>The aftercare organization is the facilitator helping trafficked women access job placement, medical, academic, counseling, and other supportive resources.</b></p>
<p><b>Economic system</b></p> <p><i>Poverty</i></p> <p><i>Poor family and social network</i></p> <p><i>Economically dependent</i></p>	<p><b>Economic system</b></p> <p><i>Poverty</i></p>	<p><b>Economic system</b></p> <p><b>Aftercare organizations provide microloans and opportunities to work.</b></p>

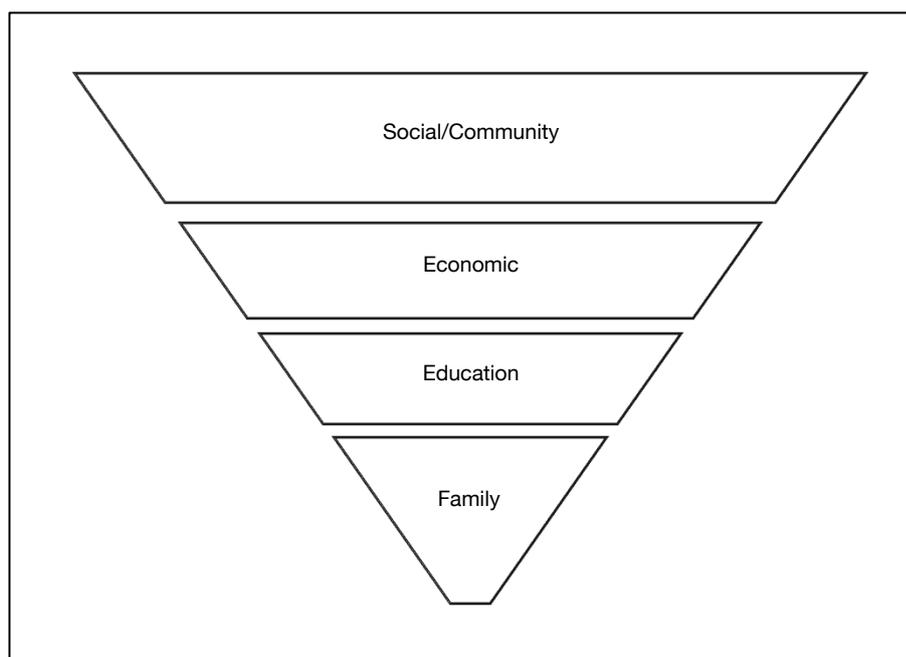
Individuals	Communities	Organizations
<p><i>Lack of good social skills to obtain employment</i></p> <p><b>Want life to be better for their children</b></p> <p><i>There is no end game or way out</i></p>		
<p><b>Education system</b></p> <p>Lack of education</p>	<p><b>Education system</b></p> <p>Lack of education</p>	<p><b>Education system</b></p> <p><b>Aftercare organizations provided skills training</b></p>
<p><b>Family system</b></p> <p>Abuse at home (especially from the mother [Vietnam])</p> <p>Failure of the trafficked women in their role as carer or provider for their families</p>	<p><b>Family system</b></p> <p><i><u>There is pressure from the family: 'You [the trafficked person] have a responsibility to support us.'</u></i></p> <p><i><u>In Cambodian families the grandmother is number one and the responsibility falls to the youngest girl to support the family.</u></i></p>	<p><b>Family system</b></p> <p><b>Aftercare organizations help people to (re)integrate into their own or other communities</b></p>

Bold – strength; Italics – challenges; underline – cultural

Text without bold or italics could not be determined whether it was a strength or challenge

Source: Developed for this research.

For discussion purposes the responses have been organized into social/community, economic, education, and family systems. As the borders between systems can be nebulous, comments were included in multiple categories as they applied to multiple social systems. The systems are discussed in order from the broadest (social/community) to the narrowest systemic unit (the family) (see Figure 4.6).

**Figure 4.6 Narrowing levels of systems**

Source: Developed for this research.

**Social/Community.** The research reveals that at the social/community system level, factors that contribute to human trafficking include lack of social skills needed to obtain employment, lack of a good family or social network, and lack of understanding of what trafficking is. Families who send their daughters off for better work options, or girls and women who choose this for themselves, may not realize the risks or dangers associated with the choices they are making.

At a community level it is believed that instead of protecting people from being trafficked, social conditions and beliefs embedded in society contribute to it. The data also shows that those, who are generally identified as contributing to the problem, may see themselves as helping people who do not have opportunities for other employment by employing them in the bars. For example, it was reported that the bar owners, in some cases, even pay into the government-based social welfare system for their employees—including the trafficked women.

At the leadership level of the community, governments are seen as not doing enough. They are criticized for not providing sufficient resources to end the human trafficking problem. Governments contribute to the problem when they do not have a strong rule of law that seeks to determine truth and justice, but solve cases by the

exchange of money—a bribe. The research describes systemic abuse involving the police and others in positions of power. In the smaller rural villages, from which many trafficked women come, the person with the most power and influence is the village leader. The villagers will watch to see how the village leader reacts to the return of the trafficked person and will respond similarly.

Finally, the organizations providing support to trafficked women feel limited in the ways that they can help. They describe the system as not being well developed. What has been developed has been developed on Western models. They see a need to develop methods of providing support that are relevant to their local context.

**Economic.** There is some overlap between social/community and economic systems. For example, the aspiration for a better life is generally in comparison to others in the community who may have the lifestyle to which the poor aspire. It often involves finding a better way to earn an income. The economic issues are centered on the inability to find ways to earn an income that will meet the needs of the family for food, shelter, clothing, medicine, and education.

Systemically it can be noted from the responses that the trafficking problem is primarily related to the exploitation of economically disadvantaged communities and individuals. The economic needs are a dominant driver in developing a supply in response to the demand.

**Education.** The lack of access to formal education is highlighted as a contributor to the problem of human trafficking. Informal education, which comes from being from a good family or good social network that could help with skills development or contacts to get a job within the local context, is also relevant. This is a foundational need to being able to obtain employment that will earn an income sufficient to meet the needs of the family, as described in the previous paragraph.

**Family.** The family, at the systemic level, focuses on the roles of individuals in the family in relation to one another. Respondents highlighted the roles and interactions of women in families. In Cambodian families, for example, the grandmother is described as the most powerful because she is the oldest female, and even though the youngest female is the least powerful, she is still most responsible for supporting the

family. When the youngest female is not able to provide support to the family, she has failed in her role as provider for the family. Thus girls and women who are rescued or who leave the trafficking situation on their own, although they succeed in removing themselves from one unpleasant situation—the experiences of being trafficked, they find themselves in another unpleasant situation—that of having failed to provide for their families.

Another aspect of the family situation that was described is abuse at home, often at the hands of the mother. The research was unclear as to how directly this abuse is manifested in the human trafficking statistics—whether young women voluntarily enter trafficking to escape the abuse, or whether the abuse includes being sold into trafficking. This dynamic merits further study.

#### **4.2.1.2.2 Systemic layer: Summary**

It appears from a systemic perspective that poverty is at the root of the problem of human trafficking—the economic system. Parallel to that is an educational system that is either not accessible or not preparing individuals well enough to meet their economic needs. Overlapping with these economic and educational system problems are problems within the family system. Because women have the role of financially providing for their families, they end up becoming trafficked. Either the women's families sell them, or they unknowingly enter into a trafficking situation to fulfill those responsibilities.

At the same time, while returning home may be the only alternative for trafficked women, the individuals could have mixed feelings. They could see they are returning as a failure—unable to 'fit' into the community system and unable to support the family system. Often they are returning to the persons who abused them, sold them, or sent them away. They are returning from a situation in trafficking where they were abused, back to a situation in which they may have been abused before they left, and will potentially be abused when they return.

The experiences of trafficked women take place within social and community systems that do not appear to empathetically account for the struggles of those without education or social resources to be able to provide for themselves, and who

turn to human trafficking situations where they are sexually exploited. In fact, at a governmental level, money seems not to be available to solve the educational and economic problems of the citizens. (It is beyond the scope of this study to determine whether that money exists or not.) Additionally, the governmental system will accept financial incentives to resolve human trafficking legal situations in the favor of those who have the most money, in most cases the trafficker.

Within the village system it is reported that there is one individual with the primary power to influence the lives of trafficked women who are being (re)integrated into their communities. That is the village leader. (Again it is beyond the scope of the present study to determine all of the influences that could play a role in the reaction of a tribal leader to the returning trafficked person.) However, village leaders could potentially have a significant influence over pre- and post-trafficking, because trafficking in the GMS appears to be more of an opportunistic cottage industry than in Europe, where organized crime is more heavily involved in trafficking that has been described as more inhuman and violent (Derks, Henke, & Ly, 2006; Devine, 2009; Marshall, 2001; Wright, 2012).

### **Key Insights:**

- Leadership at many levels, the government, police, courts, and the tribal leaders have a lot of power and influence over the lives of trafficked individuals.
- There is a dissonance between the prevalent economic situations in the communities that lead women into sexually exploitative trafficking situations and the discrimination with which many trafficked women are treated when they return to their families and communities.
- The social roles in the family, specifically of the females, can have a significant effect on the treatment of women pre-trafficking. The social roles may be a catalyst for their ending up in the trafficking situation, and can affect how the trafficked women are treated upon their return.
- The trafficking experience is heavily influenced by economics—absence of money on the part of the families and individuals to meet basic living needs.

There is an absence of money at a governmental level to address the systemic social situations that cause or contribute to the trafficking situation. There is the ability of those with money to escape accountability by being able to bribe their way out of legal consequences for trafficking people.

#### 4.2.1.3 Worldview layer

The worldview level has to do with values, attitudes, and beliefs—the lenses through which a problem or issue (Bishop & Dzidic, 2014) is viewed. Again, returning to the image of an iceberg, this is the second level below the surface, the third level of the iceberg. This level is often overlooked when working to address social problems.

People’s worldviews are embedded deeply in the contexts in which people function—in language, laws, roles, status, hierarchy, ethics, notions of responsibility, values, social acceptability, and authority (Young, 2001a). Worldviews are directly related to the decisions people make either explicitly or implicitly. As such they can often be traced, at a deeper level, to how systems are created, operate, and change. In the case of the systems within which trafficked women are located, it is of significant transformational value to understand the worldviews underpinning them.

Cultural narcissism, ethnocentrism, and caution of strangers (Young, 2001a) (concepts that can be described as being cautious of things that are different) come into play when worldviews are challenged. This triggers people into a defensive posture protecting their own core worldviews and therefore decisions. Not only are well-meaning efforts to assist trafficked women resisted because they are not culturally aligned, but efforts to bring about systemic change are often ineffective because they do not address the worldviews that create the systems.

##### 4.2.1.3.1 Worldview layer: Results

Table 4.3 outlines the responses from the interviews that provide a picture of the worldview layer of the problem of human trafficking. Again, the view is taken from three perspectives—the individual, the community, and the organizations helping trafficked women.

**Table 4.3: Worldview layer responses**

Individuals' views	Communities' views	Organizations' views
<p>The youngest has a responsibility to support the family.</p> <p>Children have a responsibility to support their parents.</p> <p>They must not shame their family.</p> <p>To have love and respect is most important.</p> <p>To have a position of respect in society is valued.</p> <p>Personal beauty is important.</p> <p>Relationships are most valued—the relationship with family is often a catalyst for trying to earn money for the family.</p> <p>If a woman has lost her virginity outside of marriage then she is worthless and has no value.</p> <p>They are afraid of shaming the family and themselves because they feel responsible for what has occurred.</p>	<p>Women have failed in their family role</p> <ul style="list-style-type: none"> <li>• To remain a virgin</li> <li>• To support their family.</li> </ul> <p>The trafficked woman is worthless, having no value.</p> <p>Money is god. If the woman can earn money and support her family, then how the money is earned can be overlooked.</p> <p>The family has been shamed, the trafficked woman is shamed, and the community thinks that the trafficked woman is bad because of the kind of work in which she has engaged.</p> <p>The community wonders what is wrong with the woman if she is not married, but has children by the time she is 21.</p> <p>People who have sex with a lot of people are bad.</p> <p>The community believes the woman has done something bad.</p> <p>Contagion is feared—to be caught together with the trafficked woman may be a negative influence.*</p> <p>The attitude is: It's your fault that this happened because there was something that you did in your previous life that brought this experience into your life.</p>	<p><i>(The interviews did not yield data related to the organizations' perspectives.)</i></p>

\* It is unclear what kind of negative influence is being described, spiritual, peer pressure, evil, contagion?

Source: Developed for this research.

**Individual.** At the worldview level in the GMS, it is the responsibility of the children, especially the youngest, to take care of the family as a whole and the parents particularly. This 'taking care of' is often related to financially taking care of the family and the parents. However, there is another way of taking care of the family that emerges at the worldview level, the responsibility of not bringing shame to the family. Another dimension discussed at the worldview level is that relationships are the most valued connection within society. The very act of honoring the family connections and the associated responsibility can be the catalyst for trying to earn money for the family by any means possible, resulting in the woman ending up in a trafficking situation.

The trafficking experience has the potential to bring shame on the family in a number of ways. Women are expected to save their virginity for marriage and sexual engagement for their marriage. In some of the GMS cultures, a woman is worthless if she has lost her virginity before marriage. Another way that a woman can bring shame upon the family is by revealing the bad things that have happened to her—such as the trafficking situation—because in revealing that something bad has happened to her, she is simultaneously revealing that there is something bad about herself.

It was reported that they could be revealing that they are not smart and as result got themselves into the situation. Or perhaps it indicates they did something bad in this or a previous life, and the trafficking situation is fate or karma playing itself out in their lives.

Another important value discussed at the worldview level is the desire to have the love and respect of others. This desire could have the effect of a ‘successful’ trafficked woman being able to send money home to her family. This raises the respect that the family has in the community, and potentially the love that the family has for the trafficked woman who is sending money home. Yet when she comes home, she chooses not to speak about how the money was earned, because that would have the reverse effect, resulting in the woman and family losing respect in the community.

Another dimension is the desire to be considered beautiful by others. Often it is important to the women in the shelters to groom themselves to be physically attractive.

**Community.** The community’s response was described as existing on a continuum that starts at one end with ignorance and extends to the other end with full knowledge of what the woman has done to earn money. The middle point is that the community knows from observation that something about the woman or her situation does not fit within society’s norms (see Figure 4.7).

**Figure 4.7 Continuum of community responses to returning sexually exploited trafficked person**

Ignorance of the returning person's trafficking experience	Observation that the trafficked woman is in some way different from before	Knowing the story that the trafficked woman was sexually exploited
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Source: Developed for this research.

The community's response appears to be based either on ignorance or on knowledge of the trafficked person's experiences. In the case of ignorance—in which they do not know about the trafficked woman's experiences—their relationship with the trafficked woman would not on the surface be any different from the relationship they had with the person before she left. However, even if the trafficked woman did not disclose her experiences, she may have changed significantly enough—being distrusting, anxious, less conversational, depressed, etc.—that the community might react to the change in the person without knowing the cause for those changes.

Another reaction by the community that could be born out of ignorance as to the specifics of the woman's experience, and based just on observation, is the judgment of the wrongness of a woman who is 21 years or older and is not a married woman who has a child. In this case the community could judge the trafficked woman on issues related to losing her virginity, which is viewed as negative. The shaming or discrimination in this situation may not be limited to just the trafficked person, but could also extend to her family. The descriptions of the community's response also include having a feeling of possible contagion—a negative influence from being around the trafficked person.

The role of money also appears to have a moderating influence on the community's response to the trafficked person. In places where money is viewed as 'god,' a trafficked woman who is able to provide well for her family could be forgiven or overlooked for the way the money was earned.

On the other end of the spectrum, which is much more common, are women who do something bad—have sex with a lot of people—and come out of that situation without being able to provide for their families. The shame could be about the loss of virginity, sexual relations outside the marriage, sex with a lot of people, and/or the inability to fulfill their responsibility to care for their families.

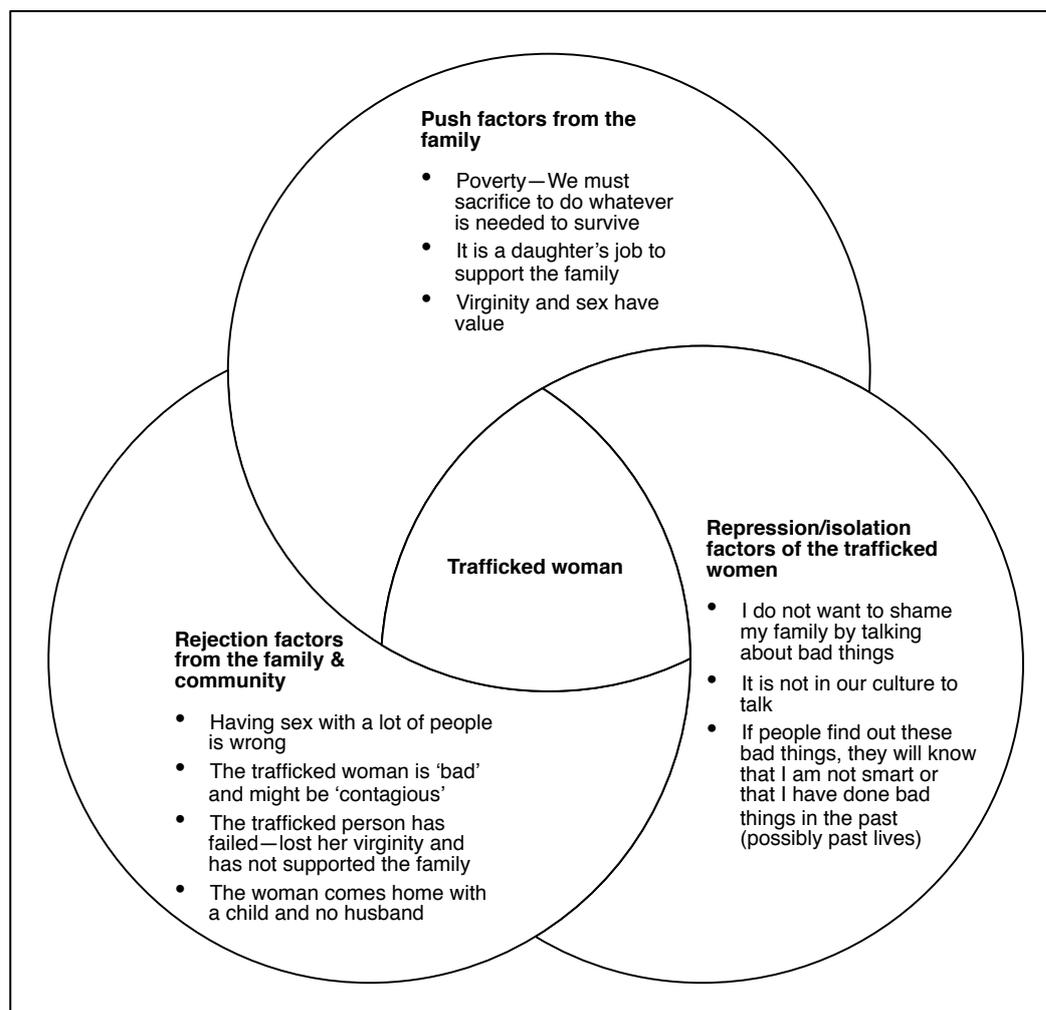
#### 4.2.1.3.2 Worldview layer: Summary

There are several worldviews or values that were raised related to women who have been trafficked and sexually exploited. The worldviews as contrasted between individuals and the community are often paradoxical. These values include not shaming the family, the value of children or the youngest girl to provide for the family, the value of money and values around sexual activity—when and with whom, and the value of appearance—of looking good, and of having love and respect. It appears that not shaming the family and looking good could be essentially the same thing. It also appears that this may be the highest value, the one that is most important of all. If the woman is making a lot of money and is able to provide for the family, put the family in a nice house, and/or put siblings through school, then the source of the money, and the other broken societal values may be overlooked or ignored.

#### **Key Insights:**

The worldviews that the trafficked woman is trying to navigate are three-fold and consist of the worldviews that create push, rejection, and repression/isolation factors that leave the woman in a quandary, where she is unable to maintain all of the worldview cultural values and not allow herself to be harmed or victimized. (See Figure 4.8.)

**Figure 4.8: Worldview influences on the trafficked person: Push, rejection, and repression/isolation**



Source: Developed for this research.

The three factors or areas of choices (push, rejection, and repression/isolation) are each a double-edged sword of difficult choices.

- Push factors into trafficking include the need to find a solution to poverty, the daughter's job to support the family, and that the daughter has something that is of value in the market, namely her virginity and availability for sex.
- Rejection factors from the family and community include the trafficked woman being viewed as 'bad' and even contagious, and having failed to fulfill her responsibility in supporting the family.
- Repression/isolation factors felt by the trafficked woman that might inhibit her seeking help or talking about her experiences include coming from a

culture in which one does not speak about feelings and/or bad things that happen, the fear of bringing shame on the family by talking about the bad things that have happened, and the fear of revealing her own ignorance or history of having done bad things (karma, in a past life) that might have caused the trafficking to happen to her.

#### 4.2.1.4 Myth & metaphor layer

Finally, the myth or metaphor level has to do with the narrative and stories that are embedded in the collective wisdom and knowing within the social and cultural realms (Bishop & Dzidic, 2014). They are the values and norms that are manifest in the culture and history of communities and are mostly conveyed from one generation to another, or emerge from significant events that affect whole communities.

##### 4.2.1.4.1 Myth & metaphor layer: Results

Table 4.4 summarizes myths, metaphors, and narratives respondents described during the interviews. Respondents were asked to provide an ‘image of the trafficked women and their response, the community and its response, and the aftercare organization and its response.’

**Table 4.4: Myth and metaphor layer responses**

The trafficked women	Community’s reaction to the trafficked women	Organization’s response to trafficked women
<p>Hedgehog—They have to protect themselves when they go back to the community by being reserved in sharing what they have been through (<i>self-protection</i>)</p> <p>Village after a storm where everything is broken—for some villages with the right support, the trafficked women can get over things quickly; but there are some villages that do not have the right resources to recover quickly; for some trafficked women there may be parts of them that can recover very quickly, and other parts that may take longer (<i>devastation, recovery, needing help</i>)</p> <p>A soft toy that is torn and dirtied and a rising sun—the toy thrown</p>	<p>Two hands—one curious<sup>5</sup> and the other mean (<i>positive or nosy; rejecting</i>)</p> <p>A boy who climbs a tree and then falls down—some people scold him for climbing and others are caring and loving when he is hurt (<i>critical; nurturing</i>)</p> <p>Faces—some angry with arms crossed, frowning and questioning glances; while others are welcoming, offering hugs and tears of joy for the trafficked person’s return (<i>judging, welcoming</i>)</p> <p>Roots—the community are the roots needed for the tree to grow</p>	<p>Incubator for eggs provides the right temperature so that the women can use their ‘pick’ to crack the egg shell and get out (<i>nurturing</i>)</p> <p>Bumblebee—the bumblebee’s body is not shaped right for the wings to be able to make it fly; so the women might believe they can not fly; but when the women deal with their difficulties, while it is challenging, they will learn that they are able to fly (<i>potential</i>)</p> <p>Bird’s nest, parent and baby bird — The small birds live in the nest; the shelter workers are not parents, but can be like parent birds helping and teaching the trafficked woman many things so</p>

<sup>5</sup> Curious can be interpreted as having genuine interest or in the context of victimization it can often be felt as unpleasant voyeurism (Anderson, 2004)

The trafficked women	Community's reaction to the trafficked women	Organization's response to trafficked women
<p>to the ground, discarded as having no value; but there is potential to be like the rising sun that has strength (<i>damaged, left behind, potential</i>)</p> <p>Tree—that can grow up to be very strong; sometimes it will get what it needs, such as the sunlight; but at other times the tree will go through a big storm, lack water, and not have anyone to take care of it, and yet it continues to grow. (<i>potential – no matter what</i>)</p> <p>A secret story—that they will never tell completely (<i>shame</i>)</p> <p>A woman in a cage of bamboo with a broken spirit—she actually has what she needs to get out, a key around her neck, but some do not know how to use it; they need someone to help them realize they have what they need to get out of the cage (<i>captivity, learned helplessness, potential</i>)</p> <p>Broken spirits (<i>brokenness</i>)</p> <p>Chains—they are chained to their experience and (sometimes the shelters do not help them to get unchained from their experience)* (<i>captivity</i>)</p>	<p>with the right support (<i>supportive</i>)</p> <p>Pity<sup>6</sup>—feeling sorry for the trafficked woman because of the poverty, but unable to help (<i>pity; helplessness</i>)</p> <p>Brick wall (<i>isolation</i>)</p> <p>Enormous wall—leaving the trafficked woman feeling separated and different (<i>isolation</i>)</p> <p>Icy reception—the anticipated reaction so the trafficked woman goes back and does not tell anyone what happened (<i>isolation</i>)</p> <p>White knight—looking for a rich, white foreigner to give her a better future (<i>rescue</i>)</p> <p>Cambodian families are like a hyena clan—The top person is the mother and responsibilities for supporting the clan fall to the youngest (<i>survival of the fittest</i>)</p> <p>Being at the bottom of the pile—not being able to succeed or progress (<i>helplessness</i>)</p> <p>Social evil—prostitutes, prostitution (<i>outcast</i>)</p> <p>End game—there is no end game to getting out of the abuse or regaining one's status in the community (<i>helplessness</i>)</p>	<p>they can grow up and fly away (<i>empowering</i>)</p> <p>A hand pulling the trafficked woman up holding hands together—the Vietnamese like to cling to each other; they are holding the hands of the caseworker/case manager; maybe hands around the trafficked woman's shoulders (<i>supporting</i>)</p> <p>Faces—compassionate, empathetic faces (<i>nurturing</i>)</p> <p>The things a tree needs to grow—water, sunlight, land, space, and care (<i>empowering</i>)</p> <p>Lots of hands—providing services and programs (<i>supporting</i>)</p> <p>Gardner and sunshine—weeding and pruning (which sometimes hurts) but is needed for the plant to grow (<i>empowering</i>)</p> <p>A coconut shell sitting over the woman—the organization helps to break the shell, opening up for the woman her childhood dreams, visions, and destiny (<i>unlocking potential</i>)</p> <p>Supporting hands—giving a hand up (<i>supporting</i>)</p> <p>(Chains—they are chained to their experience)* and sometimes the shelters do not help them to get unchained from their experience (<i>unequipped</i>)</p>

Interpretation in parenthesis & italics. ^Unclear whether these are positive or negative responses.

\* Text in parenthesis interpreted in another section

Source: Developed for this research.

**Individual.** The images of the impact of human trafficking are powerful and devastating: a broken spirit, storms, a discarded torn and dirtied soft toy, being chained, and caged. They are images of things that cannot always be fixed or at least cannot be fixed easily. In many cases they cannot be returned to their original state but will continue to exist in another state with marks from the devastation they have experienced. The images of recovery were sometimes of a fast recovery with the right support, but more often a slow recovery. Sometimes recovery and growth are portrayed to occur without support, like the tree that still grows without the proper

<sup>6</sup> Pity can be defined as a caring response—"sympathetic sorrow for one suffering, distressed, or unhappy" (<http://www.merriam-webster.com>), however, colloquially it is often received as someone being viewed by another as weak and pathetic. The phrase "I don't want your pity." is a common response to feeling another's pity.

water. Intertwined with the images of a village that does not have the right resources to help with recovery, or aftercare programs that are not able to provide helpful support, is the reality that sometimes the people or organizations that they would most expect to provide support, are not able to.

A component of the image of brokenness is an image of learned helplessness. The bamboo cage around the trafficked woman with a key around her neck is an interesting image of having access the resources—in the image of the key—to be able to get herself help, but not being aware that she has, at her fingertips, the tool to access those resources. Through the abuse of the trafficking experience, a person comes to believe that she cannot help herself, even though, if the reality were to be assessed, there are actions she could take to help herself.

Along with the images of brokenness, the narratives include images of self-protection—the hedgehog and the secret story. Interestingly, the image of the hedgehog is of being prickly. It is an image of protectiveness and defense, but not to the extent that it would be if the analogy were that of a porcupine. The secret story has the potential to be understood differently in different cultural contexts. From one perspective a ‘secret story’ can be something exciting, interesting, perhaps positive. It can also have a negative connotation that using a phrase like ‘dirty secret’ might have. The negative interpretation is mostly what is relevant to the trafficked woman’s situation.

Through a number of the narratives there is an element of the potential of the individual to experience recovery or growth after having gotten out of the trafficking experience—the images of recovery after a storm, the rising of the sun that has strength, and the tree that continues to grow with water or even sometimes without water.

**Community.** In the images of the community’s response to the trafficked woman there is a sense of polarization of extremes in the positive and negative. Some images provide perspectives from both ends of the spectrum; some images describe one end or the other of the polarity. While some images are of positive support from the community, there are more negative images of the lack of support or even of disapproval. See Table 4.5 for a summary of the positive and negative responses.

**Table 4.5: Positive and negative responses from the community**

Image	Positive	Negative
Hands	Curious <sup>^</sup>	Mean
Response to boy falling from the tree	Caring and loving	Scolding
Faces	Welcoming, offering hugs, tears of joy	Angry, arms crossed, frowning, questioning glances
	<b>General</b>	
	Roots for growth	Pity <sup>^</sup> – unable to help
	White knight offering help	Brick wall
		Enormous wall
		Icy reception
		Being at the bottom of the pile

<sup>^</sup>Assumptions were made about positive and negative interpretations. See Table 4.4 footnotes.

Source: Developed for this research.

**Organizations.** The images of the organizations fall into two categories. The first is the image of a caring community providing support, holding, caring, nurturing, providing compassion and resources until the trafficked women can be independent. Most of these concepts were tied to images of hands and faces. Interestingly, in sharp contrast, it is the hands and faces of the traffickers that inflicted the most serious injury during the trafficking experience. How difficult and challenging it must be to accept help and support through the same vehicles that delivered the abuse—from hands and faces.

The second category of images was related to an obstacle that the trafficked woman needed help to overcome in order to be reconnected or to be able to utilize her own resources—the woman covered by a coconut shell receiving help to crack it and reclaim her dreams and vision; the bird in a shell, housed in an incubator until the chick can use its own beak to break out of the shell; and the bumblebee, that looks as if it can not fly because of the disproportion of the body and wings, needing to learn that it really can fly.

In both categories the aftercare organizations see themselves in a role to support the woman with an experience that is contradictory to what happened to her during the

trafficking experience, to develop a sense of safety and hope, through which the woman can become independent and develop a more positive, self-sufficient future.

#### **4.2.1.4.2 Myth & metaphor layer: Summary**

In analyzing stories, myths, and images of the individual, the community, and the aftercare organizations, both the metaphors and analogies for the individual and the aftercare organizations highlight the potential of the woman for recovery and growth. This is not present in the community stories. In both the individual and the aftercare organization there is this sense of overcoming the devastation, captivity, and confinement caused by the trafficking experience. In many ways the stories about the community show that the community may continue the same sense of devastation and captivity experienced by the woman during the trafficking conditions. In some occasions the community can provide the same source of care, compassion, and support that the aftercare organizations seek to provide.

What is strikingly missing are stories or images related to the worldview contradictions discussed in Section 4.2.1.3. For example the images shared do not incorporate worldviews such as the value of money, saving face, female hierarchy, loss of virginity, filial responsibility of the daughter, or abuse in the family. The purpose and experience of discussions of images, myths, and metaphors in the CLA is that often they depict the worldviews and help to illustrate why those views are held.

It is unclear why those images did not emerge. It might be attributed to the way the researcher asked the question, or the way the question and responses were or were not pursued. Another possibility is the respondents' use of English as a second language. The images might be connected to their primary language. A final possibility is that the paradoxes are not acknowledged within the culture, that there is a denial, and that the denial is deep enough that there are no images connected to them.

#### 4.2.1.5 Themes across the CLA layers

Step four of the CLA process outlined by Bishop and Dzidic (2014) is to code across the four CLA layers. This step involves looking for themes that carry over across the CLA layers.

##### 4.2.1.5.1 Themes across the CLA layers: Results

The following Table 4.6 provides a summary of the themes that carried across the four layers of the CLA. The themes that go across all or most of the layers are the individual reactions to the trafficking experience, the community reaction, economic concerns, family roles and responsibilities, and engagement of GOs and NGOs.

**Table 4.6: Themes across the CLA layers response**

Theme	Litany	Systemic	Worldview	Metaphor
<b>Individual experiences</b>	<p>Strong emotional &amp; cognitive reactions</p> <p>Low self-esteem</p> <p>Hopes for a better life</p> <p>Behavioral, not talking about experiences or feelings</p> <p>Fears relationships</p>	<p>Concern about acceptance/ discrimination within the community and family relationships</p>	<p>Shameful not to support family</p> <p>Shameful to break sexual taboos</p> <p>Family relationships &amp; responsibilities are the highest priority</p> <p>Behaving in ways that one is loved, valued, respected, and found attractive brings honor to the family</p>	<p>Devastation, recovery, needing help</p> <p>Damaged, left behind, potential</p> <p>Potential, no matter what the woman has been through</p> <p>Captivity, learned helplessness, potential</p> <p>Shame</p> <p>Brokenness</p> <p>Captivity</p> <p>Self-protection</p> <p>Potential</p>
<b>Community reactions</b>	<p>Discrimination, stigma, judgments, talk about trafficked woman in a negative way</p> <p>Family &amp; friends sometimes support</p>	<p>Do not understand human trafficking</p> <p>Reaction may be based on the community leader's reaction</p> <p>Bar owners trying to help by providing economic opportunities</p>	<p>What is wrong with a woman if she has a child and is not married?</p> <p>People who have sex with a lot of people are bad.</p> <p>Fear of contagion of the 'bad' in the woman's life.</p> <p>Blame the woman that she is not smart or that she did something wrong in this life or a past life</p>	<p>Extremes in response</p> <p>Curious/rejecting</p> <p>Judging/welcoming</p> <p>Supportive</p> <p>Pity/helplessness</p> <p>Isolating</p> <p>Survival of the fittest</p> <p>Outcast</p> <p>Helplessness</p>

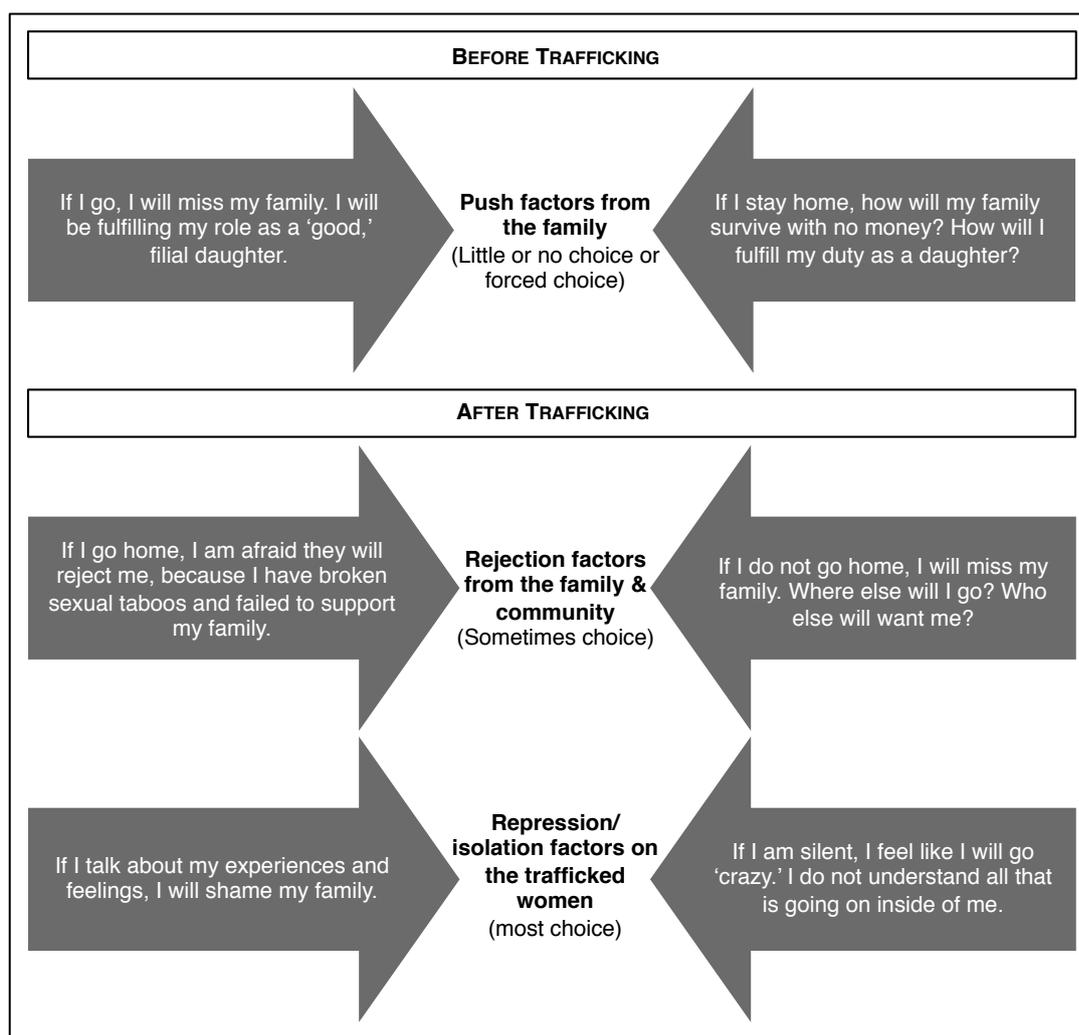
Theme	Litany	Systemic	Worldview	Metaphor
			that has made this happen to her	
<b>Economic concerns</b>	The woman's family is poor Woman desires economic independence Woman may have debt	Lack of education, social resources, employment opportunities Poverty	Having/getting money can override the importance of other values (i.e. not having sex with a lot of people)	
<b>Family roles, responsibilities, situation</b>	The family is poor	Role of the youngest daughter to support the family, parents, and brothers Abuse in the family Pressure from the family to be supported by the children Older women responsible for the family send out younger girls to support the family	Responsibility of children to care for parents, especially the youngest girl Responsibility of a woman to stay a virgin / be loyal to her husband Family is to avoid bringing shame upon itself	Curious/rejecting Judging/welcoming Supportive Pity/helplessness Isolating Survival of the fittest Outcast Helplessness
<b>GOs &amp; NGOs</b>	Lacking training and resources Feel unprepared to help as much as is needed Doing the best they can	Aftercare workers are the facilitators to education, employment, and other support Aftercare workers are using Western ways of helping due to trainings available that are not culturally relevant The government is not putting enough into solving the problem of poverty The criminal justice system is not protecting/providing justice for trafficked women		Nurturing Potential Supporting Unlocking potential Unequipped Empowering

Source: Developed for this research.

The most compelling theme that carried across all of the CLA layers is not explicit to the Table 4.6 that lays out the themes across all four layers of the CLA, but rather a theme that is embedded throughout. It is the contradictions of the push (Chung, 2009), rejection, and repression/isolation factors introduced in the worldview layer.

Figure 4.9 illustrates the two sides of each factor. The push factor happens before the trafficking experience. It is a factor for which the trafficked woman may have little or no choice. The rejection and repression/isolation factors are issues faced in the post-trafficking phase and factors for which the woman may have more choice. It is likely that these factors exist in some way during the trafficking phase as well; however that perspective was not addressed in the interview data.

**Figure 4.9: The contradiction of worldviews affecting trafficked women**



Source: Developed for this research.

**Community reactions.** Across the CLA layers the community's reaction to the trafficked woman was mixed, but more negative than positive. At the litany layer, in some cases family and friends provide support, but more often it was reported that the community had negative and unsupportive reactions. Negative and unsupportive reactions include stigma; discrimination against women who returned; and

judgments about how they have changed when they return to the community—quieter, angry, and sometimes pregnant.

At the systemic level it was reported that communities might be ignorant, not having an understanding of human trafficking, and that they may look to the village leader's response and follow.

From the perspective of the worldview, the trafficked woman has transgressed a number of norms—having had sex with a lot of people, and having a child and no husband. Furthermore, the community may believe that there is something wrong with her that has caused this bad thing to happen to her. She may not be smart or may have done something bad in this life or a previous life. This belief that the women is bad was reported to carry over to a belief that she may be contagious and could bring bad to others if they are associate with her.

Overall at the myth/metaphor level there were more negative than positive responses to the woman, but there were more positives than in the other layers including descriptions such as 'supportive,' 'curious,' and 'welcoming.' It is not clear whether this means that somewhere embedded in the worldview there is a way of supporting these woman back in the community, or if this reflected more of the respondents' views (who are aftercare workers) on how the community needs to be responding.

These apparent 'extreme' responses, either acceptance or rejection do not seemingly align with the descriptions of Asian societies that are based on a Buddhist philosophy that seeks the Middle Way which seeks to avoid extremes (Wright, 2012). Within every society there is a hierarchy of values. It is possible that the values of supporting one's family and sexual mores supersede maintaining the Middle Way.

**Individual experiences.** At the litany layer, the trafficked woman responds to her trafficking experience with strong emotional and cognitive reactions; behaviorally she remains silent, fears relationships and still hopes for a better life. Systemically she is concerned about her place in the community, wondering if she will be welcomed or rejected. This concern about the community's reaction may reflect the more collectivist nature of Asian societies as described in Hofstede's individualistic versus collectivist dimension (The Hofstede Centre, 2013). The trafficked woman

may feel shame within the systemic context of her family and community knowing that her experiences do not meet the community's worldviews or mores.

The community's worldview teaches that it is shameful to have sex outside of marriage, or with many men, or to behave in other ways that bring dishonor to the family. However, while these worldviews are present in the society, the poverty results in parents' selling their own children into a situation where these values will be violated.

The family responsibilities are supposed to be the highest responsibility for children, and it is regarded as shameful for children not to support their family. The image that accompanies this illustrates brokenness and learned helplessness. At the same time potential exists within the woman as illustrated by the image of the woman in the cage with the key around her neck.

**GOs and NGOs.** A theme that was highlighted in three layers was in relation to society's organizations that are expected to help trafficked women. From the litany perspective, aftercare organizations felt unprepared to help as much as they are needed, though they felt they were doing the best they could. The organizations providing post-trafficking support are primarily foreign funded NGOs.

Systemically, the government was identified as not putting enough money towards helping, and being corrupt, accepting money for a particular desired outcome instead of providing justice. However, the images of aftercare organizations at the myth and metaphor layer were ones of empowerment, caring, and supporting the trafficked woman to independence.

The difference in response between the NGOs and GOs could possibly be a result of the different view of foreign funded NGOs, who acknowledge the human rights violation of human trafficking and implement initiatives to address the problem. They are working against a local worldview that is ambivalent about making change because they share the worldview of the families who traffick their daughters and recognize the limited options of families living in such deep poverty.

**Family roles, responsibilities, and situations.** Family roles and responsibilities was another theme that emerged at three levels—the litany, systemic, and worldview layers. There were no images that emerged to illustrate this theme. The thread throughout the three levels was that girls, sometimes the youngest, have the responsibility of supporting their families for survival. In some cases they were expected to put brothers through school. This is a role that is reinforced systemically by the older woman of the family and is shared as a cultural perspective within many of the communities of the GMS.

This role of the oldest woman may be understood in the context of traditional family hierarchy. For example, in Vietnam traditionally the father is the decision-maker, followed by the grandparents and other elder family members (Shapiro, 2002). It has been found that women are more at risk for trafficking when the male head of household is absent (Bjerkan et al., 2005). In the Vietnamese context, this would leave the oldest women in charge, in the context of a culture that traditionally teaches, “The children’s duty is to obey their parents and never to question their authority or teaching,” and “Traditionally, children were taught to forsake self and make sacrifices to ensure the family’s welfare and harmony” (Shapiro, 2002, p. 2).

**Economic concerns.** Finally, there is the theme of economic need that drives the movement of young women into trafficking situations. Families that are poor and unable to obtain the education needed to be eligible to work in skilled positions are desperate to find any means of income. This leaves them vulnerable to offers of work opportunities that will help an impoverished family. The cultural values of children providing for their parents and of the youngest girl providing for the family leave the young women in the family vulnerable to trafficking situations.

In a society that requires children to obey, sacrifice, and forsake themselves (Shapiro, 2002) and that is low-resourced, the sexuality of a female child may be the only resource that a family has available to them. Furthermore, in a society that prefers boys, holding a “marginal position and low status of women” (Guilmoto, 2012, p. 37), girls may be viewed as an expendable resource.

#### 4.2.1.5.2 Themes across the CLA layers: Summary

Within all of the themes identified there is a mixed response with a more negative than positive weighting.

#### **Key Insights:**

- A deprived economic and educational environment among the poorest in communities, mixed with the family roles of the youngest girls/women to provide for the family and possible earlier abuse in the family, leave girls/women vulnerable to human trafficking.
- Society's expectations of women, in regards to sexual engagement, result in judgment and negative treatment for women who have been trafficked for purposes of sexual exploitation when they have broken social sexual taboos, despite this being relatively common practice.
- The availability of GOs and NGOs to provide aid in the aftermath of human trafficking is mixed. Resources and lack of training limit the scope of aid available. The response of NGOs is at least strengthened by a desire to provide a caring, nurturing, compassionate environment for women to recover and to find a way to (re)integrate into communities.
- Individual women carry a heavy emotional burden from their trafficking experiences in terms of the physical, emotional, social/relational, behavioral, and economic impact of their experiences.

#### 4.2.1.6 Reconstruction of the issue

Step five of the CLA process outlined by Bishop and Dzidic (2014) is to reconstruct the issue. This step involves reconstructing a narrative, overview, or description of the information gleaned from the data in response to the research questions. It weaves together a coherent narrative interpreting the information from each layer to provide an explanation for the phenomenon being researched.

The research questions to be considered in the reconstruction step are:

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

The experiences and challenges affecting sexually exploited women were deconstructed from a simple view of poverty and lack of education. This was reconstructed to form a more intricate narrative that includes abuse in the home, the responsibility of daughters, the role of elders in the family, community perceptions, contradictory cultural messages, as well as lack of education, and conditions of poverty. While at the litany layer, the emotional, physical, social/relational, behavioral, and economic impact of their experiences was described as extensive and at times disabling, at the systemic layer, another multi-layered picture of these issues begins to emerge. The needs of the trafficked woman (the individual), the community, and the society (represented by GOs and NGOs) are in conflict with each other.

Governmental organizations are reported to not be putting enough money towards education to give poor people more employment options, nor towards other means of ending human trafficking. The responsibility of the individual girl/woman is to support her family. Without education and employment options, there are limited choices. This leaves girls/women vulnerable to people promising good economic opportunities, which then lead into sexually exploitative human trafficking circumstances.

These contradictions are entrenched at the worldview layer where the social role of children to support their families (Shapiro, 2002) and the low value of women (Guilmoto, 2012) contrive to leave women vulnerable to trafficking. This position of women to sacrificially support the families and the desperate economic situation of the families intersect with society's values around sex outside the confines of marriage. If women have any choice in the trafficking situation, have not been coerced or physically been removed from home, they may end up in a quandary as to which value to break, their role to support their families, or society's sexual taboos.

In many cases a complex interaction of coercion and willingness, conscious and unconscious, has been noted to precede trafficking for sex work. Often it appears that in these cases, the only conscious consideration on the part of the trafficking victims is an unremitting belief that they must support their families in any way that they can. Then, as a result, they are coerced into the sexually exploitative situation.

If they are successful in earning money and supporting their families, they do it at the cost of another social value. If they are unsuccessful at earning money and have been forced into situations where sexual taboos are broken, they return to their families and communities as a failure from both perspectives. Not only do these women suffer the impact of sexual abuse in the human trafficking situation that is known to cause extensive traumatic impact, but also the sexual exploitation shatters any sense of value and self-worth within their worldview and communities.

A Western perspective on sex trafficking might focus on the violation of justice and human rights from a systemic perspective on behalf of the victim. For women whose worldview does not explicitly include an acute awareness of justice or human rights, their conscious focus seems inclined toward achieving a place of value within their communities. This is most often measured by fulfilling family obligations and by living within accepted social rules and sexual values related to the role of women. For returning victims of trafficking and sex work, this aspiration seems impossible since the loss of virginity cannot be reversed, and victims often do not have a means to earn an income. The loss of individual value within a collective cultural worldview context is further exacerbated by the emotional, cognitive, and behavioral repercussions of trauma. In many ways these women face injury to themselves individually (the trauma) and to their value in society (the loss of virginity or sex with many men).

This deconstruction challenges the Western notion of the injustice and the human rights violation perspective. It focuses on the individual's frame of reference and perspective of what has happened and the individual's needs within a collectivist society. It challenges aftercare workers to consider the importance of finding ways to reconstruct the sexually exploited women's value within their social context, as well

as meeting the challenge of assisting their recovery from the traumatic effects of repeated, systematic sexual abuse.

#### **4.2.2 Thematic analysis: Structured, but open-ended interviews**

In addition to the CLA analysis, a thematic analysis of the content of the interview transcripts was completed to address additional research questions.

##### **Experiences of Trafficked Women**

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

##### **Aftercare Workers' Training Needs**

**Research Question 3:** *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?*

**Research Question 4:** *What training have aftercare workers who are providing services to those in and from the GMS already received?*

**Research Question 5:** *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

**Research Question 6:** *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

There was overlap in the analysis completed to support the first research question and the additional research questions. It was important to look at the interview data from these multiple perspectives in order to effectively inform the applied aspect of the present research study—the development of a training curriculum for aftercare workers.

#### 4.2.2.1 Individual trauma experiences & challenges: Thematic analysis

From a Western perspective, central to being able to provide aftercare services to trafficked women is having an understanding of the women's personal experiences. If service providers do not understand the individual experiences they will be unequipped to help trafficked women gain understanding about their own experiences and reactions to what they have experienced. The following is a summary overview of the individual experiences of trafficked women who have been sexually exploited, from the perspective of the aftercare workers, as described in the results of the interviews.

##### 4.2.2.1.1 Individual trauma experiences & challenges: Results

Most of the mental health and psychosocial research to date has focused on assessments based on the Western psychological constructs of depression, anxiety, and PTSD. This is completed through the assessment of individual symptoms, but reported generally more as an aggregate as to whether there are symptoms of depression, anxiety, or PTSD. The present study sought to take a more granular view, seeking an understanding of the full range of trafficked women's experiences, rather than viewing it from the perspective of diagnostic categories, a feature of "reflexive practice" (Gregory, 1994, p. 46). The information gathered in the present study supports the Zimmerman, Hossain, and Watts (2011) construct of impact during the trafficking. The pre- and post-experience also contribute to a fuller picture of the experience of women who are trafficked.

**Pre-trafficking equilibrium.** For some of the women who are trafficked, their negative experiences started well before the time of the trafficking. Seemingly, it is not uncommon for trafficked women to have grown up in homes where they were abused, or in other ways were poorly parented. They most likely are members of the most vulnerable in society due to poor socio-economic, educational and social development conditions. Women with these kinds of backgrounds may enter the trafficking experience already having experienced abuse that overwhelms their ability to cope. They may already feel rejected, alienated, or socially isolated. This can result in a lack of social skills, employment skills, a lack of knowing how to

interact with other people, and difficulty fitting into their communities. See Table 4.7 for a summary of the interview results about pre-trafficking equilibrium.

**Table 4.7: Individual trauma experiences, reactions, and coping responses—pre-trafficking equilibrium**

<ul style="list-style-type: none"> <li>• Some of the trafficked women were abused when they were growing up.</li> <li>• The trafficking experience is a repetition of their childhoods in which they were poorly parented. They lacked social skills and then were not able to relate to their peers and felt rejected by them.</li> <li>• There was abuse at home (especially from the mother [Vietnam]).</li> </ul>
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Source: Developed for this research.

**Emotional impact.** The emotional impact of trauma is the most invisible, the hardest to articulate, and in the cultures of the GMS countries, generally not talked about—either because it is not appropriate to talk about, or because people have not been socialized to talk about it. As a result, the women are unable to express themselves. A full range of emotions were reported—anger, fear, anxiety, loss of trust, and sadness. Some of what was described results from having strong unresolved feelings—hyperalertness, nightmares, flashbacks, feeling numb, or the inability to control emotions. Being unable to control emotions would especially be a problem in societies where emotions are not shared or outwardly expressed.

Respondents reported an extensive list of fears. These fears include people, situations, the future, and about the impact of the trafficking experience on their health. See Table 4.8 for a summary of the interview results pertaining to emotional impact.

**Table 4.8: Individual trauma experiences, reactions, and coping responses—emotional impact**

<ul style="list-style-type: none"> <li>• Anger (at the traffickers)</li> <li>• Anger management difficulties</li> <li>• Anxiety, symptoms of</li> <li>• Boredom</li> <li>• Depression</li> <li>• Disappointment</li> <li>• Emotional instability</li> <li>• Fear (of authorities; traffickers, anti-trafficking squads; the dark; loud noises; generalized fear; of the future, of the unknown; of being alone; of not being able to take care of their children; of touch; of being followed; of the brokers; that they</li> </ul>	<ul style="list-style-type: none"> <li>• In/ability to control their emotions</li> <li>• Learned helplessness</li> <li>• Loneliness (in the shelter); desperation for human contact</li> <li>• Loss of motivation</li> <li>• Loss of trust</li> <li>• Mental instability</li> <li>• Nightmares</li> <li>• Numbness</li> <li>• Panic</li> </ul>
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<p>cannot overcome their painful experiences/problems; of police; of being deported; of their families; of being killed; of sex; for their own health as they realize the dangers they have been in physically; for their own physical safety)</p> <ul style="list-style-type: none"> <li>• Feeling defiled</li> <li>• Flashbacks</li> <li>• Hallucination or delusion</li> <li>• Hopelessness</li> <li>• Hyperalertness</li> </ul>	<ul style="list-style-type: none"> <li>• Resignation to their situation</li> <li>• Sadness</li> <li>• Schizophrenia</li> <li>• Sensitivity</li> <li>• Shame</li> <li>• Stress</li> <li>• Suicidal feelings</li> <li>• Whole chain of emotions</li> </ul>
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Source: Developed for this research.

**Cognitive impact.** Generally, negative emotions have a negative effect on cognitive functioning (Mueller, 2011). In the GMS countries, though not reflected explicitly in the interview results, it can be inferred that when trafficked women are not supposed to express their emotions, then it is only appropriate to express their thoughts. However, when a person becomes overwhelmed by emotional experiences, it can have a disorganizing or disorientating effect on one's ability to function and to communicate cognitively.

Results from the interviews showed that trafficked women had difficulty in areas of functioning such as concentration and focus, retrieval of memories, and decision-making. The women engage in negative self-assessments of self-blame and are at times confused. Of the cognitive difficulties reported, 'difficulty making decisions/indecisiveness' and 'low self-esteem or -value' are also aspects of learned helplessness (Jackson, 2007).

When the experience of having difficulty thinking is added to the feeling of being emotionally overwhelmed, it can lead the individual to believe something is wrong. This reinforces the feeling or self-assessment that they are 'going crazy.' As this would be viewed poorly by society, the individual further refrains from seeking support in communities where it is not appropriate to talk about bad things.

See Table 4.9 for a summary of the interview results regarding cognitive impact.

**Table 4.9: Individual trauma experiences, reactions, and coping responses—cognitive impact**

<p><b>Concentration &amp; focus</b></p> <ul style="list-style-type: none"> <li>• Difficulty concentrating</li> <li>• Difficulty focusing</li> <li>• Difficulty learning and working</li> </ul> <p><b>Memory retrieval</b></p> <ul style="list-style-type: none"> <li>• Difficulty remembering</li> <li>• Forgetfulness</li> <li>• Difficulty learning</li> </ul> <p><b>Decision-making</b></p> <ul style="list-style-type: none"> <li>• Difficulty making decisions; indecisive</li> <li>• A need to make the decision to fight against the traffickers through the legal system</li> </ul> <p><b>Negative thoughts about self</b></p> <ul style="list-style-type: none"> <li>• Low self-esteem, self-value</li> <li>• Self-blame (What I did was bad. I should not be a bad person.)</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Confusion/agitation (by lack of information)</li> </ul>
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Source: Developed for this research.

**Social/relational impact.** Social relationships for trafficked women seem to be contradictory. The culture of the GMS countries has been described as one where doing things as a community is the primary approach to living and working. This reflects Hofstede’s classification of most Asian cultures as collective rather than individualistic (The Hofstede Centre, 2013).

Human trafficking experiences affect the trafficked woman’s relationship with her family and with the larger community, and may change a spouse’s view of the woman. At the same time, the women are described as desperate for relationships. This desperation for relationship can be seen as natural in a society that accomplishes many of its tasks through community, and in which women are expected to be married at a younger age. They may be looked at as having something wrong with them when they are not married young enough.

There appear to be multiple challenges in relationships with the family. First, the trafficked woman fears how she will be received back. Second, the trafficked woman worries for the family, because she is not able to provide for them. Third, the family is concerned about how the trafficked woman may have been affected by her

experiences—such as drug addictions and medical and mental illnesses. Fourth, some of the women have difficulty developing relationships because of their experiences. They are afraid of trusting again or decide that they do not want to be in relationship with a man because of what men did to them. The challenges for trafficked women within their community were discussed in Section 2.4.1.4. See Table 4.10 for a summary of the interview results on social relationships.

**Table 4.10: Individual trauma experiences, reactions, and coping responses—social/relational impact**

<p><b>Challenging family relationships</b></p> <ul style="list-style-type: none"> <li>• The family may reject the trafficked person.</li> <li>• The family worries about the physical impact of the experience (drug addiction, STD's, HIV, medical issues, mental instability).</li> <li>• The woman's fear for her family appears to be higher than fear for themselves.</li> <li>• They have a hard time going back. They did not want to return. They were scared to go back into the community. They have to face their families, children, and husbands alone.</li> <li>• The family may ask the trafficked person, 'Where is my money?'</li> <li>• Women are concerned about their families.</li> <li>• They are not sure what to say when they go home. They wonder what they are going to tell people?</li> </ul> <p><b>Challenging relationships with the community reaction</b></p> <ul style="list-style-type: none"> <li>• They are afraid of discrimination by the community.</li> <li>• They cannot tell others what happened when they (re)integrate into the community.</li> <li>• They fear not being accepted.</li> <li>• They have a hard time going back. They did not want to return. They were scared to go back into the community. They have to face their families, children, and husbands alone.</li> <li>• They lie to others about where they were and what happened when they (re)integrate into their community.</li> <li>• They can be stigmatized as bad or as a social evil.</li> <li>• Communities do not understand trafficking, so they are unable to understand the reality of the situation the trafficked woman was in.</li> <li>• They are not sure what to say when they go home. They wonder what they are going to tell people?</li> </ul> <p><b>Change in reactions to people/relationships</b></p> <ul style="list-style-type: none"> <li>• They are afraid to make close relationships—people might lie to them and cheat them again.</li> <li>• They may choose female-to-female relationships.</li> <li>• They may come to hate men.</li> <li>• They have a fear of commitment.</li> <li>• They have difficulty maintaining relationships.</li> </ul> <p><b>Need for relationships</b></p> <ul style="list-style-type: none"> <li>• They are desperate for friendship.</li> <li>• They have difficulty with proper boundaries (trying to connect with people).</li> <li>• They will seek to exchange or barter sex for attention (being loved, getting attention).</li> </ul>
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Source: Developed for this research.

**Behavioral impact.** Some women coming out of trafficking situations find it difficult to function in common daily tasks. They may ask other people to do things for them that they can do themselves. Some report being unsure of how to go back to work in a more ‘normal’ job, or how to earn money. Many lack a purpose for living and manifest signs of learned-helplessness.

The women have been observed to behaviorally express the overwhelming range of emotions they are experiencing in tears, sweating, being aggressive, avoidance behaviors, and breathing difficulties. Aftercare workers reported extremes of some women wanting to talk, and others not wanting to talk about their experiences, engaging in risky behavior, and having sleeping and eating disturbances. See Table 4.11 for a summary of the interview results of the trafficking experiences on the woman’s behavior.

**Table 4.11: Individual trauma experiences, reactions, and coping responses—behavioral impact**

<p><b>Non-functioning</b></p> <ul style="list-style-type: none"> <li>• She is not sure how to go back to a ‘normal’ job.</li> <li>• She is not sure how to earn money.</li> <li>• She will ask others to do things for her that she can do herself.</li> <li>• She lives without an apparent purpose or direction.</li> <li>• She acts weak – trying to get people around her to care for her.</li> </ul> <p><b>Emotional expressions</b></p> <ul style="list-style-type: none"> <li>• Aggressiveness</li> <li>• Tearfulness, crying</li> <li>• Sweating</li> <li>• Flashbacks</li> <li>• Trembling when hearing big sound/voice</li> <li>• Avoidance behaviors</li> <li>• Breathing difficulties</li> <li>• Irritability</li> </ul> <p><b>Talking</b></p> <ul style="list-style-type: none"> <li>• She is not willing to talk about the experience.</li> <li>• Some talk a lot.</li> <li>• She can change from a talkative person to not a talkative person, or the reverse.</li> </ul> <p><b>Substance use/abuse &amp; other high risk behavior</b></p> <ul style="list-style-type: none"> <li>• Drug addiction</li> <li>• High risk activities: alcohol, drugs, unsafe sex</li> </ul>
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<p><b>Sleep disturbances</b></p> <ul style="list-style-type: none"> <li>• She has sleeping problems, difficulty going to sleep &amp; waking up constantly.</li> <li>• She has nightmares.</li> </ul> <p><b>Eating</b></p> <ul style="list-style-type: none"> <li>• She does not want to eat.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• There are behavioral problems.</li> <li>• She looks around; she is no longer really looking at the person she is talking to.</li> <li>• She feels closed in and wants to get out.</li> <li>• She ‘puts on a face,’ acts as if nothing is wrong.</li> </ul>
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Source: Developed for this research.

**Physical impact.** The physical impact of trafficking was not the primary focus of the interviews (qualitative phase of this study). Some of the medical issues mentioned are a direct result of the sexual exploitation experience—STDs and HIV—and of the treatment of trafficked women—injury from abuse and malnutrition. The other physical symptoms—always feeling tired, having headaches and epigastria pain—can be viewed as possible somatic emotional expressions. See Table 4.12 for a summary of the interview results regarding physical impact.

**Table 4.12: Individual trauma experiences, reactions, and coping responses—physical impact**

<ul style="list-style-type: none"> <li>• Traumatic brain injury from abuse</li> <li>• Headaches</li> <li>• Epigastria pain</li> <li>• Bad health</li> <li>• Chronic fatigue</li> </ul>	<ul style="list-style-type: none"> <li>• Malnutrition</li> <li>• STDs</li> <li>• HIV</li> <li>• Medical issues</li> </ul>
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Source: Developed for this research.

**Economic impact.** Little was reported regarding economic impact. This is likely due to this study’s focus on aftercare that would assume post-trafficking recovery support and economic need as a default situation for most women.

The most significant concern was the economic need to earn money when the women had gotten out of the trafficking situation. The women did not have a way to make money to send home to support their families. Often this economic need was what precipitated their getting into the trafficking situation in the beginning.

**Understanding of why the trafficking occurred.** In Section 4.2.1.3.1 this was discussed from a cultural perspective. In this section additional results are added to provide more information on how women understand what has happened to them.

Some women believe that the people who sold or coerced them were bad people who did a bad thing. Some think it was their own fault and blame themselves. Some understand it is their situation in life because they are poor or not smart. They believe that life is fatalistic; that they do not have agency or choices, or they believe it was just something they needed to do to try to get a better life. See Table 4.13 for a summary of the interview results.

**Table 4.13: Individual trauma experiences, reactions, and coping responses— understanding of why the trafficking occurred**

<p><b>Spiritual</b></p> <ul style="list-style-type: none"> <li>• God is unfair with them.</li> <li>• It is karma.</li> </ul> <p><b>Family role &amp; responsibility</b></p> <ul style="list-style-type: none"> <li>• They have to go – their parents are sending them.</li> <li>• They have a responsibility to their family.</li> </ul> <p><b>Situation in life</b></p> <ul style="list-style-type: none"> <li>• Their life is full of misfortune.</li> <li>• They believe 'life is like that.'</li> <li>• They think that they are not smart.</li> <li>• They are poor and they believe this is what happens to poor people.</li> <li>• They feel they do not have personal agency or choice.</li> <li>• They felt it was a bad thing and wished it had not happened, but did not seem to have a sense that it was wrong, or an injustice, a human rights violation, or a trauma experience.</li> </ul> <p><b>Something wrong happened</b></p> <ul style="list-style-type: none"> <li>• The people who sold them are bad people.</li> </ul> <p><b>Self-blame</b></p> <ul style="list-style-type: none"> <li>• They feel they deserved it, that it was their fault or punishment.</li> <li>• They feel guilty because they have done something wrong.</li> <li>• They think that it was their fault and blame themselves.</li> </ul> <p><b>Miscellaneous</b></p> <ul style="list-style-type: none"> <li>• Some are confused and do not understand what trafficking is.</li> <li>• Some minimize what has happened to them; but later may realize that what happened to them was not okay.</li> <li>• They think it was what they needed to do for a better life.</li> </ul>
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Source: Developed for this research.

**Positive coping.** During the interview process positive coping appeared to be a difficult question for respondents to answer. They often moved quickly from this to negative ways of coping. Positive coping methods appear to fall into two categories, access to internal resources, and access to external resources.

Internal ways of coping include being willing to express what they were experiencing, or keeping the story to themselves; cognitive processing that identified the experience as abuse and something that should not have happened; using humor; tapping into their own aspirations of hope for a better future; and distracting themselves by engaging in other activities.

External ways of coping include obtaining an education or job skills, helping other trafficked women, engaging in religious activities, and accessing social support and aftercare services. What is missing from this section is how a trafficked woman can cope positively with the loss of virginity or the breach of loyalty in the marriage so that the woman would not have debilitating negative self-assessments as a result of these experiences. See Table 4.14 for a summary of the interview results.

**Table 4.14: Individual trauma experiences, reactions, and coping responses—positive coping**

Internal resources
<p><b>Expression of experience</b></p> <ul style="list-style-type: none"> <li>• They talk openly about what has happened.</li> <li>• They leave their story untold. 'One woman seemed to do fine in the program; but never did tell the whole story of her experience.' (This was the assessment of an aftercare worker.)</li> </ul> <p><b>Cognitive processing</b></p> <ul style="list-style-type: none"> <li>• They identify what has happened to them as abuse.</li> </ul> <p><b>Humor</b></p> <ul style="list-style-type: none"> <li>• Humor</li> </ul> <p><b>Aspiration</b></p> <ul style="list-style-type: none"> <li>• They never give up hope that things can get better.</li> <li>• They want life to be better for their children.</li> <li>• They try to have a better life.</li> <li>• They hope for a brighter future.</li> <li>• They do something that they enjoy.</li> <li>• They engage their talents; have positive motivation and ambition.</li> </ul> <p><b>Distraction</b></p> <ul style="list-style-type: none"> <li>• They engage in distracting activities.</li> </ul>

External Resources
<p><b>Economic/educational industry</b></p> <ul style="list-style-type: none"> <li>• They move on from their trafficking experience by getting vocational training and getting a job.</li> <li>• They try to have a job.</li> <li>• They work hard to learn in the training/educational programs provided in aftercare.</li> <li>• They participate in vocational training.</li> </ul> <p><b>Aftercare work</b></p> <ul style="list-style-type: none"> <li>• They apply themselves to helping other trafficked women.</li> </ul> <p><b>Spiritual support</b></p> <ul style="list-style-type: none"> <li>• They celebrate religious events.</li> <li>• They rely on the supernatural and the belief that their ancestors will help them.</li> </ul> <p><b>Social support</b></p> <ul style="list-style-type: none"> <li>• They have outgoing personalities.</li> <li>• They praise other people.</li> <li>• They try to stay connected to other people.</li> <li>• They provide assistance to other trafficked women.</li> <li>• They reintegrate with their families and return to their husbands and families.</li> <li>• They talk with a trusted person.</li> <li>• They test out/try new relationships.</li> <li>• They share their experiences with family and others.</li> </ul> <p><b>Support of aftercare services</b></p> <ul style="list-style-type: none"> <li>• They seek help from the counselor and other providers.</li> <li>• They participate in self-help groups.</li> </ul>

Source: Developed for this research.

**Negative coping.** Aftercare workers identified a number of unhealthy coping mechanisms employed by trafficked women. They include: isolating themselves and avoiding support from the counselors; substance use/abuse; despair; self-harming; blaming themselves or others for what happened to them; misusing money; and engaging in unhealthy relationships or relationship behavior. Additionally, aftercare workers found that trafficked women may have poor boundaries in their later relationships, or may even be violent or aggressive. See Table 4.15 for a summary of the interview results.

**Table 4.15: Individual trauma experiences, reactions, and coping responses—negative coping**

<p><b>Isolation from/avoidance of support</b></p> <ul style="list-style-type: none"> <li>• They do not want to talk to a counselor.</li> <li>• They avoid their counselors and getting help.</li> </ul>
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- They avoid telling the story of what happened to them.
- They will not trust at all, will not even test new relationships.
- They withdraw from family or society.
- They stay alone; isolated.
- They try to deal with their situation alone.
- They go missing and avoid reintegrating into their families/communities.
- They want to sleep to avoid intervention or support.
- They bottle up their emotions and experiences.
- They stay in a place of a high level of fear.

#### **Substance use/abuse**

- They insist on taking medication instead of talking to a counselor.
- They use alcohol and drugs.
- They self-medicate.

#### **Despair**

- They do not want to take ownership of the recovery process.
- They feel sad, sorry, and hopeless.

#### **Self-harm**

- They want and/or try to commit suicide.
- They harm their lives.

#### **Engagement in unhealthy relationships and/or relationship behavior**

- They enter into unhealthy relationships, such as unhealthy male relationships that result in abuse (physical and sexual) and unwanted pregnancies.
- They have attachment problems with their parents resulting in anti-social, aggressive behaviors, or feeling hatred toward their parents.
- They have negative relationships with other residents in the shelter. They may hypothesize about other residents and spread rumors.
- They do not tell the truth.
- They use negative ways to gain attention.
- They have unhealthy boundaries.
- They are violent with their families.

#### **Money misuse**

- They do not make good budgeting decisions.
- They spend their money to win the approval or friendship of other people.

#### **Blaming**

- They blame their parents for not being able to take care of them and for being the cause of their trouble.
- They blame themselves.

Source: Developed for this research.

Missing from these negative ways of coping is returning to the trafficking situation, sex work, or migrating again to look for work, leaving them vulnerable to re-trafficking in order to make money (Jayagupta, 2009; Surtees, 2007, 2013).

**Help seeking behavior.** Not all trafficked women were observed to seek help. However, those who sought help, sought social support from their families and friends, organizational support from the programs and authorities that are in a place to provide assistance, or spiritual help from witch doctors or fortune-tellers. See Table 4.16 for a summary of the interview results.

**Table 4.16: Individual trauma experiences, reactions, and coping responses—help-seeking behavior**

<p><b>Social support</b></p> <ul style="list-style-type: none"> <li>• They talk to someone in their families, their mothers or sisters.</li> <li>• They turn to friends.</li> <li>• They are more likely to talk to other trafficked women than to the counselor or psychologist.</li> </ul> <p><b>Organizational support</b></p> <ul style="list-style-type: none"> <li>• They seek out the case manager.</li> <li>• They seek out medical help at clinic or the hospital.</li> <li>• They go to NGOs seeking practical help such as jobs and places to live.</li> <li>• They may turn to local authorities, media, NGOs, newspapers, TV, hotline.</li> <li>• The organization tries to teach the trafficked women how to change their behaviors in order to have a healthy way of getting what they want.</li> </ul> <p><b>Spiritual support</b></p> <ul style="list-style-type: none"> <li>• They may go to a witch doctor or fortuneteller who can give them hope.</li> <li>• They may talk to the tree on the mountain.</li> </ul> <p><b>Do not seek support</b></p> <ul style="list-style-type: none"> <li>• They may not seek out help due to limited trust.</li> <li>• They may express their need for help non-verbally in tears or by a longing look.</li> <li>• The trafficked women may not ask for help, but the NGOs and GOs will intervene.</li> </ul>
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Source: Developed for this research.

#### 4.2.2.1.2 Individual trauma experiences and challenges: Discussion

The mental health and psychosocial impact of human trafficking results in a large array of reactions, including emotional, cognitive, behavioral, social/relational, and economic. The following is a discussion of the qualitative results in relation to the literature.

The range of emotional impact of trafficking trauma was described by respondents as extensive and seems best summed up by the general images at the metaphor layer of a ‘whole chain of emotions,’ ‘emotionally unstable,’ and an ‘in/ability to control their emotions.’

While it is generally agreed that there is much more to study about the mental health status of trafficked women (Tsutsumi et al., 2008), it is generally agreed that the impact is significant (Flowers, 2001; Macy & Johns, 2011; Raymond & Hughes, 2001). Respondents often referred to the emotional reactions that are the most commonly studied mental health impacts of trafficking: PTSD, depression, and anxiety (APA, 2013c; World Health Organization, 2013). However, in a study endeavoring to be culturally relevant it is advisable to use these with caution, as they may be the product of Western training. PTSD, in particular, is viewed by some as a Western idiom of distress (Escueta & Butterwick, 2012) and not necessarily relevant in other cultural contexts.

Cognitive affects of trauma are often included in the range of symptoms of PTSD, anxiety, and depression (APA, 2013c; World Health Organization, 2013), and it is also recognized as an aspect of the psychological effects of trauma (Galappatti, 2003). Similarly, respondents reported that the cognitive impact of trauma might make it difficult for trafficked women to focus on the tasks needed to reconstruct their lives, such as learning a new skill and making decisions about what they want for their future. The cognitive impact is linked to the behavioral manifestations of trauma and can be at the root of why trafficked woman may have difficulty in learning a new skill or envisioning a new future for themselves. A model for understanding the non-functioning behavior is learned-helplessness (Jackson, 2007).

“Learned helplessness involves a substantial decrease in associating action with positive outcome and leads to a marked reduction in the range of responses to external demands” (Bargai, Ben-Shakhar, & Shalev, 2007, p. 268; Miller & Rasco, 2004) or “psychological paralysis” (Jackson, 2007, p. 71). This results from repeated abuse that the woman could not escape.

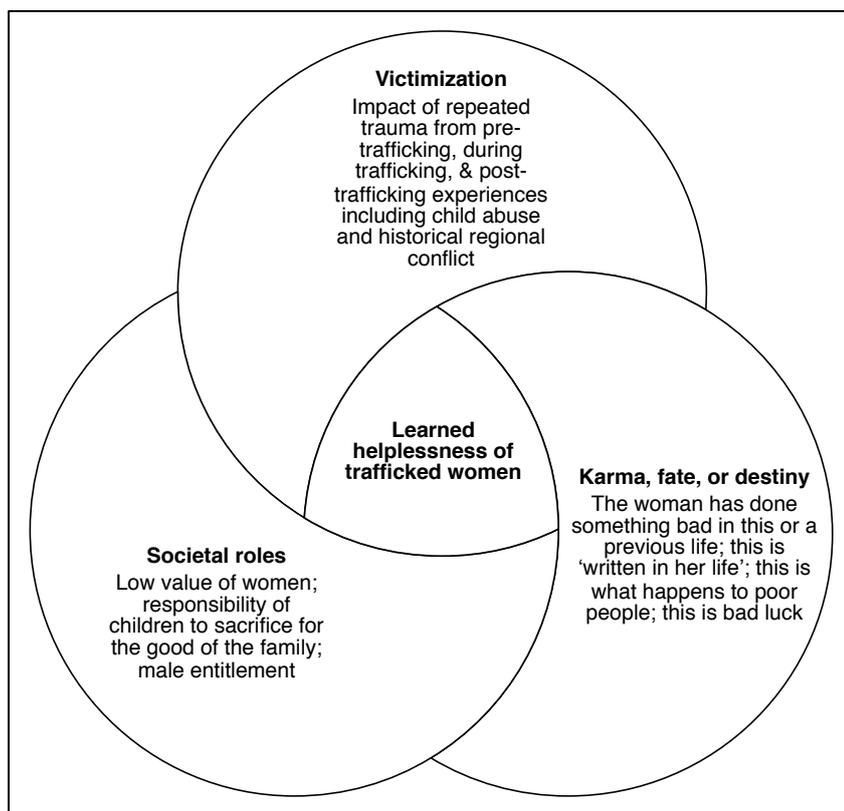
The result in the woman is depression, low self-esteem, feeling powerless to change the present or the future, feeling alone, and believing that there is no escape and no one that can help. It promotes a feeling of hopelessness and powerlessness.

Learned helplessness has been most extensively studied in the context of domestic violence (Jackson, 2007). It has only been applied in brief references in the context

of human trafficking (Bjerkan et al., 2005; Clawson et al., 2003; ILO, 2002; IOM, 2004; Zimmerman & Borland, 2009). There has been criticism of its application to human trafficking because the implication in the definition of learned helplessness is that a woman may see no options for agency, when in fact they do exist; thus it is a misappraisal (Jackson, 2007). However, in the context of human trafficking in low-resourced settings, the assessment of no escape and no one to turn to may be realistic (Zimmerman, 2003a). The concept of learned helplessness has also been applied to describe the experience of refugees (Watkins, 2012).

However, if used descriptively, and not as an evaluation, it is a model that can help to understand the experience of trafficked women and their passivity even after having left the trafficking situation. While they are removed from the repeated violence of the trafficking experience, they remain in a male entitled society. For some women this is coupled with the belief that what happens to them is ‘written in their destiny’ resulting in their feeling they have no agency in changing their present or future (see Figure 4.10). The ability of the individual to exercise her own agency is the individual’s capability to work for her preferred future (Barker, 2011). Learned helplessness has been found to be associated with male-dominated backgrounds that promote female submissiveness. It is correlated with higher levels of PTSD and depression in victims of domestic violence (Bargai et al., 2007).

**Figure 4.10: Influences heightening the experience of learned helplessness**



Source: Developed for this research.

Another aspect of the emotional impact raised by respondents was fear. Their fears range from fearing people who have been a part of the trafficking experience, to fears of the future, as well as to fears of things that are associated with their experience, such as the dark, sex, and loud noises.

The literature addressed a few fears such as fear of repercussions in their home communities, and fear of being prosecuted for illegal activities while they were trafficked (US Department of State, 2014), retaliation (Clawson et al., 2006; Rousseaux, 2003; Stark & Hodgson, 2003; Ugarte et al., 2003), and safety (Surtees, 2013). The respondents themselves provided a much longer list of fears. This can be understood through the lens that anything that is associated with the trauma can become a source of fear and has the potential to generalize from specific to more general fears (National Judicial Education Program, n.d.).

The challenge of dealing with social relationships (family, friends, and new friends) was reported to be of great importance to trafficked women. It appears that trafficked

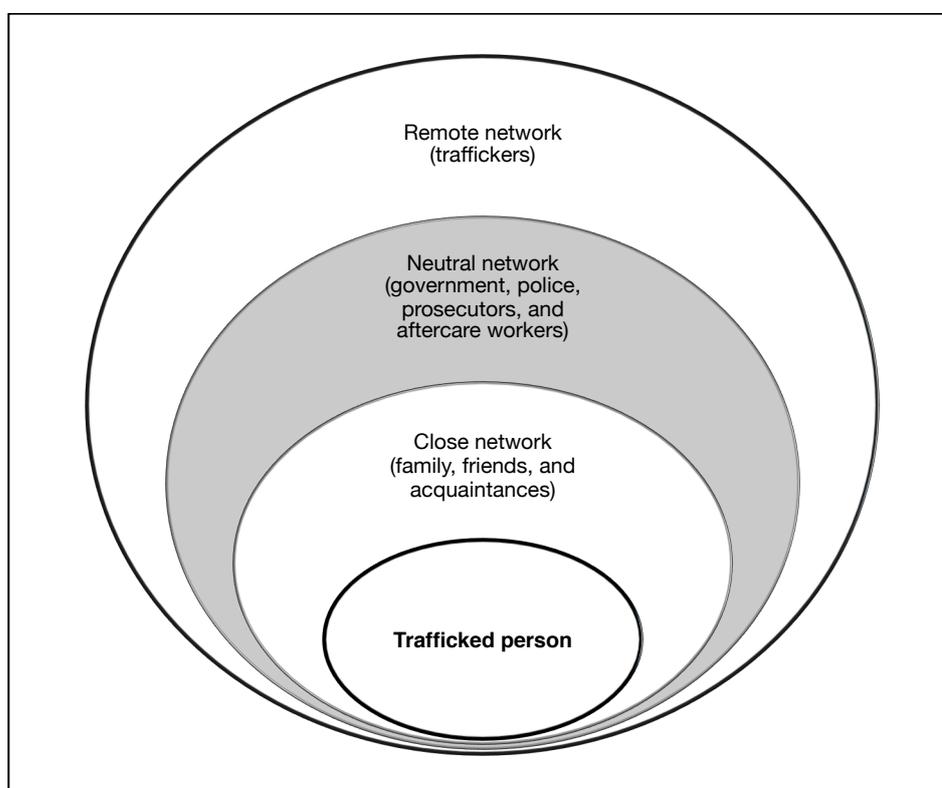
women crave relationships, and yet their relationships with their families and communities appear to be one of the most challenging aspects of (re)integration after leaving the trafficking situation. It can be challenging from both the side of the trafficked woman and the side of the family or community receiving them. Respondents talked about the difficulty in facing families, children, and husbands. Escueta and Butterwick (2012) echo this in their research, wherein they described traumatized people, especially those who have been abused, as feeling ‘damaged’ and not having a rightful place in society. Trafficked women were reported to fear discrimination or not being accepted (either by the family or by the larger community), which Surtees (2013) found in her research. Respondents added to this by reporting that families worry about the physical impact of the trafficking such as drug addictions, STDs, HIV, and medical and mental health issues.

The results of this study support the pre- and post-trafficking harms that are described in the conceptual framework of the “multi-staged process of cumulative harm” developed by Zimmerman et al. (2011, p. 328). The qualitative results described the pre-trafficking contradictions of poverty, abuse in the family, limited education, and living in a society that places the responsibility of providing for the family on the shoulders of those with the least power (the younger women). The post-trafficking experiences of shame, community rejection, and condemnation contribute to the cumulative harm. These conditions are the ‘parenthetical stages’ of harm that exist pre- and post- trafficking in Zimmerman, Hossain, and Watts’ recruitment and (re)integration stages. Another way to describe this could be the societal sources of harm or social conditions inflicting harm.

Between the ‘parenthesis’ of social harm is the criminal harm at the hands of traffickers who are engaging in illegal activities as defined by the *UN Trafficking Protocol 2000* (UN). These criminal harms include threats to physically hurt, sexual violence, and limitations of movement as documented by the survey data and prior research (Oram et al., 2012; Stark, 2006; Zimmerman et al., 2008). The consequences of the violence (and sexual exploitation) are the resulting traumatic impacts (physical, emotional, psychological, behavioral, and relational).

Instead of a chronologically-based process such as the “multi-staged process of cumulative harm,” as proposed by Zimmerman et al. (2011, p. 328), the levels of harm can be conceptualized in a concentric circle configuration of the relationship-based impact of cumulative harm. This would be more appropriate for the mental health and psychosocial support processing of harm and the consequential breach of trust (Rousseaux, 2003). This has to do with the source of the harm and how those networks (remote, neutral, and close) are conceptualized by the trafficked woman as resources for meeting life’s needs (see Figure 4.11).

**Figure 4.11: Cumulative harm to relationship networks**

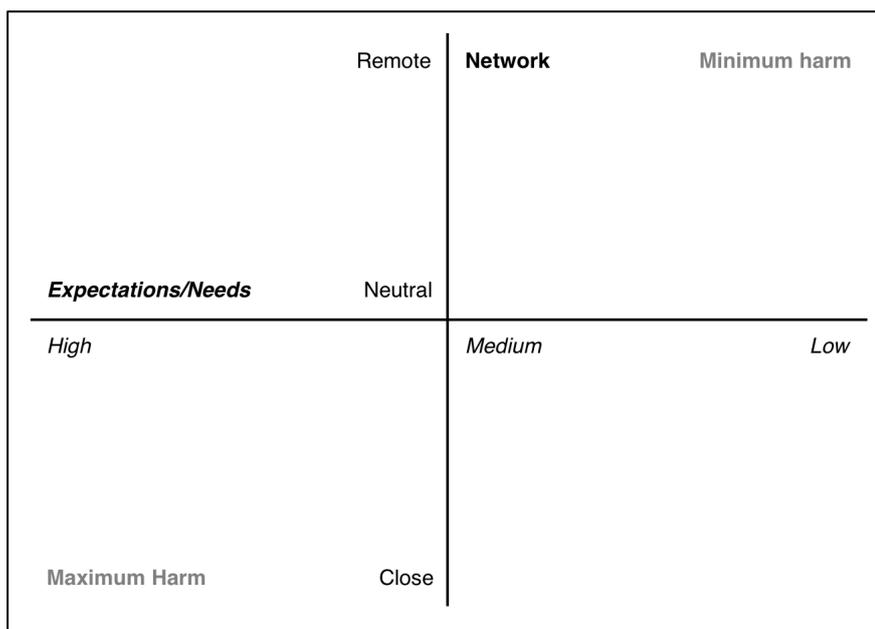


Source: Developed for this research.

The ‘close network’ includes relationships that are expected to be the most dependable. From an attachment perspective this would be described as an individual’s secure base. This is a place from which a person can go out into the world and take risks and to which they can return when life is difficult. However, the literature and the results of this study show that the secure base may not have been there before the trafficking experience due to abuse, and may not be there after the trafficking experience due to rejection.

The ‘neutral network’ consists of the agencies and organizations, and the village leader, that conceptually are in place to help address social problems or needs such as poverty, crime, education, illness etc. Depending on the trafficked women’s experience growing up, they may or may not see this network as a resource. If they do perceive it as a resource and then receive poor support after the trafficking experience, this may be experienced as another breach of trust. Finally, the most distant relationship would generally be the ‘remote network’ in society—the traffickers. Generally, assuming that the criminals are strangers from whom individuals must protect themselves, it becomes emotionally and relationally confusing when the trafficker is a mother, brother, uncle, or other person from within the close or neutral networks.

In working with trafficked women around issues of trust and relationships, it may be helpful to consider exploring cumulative harm on an axis of networks in respect to expectations/needs. The harm to trust and relationships will be greater when the injury is inflicted by someone close (informal network) from whom the trafficked woman has high expectations or needs, versus the harm inflicted by someone more remote (the trafficker), from whom the trafficked woman has low expectations/needs. However, the axis allows for all different configurations of expectation/need and network relationships (see Figure 4.12).

**Figure 4.12: Axis of relationship-based impact of harm**

Source: Adapted for this research (NOVA, 2009).

The discussion is based on an assumption of attachment that is betrayed when the woman is trafficked by a family or community member. This is based on a Western notion of attachment that would be assumed to exist in collective cultures such as those in the GMS countries. However, the influence of grinding poverty may supersede relationships of attachment.

If Maslow's five level hierarchy is considered, the people of the GMS may be functioning at the base of the pyramid concerned with food, shelter, and water, while the question of attachment is not relevant until higher in the pyramid at the third level, where one is able to consider questions of loving and belonging (NOVA, 2009). In other words, when a mother is asked how she could traffick her child, she is being asked a question about her choices at the most basic level of existence, but the foundation of the question comes from the third level that insinuates, 'How could you traffick the child you are supposed to love and protect?'

While there are a number of research studies reporting on the violence and physical impact of human trafficking as reviewed in Section 2.4.1.1, this was not a strong focus for this study. The physical impact from the trafficking experience reported in this study appears to fall into two categories: injuries from the abuse of trafficking (traumatic brain injury, malnutrition, bad health, physical injuries, STDs, and HIV),

and symptoms that may be interpreted as the somatic expression of the emotional impact (headaches, epigastria pain, chronic fatigue, and other medical issues) that can be found in a work by Zimmerman et al. (2008) .

The understanding of women who have been trafficked is that it is a result of their situation in life, or that they have done something wrong in this life or a past life. This relates to the cognitive and cultural interpretations that trafficked women may have of their experiences that remain largely under-investigated in terms of their application to mental health and psychosocial support. These cognitive interpretations of the trauma and why it has happened can present obstacles to recovering from the trauma and need to be a component of post-trafficking mental health and psychosocial support.

The cognitive aspect of trauma is integral to a number of the evidence-based counseling approaches used to address trauma (Foa & Rothbaum, 1998 as cited in Clawson et al., 2009; Feeny et al., 2004; Foa, 2006; Macy & Johns, 2011; Medical University of South Carolina, 2005). Cognitive strategies as a means of positive coping can also be found in the literature on resilience (Bonanno, 2004).

Respondents most often reported their positive coping mechanisms as internal aspirations or hopes related to a better future in life, and social support as an external resource. This is in keeping with earlier research that has shown that protective factors include having a hope for the future (de Jong, 2002) and a social support network, whether that includes family and friends or a new social network based in the support that is provided after the trauma (Bonanno, 2004; de Jong, 2002).

The two most commonly reported approaches to coping in a negative way were isolating oneself and engaging in unhealthy relationships. Engaging in unhealthy relationships was not found in the literature review. However, variations on isolation might be found in some interpretations of the literature. If it were isolation from relationships altogether, then it would be considered negative coping, because relationships are so strongly associated with positive coping as discussed in the previous paragraph. However, if isolation were to be interpreted as repressing or not talking about the experience, there is research to support it as both a negative and a positive coping strategy (Bonanno, 2004; Summerfield, 1999).

#### 4.2.2.2 Cultural perspectives on human trafficking & aftercare services:

##### Thematic analysis

The cultural values related to the trauma of trafficking were gleaned from all of the questions of interviews and were related to the experiences of the trafficked person. These were questions one to ten. The results are presented below and organized by cultural group. There is some overlap with the CLA analysis, especially at the worldview layer, but this analysis is from the perspective of cultural context and may be informed from the insights gained from the CLA.

#### 4.2.2.2.1 Cultural perspectives on human trafficking & aftercare services:

##### Results

The following section discusses the results from the perspective of common themes among GMS countries. This will primarily focus on the three countries most represented in the structured, but opened-ended interview respondents: Cambodia, Thailand, and Vietnam. The information for Burma/Myanmar and Laos is limited. These results originated from mostly local service providers; however non-locals working in the context of the GMS provided some input from an observer perspective.

A number of themes emerged related to human trafficking and aftercare services.

The prominent themes included:

- Community reactions and resources,
- Cultural influences on aftercare services,
- Economic and educational influences,
- Expression of feelings or talking about experience,
- Family roles & responsibilities,
- Meaning of trauma,
- Society's view of sex, and
- Spirit and ancestral influences.

There were comments that fell into more than one category and thus were included in all the categories in which they were relevant. The following will provide an overview of what was learned about each of the countries, followed by a section that will discuss what was shared in common among countries.

**Cambodia.** An overview of the range of themes related to the cultural perspectives on human trafficking and aftercare services in Cambodia are presented in Table 4.17.

**Table 4.17: Cambodia: Cultural perspectives on human trafficking and aftercare services**

<p><b>Economic &amp; educational influences</b></p> <ul style="list-style-type: none"> <li>• There is a fear of not being able to succeed or progress.</li> <li>• People do not know of other options they might have for earning an income.</li> <li>• The educational system is poor, especially for women.</li> <li>• Cambodian people are focused on day-to-day survival.</li> </ul> <p><b>Family roles &amp; responsibilities</b></p> <ul style="list-style-type: none"> <li>• Children are expected to take care of their parents.</li> <li>• In families the grandmother is number one and the responsibility falls to the youngest girl to support the family.</li> <li>• Cambodian families are like a hyena clan. The top person is the mother and responsibilities for supporting the clan fall to the youngest.</li> <li>• It is the responsibility of the women to care for their families, to care for their parents, to care for their grandparents.</li> </ul> <p><b>Expression of feelings or talking about experience</b></p> <ul style="list-style-type: none"> <li>• It does not seem like it's a cultural norm to talk, to process, or work on feelings.</li> <li>• The aftercare workers also do not express emotions very much. (It is historical; perhaps back to the civil war.) It is a communal state with a collective culture. You do not speak about or say what's going on for fear of being laughed at or for fear of being regarded differently.</li> </ul> <p><b>Cultural influences on aftercare services</b></p> <ul style="list-style-type: none"> <li>• The approach to helping seems to be stereotypically (Western stereotype) a masculine approach to helping. Helping is more about addressing practical needs, than processing the emotional experiences.</li> <li>• There is discomfort with buildings that are above four floors in height. This can affect the utilization of service programs.</li> <li>• Cambodia is such a relational country, as are most Asian countries, that they do everything together and as a community; as a result having peer workers is especially important.</li> <li>• It may be based on culture and history to focus most on the basics of food and having a safe place.</li> <li>• The outcome or the process of the legal system can be dependent on money [bribery]</li> </ul> <p><b>Society's view of sex</b></p> <ul style="list-style-type: none"> <li>• For Cambodian women there is a stigma attached to sexual exploitation.</li> <li>• There is discrimination against them for having lost their virginity.</li> <li>• They are afraid they will not get married because Cambodian men do not want a prostitute.</li> <li>• It is a sexually conservative community.</li> <li>• The rape of a person is considered the person's fault whether they are a child or woman.</li> </ul>
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- There is discrimination against the trafficked person; Cambodians in the rural areas are traditional in their beliefs. They believe that those who lose their virginity without marriage are very bad, and that it's a bad omen.

#### **Community reaction/resources**

- For Cambodians safety comes through the permanence and stability of the people around them.
- Cambodia is such a relational country, as are most Asian countries, that they do everything together and as a community; as a result having peer workers is especially important.
- The reaction of the community will be based on the reaction of the village leader.

#### **Meaning of trauma**

- The trafficked women believe this bad thing happened to them because they are poor.
- Some trafficked women believe it is karma that brought on what happened to them.
- They may think that they are bad and that 'this' is written on their lives.
- They are resigned to their situation—fate.
- They felt it was a bad thing and wished it had not happened; but do not seem to have a sense that it was wrong, an injustice, a human rights violation, or a traumatic experience.

#### **Spirit/ancestral influence**

- There is a fear of ghosts that can interfere with sleep.
- They experience ancestors appearing.
- They are afraid of ghosts; ghosts are a very big thing in Cambodia.

Source: Developed for this research.

In Cambodia, three systemic conditions are primarily responsible for allowing human trafficking to occur. These include poor socio-economic living conditions, the lack of education that would enable Cambodians to pursue more skilled areas of employment, and a lack of awareness of other options for employment. Cambodians are described as being afraid of not succeeding or not making progress. Yet many are still concerned with the very basics of day-to-day survival. Furthermore, among the responsibilities of the individual family member roles, there is an expectation that children will support their parents. More specifically it was described that the mother was the most influential person in the family. At the same time, the responsibility of supporting the family belongs to the youngest girl.

Services provided to trafficked women are influenced by what sounds like a pervasive cultural norm of silence (van de Put & Eisenbruch, 2002). This is likely to inform the behavior of both the trafficked women and the aftercare workers.

Respondents describe this as an historical pattern of ridicule or shame within a collective society. Trafficked women fear the consequence of sharing their personal feelings or experiences. This is viewed as making them more vulnerable. As a result

it appears that services tend to be more focused on practical needs such as shelter and food, than on emotional support.

There were some other aspects of providing services that respondents mentioned. First, as a relational and collective society the use of peer support workers—others who have been trafficked—to support other women, who have more recently left a trafficking situation, can be appropriate. Second, it can be hard for trafficked women to obtain justice because a reported system of bribery by the traffickers can affect how the investigation and prosecution are handled. Finally, there are some cultural beliefs, such as discomfort with buildings that are too tall (above four stories), that can influence the effective location of aftercare service offices.

The community's response to trafficked women is affected by its view on matters related to sex. There are stigmas about women who have engaged in sex in an inappropriate context—essentially anything that is outside of marriage. Whether it is a child or a woman who has been involved in inappropriate sexual activity, the victims are most often held responsible or to blame. Additionally, especially in a rural setting, the trafficking experiences can be viewed as a bad omen. These beliefs can cause trafficked women to be afraid that they will not be accepted, treated well, or will not be able to get married.

Cambodian women make sense of why the trafficking happened to them in a number of ways:

- **Poverty.** They may believe that bad things (the trafficking) happened to them because they are poor.
- **Fate/karma.** They believe that the trafficking experience is the result of karma (because they are bad—have been bad in this life or a past life), or fate (that it has been 'written on their life'). These beliefs can result in the women being 'resolved' (understood as resigned) to what has happened to them.
- **Justice/human rights.** Some women hold the view that what happened to them was bad, but do not describe it in any of the more Western or international concepts of injustice, human rights violations, or a traumatic experience.

Spiritual beliefs may also have a role in women's experiences and coping. In Cambodia the spiritual dimension can include a belief in ghosts or the appearance of ancestors. This seems to be a helpful experience for some; for others, it is something to be feared.

**Thailand.** An overview of the range of themes related to cultural perspectives on human trafficking and aftercare services in Thailand are presented in Table 4.18.

**Table 4.18: Thailand: Cultural perspectives on human trafficking and aftercare services**

<p><b>Family roles &amp; responsibilities</b></p> <ul style="list-style-type: none"> <li>• In the villages of Thailand, it is the daughter's job to provide for her brothers so they can go to school.</li> </ul> <p><b>Economic &amp; educational influences</b></p> <ul style="list-style-type: none"> <li>• It's all done for a better life; if this 'job' can provide her family with a nice house in the village, and the trafficked woman comes home with high heels and polished nails, then the other girls want to do the same thing to be able to provide for their families.</li> </ul> <p><b>Expression of feelings or talking about experience</b></p> <ul style="list-style-type: none"> <li>• It can be cultural to not be overly emotional.</li> <li>• They do not talk; hurting is shameful and they would lose face to talk about it. It is okay to talk about disease. People who have been through the same hurt can talk to each other, so the trafficked women can talk to each other (peer support orientation).</li> </ul> <p><b>Community reaction/resources</b></p> <ul style="list-style-type: none"> <li>• In Thailand, if you are my friend, you are my family; then I tell you everything; otherwise, I just put on my face.</li> </ul> <p><b>Cultural influences on aftercare services</b></p> <ul style="list-style-type: none"> <li>• In the Thai shelters, the Thai girls were treated better (as reported by the Laotian girls).</li> <li>• There are challenges in having women of different cultural backgrounds together in the same program. Assumptions are made about language (i.e. similarity between Lao and Thai languages although there is enough difference that the Laos women say they cannot understand everything that is being said).</li> <li>• The shelters did not facilitate the trafficked person's contacting family. This seems to be contradictory to the important role that family plays in society.</li> </ul> <p><b>Society's view of sex</b></p> <ul style="list-style-type: none"> <li>• Trafficked women believe that what they did (sexual activity) was a bad thing.</li> <li>• It is not so much about the virginity as it is about loyalty to the husband.</li> </ul> <p><b>Meaning of trauma</b></p> <ul style="list-style-type: none"> <li>• Karma (or payback) caused them to be going through this bad luck (based on Buddhist and reincarnation beliefs).</li> <li>• Some of the trafficked women believe they must have done something bad and so they deserve a bad thing to have happened to them.</li> <li>• The women see themselves as having done something bad and that they were being punished; punished in the sense that the world/the universe was punishing them for doing something bad.</li> <li>• The ideas of Buddhism and reincarnation influence how the women view their experiences. In Buddhism the trafficking experience can be viewed as their fault; therefore they do not want to look at it; they just want to move on.</li> </ul> <p><b>Spirit/ancestral influence</b></p> <ul style="list-style-type: none"> <li>• Some of the girls will perform a ritual to remove their spirit for the day so they can do what they need to do and then return their spirit at the end of their workday.</li> </ul>
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- They may perform a blessing ritual to protect themselves from what is going to happen.
- Some of the trafficked women go to a witch doctor or fortuneteller who can give them hope.

Source: Developed for this research.

In Thailand, the girl's role or responsibility was described as working so that her brothers can go to school. Going away from the family to work (migrant worker) is viewed as a way of building a better life for the family. If someone in the village is successful in building a better home or in being able to make themselves attractive with clothing and makeup, others in the village will want to follow the same path to getting a better life for their families.

For Thai people it is cultural not to be too emotional. It is more acceptable to talk about a physical disease than to talk about emotional hurts, which is seen as being shameful. It is acceptable to talk to others who have been through the same kind of circumstances, so those who have been trafficked can talk to each other. It was also reported that it is acceptable to tell family everything and that if you are a friend, you are family. But for everyone who is not a friend and/or family, the Thai people put on a face and do not show their emotions.

Information on the cultural values affecting services was limited, but two areas of concern were mentioned. The first was related to the challenge of housing women from different cultures together. It appears that staff attempted to minimize the differences in cultural needs because the Thai and Lao cultures were considered to be close enough that the same services could be provided to both, especially in the area of language. But, the Lao program participants felt that they were not treated as well as the Thai participants because they could not always understand what was said. The second concern was that there was a practice of not letting the trafficked women contact their families while they were residents in a program. It is unclear what purpose this served, but it seemed to the respondent counterintuitive to the important role family plays in Thai society.

In Thailand there are taboos related to sexual activity outside of marriage. The sexual activity of human trafficking outside of marriage is a particularly bad thing because it is not in keeping with loyalty to a husband.

Thai women make sense of why the trafficking happened to them in a number of ways:

- **Socio-economic.** It is honorable to leave the home and provide visible improvement to the family's situation. It is also the daughter's role.
- **Spiritual.** In Thailand there appears to be a pervasive Buddhist and reincarnation-related belief that the bad experiences of human trafficking are the fault of the person to whom the trafficking has happened. Thai generally believe that they deserve what happened to them because they have done something bad in a past life and, thus, deserve punishment. The trafficking experience is part of their destiny.

Other evidences of spiritual belief that were observed by a respondent were that some women performed a blessing or ritual at the start of the day to take their spirit out to protect themselves from what will happen and then returned it at the end of the day.

**Vietnam.** An overview of the range of themes related the cultural perspectives on human trafficking and aftercare services in Vietnam are presented in Table 4.19.

**Table 4.19: Vietnam: Cultural perspectives on human trafficking and aftercare services**

<p><b>Family roles &amp; responsibilities</b></p> <ul style="list-style-type: none"> <li>• If a woman is not married by her 20s to early 30s people, will begin to think there is something wrong with her.</li> <li>• There is social pressure to be married by a certain age. This may cause women to get married even if it is not a good situation (i.e. violence).</li> <li>• Family bonds can be a resource, but can also be a challenge that may result in the women being more vulnerable.</li> </ul> <p><b>Societies view of sex</b></p> <ul style="list-style-type: none"> <li>• In Vietnam virginity is very important.</li> <li>• In the Asian or Vietnamese context, virginity is how a woman defines herself as having value or not, and that really affects her self-image; she may feel that she has lost the most important thing in her life, the most precious thing in her life.</li> </ul> <p><b>Community reaction / resources</b></p> <ul style="list-style-type: none"> <li>• There are local beliefs that may cause women to be discriminated against when they try to reintegrate back into their communities.</li> <li>• The community does not want to be around the trafficked women, because they think that the 'bad' women may be a negative influence.</li> </ul> <p><b>Expression of feelings or talking about experience</b></p> <ul style="list-style-type: none"> <li>• Trafficked women may not have the words to express themselves; may not open to talk about feelings; do not have the words to describe their feelings.</li> </ul>
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- It is viewed as shameful to talk about being sexually exploited.
  - The Vietnamese culture does not have the habit of speaking about emotional problems with other people.
- Cultural influences on aftercare services**
- One participant noted that culture was not explicitly asked about in the research interview. The respondent was concerned that most of the approaches to psychology taught are Western approaches and was wondering how relevant they really are to an Asian population. They thought there needs to be a study of the local cultural influences so that there will more be a more specific approach to working with trafficked women in Vietnam.
  - One respondent felt they had not gotten enough training about trauma.
  - The stereotypes of men being aggressive, being dominant, and being controlling may have a negative impact on men working with a trafficked person. When a man (such as an aftercare worker) is gentle or empathetic, the women sometimes make comments about the man saying things like, 'I do not see your masculinity, I do not see you as a man, are you gay?'
  - There are beliefs that may hinder women from going to a counselor or psychologist or from taking medications; they might instead turn to magic—a witch doctor or spiritual healer.
- Meaning of trauma**
- The woman wonders what she did in the past that makes her become trafficked.
  - If she believes that it was something she did in her past that has caused her to become trafficked, she will avoid talking about it.
- Spirit/ancestral influence**
- There are beliefs that may hinder women from going to a counselor or psychologist or from taking medications; they might instead turn to magic, a witch doctor or a spiritual healer.
  - They may believe in supernatural resources and use them to get over their hurt.
  - They believe that their dead relatives [ancestors] will protect them from harm.
  - They believe that if they perform rituals, there is hope that the supernatural will help them get over difficulties, get a better life, get what they want. This helps them to feel better.

Source: Developed for this research.

In Vietnam, the roles of education and economic difficulties were not mentioned as part of the landscape of human trafficking, and neither was the responsibility of the youngest girl or girls to support the family. The importance of family bonds was mentioned both as a situation that could result in Vietnamese girls being more vulnerable to human trafficking, and as a resource to help them once they return. Generally, in the Vietnamese culture, girls are looked down on if they are not married by their 20s to early 30s. There is a lot of social pressure for girls to get married within this time frame, even if it means marrying into a bad situation (i.e. a situation of violence).

In Vietnam, virginity is considered very important. Having or not having virginity before marriage is a social measure of value and can affect the Vietnamese woman's self-image. Women who are sexually exploited may be discriminated against when they try to reintegrate into their communities. The community may think that the 'bad woman' will be a negative influence in the community.

Generally, in the Vietnamese culture people do not talk about their emotional problems to others. It is also viewed as shameful to talk about having been sexually exploited. As a result, Vietnamese women may not have the words or openness to describe their experiences or their emotions.

Aftercare services in Vietnam are affected by cultural perspectives in several ways: beliefs about men, lack of training that is culturally grounded, and beliefs on the part of the women that leave them preferring to turn to a witch doctor or spiritual healer for help instead of to a counselor or psychologists. For men who are gentle and empathetic and working in aftercare, there may be some misunderstandings based on the Vietnamese stereotypes of what men should be—which do not include gentleness and empathy. The trafficked woman may wonder if the worker is really a man or whether he is homosexual.

In Vietnam there is a spiritual belief that when bad things happen to people, it may be the result of something bad that that person did in the past. This perspective contributes to women not wanting to talk about their experiences—not wanting to expose that they may have done something bad in the past. Vietnamese women may turn to spiritual resources for support, such as seeking the help of a witch doctor or spiritual healer, participating in rituals to help them get over their difficulty and help them to have a better life, or believing that their dead ancestors will protect them from harm.

Vietnamese women make sense of why the trafficking happened to them primarily through fatalism. The trafficked woman believes that there is something in her past that has caused her to become a victim of trafficking.

**Laos.** An overview of the range of themes related to the cultural perspectives on human trafficking and aftercare services in Laos are presented in Table 4.20.

**Table 4.20: Laos: Cultural perspectives of human trafficking and aftercare services**

<p><b>Community reaction/resources</b></p> <ul style="list-style-type: none"> <li>• The trafficked women will feel ashamed in their community and not want anyone to know; they keep the abuse to themselves.</li> </ul> <p><b>Cultural influences on aftercare services</b></p> <ul style="list-style-type: none"> <li>• There are challenges in having women of different cultural backgrounds together in the same shelter</li> </ul>
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program. An example is assumptions about understanding the language. Although there is a similarity between Lao and Thai languages, there is enough difference that the Laos women say they cannot understand everything that is being said.

**Expression of feelings or talking about experience**

- Lao people do not show feelings; it is shameful to admit that bad things have happened.

**Meaning of trauma**

- Many believe that they cannot do anything; 'It is the destination of my life.'

**Society's view of sex**

- If a girl comes back pregnant, the family will keep quiet, and pretend that nothing has happened. They are ashamed to show their daughter pregnant without a father of the child.

Source: Developed for this research.

In Laos there is a stigma about a woman who is 'pregnant without a father' (of her child). Trafficked women who are returned to their communities are reported to feel ashamed about what has happened during the trafficking experience and do not want anyone to know. This is also in keeping with the Lao cultural tradition of not showing feelings, and the shamefulness that it is to talk about bad things that have happened to oneself.

Some cultural considerations were reported for Lao woman in aftercare programs. Many of the Lao women are trafficked to Thailand. When they come into the aftercare programs they are often housed with the Thai woman. Some have reported that they do not have access to workers who can speak Lao and that they are not treated as well as the Thai women. In trying to understand why this has happened to them, many believe that there is nothing they can do; it is 'the destination' of their lives.

**Burma/Myanmar.** For the present research there were no interviews of local Burmese aftercare workers. However, in the context of another recorded interview the observation was made that Burmese women do not share what they feel. For a summary see Table 4.21.

**Table 4.21: Burma/Myanmar: Cultural perspectives on human trafficking and aftercare services**

**Expression of feelings**

- Burmese women do not share all they feel

Source: Developed for this research.

#### 4.2.2.2.2 Comparison of cultural perspectives across the GMS

In reviewing these responses, it appears to the researcher to most likely be the tip of the iceberg. It will serve as a solid foundation from which to prompt further discussion to more finely tune the understanding of these cultural perspectives and to understand the fine nuances of each different culture.

**Talking.** Across all five cultures in the present research study there is a shared taboo against talking about bad things that have happened to oneself. There seem to be some distinctions between talking about feelings and about experiences. Across all five countries there is cultural pattern of not talking about feelings. Information about three countries was gathered which described prohibitions against talking about bad experiences. In Thailand it was acceptable to talk to family and friends who are like family, but not others. In Laos it seems that it is shameful to talk about bad things that have happened, and in Vietnam it was described as being shameful to talk about being sexually exploited. See summary in Table 4.22.

**Table 4.22: Cultural comparison on talking about feelings and experiences**

Country	Talking about feelings	Talking about experiences
<b>Cambodia</b>	Neither trafficked women, nor aftercare workers talk about or process feelings.	
<b>Thailand</b>	It is not culturally normal to be overly emotional. Hurting is shameful and if it were to be known would cause a loss of face.	It is acceptable to talk to others who have had the same experience. It is acceptable to talk to family (or friends who are as close as family). They do not talk about bad things to people who are not family or friends.
<b>Vietnam</b>	It is not culturally normal to talk about feelings.	It is shameful to talk about being sexually exploited.
<b>Burma/ Myanmar</b>	They do not share their feelings.	
<b>Laos</b>	They do not show feelings.	It is shameful to tell about bad things that have happened.

Source: Developed for this research.

**Sex.** The various dimensions of taboo around women's sexual activity are unclear. However, it is clear that being trafficked and sexually exploited violate one or more

taboos in Cambodia, Thailand, Vietnam, and Laos. The taboos around sexual activity are described around losing one's virginity, having sex with many men, rape as the victim's fault, and sexual activity as a lack of loyalty to a husband. See Table 4.23 for a comparison by country.

**Table 4.23: Cultural comparison on societies view of sex**

<b>Cambodia</b>	<p>A stigma is attached to sexual exploitation.</p> <p>A stigma is attached to loss of virginity.</p> <p>Married men do not want to marry women who have had sex with many men.</p> <p>It is a sexually conservative society.</p> <p>Rape is viewed as the victim's fault.</p> <p>Loss of virginity is a bad omen</p>
<b>Thailand</b>	<p>The trafficked woman believes that the sexual activity was a bad thing.</p> <p>It is believed that sexual activity shows a lack of loyalty to the husband.</p>
<b>Vietnam</b>	<p>Virginity is very important and affects a woman's self-image and sense of value.</p> <p>Virginity is the most precious thing in a woman's life.</p>
<b>Laos</b>	<p>It is shameful to be pregnant without a father [understood to mean husband].</p>

Source: Developed for this research.

**Meaning of trauma.** Women in Cambodia, Thailand, Vietnam, and Laos believe there is a spiritual perspective to understanding why the trafficking has happened to them. This view contributes to their sense of shame—this is happening because of something bad they have done in this life or another life; and to their self-isolating behavior—‘I do not want anyone to know I am bad, so I cannot talk about this bad thing that happened to me because I am bad.’ There is a sense of resignation to or acceptance of this fate, karma, or destiny. It appears that this perspective does not include a lens to view the trafficking experience as a violation of human rights, an injustice, or a traumatic experience. For the Cambodians there is also a belief that these kinds of bad things happen to poor people. See Table 4.24 for a comparison.

**Table 4.24: Cultural comparison of meaning or understanding trauma**

<b>Cambodia</b>	It happened because of their circumstances (being poor). It is karma. They are bad and this is their destiny. It is fate. They view it as a bad thing, but not injustice, human rights violation, or traumatic experience.
<b>Thailand</b>	Karma causes bad luck, pay back, or punishment.
<b>Vietnam</b>	The trafficked woman did something in her past that caused this to happen.
<b>Laos</b>	They believe there is nothing they can do. They believe it is their destiny.

Source: Developed for this research.

**Community's reaction.** Communities in the GMS can be a resource to trafficked women but can also have reactions that are unhelpful. In Cambodia it was described that the reactions of the community members will be based on the reactions of the village leader. In this case it depends on the village leader's reaction as to whether the community will be a helpful resource or source of further injury for the returning trafficked person. If the community is supportive, it provides a sense of permanence and stability for the trafficked person. In some of the communities there is a strong negative reaction to the trafficked person. This includes being stigmatized and discriminated against, making reintegration challenging. It can also result in trafficked women returning to their communities and keeping their experiences to themselves. See Table 4.25 for a comparison by country.

**Table 4.25: Cultural comparison of the community's reaction/resources**

Country	Reactions	Resources
<b>Cambodia</b>	The reaction of the community will be based on the village leader's reaction.	The community provides permanence and stability.
<b>Thailand</b>		Family and friends (who are as close as family) can be a resource of support.
<b>Vietnam</b>	There is discrimination against women who are in their 20s to early 30s and unmarried. The community believes that the trafficked woman might be a negative influence.	
<b>Laos</b>	Trafficked woman will feel ashamed in the community and keep their experiences to themselves.	

Source: Developed for this research.

**Spirit/ancestral influence.** Results from Cambodia, Thailand, and Vietnam describe how spiritual and ancestral beliefs can be both helpful and unhelpful. Traditional healers are a resource to which trafficked women can turn for hope, help, and healing. At the same time there is a spirit world of ghosts that is feared. However, in Thailand there appears to be a utility to the spirit world that allows the women through ritual to protect or remove their spirit to avoid its being hurt or damaged. See Table 4.26 for a comparison by country.

**Table 4.26: Cultural comparison of spirit/ancestral influence**

<b>Cambodia</b>	Fear of ghosts can affect sleep. There is an experience of ancestors appearing (not clear if this is positive or negative). There is a fear of ghosts.
<b>Thailand</b>	Girls remove their spirit during the day so they can do what they need to and return it at night. They perform rituals to protect themselves. They go to witch doctors or fortunetellers who can give them some hope.
<b>Vietnam</b>	Some trafficked women prefer to turn to a witch doctor or spiritual healer for help instead of to a counselor or psychologist. They believe in spiritual resources that can help them get over the hurt. They believe that dead relatives will help to protect them from harm. Rituals can be performed to help protect them from difficulties and to help them to have a better life.

Source: Developed for this research.

**Family roles and responsibilities.** Data from Cambodia described it as the youngest daughter's role to support her family, and respondents from Thailand described it as the daughter's responsibility (which could include the youngest daughter). While not included in the data from these interviews, the marginal and subservient role of girls in Vietnamese society (Shapiro, 2002) contributes to their vulnerability to human trafficking.

Within the sex trafficking industry often the younger, virgin women (really children in many cases) are the most desirable. This combination of factors results in a heightened vulnerability of women to human trafficking. See Table 4.27 for a comparison by country.

**Table 4.27: Cultural comparison of family roles and responsibilities**

<b>Cambodia</b>	Children have responsibility to take care of parents. The grandmother or mother is most powerful, and the youngest girl has the responsibility of supporting the family.
<b>Thailand</b>	The daughter's job is to provide for the family so the brothers can go to school.

Source: Developed for this research.

**Cultural considerations of aftercare services.** There are a number of cultural values and practices that will affect the delivery of mental health and psychosocial support that seem to be consistent across most or all of the GMS countries. Across all countries there is reluctance to talk about emotions or experiences. This is a direct contradiction to most EBP for treating trauma that have at their core talking about and processing the trauma (Summerfield, 1999). This means that service providers will need to find other ways of addressing trauma, if the trauma needs to be addressed.

The collective dimension of society in the GMS has both positive and negative aspects. The collective dimension can encourage the utilization of peer support, while the community, because of the societal values around sex, can reject and discriminate against the trafficked women who are returning to their communities.

While not universally mentioned other important cultural considerations in service delivery to explore further include: culturally relevant training, service location, and

training or utilization of traditional healers who have an understanding of human trafficking. See Table 4.28 for a comparison by country.

**Table 4.28: Cultural considerations in delivering services**

<b>Cambodia</b>	<p>It is not the norm for trafficked women or aftercare workers to express emotions.</p> <p>Services primarily focus on practical support.</p> <p>The location of services will affect their utilization (i.e. not above the fourth floor).</p> <p>As a collective society, using former trafficked women to provide peer support can be effective.</p> <p>Bribery can affect the outcomes of the criminal justice process in the favor of the trafficker.</p> <p>The village leader may lead the reaction of the community in accepting or rejecting the re-integration of the trafficked person.</p> <p>Resignation to fate may affect women’s engagement in education and employment activities.</p>
<b>Thailand</b>	<p>Thai people do not generally talk about ways in which they have been hurt because it can be shameful. However, it is acceptable to tell friends anything.</p> <p>Some experiences of providing services in Thailand to Thai and Lao women were reported to show differential treatment based on nationality.</p> <p>Services did not seem to support reconnection with family while the women were in the shelters.</p> <p>Thai women may turn to traditional healers for support.</p> <p>The belief that the trafficking is a result of having done something bad may interfere with the women’s seeking or accepting help.</p> <p>Resignation to fate may affect women’s engagement in self-help activities.</p>
<b>Vietnam</b>	<p>Local values and beliefs can make it hard for women to be (re)integrated into communities.</p> <p>The Vietnamese culture does not have a habit of talking about emotions, and it is shameful to talk about having been sexually exploited.</p> <p>Aftercare workers have received training, but it has been mostly Western-based, and there is a need to develop culturally relevant approaches.</p> <p>There are values and beliefs that may hinder women from utilizing aftercare services in favor of traditional healers.</p> <p>Resignation to fate may limit women’s engagement in self-help activities.</p>
<b>Laos</b>	<p>The Laos women do not talk about their experiences.</p> <p>Resignation to fate may limit the women’s engagement in self-help activities.</p> <p>The community may not be welcoming, especially when a woman returns with a child and no father.</p>
<b>Burmese</b>	<p>Burmese women do not share their feelings.</p>

Source: Developed for this research.

#### 4.2.2.2.3 Cultural perspectives related to trauma: Discussion

There are some commonalities and variations among countries of the GMS in terms of the cultural perspectives that are related to human trafficking and sexual exploitation. While there is overlap in this discussion of cultural perspectives with

the previous discussion on the experiences of trafficked women, it is important to consider perspectives not just as an isolated experience without thinking about them in the context of the culture from which the trafficked woman came and to which she may return.

As comprehensive as Surtees' (2013) work is on reviewing the post trafficking experiences of women, the variations of culture are discussed only in a footnote discussing how trauma may be manifested differently and how openness to psychosocial support may be influenced by culture. Similarly, although additional research about mental health and psychosocial support is laced with references to the need of being culturally relevant, it does not talk much about the specific cultural perspectives that affect the trafficking experience (Devine, 2009; Zimmerman et al., 2008).

The following is a list of some of the specific perspectives mentioned by respondents.

- Child abuse within the home, together with lack of education and lack of employment opportunities, may contribute to an increased vulnerability to being trafficked. This conclusion is borne out by both the literature and respondents in this study. The role of the daughter is in line with what Skeldon (2000) has identified. "Lack of alternative opportunities in village economies, and the responsibility of daughters to sacrifice themselves to support their families, undermine the whole idea of freedom of choice in poor societies" (Skeldon, 2000, p. 18). Skeldon also identifies abuse at home as a contributing factor to girls ending up in trafficking situations as they try to leave an abusive home. Literature from Europe, Bjerkan et al. (2005), finds this to be particularly prevalent when there is no male in the home.
- Society's views of sex outside of marriage create an environment of shame for women who have been sexually exploited.
- The historical practices of not talking about feelings and experiences results in isolation with feelings that are outside the range of what people in healthy societies have experienced or know how to cope with.

- Life is viewed as fatalistic. Some cultural and spiritual beliefs perpetuate the belief that the women deserve the bad things that have happened to them as a result of bad things they have done in this or a previous life.
- The community's view of people who have had sex with a lot of men can further force the silence and isolation of the women who have been sexually exploited.
- The spirit and ancestral world and the spiritual leaders connected to those spiritual beliefs and practices can be a source of comfort or a source of further fear.

#### 4.2.2.2.4 Cultural perspectives related to trauma: Narrative summary

The cultural values around sex, talking about feelings or expressing oneself, the roles of young daughters, spiritual beliefs that provide meaning about the experience, beliefs about the spirit and ancestral world, poverty, lack of education, as well as the community's reaction to returning women appear to form a situation of high vulnerability and low support for trafficked women, before and after they are trafficked in GMS countries.

Based on an analysis of the qualitative data of this study, the following is a composite narrative that weaves together these cultural influences that lock women into the 'bird cage' of human trafficking and isolation even when rescued.

*The young woman lives in a community where a family lacks the ability to feed and adequately house themselves. There is not enough work, nor enough money to provide for basic necessities. The oldest woman—mother or grandmother—the most powerful one and the one responsible for taking care of the family, who in some cases may be abusive, compels her female child/grandchild to fulfill her responsibility to support the family, leaving the girl or woman vulnerable to human trafficking. The girl may be coerced by external force, may choose to go herself, or her family may choose for her to be trafficked, potentially into sex work. This is not always done with consciousness of the impending sex work, but sometimes can happen accidentally based on a dishonest promise of an opportunity for a better life for herself and her family.*

*She finds herself in a situation of little or no freedom, sometimes not knowing where she is. She is forced to do things that hurt, that she does not want to do, and for which promised money is not received. She gets out—either by herself, or by being rescued. Police, aftercare workers, courts, counselors, and doctors are designated to help, but assist in varying degrees. Some helpers are kind, but at times, or for some, the treatment at the hands of the helpers is just as bad, or maybe worse than what she has escaped from. They want her to talk about what she has experienced, but the response she gives is mostly limited. She just wants to go home, and for things to be the way they were when she was young. She wants to get back to her family. At the same time she may be afraid to return to her family. She fears judgment and feels helpless, or she may fear the trafficker who also lives in the family's community.*

*She knows how the community will evaluate the things that have happened to her. She is coming back as a failure—not providing the money and support, as was her duty. She feels so much inside. Her head hurts. Her stomach hurts. It is hard to move, to think about what to do each day. She does not know what these feelings are. She has never heard anyone talk about them. She is afraid she is going crazy. She feels that something is very wrong with her. She knows that she can never talk about what has happened to her. No one will understand.*

*It will bring great shame to her family if she speaks about her experiences. She also knows that if she were to talk about her experiences, her family, friends, and community would know that she had done a bad thing, in this life or in a previous one. The belief is that bad things like this happen only to people who deserve it, who need to be punished, or who have it 'written into the destination of their lives.' Even if she is able to keep secret all that happened to her while she was trafficked and her own perceived badness, she will still have to live the shame of not having been successful at supporting her family. As a result her brother has not been able to go to school. Her father has not been able to buy the farmland he thought would help the family get out of poverty. Her grandmother will not be able to get the medical care she needs and will likely die.*

*In addition to her family, she must contend with the spirit world—her spiritual beliefs. At times they are haunting and scary as there are ghosts. At times it is a*

*comfort. She can meditate or receive the blessing of the spiritual leader or witch doctor. She hopes and asks for a better future.*

#### 4.2.2.3 Current services to support trafficked women: Thematic analysis

This section of the interview sought to collect the views of the aftercare workers regarding their needs in providing services to trafficking victims. The goal was to develop a training program that would be targeted at the gaps as the local service providers saw them.

A thematic analysis was undertaken to understand the range of needs. This analysis was limited to a thematic overview as further quantitative investigation was completed in the next phase of data collection using the online survey.

##### 4.2.2.3.1 Services to trafficked women: Results

**Sources of support.** There are a number of organizations, professions, and personal roles that provide services to trafficked women. Every person who comes in contact with a trafficked woman in an assisting role has the potential to be perceived as supportive or not. Those who are not directly providing mental health and psychosocial support can also contribute to whether a trafficked woman feels implicitly supported or not by how they provide services. Respondents provided a list of the professions or roles that are in place to assist trafficked women. See Table 4.29 for a summary of interview results. In the table the organizations or professions/roles that have an explicit role in assisting with the mental health and psychosocial needs of trafficked women have been marked.

**Table 4.29: Those supporting trafficked women**

Natural community	Professions/roles
<ul style="list-style-type: none"> <li>• Boyfriends</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma counselors*</li> </ul>
<p><b>Organizations</b></p>	<ul style="list-style-type: none"> <li>• Therapists*</li> </ul>
<ul style="list-style-type: none"> <li>• NGOs*</li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers*</li> </ul>
<ul style="list-style-type: none"> <li>• GOs*</li> </ul>	<ul style="list-style-type: none"> <li>• Social workers*</li> </ul>
<ul style="list-style-type: none"> <li>• Peer support group*</li> </ul>	<ul style="list-style-type: none"> <li>• Case managers*</li> </ul>
<ul style="list-style-type: none"> <li>• Social enterprise partners</li> </ul>	<ul style="list-style-type: none"> <li>• Team leaders*</li> </ul>
<ul style="list-style-type: none"> <li>• Ministry of Education</li> </ul>	<ul style="list-style-type: none"> <li>• Volunteers*</li> </ul>
<ul style="list-style-type: none"> <li>• Ministry of Labour and Social Welfare*</li> </ul>	<ul style="list-style-type: none"> <li>• Career development officers</li> </ul>

<ul style="list-style-type: none"> <li>• Aftercare teams*</li> <li>• Community leaders</li> <li>• Vocational training programs</li> <li>• Prevention partners</li> <li>• Children's programs*</li> <li>• Police</li> <li>• Red Cross/Crescent</li> </ul>	<ul style="list-style-type: none"> <li>• Education program officers</li> <li>• Ex-trafficking victims</li> <li>• Psychologists*</li> <li>• Doctors</li> <li>• Midwives</li> <li><b>Other</b></li> <li>• Media</li> </ul>
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\*Programs or professions that are seen to have a role in meeting the mental health and psychosocial needs.

Source: Developed for this research.

**Services needed.** The needs were overwhelmingly expressed as related to the psychological needs of trafficked women.<sup>7</sup> Other areas that were mentioned included case management, residential services, vocational and educational services, economic support, legal services, and longer-term support. See Table 4.30 for a summary of the interview results.

**Table 4.30: Services needed by trafficked women**

<p><b>Mental Health/Psychosocial</b></p> <ul style="list-style-type: none"> <li>• Counseling</li> <li>• Mental health services</li> <li>• Psychiatric services</li> <li>• Psychotherapy services targeted at addressing the trauma</li> <li>• Therapeutic services</li> <li>• Trauma-focused cognitive review therapy</li> <li>• Motivational interviewing</li> <li>• Social skills counseling such as decision making, self-protection, re-victimization prevention, interpersonal skills, communication skills</li> <li>• Psychoeducation about symptoms and coping</li> <li>• Trauma counseling</li> <li>• Self-help groups</li> <li>• Telephone counseling</li> <li>• Counseling that can address family of origin issues</li> <li>• (Re)integration support</li> </ul> <p><b>Case management</b></p> <ul style="list-style-type: none"> <li>• Coordinating services</li> <li>• Needs assessment (drug issues, psych issues, children, family, security issues)</li> </ul>
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<sup>7</sup> Throughout the interview process the interviewer tried to be aware of creating an environment where participants could answer questions honestly from their perspective and not try to align their answers to the interviewer's interests. It is possible that through the purposive snowball approach to identifying respondents to be interviewed, they self-selected their willingness to participate based on their shared interest or concern about the mental health and psychosocial needs of trafficked women.

<p><b>Residential</b></p> <ul style="list-style-type: none"> <li>• Surrogate or foster families if their own families cannot deal with the trafficked person</li> <li>• Safe accommodations</li> </ul> <p><b>Vocational/Educational</b></p> <ul style="list-style-type: none"> <li>• Occupational training</li> <li>• Vocational training</li> <li>• Employment opportunities</li> </ul> <p><b>Economic</b></p> <ul style="list-style-type: none"> <li>• Microcredit</li> <li>• Financial support</li> </ul> <p><b>Longer-term</b></p> <ul style="list-style-type: none"> <li>• Ongoing follow-up</li> </ul> <p><b>Legal</b></p> <ul style="list-style-type: none"> <li>• Legal procedures to certify their trafficking backgrounds</li> <li>• Legal representation</li> </ul>
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Source: Developed for this research.

**Barriers to services.** Aftercare workers identified a number of obstacles to their clients’ receiving services. Some services are only available for those who are documented by the authorities as trafficked persons. However, the process of receiving documentation as a trafficked woman can involve a lot of bureaucracy and answering a lot of interview questions. Some trafficked women are not willing to engage in that process.

Respondents indicated that there were not enough services for the number of trafficked women needing services. Programs are lacking in personnel, training, and funding. Additionally, there are characteristics related to the trafficked woman that can create obstacles to receiving services, such as women who do not know what a counselor or psychologist does, or who are from cultures where talking about their experiences is not common. Aftercare programs have difficulty trying to follow up with trafficked women if they find it hard to locate the displaced woman. See Table 4.31 for a summary of the interview results.

**Table 4.31: Services to trafficked women—barriers to service**

<p><b>Qualification for services</b></p> <ul style="list-style-type: none"> <li>• Some government services may not be available to those who have not been certified as trafficked persons.</li> </ul>
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- They need to do a lot of paperwork to get support.

#### **Human resources**

- More staff is needed to increase the ratio of staff to trafficked women in programs.
- There is a lack of human resources.
- There is a high rate of staff turnover (affects trust building).
- There are not enough counselors.
- There is a need for service providers of the culture of the trafficked women being served.

#### **Training**

- There is a lack of trauma training.
- There is a lack of well-trained case managers.
- There is a lack of experience in working with trafficked women.
- Aftercare workers do not have suitable skills to work with the population.
- Interventions lack relevance for the Asian context.
- There is a lack of trained staff.
- Volunteers are untrained.
- Staff members are not aware of how their own cultural biases affect the services they deliver.

#### **Situation/individual barriers to delivering services**

- Talking about or sharing feelings and bad experiences is not common in some cultures.
- Clients do not understand what a psychologist or a counselor does.
- Displaced victims are sometimes hard to contact.

#### **Funding**

- There is a lack of funding.
- There is a lack of money to hire staff, send staff to training, or enhance services.
- Funding project periods are short.

#### **Other**

- There is not enough capacity.
- There is a lack of empathy in some countries.
- There is low motivation to change on the part of the trafficked person.

Source: Developed for this research.

**Observations of programs/services.** Though not explicitly asked, respondents provided comments on some of their observations regarding programs. While some respondents talked about the programs being the first places where the trafficked women felt love and care, there were concrete observations that other programs were not providing services to meet the psychosocial needs of trafficked women.

Respondents mentioned that sometimes services were provided in way that felt like a continuation of the trafficking experience—being detained, told what to do, denied choice, being yelled at and punished, and not being allowed access to communicate with families. For places where there are programs for both men and women, it was

observed that men were treated differently. Men were given more freedom to go out of the shelter and allowed access to their mobile phones, while the women were not.

Respondents also reported a lack of ways to earn money. Additionally, it was reported that some women in the shelters felt that they could not mention their needs to the workers for fear of getting in trouble. Also reported was a disconnect between shelter workers and the resident women, where the women reported to the workers that they were fine, but were reporting something different to researchers. See Table 4.32 for a summary of the interview results.

**Table 4.32: Services to trafficked women—observations of programs/services**

<p><b>Supportive environment</b></p> <ul style="list-style-type: none"> <li>For some, the aftercare program/shelter is the first place that a trafficked woman has been treated with love and care.</li> </ul> <p><b>Continuation of trafficking experiences</b></p> <ul style="list-style-type: none"> <li>Some were involuntarily detained or found it was as bad as or worse than their trafficking situation.</li> <li>[The trafficked person] is told what to do; does not have a choice</li> <li>In some shelters there have been stories of trafficked women who had to cut the grass using hand shears for having broken a rule. Occasionally, the staff would raise their voices and yell at the women.</li> <li>Sometimes the trafficked women feel they had more freedom while they were in the trafficking situation than when they had been rescued and were in the shelters. For example, they would have had access to a phone so that they could be in regular contact with their families.</li> </ul> <p><b>Disparity between how male &amp; female trafficked persons are treated</b></p> <ul style="list-style-type: none"> <li>In program procedures there can be a disparity between how men and women are treated. Men are free to go out; women are required to stay in. Men have access to their own mobile phones; the women do not. It is not clear whether the service providers are worried that the women would get more agitated, or that things might get more complicated or harder. But what is the consequence of cutting the trafficked woman off from that source of social support?</li> </ul> <p><b>Disconnect between program staff &amp; trafficked women</b></p> <ul style="list-style-type: none"> <li>There is sometimes a lack of connection between the trafficked woman and program staff.</li> <li>The trafficked women put on a face with the shelter workers because they are afraid of getting in trouble.</li> <li>The trafficked women may not ask the shelter workers for what they need for fear of getting in trouble.</li> <li>Service providers think the women are fine, but when the women are asked about how they are doing, that's not what they are expressing.</li> </ul> <p><b>Lack of economic opportunities</b></p> <ul style="list-style-type: none"> <li>The women are not making any money when they are in the aftercare 'system'.</li> </ul>
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Source: Developed for this research.

#### 4.2.2.3.2 Services to trafficked women: Discussion

The majority of resources for trafficked women post-trafficking were reported to be those based in GOs and NGOs (US Department of State, 2015). Many of the programs that currently support trafficked women are not exclusively for that

population but also serve other vulnerable female populations (Foa & Rothbaum, 1998 as cited in Clawson et al., 2009; Feeny et al., 2004; Macy & Johns, 2011).

While respondents reported a high need for personnel, programs, and training resources, they also mentioned the need for training in mental health and psychosocial services. In general it was reported that there are a number of areas in need of development that are also present in the regional research (Devine, 2009; Surtees, 2013).

#### 4.2.2.4 Training interests of aftercare workers: Thematic analysis

This section of the interview sought to collect the views of aftercare workers regarding the needs they had related to providing services to trafficked women in order to develop a training program that would be targeted at the gaps as the local service providers saw them.

##### 4.2.2.4.1 Training interests of aftercare workers: Results

When respondents were asked about specific training they wanted to receive, a number talked about specific theories or approaches to providing support—positive psychology, arts and games for counseling, physical approaches to processing experiences, and art and dance therapy. Of particular interest to the present project was the expressed desire to have training that would integrate local cultural concerns with the Western training that was received. See Table 4.33 for a summary of the interview results.

**Table 4.33: Training interests identified by interview respondents**

<ul style="list-style-type: none"> <li>• They need trained social workers.</li> <li>• They want more training; quality, sustainable training, based on best practices.</li> <li>• They would like supervision/more supervision.</li> <li>• They need better-equipped shelter staff in order to understand clients better.</li> <li>• They want training on how to manage a crisis in the shelter, especially in terms of supporting all of the residents who may have witnessed the crisis.</li> <li>• Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for human trafficking should be available.</li> <li>• More staff should be trained in mental health and psychology.</li> <li>• It would be better to have a higher education level of staff working with trafficked women.</li> <li>• They need more training on hotline counseling.</li> </ul>
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- Awareness on the part of social workers that it is important to address the psychological and emotional issues is needed.
- They want long-term training with systematic content and frequent mentoring.
- They are concerned about the ethics of working with traumatized individuals without the relevant training; but feel that someone has to provide services.
- They want to learn about positive psychology.
- They want to learn about using art and games for counseling, because often the trafficked women may have limited literacy and comprehension or have difficulty concentrating.
- They think the women would be more willing to deal with something more physical than cognitive.
- Art and dance therapy have been used by some NGOs and found to be quite productive.
- The services are dealing with complex or developmental trauma or dual diagnoses with little skills or training in the basics.
- They want to be trained to integrate their Western-based training with the cultural concerns of the trafficked women.

Source: Developed for this research.

Identified services that are needed by trafficked women fall more into the area of mental health and psychosocial support than in any other area. Training desired in the area of mental health and psychosocial needs includes specific approaches to providing support that workers think would enhance what they could offer program participants, and that were more based in the local culture and not transplanted from a Western context.

#### **4.2.2.4.2 Training interests of aftercare workers: Discussion**

There is a high level of interest among respondents for training to increase their skills in the area of mental health and psychosocial services. A number of the approaches that come out of a Western context, such as TF-CBT and positive psychology, are in line with the recommendations of developing the EBP skills of aftercare workers (Devine, 2009; Sammon, 2009; Surtees, 2013; UNIAP et al., 2012; Zimmerman, 2003b).

Respondents also mentioned more physical types of therapeutic interventions such as art and dance therapy. While this has not been mentioned in the human trafficking literature, if we once again borrow from other trauma interventions, art therapy has been used in responding to natural disasters (Campbell, Lucas, Zachariah, & Mua, 2006), for the care of vulnerable women in India (Sekar, 2011), and in other settings including those with children (IOM, 2004; Middleton, 2012; Rasmussen, 2001;

Williamson, Dutch, & Clawson, 2009). Dance has been used as well though not as frequently (Campbell et al., 2006; IOM, 2007; Sekar, 2011).

It is important to again reference the respondents' desire to learn intervention methods that are culturally competent. Devine (2009) discusses his findings that traditional approaches to healing were found in the GMS, but again the specifics have not been documented beyond mentioning the value of community and spiritual practices that are home- and community-based.

#### 4.2.2.5 Learning preferences of aftercare workers: Thematic analysis

Another focus of the data gathered through interviews was to learn about the training preferences of those working in the GMS. The purpose of collecting this information was to inform the development of a training curriculum. There are assumptions that could be made about the training needs of those from the GMS coming out of the cultural dimension studies of Hofstede (2008), but the present study sought to enquire whether the responses by those in the GMS, who are the target of the present study, would match with the cultural dimension studies.

A thematic analysis was undertaken to understand the training method preferences about the role of the training leader, methods, and learning resources. This analysis was limited to a thematic overview as further quantitative investigation was completed in the next phase of data collection using the online survey.

##### 4.2.2.5.1 Learning method preferences: Results

Overall, respondents appeared to see relevance to both independent and group training. It was highlighted that larger groups were often a result of limited resources, which is in contrast to the apparent preference for trainings that involve smaller groups. Respondents also mentioned the desire to have training that is limited to the staff of a particular program, so that participants could contribute more freely, without the risk of losing face with participants from other programs. Several responses indicated that it was important for the training leader to make sure that the training program remained focused and did not get off track. See Table 4.34 for a summary of the interview results about learning independently or in groups.

**Table 4.34: Learning preferences—Independently or with others**

<p><b>Group preferences</b></p> <ul style="list-style-type: none"> <li>• Learning as a team where each person learns a bit and shares with the rest of the group</li> <li>• Group – maximum of 10</li> <li>• Groups with other agencies so they can exchange information</li> <li>• Groups of 5 – 10</li> </ul> <p><b>Independently</b></p> <ul style="list-style-type: none"> <li>• Both groups and independently</li> </ul> <p><b>Both</b></p> <ul style="list-style-type: none"> <li>• If it's training related to work they do with clients individually, they prefer individual training. If it is systemic training, then they prefer a group.</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• The training needs to be focused and relevant (not derailed into something that is not topical).</li> <li>• The agenda needs to be controlled.</li> <li>• Some want to learn on their own and then check independently with a trainer.</li> <li>• However, different agencies or even departments could inhibit participation.</li> <li>• It may be better to just have one organization in a training.</li> <li>• Issues of saving face might inhibit participation in larger group trainings.</li> <li>• There are many cultural norms that could affect a training.</li> <li>• Some prefer a participatory approach.</li> <li>• Limited resources often result in larger sized trainings.</li> </ul>
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Source: Developed for this research.

Respondents listed many interactive approaches to learning including case studies, discussions, problem-solving scenarios, and role-play exercises. This would support the desire to learn more in groups, but generally in groups small enough to enable effective group work. See Table 4.35 for a summary of the interview results of learning methods.

**Table 4.35: Learning preferences—methods**

<p><b>Participation preferences</b></p> <ul style="list-style-type: none"> <li>• A lot of interaction/sharing</li> <li>• Active involvement</li> <li>• Case studies</li> <li>• Discussion</li> <li>• 'Hands on' activities</li> <li>• Interactive approach</li> <li>• Practice skills taught</li> <li>• Problem-solving</li> <li>• Question and answer sessions</li> </ul>	<p><b>Presentation methods</b></p> <ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Reading</li> <li>• Video</li> <li>• Visual materials</li> <li>• Watching videos of real situations</li> </ul> <p><b>Trainer/Demonstration</b></p> <ul style="list-style-type: none"> <li>• Demonstration</li> <li>• Lecture</li> <li>• Observation</li> </ul>
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<ul style="list-style-type: none"> <li>• Role plays</li> <li>• Small groups</li> </ul> <p><b>Reading</b></p> <ul style="list-style-type: none"> <li>• Learn best from Internet and reading</li> </ul>	<ul style="list-style-type: none"> <li>• Short, practical lecture</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• On the job training</li> </ul>
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Source: Developed for this research.

Respondents have a strong interest in visual resources and activities for learning. Both non-electronic—graphs, drawings, charts, pictures; as well as electronic—audio-visual, multi-media, and PowerPoint were mentioned. See Table 4.36 for a summary of the interview results of learning materials and aids.

**Table 4.36: Learning preferences—materials and aids**

<p><b>Audio/Visual-PowerPoint</b></p> <ul style="list-style-type: none"> <li>• Audio</li> <li>• Audio-visual</li> <li>• Charts</li> <li>• Drawings</li> <li>• Graphs</li> <li>• Multi-media</li> <li>• Pictures</li> <li>• PowerPoint</li> <li>• Short movies</li> <li>• Videos</li> <li>• Visual aids</li> <li>• Writing on white board</li> </ul>	<p><b>Reading materials</b></p> <ul style="list-style-type: none"> <li>• Internet and reading</li> <li>• Notes to be able to take away from the training</li> </ul> <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>• Case scenarios</li> <li>• ‘Energizer’ activities</li> <li>• Group activities</li> <li>• Physical activity</li> <li>• Team scenarios</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• Evidence-based content</li> <li>• Trainer</li> </ul>
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Source: Developed for this research.

Participants reported that they primarily attend trainings to learn new or to improve existing skills. Secondly, they desire to interact with other professionals. It was emphasized that there are a lot of ‘energizer’ activities and games in trainings in the GMS and that this seemed to be an important aspect of trainings. See Table 4.37 for a summary of the interview results of goals of those who attend training.

**Table 4.37: Learning preferences—goals of training**

<p><b>Improve skills</b></p> <ul style="list-style-type: none"> <li>• Be more professional in method/skill/technique in working with vulnerable people</li> <li>• Gain more knowledge and skill</li> <li>• Gain working skills</li> <li>• Get new information and ideas</li> <li>• Give better services to victims</li> <li>• Learn new concepts and practice</li> <li>• Learn new things to improve their work</li> <li>• Learn to be the best</li> <li>• Receive tangible, practical, implementable skills</li> <li>• Gain understanding, knowledge, wisdom, experience</li> <li>• Learn more about working with unregulated emotions or to increase motivation, etc.</li> </ul> <p><b>Interact with other participants</b></p> <ul style="list-style-type: none"> <li>• Learn from trainer and participants</li> <li>• Make a greater network that can help with client referral</li> <li>• Meet others</li> <li>• Share experiences with other participants</li> <li>• Socialize and have fun</li> </ul> <p><b>Learn from</b></p> <ul style="list-style-type: none"> <li>• Learn from an expert</li> <li>• Learn from trainer and participants</li> </ul> <p><b>Credentials</b></p> <ul style="list-style-type: none"> <li>• Get a certificate</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>• To tick a box</li> </ul>
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Source: Developed for this research.

Respondents were asked whether a trainer should be an expert or a facilitator.

Respondents preferred the trainer to be an expert, however, the role of facilitating learning followed closely in priority. See Table 4.38 for a summary of the interview results about the preferred role of the trainer.

**Table 4.38: Learning preferences—role of trainer**

<ul style="list-style-type: none"> <li>• Expert/authority and facilitator were all mentioned</li> <li>• Approximately 60% said expert and about 40% facilitator</li> </ul>
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Source: Developed for this research.

#### 4.2.2.5.2 Training method preferences: Discussion

As reported by respondents, a composite of the training desired is one where the trainer was coming from an expert perspective a little more than half of the time and would facilitate learning among the participants a little less than half of the time. Throughout both approaches a strong use of learning aids both electronic and non-electronic should be employed, along with participation and interaction in a number of different formats. The ideal size of a group appears to be under ten participants and ideally from only one or a limited number of organizations.

While the role of the community as a key feature of the success or challenges of (re)integration is mentioned often in literature (Devine, 2009; Galappatti, 2003; Surtees, 2013), this researcher's review of the literature did not reveal much in the way of cultural impact on learning in professional settings for the GMS.

There was some literature that generally addressed Asian cultures (addressing South Korea and Thailand) regarding learning (Gorman & Dorner, 2006). The desire to learn in a group aligns with the general knowledge that Asian cultures are more oriented to accomplishing life's tasks as a group—otherwise described as a collective society. However, the group sizing was reported as being important. The groups need to be smaller and homogeneous in that the participants would all come from the same program to avoid a loss of face. This is in line with the (Gorman & Dorner, 2006, p. 12) discussion that “saving face and maintaining harmony are extremely important in the collectivist classroom.”

### 4.3 QUANTITATIVE ANALYSIS & INTERPRETATION – SURVEY RESULTS

The present study set about to gather information from aftercare workers working with women who had been trafficked and sexually exploited. The following two sections provide descriptive data analysis and correlation analysis of quantitative data collected in the second phase of this study (anonymous online survey). The justification for this approach is outlined in Section 3.3.1.5 and serves to a) offset the weaknesses of qualitative method, b) triangulate qualitative findings as appropriate, and c) expand the information collected in the interviews to see how it applies to others' experiences of working with trafficked women in the GMS.

### 4.3.1 Demographics of survey respondents

Table 4.39 provides demographics of the survey respondents. Of the 60 survey respondents, the majority (60%) worked with agencies that served fewer than 50 sexually exploited trafficked persons in the year prior. Eighty-three percent (82.7%) of respondents were women. Sixty-three percent (63.4%) were between 26 and 45 years of age. Respondents were primarily paid, full-time employees (76.9%), with a Bachelor’s or Master’s Degree (90.2%). The sample represented aftercare workers who have been working with trafficked persons for six to ten years (34.0%), with a balanced distribution between those who have worked two to five years and more than 10 years (29.8% each). The majority of respondents were program managers (30.0%). Other positions included program directors, consultants, researchers, technical advisors, and regional coordinators.

**Table 4.39: Demographics of survey respondents**

		n	Percent
Gender	Female	43	82.7
	Male	9	17.3
Age of respondents	18 – 25	1	1.9
	26 – 35	18	34.6
	36 – 45	15	28.8
	46 – 55	11	21.2
	56 and older	7	13.5
Paid/Volunteer	Volunteer	8	15.4
	Paid / Part-time	1	1.9
	Paid / Full-time	40	76.9
	Other	3	5.8
Organization*	GO	7	13.5
	Educational institution	4	7.7
	Medical facility	1	1.9
	Police department	1	1.9
	NGO/VWO^	45	86.5
	Religious	14	26.9
	Other	1	1.9
Education	Primary school	0	0.0
	Secondary school	0	0.0
	Certificate/diploma	2	3.9
	Bachelor’s degree	18	35.3
	Master’s degree	28	54.9
	Doctorate	3	5.9

		n	Percent
Time working with trafficked persons	0 – 1 year	3	6.4
	2 – 5 years	14	29.8
	6 – 10 years	16	34.0
	Over ten years	14	29.8
Number of sexually exploited woman worked with in past year	0 – 50	36	61.0
	51 – 100	11	18.6
	101 - 500	9	15.3
	More than 500	3	5.1
Organizational role	Outreach worker	4	8.0
	Shelter manager/worker	1	2.0
	Case manager	6	12.0
	Program manager	15	30.0
	Psychologist/counselor	7	14.0
	Other <sup>8</sup>	17	34.0

Respondents were not required to respond.

\*Respondents could mark all that apply. ^Voluntary welfare organization

Source: Developed for this research.

The majority of experience of the respondents is working with trafficked women from and in the context of Cambodia (25 – 31%), Vietnam (25 – 26%) and Thailand (15 – 17%) (See Table 4.40).

**Table 4.40: Country respondents have worked with and in**

	Countries with which respondent has worked with victims or agencies*		Country in which the respondent is working	
	n = 60	Percent	n = 44	Percent
Cambodia	32	25.2	16	30.8
Vietnam	33	26.0	13	25.0
Thailand	22	17.3	8	15.4
Burma/Myanmar	10	7.9	3	5.8
Laos	13	10.2	3	5.8
Other	17	13.4	9	17.3
Total	127	100.0	52	100.0

\* Respondents marked all that applied.

Source: Developed for this research.

To be included in the survey sample respondents must have reported working with women who had been sexually exploited. This was determined by asking about the kinds of trafficking victims with which respondents had experience. Only respondents who had experience with trafficked women used in forced prostitution,

<sup>8</sup> Various positions within aftercare organizations.

sex tourism, and sex entertainment were included as respondents (Table 4.41). Thirty percent (30.0%) of respondents had experience with forced prostitution and sex tourism, and thirteen (13.2%) with sex entertainment.

#### 4.3.1.1 Demographics of trafficked women

Respondents of the survey provided a profile of those they serve. The majority of trafficked women receiving aftercare are living at a shelter (39.3%) where they are receiving services. About a third are living privately in the community (28.0%). The primary way that the programs identify the trafficked women is through referrals by the police or another organization (29.8%). There are also individuals who self-identify (19.3%). The majority of the trafficked women the respondents are working with have been trafficked for forced prostitution (30.0%) followed by forced labor (21.6%). See Table 4.41.

**Table 4.41: Demographics of trafficked women to whom respondents are providing services**

		n	Percent
Where living while receiving services*	At your program's shelter	42	39.3
	At a shelter (not your program)	21	19.6
	Privately, in the community	30	28.0
	On the street	5	4.7
	Other	9	8.4
How trafficked women are identified*	Person's legal status	28	17.4
	Person's problems	28	17.4
	Person's self-identification	31	19.3
	Person's physical condition	14	8.7
	Referred by the police or another organization	48	29.8
	Other	12	7.5
Kind of trafficking experienced*	Forced prostitution, sex tourism	57	30.0
	Entertainment (sex shows, pornography)	25	13.2
	Labor	41	21.6
	Forced begging	12	6.3
	Domestic worker (e.g., amah, ayah, maid)	32	16.8
	Use in criminal activities	8	4.2
	Other	15	7.9

Respondents were not required to respond.

\*Respondents could mark all that apply.

Source: Developed for this research.

Additionally, respondents were included only if they had worked with trafficked women. On a Likert-type scale<sup>9</sup> respondents indicated what percentage of their caseload was female and male and adults and children. The mean response for working with female adults was 2.49 and for working with female children was 2.46, which would mean that the mean percentage of caseload is between 20 to 60%. Most respondents (or the agencies they are working for) have provided support to 50 or fewer people in the last year (61%) (See Table 4.42).

<sup>9</sup> 1 – 0-20%, 2 – 21-40%, 3 – 41-60%, 4 – 61-80%, 5 – 81-100%

**Table 4.42: Number of trafficked persons the respondent or their agency has worked with in the last year that were sexually exploited**

	Responses	
	n = 59	Percent
0 – 50	36	61.0
51 – 100	11	18.6
101 – 500	9	15.3
More than 500	3	5.1
Total	59	100.0

Respondents marked all that applied.

Source: Developed for this research.

The religions most frequently represented among the trafficked women assisted by the respondents were Buddhism (34%) and Christianity (24%); with 11% and 10% of trafficked women affiliated with Ancestral Worship and Islam, respectively (See Table 4.43).

**Table 4.43: Religions of trafficked women**

	Responses	
	n = 60	Percent
Buddhism	53	33.5
Confucianism	7	4.4
Taoism	3	1.9
Ancestral worship	17	10.8
Hinduism	5	3.2
Islam	16	10.1
Spirit worship	11	7.0
Christian	38	24.1
Other	8	5.1
Total	158	100.0

Respondents marked all that applied.

Source: Developed for this research.

### 4.3.2 Results: Experiences and challenges of trafficked women

#### 4.3.2.1 Physical Impact

This study investigated the emotional impact as it related to the physical impact. Respondents reported that the types of violence most often experienced by those they worked with were threats of physical hurt (14.9%), sexual violence (13.1%), and limitation of movement (12.1%) (See Table 4.44).

**Table 4.44: Violence experienced during trafficking**

	Responses	
	n = 59	Percent
Threats of physical hurt	58	14.9
Pushing, grabbing, twisting arm, pulling hair	44	11.3
Slapping, kicking, biting or hitting with a fist	43	11.0
Throwing something at the victim or hitting the victim with something	37	9.5
Strangling, trying to suffocate, burning or scalding	28	7.2
Using/threatening to use a knife or other weapon	36	9.2
Movement limitation (being held or tied up)	47	12.1
Refusing to give food or water	31	7.9
Sexual violence	51	13.1
Other	15	3.8
Total	390	100.0

Respondents marked all that applied.

Source: Developed for this research.

#### 4.3.2.2 Psychological Impact

This study investigated the psychological impact of trafficking. The term ‘psychological’ is understood by this study to encompass both the emotional and cognitive reactions trafficked women experience.

When respondents were asked about the nine reactions trafficked women might experience, the responses ranged (on a Likert-type scale<sup>10</sup>) between a mean of 2.44 identifying with the person who trafficked them and 4.42 as worry. The psychological reactions that were reported as ranking between ‘often’ and ‘almost always’ were worry (4.42), shame/humiliation (4.29), grief/sadness (4.25), and fear/terror (4.04).

A Pearson’s correlation was computed on 10 variables of the psychological impact of trauma (Table 4.45). The results suggested that 14 out of 45 correlations were statistically significant with positive correlations of greater than or equal to +.35 (n=51) at a significance level of  $p < .01$  (two-tailed).

The most significant correlations were found with two variables, numbness and shame/humiliation:

<sup>10</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

- The three strongest correlations were shame and humiliation with
  - numbness,  $+.50$  ( $n=53$ ) at  $p < .01$ ;
  - worry,  $+.47$  ( $n=55$ ) at  $p < .01$ ; and
  - guilt/self-blame,  $+.51$  ( $n=55$ ) at  $p < .01$ .
- The next three strongest were numbness with
  - confusion/frustration,  $+.47$  ( $n=53$ ) at  $p < .01$ ;
  - worry,  $+.46$  ( $n=53$ ) at  $p < .01$ ; and
  - fear/terror,  $+.45$  ( $n=52$ ) at  $p < .01$ .

The variable with the highest number of correlations was numbness that correlated with fear/terror, anger/fury/outrage, worry, guilt/self-blame, and shame/humiliation. The variables with no or one correlation were acceptance and identifying with the person who trafficked them.

**Table 4.45: Correlation of psychological impact of trafficking**

	1	2	3	4	5	6	7	8	9
1. Numbness	—								
2. Fear/terror	<b>.449**</b>	—							
3. Anger/fury/outrage	<b>.413**</b>	<b>.405**</b>	—						
4. Confusion/frustration	<b>.474**</b>	.229	.301*	—					
5. Worry	<b>.456**</b>	<b>.351**</b>	.128	.282*	—				
6. Guilt/self-blame	<b>.400**</b>	.265	.289*	<b>.369**</b>	.253	—			
7. Shame/humiliation	<b>.497**</b>	.245	.128	.219	<b>.474**</b>	<b>.512**</b>	—		
8. Grief/sadness	.221	<b>.415**</b>	.251	.179	.215	.245	<b>.348**</b>	—	
9. Acceptance	-.030	.054	.033	-.282*	.086	.179	.165	.235	—
10. Identification with the person who trafficked them	.206	.228	<b>.390**</b>	-.080	.151	.267	.172	.093	.340*

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

Additionally, correlations of the 10 psychological variables with other behaviors and reactions were analyzed. The results suggesting correlations are discussed below.

**Numbness.** Significant correlations with numbness were found with

- expressing emotions through self-harming, +.57 (n=52) at  $p < .01$ ;
- fear of re-experiencing the trauma, +.58 (n=50) at  $p < .01$ ;
- fear of seeing the trafficker, +.59 (n=50) at  $p < .01$ ;
- fear of being trafficked again, +.57 (n=50) at  $p < .01$ ;
- fear for physical safety, +.48 (n=50) at  $p < .01$ , and;
- fear of shaming their family, +.39 (n=50) at  $p < .01$ ;
- negative coping through self-harming, +.40 (n=50) at  $p < .01$ ;
- negative coping through isolation and withdrawal, +.41 (n=51) at  $p < .01$ ;
- negative coping through seeking out unhealthy relationships, +.46 (n=51) at  $p < .01$ ; and
- not seeking help due to safety concerns, +.39 (n=46) at  $p < .01$ .

**Fear/terror.** Significant correlations with fear/terror were found with

- expressing emotions through self-harming, +.39 (n=54) at  $p < .01$ ;
- fear of re-experiencing the trauma, +.57 (n=50) at  $p < .01$ ;
- fear of seeing the trafficker, +.51 (n=51) at  $p < .01$ ;
- fear of being trafficked again, +.50 (n=46) at  $p < .01$ ;
- fear of sex, +.40 (n=49) at  $p < .01$ ; and
- fear for physical safety, +.41 (n=51) at  $p < .01$ .

**Anger/fury/outrage.** Significant correlations with anger/fury/outrage were found with

- expressing emotions through violence against others, +.41 (n=53) at  $p < .01$ ;
- expressing emotions through self-harming, +.44 (n=53) at  $p < .01$ ;
- hope for revenge against the person who trafficked them, +.44 (n=52) at  $p < .01$ ;
- asking for help through a hotline, +.38 (n=52) at  $p < .01$ ;

- understanding the reason for the violence to be that they had done something wrong, +.40 (n=54) at  $p < .01$ ;
- understanding the reason for the violence to be that god is unfair, +.43 (n=51) at  $p < .01$ ;
- understanding the reason for the violence to be karma, +.38 (n=50) at  $p < .01$ ;
- negative coping through self-harming, +.42 (n=51) at  $p < .01$ ;
- negative coping through seeking out unhealthy relationships, +.42 (n=51) at  $p < .01$ ;
- negative coping through trying to buy people's affections, +.47 (n=50) at  $p < .01$ ;
- negative coping through directing aggression and anger against others, +.66 (n=51) at  $p < .01$ ; and
- negative coping through engaging in risk-taking behavior, +.39 (n=50) at  $p < .01$ .

**Confusion/frustration.** Significant correlations with confusion/frustration were found with

- asking for help in non-verbal ways (a longing look, tears), +.41 (n=53) at  $p < .01$ ;
- thinking that the reason they had suffered the violence was because they had done something wrong, +.44 (n=52) at  $p < .01$ ;
- being stigmatized by the community as a social evil, +.36 (n=52) at  $p < .01$ ;
- negative coping through avoiding emotions and memories of the trafficking experience, +.36 (n=52) at  $p < .01$ ; and
- negative coping through seeking out unhealthy relationships, +.38 (n=53) at  $p < .01$ .

**Worry.** Significant correlations with worry were found with

- fear of seeing their trafficker, +.43 (n=53) at  $p < .01$ ; and
- fear of shaming their family, +.44 (n=53) at  $p < .01$ .

**Guilt/self-blame.** Significant correlations with guilt and self-blame were found with

- expressing emotions through self-harm, +.37 (n=55) at  $p < .01$ ;
- fear of seeing the trafficker, +.39 (n=53) at  $p < .01$ ;
- hopes for revenge for the person who trafficked them, +.41 (n=54) at  $p < .01$ ;
- hopes for justice for the person who trafficked them, +.40 (n=53) at  $p < .01$ ;
- asking for help non-verbally, +.54 (n=53) at  $p < .01$ ;
- thinking that the reason they were trafficked was because they are stupid, +.43 (n=51) at  $p < .01$ ;
- negative coping through seeking out unhealthy relationships, +.40 (n=53) at  $p < .01$ ; and
- negative coping through directing anger and aggression toward others, +.38 (n=53) at  $p < .01$ .

**Shame/humiliation.** Significant correlations with shame and humiliation were found with

- fear of seeing the trafficker again, +.61 (n=52) at  $p < .01$ ;
- fear that their family will not accept them, +.50 (n=53) at  $p < .01$ ;
- fear of shaming their family, +.60 (n=52) at  $p < .01$ ;
- fear of stigma from the community as a social evil, +.40 (n=52) at  $p < .01$ ;
- positive coping through believing that god is in control of their fortune and misfortune, and their faith offering hope that things will be better in the future, +.36 (n=54) at  $p < .01$ ;
- negative coping through isolation and withdrawal, +.39 (n=53) at  $p < .01$ ;
- negative coping through seeking out unhealthy relationships, +.44 (n=53) at  $p < .01$ ;
- negative coping through avoiding emotions with memories of the trafficking experience, +.41 (n=52) at  $p < .01$ ; and

- being prevented from seeking help because of societal values, +.40 (n=46) at  $p < .01$ .

**Grief/sadness.** Significant correlations with grief and sadness were found with

- seeking help by coming to an organization to visit and talk, +.36 (n=53) at  $p < .01$ ;
- positive coping through depending on social support, +.41 (n=53) at  $p < .01$ ;
- and
- positive coping through upgrading through education and employment, +.42 (n=52) at  $p < .01$ .

**Acceptance.** Significant correlations with acceptance were found with

- expressing their emotions through trying to forget, +.36 (n=52) at  $p < .01$ ; and
- positive coping through accepting that suffering is a normal part of life, +.39 (n=51) at  $p < .01$ .

**Identification with the person who trafficked them.** Significant correlations for identification with the person who trafficked them were found with

- expressing the impact through violence against others, +.43 (n=51) at  $p < .01$ ;
- fear of darkness, +.42 (n=46) at  $p < .01$ ;
- fear of noises that are reminders of the trafficking situation, +.46 (n=50) at  $p < .01$ ;
- hope for choices of what they can do, +.42 (n=50) at  $p < .01$ ;
- positive coping through depending on social support, +.40 (n=50) at  $p < .01$ ;
- positive coping through physical activity, +.56 (n=50) at  $p < .01$ ;
- negative coping through use of drugs, alcohol, and abuse of medication, +.45 (n=50) at  $p < .01$ ;
- negative coping through trying to buy others' affections, +.51 (n=49) at  $p < .01$ ;

- negative coping through directing anger and aggression toward others,  $r(50) = +.44$  ( $n=50$ ) at  $p < .01$ ; and
- negative coping through engaging in risk-taking behavior,  $+ .65$  ( $n=49$ ) at  $p < .01$ .

#### 4.3.2.3 Behavioral impact and negative coping

This study investigated the behavioral impact of trafficking. Two types of questions were asked related to behavior. The first was about ways that trafficked women expressed the psychological and emotional impact of their trafficking experience and the second was about ways that trafficked women coped in unhealthy or negative ways. There was an overlap of questions between expression and coping in the areas of violence and aggression and self-harm.

This study investigated how trafficked women express the emotions and reactions resulting from the trafficking experiences. When respondents were asked to rate (Likert-type scale<sup>11</sup>) seven ways that they were aware that trafficked women might express their emotions, the responses ranged from means of 2.58 (expressing through art and poetry) to 3.82 (trying to forget). Three other ways of expressing that were sometimes seen were silence (3.72), talking (3.11), and self-harm (3.09).

When respondents were asked about 12 ways that trafficked women might express or cope negatively, the responses ranged between means (on a Likert-type scale<sup>12</sup>) of 2.64 (trying to buy other people's affections with gifts), and 3.72 (avoiding emotions of memories of the trafficking experience).

A Pearson's correlation was computed on the 14 variables (two forms of expression and 12 ways of negative coping) related to the behavioral impact of trafficking (Table 4.46). The results suggested that 34 out of 66 of correlations were statistically significant with positive correlations of greater than or equal to  $+ .35$  ( $n=53$ ) at a significance level of  $p < .01$  (two-tailed).

The most significant correlations were:

<sup>11</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>12</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

- Self-harming as expression and negative coping,  $+.76$  ( $n=54$ ) at  $p < .01$ ;
- Negative coping through getting involved in unhealthy relationships with
  - isolation,  $+ .67$  ( $n=55$ ) at  $p < .01$ ;
  - self-harming,  $+ .67$  ( $n=54$ ) at  $p < .01$ ; and
  - substance use,  $+ .66$  ( $n=54$ ) at  $p < .01$ .
- Negative coping through buying the affection of others with
  - anger and aggression toward others,  $+ .64$  ( $n=53$ ) at  $p < .01$ ; and
  - risk-taking behavior,  $+ .64$  ( $n=53$ ) at  $p < .01$ .
- Negative coping through isolation with self-harming,  $+ .63$  ( $n=54$ ) at  $p < .01$ .
- Negative coping through anger and aggression towards others with
  - unhealthy eating,  $+ .63$  ( $n=55$ ) at  $p < .01$ ; and
  - risk-taking behavior,  $+ .61$  ( $n=53$ ) at  $p < .01$ .

The variable with the largest number of correlations was negative coping through risk-taking behavior which had correlations with expression through violence and self-harm, and negative coping through substance use, self-harming, unhealthy relationships, buying others' affection, not seeking out trusted relationships, anger and aggression toward others, and unhealthy eating. The variable with the least number of correlations was negative coping through avoidance.

**Table 4.46: Correlation of behaviors affected by the impact of trafficking**

	Express		Negative coping									
	1	2	3	4	5	6	7	8	9	10	11	
1. Express through violence	—											
2. Express through self-harm	.313*	—										
3. Negative cope - substance use	<b>.450**</b>	.168	—									
4. Negative cope - self-harming	<b>.428**</b>	<b>.760**</b>	<b>.530**</b>	—								
5. Negative cope - isolation	.201	<b>.441**</b>	<b>.424**</b>	<b>.626**</b>	—							
6. Negative cope - unhealthy relationships	<b>.470**</b>	<b>.505**</b>	<b>.656**</b>	<b>.673**</b>	<b>.674**</b>	—						
7. Negative cope - avoidance	-.091	.274*	.314*	.333*	<b>.565**</b>	<b>.401**</b>	—					
8. Negative cope - buy others' affection	<b>.404**</b>	.291*	<b>.476**</b>	.304*	.040	.346*	.094	—				
9. Negative cope - Not seeking out trusted relationships	.057	.090	.287*	.163	.186	.281*	.088	<b>.374**</b>	—			
10. Negative cope - anger & aggression towards others	<b>.389**</b>	.297*	<b>.366**</b>	.326*	.168	<b>.444**</b>	.113	<b>.642**</b>	<b>.348**</b>	—		
11. Negative cope - unhealthy eating	.294*	.316*	.282*	<b>.392**</b>	.322*	.303*	.010	<b>.451**</b>	.259	<b>.633**</b>	—	
12. Negative cope - risk-taking behavior	<b>.554**</b>	<b>.351**</b>	<b>.521**</b>	<b>.447**</b>	.212	<b>.508**</b>	-.085	<b>.641**</b>	<b>.394**</b>	<b>.612**</b>	<b>.586**</b>	—

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

#### 4.3.2.4 Community & family reactions to the trafficked person

This study investigated the response of the family and community to the sexually exploited trafficked person. When respondents were asked about six ways that the community might respond to the return of a trafficked woman, the mean responses ranged between 3.17 and 3.33 (on a Likert-type scale<sup>13</sup>). From the results, community was least likely to respond by accepting the trafficked woman back (3.17) and was most likely to respond by treating the trafficked woman with discrimination (3.33). In contrast, when respondents were asked about the same six ways that the family might respond, the mean responses to the six variables ranged more broadly than the community responses, ranging between 2.61 and 3.47 (on a

<sup>13</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

Likert-type scale<sup>14</sup>). Family was least likely to respond by saying bad things about the trafficked woman (2.61), but was most likely to accept the person back with their ‘face on’ (3.47).

A Pearson’s correlation was computed on the 12 variables related to the response of the community and family towards the trafficked woman (See Table 4.47). The results suggested that 31 out of 66, almost half of correlations were statistically significant at the  $p=0.1$  significance level. Twenty-nine positive correlations were greater than or equal to  $+0.36$  ( $n=51$ ) at the significance level of  $p < 0.01$  (two-tailed) and two negative correlations were greater than or equal to  $-0.38$  ( $n=53$ ) at the significance level of  $p < 0.01$ , (two-tailed).

The most significant positive correlations of how the community reacts were:

- community discriminates with says bad things about the trafficked person,  $+0.73$  ( $n=53$ ) at  $p < 0.01$ ;
- community blames/condemns with
  - stigmatizes the trafficked woman as a social evil,  $+0.66$  ( $n=53$ ) at  $p < 0.01$ ;
  - and
  - discriminates,  $+0.66$  ( $n=53$ ) at  $p < 0.01$ .

The most significant correlations of how family reacts were:

- family blames and condemns with
  - says bad things the trafficked person,  $+0.69$  ( $n=53$ ) at  $p < 0.01$ ; and
  - stigmatizes the trafficked woman as a social evil,  $+0.68$  ( $n=53$ ) at  $p < 0.01$ ;
  - and
- family discriminates with says bad things about the trafficked person,  $+0.66$  ( $n=51$ ) at  $p < 0.01$ .

Negative correlations were found for the community accepting the trafficked woman back into the community by

- stigmatizing the trafficked woman as a social evil,  $-0.51$  ( $n=53$ ) at  $p < 0.01$ ; and

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<sup>14</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

- blaming and condemning the person,  $-0.38$  ( $n=53$ ) at  $p < .01$ .

While correlations were more significant within the ways the family and the ways that the community reacts within themselves, there were significant correlations between how community and family react that include:

- community blames and condemns with the family says bad things,  $+0.55$  ( $n=53$ ) at  $p < .01$ ;
- community says bad things with the family stigmatizes as a social evil,  $+0.54$  ( $n=51$ ) at  $p < .01$ ; and
- family and community accepts the person if she returns with her ‘face on’ (the trafficking person keeping the story and feelings inside),  $+0.51$  ( $n=52$ ) at  $p < .01$ .

The variables with the highest number of significant correlations were the community blaming and condemning, and the family saying bad things about the trafficked person. The variables with the least number of significant correlations were the family and community accepting the person back either knowing their story, or with their ‘face on.’

**Table 4.47: Correlation of community and family reactions to trafficked women**

	Community reactions						Family reactions					
	1	2	3	4	5	6	7	8	9	10	11	
1. Community - Stigmatizes as social evil	—											
2. Community - Blames, condemns	<b>.658**</b>	—										
3. Community - Takes TP back	<b>-.509**</b>	<b>-.378**</b>	—									
4. Community - Accepts if TP returns with her 'face on'	-.120	.101	<b>.486**</b>	—								
5. Community - Says bad things about TP	<b>.477**</b>	<b>.521**</b>	-.268	.136	—							
6. Community - Discriminates	<b>.413**</b>	<b>.567**</b>	-.231	.173	<b>.734**</b>	—						
7. Family - Stigmatizes as social evil	<b>.421**</b>	<b>.434**</b>	-.243	.275	<b>.542**</b>	<b>.377**</b>	—					
8. Family - Blames, condemns	.346*	<b>.501**</b>	-.227	.136	<b>.420**</b>	.292*	<b>.683**</b>	—				
9. Family - Takes TP back	-.170	-.065	<b>.357**</b>	.181	-.128	-.043	-.036	-.026	—			
10. Family - Accepts if the TP returns with her 'face on'	.095	.231	.041	<b>.510**</b>	.119	.196	.308*	.330*	<b>.489**</b>	—		
11. Family - Says bad things about TP	<b>.417**</b>	<b>.552**</b>	-.166	.142	<b>.404**</b>	<b>.363**</b>	<b>.570**</b>	<b>.692**</b>	.081	<b>.370**</b>	—	
12. Family - Discriminates	.240	<b>.392**</b>	-.072	.097	.330*	<b>.416**</b>	<b>.412**</b>	<b>.531**</b>	.118	.227	<b>.660**</b>	—

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

TP – trafficked person

'Face on' – the trafficked woman keeps her story of trafficking and sexual exploitation to herself

Source: Developed for this research.

#### 4.3.2.5 Protective factors/resilience

This study investigated the positive coping and hope of trafficked women. When respondents were asked about 12 hopes held by trafficked women, the responses ranged from mean scores of 2.59 to 4.64 (on a Likert-type scale<sup>15</sup>). Respondents reported that the three things that trafficked women hoped for were a safe stable life (4.64), happiness (4.61), and economic independence (4.57).

<sup>15</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

When respondents were asked about 13 positive ways of coping by trafficked women, the response ranged from mean scores of 2.78 (physical activity) to 3.53 (reconnecting with family and community) (on a Likert-type scale<sup>16</sup>). Respondents reported that the three most common ways of positive coping were reconnecting with family and community (3.53), upgrading themselves through education and employment (3.52), and talking about their experiences (3.47).

A Pearson's correlation was computed on the 13 variables related to positive coping (See Table 4.48). The results suggested that 30 out of 78, were statistically significant at the  $p=0.1$  significance level. Five positive correlations were greater than or equal to  $+0.36$  ( $n=54$ ) at the significance level of  $p < 0.01$  (two-tailed) and five negative correlations were greater than or equal to  $-0.36$  ( $n=53$ ) at the significance level of  $p < 0.01$ , (two-tailed).

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<sup>16</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

**Table 4.48: Correlation of positive coping of trafficked women**

	1	2	3	4	5	6	7	8	9	10	11	12
1. Acceptance	—											
2. Thankfulness	.002	—										
3. Empathy	-.183	<b>.480**</b>	—									
4. Growing stronger	-.206	<b>.369**</b>	<b>.535**</b>	—								
5. Depending on social support	.099	.074	<b>.357**</b>	<b>.447**</b>	—							
6. Physical activity	-.307*	.061	<b>.368**</b>	<b>.456**</b>	<b>.392**</b>	—						
7. Upgrading self - education & employment	-.006	.174	.263	.304*	<b>.365**</b>	<b>.361**</b>	—					
8. Reconnecting with family & friends	.019	.111	.251	.334*	<b>.464**</b>	<b>.400**</b>	<b>.597**</b>	—				
9. Acknowledging wrongness	.026	-.036	.161	.228	.227	.224	.151	<b>.374**</b>	—			
10. Talking about experience	.061	.319*	.291*	.320*	.172	<b>.403**</b>	<b>.445**</b>	<b>.444**</b>	<b>.413**</b>	—		
11. Finding inner strength	.076	.159	.228	<b>.358**</b>	.291*	.233	<b>.545**</b>	<b>.381**</b>	<b>.525**</b>	<b>.565**</b>	—	
12. Not talking about experience	.170	-.204	<b>-.396**</b>	-.282*	-.077	<b>-.373**</b>	<b>-.356**</b>	-.319*	-.076	<b>-.453**</b>	-.301*	—
13. Leaving the past in the past	<b>.463**</b>	-.042	-.241	-.292*	-.060	<b>-.383**</b>	-.282*	-.227	-.154	-.269*	-.192	<b>.493**</b>

Bold numbers - Correlation is significant at the 0.01 level (2-tailed).

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Correlations for 'religious faith' were excluded from this chart due the lack of correlations at the 0.01 level and lack of space.

Source: Developed for this research.

The five most significant positive correlations suggested include three related to finding inner strength with

- upgrading through education and employment, +.55 (n=54) at  $p < .01$ ;
- acknowledging the wrongness of what happened, +.53 (n=54) at  $p < .01$ ; and
- talking about the experience, +.57 (n=55) at  $p < .01$ .

The remaining two most significant positive correlations were reconnecting with family and friends with

- upgrading oneself, +.60 (n=54) at  $p < .01$ ; and
- growing strong and having empathy for others worse off, +.54 (n=57) at  $p < .01$ .

Four negative correlations were found for not talking about the experience with

- empathy (believing others' suffering is worse), -.40 (n=55) at  $p < .01$ ;

- physical activity,  $-.37$  ( $n=53$ ) at  $p < .01$ ;
- upgrading through education and employment,  $-.36$  ( $n=53$ ) at  $p < .01$ ; and
- talking about the experience,  $-.45$  ( $n=54$ ) at  $p < .01$ .

An additional negative correlation was found for leaving the past in the past and physical activity,  $-.38$  ( $n=54$ ) at  $p < .01$ .

The variable with the highest number of correlations (8 – 6 positive and 2 negative) is physical activity with positive correlations for empathy, growing stronger, depending on social support, upgrading through education and employment, reconnecting with family and friends, and talking about their experience; and negative correlations with not talking about their experience and leaving the past in the past. The variable with no significant correlations (not included on the table due to space limitations) was religious faith (believing that god is in control of their fortune and misfortune, and offers people hope that things will be better in the future).

A Pearson's correlation was computed on the 14 variables related to positive coping and 12 variables of hopes that trafficked women have (See Table 4.47). The results suggested that 15 out of 166 were statistically significant at the  $p=0.1$  significance level. The 15 positive correlations were greater than or equal to  $+.36$  ( $n=53$ ) at the significance level of  $p < .01$  (two-tailed).

**Table 4.49: Correlation of trafficked women’s hopes and positive coping**

Positive Coping	Hopes											
	Married with children	Mental health	Revenge	Justice	Economic independence	Happiness	Safe, stable life	Family to accept them	Higher education	Choices	Better life for children	To go home
Acceptance	.222	-.067	.052	-.167	.030	.036	-.030	.127	-.117	.017	-.087	.075
Religious faith	-.203	.162	.179	.052	-.265 <sup>*</sup>	.083	.010	.037	.065	.294 <sup>*</sup>	.104	.023
Thankfulness	-.067	-.172	-.251	-.211	.028	.106	.187	-.003	.064	.026	.070	-.050
Empathy	-.190	.100	-.075	.039	.178	.110	.186	.171	.063	.215	.145	.156
Growing stronger	-.045	.114	-.157	.040	.269 <sup>*</sup>	.085	.223	.147	-.021	.195	.199	-.025
Depending on social support	-.032	.043	.012	.099	.286 <sup>*</sup>	.136	.211	.234	.123	<b>.359<sup>**</sup></b>	.326 <sup>*</sup>	.116
Physical activity	-.165	.194	.189	<b>.361<sup>**</sup></b>	.326 <sup>*</sup>	.155	.112	.286 <sup>*</sup>	.301 <sup>*</sup>	<b>.400<sup>**</sup></b>	.094	.315 <sup>*</sup>
Upgrading through education and employment	-.097	.206	.029	.150	<b>.436<sup>**</sup></b>	<b>.496<sup>**</sup></b>	<b>.501<sup>**</sup></b>	.247	<b>.397<sup>**</sup></b>	.296 <sup>*</sup>	.122	.316 <sup>*</sup>
Reconnecting with family and community	-.108	.174	.070	.014	.346 <sup>*</sup>	.305 <sup>*</sup>	<b>.353<sup>**</sup></b>	.141	.122	.011	.046	<b>.371<sup>**</sup></b>
Acknowledging that what happened was wrong	-.157	.178	.191	-.013	.207	.161	.195	-.089	.144	.145	.049	-.068
Talking about their experience	.133	<b>.377<sup>**</sup></b>	.119	.218	.342 <sup>*</sup>	<b>.385<sup>**</sup></b>	<b>.397<sup>**</sup></b>	.187	.289 <sup>*</sup>	.197	.064	.250
Finding inner strength	.006	.222	.057	-.053	.341 <sup>*</sup>	<b>.370<sup>**</sup></b>	<b>.391<sup>**</sup></b>	.142	.244	.293 <sup>*</sup>	.295 <sup>*</sup>	.083
Not talking about the experience	.144	-.231	-.046	-.274 <sup>*</sup>	-.285 <sup>*</sup>	-.231	-.227	-.114	-.099	-.120	-.168	-.121
Leaving the past in the past	<b>.365<sup>**</sup></b>	-.134	.049	-.149	-.039	-.046	-.145	.057	-.217	-.112	.065	-.141

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

The three most significant positive correlations included three related to positive coping through upgrading through education and employment with hopes for

- a safe, stable life, +.50 (n=54) at  $p < .01$ ;
- happiness, +.50 (n=54) at  $p < .01$ ; and

- economic independence, +.44 (n=53) at  $p < .01$ .

Positive coping by talking about their experience had three significant positive correlations with hopes for

- safe, stable life, +.40 (n=55) at  $p < .01$ ;
- happiness, +.39 (n=55) at  $p < .01$ ; and
- mental health, +.38 (n=54) at  $p < .01$ .

Positive coping by leaving the past in the past had a positive correlation with hoping to be married, +.37 (n=56) at  $p < .01$ .

The hope variable with the highest number of correlations was having a safe, stable life (four) and the positive coping variable with the most correlations was upgrading oneself through education and employment (four). Positive coping by talking had three significant positive correlations, but positive coping by not talking had no significant correlations.

#### 4.3.2.6 Approaches and barriers to help-seeking

This study investigated the help-seeking behavior of trafficked women—ways in which they ask for help and barriers to their getting help. When respondents were asked to rate 11 ways that trafficked women asked for support, the responses ranged from mean scores of 1.69 (talk to the media/newspaper) to 3.49 (talk to workers in organizations helping trafficked women) (on a Likert-type scale<sup>17</sup>). After talking to workers in aftercare organizations, trafficked women were reported to ask for support through a longing look/tears (3.30), by talking to family or friends (3.22), and by seeking out other women with similar experiences (3.14).

Questions about barriers to getting help were divided into two sections. The first section addressed their reasons for not seeking help and the second, what might prevent them from seeking help.

When respondents were asked to rate ten reasons that trafficked women would not ask for help, the responses ranged from mean scores of 2.90 (language differences)

<sup>17</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

to 3.96 (lack of knowledge about available services) (on a Likert-type scale<sup>18</sup>). After lack of knowledge, the most common reasons for not seeking services were feelings of shame and embarrassment (3.75), lack of trust in service programs or authorities (3.67), and fear of retaliation to self and/or family from traffickers (3.55).

When respondents were asked about what prevented trafficked women from seeking help, the responses ranged from there was no one/nothing preventing trafficked women from seeking help (2.23) to traffickers were preventing them (3.84). Both cultural and societal values prevent trafficked women from seeking help with a mean score of 3.34.

### **4.3.3 Results: Cultural perspectives related to trafficking**

A survey question regarding how trafficked women understood the reasons for the violence they suffered was asked to elicit more information about the cultural lens through which their experiences were viewed. When respondents were asked about ten reasons or ways that trafficked women understood or believed were the reasons they suffered the violence they did, the responses ranged from mean scores of 2.46 to 3.80 (on a Likert-type scale<sup>19</sup>). Respondents reported that the three most common reasons they had observed in trafficked women was that it was something they must do (3.80), it was bad luck (3.54), and trafficking is what happens to poor people (3.49) (See Table 4.50).

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<sup>18</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>19</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

**Table 4.50: Frequency response of trafficked women's understanding of the reasons for the violence they suffered as reported by aftercare workers**

	Reasons for violence	n	Mean
1.	They have done something wrong	54	3.20
2.	It is god's punishment	54	2.46
3.	God is unfair	54	2.65
4.	It is bad luck	54	<b>3.54</b>
5.	It is fate	54	3.39
6.	It is karma	53	3.11
7.	Because they are stupid	54	3.20
8.	They must do this (my parents sent me; I must support my family)	54	<b>3.80</b>
9.	This is what happens to poor people	53	<b>3.49</b>
10.	They minimize what happened to them	53	3.11

Source: Developed for this research.

A Pearson's correlation was computed on 10 variables related to what trafficked women understand as the reasons for the violence they have experienced (Table 4.51). The results suggested that 13 out of 45, less than a third of the correlations were statistically significant. Thirteen positive correlations were greater than or equal to +.38 (n=52) at a significance level of  $p < .01$  (two-tailed) (see Table 4.51).

**Table 4.51: Correlation of trafficked women’s understanding of the reasons for the violence they suffered as reported by aftercare workers**

	1	2	3	4	5	6	7	8	9
1. They have done something wrong	—								
2. God’s punishment	<b>.432**</b>	—							
3. God is unfair	<b>.456**</b>	<b>.712**</b>	—						
4. Bad luck	.320*	.180	.331*	—					
5. Fate	.215	.294*	<b>.448**</b>	<b>.693**</b>	—				
6. Karma	.288*	<b>.391**</b>	.133	<b>.503**</b>	<b>.513**</b>	—			
7. Because they are stupid	.275*	.142	.169	<b>.381**</b>	.326*	<b>.383**</b>	—		
8. I must do this (my parent’s sent me, I must support my family)	.227	.080	-.034	.108	.095	.203	.233	—	
9. This is what happens to poor people	.013	.028	-.013	.019	.079	.130	.085	<b>.483**</b>	—
10. Minimize what has happened	.070	.294*	-.013	.178	.178	.306*	.023	<b>.653**</b>	<b>.402**</b>

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

The five most significant positive correlations suggested include god is unfair and

- god’s punishment, +.71 (n=54) at  $p < .01$ ;
- fate and bad luck, +.69 (n=54) at  $p < .01$ ; and
- minimizing what has happened and believing I must do this, +.65 (n=53) at  $p < .01$ .

There were two further correlations with karma

- fate, +.51 (n=55) at  $p < .01$ ; and
- bad luck, +.50 (n=53) at  $p < .01$ .

All variables had at least one correlation. The variable with the most correlations (four) is karma. It showed correlations with god’s punishment, bad luck, fate, and this happened because the trafficked woman was ignorant.

#### 4.3.4 Results: Current services to support trafficked women

This study investigated the need and availability of services for trafficked women, both program services and support that is implicit within the programs and services provided.

When respondents were asked about six services needed by trafficked women, the responses ranged from mean responses of 3.82 to 4.52 (on a Likert-type scale<sup>20</sup>). Respondents reported that the services that trafficked women most needed were counseling and support groups (4.52), information and referral (4.42), a 24-hour crisis hotline, and family counseling (both 3.92). When respondents were asked about six services provided to trafficked women, the responses ranged from mean responses of 3.24 to 4.57 (on a Likert-type scale<sup>21</sup>). Respondents reported that the services that were provided most for trafficked women were information and referral (4.57), counseling and support groups (4.15), spiritual support (3.68), and a 24-hour crisis hotline (3.58). See needs and services provided compared side-by-side in Table 4.52.

**Table 4.52: Comparison of trafficked women's service needs and services provided**

Supportive environment	Services needed		Services provided	
	N	Mean	N	Mean
1. Counseling groups/support groups	54	4.52	52	4.15
2. Family counseling	52	3.92	49	3.24
3. Self-help groups	51	3.82	48	3.48
4. Information and referral	52	4.42	49	4.57
5. Crisis intervention/24-hour hotline	53	3.92	50	3.58
6. Spiritual support	52	3.83	50	3.68

Source: Developed for this research.

In all areas of service, the need is reported as greater than services provided, except in the area of information and referral in which the services delivered are higher than what is reported as needed. Additionally, spiritual support is ranked as fifth in order of needs and is ranked as third in order of services provided. When respondents (n=50) were asked a general question about how well they were meeting the mental

<sup>20</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>21</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

health and psychosocial needs of trafficked women, 48% responded that they were ‘meeting some needs, but not others,’ while 36% reported that they were ‘adequately meeting those needs.’ Respondents (n=53) reported that trafficked women were provided services most often for more than 12 months (54.7%), followed by more than six months and up to 12 months (18.9%).

The level of service variable with the greatest number of correlations was the ‘length of time help is required’ that correlated with eight out of 11 aspects of a supportive environment. This was followed by the need for ‘social support.’ Two supportive environment variables positively correlated with all level of support areas—‘support with physical complaints’ and ‘responding to angry outbursts with healthy alternative ways of expression.’ This was followed by two supportive environment variables that correlated with the same three level of service variables—‘support with physical complaints,’ ‘positive outlets for angry outbursts,’ and ‘physical safety.’ ‘Emotional trust’ was the level of service variable that was least correlated with areas of providing a supportive environment (see Table 4.53).

**Table 4.53: Correlation of supportive environment provided and level of help needed**

Supportive environment	1. Length of time help is required	2. Social support needed	3. Physical safety needed	4. Emotional trust needed
1. Create a scheduled routine program	.541**	.342 <sup>ˆ</sup>	.120	.120
2. Validate trauma reactions as normal	.369 <sup>ˆ</sup>	.280 <sup>ˆ</sup>	.232	.343 <sup>ˆ</sup>
3. Assist with physical complaints	.524**	.466**	.354**	.552**
4. Encourage self-care (e.g. appearance and cleanliness)	.340 <sup>ˆ</sup>	.300 <sup>ˆ</sup>	.221	.287 <sup>ˆ</sup>
5. Model healthy boundaries	.485**	.383**	.446**	.307 <sup>ˆ</sup>
6. Respond to angry outbursts by setting limits	.427**	.381**	.148	.306 <sup>ˆ</sup>
7. Respond to angry outbursts by helping the trafficked women to express their anger in healthy ways	.542**	.381**	.388**	.419**
8. Allow trafficked women control over their participation	.374**	.276	.286 <sup>ˆ</sup>	.228
9. Encourage development of hope for the future	.416**	.390**	.256	.161
10. Acknowledge positive behavior	.524**	.421**	.362**	.217
11. Provide opportunities for trafficked women to help others	.361 <sup>ˆ</sup>	.200	.427**	.209

\*\* Correlation is significant at the 0.01 level (2-tailed). <sup>ˆ</sup> Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

#### 4.3.5 Results: Training aftercare workers have already received

Respondents were asked about their training and learning opportunities including how they learned about working with trafficked women and opportunities for supervision and to attend trainings. When asked about how they gained knowledge about helping trafficked women, they reported that they most frequently have learned through direct work with other service providers (15.9%), direct work with trafficked women (15.5%), and reading scholarly articles and reports. When the categories were collapsed into learning through personal experience, on the job training, and formal learning opportunities, participants reported that they most often learned through on the job training (43.6%), followed by formal learning (38.3%) (See Table 4.54).

**Table 4.54: How aftercare workers learn: Individual and collapsed variables**

Categories of collapsed variables	Learning variables	Individual variables		Collapsed variables	
		n	%	n	%
Personal experience	Family member's experience as a trafficked person	3	1.1		
	Friend/neighbor's experience as a trafficked person	4	1.5	8	3.0
	My own experience as a trafficked person	1	0.4		
On the job training	Interaction with co-workers	33	12.2		
	Direct work with trafficked women	42	15.5	118	43.6
	Direct work with other service providers	43	15.9		
Formal learning	Educational training	38	14.0		
	Academic conferences	32	11.8	104	38.3
	Professional training	34	12.5		
Independent learning	Reading scholarly articles, reports	40	14.8	40	14.8
	Other	1	0.4	1	0.4
	Total	271	100.0	271	100.0

Respondents could mark all that apply.

Source: Developed for this research.

Most respondents (n=48) reported attending training about human trafficking once a year (36.7%), with another 20% reporting that they attend training multiple times a year. Additionally, respondents (n=51) were asked about the frequency with which they received supervision or case consultation support. They reported receiving supervision monthly (38.3%), followed next by weekly supervision (18.3%).

#### 4.3.6 Results: Further skills development interests

This study investigated the need for training of aftercare workers working with sexually trafficked woman. Seventy-seven percent (77%) of participants, who responded to a question about their interest in receiving training (n=49), indicated that they would like to receive training related to providing mental health and psychosocial support.

When respondents were asked about six variables that are *barriers* to providing services, the responses ranged from mean responses of 2.24 to 3.90 (on a Likert-type scale<sup>22</sup>). Lack of training (2.98) was reported as a barrier less than needing funding

<sup>22</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

(3.90) and other resources (e.g. transport, staff and facilities) (3.65). Additionally, when the inverse question was asked about seven variables concerning what was *needed* to provide better services, the responses ranged from mean responses of 3.73 to 4.65 (on a Likert-type scale<sup>23</sup>). Training (3.96) was reported as the fourth priority behind funding (4.65), new services/programs (4.02), and staff (4.0).

A Pearson's correlation was computed on five dimensions related to training that reported about barriers to services and needs to improve services. The results suggested that three out of 10 correlations were statistically significant and were greater than or equal to +.40 (n=47) at a significance level of  $p < .01$  (two-tailed) (see Table 4.55).

**Table 4.55: Correlation of dimensions of training**

	1	2	3	4
1. Barriers – Lack of adequate funding	—			
2. Barriers – Lack of adequate training	.140	—		
3. Barriers – Lack of knowledge about trafficked women	.052	<b>.655**</b>	—	
4. Program needs – New services/programs	.290*	.132	.105	—
5. Program needs – Training	.206	<b>.448**</b>	.329*	<b>.397**</b>

\*\* Correlation is significant at the 0.01 level (2-tailed). \* Correlation is significant at the 0.05 level (2-tailed).

Source: Developed for this research.

Correlations suggesting the need for training, in order of significance, include:

- Lack of adequate training with
  - lack of knowledge about trafficked women as a barrier to providing services, +.66 (n=49) at  $p < .01$ ; and
  - the need for training to provide better services, +.45 (n=47) at  $p < .01$ .
- The need for training with new services/programs in order to do a better job of providing services, +.40 (n=51) at  $p < .01$ .

<sup>23</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

Finally, respondents were asked if they would like to receive training to assist in meeting the mental health and psychosocial needs of trafficked women and, if so, what training they would like to receive. Sixty-three (63.3%) of respondents (n=49) said that, yes, they would like to receive additional training. A list of the desired training can be found in Table 4.56.

**Table 4.56: Training and supervision interests identified by online survey respondents**

<ul style="list-style-type: none"> <li>• Further knowledge on vicarious trauma, our staff are often impacted by their own trauma and that of clients</li> <li>• Varied</li> <li>• Sharing best practice</li> <li>• Psychosocial support</li> <li>• Specific evidence-based modalities in treating complex trauma especially in group modalities</li> <li>• Art therapy</li> <li>• I would like to have a training course about mental health and psychosocial support to upgrade my knowledge.</li> <li>• Trauma Recovery for groups</li> <li>• Evidence-based intervention programs to assist in recovery and empowerment</li> <li>• Both (mental health and psychosocial)</li> <li>• How to provide culturally sensitive forms of mental health and psychosocial support services</li> <li>• Case management</li> <li>• Case Management, Crisis Management, Trauma Care, Culturally sensitive intervention</li> <li>• To return to working with trafficked women, therefore further professional development</li> <li>• Trauma treatment, cognitive behavioral therapy, HIV prevention, Rehabilitation and cross-border management.</li> <li>• Counseling</li> <li>• Training from front line care providers</li> <li>• Printed material, manuals and similar</li> <li>• I would like to learn new techniques in psychotherapy with traumatized clients.</li> <li>• How to work with the victims of trafficking</li> <li>• I want to learn a new techniques working with trafficking cases such TF-CBT. I really want to learn this course.</li> <li>• การฟื้นฟูจิตใจผู้ประสบภัย -การช่วยเหลือ ผู้ที่ตกอยู่ในภาวะซึมเศร้า ฆ่าตัวตาย -การสร้างพลังให้กลับเข้าสู่สังคม [retreats for victims. -Help those who fall into depression, suicide - empowerment back into society.]</li> <li>• In-person training some month and supervision around 6 months afterward. Topic: individual counseling, group counseling and family counseling</li> <li>• Tâm lý bằng nghệ thuật vẽ tranh, hình, sáng tác [Psychology of art painting, image, songwriting]</li> <li>• Training on Human Trafficking victims' mental health problems and the psychological method to support them</li> <li>• Basic counseling</li> <li>• Các bài tập trị liệu cụ thể hỗ trợ người bị mua bán sang chấn về tâm lý cho cá nhân, nhóm. [The specific therapeutic exercises to assist trafficked psychological trauma in individuals and groups.]</li> <li>• Đào tạo về tham vấn tâm lý, tham vấn cá nhân, tham vấn nhóm, trị liệu sang chấn và đào tạo kỹ năng sống [Training in psychological counseling, individual counseling, group counseling, trauma therapy and life-skills training.]</li> </ul>
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Source: Developed for this research.

The majority of responses reflected a desire to learn more counseling and psychosocial skills. In general participants wanted to learn more about counseling. Some respondents were specific about types of counseling approaches they would like to learn including TF-CBT, art therapy and song writing therapy. Some comments from participants provided more information about their training interests.

For example, they would like to learn from someone who is providing direct services already, and using a variety of methods including printed materials and manuals.

#### **4.3.7 Results: Preferred learning methods of aftercare workers**

Respondents were asked a variety of questions about their learning preferences. Questions asked the preferred role of the training leader(s), size of learning groups, learning methods and materials, and the purpose for attending training.

Respondents were asked two questions about the role of the training leader. First, who should speak more, the training leader or the participants? Respondents (n=48), 72.9% said that participants should speak more, with 27.1% responding that the training leader should be speaking more. This was followed up with a question about respondents' preferred role of the training leader. Mean responses (on a Likert-type scale<sup>24</sup>) reflected that respondents more strongly thought that a training leader should be a facilitator (4.12), rather than an expert (3.66).

When respondents were asked whether they preferred learning independently or in a group, their mean response (on a Likert-type scale<sup>25</sup>) was that they preferred to learn in a group (3.96) more than independently (3.35). Questions were also asked about learning materials and learning methods (on a Likert-type scale<sup>26</sup>). Responses pertaining to learning materials had a narrow range of responses with mean scores of 3.62 to 3.96. The most preferred approaches were a trainer or audio-visual (both 3.96) and the Internet (3.94). Responses pertaining to learning methods had a slightly broader range of responses with mean scores ranging from 3.39 to 4.33. The top four preferred methods in order of preference are discussion (4.33), case studies (4.24), demonstration (4.06), and problem-solving (4.04). The least desired method for learning is lecture (3.39).

Participants were asked about their purpose for attending training (on a Likert-type scale<sup>27</sup>). The responses ranged from mean scores of 3.72 to 4.35. All responses, except one, had a mean response of 4.0 or more. The strongest reasons for attending

<sup>24</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>25</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>26</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

<sup>27</sup> 1 – NA/Never, 2 – Seldom, 3 – Sometimes, 4 – Often, 5 – Almost Always

training is to deliver the best services (4.42) and to improve ‘my’ skills (4.35). The purpose of least importance was to meet like-minded individuals (3.72).

#### **4.3.8 Discussion: Survey data**

The following discussion is limited to the results of the online survey for which there were 60 qualifying respondents, the methodology of which was presented in Section 3.8.1. This section will discuss the quantitative data independently from the results of the qualitative data that was presented previously in this chapter. An additional discussion section will be provided at the end of the chapter that will integrate the findings of both the qualitative and quantitative data.

This section is organized according to the six research questions and the data that addresses each of those aspects of this study.

##### **4.3.8.1 Discussion: Experiences and challenges of trafficked women**

The experiences and challenges section of the survey contained the most questions. It asked about the types of violence experienced, emotions, expression of emotions, hopes and fears, family and community reactions, help-seeking, trafficked women’s understanding of the reasons for their experiences, positive and negative coping, and barriers to obtaining help. The results were categorized to address the physical, psychological, and behavioral impact on trafficking victims; the reactions of family and community; protective factors and resilience; and approaches and barriers to help-seeking.

The physical impact enquiry was limited to investigating what kinds of violence trafficked women experienced. In this study only people working with women who had experienced sexual violence were included. As such it would be expected that sexual violence would be the primary impact as it would seemingly apply to all the respondents. However, frequency of response placed it behind the most common type of violence being physical threats. Interestingly, previous research has shown that trafficked women do not define all sex as violence (Oram et al., 2012). As this survey was completed by those working with sexually-exploited trafficked women, it appears that they share this perspective and that either not all sex within the

trafficking situation is violent, or both the survivors (more understandably) and those who work with them are colluding to minimize and define non-consensual sex as non-violent. This is in sharp contrast to the rape crisis centers that educate women that any sex that is not between equally powered and consenting adults is violence.

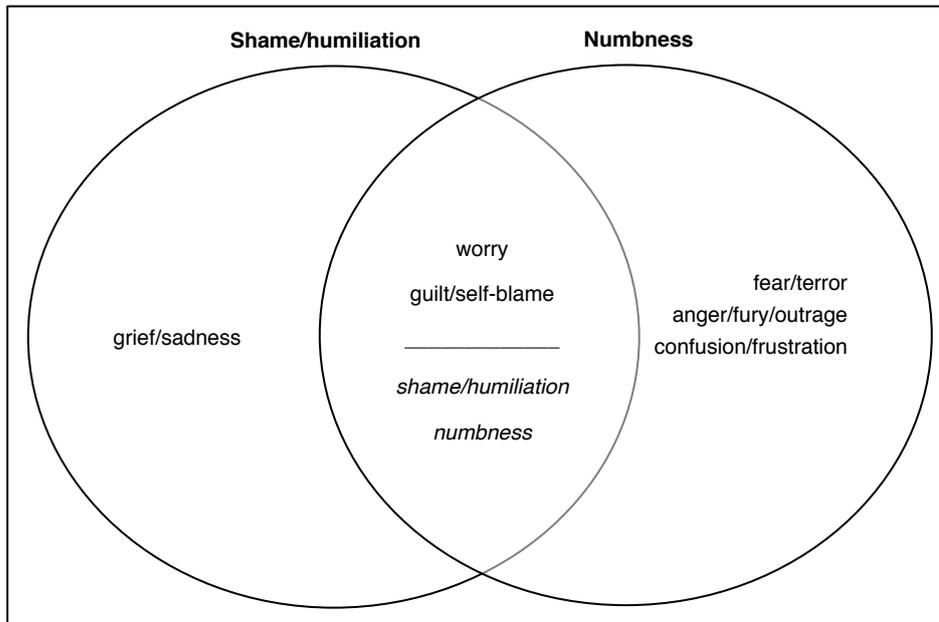
It is also interesting to note that the threats of physical harm were more common than actual harm. While it would make sense from an escalation perspective, there is a stereotype of pervasive violence in trafficking situations that could create an expectation that higher levels of completed violence being reported. During the administration of this survey the author was contacted by another researcher, challenging the ‘violence bias’ he perceived was reflected in the survey instrument. The survey included one question about violence, so it is unclear as to the source of the bias. However, in further communication with the researcher, more information was obtained to support a view that there is less violence inherent in human trafficking in Asia than in other parts of the world. This is addressed in more detail in the section on cultural perspectives Section 4.4.2.

The categories of psychological impact were not taken from the commonly applied constructs that cluster the symptoms of PTSD, depression, and anxiety (Kiss et al., 2015; Zimmerman et al., 2008), but rather from the fuller range of psychological reactions to trauma (NOVA, 2009). Based on the results of the interviews, these included numbness, anger/fury/outrage, fear/terror, confusion/frustration, guilt/self-blame, shame/humiliation, and grief/sorrow, with the addition of worry and identification with the person who trafficked them. Worry received the highest Likert-type rating and identification the lowest. Worry is closely related to anxiety (Andrews et al., 2010) and is, in fact, the key feature of the Generalized Anxiety Disorder (GAD) (APA, 2013c). Since both GAD and PTSD are anxiety-based disorders and are two of the three disorder constructs most frequently researched, it appears that worry or anxiety is conspicuously absent from the crisis reaction model presented in the training model used by the author (NOVA, 2009).

While worry, shame/humiliation, grief/sadness, and fear/terror were rated as the most frequent reactions of trafficked women on the Likert-type scale, the emotional reactions with the highest number of positive correlations were shame/humiliation

and numbness. The clusters of highly correlated reactions with shame/humiliation and numbness cover all of the emotional reactions asked about except identification with the trafficker and acceptance. See Figure 4.13.

**Figure 4.13: Comparison of reactions correlated with numbness and shame/humiliation**



Source: Developed for this research.

It appears contradictory that numbness and anger/fury/outrage are correlated because conceptually numbness is the lack of emotion and anger is a strong active emotion. However, it is possible that if anger/fury/outrage are not acceptable emotions to the individuals in the GMS—perhaps having been socialized that way in the family or culture, numbness could be the repression of anger/fury/outrage that on occasion ‘explodes’ from the pressure of being repressed.

While worry is ranked as the highest mean score on the Likert-type scale, it has the fewest correlations with experiences and behaviors. If worry were to be combined with fear/terror (not ranked high on the Likert-type scale), because worry is caused by fears, it would have a closer number of correlations to the other categories. Also, fears are highly correlated with other emotions (except anger/fury/outrage and confusion/frustration). As illustrated in Figure 4.13 this range of emotional reactions studied has a number of interrelated connections and intersects with the ‘whole range of emotions’ reported in the interview data.

Another way to look at these emotional reactions to crisis and trauma, as asked in the survey and outlined by the National Organization for Victim Assistance (2009), is to compare them to the symptom clusters for the diagnostic criteria most often used in trauma research—depression, generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD).

**Table 4.57: Comparison of depression, GAD, and PTSD symptom clusters (DSM-V) and the correlated reactions to trauma**

Reactions to trauma	Depression	GAD	PTSD
1. Numbness	Depressed mood Loss of interest/pleasure Loss of energy or fatigue	Easily fatigued	Avoidance
2. Fear/terror		Excessive anxiety/worry Difficult to control worry	Intrusive symptoms
3. Anger/fury/outrage		Irritability	Arousal and reactivity
4. Confusion/frustration	Impaired concentration or indecisiveness	Difficulty concentrating or mind going blank	Negative cognitions
5. Worry		Excessive anxiety/worry Difficult to control worry	Negative cognitions
6. Guilt/self-blame	Worthlessness/guilt		Negative cognitions
7. Shame/humiliation	Worthlessness/guilt		Negative cognitions
8. Grief/sadness			

Source: Developed for this research based on APA (2013c) and NOVA (2009).

Grief and sadness, which was rated as ‘almost always’ on the Likert-type rating, is not represented among any of the diagnostic disorders in Table 4.57. Grief and sadness would not be represented because they are considered healthy responses to trauma. Grief and sadness correlated with positive coping just as acceptance as an emotional reaction correlated with positive coping—accepting suffering and trying to forget. If it can be accepted that in some cultures trying to forget is a positive approach to coping, then the cluster of reactions (grief and sorrow, and acceptance) and coping (acceptance of suffering and trying to forget) may be present together in a positive approach to trauma.

The emotions related to the reactions to trauma were also correlated with the other categories of experiences and behaviors: hopes and fears, family and community reactions, help-seeking, trafficked women's understanding of the reasons for their experiences, positive and negative coping, and barriers to obtaining help. Table 4.58 provides a summary of the correlations.

**Table 4.58: Experiences and behaviors as correlated with crisis emotions**

Reaction	Categories	Specific experience/behavior
1. Numbness	Expressing emotions: Fears: Negative coping: Not help-seeking:	Self-harming Re-experiencing the trauma, seeing the trafficker, being trafficked again, safety, shaming their family Isolation and withdrawal, seeking out unhealthy relationships Due to safety concerns
2. Fear/terror	Expressing emotions: Fears:	Self-harming Re-experiencing the trauma, seeing the trafficker, being trafficked again, sex, safety
3. Anger/fury/ outrage	Expressing emotions: Hope: Help-seeking: Reason for being trafficked: Negative coping:	Violence against others, self-harming Revenge against the person who trafficked them Through a hotline They have done something wrong, god is unfair; karma Self-harming, seeking out unhealthy relationships, buying other's affections, direct aggression and anger against others, engaging in risk-taking behavior
4. Confusion/ frustration	Help-seeking: Reason for being trafficked: Community reaction: Negative coping:	Non-verbally They had done something wrong Being stigmatized by the community as a social evil Avoiding emotions and memories of the trafficking experience, seeking out unhealthy relationships
5. Worry	Fears	Seeing the trafficker, shaming their family
6. Guilt/self-blame	Expressing emotions through: Fears: Hopes: Help-seeking: Reason for being trafficked: Negative coping:	Self-harming Seeing the trafficker Revenge for the person who trafficked them, justice for the person who trafficked them Non-verbally Because they are stupid Seeking out unhealthy relationships, directing anger and aggression toward others
7. Shame/ humiliation	Fears: Reaction of the community: Positive coping: Negative coping: Prevented from seeking help:	Seeing the trafficker again, that family will not accept them, shaming their family Treat them as a social evil Believing that god is in control of their misfortune Isolation and withdrawal, seeking out unhealthy relationships, avoiding emotions and memories of the trafficking experience Because of societal values
8. Grief/sadness	Help-seeking: Positive coping:	Coming to an organization to visit and talk Depending on social support, upgrading through education and employment

Reaction	Categories	Specific experience/behavior
9. Acceptance	Expressing emotions: Positive coping:	Trying to forget Accepting that suffering is a normal part of life

Source: Developed for this research.

In exploring how trafficked women express their emotions, self-harm was ranked in the top three mean scores. The implications and further investigation of this is beyond the scope of this study. However, the other two highly ranked forms of expression, silence and talking, are important to consider because they directly inform approaches to mental health and have to do with the different ways that cultures handle traumatic experiences.

Behaviors resulting from the trafficking experience were analyzed by looking at the behavioral ways trafficked women expressed their emotions and negative coping. Prior researchers' identification of self-harming as a behavioral impact of trafficking (Briere & Gil, 1998; Clawson et al., 2006) was supported in this study with self-harming having multiple correlations with emotional reactions as well as with negative coping. The behavior with most correlations with other behaviors was risk-taking behavior, which could be viewed as an extension of the emotional dysregulation also reported by Briere and Spinazzola (2005). The response that was ranked the highest on the Likert-type scale mean scores was avoidance, but when correlations were reviewed, it had the fewest. This could indicate that avoidance is a regularly seen behavior, but since all of the other behaviors were arguably unhealthy coping behaviors, there was a low correlation due to the Asian cultural perspective of putting the past in the past, saving face, not showing ones dirty laundry in public, and not talking about their experiences.

Another area of inquiry looked at how the family and the community respond to the trafficked person. There were more correlations in this area of investigation than in others. The community was found to accept the person back less frequently and most frequently reported to respond with discrimination. The family, on the other hand, were least likely to say bad things and most likely to accept the person back with their 'face on' (not talking about their experience). However, the correlations indicate that positive correlations of both family and community saying bad things,

blaming and condemning and stigmatizing the trafficked woman are prevalent. The contradiction between family being most likely to accept the person back and their negative responses might indicate that while both families and communities share similar value judgments, families are the most likely segment of community to accept a trafficked woman back in some way. See Table 4.59 for a summary of the correlated findings of how the family and community respond to trafficked women.

**Table 4.59: Comparison of family and community reactions to trafficked women**

Family	Family & Community	Community
Says bad things about the trafficked person	Says bad things about the trafficked person	Says bad things about the trafficked person
Blames/condemns	Blames/condemns	Blames/condemns
Stigmatizes as social evil	Stigmatizes as a social evil	Stigmatizes as a social evil
Discriminates		Discriminates
	Accepts the person back if they return 'with their face on' (keeping the story and feelings inside)	

Source: Developed for this research.

This is similar to Surtees' (2013) findings that the community can present challenges in (re)integration. She expands on this to describe that these kinds of behavior are reported to go on in front of the persons as well as behind their backs.

Positive coping and resilience were investigated by obtaining information about positive coping and the hopes of trafficked women. The hopes of trafficked women reported by respondents (a stable life, happiness, and economic independence) can be interpreted to be related to the protective factors of stability through economic opportunities which provide stability, disposition or the happiness that one can gain with meaning, hope, relationships, and self-worth (Carter, 2012; de Jong, 2002). In reviewing the greatest and least number of correlations, physical activity had the highest number of correlations and religious faith had the lowest. Physical activity denotes being able to do things for oneself, and is represented in de Jong (2002) as a protective factor. The fact that religious faith has the lowest number of positive correlations seems to contradict the standpoint presented by secular-based reports.

These reports suggest the importance of connection with cultural values, including spiritual (Devine, 2009), and religious-based curriculums suggest that freedom from bondage comes through faith (Faith Alliance Against Slavery and Trafficking (FAAST)). This study did note the importance attached by respondents to attributing aspects of their disposition to spiritually related concepts such as fate, karma, spiritual punishment and believing that god is in control. This could be explained as a manifestation of victims believing that due to their perceived guilt and resultant spiritual punishment, they cannot be redeemed through faith, or it could mean that there were no faith-based interventions in the sample that were having a positive impact. This is an area that needs further careful investigation.

Help-seeking behavior based on Likert-type responses as reported by workers in organizations included seeking support through a longing look or tears, talking to family or friends, or seeking out other women with similar experiences. There is not much in the literature about the women's natural positive approaches to help-seeking. The literature primarily focuses on the barriers between women's needs and women obtaining services (Surtees, 2013). In looking at the most favored help-seeking behaviors, one is passive and three are active. When viewing the active approaches, the trafficked women reach out to two categories of communities, natural and 'unnatural' (NOVA, 2009). Natural communities consist of people that the person already knows—family and friends. 'Unnatural' communities consist of people whom the trafficked woman may not know. However, unnatural communities could be considered as a natural community because of the shared experience of other trafficked women.

#### 4.3.8.2 Discussion: Cultural perspectives related to trauma

There are many questions related to aspects of the trafficked woman's experience that elicited implicit cultural information such as, 'Do trafficked women in the GMS express by talking or not talking?' However, this study sought to focus on a deeper understanding of the worldviews, values, attitudes, and beliefs of the trafficked women that arise from their cultural orientation to the world. The question related to this line of enquiry asked what or how a woman understood the reasons (or why) the trafficking and/or violence had happened to her. The questions ranged from asking

about a perspective related to a power greater than themselves—god, destiny, fate, and karma; personal attributes—ignorance or they had done something wrong; and reasons related to social systems—poverty, responsibility to the family, or community values. The literature reveals only a limited discussion of karma and fate in relation to cultural dimensions affecting the experiences and challenges of trafficking victims (Devine, 2009; Rechtman, 2000).

In response to Likert-type questions, the most frequently understood reasons for being vulnerable to trafficking are that;

- it is something they must do because of responsibility to the family;
- it is bad luck, fate, and this is what happens to poor people.

The mean scores of the two questions related to god, punishment, and unfairness were rated between ‘seldom’ and ‘sometimes.’ The other greater or higher power questions related to karma and fate were rated higher, between ‘sometimes’ and ‘often.’ However, when correlations were reviewed, a number of statistically significant relationships were shown:

- |                            |                          |
|----------------------------|--------------------------|
| ▪ God is unfair            | God’s punishment         |
| ▪ Fate                     | Bad luck                 |
| ▪ Believing I must do this | Minimizing what happened |
| ▪ Karma                    | Fate and bad luck        |

The results from the descriptive statistics align with the correlations. In relation to the woman understanding the terribleness of her trafficking experience, it makes sense that god’s punishment and unfairness would be linked together. Fate is understood as linked to destiny and not related to actions on the part of the individual. This would intuitively pair it with bad luck. Believing that the trafficking work is something the victim was compelled to do out of family duty and obligation, which is an honorable way to act, can result in the person cognitively minimizing the negative impact of what they have experienced, because there was a purpose to the pain.

The last set of correlations (karma, fate, and bad luck) may seem counterintuitive, but can be understood from the perspective that karma and fate are often confused as meaning the same. Devine (2009) provided a limited discussion on karma and fate that links them together in one part of his report on the GMS. Then in another part he speaks about fate independently, reflecting that fate is just bad luck and that maybe next time luck will be better. Karma is not about luck, but about getting returned to the individual the good or bad they have put out into the world.

#### 4.3.8.3 Discussion: Current services to support trafficked women

In reviewing the services that are needed and those that are being provided, two general foci of analysis were considered. First, specific types of programs were reviewed in terms of level of need and level of availability as perceived by the aftercare workers. Second, four areas of need (duration of service, social support, physical safety, and emotional trust) were correlate approaches to providing a supportive environment within programs.

**Types of services.** Generally, all aspects of counseling programs were rated as being needed ‘often’ to ‘almost always.’ These include counseling groups, counseling, self-help, information and referral, crisis intervention, and spiritual support. The services currently being provided were up to 0.6 mean score (on a Likert-type scale) lower than the reported need suggesting a deficit in services with one exception. Information and referral needs were reported as being provided at a level just slightly higher than needed.

**Types of need and approaches to providing a supportive environment.** The second focus of analysis had to do with four main areas of need for trafficked women and how those correlated with providing a supportive environment. The main areas of need that were most correlated and arguably most needed were a) the length of time of services and b) the level of social support needed, both of which suggest the need for mental health and psychosocial programs.

The two areas of a supportive environment that correlated with the four main areas of need (duration of service, social support, physical safety, and emotional trust) are assistance with physical complaints and responding to angry outbursts. The results

suggest that the length of time that a person needs support increases relative to their need for a supportive environment that can assist with physical complaints and respond supportively to angry outbursts. Additionally, if physical complaints are to be classified as somatic expressions of trauma (Oram et al., 2012; Zimmerman et al., 2008), then it can be concluded that a higher level of mental health and psychosocial support is needed across all domains: length of time, social support, physical safety, and emotional trust.

This high need for support for angry outbursts contrasts with the earlier discussion that the angry outbursts were reported as something that only happens ‘sometimes.’ These two results may be interpreted to mean that angry outbursts are a low frequency, but high impact events, that require a comprehensive supportive environment when they do occur.

Emotional trust was the area of need that was least correlated with the approaches to providing a supportive environment. This does not seem intuitive considering how much emphasis is placed on the damage of relationships, either pre-trafficking, during trafficking, or during attempts to (re)integrate. However, it may be that other areas of service (time, social support, and safety) are more foundational to rebuilding trust than the specific efforts to build trust.

#### 4.3.8.4 Discussion: Training aftercare workers have already received

An aim of this study was to conduct research that would enhance the training of non-professionals working with trafficked women. The intent of translating the surveys was to a) achieve penetration into the aftercare environment with those closest to the victims and attract the input of non-professionals, and b) seek to gain a depth of understanding into the culturally relevant dimensions of aftercare in the GMS. However, survey respondent demographics reflect that the majority of respondents are educated at a bachelor degree or higher level. This study was not able to obtain data of the training needs of non-professionals as intended.

A question about training and learning experiences that aftercare workers had already received was asked to provide a baseline in determining what training was desired (next section in the survey). Because of the high educational level of the

respondents, it can be expected that the training opportunities of the non-professionals (to be targeted by the training) are more elementary than those of this study's respondents, and that the training needs would be more basic and extensive than those addressed in the next section on skills development needed.

The majority of respondents reported attending formal training at least once a year as well as receiving monthly supervision. The respondents indicated that more learning had occurred outside of formal learning opportunities. This suggests that formal training opportunities are not prevalent and that there is a need for the development and provision of more formal training opportunities.

#### 4.3.8.5 Discussion: Further skills development needed

The need for further skills development addressed: a) the barriers to providing the needed services, b) the expressed needs for programs to better serve trafficked women, and c) the desire for more training, as well as the training desired content.

Two questions were asked about training, one related to barriers to service delivery, and the second related to what needs exist to further develop services. In response to barriers to service delivery, a lack of training was ranked third, and in response to what is needed to provide better services, the need for training was ranked fourth. From both perspectives, more funding and resources were the most significant barrier and need.

In contrast to this, lack of funding did not correlate with any other barriers or needs. These different perspectives could be interpreted similarly to the CLA outcomes. In the CLA analysis, the litany response suggests that more funds and resources are always at the surface level of expanding and strengthening programs. However, at a deeper level, it emerged that more skills development is needed before services can be expanded, suggesting that more financial or other resources for training are a prerequisite to program and infrastructure expansion.

**Training interest and content.** There were three positive statistically significant correlations and all involved training. Additionally, more than half of the respondents (63.3%) responded that more training in the area of mental health and

psychosocial support is needed. Specifically they confirmed that EBFs are needed as has been recommended in prior research (Surtees, 2013; Tsutsumi et al., 2008; Williamson et al., 2009). Additionally, there was a desire for culturally relevant training, trauma focused counseling, and counseling for individuals and groups.

#### 4.3.8.6 Discussion: Preferred learning methods of aftercare workers

The final area of inquiry was to find out from the respondents how they would like to receive the training. Questions focused on the role of the trainer, and what kinds of methods, materials, and training configuration would be preferred. Surprisingly, three-quarters of the respondents indicated that participants should speak more and that the trainer should more often function in the role of facilitating learning rather than as an expert imparting learning. This contradicts Hofstede's assessment of power distance in Asian countries as reported by Gorman and Dorner (2006). Asian countries generally have a larger power distance meaning that the teacher determines the path of learning for the students. A potential way to make sense of and synthesize this desire for interaction, as opposed to the literature that describes a more traditional knowledge transfer pedagogy, is by interpreting the role of facilitation as one of clearly directing the learning objectives, but facilitating the peer-to-peer interaction required to achieve the desired learning. In this way the participants, within the framework set by the trainer, create the knowledge.

Desired learning resources were listed as trainers, audio-visual, or the Internet. For the preferred methods of learning, discussion, case studies, demonstration, and problem solving were the top responses. Role-playing was one of the options that did not rank as high. The preferred methods of learning are interactive (which could be deemed to fit into a collectivist culture) and facilitated by the trainer. In the case of demonstration, the expert could play a leading role promoting collaboration without group members having to step 'out.' Role-plays can be seen less as a collaborative effort and more of an approach that requires one or more people to 'act' in front of others and try a new skill. Given the responses, adopting this technique could be seen as risking a loss of face, if it is not done correctly.

The purpose of attending training was reported to be a desire to improve skills and provide the best services. The least important reason to attend trainings was to meet others doing the same work. This lack of interest in interacting with others doing the same work is interesting viewed from the collectivist society of Asia. However, collectivism appears to be more limited to interaction with a known group of individuals and not extended to new people or strangers.

#### **4.4 DISCUSSION: INTEGRATION OF INTERVIEW AND SURVEY RESULTS**

The final step in a mixed methods approach is to integrate the results of the qualitative and quantitative strands and address the areas of convergence and divergence of the data (Onwuegbuzie & Leech, 2006; Sandelowski et al., 2012; Yin, 2006). The comparison will be completed by integrating the data collected to answer each of the research questions as presented in Table 4.60. This will not be a representation of all the discussion but a summary to highlight the areas of similarities and dissimilarities.

**Table 4.60: Qualitative and quantitative data analysis to answer research questions**

Research Questions	Qualitative Results	Quantitative Results
RQ1. What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?	CLA and thematic analysis of Q1 to Q9	Descriptive and correlation analysis of Q7 – Q14, Q16, Q17, Q25, and Q28
RQ2. What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?	Thematic analysis of Q1 to Q9	Descriptive and correlation analysis of Q15
RQ3. What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?	Thematic analysis of Q10 to Q11	Descriptive and correlation analysis of Q6, Q18 – Q23, and Q28
RQ4. What training have aftercare workers who are providing services to those in and from the GMS already received?	N/A	Descriptive and correlation analysis of Q41, Q45 and Q46
RQ5. What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?	Thematic analysis of Q11	Descriptive and correlation analysis of Q24, Q29, Q48 and Q49
RQ 6. What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?	Thematic analysis of Q12 and Q13	Descriptive and correlation analysis of Q30 to Q35

\*Q numbers correspond to question numbers on the online and survey that are included in Appendix B and Appendix H, respectively.

Source: Developed for this research.

#### 4.4.1 Experience and challenges of trafficked women

The overarching narrative of the experience of trafficked women comes from the CLA, which tells the story of women living in societies that are poor and unable to educate all of their citizens, in which context daughters are expected to provide support for the family. Whether knowingly or unknowingly on the part of the woman and/or her family, she becomes trafficked. The social context of this study suggests that in contrast to the economic responsibility, women, mostly daughters are also expected to meet the strong sexual mores of society that place special values on virginity and loyalty to a husband.

The experience of trafficked women, as suggested by the results of this study, indicate that women are placed in a situation where their position in the community is sacrificed through coercion and/or uninformed choice for the economic survival

and aspirations of their family. It is with this background and context that the women enter the trafficking situation, live through the experience of sexual exploitation, and upon exiting, enter into the aftercare program (Zimmerman et al., 2011).

It seems that this worldview has been inculcated into the girl/woman during formative years and adolescence, and it is the same worldview to which she will return upon (re)integration. This phenomena is not unlike the practices of genital mutilation with cultural worldviews that place a high value on the collective cultural identity (Hellsten, 2004). It appears that without a shift in worldviews that changes such deeply embedded beliefs, the problem will continue unless there is a significant change in the socio-economic conditions of affected communities, or unless the sex-related social mores change based on awareness and educational interventions.

The emotional response described in the interview as ‘whole chain of emotions’ is reflected in the survey response and agrees with the significant emotional impact on trafficking victims reported in the literature (Flowers, 2001; Macy & Johns, 2011; Raymond & Hughes, 2001). From the interviews, identification with the trafficker, and worry were added to response options in the survey. While identification with the trafficker remains within the full range of possible reactions and is understood to be a traumatic bonding or experience of the stockholm syndrome (Devine, 2009), it was not a predominant emotional reaction based on the survey results. Worry, however, was the highest rated, with a number of correlations with other emotions. The inclusion of worry based on the findings is a significant conclusion and informed the application phase of this study. Additionally, fears resulting from the trafficking experience featured prominently in both the interview and survey data. In the qualitative data the list of fears was extensive, and in the quantitative findings there were correlations with most other emotions.

#### **4.4.2 Cultural perspectives related to trauma**

The cultural perspectives in the survey focused primarily on how the trafficked women understood their reasons for having been trafficked, and the tension between whether it is positive or negative coping to stay silent and not talk about the trafficking experience. The survey provided a consolidated picture of the GMS

relevant to these issues, but the interview data provided richer detail about the variations by countries, especially Thailand, Cambodia, and Vietnam.

In the interview data, aspects of understanding why the trafficking happened were karma and punishment. In the survey data, karma scored high, but punishment was not reported as strongly. Throughout the interview data, there was a strong narrative that women are ashamed to talk about or let others know about their experiences. A concern that this would expose the ‘bad thing that has happened to them,’ because they had done something bad in this life or in a past life, was a significant feature of the qualitative findings.

It may be that the trafficked woman does not see what has happened to her as abuse. She may see it as bad karma that she has had this bad thing happen to her. She sees it as being shameful, and in keeping this shameful experience to herself may not know that anything can be done about her situation.

The cultural conundrum of being violated in such a way that an individual loses a precious (their most precious) asset (virginity) and future aspirations (relationship with a husband) to fulfill the familial obligation of supporting the family was discussed in the previous section. The qualitative data revealed a deep insight as to the paradox this causes due to the accompanying shame irrespective of the outcome; unsuccessful at supporting the family or loss of virginity and the inability to marry. Additionally, the narrative extends by indicating that a traumatized trafficked woman may be a larger burden on the family when she returns than before she left, thus increasing the problems of the family and not alleviating them.

Asian societies are collectivist societies (Gorman & Dorner, 2006). Yet, trafficked women may not feel that they have an equal place within the society (Escueta & Butterwick, 2012) when abandoned, and thus isolated, in a society where it can be difficult to function individually. Research in Singapore interviewing child sexual abuse survivors show (Anderson, 2004) that these individuals were mostly the keepers of the secret (the family’s dirty laundry), and that they had to remain living within the family structure for survival, but were treated poorly or ostracized in some way.

There is another area of cultural difference that arose from an additional response to the survey related to the levels of violence or methods of coercion used in trafficking in Asia compared to Europe (see Section 4.4.2) for which scant reference could be found (Devine, 2009). Even though this constitutes an unsolicited observation from a survey respondent, the data are compelling, and enhance the rich picture intended by the exploratory phase of this research. It makes the point that in the context of Southeast Asia, a bias toward assuming high levels of violence in trafficking is misplaced.

Southeast Asia is somewhat different ... It also differs in that servitude is highly engrained in its agrarian society. It's not unusual for females to be considered less valuable than males due to an expected lower level of production and sold or traded into servitude. With this expectation, the victim views servitude with a higher degree of acceptance. Combined with the high work ethic that comes with a need to participate at a high level just to survive off the land, it's not unusual to see these attitudes transfer to the servitude. The need for violence is not near as great as would be seen in other geographical areas. Once in servitude, the victim is isolated from their past lives and introduced into a new group lifestyle where victims are clumped together, where they learn from each other, form new family bonds, and become dependent on each other. There's little need for violence when you can use the victims own personality, emotions, and culture to hold them in servitude. ...

What we tend to hear places an emphasis on violence and intimidation to hold the victim in servitude rather than what I have described. I think the reason for this lies in the need for funding and marketing methods that use horror stories to appeal to the benevolence of wealthy benefactors. The methods in Southeast Asia are somewhat different, not requiring the same level of violence that we are lead to believe. However, the end result is just as sinister. ... (Anonymous, personal communication, November 3, 2014)

It is compelling to consider the role of servitude and the bonds of the new community, especially if material needs are met. Similarly, the suggested effect that

those who are trafficked together could have on reducing the level of violence required for compliance is a cultural feature of trafficking in Asia. These latter insights require further investigation beyond the scope of this study.

#### **4.4.3 Current services to support trafficked women**

Results in both strands of the research reported a range of services that exist for trafficked women and expressed the need for further development. Both the interview and survey provided a picture of needs being met more completely than the picture that the literature gives about the services that need to be developed. The interviews highlighted that there is a difference in perception between the aftercare workers who believe they are meeting the needs of the trafficked women and the trafficked women's sense of feeling safe and having their needs met. It is possible that the aftercare workers are not aware of the larger range of needs that exist, perhaps outside of their organizations.

Training in various aspects of trauma was a strong need identified in both the qualitative and quantitative findings. One of the challenges in providing services that emerged from the interviews, but not the surveys, was that services for trafficked women vary depending on whether the trafficked woman has been certified as trafficked. However, some women are reluctant to go through the process of being certified, because they do not want to answer all the questions or complete the paperwork, and because they want to go home sooner.

#### **4.4.4 Training aftercare workers have already received**

This area of research was addressed only by the online survey, and the results are presented and discussed in Section 4.3.8.4. of this chapter.

#### **4.4.5 Further skills development needed**

The themes between the interviews and surveys about the skills development and training needed were very similar. Respondents of both want more counseling skills training, more knowledge about working with trauma, and training that is more culturally relevant. One interesting area of divergence is that survey results on how trafficked women express themselves ranked art and poetry low. However, art

therapy (and dance) were mentioned in the results of both streams of data as an area of desired development. The results would suggest that the aftercare workers see this as a needed area of training, because this is an alternative method of expression for the trafficked women in the context of cultures that do not support the verbal expression of emotions.

#### **4.4.6 Preferred learning methods of aftercare workers**

Both strands of results agreed that training in small groups was desirable, that participants want an interactive approach, and that there is a desire for visual aids. There appeared to be more interest in the networking opportunities for the interview respondents than for the survey respondents. A place of divergence was that more respondents in the interview process wanted the trainer to teach from an expert perspective, while the respondents of the survey wanted the trainer to teach more from a facilitator stance. A rough percentage of the interview respondents suggested 60% preferred the expert role. Even though the responses of the interview were more in line with the cultural perspective of a high power distance culture than the survey responses (Gorman & Dorner, 2006), they still seemed to lean less towards the expert role than the researcher had expected. This is one section in which the survey appeared to provide more detail with the rankings delineating the types of interactive methods preferred and not preferred.

### **4.5 CONCLUSION**

This chapter has presented the results of both the qualitative data collection instrument—the structured, but open-ended interview—and the quantitative data collection instrument, and provided discussions of their results individually in light of the literature as discussed in Chapter Two. Those two separate strands, which could have each been a full study in its own right, have been brought together in a mixed methods approach that looks at how those two sources of data compare to one another. In weaving those two strands together, the outcome is a stronger, more robust study with stronger reliability and validity in each method's ability to fill in gaps or weaknesses of the other. The next chapter covers the application of the

results of this study, while the final chapter will summarize the new insights of the current research and address limitations and areas of future research.

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# CHAPTER 5 TRAINING CURRICULUM AND CONCEPT NOTE DEVELOPMENT

## 5.1 INTRODUCTION

The present research study falls under the umbrella of the DPST program. Its focus is the advancement of professional practice based on rigorous research aimed at addressing a workplace or an industry problem. As described by the USQ (2015, para. 2, 3, 5, & 7), the aspects related to the application of practice are to:

- “Identify work place issues, possible solutions and change initiatives,”
- “demonstrate working at the leading edge of practice underpinned by theoretical understanding,”
- “contribute to the advancement of knowledge relating to professional practice and leadership in their chosen profession,” and
- “integrate empirical, methodological and theoretical knowledge that engages current practice-based issues and contributes to their practice as a professional.”

Previous chapters have focused on the methodology, results, and interpretation of a mixed methods study directed at developing an enhanced knowledge of the experiences and challenges of sexually exploited, trafficked females from the GMS. Additionally, this study investigated the training experiences of aftercare workers, the services they provide, needed professional development, and their learning preferences. This chapter focuses on the application of this research to solving the identified problem that aftercare workers need training that is high quality:

- based on research knowledge about trafficking within the GMS,
- based on evidence- and practice-based approaches to trauma mental health and psychosocial support, and

- culturally relevant.

This chapter is divided into three main sections: 1) an overview of the practice-based project, 2) the development of the training program based on the research findings, and 3) the development of the concept note.

The first section provides a context for the practice-based project; its aims, scope, milestones, and outcomes. The second section consists of a detailed description of the development of the training program including its learning approach, content, and agenda development. This section also includes a description of the foundational resources for content development and additional considerations for developing a training that meets the needs identified in this research. The final section provides an overview of the development of the concept note.

## **5.2 PRACTICE-BASED PROJECT OVERVIEW**

Based on the knowledge distilled from the literature review and this study's research, the NOVA CCRT training curriculum that addresses crisis and trauma for responding to community crisis and disaster was reviewed and modified. A preliminary training agenda, relevant to the audience of the GMS, was developed. The proposed training agenda was then positioned as the centerpiece of a concept note. The concept note has been developed to approach funders with the request to financially support the implementation of the proposed training. This encapsulates the purposes of the DPST degree and contributes to the prospective impact of this study.

### **5.2.1 Practice-based project aims**

The overall aims of the practice-based project was to implement original research that would contribute to the growing body of knowledge about human trafficking in the GMS, develop professional practice through the application of that research, build the organizational capacity of RCC, and develop the researcher from a practitioner to research practitioner. More precisely the aims of the project were to:

- Implement research that contributes to the knowledge of the experiences of trafficked women who have been sexually exploited,

- Implement research that develops knowledge about the educational needs and learning preferences of aftercare workers,
- Propose modifications to the NOVA CCRT curriculum used by RCC, adapting it to the issue of human trafficking trauma and to the cultural needs of aftercare workers in the GMS,
- Develop a concept note to solicit funding to implement the training.

These were the immediate practice-based project aims. The overarching purpose of the project was that trafficked women, who have been physically, and more relevant to the present study, emotionally, cognitively, behaviorally, and socially traumatized as a result of their trafficking experience, will be able to rely on skilled, knowledgeable, and informed aftercare workers to support them in re-establishing themselves as full members of their communities (Vijayarasa, 2009; Zimmerman, 2007).

#### 5.2.1.1 Background to the practice-based project

This project is based in the international arena that has identified human trafficking as a problem to be addressed locally, regionally, and internationally.

Internationally, the current response to human trafficking was initiated by the passage of the *UN Trafficking Protocol* (UN) passed in 2000 and implemented in 2003 (UNODC, 2009b). The *International Framework For Action* (UNODC, 2009b) was developed in 2009 to assist states to implement the provisions of the *UN Trafficking Protocol*.

The legislation and the *Framework and Toolkit to Combat Trafficking in Persons: Global Programme Against Trafficking in Human Beings* (UNODC, 2008) provide information on how to address the problem of combatting human trafficking by outlining methods to implement prevention, protection and assistance, prosecution, and coordination and collaboration measures. This research study and the associated practice-based project are focused on a narrow aspect of protection and assistance.

### 5.2.1.2 Practice-based project solution

The problem addressed is that aftercare workers do not have sufficient specialized training to meet the needs of trafficked women who enter aftercare programs. The problem is compounded by the adoption of aftercare frameworks that are contextually misaligned with the cultures of the trafficked women. This gap has been documented at the legislative, programmatic, research, and organizational levels.

At the legislative and programmatic levels, the *Framework's* interpretation—of what needs to be accomplished to meet the specifications of the *UN Trafficking Protocol*—recommends that “Training modules on trafficking in persons [be put]<sup>28</sup> in place in medical, psychological and social service curricula and professional training [that is]<sup>29</sup> available” (UNODC, 2009b), and recommends resources for implementation including the *Toolkit*.

The *Toolkit* (UNODC, 2008, p. 372) recommends that, “Immediate crisis counselling should be followed by a longer-term therapeutic intervention to address the needs of the victims as they progress towards recovery.” The *Toolkit* refers to *The IOM Handbook on Direct Assistance for Victims of Trafficking* (IOM, 2007) as a resource for information on implementing its recommendations.

*The Handbook* (p. 214) states, “At present, the research on mental health and trafficking is scant.” It also highlights the need for training. While it limits its recommendations to the needs of shelter staff, some recommendations are applicable to all aftercare workers. It recommends that training content include:

- “The trafficking phenomenon;
- General principles of law and rights of victims of trafficking, including reference to the Palermo Protocol [*UN Trafficking Protocol*]<sup>30</sup> and an overview of relevant national counter-trafficking laws and regulations;
- General guidelines for interventions aimed at the healing and recovery of traumatized victims;

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<sup>28</sup> Bracketed text inserted by author.

<sup>29</sup> Bracketed text inserted by author.

<sup>30</sup> Bracketed text inserted by author.

- Remedial action or intervention to promote recovery and support the rehabilitation of trafficking victims;
- Specific skills in communicating with traumatized victims;
- Multidisciplinary approaches and team work in delivering services;
- Principles of crisis management;
- Basic counselling principles;
- Specific counselling principles as applied to trafficking victims;
- Information on available support services and specialized services in the area;
- Safety and security training;
- First-aid training” (pp. 138-139).

*The Framework* also recommends *Caring for Trafficked Persons: Guidance for Health Providers* (Zimmerman & Borland, 2009) as a resource specific to the focus of protection and assistance. *Caring for Trafficked Persons* makes the following recommendations:

- “Staff and provider training should focus on describing the impact trauma may have on people’s behaviors, including ways in which patient’s post-trauma reactions may manifest as anger, irritability and belligerence, or withdrawal and avoidance” (p. 35).
- “Providers can minimize the potential for re-traumatizing trafficked persons by having well-trained personnel” (p. 35).
- “Essential training for providers working regularly with trafficked persons: Training in approaches to psychosocial support and mental health care .... Seminars for the staff should cover the following: the phenomenon of trafficking and its affect on victims; the importance of treating trafficking victims with dignity; interview techniques; basic knowledge about how to deal with persons who are very anxious, angry, suicidal, withdrawn or psychotic; empathetic listening and rapport-building skills; providing care while using interpreters; problem-solving skills; setting goals; assessing the mental state of a trafficked person; developing confidence in asking about a range of psychological symptoms; recognizing and diagnosing mental disorders and providing initial management using essential drugs; education

about symptoms; non-pharmacological management of medically unexplained somatic complaints; organizing small group activities; the roles and responsibilities of other professionals; and how to refer to these other professionals while maintaining confidentiality and upholding the patient's security" (p. 141).

From a literature perspective the need for training has been documented by a number of studies (Devine, 2009; Surtees, 2013). A more detailed documentation of the need for training of aftercare workers is provided in Section 2.5.3. The present research study contributes to the research-based documentation of the need for training of aftercare workers. This is discussed in detail previously in Sections 4.2.2.4 and 4.3.6.

What the *Toolkit*, *Handbook* and *Framework* do not explicitly address, which is proposed by the findings of this research to be a significant issue impacting efficacy, are the different cultural contexts of application. These resources all seem to have the underlying premise that application is global irrespective of cultural diversity. The research included a focus on the cultural perspectives of the communities from which trafficked women come and on the culturally specific needs of the victims. In addition to responding to the need for increased specialized training for aftercare workers, this study also supports the enhancement of training resources by including a cultural lens that will inform practice.

From the organizational (RCC) and professional perspective of the researcher, an awareness of the need to develop protection and assistance resources arose through personal conversations that occurred during training experiences in the Asian region.

The researcher has provided training in the area of crisis and trauma since the early 1990s when she was first trained through NOVA ([www.try-nova.org](http://www.try-nova.org)). She has been certified by NOVA as a Certified Crisis Responder and Trainer. The training was developed in a Western context addressing natural, industrial, and man-made disasters and their traumatic effects on people. In 1992, the skills learned domestically were applied to an international setting working with internally displaced persons of war in the former Yugoslavia. For this work NOVA adapted its core CCRT curriculum by incorporating an understanding of the phenomenon of living in a conflict zone and the impact of genocide.

In 1999, the researcher moved to Singapore and completed a Masters of Social Science (Social Work) at the National University of Singapore in 2005 while immersed in a culture different from her own. After 2001, with the establishment of RCC, a sole proprietorship, the researcher began delivering training to increasingly culturally diverse audiences in Southeast Asia, first in Singapore and then throughout the region in Myanmar, China, Indonesia, Vietnam, India, and Nepal.

Concurrently, in an effort to develop stronger clinical skills to respond to the long-term impact of trauma as well as to anxiety and depression, the researcher began work as a counselor at the SACAC (Singapore American Community Action Council) Counselling Office in 2007. This counseling experience expanded the researcher's clinical experience as anticipated and unexpectedly had the additional benefit of providing opportunities to work with people from more than 40 different cultural groups (primarily ethnic, but also religious).

The feedback received while conducting crisis response training in the region was that 'this kind' of training was needed for work with trafficking victims. Informal follow-up inquiries with international development workers as to whether this was true yielded a positive response. The researcher learned that many trafficking victims in developing countries are cared for within the context of child abuse or domestic violence programs, and that there is a need for specialized training on human trafficking. An interest in expanding and assisting in the development of the regional capacity to support trafficking victims through training aftercare workers began to germinate.

Finally, a review of existing training materials (discussed in detail in Section 2.6.6.1) identified a gap in the resources that are focused specifically on the experiences and needs of trafficking victims from the GMS with mental health and psychosocial support as the sole focus of the aftercare manual. This practice-based project was intended to develop training and an accompanying concept note to fill that identified gap.

## 5.2.2 Practice-based project scope

The scope of this practice-based project was to develop a product (the training curriculum and concept note) with an artifact that formalizes and documents the solution to the identified problem. The problem is the lack of skills and knowledge of aftercare workers to address the needs of trafficked women in the GMS.

The following section (5.3) outlines the development of a proposed training curriculum and concept note. The process began with a review of the existing NOVA CCRT training agenda. The review was conducted to assess what modifications were needed to meet the recommendations identified in the literature and present research. A revised training agenda was developed. Furthermore, based on the present research, recommendations were developed for the delivery of the training program in a culturally sensitive manner. Finally, the proposed developments were formalized in a concept note that can be used to approach funders to support the implementation of the training program.

## 5.2.3 Practice-based project milestones

While this chapter is primarily focused on the application of the research to the practice-based project, the milestones below include research tasks in recognition of the foundation they provide to the practice-based project. Research milestones included:

- Conduct a literature review to place the present research in the larger context of what research already exists and ascertain gaps that remain,
- Develop a qualitative structured, but opened-ended interview and quantitative online survey,
- Obtain approval from the USQ Ethics Committee for the proposed research,
- Identify a minimum of 10 volunteers who have experience with the population being researched and who were willing to be interviewed,
- Conduct and transcribe interviews,
- Complete an initial thematic analysis of interview data to identify information to incorporate in the final online survey,

- Arrange for the translation of the online survey into the five languages of the GMS countries included in the research,
- Format each language survey in SurveyMonkey<sup>®</sup>,
- Complete a comprehensive CLA and thematic analysis of qualitative data,
- Obtain participation of a minimum of 50 respondents in the online survey by socializing the network, attending regional conferences, writing a blog article, and identifying new contacts to expand the network,
- Complete descriptive and correlation analyses of the quantitative data, and
- Interpret and integrate the results of the interviews and online surveys.

Practice-based project milestones included the following:

- Develop a modified training based on the NOVA CCRT training, and
- Develop a concept note to use as a funding and participation solicitation tool.

#### **5.2.4 Practice-based project outcomes**

The practice-based project outcomes were two-fold: 1) development of a proposed training agenda with an accompanying recommended approach for culturally sensitive training delivery, and 2) development of a concept note.

### **5.3 TRAINING PROGRAM**

Using a transformative social constructivist approach to training implementation, the training program incorporated the learning from the literature review and exploratory mixed methods research design. The research data outlined the respondents' desired content and specified desired attributes of the training delivery.

Based on the Mental Health and Psychosocial Support in Emergencies Pyramid (IASC, 2007) discussed in Section 2.5, and adapted by UNICEF (Devine, 2009) for human trafficking response strategies, the proposed training has been targeted to meet the needs of service providers working at Level 3—"non-specialized services for at-risk groups" (Devine, 2009, p. 6). Level 3 is positioned between Level 2, which is focused on the broader community and its infrastructure, and Level 4, which focuses on specialized care by medical personnel and, in the case of mental health, specialized care by psychologists and psychiatrists. Level 3, as described by

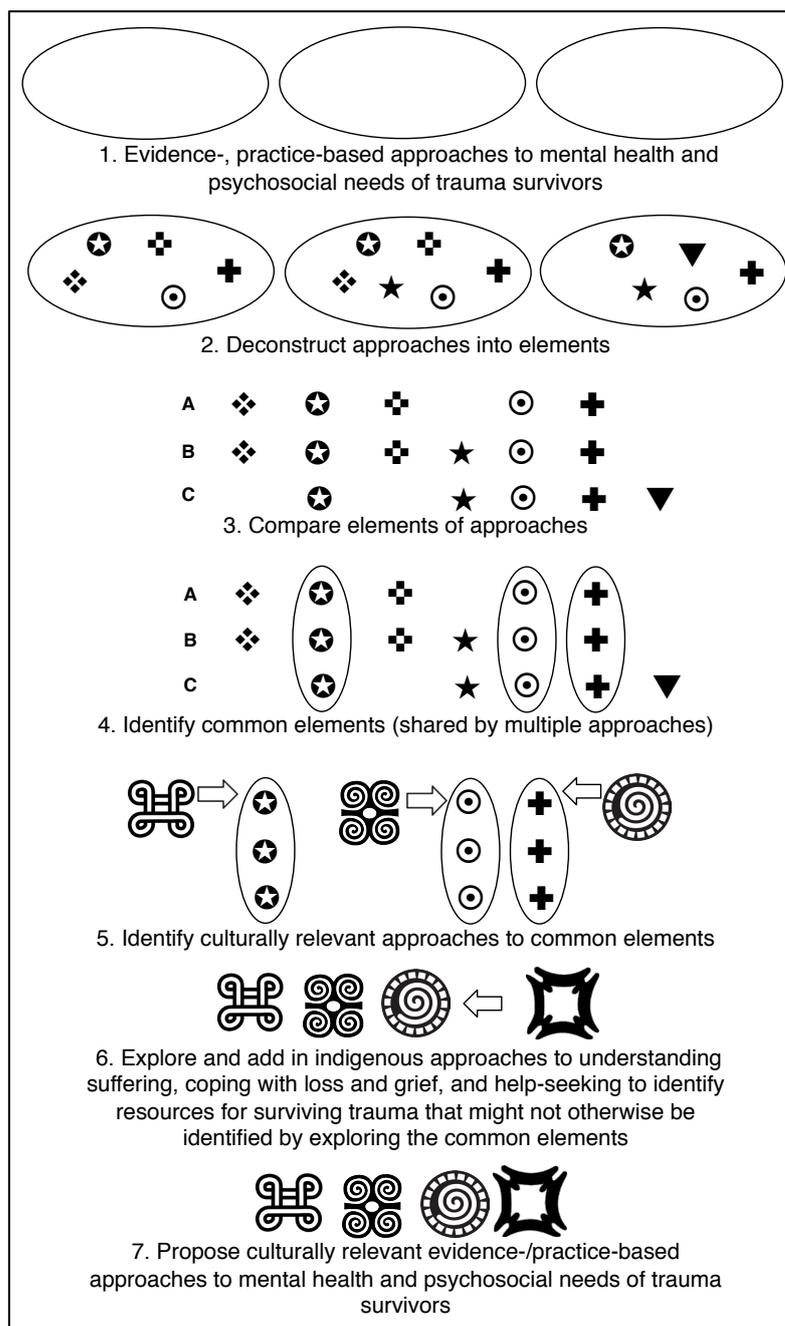
Devine, includes “structured support groups and recovery, rehabilitation and reintegration programmes” (Devine, 2009, p. 6). Level 3 can cover a broad range from non-professionals providing these services to more generalist mental health and psychosocial support service providers.

The enhanced training program is targeted to meet the needs of the broader range of aftercare workers—nonprofessionals to generalist mental health and psychosocial support workers.

### **5.3.1 Cultural transposition**

As has been acknowledged in the literature and this study, a critical aspect of a high quality training program for aftercare workers in the GMS is that it be culturally relevant. One aspect of this is the application of a practice-based concept of ‘cultural transposition’ that was introduced in Section 2.7.1.4. The ‘cultural transposition’ proposed by this study consists of seven steps and seeks to integrate best practice with indigenous practice (Bartsch, 1997). The following will provide an example of how this transposition can be applied to adapting EBP trauma counseling methods and will use evidence-based PTSD psychotherapies described by Schnyder et al. (2015) as an example. The following is a description of the ‘cultural transposition’ process following the steps outlined in Figure 5.1.

**Figure 5.1 Cultural transposition of core elements of mental health and psychosocial support for trauma**



Source: Developed for this research.

**Step 1: Identify evidence-, practice-based approaches to mental health and psychosocial needs of trauma survivors.** Schnyder et al. (2015) identified the following seven evidence-based PTSD psychotherapies.

- Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy (Cloitre et al., 2010)

- Cognitive Therapy for PTSD (Clark & Walker, 2011)
- Narrative Exposure Therapy (Elbert, Schauer, & Neuner, 2015)
- Prolonged Exposure Therapy (Foa & Cahill, 2001 as cited in Schnyder et al., 2015)
- Brief Eclectic Psychotherapy for PTSD (Gersons, Carlier, & Olf, 2004)
- Cognitive Processing Therapy (Resick & Schnicke, 1992)
- EMDR Therapy (Shapiro, 2001)

**Step 2: Deconstruct approaches into elements.** Each of the psychotherapy approach founders was asked to identify three elements essential to trauma treatment (Schnyder et al., 2015).

- Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy—1) improvement in emotion regulation, 2) making meaning of the traumatic events, and 3) psychoeducation
- Cognitive Therapy for PTSD—1) change problematic meanings, 2) access and change traumatic memories, and 3) learn to discriminate between the trauma and the present
- Narrative Exposure Therapy—1) exposure, including emotional reliving, 2) meaning making, and 3) mobilizing the resources of the survivor
- Prolonged Exposure Therapy—1) in vivo exposure, 2) emotional engagement, and 3) disconfirmation of negative expectations
- Brief Eclectic Psychotherapy for PTSD—1) trust therapist as an empathetic listener, 2) exposure to events and safe expression of emotion, and 3) recognizing the things that make life worth living
- Cognitive Processing Therapy—1) education of clients about PTSD, 2) affect regulation, and 3) non-specific effects of treatment (i.e. investment in one's well-being)
- EMDR Therapy—1) stabilization and self-mastery, 2) processing memories and triggers, and 3) teaching skills for appropriate social interactions

**Step 3: Compare elements of approaches and Step 4: Identify common elements shared by multiple approaches.** Schnyder et al. (2015) and the psychotherapy founders identified the following six common elements to PTSD treatment.

- Psychoeducation
- Emotion regulation and coping skills
- Imaginal exposure
- Cognitive processing, restructuring, and/or meaning making
- Addressing strong emotions
- Memory processing

**Step 5: Identify culturally relevant approaches to common elements.** This step would be completed in the context of the training, by providing brief education about each of the six elements and then asking participants to consider what contextually relevant practices might best work to address each area.

**Step 6: Explore and add in indigenous approaches to understanding suffering, coping with grief and loss, and help-seeking to identify resources for surviving trauma that might otherwise be identified by exploring the common elements.** The answer to the question, ‘What else?’ exists within the local resources for positively coping with these experiences.

**Step 7: Propose culturally relevant evidence-/practice-based approaches.** The participants’ recommendations would be built together into an approach that could be tested out with clients and reviewed at future trainings and supervisions and eventually evaluated.

This multiple step approach can be used with each of the frameworks proposed for use in the training addressed in Section 5.3.4. Examples of content development topics to which the cultural transposition process can be applied include group work, working with families, breaking bad news, and developing resilience.

Foundational to the application of a cultural transposition approach is a theoretical orientation that views participants as a resource for developing knowledge. The next section will address the constructivist, learner-centered approach applied to the development of the proposed training curriculum.

### **5.3.2 Constructivist, learner-centered approach**

The development of original knowledge, before there was codified knowledge, grew organically. Individuals and communities were confronted with problems they needed to solve, and people created solutions collaboratively. Western knowledge that is liberally applied around the world was first developed to meet the problems identified in the West and was found to work. It was a constructivist approach to development because there was no other option.

Constructivist learning was first formally explored in the context of adult learning in the 1980s (Baumgartner et al., 2003; Knowles, 1984). A more comprehensive review of the development of constructivist adult learning was discussed in Section 2.6.6.2.

A transformational social constructivist approach (Shamai, 2003) was used for the development of this training. The transformative aspect emphasizes the rejection of the traditional imposition of Western approaches that leaves those in the local context with no voice (Gadotti & Torres, 2009). This is represented in the use of the terminology ‘training facilitation’ instead of ‘training delivery.’ The social aspect denotes an emphasis on observing, not judging (Shamai, 2003). Van der Veer (2003, p. 16) uses the terminology “a process of discovery” to describe the constructivist process of learning.

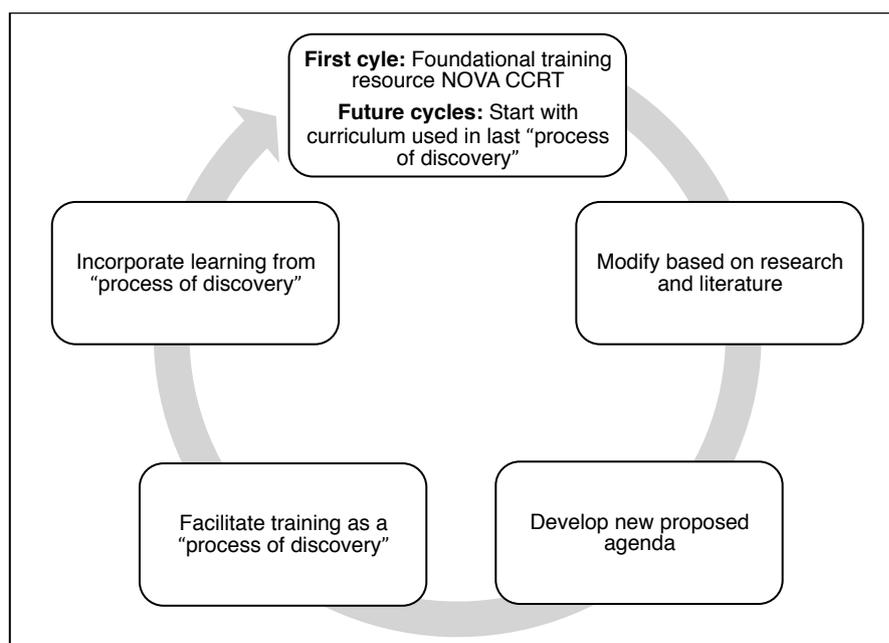
### **5.3.3 Curriculum development process**

The process of curriculum development began with a review of the foundational curriculum (NOVA CCRT). Modifications to curriculum content were identified based on the extant literature and the results of the present study.

A transformational, social constructivist approach to the delivery of the training that will allow the training leader to work through the curriculum as “a process of discovery” (van der Veer, 2003, p. 16) with the participants co-creating knowledge has been recommended. The training content has been organized and limited to frameworks based on the literature review and research results. This approach to development was taken to facilitate learning in a way that balances the need for structure from the training leader, as identified by Hofstede (1986) for societies with

a larger power distance such as those in the GMS, and the need for the constructivist development of culturally relevant training content through the training process. Beyond the scope of the present practice-based project will be the incorporation of the knowledge generated and learned through the first and subsequent trainings (See Figure 5.2). These will be based on an action research cycle.

**Figure 5.2: Cycle of curriculum development**



Source: Developed for this research.

### 5.3.4 NOVA CCRT curriculum modifications

Using the NOVA CCRT training curriculum as the foundational resource, Table 5.1 provides a summary of each chapter of the existing training in the left column and recommends initial modifications in the right column. The sections that have been used for training after disasters in Asia are marked with an asterisk.

Table 5.1: NOVA CCRT training content modifications

NOVA Crisis Response Team Training Manual	Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS – Process of Discovery
<b>Overview of crisis response*</b> Overview of the role of crisis response teams in responding to critical incidents.	<b>Overview of working with trafficked women</b> The background to the research informing the training and the theoretical orientation to the training; the role of the trainer and participants in knowledge construction
<b>The trauma response: Internal factors*</b> The physical and psychological reactions of the individual living through a crisis. The core of this is the emotions—fear, anger, confusion, guilt etc.—that were included in the online survey.	<b>How trauma affects the individual</b> The physical, emotional, cognitive, behavioral, and social experiences of the trafficked women.
<b>The trauma response: External factors*</b> The spatial, chronological, and role dimensions of a community-wide disaster are addressed.	<b>The litany, systemic, worldview, &amp; metaphor context of human trafficking</b> Exercise using the CLA structure to answer the question, ‘What are the experiences and challenges of women who have been trafficked and sexually exploited?’
<b>Crisis intervention*</b> Skills for providing one-on-one support focusing on safety & security, ventilation & validation, and prediction & preparation.	<b>Short- and mid-term crisis intervention and support</b> Retain the structure of safety & security, ventilation & validation, and prediction & preparation. Explore the cultural implications of providing support using this approach.
<b>Groups crisis interventions*</b> Skills for providing crisis intervention support to groups of people.	<b>Group counseling</b> Convert to group counseling based on the safety & security, ventilation & validation, and prediction & preparation framework. Explore the cultural implications of providing support using this approach.
<b>Death and death notifications*</b> Theoretical section about death and losses experienced through trauma, as well as the skills of breaking bad news.	<b>Grief/loss and breaking bad news</b> Explore the grief and loss experienced as a result of having been trafficked (with emphasis on cultural nuances) using the framework of material, physical, and intangible losses. Address the steps in breaking bad news and the cultural implications.
<b>Long-term stress reactions*</b> Theoretical section about how people are affected long-term by trauma using diagnoses from the DSM as a foundation.	<b>Long-term stress and trauma reactions</b> Explore long-term stress and trauma reactions using the frame work of re-experiencing (anxiety), avoidance (depression), behavioral arousal (anxiety), cognitive impact (negative thinking), and impact on functioning in life on education, work, and relationships.
<b>Post trauma resources*</b> This section addresses a number of tools, resources, and approaches that can be used when people are experiencing long-term reactions to trauma. The framework of the section is Education, Experience and Energy; Reassurance, Rehearsal and Referral; and Advocacy, Activism and Actualization.	<b>Long-term trauma support/counseling</b> This section addresses a number of tools, resources, and approaches that can be used when people are experiencing long-term reactions from trauma based on EBP. These resources will be targeted to address the long-term reactions identified in the <i>Long-term stress and trauma reactions</i> section as well as development of resilience and will explore the culturally relevant approaches that can be integrated.
<b>Spiritual dimensions*</b> Theoretical section exploring how the spiritual world of the victim is affected and can be a source of help and hurt after trauma. It includes an overview of the prevalent spiritual questions trauma survivors ask and a range of ways survivors resolve those questions.	<b>Spiritual dimensions</b> Theoretical section exploring how the spiritual world of the trafficked woman is affected and can be a source of help and hurt after trauma. Based on training input, develop a list of the relevant spiritual questions and coping adopted by trafficked women.

NOVA Crisis Response Team Training Manual	Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS – Process of Discovery
<b>Coordinating a crisis response team</b> Guidelines for deploying an onsite team to respond to a community crisis.	Eliminate – not relevant
<b>Local pre-crisis planning</b> Preparations made by communities in advance of a critical incident.	Eliminate – not relevant
<b>Managing the media in crisis situations</b> This section discusses ways of working with the media and how they can be helpful and unhelpful.	Eliminate – not relevant
<b>Cultural issues</b> Theoretical discussion exploring how culture affects the impact, interpretation, and response to trauma. Includes a discussion about ways of working sensitively across cultures.	<b>Cultural dimensions</b> Conceptual section exploring how culture affects the trafficked woman and how to work with cultures different from one's own. This section will also address cultural expectations related to learning and training.
<b>Continuum of age – children*</b> This section addresses the special issues of trauma based on the developmental stages of children and provides tailored approaches for working with children.	Eliminate – not within the scope of this research and training
<b>Continuum of age – elderly*</b> This section addresses the special issues of trauma based on the adaptation stages of the elderly and provides tailored approaches for working with the elderly.	Eliminate – not relevant
<b>Stress reactions of aftercare workers*</b> Discusses the impact of working in trauma situations on the aftercare workers from a theoretical perspective and methods of developing personal resilience.	<b>Stress reactions of aftercare workers</b> Explore the impact of working with trafficked women from a practical and theoretical perspective, as well as ways of strengthening personal resilience.
<b>Crisis responders as volunteer professionals</b> Discusses the development of crisis responders from the role of volunteers to professionals.	Eliminate – not relevant
<b>Simulate/practice a group crisis intervention session</b> Simulation/practice of the group crisis intervention protocol discussed in an earlier section.	<b>Demonstrate/practice group sessions skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.
<b>Class presentations: Response plans for communities in crisis</b> Case scenarios for which training participants develop a crisis response team plan.	<b>Demonstrate/practice crisis intervention skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.
<b>New content</b>	
	<b>Demonstrate/practice breaking bad news skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.
	<b>Creating a supportive program environment</b> Explore supportive approaches to working with trafficked women as exhibited in the behavior and

NOVA Crisis Response Team Training Manual	Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS – Process of Discovery
	interactions of program staff that help create a safe program environment.
	<b>Handling crisis within the program/shelter</b> How to resolve a crisis when it is happening, and how to support residents who have witnessed the crisis and re-establish a safe environment.
	<b>Assessment</b> Assessment of clients' risk and overall mental well-being.
	<b>Basic communication skills</b> Learn essential skills such as passive/active listening, asking questions, reframing, and problem-solving.
	<b>Life skills development</b> Learn skills that will help the trafficked women individually and in their relationships with others— family, friends, community, and work colleagues.
	<b>Training methods</b> Learn a variety of training methods including dialogue, lecture, brainstorming, group discussion, demonstration, and question and answer. Trainers will practice different training methods.

\*These are the sections that were used for trainings that the researcher delivered after disasters in Asia.

Source: Developed for this research.

### 5.3.5 Training content justification

The development of this modified training curriculum included the elements identified in the literature review, and the qualitative and quantitative research data collected as outlined in Table 5.2.

**Table 5.2: Justification for proposed training content based on literature and research**

Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery	Literature review	Qualitative research	Quantitative research
<b>First Module</b>			
<b>Cross-cultural dimensions of training</b> Explore participants' preferred styles of learning, the theoretical orientation to the training, the roles of the trainer and participants in knowledge construction.	Culturally appropriate (Devine, 2009; Surtees, 2013; Zimmerman & Borland, 2009)	Understand clients better Integrate Western-based training with cultural concerns of the trafficked women	Training on human trafficking victims' mental health problems How to provide culturally sensitive MHPSS

<b>Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery</b>	<b>Literature review</b>	<b>Qualitative research</b>	<b>Quantitative research</b>
<p><b>Overview of working with trafficked women</b></p> <p>Provide background to the research informing the training, as well as background on legislation, trafficking, and initiatives in the local context.</p>	<p>“General principles of law and rights of victims of trafficking, including reference to the Palermo Protocol [<i>UN Trafficking Protocol</i>]<sup>31</sup> and an overview of relevant national counter-trafficking laws and regulations” (IOM, 2007, p. 138)</p>		
<p><b>The litany, systemic, worldview, &amp; metaphor context of human trafficking</b></p> <p>Exercise using the CLA structure to answer the question, ‘What are the experiences and challenges of women who have been trafficked and sexually exploited?’</p>	<p>“The trafficking phenomenon” (IOM, 2007, p. 138)</p> <p>Incorporates conceptual “framework of cumulative harm” (Zimmerman et al., 2011, p. 328)</p> <p>Dimensions of human trafficking (Eisenman et al., 2006)</p>	<p>Understand clients better</p>	
<p><b>How trauma affects the individual</b></p> <p>Explore the physical, emotional, cognitive, behavioral, and social experiences of trafficked women.</p>	<p>“The trafficking phenomenon” (IOM, 2007, p. 138)</p> <p>Dimensions of sexual exploitation trauma (Eisenman et al., 2006)</p> <p>Interaction of physical &amp; mental health after trauma (Eisenman et al., 2006)</p> <p>Common mental health dimensions associated with trauma (Eisenman et al., 2006)</p>	<p>Understand clients better</p> <p>This includes the addition of ‘worry’ from the research.</p>	<p>Training on human trafficking victims’ mental health problems</p> <p>This includes the addition of ‘worry’ from the research.</p>
<p><b>Creating a supportive program environment</b></p> <p>Explore the approaches as exhibited in the behavior and interactions of program staff that will help to create a safe program environment for trafficked women.</p>	<p>Creating safe atmosphere (van der Veer, 2003)</p> <p>Building connection with the client (van der Veer, 2003)</p> <p>Need for confidentiality &amp; trust (Eisenman et al., 2006)</p>	<p>Better equipped shelter staff</p>	<p>Research results on providing a supportive environment</p>
<p><b>Handling crisis within the program/shelter</b></p> <p>How to resolve the crisis when it is happening, and how to support the residents who have witnessed the crisis and</p>	<p>“Principles of crisis management,” “safety and security training” (IOM, 2007, p. 139)</p>	<p>Better equipped shelter staff</p> <p>Training on how to manage a crisis in the shelter</p>	<p>Crisis management</p>

<sup>31</sup> Bracketed text inserted by author.

Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery	Literature review	Qualitative research	Quantitative research
re-establish a safe environment.			
<b>Second Module</b>			
<b>Assessment</b> Assessment of client's risk and overall mental well-being	Assessment (van der Veer, 2003; Zimmerman & Borland, 2009) "Developing confidence in asking about a range psychological symptoms" (Zimmerman & Borland, 2009, p. 141)		
<b>Basic communication skills</b> Exploring essential skills such as passive/active listening, asking questions, reframing, and problem-solving.	"Specific skills in communicating with traumatized victims" and "basic counselling principles" (IOM, 2007, p. 139) "Empathetic listening and rapport building skills" (Zimmerman & Borland, 2009, p. 141) Communication skills (van der Veer, 2003)		
<b>Crisis intervention</b> Retain the structure of safety & security, ventilation & validation, and prediction & preparation. Explore the cultural implications of providing support using this approach.	"General guidelines for interventions aimed at healing and recovery of traumatized victims" (IOM, 2007, p. 138) "Immediate crisis counselling" (UNODC, 2008, p. 372) Assessing risk (Surtees, 2013) Assessment (Bartsch, 1997) Listening (Bartsch, 1997) Communication (Bartsch, 1997) Crisis intervention (Bartsch, 1997) Understanding ways that trafficked women's reactions may "manifest as anger, irritability and belligerence, or withdrawal and avoidance" and "knowledge about how to deal with persons who are very anxious, angry, suicidal, withdrawn or psychotic"	Counseling Best practice	Psychosocial support Crisis management

<b>Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery</b>	<b>Literature review</b>	<b>Qualitative research</b>	<b>Quantitative research</b>
	(Zimmerman & Borland, 2009, pp. 35 & 141)		
<p><b>Demonstrate/practice crisis intervention skills</b></p> <p>Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.</p>		<p>Counseling</p> <p>Best practice</p>	<p>Psychosocial support</p> <p>Crisis management</p>
<p><b>Grief/loss</b></p> <p>This section will explore the grief and loss experienced (with emphasis on cultural nuances affecting trafficked women) as a result of having been trafficked, using the framework of material, physical, and intangible losses.</p>		<p>Understand clients better</p>	<p>Training on human trafficking victims' mental health problems</p>
<b>Third Module</b>			
<p><b>Long-term stress and trauma reactions</b></p> <p>This section will explore the long-term stress and trauma reactions using the frame work of re-experiencing (anxiety), avoidance (depression), behavioral arousal (anxiety), cognitive impact (negative thinking), and impact on functioning in life in education, work, and relationships.</p>	<p>“The trafficking phenomenon” (IOM, 2007, p. 138)</p>	<p>Developmental and complex trauma</p>	<p>Training on human trafficking victims' mental health problems</p>
<p><b>Mid- to long-term trauma support/counseling</b></p> <p>This section will address a number of tools, resources, and approaches that can be used when people are experiencing long-term reactions from trauma based on EBP. These resources will be targeted to address the long-term reactions identified in the <i>Long-term stress and</i></p>	<p>“Specific counselling principles as applied to trafficking victims” (IOM, 2007, p. 139)</p> <p>“Remedial action or intervention to promote recovery and support the rehabilitation of trafficking victims” (IOM, 2007, p. 138)</p> <p>“Longer-term therapeutic intervention” (UNODC, 2008, p. 372)</p> <p>Making referrals;</p>	<p>EBP</p> <p>TF-CBT</p> <p>Positive psychology</p> <p>Art &amp; games for counseling</p> <p>Physical counseling activities</p> <p>Art &amp; dance therapy</p> <p>Based on best practices</p>	<p>Evidence-based modalities treating complex trauma</p> <p>EBP for recovery &amp; empowerment</p> <p>Trauma treatment</p> <p>Cognitive behavioral therapy</p> <p>Psychological methods to support trafficked women</p>

Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery	Literature review	Qualitative research	Quantitative research
<p><i>trauma reactions section</i> as well as development of resilience. It will explore the culturally relevant approaches that can be integrated.</p>	<p>awareness of what exists and what does not; symptoms prompting referral (Zimmerman &amp; Borland, 2009)</p> <p>Working within the therapeutic window (Bicknell-Hentages &amp; Lynch, .2009)</p> <p>Treatments (Eisenman et al., 2006)</p> <p>Stress reduction (Bartsch, 1997)</p> <p>Community referrals (Bartsch, 1997)</p> <p>Family involvement (Bartsch, 1997)</p> <p>“Information on available support services and specialized services in the area” (IOM, 2007, p. 139)</p> <p>“General guidelines for interventions aimed at healing and recovery of traumatized victims” (IOM, 2007, p. 138)</p>		
<p><b>Cultural dimensions</b></p> <p>Conceptual section exploring how culture affects the trafficked woman and how to work with cultures different from one's own.</p>	<p>Culturally appropriate (Devine, 2009; Surtees, 2013; Zimmerman &amp; Borland, 2009)</p>	<p>Understand clients better</p> <p>Integrate Western-based training with cultural concerns of the trafficked person</p>	<p>Training on human trafficking victims' mental health problems</p> <p>How to provide culturally sensitive MHPSS</p>
<b>Fourth Module</b>			
<p><b>Group counseling</b></p> <p>Convert to group counseling based loosely on the safety &amp; security, ventilation &amp; validation, and prediction &amp; preparation framework. Explore the cultural implications of providing support using this approach.</p>	<p>Support to groups (IOM, 2004)</p> <p>“Organizing small group activities” (Zimmerman &amp; Borland, 2009, p. 141)</p>		<p>Evidence-based group modalities for treating complex trauma</p> <p>Trauma recovery for groups</p> <p>Family counseling</p>
<p><b>Demonstrate/practice group sessions skills</b></p> <p>Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies,</p>			<p>Evidence-based group modalities for treating complex trauma</p> <p>Trauma recovery for groups</p>

<b>Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery</b>	<b>Literature review</b>	<b>Qualitative research</b>	<b>Quantitative research</b>
demonstration, and problem-solving approaches.			Family counseling
<b>Spiritual dimensions</b> Conceptual section exploring how the spiritual world affects the trauma and how it can be a source of help or hurt after trauma. Based on training input, develop a list of the relevant spiritual questions and coping adopted by trafficked women.	Culturally appropriate (Devine, 2009; Surtees, 2013; Zimmerman & Borland, 2009)	Understand clients better	Training on human trafficking victims' mental health problems
<b>Fifth Module</b>			
<b>Breaking bad news</b> The steps in breaking bad news and the cultural implications.			
<b>Demonstrate/practice breaking bad news skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.			
<b>Stress reactions of aftercare workers</b> Explore the impact of working with trafficked women from a practical and theoretical perspective, as well as ways of strengthening personal resilience.	Care for the caregivers (Surtees, 2013) Possibility of burnout of care providers (Eisenman et al., 2006) Self-care (Bartsch, 1997) Stress reduction (Bartsch, 1997) Training and support are needed because working with trafficked women is highly stressful (Kliner & Stroud, 2012)		Further knowledge of vicarious trauma, as staff are often impacted by their own trauma and that of clients
<b>Sixth Module</b>			
<b>Life skills development</b> Developing skills that will help the trafficked women individually and in their relationships with others.	Life skills (Sekar, 2011) "Problem-solving skills; setting goals" (Zimmerman & Borland, 2009, p. 141)		Life skills

Proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery	Literature review	Qualitative research	Quantitative research
<b>Supervision &amp; skills practice</b> Crisis intervention Long-term counseling support Group sessions Breaking bad news			
<b>Training methods</b> Exploration of a variety of training methods including dialogue, lecture, brainstorming, group discussion, demonstration, role-playing, and question and answer. Trainers will practice different training methods.	Training methods (van der Veer, 2003)		

\*These are the sections that were used for trainings that the researcher delivered after disasters in Asia.

Source: Developed for this research.

### 5.3.6 Curriculum development resources

In addition to the training manual for the NOVA CCRT, there are a number of other resources that are foundational for content development. A number of the resources have been previously mentioned in Section 2.6.6.1. The following are additional resources:

**Where There is No Psychiatrist: A Mental Health Care Manual** (Patel, 2003) is a resource recommended by Zimmerman and Borland (2009) that has also been used by the researcher. It is intended for use in contexts that are low-resourced in terms of specialized psychological and psychiatric professionals. The relevant sections of the book discuss: assessment, pharmacological and talk treatments, concerning behaviors, medically unexplained symptoms, loss and violence-related problems, care for the caregivers, and support groups.

#### **Training Counsellors in Areas of Armed Conflict: Within a Community**

**Approach** (van der Veer, 2003) is a resource identified during a 2010 training on Mental Health and Psycho-Social Support in Areas of Post Conflict by HealthNet

TPO and COGIS in the Netherlands. While the experience upon which this resource has been developed is from all over the world, one of the countries is from the GMS—Cambodia. A particularly relevant feature of this resource, a “Preface for Western Trainers” (pp. v-vi), identifies key conceptual shifts that Western trainers must make in order to be effective in training cross-culturally from a constructivist perspective in low-resourced contexts. Van der Veer’s constructivist approach avoids imparting new knowledge and skills and is focused on helping participants to build on the skills, knowledge, and aptitudes they already have (van der Veer, 2003).

**Stress & Trauma Healing: A Manual for Caregivers** (Bartsch & Bartsch, 1997) is a more obscure resource. This manual was developed in South Africa by American Methodist missionaries (Bartsch, 1997) who spent a couple of years learning about the context of South Africa and developed a manual filled with exercises, illustrations, and teaching analogies relevant to the local context. The manual consists of two parts. Part I is directed at understanding stress and trauma, the recovery process, and the reintegration process. Part II is focused on the “wounded healer” (p. 149)—those who are wounded but also helpers or service providers. The content reflects the local context integrated with key therapeutic concepts such as cognitive-behavioral therapy (CBT). It was written prior to 2001, after which a number of approaches to group work changed, so it must be used with an awareness of the changes since that time.

### **5.3.7 Enhanced training curriculum content development**

In adhering to the transformational social constructivist approach the content development has been limited to frameworks, points of discussion, and resources that can be used to inform the content exploration of each training module. The literature reviewed as a precursor to the research provides a large array of resources for the development of the frameworks of the training. The results of this mixed methods study provide methodically sound, broad, and deep knowledge for content exploration and discussion in the training.

The following section provides an overview of frameworks and content that are used to structure the modified training curriculum.

### **Cross-cultural dimensions of training**

- Explore the meaning or definition of culture.
- Explore the influences that shape individual values, attitudes and beliefs using the *Matrix of Cultural Influences* (NOVA, 2009, pp. 13-3 to 13-5).
- Include a cultural awareness exercise such as sharing something about the participant's individual culture that others would not know just by looking at them.
- Investigate cultural narcissism and how it can affect openness and respect for other cultures (NOVA, 2009).
- Explore participants' preferred styles of learning, the theoretical orientation to the training, the roles of the trainer and participants in knowledge construction.
- Include a discussion of Hofstede's dimensions (1986), the results of the present study, and implications for the training process.

### **Overview of working with trafficked women**

- Provide background to the training from this study.
- Provide brief legislative context.
- Provide brief GMS regional context including initiatives and best practices (this is best provided by someone local).

### **The litany, systemic, worldview, and metaphor context of human trafficking**

- Employ an exploration exercise using the CLA structure to answer the question, 'What are the experiences and challenges of women who have been trafficked and sexually exploited?'
- Utilize a worksheet of questions to facilitate discussion of each of the CLA layers (See Table 5.3).

**Table 5.3: CLA discussion worksheet**

<b>Discussion Worksheet</b>	
Thinking about the experiences and challenges of women who have been trafficked and sexually exploited...	
<b>1. What is observable about the experiences and challenges of the woman with whom you work?</b> <i>Describe their reactions? ...their problems? ... strengths? ... coping? ...fears? ...hopes? ...needs?</i>	
In summary, the experiences and challenges of trafficked women are _____	
_____	
<b>2. What supports or limits do trafficked women experience in their efforts to cope? ...to get what they need? What support and limits do you and your agency experience in your efforts to support trafficked women? Think in terms of agencies, organizations, society, community, and family.* What is helpful? What is unhelpful?</b>	
<b>3. What values, attitudes, and beliefs (thinking) affect these women's abilities to cope? ...to get what they need? ...affect how you or your agency provides services to trafficked women? ...affect the support provided by agencies, organizations, society, community, and family? Think about challenges and struggles you have faced in supporting trafficked women and/or providing or obtaining the support needed to help the trafficked women with whom you are working. What values, attitudes, and beliefs are causing these challenges and struggles?</b>	
<b>4. What proverb or (ancient) saying comes to mind when you think about trafficked women's values, attitudes, and beliefs (thinking) as related to their entering the trafficking experience? ...coping after they exit the trafficking situation? For instance, for the trafficked woman, is it like being a 'broken/rotten flower/tree/plant,' 'a stained white canvas,' or 'a falling raindrop not able to choose where it will fall.'</b>	

\*In the original draft 'government' had been included, but it was decided that that could not overtly be addressed in the context of the GMS.

Source: Adapted for this research (Wilson, 2015; Duong Q.D., personal communication, January 10, 2016).

- Experiment with different ways of leading this discussion to identify the most effective approach. The structure of the questions will likely develop over time (Wilson, 2015).
- Propose issues for discussion that may include causes and contributors to human trafficking (poverty, education, role of daughters or youngest daughters, the role of money in solving criminal justice concerns, prevention) as were raised in the present research study.

- After the experiences and challenges using the CLA are explored, consider the issues raised and discuss the question, ‘How can it inform the work with and support of trafficked women in aftercare settings?’
- Consult with experts in using CLA for the best development of this section.
- Use the Conceptual Framework of Cumulative Harm (Zimmerman et al., 2011) (See Figure 2.1).

### **How trauma affects the individual**

- Discuss the immediate physical and psychological reactions of the individual living through a crisis. The NOVA CCRT framework of the crisis reaction will be used, with the consideration of worry, based on the present research.
- Begin by asking participants what reactions have been observed in the trafficked women with whom they have worked, distinguishing between the immediate reactions and the long-term reactions.
- Explore the cultural dimensions that may affect the differences between the internal reactions and the external manifestations of the crisis reactions, how that varies from culture to culture, idioms of distress (Rechtman, 2000), and cultural-bound syndromes (APA, 2013a).
- Include a discussion of silence in discussions of culture and the expression of trauma. Support the exploration of silence by including the following discussion: The West has been described as having “a culture fearful of silence” (Belanoff, 2001; Zembylas & Michaelides, 2004, p. 195). How does that compare to the GMS? Do trafficked women need to talk about their experiences in order to recover? How is talking helpful? How is talking unhelpful?

### **Creating a supportive program environment**

- Explore what behaviors and interactions of program staff help to create a safe program environment (Orris, 2010) for trafficked women.
  - exploring issues of modeling healthy boundaries (Zimmerman & Borland, 2009);
  - creating a dependable schedule (Litz et al., 2002); validating trauma reactions (Young, 2001b);

- assisting with physical complaints, encouraging self-care (Sekar, 2011);
  - responding to angry outbursts with boundary setting and finding healthy options for expression;
  - allowing the trafficked women control over decisions as much as possible (Surtees, 2013);
  - encouraging the development of hope;
  - acknowledging positive behavior, providing opportunities for trafficked women to help others;
  - using careful language (Macy & Johns, 2011) on the part of the program staff that can help to build damaged trust and connection (Macy & Johns, 2011; Rousseaux, 2003);
  - providing protection and kindness (Sekar, 2011);
  - providing guidance on respectful and safe behavior for trafficked women and staff (Macy & Johns, 2011);
  - ensuring safety and confidentiality (Macy & Johns, 2011);
  - abstaining from coercion or force to obtain participation in activities or in talking about their abuse (Macy & Johns, 2011; Surtees, 2013); and
  - providing a safe environment in comparison to the entrapment (Rousseaux, 2003) and fear for safety (Surtees, 2013) the trafficked woman experienced during time of being trafficked.
- Incorporate the results of the present research as appropriate, including the correlation of creating a supportive environment and the need for social support and physical safety, but not emotional trust as discussed in Section 4.3.4.

### **Handling crises within the program/shelter**

- Explore how to resolve a crisis in the program/shelter when it is happening, how to support the residents who have witnessed a crisis, and how to re-establish a safe environment.
- Examine safety and security (Zimmerman & Borland, 2009) priorities in responding to a crisis in the shelter.

**Assessment**

- Address assessment of client's risk and overall mental well-being.
- Use the following resources: the "Explanatory Model" (Zimmerman & Borland, 2009, p. 43), "assessing someone with a mental illness" (Patel, 2003, pp. 20-27), and the *Cultural Formulation Interview Guide* (APA, 2013a, 2013b, 2013d).

**Basic communication skills**

- Explore the ways in which aftercare workers have experienced helpful and unhelpful communication in their own lives as a foundation for understanding good communication skills (van der Veer, 2003).
- Include topics such as non-verbal and opening skills of intervention (Taepphant, 2010), psychosocial counseling skills (ILO, 2002) listening, empathy, summarizing, making observations and interpretations, talking about difficult topics, problem-solving, and talking about feelings (van der Veer, 2003).

**Short- and mid-term crisis intervention**

- Use short-term crisis intervention framework of safety & security, ventilation & validation, and prediction & preparation based on the NOVA CCRT model. Explore the cultural implications of providing support using this approach such as the cultural preference to talk or not talk about emotional experiences.
- Revisit discussion on the use of silence as mentioned in the discussion of *How Trauma affects the individual* segment.
- Use empirically based mid-term interventions including: "1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) hope" (Hobfoll et al., 2009, p. 221). Explore the cultural implications of providing support using this approach.

**Demonstrate/practice crisis intervention skills**

- Training leaders demonstrate and participants practice using learning discussions, case studies, demonstrations, and problem-solving approaches.

### **Grief/loss**

- Often grief is associated only with death. This section will begin with a definition of loss that acknowledges that feelings of loss can occur whenever something happens in life that changes expectations of the future in a negative way.
- Explore the grief and loss experienced (with emphasis on cultural nuances that may be affecting the trafficked women) as a result of having been trafficked, using the framework of material, physical, and intangible losses from the NOVA CCRT model.

### **Long-term stress and trauma reactions**

- Explore the long-term stress and trauma reactions using the framework of re-experiencing (anxiety), avoidance (depression), behavioral arousal (anxiety), cognitive impact (negative thinking), and impact on functioning in life in education, work, and relationships (Kiss et al., 2015; Tsutsumi et al., 2008; Zimmerman, 2003a).
- Encourage exploration beyond the limits of the framework to identify the granularity and the full range of experiences by asking questions such as: ‘What other reactions have you seen in those affected by trauma in the long-term?’
- Discuss idioms of distress and cultural bound syndromes as mentioned in the discussion of *How trauma affects the individual*.

### **Long-term trauma support/counseling**

- Address the long-term reactions identified in the previous *Long-term stress and trauma reactions section*.
- Address a number of tools, resources, and approaches to be used when people are experiencing long-term reactions from trauma. This is based on EBPs use of common elements (see Section 2.6.4.1 for a discussion of EBPs and see Section 2.6.4.2 for discussion on common core/elements) identified in seven evidence-based treatments for PTSD (Schnyder et al., 2015). The common elements of those eight treatments include “psychoeducation; emotion regulation and coping skills; imaginal exposure; cognitive processing, restructuring, and/or meaning making; emotions; and memory processes”

(Schnyder et al., 2015, p. 1). A discussion will be led to explore what each of these means and what within the local culture accomplishes these tasks.

- Consider using *The Post-Traumatic Stress Disorder Sourcebook (Second Edition): A Guide to Healing Recovery and Growth* (Schiraldi, 2009) to develop the content for addressing the common elements.
- Discuss development of resilience based on the eight areas identified in the NOVA CCRT model: “emotional capacities,” “spirituality/finding meaning,” “cognitive abilities,” “education/experience,” “physical health/abilities,” “self-esteem,” “social support,” and “individual personality” (NOVA, 2009, pp. 16-9 to 16-12).
- Explore culturally relevant approaches that can be integrated based on the cultural transposition model discussed in Section 2.6.5.5. It will focus on questions such as: What’s missing? What other ways do people in ‘X’ culture have for coping, recovery, or healing? Is it helpful? Does it work?
- Explore alternative forms of expression that are culturally relevant, such as dance and artistic expression.

### **Cultural dimensions**

- Explore conceptually how culture affects the trafficked women and how to work with cultures different from one’s own including approaching new cultures with the attitudes of humility (Wessells, 2009) and curiosity (Gergen, 2014).
- Revisit the meaning or definition of culture.
- Explore issues of the meaning of suffering, life/death, control, responsibility, the appropriateness of talking about traumatic events, and religion and spirituality in different cultures. Investigate cultural narcissism and how it can affect openness and respect for other cultures (NOVA, 2009).

### **Group counseling**

- Explore the cultural implications of providing group support using this approach in more collectivist contexts.
- Explore the roles and opportunities for aftercare workers to work with families and communities to which trafficked women will (re)integrate.

- Assess the use of ILO’s “mobility map” and “flow diagram” used to assess family and relationship resources (ILO, 2002, p. 255).
- Discuss culturally relevant approaches to working with families.
- Explore questions raised by Figley and Figley (2009, p. 178). They have developed a framework that supports the family to systemically explore what happened with the goal to make meaning of the trauma. The five questions for exploration (even when the trauma has happened directly to only one family member) are: ‘What happened to us? Why did it happen to us? What did we act as we did during the crisis? Why are we acting like this since the event? Will we be okay if it happens again?’ Exploration of whether these questions need to be adapted will be facilitated.
- Brainstorm content for group work.
- Consider models for working with groups and their content. Two are recommended by Phoenix (2007). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (Najavits, 2002) targets the first phase of support—stabilization. This model has empirical support for its effectiveness (Phoenix, 2007). Phoenix also recommends *Trauma Recovery and Empowerment: A Clinician’s Guide for Working With Women in Groups* (Harris, 1998). This provides treatment in 24 – 29 sessions and is targeted to women with histories of violence and abuse and can be used with low literacy populations.
- Use *Psychosocial Support to Groups of Victims in Human Trafficking in Transit Situations* (IOM, 2004) as a resource that is targeted to the needs of trafficked women.

### **Demonstrate/practice group session skills**

- Training leaders demonstrate and participants practice using learning discussions, case studies, demonstrations, and problem-solving approaches.

### **Spiritual dimensions**

- Explore the concept of how the trafficked women’s spiritual world related to the trafficking experience has been affected and how spiritual resources can be a helpful or unhelpful. Based on training input, develop a list of the

relevant spiritual questions and coping adopted by trafficked women (NOVA, 2009).

- Incorporate research from the present study related to how trafficked women understand the violence and trauma they have experienced to prompt discussion (see Section 4.3.3).

### **Breaking bad news**

- Discuss breaking bad news. Conceptually it is realistic that aftercare workers will break bad news to trafficked women, for example news about a positive HIV test. Breaking bad news produces a lot of anxiety in the person making the notification. This can result in it being done in a way that is insensitive to the recipient. Bad news delivered poorly has the potential to be traumatic in two ways, the content of the information received and the way it is delivered. This can be reduced to being traumatic in only one way—the information received, and compassionately supportive in another way—the way the information is delivered and the support provided immediately after.
- Explore a framework for breaking bad news as well as the cultural implications. The framework is that “Notification should be done in person, in time, in pairs whenever possible, in plain language, and with compassion” (North Carolina Office of State Personnel, n.d., p. 2).

### **Demonstrate/practice breaking bad news skills**

- Training leaders demonstrate and participants practice using learning discussions, case studies, demonstrations, and problem-solving approaches.

### **Stress reactions of aftercare workers**

- Brainstorm of how working with trafficked women can be stressful.
- Consider concepts of aftercare worker stress such as burnout, vicarious trauma, and how working with trauma continuously can affect the workers’ values, attitudes, and beliefs about themselves and the world (NOVA, 2009).
- Incorporate an exercise based on the *Compassion Fatigue Scale* (Zimmerman & Borland, 2009).
- Address the resilience components used in the *Long-term support* section as a framework for combatting stress through strengthening individual resilience.

### **Life skills development**

- Develop skills that will help the trafficked women individually, and in their relationships with family, friends, community, and work colleagues.
- Brainstorm life skills needed by trafficked women.
- Based on the brainstorm, address life skills such as: critical thinking; creative thinking; coping with stress; interpersonal relationships; effective communication; decision making; problem solving; coping with emotions; self-awareness; and empathy (Peace Corps, 2001; Sekar, 2011); resilience (Salem-Pickartz, 2008); coping with challenges (de Berry et al., 2003); the importance of recreation (Boniface et al., 2009); responsibility and long-term planning (Danish Red Cross, 2005); hygiene, financial management, confidence, motivation, and “keeping safe” skills (Delaney & Cotterill, 2005, p. 47).

### **Supervision & skills practice**

- Cover crisis intervention, long-term counseling support, group sessions, breaking bad news, and case consultation in this section.

### **Training methods**

This section will be for a smaller subset of the training participants who will be preparing to be trainers.

- Explore a variety of training methods including dialogue, lecture, brainstorming, group discussion, demonstration, and question and answer (van der Veer, 2003). Trainers will practice different training methods.
- Discuss issues related to how to provide feedback without causing a ‘loss of face’ for the participants, while still strengthening skills.

In keeping with the transformational, social constructivist approach, the trainer’s guide would not provide long pages of content. The trainer’s guide will provide frameworks to guide discussion and think about topic areas, provide options for learning activities, discussion questions, case studies, and problem-solving resources. The content will provide concepts to explore with participants, and the content critical for best practice.

One of the goals of the curriculum is to draw from participants their knowledge and experiences on culturally relevant coping that can be integrated with the common/core elements of mental health and psychosocial support for those experiencing trauma.

### **5.3.8 Training delivery methods**

Leading and/or the facilitation of learning is complex, no matter the context. It becomes increasingly complex when adult learners are from different cultural contexts from the trainer. The researcher's approach to training has evolved over time and has been significantly influenced through this research and recent professional practice. Three areas in particular have experienced significant changes: 1) shifting from content delivery to content construction, 2) use of training materials, and 3) the development of more case studies and scenario-based training approaches.

**Content delivery versus content construction.** A criticism of the NOVA CCRT training is that it is too didactic. There is a lot of 'delivering knowledge' from the trainer to the participants with limited options for discussion, videos, and case studies. Over the years, while trying to adhere to the integrity of the training—as it is a packaged licensed product—efforts have been made to find more interactive ways of delivering the training. This has led to an exploration and experimentation with alternative ways of delivering the training content such as the use of graphics and images and interactive problem-solving training.

**Training materials.** When the researcher delivered the NOVA CCRT training in India after the Asian Tsunami in 2005, a training coordinator, unsolicited, suggested that the use of more graphics, images, and flowcharts would help the content be better received and more accessible to Indian participants. At the time, while the advice was appreciated, the researcher was not aware of how to accomplish this transition.

In 2008, the researcher once again provided training in low-resourced countries after disasters in China after the Sichuan Earthquake and in Burma/Myanmar after Cyclone Nargis and the accompanying tidal surge.

At the first training site in Chengdu, China, the training was conducted in the office of a warehouse with only a chalkboard and white chalk. Having had in mind the suggestions from India, and given a situation that now demanded new ways to present the information, the researcher experimented with creating graphics for a number of the concepts discussed.

In the second location, in Beijing, China, the researcher once again had the use of PowerPoint, but found that she wished for less confinement and more freedom as had been experienced by the use of the chalkboard.

At the next training in Yangon, Myanmar, the researcher was once again limited to the board and continued to experiment with graphic and pictorial approaches to delivering the content.

While using alternative approaches out of necessity, the ultimate goal was to present the information in more accessible ways. These new approaches allowed the researcher to incorporate more of what the participants contributed. Although the researcher did not have the terminology for it at the time, it moved her from being a 'content deliverer' to being a 'facilitator of constructivist learning.' The researcher found it to be an exciting, collaborative, richer, and a contextually more appropriate approach to the learning process.

Concurrently, the researcher has been experimenting with using the whiteboard in the individual counseling context and has found it to be useful.

**Case studies and scenario-based training.** Another area of development has been with more interactive exercises that require the application of the knowledge being studied. Requests have been received over the past six years for simulations, case studies, and tabletop exercises to be integrated into training programs. Training scenarios have been developed, including single-phase and multi-phase scenarios, as well as larger scale simulations in which 30 to 50 participants role-play the traumatized people and the crisis responders in a scenario that is worked through over a three- to five-hour time frame.

Recently, a former training participant was debriefed after she responded to a school suicide. She had attended the more didactically delivered NOVA CCRT training and had also participated in a tabletop exercise developed and tailored for the department in which she worked.

She had appreciated the amount of information she received through the CCRT training. However, when it came to picturing and thinking about what she needed to do when she was called upon to respond, it was the table top exercise—from which she could remember her colleagues doing the very tasks she was now being called upon to do—that informed her own work.

Her feedback left the researcher asking, ‘What benefit is it to deliver a lot of knowledge if it is inaccessible when it is needed? Would it be better to deliver less, in a way that was accessible, applicable—usable?’

### **5.3.9 Additional training development considerations**

In addition to providing information about desired training content, respondents also provided ideas about additional attributes of the training including: sustainability, long-term training, systematic content, in-person training, frequent mentoring, and how to provide services that are cross-culturally sensitive. In response to the respondents’ feedback, the training was developed to include the following attributes

**In-person training.** The proposed training program is proposed to be facilitated onsite with the training participants.

**Sustainability.** Sustainability has been built into the project in two ways. First, almost half of the proposed 12 participants will be identified to be trained as trainers and will be prepared to deliver the training to other aftercare workers in the region after participating in the proposed training.

**Long-term training.** The literature says that short two-week, one time theoretical trainings are insufficient for teaching skills that will endure (van der Veer, 2003; Zimmerman & Borland, 2009). The proposed training program has been set up to run two to three days a month, over six months. The six months is intended to

accomplish covering systematic content and to provide frequent mentoring (Zimmerman & Borland, 2009).

An added benefit of taking a longer-term approach is that it provides the needed time to engage as a “reflective practitioner” (Gregory, 1994, p. 45). Some of the specific features of a reflexive practice Gregory outlines include:

- “collaboration with clients (individuals, groups, communities) in identifying, clarifying and resolving their problems;
- the importance of communication and empathy with clients as a means of understanding situations from their point of view;
- a new emphasis on the holistic understanding of situations as the basis for professional practice, rather than on understanding them exclusively in terms of a particular set of specialist categories;
- self-reflection as a means of overcoming stereotypical judgments and responses.” (Gregory, 1994, pp. 45-46)

Another constructivist aspect built into the modular approach is that a preview of the content for the next training session will be provided as well as a solicitation for participants to identify learning they would like related to upcoming topics.

**Systematic content.** The request for ‘systematic content’ was addressed by one of the research respondents. The intent of the training agenda is to provide a framework for covering content systematically, while filling in the framework of each module would be accomplished through a constructivist approach to the development of the content/knowledge.

**Frequent mentoring.** Mentoring is connected to the sustainability of skills for the individual participant. Based on the number of respondents who reported in the research that they gained most of their knowledge informally on the job, mentoring is also likely to informally support sustainability of competency from the training within organizations. The purpose of extending the training over six months is to provide for the learning of a few skills in each session that can be applied in the aftercare workers’ regular work and then reviewed at the next training. Then new skills will be added, practiced, and reviewed at each session.

**Providing services cross-culturally.** Providing culturally relevant training has been woven throughout the training curriculum, both by exploring cultural variations within each section, as well as by having a section dedicated to exploring the workers' own cultural context at the beginning of the training and the implications on the practice of working with cultures different from the workers' own, later in the training.

Another aspect of the training, not requested by research respondents, but found in the literature, is to model through training delivery the characteristics needed to deliver services effectively inter-culturally.

**Leading by example.** Characteristics essential to both effectively facilitating the training and delivering culturally sensitive services are humility (Wessells, 2009) and curiosity (Gergen, 2014). Humility reminds the cross-cultural trainer and aftercare worker that there is much that they can learn from those with whom they are working, and that when there is something they do not understand, they need to get curious and explore. Curiosity prompts the professional working inter-culturally to enquire respectfully, persistently, to understand the fine nuances. However, they must be clear that they are not asking just out of voyeuristic curiosity (Taepphant, 2010), but are asking with a genuine purpose. It will be critical to the success of the training that the training leader models these.

## 5.4 CONCEPT NOTE

A project concept note or concept paper [sometimes called a “white paper” (Hanover Grants, 2011, para. 1)] is a brief summary of a proposed project that is submitted to funding and granting agencies who have either not requested proposals or who have a two-step process for funding that begins with the concept note (Bond Networking for International Development, 2003; European Union, n.d.). There is no particular format for the concept note unless specified by the funding office. It is, however, intended to be brief (one to five pages), and generally consists of five essential components (Hanover Grants, 2011):

1. Introduction
2. Purpose, need, or rationale

3. Project description (including goals & objectives, methodology, timeline, and benefits)
4. Resources needed and budget
5. The organization's contact information

Often sections three and four are provided using a “log frame” or Logical Framework Analysis (LOG) (Bond Networking for International Development, 2003, p. 1). The LOG is a comprehensive but brief tool to summarize what a project will achieve, the required activities and resources, as well as potential problems, and methods of measurement and verification. Table 5.4 presents the concept note for the proposed *Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS – Process of Discovery*.

**Table 5.4: Concept note for proposed Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS—Process of Discovery**

<b>Concept Note</b>	
<b>Organization</b>	Restorative Community Concepts
<b>Title</b>	Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS—Process of Discovery
<b>Potential Donor</b>	While a specific donor has not been identified, the profile of a potential funding source would be an international funder with an interest in psychosocial support, mental health, human trafficking, gender-based discrimination, and/or training. (A possible funding source to approach is the United Nations Voluntary Fund for Victims of Human Trafficking.)
<b>Need</b>	<p>The identified problem is that aftercare workers do not have sufficient high quality culturally-relevant training to meet the needs of the trafficked women who enter their programs. This gap has been documented at legislative, programmatic, research, and organizational levels.</p> <p>At the legislative and programmatic levels, <i>The International Framework for Action’s</i> interpretation of what needs to be accomplished to meet the specifications of the <i>UN Trafficking Protocol</i> recommends that “Training modules on trafficking in persons [be]<sup>32</sup> in place in medical, psychological and social service curricula and [that] professional training [be] available” (UNODC, 2009b, p. 30).</p> <p><i>The IOM Handbook on Direct Assistance for Victims of Trafficking</i> (IOM, 2007) recommends a series of training topics related to mental health and psychosocial support for aftercare workers in shelters. The <i>Caring for Trafficked Persons: Guidance for Health Providers</i> (Zimmerman &amp; Borland, 2009) recommends similar training content.</p> <p>From the research perspective, the need for training has been documented by a number of studies in the GMS (Devine, 2009; Surtees, 2013).</p> <p>Finally, a review of the existing training materials on mental health and psychosocial support (Bartsch &amp; Bartsch, 1997; Grant &amp; Hudlin, 2007; Hill et al., 2007; IFRC, 2009b; IOM, 2004, 2007; Orris, 2010; Sekar, 2011; van der Veer, 2003; Zimmerman &amp; Borland, 2009) reveals a gap in the resources that are focused specifically on trafficking victims, targeting or addressing the experiences and needs of those from the GMS, which has mental health and psychosocial support as the sole focus of the aftercare manual. The proposed training program has been developed to fill these gaps.</p> <p>The training will be positioned to meet the knowledge, skill, and attitude needs of those providing services at Level 3 of the mental health and psychosocial support pyramid—non-specialized services for at-risk groups (IASC, 2007).</p>

<sup>32</sup> Bracketed text inserted by author.

<b>Project Description, and Support, and Budget Needed: Logical Framework Analysis</b>			
<b>Objective</b>	<b>Measureable Indicators</b>	<b>Means of verification</b>	<b>Important assumptions</b>
<b>Goal</b> To increase MHPSS services available to trafficked women in the GMS.	Number of programs offering MHPSS services  Number of trafficked women receiving MHPSS services	Comparison of services and numbers served in annual TIP report	N/A
<b>Purpose</b> Increase number of aftercare workers skilled to deliver culturally sensitive MHPSS services in the GMS.	MHPSS knowledge and skill improvement increased among aftercare workers	Self-reports by aftercare workers via pre- & post-tests	That organizations are interested in increasing their capacities.
<b>Output 1</b> Five participants identified to be future trainers of aftercare workers.	Number of participants identified to be future trainers	Record of identified trainers	Training participants are applying skills learned.  Trainers conduct training for additional aftercare workers.
<b>Output 2</b> Complete development of transformational, social constructivist-based training guide containing 6 modules.	Number of training guide modules developed	Complete training guide in place for use by trainers	Participants are willing to invest the extra time to be future trainers.
<b>Output 3</b> Pilot test a sequential training program, 1 2-3 days training per month, for six months, for 12 participants.	Number of participants attending the training	Attendance records	Participants are willing to contribute to the content development of the training guide.
<b>Activities for Output 1</b> <ul style="list-style-type: none"> <li>Identify five participants who are interested in being trainers.</li> <li>Assess participants' skills to be trainers.</li> <li>Conduct additional meetings to review learning content and training skills.</li> </ul>	<b>Means</b> Trainer	<b>Costs</b> TBD	Aftercare workers are willing to commit to completing a training held over six months, requiring 2 to 3 days each month.
<b>Activities for Output 2</b> <ul style="list-style-type: none"> <li>Document learning from pilot training.</li> <li>Circulate updated training guide to stakeholders for review and comment.</li> <li>Incorporate modifications to training guide.</li> <li>Format and publish training guide.</li> </ul>	<b>Means</b> Writer Graphic designer Consultant stakeholders	<b>Costs</b> TBD	
<b>Activities for Output 3</b> <ul style="list-style-type: none"> <li>Identify training site.</li> <li>Identify 12 training participants.</li> <li>Set training dates.</li> <li>Finalize training materials.</li> </ul>	<b>Means</b> Training space Transport Accommodations for trainer and participants, if needed Teaching materials	<b>Costs</b> TBD	

<ul style="list-style-type: none"> <li>• Develop pre- and post-tests based on training objectives</li> <li>• Identify five training participants prior to pilot training to participate with a view to being future trainers.</li> <li>• Hold additional meetings with future trainers in the context of the pilot training sessions.</li> </ul>	Training leader Food for teas and lunch		
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**Proposed Training Agenda**

The following preliminary training agenda has been developed based on a thorough literature review and from a mixed methods research project that was designed to answer research questions about the experiences of trafficked women and the needs of aftercare workers in providing mental health and psychosocial support in the GMS.

<b>Mental Health and Psychosocial Support for Trafficked and Sexually Exploited Women in the GMS— Process of Discovery</b>
<b>First Phase</b>
<p><b>Cross-cultural dimensions of training</b>                  Explore participants’ preferred styles of learning, the theoretical orientation to the training, the roles of the trainer and participants in knowledge construction.</p>
<p><b>Overview of working with trafficked women</b>                  Provide background to the research informing the training, as well as background on legislation, trafficking, and initiatives in the local context.</p>
<p><b>The litany, systemic, worldview, and metaphor context of human trafficking</b>                  Conduct an exercise using the CLA structure to answer the question, ‘What are the experiences and challenges of women who have been trafficked and sexually exploited?’</p>
<p><b>How trauma affects the individual</b>                  Explore the physical, emotional, cognitive, behavioral and social experiences of the trafficked woman.</p>
<p><b>Creating a supportive program environment</b>                  Explore the approaches as exhibited in the behavior and interactions of program staff that will help to create a safe program environment for trafficked women.</p>
<p><b>Handling crises within the program/shelter</b>                  Discuss how to resolve the crisis when it is happening, how to support the residents who have witnessed the crisis, and how to re-establish a safe environment.</p>
<b>Second Phase</b>
<p><b>Assessment</b>                  Assess clients’ risk and overall mental well-being.</p>
<p><b>Basic communication skills</b>                  Explore essential skills such as passive/active listening, asking questions, reframing, and problem-solving.</p>
<p><b>Crisis intervention</b>                  Retain the structure of safety &amp; security, ventilation &amp; validation, and prediction &amp; preparation. Explore the cultural implications of providing support using this approach.</p>
<p><b>Demonstrate/practice skills</b>                  Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.</p>
<p><b>Grief/loss</b>                  Explore the grief and loss experienced (with emphasis on cultural nuances affecting the trafficked women) as a result of having been trafficked, using the framework of material, physical, and intangible losses.</p>
<b>Third Phase</b>
<p><b>Long-term stress and trauma reactions</b>                  Explore the long-term stress and trauma reactions using the framework of re-experiencing (anxiety), avoidance (depression), behavioral arousal (anxiety), cognitive impact (negative thinking), and impact on functioning in life in education, work, and relationships.</p>

<p><b>Long-term trauma support/counseling</b> This section will address a number of tools, resources, approaches that can be used when people are experiencing long-term reactions from trauma based on EBP. These resources will be targeted to address the long-term reactions identified in the <i>Long-term stress and trauma reactions</i> section as well as development of resilience. It will explore the culturally relevant approaches that can be integrated.</p>
<p><b>Cultural dimensions</b> This conceptual section will explore how culture affects the trafficked woman and how to work with cultures different from one's own.</p>
<p><b>Fourth Phase</b></p>
<p><b>Group counseling</b> Convert to group counseling based loosely on the safety &amp; security, ventilation &amp; validation, and prediction &amp; preparation guidelines. Explore the cultural implications of providing support using this approach.</p>
<p><b>Demonstrate/practice group sessions skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.</p>
<p><b>Spiritual dimensions</b> A conceptual section exploring how the spiritual world affects the individual and can be a source of help and hurt after trauma. Based on training input, develop a list of the relevant spiritual questions and coping adopted by trafficked women.</p>
<p><b>Fifth Phase</b></p>
<p><b>Breaking bad news</b> Delineate the steps in breaking bad news and the cultural implications.</p>
<p><b>Demonstrate/practice breaking bad news skills</b> Demonstration by training leader(s) and practice sessions for participants using learning discussion, case studies, demonstration, and problem-solving approaches.</p>
<p><b>Stress reactions of aftercare workers</b> Explore the impact of working with trafficked women from a practical and theoretical perspective, as well as ways of strengthening personal resilience.</p>
<p><b>Sixth Phase</b></p>
<p><b>Life skills development</b> Work on developing skills that will help the trafficked women individually and in relationships with others.</p>
<p><b>Supervision &amp; skills practice</b> Explore crisis intervention; long-term counseling support; group sessions; breaking bad news; case consultation</p>
<p><b>Training methods</b> Explore a variety of training methods including dialogue, lecture, brainstorming, group discussion, demonstration, role-playing, and question and answer. Trainers will practice different training methods.</p>
<p><b>Organizational Capability</b> With over 25 years cumulative experience in crisis response, training, and project management, Restorative Community Concepts (RCC) has been delivering training and providing direct services to victims/survivors of crisis and trauma in the Asian region since 2001. RCC has recently contributed to the research knowledge of human trafficking in the GMS by completing a mixed methods research project focused on exploring the experiences and challenges of trafficked women (women who have been sexually exploited) in the GMS as well as on culturally relevant approaches to delivering training.</p>
<p><b>Contact</b>                      Suzanne M. Anderson, Director Restorative Community Concepts 29 Dairy Farm Road, #01-02, Singapore 679049 Republic of Singapore RCCConceptsSG@gmail.com   +65 9741 1925 www.restorativecommunityconcepts.com</p>

Source: Developed for this research.

## 5.5 CONCLUSION

The mixed methods exploratory research approach of the current study was designed and implemented as a resource for developing a workplace solution that is based on

rigorous research and evidence. The literature review not only served the purpose of placing the research within a theoretical framework, but also provided a documentable, arguable rationale for the need of sound research and the practice-based project—the training program and concept note. Furthermore, the literature review and accompanying research provided a triangulated justification for content development of the training.

This chapter has provided the background and context to the practice-based project. It demonstrated the process of modifying the original curriculum as well as of documenting the recommendations for the proposed new training agenda. Additionally, an approach to the delivery of the training was developed, based on the literature and research, that is intended to be culturally sensitive and to encourage the organic development of helping resources through a transformational social constructivist approach in the training delivery. A concept note was developed as a tool to approach funders and programs with a conceptual design of the training for consideration. This includes a LOG overview of the proposed training project and a preliminary training agenda.



## CHAPTER 6 CONCLUSION

### 6.1 INTRODUCTION

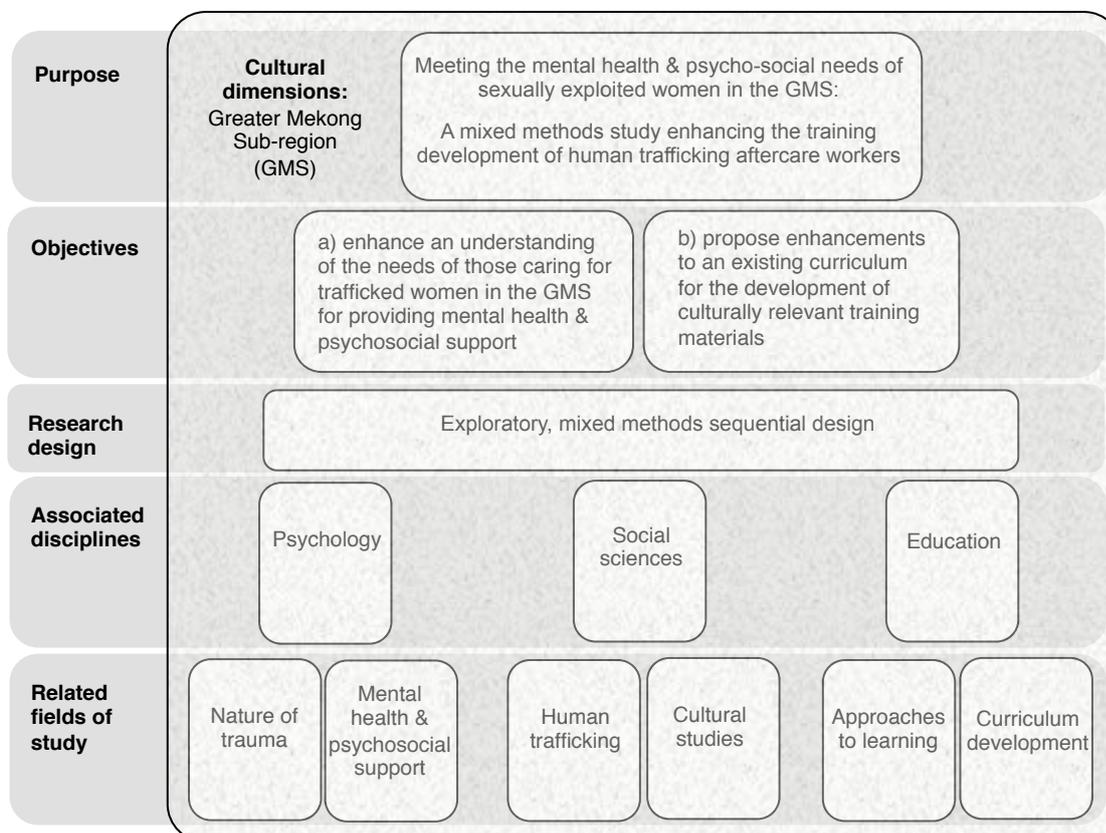
This study was undertaken to respond to the mental health and psychosocial aftercare needs of trafficked women by evaluating their needs and the services currently available in the GMS. More specifically this study's objectives were to gain evidence-based insight to a) enhance an understanding of the needs of those caring for sexually exploited trafficked women in the GMS for providing mental health and psychosocial support, and b) develop a professional practice-based solution by proposing enhancements to an existing curriculum for the development of high quality culturally relevant training materials.

A professional studies doctoral project can be multi-disciplinary by nature reflecting the real-life, real-time nature of a practice-based problematique. This project has made full use of this flexibility and has investigated associated disciplines in an effort to holistically fulfill its goal of developing an effective workplace solution. The goal of this study was to provide an evidence-based approach to improving a training curriculum to strengthen the capacity of aftercare workers to provide skilled, knowledgeable, and culturally appropriate support to sexually exploited trafficked women.

Incorporated disciplines included psychology (nature of trauma, mental health and psychosocial support), social sciences (human trafficking, cultural studies), and education (approaches to learning and curriculum development). The multiple disciplines provided a foundational theoretical framework and informed the implementation of the mixed methods research study developed to meet the project objectives (see Figure 6.1). This has been undertaken through the lens of the cultural dimensions of the GMS. While doctoral projects often focus on a narrow field of study, this doctorate by necessity has taken a broad focus to achieve its purpose. As such, rather than interrogate theory, this study has justified the adoption of existing theory in seeking to develop a practice-based solution to the problem of developing a

high quality, culturally sensitive, and improved mental health and psychosocial support for trafficked women.

**Figure 6.1: Research and practice-based purpose, objectives, research design, associated disciplines, and related fields of study**



Source: Developed from this research.

The conclusion chapter is divided into three sections. The first presents an overview of the research study, including the key findings related to the challenges and experiences of the trafficked women, and the limitations of this study, followed by recommendations of areas for further research. The second section discusses the implementation of the three practice-based projects that make up this study. The third and final section identifies the contributions this study makes to academia, to the field of human trafficking, and to the professional and personal practice of the researcher.

## 6.2 RESEARCH OUTCOMES

### 6.2.1 Introduction

While awareness and efforts to understand and address human trafficking date back to the late 1900s (Derks, 2000), contemporary efforts are still in their infancy. The enactment of the *UN Trafficking Protocol* occurred only 13 years ago in 2003. Yet, within the context of accelerated social change due to technology and globalization, the nature of trafficking issues are changing faster than the development of sound evidence-based solutions. Interpretation of the *Protocol* and assessment of the state of current efforts were documented in the *Toolkit* (UNODC, 2008) and in the *Framework* (UNODC, 2009b) that were completed only six years ago in 2008 and 2009, respectively. The most recent peak of research took place in 2002 (Laczko & Goździak, 2005). This coincides with the enactment of the *Protocol*, but predates the current research and program initiatives.

The *Trafficking in Persons Report* (US Department of State, 2015) has rated most (all but Vietnam) of the countries in the GMS as Tier 2 Watch List or Tier 3 countries. This status indicates that these countries have significant trafficking problems, are not providing evidence of sufficient response initiatives, but have plans to meet the guidelines of the TVPA. While overall improvements are still needed, more efforts have been put toward prevention and prosecution than protection and assistance. These stem from the heavier requirements placed on member states for prevention and prosecution initiatives in the *Protocol* (Gallagher, 2001).

In the area of protection and assistance, the gap between the demand for increased protection and assistance and the supply of skilled and knowledgeable aftercare workers is broadening. This gap was first recognized in practice and subsequently substantiated in the literature. More research was urgently needed to address the gap and understand the experiences of trafficked women from the perspective of those supporting them—the aftercare workers—before a relevant solution could be developed. This research knowledge was essential as a foundation for the

development of a training curriculum that would meet the needs of aftercare workers, and, in turn, the trafficked woman.

### **6.2.2 Research questions**

Research questions were grouped into two categories—those related to the experiences of the trafficked women and those related to the training needs of aftercare workers.

The research questions relating to the experiences of trafficked women sought to understand their experiences, beyond the categories of depression, anxiety, and PTSD, at a granular level from a holistic perspective that would allow for a broader understanding of the trafficked women's experiences. This broad and deep understanding is an essential foundation required to effectively provide mental health and psychosocial support.

#### **Experiences of Trafficked Persons**

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

The first two research questions allowed for the development of research informed training content that was contextually relevant to the population aftercare workers serve. The next set of research questions gathered information to ensure that the training developed, and how it was delivered, would be relevant to the aftercare worker themselves. The research questions addressing the training needs of aftercare workers sought information about their educational background, how they learned what they know about human trafficking, their needs for professional development, as well as their learning preferences.

## **Aftercare Workers Training Needs**

**Research Question 3:** *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?*

**Research Question 4:** *What training have aftercare workers who are providing services to those in and from the GMS already received?*

**Research Question 5:** *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

**Research Question 6:** *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

### **6.2.3 Methodology**

The research questions were investigated using an exploratory, sequential, mixed-methods research design (Creswell & Plano Clark, 2011). An exploratory approach was chosen because of the need to develop a deeper understanding and new insights to support the development of a training curriculum that would be culturally relevant and because of the lack of such existing information. The first step of the sequential approach was the administration of the qualitative data collection tool, the structured, but open-ended interview. Data from the interview was used to augment the quantitative research tool, the online survey, to ensure its contextual relevance.

The mixed methods design involved a pragmatic approach. A mixed methods approach necessarily requires pragmatism (Creswell & Plano Clark, 2011). In addition, the problem-centric focus of pragmatism also provided the flexibility needed to complete the present study within existing financial, time, geographical, and language constraints. The constructivist worldview, embedded in an exploratory mixed method approach in the qualitative phase, was essential to gain deep insights into the cultural dimensions of both the research and the training curriculum development. As much as possible the preconceptions of the researcher were set aside in an effort to see and ‘hear’ the data from the perspective of the research participants.

The analysis of the interview data was completed by conducting a five-step CLA analysis to understand the experiences and challenges of trafficked women, explore the cultural contexts and characteristics of trauma in the GMS, and understand the requisite aspects of aftercare services related to these two areas. A thematic analysis of the interview data was also completed to develop a taxonomy of the trafficked women's experiences, challenges, and coping needed for the training curriculum content. Frequency and correlation analyses were completed for the survey data. Finally, the results of the interview and the online survey data were integrated and able to broaden the application of findings and triangulate the qualitative findings. The results and discussion of the data analysis were presented in Chapter Five. This process yielded a number of key insights to be addressed in the next section.

#### **6.2.4 Findings**

The key findings of this study related to the experiences and challenges of trafficked women including the themes identified across the layers of the CLA. These reveal a) the societal contradictions that affect their vulnerability to being trafficked, b) the response of the community when they return, and c) their own choices about communicating about their experiences.

Further, the analysis revealed multiple dimensions of the trafficking experience:

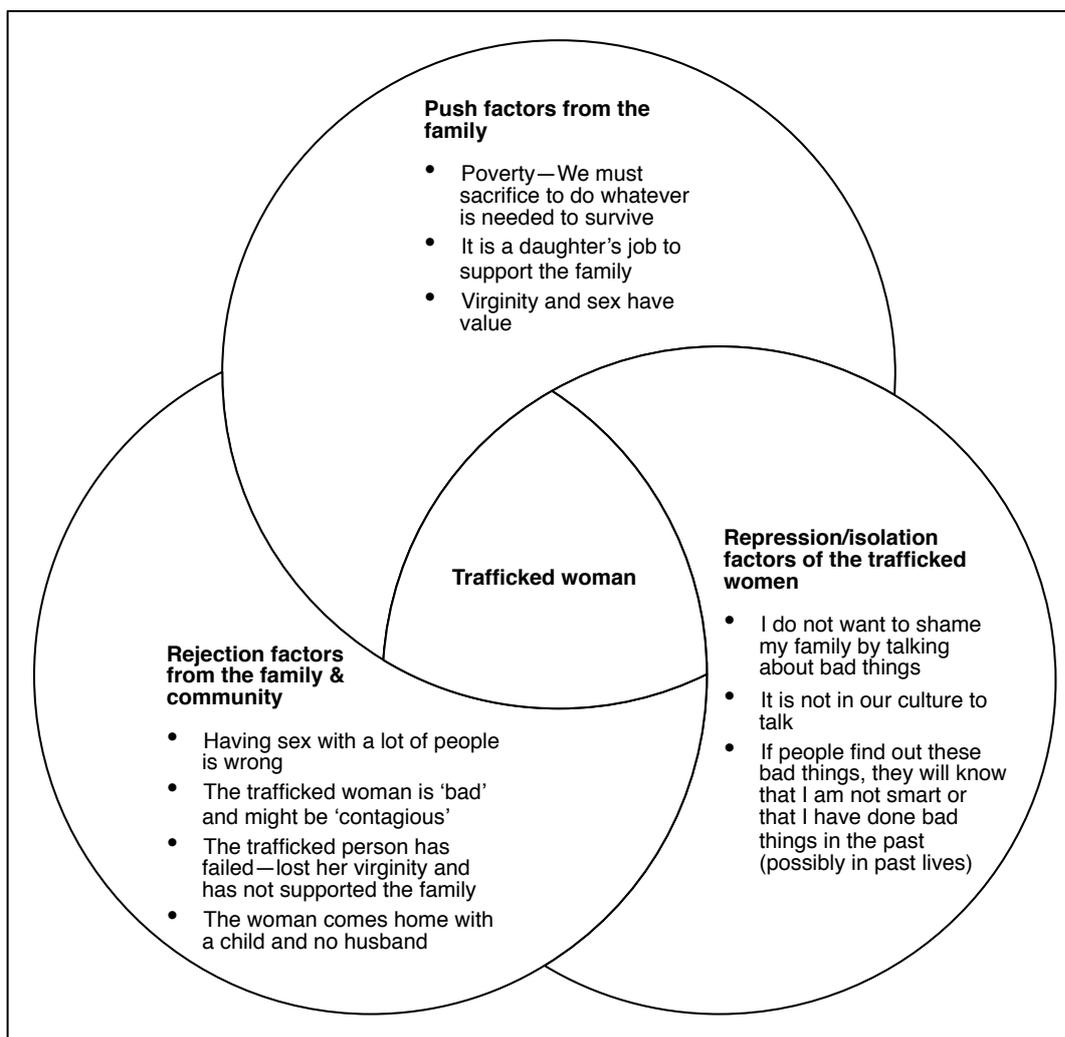
- How the trafficked women's place in society and spiritual beliefs can combine to contribute to an inability to function or a state of learned helplessness
- The questions of choice, willingness, and level of violence in the trafficking of women from the GMS
- The expression and communication of trauma experiences
- The women's understanding about why they were trafficked and how that affects their development of a meaning about what they have experienced
- The development of a network of cumulative harm which represents the relationships affected by the trafficking experience

#### 6.2.4.1 Societal contradictions

The CLA line of enquiry (Inayatullah, 2014) revealed a multi-layered, -dimensional understanding of the experiences and challenges of the trafficked women. There are a number of push, rejection, and repression/isolation factors that are all aspects of the worldview that lead women to be vulnerable to human trafficking and influence the women's reactions post trafficking.

The push factors lead to the vulnerability of women to be trafficked and were identified in the research to include poverty and the desperate need to do something for the family to be able to survive. The rejection factors affect women post-trafficking when their families and communities treat them with discrimination and rejection because of the social mores broken, because of how they have changed, or because they have failed to provide support to their families. The repression/isolation factors also affect women post-trafficking. The cultures of the GMS have a habit of not talking about emotions, things that would shame the family, and bad things that have happened to them. Figure 6.2 provides an image of the push, rejection, and repression/isolation factors. For a more in-depth discussion of the push, rejection, and repression/isolation factors see Section 4.2.1.3.2.

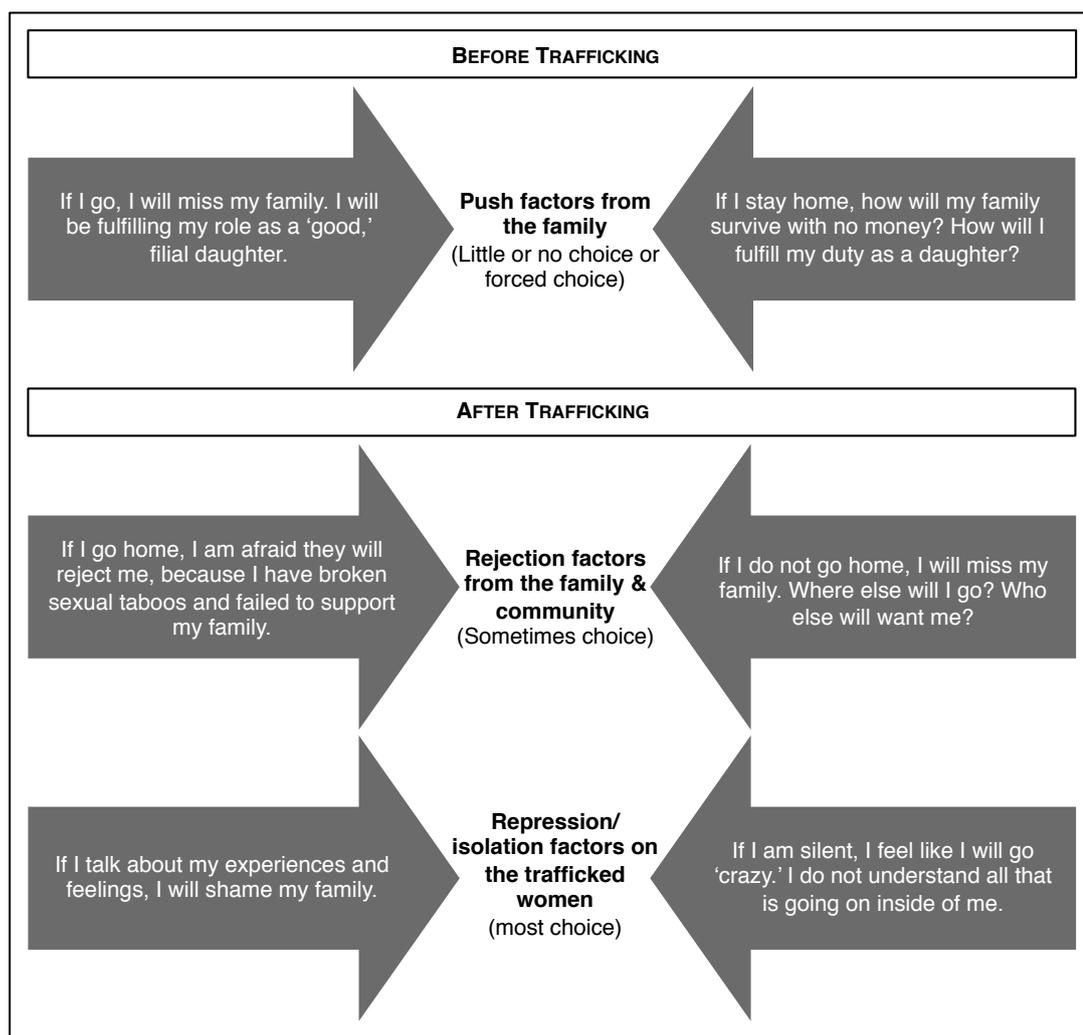
**Figure 6.2: Worldview influences on the trafficked person: Push, rejection, and repression/isolation**



Source: Developed for this research.

Inherent to the push, rejection, and repression/isolation factors present for trafficked women are contradictions inherent in their social and cultural frame of reference. These lead to a notion of impossible choices if, indeed, the women can be perceived as having any choices. The 'choices' leave women no way of meeting family and social expectations (see Figure 6.3). For a more in-depth discussion of the contradictory choices of trafficked women see Section 4.2.1.5.1.

**Figure 6.3: The contradiction of worldviews affecting the trafficked woman**



Source: Developed for this research.

These worldviews and contradictions faced by the trafficked women are critical aspects in responding adequately in terms of the mental health and psychosocial work with women, which involves helping them to make meaning of their experiences.

#### 6.2.4.2 Meaning making

An area of investigation that sought to understand the cultural perspectives of trafficked women was exploring how they interpreted, understood, and/or thought about what had happened to them. A common task of PTSD psychotherapies (again from a Western perspective needing investigation as to its relevance in the GMS) is

“cognitive processing, restructuring, and/or meaning making” (Schnyder et al., 2015, p. 7).

From a CBT framework, thoughts inform feelings and behaviors (Cully & Teten, 2008). Identifying unhelpful thoughts and changing them to more helpful ones can help develop more positive feelings and more positive coping behaviors. A lot of people’s thinking about trauma issues is based on their worldviews or cultural views (including spiritual views) especially in the area of meaning making. Making meaning of trauma is informed by deep cultural worldviews. Aftercare workers providing mental health and psychosocial support need a strong understanding of the trafficked women’s worldviews in order to effectively support women from the GMS in the trauma recovery task of “cognitive processing, restructuring, and/or meaning making” (Schnyder et al., 2015, p. 7).

If Western perspectives are applied to the process of cognitive restructuring, the message to a trafficked woman could be, ‘You were victimized. What happened to you was wrong. Your rights were violated. What happened was unjust.’ An implied message with the overt message could be ‘There was no purpose to happened to you, to what you did.’ This message would be confusing to a trafficked woman from the GMS who could be thinking, ‘I do not like what I went through, but I was doing what I was supposed to. I must take care of my parents; I have a duty to obey them and to sacrifice for the greater good of the family.’ The message of the Western counseling perspective has the potential of stripping them of their culturally measured self-worth and -value.

The issue of sacrifice for the family, giving up one’s rights for the greater or common good, is another area that guides trafficked women, but could amount to an inappropriate approach if an aftercare worker advanced a ‘victim’ or rights-based perspective.

While some research has touched on these questions, this study represents the first quantitative approach taken to these issues in the GMS. The research results related to meaning making are foundational to the development of content in the training of aftercare workers.

The most frequently chosen responses in the survey had to do with responsibility to the family, bad luck, and that this is what happens to poor people.

When these issues of meaning making are addressed in a Western context, there are different approaches to dealing with them. If persons contributed to their own trauma (doing something they were not supposed to), they might need to forgive themselves. If they believe that they contributed to their own trauma because they had a bad thought about the person (who was injured or killed), in the Western Context this would be challenged as an irrational thought (Schiraldi, 2009). Essentially, within the cultural context, those who are knowledgeable about the ‘healthy’ ways of meaning making through cognitive interpretations should develop and codify ways of ‘treating’ these issues for the mental health approaches.

This is an area in need of extensive constructivist development. Further research is needed to understand these perspectives in greater detail and to identify ways of applying them in mental health and psychosocial approaches that help support the value and esteem of trafficked women, affirming their efforts to fulfill societal values while acknowledging the violations they have experienced.

#### 6.2.4.3 Violence, willingness, and choice

Other aspects related to the worldview of the GMS and the contradictions it poses for women include the levels of violence, willingness, and choice. The literature suggests that trafficking in the GMS does not have the same levels of violence and brutal coercion as other parts of the world such as Europe (Devine, 2009).

Trafficking in the GMS is described as more of an opportunistic ‘cottage industry’ in contrast to trafficking facilitated by organized crime syndicates in other parts of the world (Derks et al., 2006; Devine, 2009; Marshall, 2001; Piper, 2005; Wright, 2012).

Someone from the village or local geographic region facilitates or organizes the trafficking. Women who are enticed to work in another country can find themselves in a sexually exploitative trafficking situation. Mothers facing overwhelming debts may ask their daughters to go and work to earn money for the family. While the mother may or may not understand the nature of the work, the daughter fulfills her family obligation by dutifully agreeing to her mother’s request.

The research has suggested that the servitude and sacrifice that is a part of the GMS social psyche (Shapiro, 2002) makes it so that violence is not needed to coerce women into trafficking situations. Out of this sense of duty to the family, the daughters may in the beginning go willingly into the trafficking situation, assumedly not knowing what they are really agreeing to, but wanting to do what their parents or family elders ask of them.

The concept of agency is relevant to the discussion of choice. The interview data showed that aftercare services are often focused on helping trafficked women to help themselves, to develop their own agency. Agency is affected by the cognitive worldview formed by life experiences, society, and the location in life into which an individual is born and lives. The worldview lenses of women in the GMS may make it difficult for them to understand their options for working towards a preferred future.

The dimensions of violence, willingness, and choice are all areas that have implications for trauma processing within mental health and psychosocial support. This is a key area of investigation that is in need of further research.

#### 6.2.4.4 Networks of cumulative harm

The results of this study support the pre- and post-trafficking harm that are described in the conceptual framework of the “multi-staged process of cumulative harm” developed by Zimmerman et al. (2011, p. 328). The qualitative results described the pre-trafficking contradictions of poverty, abuse in the family, limited education, and living in a society that places the responsibility of providing for the family on the shoulders of those with the least power (the younger women). The post-trafficking experiences of shame, community rejection, and condemnation contribute to the cumulative harm.

Instead of a chronologically-based view of cumulative harm, it may be more appropriate to view cumulative harm in terms of the damage to relationship networks. Mental health and psychosocial support targeted at rebuilding trust will need to address the harm and consequential breaches of trust (Rousseaux, 2003). This includes how the trafficked woman conceptualizes those relationships as

resources for meeting life's needs and how they have been violated through the trafficking experience. See Section 4.2.2.1.2 for a more in-depth discussion on cumulative harm to relationships.

#### 6.2.4.5 Attachment

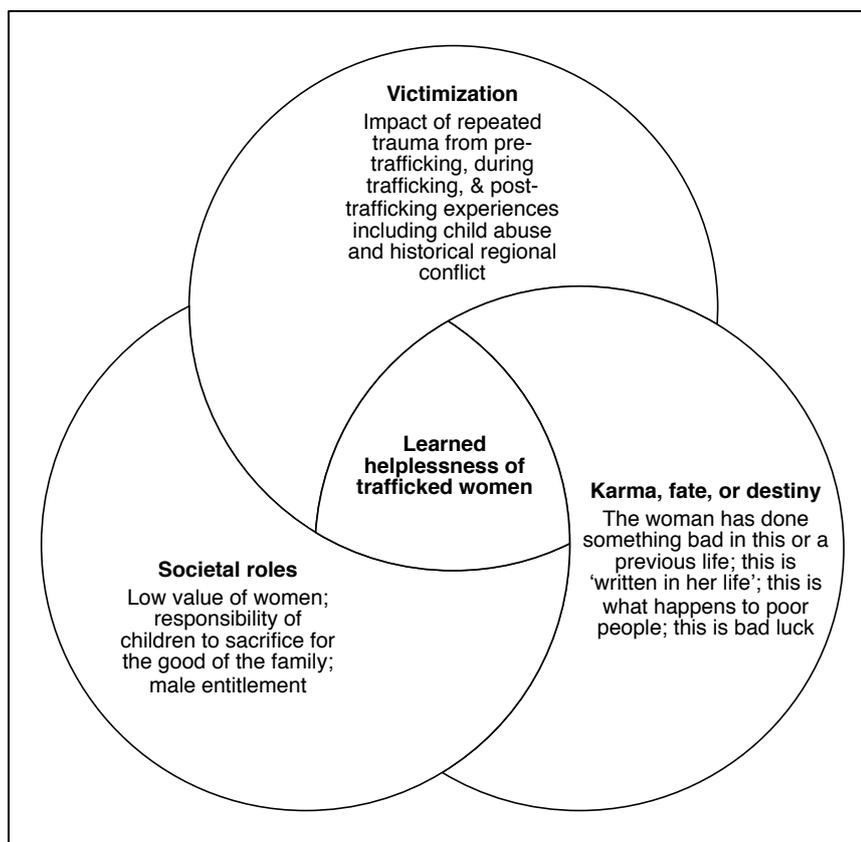
The discussion in the previous section is predicated on an assumption that attachment is betrayed when the women are trafficked by a families or community members. The qualitative and quantitative research showed that the family is of very high importance to trafficked women. Asian countries are described as collective societies where accomplishing life's tasks in groups are the norm (Gorman & Dorner, 2006). More research is needed to understand the impact to relationships when parents or community members are the facilitators of trafficking in response to overwhelming poverty.

#### 6.2.4.6 Learned helplessness

Domestic violence research has shown that learned helplessness magnifies the pathological impact of violence (Bargai et al., 2007). This can be associated with cultures of male entitlement and female submissiveness, which is associated with higher levels of PTSD, anxiety, and depression.

Based on this research a conceptual framework for describing learned helplessness due to human trafficking is proposed. The framework includes repeated violence or victimization and societal roles that devalue women. The framework of learned helplessness in the GMS includes an added dimension of the beliefs of fate, karma, and destiny (see Figure 6.4).

**Figure 6.4: Influences heightening the experience of learned helplessness**



Source: Developed for this research.

It is not clear whether trafficked women view those beliefs as cultural or spiritual. If fate, karma, or destiny were viewed as spiritual, it could be of benefit in addressing learned helplessness from a mental health or psychosocial perspective to explore whether there are meaningful spiritual rituals that could help to reverse bad fate, karma, or destiny.

Developing mental health and psychosocial approaches to address learned helplessness in trafficked women in culturally-sensitive ways will require moving women from the perspectives of the three dimensions of helplessness illustrated in Figure 6.4 to a position of believing in their own agency (Barker, 2011).

#### 6.2.4.7 Expression of the trauma experience

This study investigated the range of emotional and psychological reactions (numbness, fear/terror, anger/fury/outrage, confusion/frustration, guilt/self-blame, shame/humiliation, and grief/sorrow, to which worry was added based on the results

of the interview data), that are outlined in the NOVA CCRT curriculum (NOVA, 2009). The range of reactions from the data is described as a ‘whole chain of emotions.’ They have some pattern to them, but trauma survivors may travel through them in a random order, often returning to different reactions multiple times over a long period of recovery.

The data suggested that these emotions were observed often and that they were positively correlated with each other. The qualitative data reflected a mixed picture. Respondents reported that there is a taboo to talking about bad things that have happened and to expressing emotions. At the same time as these limits to expression are embedded in the culture, respondents described trafficked women as being ‘emotionally unstable,’ having an ‘inability to control their emotions,’ and experiencing a ‘whole chain of emotions.’

When these emotional reactions were matched up against the symptoms of the most commonly researched mental health conditions (depression, anxiety, and PTSD) an overlap could be identified (see Table 4.57). Diagnoses are developed to identify the most common symptoms that are prevalent in an observed condition for the purpose of diagnosing and treating. However, for the purposes of individual mental health and psychosocial support, a broader understanding of the range of experiences and emotions that are commonly and uncommonly experienced is more helpful than the narrower understanding required for diagnosis.

Western researchers and advocacy workers often adopt a rights-based worldview, which would validate anger or righteous indignation as the appropriate response to the violation of human trafficking (Gallagher, 2001). The literature argues that people from the GMS may not share the same worldview, because they have seen injustice occurring regularly and over prolonged periods of time through conflict or corruption (Watkins, 2012). However, anger was reported in this study as observed ‘sometimes’ to ‘often’ with high-correlations to self-harming [anger turned inwards (McAllister, 2003)], to self-expression by using violence against others, to hoping for revenge against the trafficker, to negative coping of direct aggression, and to anger against others.

Anger was also statistically significantly correlated to the level of service that was needed (social support, length of time of support, physical safety, and emotional trust) and to the need for creating a supportive environment by responding in a helpful way to angry outbursts. Support for anger was one of two areas that showed positive correlations across all four areas of support. The other was assistance with physical complaints. If physical complaints are viewed somatically (Oram et al., 2012; Zimmerman et al., 2008), this is another way that strong emotions are reflected in the research data.

While the social mores result in trafficked women limiting their expressions of anger, there is enough evidence to suggest that this emotion and as well as others still need to be addressed in mental health and psychosocial interventions. While more culture specific research needs to be completed to understand anger, this study and others indicate that anger is a part of the emotional experience resulting from being trafficked (Clawson et al., 2006; Feeny et al., 2004; Macy & Johns, 2011; Ostrovschi et al., 2011; Raymond & Hughes, 2001). Not only will this help the trafficked women psychologically, it has the potential to help them physically as well. Unexpressed anger is associated with a number of biological illnesses (Schiraldi, 2009).

The literature describes barriers that prevent trafficked women from obtaining mental health assistance. One barrier is the stigma associated with the kind of violence the woman has experienced (sexual), and the other is a lack of societal understanding or acknowledgement related to expressing emotions and getting mental health and psychosocial support. The research data confirmed the prevalence of this stigma, thereby confirming the literature (Vijayarasa, 2009). Both sources indicate that the stigma is prevalent among trafficking victims as well as aftercare workers.

At a minimum, in a psychoeducation context, trafficked women can be informed that there is a range of emotions that may be experienced. This allows the trafficked woman to decide whether it is relevant to them individually or not. This approach is an attempt to prevent women from experiencing something unexpected and unfamiliar, coupled with the stigma of what they have been through, and resulting in

their keeping their experience of strong emotions to themselves and feeling further isolated.

The key question that emerges is whether is it better for trafficking victims in the GMS to talk or to remain silent about traumatic experiences. Western practitioners would generally support verbal expression, while there are a number of indicators that this is not a way of coping that is pervasive in the Asian cultures (Summerfield, 1999). The results of this study confirm this. Aftercare workers expressed a need for training in art and dance therapy. It may be that these requests come from an intuitive understanding that there are different ways of expressing oneself that may be therapeutically more effective than verbal expression. It is suggested that further research and resources explore these different approaches to expression as an alternative to talking about experiences.

#### 6.2.4.8 Research questions

**Trafficked women's challenges and experiences.** Research questions one and two explored the experiences and challenges of trafficked women generally, and then specifically from the perspective of what cultural dimensions are related to their experiences.

**Research Question 1:** *What are the experiences and challenges affecting trafficked and sexually exploited women from the GMS?*

The preceding sections have discussed strong themes that emerged from the research about the challenges and experiences of trafficked women. These themes include:

- The societal contradictions that result women being vulnerable to trafficking, rejected after they return to their families and communities, and the repression factors that result in their handling their experiences in isolation. See Section 6.2.4.1 for a more detailed discussion.
- The place of violence, willingness, and choice in the women's trafficking experience. The levels of violence in the GMS appears to be less than other regions of the world, but willingness and choice related to entering a trafficking situation are influenced by the cultural mores and standards of the

GMS that expect obedience, sacrifice, and that women are expected to be responsible to support their family. See Section 6.2.4.3 for a more detailed discussion.

- The GMS collective cultures. Someone known to the trafficked women often facilitates the trafficking. Therefore a conceptual framework that explores the relationships affected by the trafficking experience, the networks of cumulative harm, was proposed. See Section 6.2.4.4 for a more detailed discussion.
- A consideration of attachment and the networks of cumulative harm and their violation through the trafficking experience. See Section 6.2.4.5 for further discussion on attachment.
- The dimensions of learned helplessness for women in the GMS that include repeated victimization at all stages, the societal roles of women and beliefs in karma, fate, and destiny. See Section 6.2.4.6 for a more detailed discussion.
- The expression of the trauma experience, through silence or talking, or through a whole range of strong emotions that were reported to be experienced by trafficked women. Women's ways of expressing their experiences have implications for the types of mental health and psychosocial aftercare support and how it is provided. See Section 6.2.4.4 for a more

Further detailed discussion of the qualitative results can be found in Section 4.2.1 and 4.2.2.1, of the quantitative results in Section 4.3.2 and 4.3.8.1, and of the integrated results in Section 4.4.1.

**Research Question 2:** *What cultural contexts and characteristics are related to the trauma experience of trafficked women from the GMS?*

The results of Research Questions 1 and 2 were interwoven and challenging to meaningfully separate. The cultural contexts and characteristics related to trafficking trauma were considered through investigating the meaning trafficked women ascribed to their experiences as to why they were trafficked. The understanding that women most often reported included fulfilling their responsibility to their families,

having bad luck, and because they were poor. See Section 6.2.4.2 for a more detailed discussion.

Additionally, cultural considerations emerged from the research including:

- The cultural norm of not talking about feelings and bad experiences and how that affects trafficked women in terms of community acceptance and being left to live in isolation with the trauma experiences.
- The stigma, condemnation, and discrimination directed to trafficked women by families and communities when the women return after having been in a trafficking situation.
- The values, attitudes, and beliefs that leave women vulnerable to being trafficked and the context of women/girls in society, their lack of power, as well as their roles and responsibilities.
- The worldviews prevalent in the GMS are that when bad things happen to people, it may be related to something they have done bad in this or a previous life that results in bringing shame upon the trafficked women.

Detailed discussion of the qualitative results can be found in Section 4.2.1 and 4.2.2.2, of the quantitative results in Section 4.3.3 and 4.3.8.2, and of the integrated results in Section 4.4.2.

**Aftercare Workers Training Needs.** Research questions three to six were designed to elicit information to ensure that the training that was developed and how it was delivered would be relevant to the aftercare worker themselves.

**Research Question 3:** *What are aftercare workers presently doing to support the mental health and psychosocial needs of trafficked women from the GMS?*

The research findings of Research Question 3 resulted in a mixed picture of the status of services for trafficked women. Results of the research suggest that the need for mental health and psychosocial support services is high, and that those providing services felt that some of those needs were being met or adequately met. This is contradictory to reports from the literature that describes the need for significant developments in the area of mental health and psychosocial support. It is thought that

the respondents, who are themselves aftercare workers, were answering in relation to the range of services that they were providing to those who were in their programs and not in response to the overall need in the community.

Concurrent results, though, indicated the need for further service development. A wide range of training needs related to understanding the experience of trafficked women and to developing skills for providing mental health and psychosocial support was identified.

Detailed discussion of the qualitative results can be found in Section 4.2.2.3, of the quantitative results in Section 4.3.4 and 4.3.8.3, and of the integrated results in Section 4.4.3.

**Research Question 4:** *What training have aftercare workers who are providing services to those in and from the GMS already received?*

The research results indicate that the majority of respondents are presently receiving supervision and conference training on a routine basis, monthly and annually, respectively. In spite of the high level of education, most respondents learning about working with trafficked woman obtained their information informally. This suggests that formal training opportunities are not prevalent and that there is a need for the development and provision of more formal training opportunities. Because the demographics of the respondents indicated a high level of education, it is assumed that the target population—non-professionals—for the training to be developed would have received lower levels of training and supervision.

Detailed discussion of the quantitative results in Section 4.3.5 and 4.3.8.4.

**Research Question 5:** *What needs do aftercare workers who are providing services to those in and from the GMS have for further skill development in providing mental health and psychosocial support?*

The qualitative and quantitative research results for Research Question 5 each confirmed the other. Respondents of both want more counseling skills training to work with individuals and groups, more knowledge about working with trauma, and

training that is more culturally relevant. Additionally, participants requested training that was systematic, with mentoring and supervision.

Training in art and dance therapy were mentioned among the specific therapeutic approaches desired by aftercare workers. These alternative forms of expression could be of particular value in cultures in which verbal expression is not the norm and in which the somatic experiencing or expression of trauma occurs.

Detailed discussion of the qualitative results can be found in Section 4.2.2.4, of the quantitative results in Section 4.3.6 and 4.3.8.5, and of the integrated results in Section 4.4.5.

**Research Question 6:** *What are the preferred learning methods and approaches of aftercare workers who are providing services to those in and from the GMS?*

The results to this research question were not in line with what was anticipated. The GMS is reported as having a large power distance between teachers and students (Gorman & Dorner, 2006; The Hofstede Centre, 2013). As such it was anticipated that a more directive, teacher-led approach would be desired.

Contradictory to this, the survey results requested that the training leader facilitate more than teach, and that participants should be speaking more than the teachers. These results may be a feature of the more educated respondents who could potentially have more exposure to Western ways of learning. Non-professional participants might have expectations that are more in line with the results of Hofstede's reported power differential.

The tension is that no matter how much a population might want a top down approach to teaching/learning, if Western trainers acquiesce to this, they are colluding with the non-constructivist transplanting of Western practice into a non-Western context. It is proposed that a middle ground be attempted in which a structure is provided based on the research of what works in other contexts, that the framework be critiqued, and that the resulting framework be filled in with content using a constructivist approach. It will be important to set the expectations for this

format from the very beginning and to continue to discuss the purpose of the learning approach throughout.

Detailed discussion of the qualitative results can be found in Section 4.2.2.5, of the quantitative results in Section 4.3.7 and 4.3.8.6, and of the integrated results in Section 4.4.6.

### **6.2.5 Limitations of the research**

Limitations to this study include researcher and respondent bias and representativeness due to the respondents' demographics, and respondents' filtering of information.

**Researcher and respondent bias.** Using a purposive snowball sampling approach based on the researcher's network to identify potential respondents means that the respondent pool was biased based on any inherent biases of the researcher's network. While all of the potential biases cannot be known, language was a primary bias. The language bias was primarily present in the interview data collection because the interviews had to be completed in English. However, the surveys were translated into the languages of the GMS in an effort to avoid this bias in the quantitative data collection phase of research.

The language bias could also lend itself to a sector bias. English speakers are more likely to be representative of NGOs than of government-sponsored programs, thus slanting the results to the perspective of NGOs. The literature review revealed that the differences between NGOs and GOs begin with how they define human trafficking. However, most of the MHPSS work at this point is reported to be done by NGOs (Aberdein & Zimmerman, 2015; US Department of State, 2015). This means that NGO-based respondents are able to provide information representing the majority of the MHPSS work being done with trafficked women.

Once potential respondents volunteered, selection of participants for all data collection was then based on the three-pronged criteria (see Figure 3.4) of having worked with 1) women, 2) from the GMS, and 3) who had been sexually exploited in trafficking situations. For interviews, once respondents had met this criterion, the

researcher included all of those who wished to participate; thus there was no other selective bias of those included or excluded. For the survey, data was used for all of those who met the three-pronged criteria. Those who did not were excluded.

Another possible source of bias was that only those who were interested or who saw the value of the research topic would invest the time to participate. This means that a potentially dissenting voice, from those who might believe that mental health and psychosocial support was unimportant, would not have been represented in the data.

**Representativeness.** At the present time, there is no reliable method to determine the total number of aftercare workers in the GMS countries. Thus there is a limitation as to how representative the sample is.

This study was exploratory and able to adopt a more purposeful sampling strategy. The qualitative interviews were intended to obtain a deeper understanding of the phenomena based on information collected from a small sample of aftercare workers meeting the selection criteria. The quantitative approach (online survey) was used to broaden data collection to a larger sample of aftercare workers in order to triangulate qualitative findings and establish an empirical baseline as a point of reference for further studies. The online survey did succeed in accomplishing data collection from a larger number of respondents to obtain data that, while not representative, was more generalizable (Creswell & Plano Clark, 2011).

**Filtering.** Information gathered about the experiences of trafficked women was filtered through the lens of the aftercare workers reporting what they have observed in their work. This strategy could have the effect of distorting what is reported about the experiences of trafficked women, such as minimizing the impact. However the role and responsibilities of aftercare workers place them as close observers of the trafficked women's experiences and struggles. Additionally, by interviewing aftercare workers, a broad range of experiences could be gathered, because one respondent could represent the experiences of the multiple people they have assisted.

Furthermore, as the purpose of the data collection was the development of a training curriculum for aftercare workers, it was important to obtain their perspective on the challenges of trafficked women. Understanding their perspectives on the challenges

of trafficked women, combined with identifying their needs for training, served to identify the content required for an effective training.

### **6.2.6 Areas for further research**

Areas of further research are related to both strands of research—qualitative and quantitative. Areas of further investigation include: a) studies located in associated disciplines, b) evaluations of mental health and psychosocial methods, c) assessment of what training non-professionals need, and d) research building on the results of this study related to cultural transposition, learned helplessness, levels of violence, choice, worldviews, and cultural dimensions related to trauma.

**Associated disciplines.** While efforts were made for the current project to address a multi-disciplinary spectrum of literature, it adopted a strong psychological and mental health focus. A discipline that could be a rich resource in understanding trauma is anthropology. An area of potential interest in anthropological literature is exploring the ‘idioms of distress’ of the GMS. Anthropological research approaches could help to better understand the worldviews of the GMS populations, their cultural narratives and thus better understand how to address the issues that perpetuate the vulnerability of (the youngest) girls such as poverty, lack of education, gender roles, family roles, and responsibilities. Additional questions further research could explore include: What are the origins of these values? How are they helpful and unhelpful? Are there other values that can be identified that would be more helpful?

**Evaluation.** Evaluation of the enhanced training curriculum is needed to assess the usefulness of the content, the effectiveness of the delivery approach for learning and application, and its effectiveness in eliciting and identifying approaches from the local context that are based on effective practice as opposed to more traditional approaches.

Another approach to the research that would benefit those providing mental health and psychosocial support would be from the perspectives of those who have ‘successfully’ coped with the post-trafficking and (re)integration phases. What assistance was helpful or unhelpful? In the West much of what is known about non-

specialized support of trauma survivors (rape, domestic violence, murder, and drunk driving crashes) came from survivors who turned to supporting others after having lived through their own experiences. In many societies there comes a point for a person where the needs of peers and the desire to advocate outweigh the stigma.

**Non-professionals' needs.** As much as the present study endeavored to obtain information from the more local and rural aftercare workers, information about this population is still limited as to how they see their needs for skills and knowledge development. Further evidence of the experiences and challenges of trafficked women is critical in confirming and further understanding the cultural needs of and influences on trafficking victims.

**Cultural dimensions.** Cultural dimensions that would benefit from further research include the cultural transposition process, the exploration of the myths and metaphor layers of the CLA, and questions specific to the experiences of trafficked women as mediated by culture.

The cultural transposition process applied in this research will need to be evaluated in relation to its effectiveness in generating culturally relevant approaches to providing mental health and psychosocial support for trafficked women in the GMS. This would be an adjunct to the evaluation of the training curriculum mentioned in the preceding section and would focus on the cultural transposition process, as opposed to the outcomes in eliciting and developing culturally relevant aftercare practices.

Further research is required to identify the most appropriate language or terminology to elicit the myth/metaphor layer of the CLA. The challenge in this research was identifying language that would be understood by participants for whom English was a second language. The term 'image' was used in the present research and was not effective in eliciting images related to the worldviews of the trafficking experiences of the women. However, further exploration has suggested that the terminology that might be more effective in the GMS would be to ask about 'sayings and proverbs' related to the problem being investigated.

Questions specifically related to how trafficking trauma experiences are mediated by culture include:

- What are the appropriate expressions, processing and understanding of painful experiences and strong emotions?
- What mediating role do karma and fate have in increasing or decreasing learned helplessness or rates of PTSD and depression resulting from violence and male-dominated backgrounds (Bargai et al., 2007)?
- What is the role of attachment and the breaking of attachment, through being trafficked by someone who is a family member, on well-being and coherence (Ying et al., 1997)?
- What is the intergenerational transmission of trauma from the prior conflicts and atrocities in the GMS, and how does that history influence things like meaning and attachment related to the present day experience of trafficking trauma (Kahane-Nissenbaum, 2011)?
- If child abuse is prevalent in the culture, and has been for more than a generation, what are the effects of complex or developmental PTSD on woman's experiences of trafficking (Busuttil, 2009)?
- What are the effects of complex developmental PTSD on women's experiences of trafficking (Busuttil, 2009)?

### **6.3 PROJECT(S) REVIEW**

Unique to the professional doctorate is the application to a practice-based problem. As such, a learning plan (available upon request) was developed to outline the milestones of work needed to achieve the goal of making a contribution to professional practice. The following sections will review Project 1) the structured, but open-ended interview, Project 2) the online survey, and Project 3) the revised training program and the concept note that were undertaken to meet the requirements of the doctoral program that includes both rigorous research as well as the delivery of a well-documented, research-based practice-based solution.

### **6.3.1 Project 1: Structured, but open-ended interviews**

Thirteen interviews were completed over a 12-month period and involved participants from aftercare settings representing experience in the five GMS countries. The interviews were transcribed and thematic analyses completed.

The goal of the interview was to collect information for four layers of the CLA and on the experiences of trafficked women at a granular level. The interview protocol sought to gather information about the experiences of trafficked women through the eyes of the service providers, about the needs of service providers to enhance services to this population, and about preferred learning approaches.

Data from the interviews were used to gain a greater depth of understanding in order to create a more culturally relevant quantitative survey. Descriptive information from the interviews was also integrated with the data of the surveys to be incorporated into the content of the training curriculum.

The qualitative interview was critical because the researcher is of a different culture from the cultural context of the research participants. The open structure of the quantitative interview allowed for the elicitation and exploration of information about the mental health and psychosocial impact that might be different from what is known from other cultural contexts. A detailed discussion of the interview results can be found in Section 4.2.

### **6.3.2 Project 2: Online surveys**

Sixty interviews were completed over a five-month period and included respondents from aftercare settings representing experiences in the five GMS countries. The interviews were collected online utilizing a survey application. Descriptive and correlation analyses were completed.

In this study the quantitative data is not intended to test a hypothesis as surveys are often intended to do (Creswell & Plano Clark, 2011). The survey was translated into the five languages of the GMS countries. It served to extend the reach of information collection to those who cannot be interviewed directly by the interviewer, and to obtain more generalizable data.

The survey consisted of 49 questions, which sought to obtain information related to all six research questions regarding the experiences and challenges of trafficked women and the training experiences and needs of aftercare workers. Questions included in the survey were primarily forced-choice, with Likert-type scaling responses. A detailed discussion of the survey results can be found in Section 4.3.

### **6.3.3 Project 3: Curriculum and concept note development**

Based on the knowledge distilled from the literature review and this study's research, a preliminary training agenda relevant to the audience of the GMS was developed. The NOVA CCRT training curriculum that addresses crisis and trauma for responding to community crisis and disaster was used as the foundation for the development of the training. The NOVA CCRT training curriculum was reviewed and modified in response to the needs of aftercare workers as identified through the research, especially related to cultural relevance and the use of evidence- and practice-based resources. A concept note was then developed to approach funders with the request to financially support the implementation of the proposed training.

The training curriculum was designed to be delivered two to three days each month, over a six-month period. Evidence-based conceptual frameworks have been identified in the literature for various learning modules. The conceptual frameworks provide the common elements of practice and are intended to be used as the center of a constructivist cultural transposition learning process to identify culturally relevant content based on the knowledge and practice-wisdom of the participant aftercare workers. A training-of-trainers component has been included to support independent sustainability within the GMS region.

## **6.4 CONTRIBUTIONS**

The intended beneficiaries for this study were academia, practice (aftercare workers, programs serving human trafficking victims, and governmental bodies), RCC, and the researcher, both professionally and personally.

### 6.4.1 Academic and original knowledge contribution

Academic and original knowledge contributions were made by this study in relation to:

- the application of the CLA (methodological),
- the application of a mixed methods design in researching human trafficking (methodological),
- investigating the emotional dimensions of the crisis reaction (theory and practice),
- exploration of the meaning trafficked women ascribe to their experiences (theory and practice), and
- collecting information on the learning preferences of the professionals in the GMS (practice).

**CLA.** The present study represents a new area of application of the CLA, to that of human trafficking and cross-cultural application. Prior to this study CLA has been widely applied to futures research (Inayatullah, 2014), more recently to indigenous mental health issues (Garvey, 2015), and to teachers and occupational therapists working in the classroom (Wilson, 2015). This study adds to these prior contexts of application. It is a particularly relevant approach for working in cross-cultural contexts, because the worldview layer specifically prompts the discussion of the views embedded in cultural narrative. Instead of a separate strand to look at the cultural component of an issue, it invites it to be woven into the discussion and inherently acknowledges it as a piece of the puzzle in considering deep and lasting change.

Identification of the myths and metaphors associated with the worldviews that surround human trafficking in the GMS was difficult to obtain. The term ‘image’ was used for myths and metaphors, in an effort to use language accessible to those who speak English as their second language. However, the images elicited using ‘image’ did not reflect the worldviews identified, such as society’s sexual mores, the

responsibility of children to support parents, or self-sacrifice for the good of the family.

However, it was discovered from this study that when CLA is applied in Asian contexts, the metaphors are located in the sayings and proverbs deeply embedded in the cultures. Upon analysis it would be possible to consider whether the ancient proverbs and sayings have become myths and therefore identify the transformational power at this level.

Additionally, as a further development of the CLA, this study has applied a five-step procedure to systematically review and analyze the qualitative data as suggested by Bishop and Dzidic (2014). The utilization of this multi-staged approach increases the reliability of the data, as well as assisting the more junior researcher to have a systemic approach to using the CLA analysis.

**Crisis Reactions.** It is the first research to look at the elements of the crisis reaction as it is outlined and has been taught since the 1980s in the NOVA CCRT training. In acknowledging that these reactions are featured in the more commonly researched diagnoses (depression, anxiety, and PTSD) related to trauma, and observing the high correlation these reactions have to each other, this research provides an initial step to validating the elements of the crisis reaction empirically and beyond the utility they have had anecdotally and in practice.

**Meaning making.** The present study has contributed to prior qualitative research and is the first quantitative research relevant to the meaning that trafficked women make of their trauma experiences. While limited quantitatively, the research explored spiritual and social descriptions for understanding what trafficked women have been through. Again, transitioning this to the practice of mental health and psychosocial support is unique. It provides greater depth and more empirical information about the meaning that trafficked women make of their experiences and informs a critical and common step in psychotherapies for PTSD (Schnyder et al., 2015). This is discussed in more detail in Section 6.2.4.2.

**Learning preferences.** New information was gathered about the learning preferences of professionals in the GMS. This data did not deliver the expected

results for countries with a high power differential (The Hofstede Centre, 2013). The results of this research have resulted in a recommendation for a blended approach to training. Common suggested program approaches are designed to meet the theory of a high power differential in the GMS (The Hofstede Centre, 2013). This study, however, concludes that professionals working with human trafficking victims in the GMS want a more egalitarian and interactive learning process. This represents a unique insight and contribution of this study that formed the basis on which the training programs enhancements have been made.

**Mixed methods study.** The last 10 to 15 years have seen increasing interest in the use of mixed methods research design (Creswell & Plano Clark, 2011). It is acknowledged as providing greater rigor to research designs in that it combines the strengths and addresses the weaknesses of common qualitative and quantitative methods. This study represents a contribution to the use of a mixed methods approach by being the first study located in the literature studying human trafficking and exploring cross-cultural dimensions.

#### **6.4.2 Contribution to practice**

Aberdein and Zimmerman (2015) report that expatriate foreigners conduct most of the training of mental health and psychosocial support workers on an ad hoc basis, and that locally-based formal training and supervision is needed in Cambodia. They add that it is important that local trainers are needed to train local support workers. They stop short of suggesting a mechanism for that to happen. The options are that locals are trained in the West or by Westerners, or that local service providers develop mental health approaches in the same manner as was done in the West originally. This study illustrates the feasibility of an alternative solution to deliver training that provides frameworks found to be successful in other contexts. In this instance the training adopts an exploratory constructivist approach that encourages local aftercare workers to develop content to fill in the frameworks and adjusts the frameworks as appropriate.

This study makes a further contribution to the knowledge base underpinning related professional practice. It addresses a gap in the literature related to the praxis of aftercare service providers of trafficked woman and their training needs in providing

mental health and psychosocial support in GMS countries. It provides original valid, and reliable evidence related to observations of this praxis, thereby adding to a growing body of professional practice and theoretical knowledge. Programs will be able to use the findings from this study to further refine their training and services capacity.

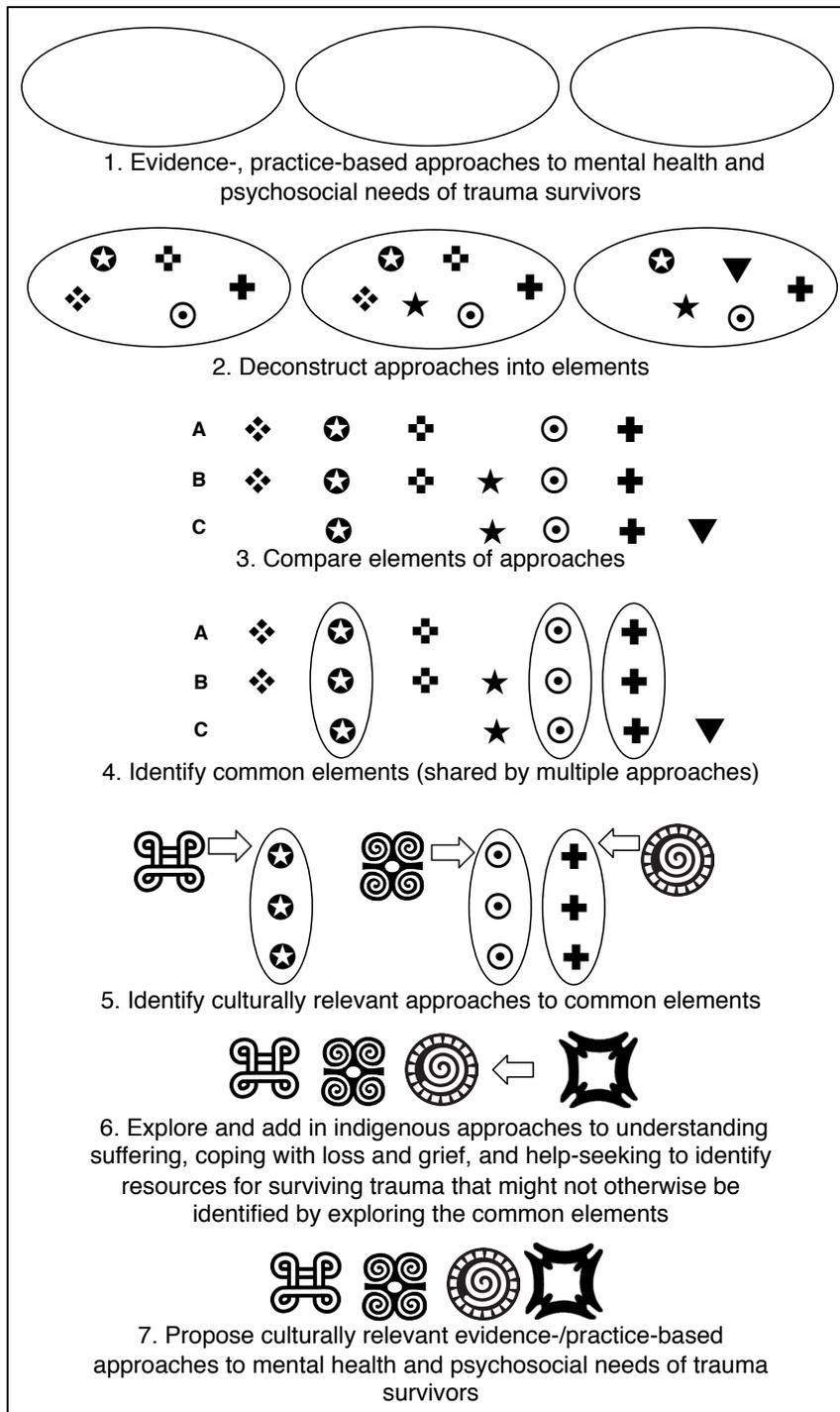
Governmental bodies such as the governments of the five GMS countries are required to submit reports to the United Nations on their efforts. The results of this study will inform the development of services that meet protection and assistance recommendations outlined in the *Trafficking Protocol Framework* (UNODC, 2009b). Section 6.2.6. provides guidance and further recommendations that will assist governmental bodies in their efforts to address human trafficking and develop further research to inform constructive future interventions.

Programmatically, the project has developed a revised training curriculum to provide training to individuals working with trafficked women and to the larger community of aftercare practitioners. These evidence-based advances in training resources provides a developmental pathway for the community of practitioners—from adapting resources developed for other vulnerable populations to having a training resource specifically targeted to the needs of trafficking victims within the GMS. With an increase in skilled and knowledgeable support, the aim is that trafficked women will have more resources aiding their healing and restoration in the future. Determining the extent to which the training resources enhance response capabilities that benefit trafficked women is beyond the scope of this project and will need to be assessed in future studies as is recommended in Section 6.2.6.

**Cultural Transposition.** This study introduces an approach to taking knowledge from one context and applying it in a culturally-sensitive and -relevant manner to another context. This approach was used for the proposed development of the training content in the practice-based project associated with this study (see chapter 5). The process of cultural transposition proposed by this study identifies the core elements of evidence-based practices in different contexts and seeks to guide the selection of relevant methods to deliver aftercare services (see Figure 6.5). This approach includes the step of exploring whether or not there are ways of addressing

problems that are indigenous and need to be added to the overall response. The last step is the most challenging. It calls upon the training participants to consider what resources for healing exist within the local context that are appropriate to supporting trafficked women. These could be new approaches that have not been considered or previously utilized.

**Figure 6.5 Cultural transposition of core elements of mental health and psychosocial support for trauma**



Source: Developed for this research.

### **6.4.3 Contribution to the professional practice of Restorative Community Concepts**

Organizationally, RCC has developed an enhanced and differentiated knowledge capability from which to expand its capacity to address humanitarian issues throughout the GMS. RCC will broaden its services from its current focus on individual crisis and community-wide disaster (criminal victimization, natural, industrial, and man-made disasters) to addressing the issues of trafficking. As the training curriculum is implemented in the future, furthermore, RCC has developed an extensive network of professional relationships with individuals and organizations in the GMS who are addressing the needs of trafficking victims and developing a learning community based on collaboration and capacity building.

### **6.4.4 Contribution to personal and professional development**

In addition to illustrating contributions to knowledge, practice, and the community of practice or organization, the DPST seeks to illustrate the contribution made by conducting this study on the personal and professional development of the researcher. Professionally, the researcher has developed knowledge and skills in the areas of a) critical thinking; research—primarily in the area of mixed methods approaches; b) training curriculum development; and c) cross-cultural literacy. Additionally, the researcher has developed a systemic and critical understanding of a substantial and complex body of current knowledge related to a multi-disciplinary perspective on human trafficking and mental health and psychosocial support interventions and professional practice. Personally, the researcher has developed cognitive skills, formerly based mostly on intuition, to now working with researched awareness of theory and orientation that better inform the work. These include objective judgment, tolerance for ambiguity, cultural intelligence, industry knowledge, and professional knowledge.

The researcher found through the process of analyzing the data and writing up the results, discussion, and conclusion, that in adopting a less Western-centric perspective, there was increasingly less that could be assumed. This developed an awareness that previous broadly held assumptions about impact, expression, and ways of helping needed to be questioned. At times it was increasingly frustrating to

write, as each concept was laced with assumptions, and to realize that these pervaded the praxis in the industry generally. However, quickly following the frustration was the awareness that each time another false assumption was recognized, there was a new opportunity to improve future training in the Asian region. This resembles, on an individual level, the reflective cycle inherent in improving professional practice. This development culminates in approaching training delivery with fewer assumptions, more questions and curiosity, and a willingness to rebuild concepts, frameworks, and content that will provide a stronger opportunity to facilitate an authentically constructivist “process of discovery” (van der Veer, 2003, p. 16).

## 6.5 CONCLUSION

Based on the results and discussion presented in Chapter Four, this chapter has developed the overarching conclusions of this study. This has been a final analysis of the results in light of the research questions and existing literature. Limitations of this study, as well as recommended future directions for research were enumerated. Furthermore, it provided recommendations for application of the data to praxis. A brief review of the projects making up this study was presented from a project management perspective, linking the implementation of the project back to the learning plan, and identifying changes and adaptations made throughout the cycle of the project.

This study was a broad-based, multi-disciplinary, exploratory, mixed methods research project that investigated a number of guiding questions related to the development of a curriculum for training aftercare workers working with sexually exploited women in the GMS. It sought to gain an understanding of the experiences and challenges of the trafficked women specific to the GMS. It used the general knowledge of how trauma affects victims and survivors, and then implemented a sequential data collection exercise to extrapolate what is relevant, based on the data. The goal of this study was a broader base of understanding. This sought to inform the development of an educational tool to support the aftercare workers in discovering the full range of possible experiences of trafficked women. To this end, the quantitative data provided information as to the frequency of experiences, and how

they correlate with each other, and the qualitative data provided descriptions and context, and a narrative to provide a deeper, more nuanced understanding.



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## Appendix A

### A: Self-Reflection Journal

**5 January 2016**

I realize that completing the doctoral dissertation is not just about the academics but that it is about developing the person as a confident researcher and practitioner. I am aware that part of that is about developing a confidence and authority around creating new knowledge and mastering a body of knowledge that is the backdrop for that knowledge creation. However, right now I don't have an authoritative voice, though I do have authoritative thoughts and opinions. I am not sure that I want an authoritative voice. Many of the authoritative voices I have known are arrogant, don't listen, and aren't curious. They pontificate. I think my voice has more humility, and has served me well as an intercultural practitioner. It prevents me from thinking that I know everything, and helps me to come from a place of curiosity, always assuming there is more I need to learn and know that the people I am working with can teach me.

**3 January 2016**

I have come to the realization of why practitioners and researchers are two different fields. Even if they are interested in exploring the research that would inform their practice, to go to the journal articles to explore the research is a time-consuming process. Because of the narrowly defined outcomes of most studies, reading a 10 page article will yield a nugget of information related to practice. It is generally not feasible for practitioners, who are often already overworked, to access new knowledge in this way.

**2 January 2016**

As I pull all the threads of this together in the concluding chapter there are so many thoughts running through my mind of what I would do differently if I had to do it over again. While Luke and I worked to narrow the focus from the size it was in the beginning, and continued to do so throughout, it has still ended up being huge. It seems so wide between the two strands in the mixed methods, and the volume of questions in the Internet survey. I should have, but I didn't do the math to realize that the correlations and data analysis landscape increases exponentially with each added variable. Ten variables result in a more manageable 45 correlations, but the more than 250 variables in this study results in more than 31,000 possible correlations—if I have done my calculations correctly  $[x * (x-1) / 2]$ . I would certainly advise my now much wiser self to slash and burn anything that was not absolutely justifiable. It feels a little like trying to braid ropes that are too big to be held in one's hands and instead the braider is fumbling or has laid the ropes on the ground and is laboriously lifting one rope and hefting it over the others, hiking to the next rope and again hefting it over, over and over...heavy lifting...

**28 December 2015**

Today I finished working through the integration of the results of the qualitative and quantitative research results. I think it was the most exciting part of this project so far. I can appreciate the strength of the mixed methods in being able to see where each strand of data could provide a

more comprehensive picture, each filling in gaps in the other.

**9 November 2015**

Teleconference with Professor van der Laan. Worked with the data for a couple of hours. Screening and cleaning, checking normality, and running correlations. The data looks normal, as would be expected of data that is mostly Likert-type data. Did not have time for the regression and factor analysis. Am supposed to work on figuring those out.

**8 November 2015**

Apparently, the level of service on SurveyMonkey needed to export SPSS is not what I have. Looked too expensive. Have researched and realized that the data was not coded, to have the scaling attached" to it. In other words, the data is just numbers and can't be shifted to view the text response. Have spent about 30 hours reworking the data and quality checking it in preparation for Monday's Telecom.

**7 November 2015**

Data sent to Luke will not work for data analysis. I am not sure what needs to be changed but I don't want to miss the analysis data. Will look at it over the weekend and see what needs to be done for it to be ready.

**2 November 2015**

Teleconference with Professor van der Laan. Setting up SPSS in preparation for the statistical data analyses on 9 November. It is expected to take a couple of hours. Will send data over in advance.

**29 October 2015**

In writing up the Causal Layered Analysis, while working through the layers, it was the Worldview layer that felt the heaviest to me emotionally. Many people have asked over the years how I can deal with the emotional impact of trauma. There have been times when it has been really heavy to carry, but for the most part I have found a way to look at loss from the perspective of strength, a perspective that recognizes and acknowledges the resilience and courage with which people who have experienced trauma live each day—even the hard days. Those that I am counseling are living through what most people say they could never endure. And yet, they are enduring, they are living, getting up each day, taking care of their children, going to work, forging a new identity, and developing new patterns for living.

When it came to the Worldview layer of analysis I was taken back to some of the thoughts and results of my Master Thesis. It is the idea that in a communitarian society, where extended family living arrangements don't leave a place for individualistic living, those who are abused often live in society as secret bearers. It is as if they are the infection. They carry the shame of the family in silence, while living in silence, often treated differently, with isolation and mistreatment. The family allows the secret bearer/the infection/the bearer of the shame to live within the family structure, but with a build-up of scar tissue around them that keeps them within, but still keeps them walled off and isolated.

It is that isolation, the role of the secret keeper accompanied by so much pain, that I find hard to carry emotionally.

I am also feeling at this point, with the 11 January date looming ever nearer, that there is no time to have an emotional reaction to the writing of the dissertation. But it can't be helped. It is part of the landscape of this subject matter. It was there in my Master's Thesis, and I knew at some point it would be part of the landscape of this research.

### 13 September 2015

Teleconference with Professor van der Laan. Discussed the tasks that need to be completed for a completion in December. Set dates for submission of each section to meet that goal.

Themes in the data about the individual trafficked person have included: potential, protection, brokenness, slow recovery, not getting what they need, and those who were expected to help may not.

### 24 August 2015

Teleconference with Professor van der Laan. Discussed what was learned from the qualitative analysis and how that needs to be crafted into a grand narrative. Issues that were emerging from the data included: the daughter's responsibility to support the family, loss of virginity, duty, and responsibility. Discussed how I think there is more in the field of anthropology that could feed into the study of how trauma affects people in the GMS, but that will need to be addressed in the for "further research" section.

### 2 July 2015

Teleconference with Professor van der Laan. Discussed data analysis. Data organized in an excel spread sheet thematically. Spreadsheets printed on A3 paper and taped together so all the interview data for a particular theme was on one sheet. Reviewing it for CLA as well as the thematic analysis for the taxonomy of experiences of the trafficked person (for training content).

### 29 June 2015

Teleconference with Professor van der Laan. Discussed finishing qualitative analysis over the next two months.

### 27 May 2015

I find going through my interviews excruciating. There is some interesting information there, and I am looking forward to getting into it more deeply. But I am more overwhelmed with how imperfect my interviewing was.

Using Skype was hard. Interviews with people who were speaking English as a second language was hard. Transcribing interviews was exhausting. Transcribing interviews was challenging.

### 26 May 2015

This working across cultures and languages is so hard. It's hard enough for people of the same culture to understand. So much harder across cultures.

I wonder if these girls are so used to having someone else make decisions for them that they are still looking for others to make decisions for them.

### 25 May 2015

I started laying out the spreadsheets for data analysis of the interviews.

I think the interview schedule was too long. I had little time to get through all the questions let alone follow up with a lot of 'furthering' questions. In hindsight I would not have included the learning questions on the interview.

There were questions that I needed to simplify for comprehension. I wonder if the questions were too multi-dimensional/layered to be as effective as possible to a non-native English speaker.

There were a lot of sound troubles with interview A09V3.

### 24 May 2015

I am trying to get a deeper handle on CLA. It seems that it might be a perfect tool for social research and engagement from a participatory perspective. Perhaps the researcher analyses the information and shares that with the community and then the community reconstructs it through to a new story.

### 16 May 2015

I am moving forward on methodology. I met with a researcher yesterday who does qualitative research. We didn't meet for this, though I wanted to ask her more about how she does all of this. I have been asked to go to train in the aftermath of the earthquake in Nepal.

### 14 May 2015

The change of management at work is still affecting time available for this project. The situation is so difficult that several of the team is investigating the possibility of setting up another business.

I am working on rewriting the methodology to focus on an exploratory mixed methods approach versus a transformative or multi-phase design. I need to KISS – "keep it simple stupid". I want the study to be clear and uncomplicated.

### 7 May 2015

Teleconference with Professor van der Laan. What the examiners will be looking for: a clear flow, logic, and understanding of what the researcher is doing, demonstrated validity and reliability.

### 2 May 2015

I am trying to dig in again to the Methodology chapter. A change of management at work that has turned everything there on its head distracted me.

### 13 April 2015

Teleconference with Professor van der Laan. In thinking about the integration of the results, the survey results provided the litany, the CLA provides the depth.

### 11 April 2015

I am continuing work on methodology chapter

I got sidetracked in thinking about how emotions are felt in the body about the physiology of emotions, or the somatization of emotions in the body as a grounded way of assessing how trafficking experiences affect women in different cultures. I found an interesting body feeling mapping study: L. Nummenmaa, E. Glerean, R. Hari, J. K. Hietanen. **Bodily maps of emotions.** *Proceedings of the National Academy of Sciences*, 2013; DOI: [10.1073/pnas.1321664111](https://doi.org/10.1073/pnas.1321664111)

**6 April 2015**

I sent a rough draft of the literature review, already way too long, to my doctoral supervisor last week to get guidance on narrowing it down.

I am working on a variable chart that will also need to be included at the end of the literature review; developed an analysis of the chart, interview/survey questions, and literature review.

I downloaded Survey Monkey results to avoid loss of data.

I reviewed proposed methodology as outlined in the Learning Plan.

Followed up with other researcher's view that violence and intimidation is not as prevalent in Southeast Asia: "Southeast Asia is somewhat different from what John describes in that it is predominately non-Christian without the sexual mores that we find in Christian society. It also differs in that servitude is highly engrained in its agrarian society. It's not unusual for females to be considered less valuable than males due to an expected lower level of production and sold or traded into servitude. With this expectation, the victim views servitude with a higher degree of acceptance. Combined with the high work ethic that comes with a need to participate at a high level just to survive off the land, it's not unusual to see these attitudes transfer to the servitude. The need for violence is not near as great as would be seen in other geographical areas. Once in servitude, the victim is isolated from their past lives and introduced into a new group lifestyle where victims are clumped together, where they learn from each other, form new family bonds, and become dependent on each other. There's little need for violence when you can use the victim's own personality, emotions, and culture to hold them in servitude.

The most efficient model I have seen there is in the sex trade in Southeast Asia is where groups of females ranging from 3 to 14 years old were brought together to watch older girls perform sexually. With time, the younger girls become willing participants in their own plight even taking a clannish attitude toward competing brothels. If you notice, in Southeast Asia, the sex trade tends to group girls and boys together. I always think of this as the stolen soul approach.

What we tend to hear places an emphasis on violence and intimidation to hold the victim in servitude rather than what I have described. I think the reason for this lies in the need for funding and marketing methods that use horror stories to appeal to the benevolence of wealthy benefactors. The methods in Southeast Asia are somewhat different, not requiring the same level of violence that we are led to believe. However, the end result is just as sinister.

You'll have to do some exploratory digging to find literature to support my contentions. This type of understanding comes more from actual law enforcement investigations that from IRB approved research. I commend you for looking into this and I wish you all the luck you will need for these types of investigations."

**30 March 2015**

I submitted an incredibly rough draft to Professor Luke van der Laan. I would prefer not to submit such a rough draft; however, I was at 24,000 words and 77 pages (way over the target), and am still feeling like there was a lot more that I needed to add, and I need direction to avoid wasting more time and effort

**21 March 2015**

I spoke with Will Marling of NOVA about using the NOVA Community Crisis Response Team Training Manual as a base for the training manual to be developed in this project. He was supportive and opened it up for me to do as I saw fit. I was to get back to him to discuss the appropriate attribution when it was known how much of the manual would be utilized. Will reminded me that the Post-Traumatic Resource section was named such to draw a distinction between what is done by more formal counselors. I think this might be a useful distinction if targeting this manual towards non-professionals.

**9 March 2015**

Teleconference with Professor van der Laan. Will send one more round of invitations to the Network to try and 'squeeze' out a few more responses. Discussed mapping out the results and interpretation. The data needs to tell a story. What is the story? For the CLA, the thematic analysis is a journey through the layers.

**21 February 2015**

- Export settings from Survey Monkey.
- All respondents
- Condensed view
- Response numerical value

**19 February 2015**

Thinking about the water buffalo as a symbol of recovery to go with the curriculum. Thoughts from Huyen on the water buffalo meaning in Vietnam: *"about the symbol of buffalo in Vietnam: what you say is right but, when you see from the spirit aspect, the buffalo is a very closed animal to Vietnamese people especially farmer because it helped them to do the farming in the past. It is seen as our friend. The image with the buffalo in the rice field is the symbol of village in countryside in Vietnam. This reminds us about hard working to get what we want in patience and peace. Vietnamese people love it."*

**12 February 2015**

I am expanding outreach to the United States, Australia, Netherlands, UK, Taiwan, Macau, Japan, China, Korea, and Malaysia as destination countries from Southeast Asia to try and obtain more survey responses.

**23 February 2015**

Teleconference with Professor van der Laan. Review of Methodology chapter.

**9 February 2015**

Teleconference with Professor van der Laan. Have gotten more surveys completed, but still need more. Discussed the concept of "common core" training. Will consider adding that framework to the Literature Review.

**19 January 2015**

Teleconference with Professor van der Laan. The response rate to the online survey has been very slow. 71 attempts. Some completed ones are not related to the GMS. ½ are incomplete, even though the beginning questions that were completed appeared they would be qualifying respondents. Will need to make another push to try to get the 24 more needed to get to 60 respondents. Change the tone of the email to a warm appeal.

**15 November 2014**

I wanted to translate the surveys into the languages as a reach into their communities as I am residing here in Singapore and not in their countries. The professional translation company said that as a practice they do not do back translation. If I am paying to have it professionally translated, then I don't need to go through the effort of a back translation. It's all a bit confusing. Now I am getting all kinds of feedback that the translation is not good. I got help with Vietnam but have been told that Thailand is really not good. I just don't even know how to sort through this to fix it.

**10 November 2014**

Teleconference with Professor van der Laan. Discussed abuse in Asian countries. Discussed the silence of Thailand. There have been no responses from Thailand and what does that mean? We assume there may be a directive from the top down not to participate in this kind of data collection.

Discussed pattern of survey responses that often there is a peak on the 3<sup>rd</sup>/4<sup>th</sup> day after the survey goes out. The reminder notices will help to get an extra 10 to 20 respondents and stimulate interest.

Discussed writing the blog for CancerInCytes as a way to obtain more participation.

Luke recommended seeing if there are any conferences I could go to and get people to, to complete a paper survey right there.

**27 October 2014**

Teleconference with Professor van der Laan. Reviewed and amended content of email invitation letter. Subject line very important. Decided on: Support Trafficking Victims in the Mekong Countries: Important Research Meeting Your Help.

**12 October 2014**

Teleconference with Professor van der Laan. Discussed loading the online surveys. There will be 6 total, one for each language. Email invitation will be in English but links will be included for each of the language surveys. Each of the language surveys will be laid out next to the English language. Introduction letter is to be brief, clear, and concise. In order to obtain as broad of participation as possible, encourage email recipients to pass along the survey invitations to others. Set up schedule for online survey. First invite – 29 October with due date of 28 November. Reminders to be sent – 12 and 26 November. Extend date with a thank you and decision to leave it open due to the importance of getting as many responses as possible on 3 December, with a new due date 12 December.

**15 September 2014**

Teleconference with Professor van der Laan. Decided to go broad in terms of not mentioning GMS and sexually assaulted females on the front page of the online survey. Will separate the survey data that meets the requirements. Decided to use the terminology 'trafficked persons' instead of 'trafficking victim' because it is more descriptive and less value laden. The survey is 2,523 words and translation estimates based on online information is going to be over \$4,000.

**13 September 2014**

I am starting to analyze the data from the semi-structured interviews to inform the content of the on-line survey. I realize that I wrote all the semi-structured questions in quite some detail, but when I asked them I asked them more generally. For example, when asking about fears, I started with fears of coping socially and emotionally.

I am realizing that the answers to fears fall into a couple of categories that I am not sure how to describe, practical day-to-day and other larger fears.

V5 introduced information from the semi-structured interviews. Prior versions only included information from other surveys such as the US social services survey.

The language is such an issue. Respondents don't specifically answer the questions. I have a hard time reading the response and getting a deep sense of what the person is saying.

I am feeling hyper-critical. I am not feeling that the content of the data is that good, that I didn't ask the questions right. I don't know. I am wondering about how I was feeling about the data at this point in my master's program. I don't remember.

V4 is also the last version to carry the "References" section.

**8 September 2014**

Teleconference with Professor van der Laan. The proposed online survey is quite long. Revise for brevity, determine what data is the most relevant, what the nature of the data is. Luke recommended asking questions that could be asked with a scaling response. Discussed the integration of the Participant Information and Voluntary Consent Form into the online survey. Participants would be agreeing to the provisions by clicking on the 'next' button. QuestionPro was recommended.

**28 July 2014**

Teleconference with Professor van der Laan. Discussed whether the research should be limited to Vietnam, Cambodia, and Thailand as the response from Laos and Burma is quite low. Decided to keep them all. Further discussed the potential to move on the STEAM data. Decided to push hard on gathering the online survey data, and soft on the STEAM project data.

**19 July 2014**

Last week I sent out a push of emails saying to people that I would be traveling soon and could we please arrange an interview before I left. I thought certainly it would generate some helpful timely responses. No, it seems to have done just the opposite. It's like people are going to be silent until I am gone and then I will be off of their backs. So frustrating!

I spoke with Nicola and saw some of the STEAM data. Amazing stuff. Seems to be different from what I am hearing from the service providers. I think I am thinking of going to far afield, but it would be so interesting to do the on-line survey and analyze the STEAM data to see where the aftercare workers might be missing what is happening for the trafficked persons. For example, from the

interviews it seemed that the interest in making things better for other people was not there. Any yet, the answers to the STEAM data says that about 1/3 of people would talk to someone, and more than I expected said they would want to help make it so that this didn't happen to other people.

I wrote Luke about my frustration in trying to get answers to imagery questions on the survey. He gave me a way to try to guide for the answer. It seems that westerners have greater difficulties in coming up with an image.

#### 9 July 2014

Luke has done such a good job of demystifying the doctorate process. I would like to find a way to document the things that he clarified and made simple. Four example, he talked about the first run version of the literature review feels like a very weird entry because at first what you're doing, is just dropping in all the information that you have. The real quality of the literature review is in a critical analysis that doesn't seem to come until later in the process, once all the information is down and then your reading through, reviewing, and seeing how it all fits together.

Another thing he said the other day was that they never tell doctoral students how hard it is to get the data collection done because it would put many people off from doing the doctoral program. But that in the long run it comes through. It's one of the hardest parts of the process, the part that is the least controllable.

I am learning that it takes me about an hour per page to do the first draft of the literature review.

We talked about how much quality control was needed of the interview transcriptions, and as we discussed it, I realized that the essential quality is there, and the time I would spend in really trying to get it to perfection, is unnecessary.

We talked about the tenancy to rely on government reports, and again that one of the distinctions of doctoral work is looking at the academic literature that is available.

#### 8 July 2014

My flow of writing self-reflection entries got interrupted when we responded to the Jakarta International School.

Today I met with Beat Kipfer from Myanmar and we talked about training and what kind of approach to training would work the best. He mentioned that the training couldn't be abstract, at least training done in the rural context, and inferred that in contrast it needed to be concrete. In thinking about concrete ways of training, we talked about bringing it back to agriculture, bringing it back to things in their lives that they understand and can relate to.

In another conversation today, with Kathy Fagan I was exploring with her, as I have with others, this gap that I wonder about. The gap is what has been used in cultures to address trauma in the past that Westerners cannot access, and the locals have not thought about applying to the context of healing from human trafficking. I started talking with her about ritual, that cultures are deep with ritual in responding to the coming tragedy of death. I wonder if there are other common tragedies that occur, around which rituals have been developed. Would it be appropriate as part of mental health in psychosocial programs to explore with aftercare workers or with women who have been trafficked the use, creation, or

adaptation of ritual for the process of healing from human trafficking.

Luke has spoken about socializing my network, the network of over 250 people that I have developed from the GMS. Desperate to obtain more names of people that I can interview for the semi-structured interviews, I wrote another newsletter and sent it out in early June. Much to my surprise people followed up and made further referrals and communicated even more. I really started to understand the value of socializing that network. In the future I am hoping to try to provide more information that is relevant and important to them, to show appreciation for their support and try to build additional credibility with the network.

#### 7 July 2014

Teleconference with Professor van der Laan. Discussed the strategy for the online survey. Develop a simple questionnaire design, 10 questions per page. Planned time for the remaining tasks. 40 – 60 hours for Literature Review, 40 hours analysis of interviews, 10 hours statistics analysis (Luke will help), 10 hours for interpretation of statistics. The Literature Review is about building a logical argument.

#### 23 June 2014

Teleconference with Professor van der Laan. Reviewed the literature review and it looks good. Continue to refine. Continue pressing for interviews. Need to turn in the Semester Progress Report. Targeting for the interviews to be done and transcribed by the end of August. Decided to modify the practice-based project to the design of training curriculum.

#### Blog 14 June 2013

Today we visited a Cambodia organization\* that works to educate sex workers about HIV, STDs, and other health concerns related to sex work. Two former sex workers shared their stories. They are now working as peer educators helping educate other workers about health care.

The first woman (who I will call Chantrea) described growing up with her family with land to grow rice. Her father died when he stepped on a land mine in an area where forests had been cut down. Her mother became a widow and she was poor. Her mother sold the rice planting land. Chantrea was the oldest of eight siblings. There was not enough money even for their shoes. Chantrea needed to go to work to support her family, but she had no education and could not read or write. A friend invited her to work in a karaoke bar. Unfortunately, the Karaoke work did not provide enough money to feed her family and so she became a sex worker. The sex work was the only way to feed her family and now her daughter. At some point Chantrea had gotten married but her husband did not care for her family and they ended up divorcing when Chantrea was three months pregnant with her daughter.

There were a lot of problems as a sex worker. The police were always arresting her. They would take her to the Department of Social Affairs for education. She had no money to give the police to get out—actually she had a little money but she hid it. Finally another officer said to release her, because she needed to take care of her family. However, when she was released the gangs found her and took her money. She also contracted a virus and had to use money to extend her life.

When asked about the law passed in Cambodia in 2008, she said that it was better than before, because she could work independently, and the brothel owners could no longer force her to work and take her money. She could make choices about working and keep the money she earned.

Now she has become a peer educator for the last six months. She still cannot read or write, but she can learn by listening to others. She is glad to be a peer educator because she is proud to have the knowledge that she has gained and to be working in the community.

Her goal is to save money and to buy some rice land or to open a business in the countryside where it is cheaper to live. If she were to open a business she would like to sell things like fish and vegetables. A piece of land for one family and a small garden is about \$2000 dollars.

Right now she describes working one day to eat one day.

\*The identity of the organization as well as the women has been withheld to protect confidentiality.

### 13 June 2013

I began a trip to Vietnam and Cambodia on the 9<sup>th</sup> of June. It is not directly related to my doctoral work but I am hoping to gain information, and experience and to make contacts that will help in my doctoral studies. The added benefit that I had not considered was that I am traveling with a team of professors from the University of West Virginia who have years of international experience. The practical academic conversations are endless. I wrote my family and told them I was in an intellectual paradise!

Right now I am riding up the Mekong River leaving Vietnam to enter Cambodia. I was in Vietnam to lead some training with the Social Work and Community Health Services Summer Institute 2013, which is sponsored by An Giang University and West Virginia University with the co-sponsorship from the Pacific Links Foundation, An Giang/Dong Thap Alliance for the Prevention of Trafficking (ADAPT), and the Southeast Asia Children's Project. ADAPT Partners also include the East Meets West Foundation and the International Children Assistance Network.

The University of West Virginia's academic staff includes, Neal Newfield, Ph.D., Susan Newfield, Ph.D., Jim Keim, MSW and HaeJung Kim, Ph.D. The participants are young and experienced social workers primarily from Vietnam, but also from Laos this year. My job was to conduct a session for three days on Responding to Domestic Violence and Sexual Assault. There were about 100 participants in the session. The training was conducted with continuous consecutive translation. My doctoral study project includes creating a training manual and delivering training in one of the GMS countries which will require using translators and working in a cross-cultural setting.

Last year, when I conducted training for this same institute I arrived several days early to observe the other professors. I have trained using translators in cross-cultural settings before but have not had the opportunity to watch others do it. I could only go on what I had been taught by others and written guidance I had found.

Some of my thoughts and observations:

- In reality, I believe that working in a translated environment requires at least twice the time to cover the materials that would be covered in a single language context.

- The role of the interpreter with the audience in contexts outside of the training can affect their translation work. For example, translating sexually explicit language by someone who traditionally has a formal hierarchical relationship with some of the participants can create discomfort for the translator.
- Interactive training (with activities and exercises) can effectively be done through translators.
- If the participants are mixed from countries with different pace (speed) expectations, it is helpful to set expectations with the participants from a faster paced environment about the pace realities of the workshop. As my mother use to say, "The group can only go as fast as the slowest hiker."
- In this training there were enough dual speakers that group work could be done with a mixture of English only, Vietnamese only, and bi-lingual participants. There were some misunderstandings but overall there was a lot more cross-cultural learning than misunderstandings that seemed to take place.

Visit to Pacific Links

Dissect evidence-based trauma therapy.

### 9 June 2014

Teleconference with Professor van der Laan. Discussed pros and cons of using the STEAM data. Reviewed the interview from Vietnam and Cambodia and status of future interviews.

### 2 June 2014

Teleconference with Professor van der Laan. Arranged next meeting while Luke is in Singapore 9 June.

### 1 June 2014

Teleconference with Cathy Zimmerman. Discussed the current research. Where this research project was filling in the gaps in the literature. Discussed my having access to the STEAM data comments. They will have to go through steps to gain approval for me to have access. Cathy asked for a 3 line summary of who I am and the aim of the project.

### 5 May 2014

Teleconference with Professor van der Laan. Discussed the possibility of including a case study of the JIS response. Could be an artifact. 2 – 3 pages; 1000 to 2000 words. Still following up on the possibility of using STEAM data. Had further discussions about the CLA and the different meanings of the layers. Also, how a group process could be run using the CLA.

### 25 March 2014

I met with Bill Hoppe today. He asked if it wouldn't be better to be in a place for a while and to talk to the woman themselves? Yes, of course, I have told myself that a million times. But those are not my circumstances. I still believe that I am supposed to be doing this project, and the university has approved it. Being at the distance I am in Singapore without being able to get away for longer periods of time because of work and children, this is my option.

I continued to explain this to Bill, and then I started talking about the intercultural illustration of a "fish out of water." I told him that if I talk to someone totally immersed in their own culture, I am not sure that they would be reflective on their culture, and I might not know how to ask questions that would illicit the information I am seeking. I was saying to Bill that I need to talk to

people who are from another culture who have been immersed in a Mekong county culture, or to a Mekong country person who has had some time out of their culture. People who would be “fish out of water,” who have been confronted with differences between themselves and others, might have thought and talked about those differences trying to understand those differences.

I think it's a little like people in our own cultures who are different, homosexuals, disabled, etc. who may be compelled to think about the differences so as to be able to talk about them, describe them, explore them. I described it as people in the “rub”. They are being “rubbed” by different cultural norms and have had some time to think about what the differences may be.

#### 19 March 2014

Teleconference with Professor van der Laan. Discussed the possibility of working qualitative STEAM data into the study. It would provide the added dimension of having the “voices” of trafficked persons directly, not just the perspective of the aftercare workers. However, if getting access to that data is too complex, it could slow down the entire dissertation process. Discussed progress on literature review.

#### 10 March 2014

Interviewing people in English, whose first language is not English, presents a number of challenges. They may be confident enough to present at a conference where they can practice and have prepared what they are going to say, but not be confident enough to participate in an interview. They may be comfortable to talk face-to-face but not over Skype. They may be comfortable enough to write answers to questions but not be orally interviewed.

I am feeling frustrated by the interviews. I feel like I have really had to shorten the questions. I am feel like I am using western words that don't translate as well as possible. I feel like I am getting some new information but I it is not as rich as I would like it to be.

I need to figure out how to get the image questions answered. That is part of the whole CLA levels. In the beginning people really understood the questions, but in the last couple of interviews they haven't understood the image questions. I feel like I need to analyze how I am asking those questions.

The time goes by so fast and you don't have the body language cues to see if they are happy to stay or wanting to get off, or whether they are doing other things at the same time. I, of course, am making a whole slew of arguments for why this is better done in person.

But I am so glad that I got an interview from Thailand.

**From:** Luke Van Der Laan  
<Luke.VanDerLaan@usq.edu.au>

**Subject:** RE: Difficult question to answer

**Date:** 10 March 2014 15:16:45 GMT+8

Important to note this insight and include in your final work!

**From:** Suzanne Anderson  
[mailto:rcconceptssg@gmail.com] **On Behalf Of**  
Suzanne Anderson

**Sent:** Monday, 10 March 2014 5:13 PM

Steve admitted at one time that they had not stopped to ask the woman some of these questions. One of the informal outcomes of research that involves the practitioner, is that they start to think more in their practice about the questions the researchers have asked.

#### 27 February 2014

Follow-up to discussion with Marisa at and after SACAC staff meeting.

The things that would tell me that people still have issues that would create an emotional burden for them back in their communities after trafficking are:

- Having a secret that they cannot tell others because they know that they would be lower socially in others' eyes if the secret were known.
- Fear from the ways they were abused: the night, darkness, smells, sights, sounds, men, sex, drugs, and family members who sold them. This could keep them hyper-aroused and on alert and that has a physical toll on the body.
- An altered sense of safety in relationships that would potentially keep them from being able to form attachments and connected relationships.
- Wondering if we are all hardwired for intimacy (to know and be known) and having this secret would always keep their ability to have intimacy limited.
- Wondering what the other ways that the trauma would play out in any culture are.

The question then is how to address these issues in culturally appropriate ways, and what are those ways.

I keep being asked what is relevant in other cultures? Sometimes it feels like people are telling me that maybe trauma is not the same issue in other cultures, but it seems that there are things that would make it an issue. Then I guess the next question would be, what in other cultures would mitigate against these things having impact.

- Faith beliefs
- Beliefs about the meaning of suffering
- Beliefs about karma

What are other “things” that mitigate against the impact of the trauma?

Is there an ability to “wall off” (dissociation, psychogenic amnesia, etc.) an experience that would not then be harmful in another way to the person?

#### 24 February 2014

Teleconference with Professor van der Laan. Difficulty in getting the needed interviews. June/July target for completion of interviews. Will develop and deliver another newsletter to the network.

The work to get interviews is requiring a lot more assertiveness from me than comes naturally. I can be assertive quite easily when I believe it is a level playing field of power for me and the person I am asserting myself to or if the person has higher status. But if it is someone I believe has a lower power status, then I get really uncomfortable in asserting myself that way. It feels like an abuse of power.

I need to look at how much I have invested financially in getting this far with this project. I think that would be good data to have when asking for grant monies.

I think I am running into the same issues of humility I ran into in Singapore where people do not “think” they are the right person to be interviewed, when in fact they are.

I need to collect data but keep out of the organizational politics. [SISHA/Somaly Mam].

### 13 February 2014

I have received a number of responses to my inquiries for interview participants. Most frequently there is no response—just silence. The second most frequent response is that they do not serve adults; they only serve children. And the least frequent response is that they are too busy to participate. It is the second response that has caught my attention today. I am wondering if adult women are underserved? Or are children more often trafficked?

### 10 February 2014

New Year in the GMS countries are not all the same.

In Vietnam it falls in Jan/Feb (the same as in China).

In Burma, Thai, Laos, and Cambodia it falls in April.

These are days that I need to work around. I wonder if I can wrap up my list before the April New Year celebrations.

I also realized today that there was a part inside of me that doesn't believe I can really do this degree. I have had such a hard time getting back to it after the holidays; I have quite a million things in my mind. But when I spoke to Luke this morning, there was no hesitation in his mind, and there was no place to think of hesitation; just continue to soldier on.

I liked Glennon's observations in her book about looking back at something and then observing how good it was to go through it, such as parenting. But while you are in the middle of it, it is a slog, and it is hard, and you may not be enjoying every minute of it.

### 16 December 2013

Teleconference with Professor van der Laan. Newsletter for network is completed and “looks great.” Reviewed process for getting appropriate consent for interviews without it becoming a block to completing interviews. Update report to ethics committee needed.

### 18 November 2013

Teleconference with Professor van der Laan. Discussed in more detail cultural transposition and knowledge creation and the difference between tacit and explicit knowledge. Tried to draw a picture of knowledge transfer from developed to undeveloped contexts. The trainer from the developed context brings knowledge, presents it and asks what applies. However, the question about what else may exist in the developing context may not be asked. A more grounded approach could also be taken that looks at what each aspect of trauma counseling seeks to accomplish and asks those in the developing context, “What exists in the local context to accomplish this?” The origins of theories or approaches developed organically and through trial and error. How can Western trainers assist developing contexts on the same journey of organic development and discovery of their relevant resources? Next steps: press for more interviews; socialize network; continue development of cultural transposition.

### 11 November 2013

I am on my way back from Vietnam, where I attended a conference for social workers and presented, made contacts, and conducted interviews. It was a terrific experience, and there is so much that came out of it. For speed I am going to bullet the outcomes for now.

- I didn't know I was going to present until the last minute and I delivered a presentation written by someone else on topics I had never even thought about.
- I met a member of IFSW from Australia who is a professor, a social worker, and who has been going into Vietnam to work for the past 10 years.
- I ran into my Master's professor, (whom I should have contacted a long time ago regarding my current academic work) who is President of the Asian region of the IFSW.
- I collected business cards of people who may be able to help me get interviewees in phase one and phase two of the data collection.
- I met an OXFAM employee (at church) who might be able to put me in touch with more people in the region who can assist with networking for data collection.
- I was able to complete two interviews and, strictly speaking, I am done with one country with four more to go.
- From the very beginning I wanted to focus on Vietnam but was told that politically it would be too sensitive. However, it appears that perhaps my contact base is developing strongly enough in Vietnam that I will be able to go back there to deliver the training as I had hoped in the beginning.
- I really need to socialize my network. I can do that by sharing information, things I am writing. The feedback from one of the interviewees is helping me to see and market more of the benefits to the interview participants. It raised my confidence and assertiveness.
- I have rewritten my invitation email. I need to add the benefits and think that I need to explain the three phases of the project from the very beginning, so that people can see the purposes of it.
- I have furthered my thinking about the gaps, and oversight of taking materials from one context and blindly applying it to another context. I need to write this up. I also need a diagram!

I think I will try to summarize this last point in bullets to so I can get it down in its rudimentary thoughts and come back and flesh it out further.

- When the first trauma materials were developed, there were no resources to borrow from or refer to. So these practitioners and organizers developed it organically coming from within the context, based on the lessons of those who had experienced the trauma.
- Those who have developed those materials don't want people to needlessly suffer in other contexts where these materials have not yet been developed. So they take their packages and offer them to people in these other contexts and say to take what applies.
- Practitioners in context where these materials have not been developed, seek to not reinvent the wheel, and look to those who have developed materials for resources that they adapt it to their own context.
- What is missing, the gap, is what might be a resource in these undeveloped contexts that is not at all touched on by the resources brought from the

- contexts where trauma counseling has already been developed.
- It is also harder to develop a deep understanding of materials, when they are externally developed.
- So it seems that another level to cultural transposition comes even before bringing the elements of successful interventions from other contexts, and that is what are the questions that were asked and answered when trauma treatment was first being developed.
- Sharing those questions as a way of helping contexts develop their own organic approaches might help to provide a more comprehensive model and fill the gap that exists when we simply look at what might work from other models.
- I suspect that someone has already identified those approaches, but they have not organized them, written about them, or turned them into a theory that is accessible by the west.

I wonder if I should ask people to upload documents and/or materials they have developed even if they are in another language.

Luke was so smart in telling me to be opportunistic. I did things that I would not have otherwise done in getting out there and meeting people. In fact, at church I even walked up to a guy and said, "May I be opportunistic..."

#### 4 November 2013

Teleconference with Professor van der Laan. Discussed finding a transcription resource and methods of organizing the data for analysis.

I am getting close to completing the transcription of the first interview. Oh yikes, what a grueling process. It is mind numbing. I am wondering how I did all the transcripts for my master's thesis and how I ever thought I would do 30. Thank goodness I only had to do 8. For this one I need to 10.

I already felt like I was doing it in a bit of a mechanistic manner, moving from one question to another without having any additional time to explore new information.

Part way through I also started to wonder how I am defining those I am to interview. Aftercare workers. Does that mean that they are providing mental health aftercare or are they working with them in capacity in which they could observe some of their reactions?

Duong started mentioning that they are working with ethnic groups. What term did he use? Ethnic women. What are the categories of ethnic women that they work with? How do they see themselves differently than those they work with in terms of ethnicity? Are most of the workers from a particular ethnic group and the women served predominately from minority ethnic groups? Interesting, because when I was training with West Virginia they talked about a lack of cultural diversity. For a while, while I was transcribing I was thinking that what they needed was intercultural training. Training to recognize their own cultural assumptions and to build up their lenses for seeing things through the eyes of their client's cultural eyes, or at least to be able to explore their perspectives more. Duong talked about there being more Western approaches and are they really relevant? I wonder where he thinks those approaches stop working. At the point where the clients want to consult with doctors and not take their medication?

As I was transcribing, I didn't feel like I got anything that was that rich or perhaps what we really intended to get

from the CLA. I don't see the problem clearly laid out. The problem is working with these women to help them rehabilitate emotionally.

I have so many things going on, at times when I get to working on this. I feel like my head is saturated. That it just cannot take anything else in. The working memory is overloaded and the system is coming to a screeching halt with the Apple Mac spinning wheel of death perpetually spinning. I am being swept along in the current of meetings and time but there is little time to think, reflect, daydream, and explore this knowledge.

#### 21 October 2013

Teleconference with Professor van der Laan. Review submission of semester progress report (making good progress). Priority is identifying aftercare workers to interview. Literature review remains the next highest priority. There is a meeting coming up in Vietnam in November for Social Workers. Vietnam has a multi-year initiative to further strengthen and develop its social work practice. May attend to expand and strengthen research network. Discussed methods of socializing the network. Decided to write a newsletter that would provide a project update and some information that organizations in the Network would find useful or informative.

#### 6 October 2013

Meeting in Singapore with Professor van der Laan. Update on interview status. One completed with another tentatively scheduled. Have started to transcribe first email. Appears that it will take 10 - 15 hours to transcribe a 1.5 hour interview. Following up on 31 email contacts made. Story on Somaly Mam a well known trafficking advocate from Cambodia came out reporting her story as untrue. Wondering about the effect of the story on those working on human trafficking in SE Asia. Next steps: Continue working on interviews; rewrite of cultural transposition; transcribing transcripts; and literature review.

#### 12 September 2013

I just completed my first interview. The person is from Vietnam and their English is really very good. The Interview took almost an hour and a half. I felt like I was just asking one question after the other and if I took time to ask much more about any one question that I would not be able to get through all of the questions.

I was surprised that some of the questions that I thought he would not be able to answer because of the words; he was just fine in answering. The hard questions, and the ones he found surprising, were the image questions. What image comes to mind...?

He was willing at the end to talk a little about his impressions of the interview process. He mentioned questions that surprised him (the image questions), and the questions he was surprised were not there (more questions about culture).

I was wondering if I said too much about the research approach talking about the CLA, but I was done asking all the questions. And I believe in transparency.

The video and sound got a little distorted part way through and never returned to the good levels that were there at the beginning of the interview. I think I should add something about, if we get cut off or I think the quality has gone bad, I would like to stop and reconnect.

I am really glad that I got and received permission for both video and audio. I was so tired of listening after an hour and a half. I cannot imagine how tired I would have been if I had tried to take notes that whole time. I forgot to use the markers for the different questions and was just concentrating on listening.

I have been bothered by not taking more of a participatory approach to my research and doing it from such a distance, but when I asked the participant if they wanted to read the transcripts and provide input, they said they probably didn't have time for that much.

I have started to transcribe, and it is going to take a long time. It is interesting that I can slow down the track and type along pretty well, but now I am getting to his part. He speaks more slowly than I do, so now I need to change the speed for his part. This is just the beginning where he was easier to understand in real time than later in the transcript.

I have struggled with the language for "sex-related trafficking" and this participant used the terminology sexual exploitation. That sounds to me like better terminology. It is interesting because I have felt that "sex-related" sounded too flippant as if it wasn't congruent with the seriousness of what it was describing. It was too neutral. The use of sexual exploitation is not a neutral term. It describes the sexual misuse of these women instead of just saying that they are used in a sex-related manner.

### 12 September 2013

As I get ready to implement my first interview there are so many things that have not been prepared or set up ahead of time.

I realize I have not been clear about whether the people I am interviewing are currently working with trafficking victims or just have had to in within some period of time. The invitations say currently. The survey says "those who are or have". *I am going to stick with those who are.*

My learning plan says that I am going to transcribe the interviews or notes within 24 hours. What was I thinking? I was thinking that when I take notes, if I don't go back and fill them in right away I would forget some of my shorthand or keywords. But with transcription, that's not realistic. Transcription for a 1-hour interview can take up to 8 hours. I think *filling in notes should have been within 24 hours, but transcription will be within a week.*

I talked to my advisor about video recording and he said I could just write it in and have it approved. So I have gotten video recording in there before the first interview. It is so nice that the first interview is with someone I have been talking to for a year and a half. We have had good email conversations and have helped each other out with referrals and resources so I don't feel like I have lost credibility by going back and asking for a change. Then I was able to send the rest out with the video recording option.

I have also realized that I did not do a weeding out, in other words, have a questionnaire beforehand that asked some basic information to determine whether this was a person I wanted to interview.

I haven't figured out what I want to do to transcribe these tapes. Pay someone. Get some transcribing equipment. I imagine including in the dissertation the estimated budget

and my actual budget. Fortunately I have kept every thing in Quicken and will be able to pull it out later.

It is also interesting that I needed to go wider. I couldn't just interview people from Vietnam; I had to include the whole GMS. But now the first and maybe the most people I will be interviewing will be from Vietnam.

People are responding, but it is slower than I was hoping it would be. I would be overwhelmed if it was faster, but I think I am going to have to make follow-up contacts. That "nagging" thing, it goes back to my timidity in feeling that I am putting upon people or that I don't have a right to ask for what I want or need. I need to go back and do it in a friendly way. I have a lot of schoolwork to get done. I want to get the transcription done along the way and not hold it to the end. It is a mechanical thing that I look forward to doing. I remember transcribing my thesis and how emotionally devastating it could be to be immersed in a dark room with the stories of abuse that people had endured.

I am wondering how long the interviews will actually take. I am worried that I have too many questions. I am worried that I won't get stuff that is interesting enough. I worry way too much. I am going to relax and enjoy this process with curiosity and be excited. I always learn something new. That is exciting in and of itself. I hope these questions work and make sense. I hope that I can make sense of them if the person needs me to clarify or refine my questions. The questions seem external to me now, but I know that I will internalize them throughout the process.

### 8 September 2013

Teleconference with Professor van der Laan. Discussed input from Ton Haans; practice versus theory; cultural relativism; positivist research; the intent of the Professional Studies Doctorate to move from theory to practice.

### 7 September 2013

#### *Things I would do differently*

Already there are things I am looking at and thinking I would have done differently. The first is that I would have sought approval for video and audiotaping, not just audio. I am thinking that when it comes to transcription especially listening to people whose first language is not English, it would be better to be able to see their faces and the word formation, and that that might help me understand more of what they are saying. It will be interesting when I get to transcription to see how challenging it will be.

I am remembering that I said I would transcribe I think within the first 24 hours. I am going to have to go back and check that. Not sure where to look. Either the Ethics Application or the Learning Plan should address this. But that means Monday afternoon or evening or Tuesday morning I will need to do this. I think I should have said within the first week. However, in reading other information I think people were looking over their notes within the first 24 hours. I need to make sure that I only schedule one interview at a time. I am also wondering if there is a pedal mechanism that attaches to the computer that will do the transcription stuff. I am going to need to be ready to go on Monday or Thursday of this week.

#### *Literature Review*

The articles Luke provided on the literature review were really good. I need to create some framework before I start working on it. I think Luke and I are using the word

variable differently but I am not sure how to explain the difference. I am thinking of research variables such as the dependent and independent variable. I think he is using it more generally. But he uses the term modifying variable that is a pretty specific term. I am getting the impression he is a more quantitative guy and science researcher. I am thinking that I might need to ask more questions about qualitative and social science contexts to make sure that he is not asking me to do things that are irrelevant in my own context.

### **Other learnings**

I have to keep consent forms and transcripts and audio recordings under “lock and key” on my computer. My kids use it sometimes, so I was concerned that that was not secure enough. I learned how to create a vault with a password, so that I can let people on my computer, but secure the real confidential stuff.

I was also thinking, at first, and later changed my mind, that I should send the consent forms as a fill-in form. Before I changed my mind I learned how to create forms on Word. A waste of time for this, but not a waste in terms of learning other skills that can be used at another time.

### **Thinking Differently**

I find myself thinking differently. I will have to try to remember an example. Can't right now. It's just that at times I find myself thinking, hey I would not have thought about this, like this, before working on this doctorate. As much as I feel like my memory is going with age. I know... I know... I feel like my mind is also expanding, that there are larger spaces, or more ways to consider situations and information.

### **29 August 2013**

I have totally failed at keeping a learning journal and have not taken the time to formally reflect on where I have been, what I am doing, and where I am heading. I keep researching and researching how to do this and never get to just doing it. I have decided to approach this as a stream of consciousness place. I recognize it is not just for reporting, but that I need to make linkages with information and think about what I am learning and how I might apply it. I think I would like to just talk about what it feels like to be learning through this process. Each time I get on the phone with Luke we discuss the mechanical bits, the theory development. Each time ideas get flushed out more and more. He provides a lot of examples and is willing to listen to my thinking on things. I find our conversations energizing, educational, and encouraging. The three “E”s. Each time I feel like I have not done enough I get the feedback that I am moving at a really great pace. “I am making good, if not great, progress.”

Today we had a brief discussion on being able to visualize the final product. He listed all of the content, but I did not get notes on that; it went so fast. He keeps asking me to create graphics and I really like it. I really see things better visually but I have not exercised the practice of creating graphics. With each conversation it feels like we are peeling an onion going deeper and deeper.

Today he made an interesting comment. He said that often we think we are setting out to learn about A and we expect that our contribution is going to be about A. But somewhere along the line B starts to develop and B ends up being the bigger academic contribution. In my case A would be learning about the psychosocial needs of trafficking victims in the GMS, but what B seems to be is developing in the area of the culturally

sensitive transposition of Western theories to other contexts.

I keep feeling like I am going to hit a wall, that I will get so stuck that I won't be able to go forward. But it doesn't seem to happen. It seems to be getting more and more exciting. I picture it like walking through a field of grass that is as tall as corn plants. With each step I put my hand in front of me and put the grass to the side so that I can take the next step; and then I take the other hand and pull the grass to the other side so my other foot can take a step. I can't see how I am going to get to the end, but I am always able to take a step forward and those steps are accumulating. Sometimes I feel like I am running.

I need to sort out psychosocial or psychosocial and mental health. I need to sort out evidence-based approaches, dimensions, and elements.

Luke suggests that I go and tell someone my thinking on the variables of the study. He is not just teaching me the ‘what,’ but he is teaching me about the ‘how.’ Wow! Such amazing tools. Tools for this project. Tools for my professional practice. He has no idea how much I have looked at visual learning but have not been able to implement it consistently.

I am worried about getting this done by Dec 2015. I do need to look at the time schedule and see where I am. But I can't go any faster, and these are things that have to be done, “No Choice.”

### **28 August 2013**

Teleconference with Professor van der Laan. Luke reported that LP is signed. Reviewed Interview invitation letter. Reviewed interview instrument and identification of questions targeted to elicit information related to the four CLA layers. Next steps: Need to keep working on literature review keeping in mind that the dissertation will be externally reviewed. Send out invitations for interviews.

### **12 August 2013**

Teleconference with Professor van der Laan. Finalized qualitative interview content. Discussed research variables in the research question (psychosocial impact; cultural affect; demographics of participants). Discussed the development of a model of cultural transposition.

### **27 June 2013**

Teleconference with Professor van der Laan. Need to develop the conceptual framework to include the collection of data, deconstruction for analysis; and reconstruction of cultural constructs. Went through detailed edits to LP: add more to contribution to the community of praxis; potential bias and strategies to reduce bias; justify order of the mixed methods being chosen; and highlight that the network is part of the student's consulting business.

### **27 May 2013**

Teleconference with Professor van der Laan. Reminded that I need to complete the semester progress report. Ethics committee responded with questions for clarification. The questions were primarily around the qualifications of the researcher to deal with the subject matter of the research and questions about the RCC network and the appropriateness of contacting them to participate in the research. Constructed email to network requesting their collaboration in the research.

**13 May 2013**

Teleconference with Professor van der Laan. Reviewed ethics application and the needs of the committee for an international study. International studies will attract higher levels of scrutiny. Need to identify someone in the region to provide oversight. Will follow up with Professor Chan Wing Cheong. Discussed CLA learning and how I could see the application even in my counseling sessions. Hair's book *Multivariate Data Analysis* was recommended as a statistics resource (but don't buy it). Next step: submit ethics application.

**15 April 2013**

Teleconference with Professor van der Laan. Discussed different cross-cultural theories, strengths and weaknesses—Hofstede and the GLOBE study. I need to choose one. Discussed theoretical framework for research—pragmatic paradigm. A conceptual framework for the study needs to be developed that reflects the variables under study—dependent, independent, and mitigating. Discussed constructivist training/education theorists including Freire. Next steps: complete ethics application; develop questionnaire/survey; research learning theory; finalize learning plan for June submission.

**18 March 2013**

Teleconference with Professor van der Laan. LP is near completion, requiring only minor changes to format, some rewording and some additional information to delineate the GMS. Luke recommended reviewing the AQF multiple times to understand the requirements and expectations of the doctorate. Discussed CLA and its layers. Discussed development of the semi-structured interview and Internet survey. Discussed what is needed in the Ethics Application. Next steps: Finish LP; draft semi-structured interview and survey tools.

**18 February 2013**

Teleconference with Professor van der Laan. Luke provided feedback on the Learning Plan (LP). The LP needs more detail, and more academic research. It is report heavy. After the LP is complete he recommended dedicating three months to an in-depth literature review. It is important to know where the study is planted in the literature. Next steps: complete rework of LP (2 weeks); consider what knowledge assistance is needed from USQ; research design in Creswell (2009); research literature on cross-cultural training delivery.

**June 2012 – January 2013**

Leave of Absence

**Q2 2012**

Change of academic advisor.

**17 December 2011**

In the work that is being done anywhere I go in responding to the psychosocial needs of people (thinking right now about Vietnam), how have they decided what people need? If an ethnographic method were to be taken, would it be perceived as redundant? Will it yield new information? (Using *Ethnographic methods in the selection of post-disaster, mental health interventions*, Bolton & Tang)

**10 December 2011**

Getting ready to write Hagar International Vietnam to discuss their interest further. I begin to wonder how the Vietnamese do business.

## Appendix B

### B: Structured, But Open-Ended Interview

#### Service Provider Structured, but Open-Ended Interview Protocol

##### Introduction

##### Outline of the study

The purpose of this research project is to interview aftercare providers who have or are working with sex trafficking victims from the five Mekong countries (Cambodia, Laos, Myanmar, Thailand and Vietnam) who are 18 years or older. This information will be used to better understand the needs of aftercare workers as they seek to meet the psychosocial needs of sex trafficking victims. For the purposes of this discussion, psychosocial refers to social and emotional needs.

##### Introductory Remarks

- Data will be collected confidentially and aggregated for use in a research report and the development of a training program. Your name will only be used if you have indicated your agreement on the Interview Consent Form.
- Explain feedback procedures to respondent, "At the end of this study you will be provided with a summary research report and will receive information about how to obtain information on how to find the relevant research archives."
- Ask respondent, "Do you have any questions about the purpose or conduct of the interview before commencing?"
- Ask respondent, "May I have permission to record the interview?"
- Have the respondent sign the consent form (for face-to-face interviews). Confirm receipt of signed consent form (for telephone or voice over Internet protocol interviews).
- Inform the respondent, "Should you have any concern about the conduct of this research project, please contact the USQ Ethics Officer, Office of Research & Higher Degrees, University of Southern Queensland, West Street, Toowoomba QLD 4350, Telephone +61 7 4631 2690, email ethics@usq.edu.au."

##### Preliminary Information

1. What country do you work in? \_\_\_\_\_
2. What countries are the trafficking victims you work with from?
3. What kinds of trafficking victims do you/have you worked with?

##### Interview Questions

The following questions are to be answered related to the sex trafficking clients, over the age of 18, with whom you have worked and their psychosocial needs.

- 1) What social and emotional reactions have you observed trafficking victims to have in response to their experiences?
  - a) How do they express these reactions?
  - b) What causes them to respond this way?
  - c) What are they likely to gain / lose by responding like this?
  
- 2) How do trafficking clients **positively** cope socially and emotionally with their trafficking experiences?
  - a) What motivates this way of coping?
  
  - b) Other than the client themselves, who else may be supporting them to cope?

How do trafficking clients **negatively** cope socially and emotionally with their trafficking experiences?

- 3) What are the fears trafficking clients express related to their ability to cope socially and emotionally?
  - a) What causes their possible concerns / fear?
  
  - b) Who has the most control over their circumstances?
  
  - c) What are their hopes?
  
- 4) How do trafficking clients understand/make sense of the violence and trauma they

have suffered? What values do they most strongly relate to?

- 5) What do trafficking victims want and hope for in life related to their social and emotional needs? What are the values they cling to?
- 6) How does the experience of having been trafficked, for sex purposes, affect the persons place in their community? Why?
- 7) What image comes to mind when you think of:
  - a) The victims and their response
  - b) The community and their response
  - c) The aftercare organisation
- 8) How do trafficking victims seek help for their social and emotional needs?
- 9) What psychosocial services or support do trafficking victims need?
- 10) What are the most critical barriers/challenges you face in providing psychosocial services to trafficking victims?
- 11) What do you/your agency/organization need to help you do a better job in providing psychosocial services to trafficking victims? Training?

The following questions are asked related to your recent learning experiences?

12) What methods of learning do you prefer? *[Can prompt if needed, i.e. lecture, handouts, manuals, discussion, demonstration, role-play, problem-solving, case-study, etc.]*

13) Do you prefer to learn independently, on your own; with a partner, or in a group?

14) What goals do you expect to achieve when attending an educational course? *[Can prompt if needed, i.e. learn to be the best, meet with like minded individuals, learn more?]*

15) From what kinds of learning materials or learning aids do you learn best? *[Can prompt i.e. words, reading materials, charts & graphs, pictures, audio-visual, Internet, a trainer etc.]*

16) What do you prefer the role of the training leader to be? *[Can prompt if needed, i.e. expert, authority, facilitator assisting participants to learn from their own experiences, etc.]*

#### Closing Remarks

- Inform the respondent, "In follow-up, if you have found this interview to be stressful or traumatic, please refer to the Trauma Information Letter send to you earlier."
- As the respondent, "Before we finish today, are there any further questions you may have?"
- Thank the respondent for their participation.

## Appendix C

### C: Interview Participant Email Invitation

Dear Ms. Lyth,

I was referred to you by Sebastian Baumeister of UNODC who thought you might be able to assist me. I am working on a professional doctoral project through the University of Southern Queensland aimed at gaining an understanding of the psychosocial and mental health experience of adult women (18 and older) who have been trafficked for the purposes of sexual exploitation in the Mekong countries (Thailand, Cambodia, Laos, Vietnam and Burma).

There are 3 phases to this project. **First**, to interview aftercare workers in each of these countries (who are English speakers—can be a second language) about their observations of the psychosocial and mental health impact of trafficking. These interviews will be conducted via Skype and provide a basis for the second phase. **Second**, an Internet survey will be developed and translated into the five primary languages of the Mekong countries to collect broader and deeper information from aftercare workers. The **third** phase will involve the development of a training curriculum for aftercare workers to address the psychosocial and mental health needs identified in the research phase, which upon completion will be delivered in the Mekong region to aftercare workers.

I am currently seeking aftercare workers who are working with adult women who have been trafficked for the purposes of sexual exploitation to interview. I am seeking interviewees from Thailand, Cambodia, Laos, Vietnam and Burma. Participants of already completed interviews have responded positively saying they have appreciated being asked these questions, having the opportunity to reflect on the work they are doing, and being listened to. I hope potential interviewees will see this as an opportunity to reflect on their experiences as well as to receive the follow-up reports that come out of this research.

I have attached a letter with some information, a recent project newsletter. Further information can be found on the Project website: [Doctoral Project Website](#). Please let me know if I can provide any further information. Please feel free to pass this information on to anyone who may be interested.

I would appreciate any referrals you can provide to individuals, organizations, or lists of organizations working with this population group.

Thank you for your assistance.

Warm regards,  
*Suzanne*

**Suzanne M. Anderson, MSW, CCR**  
Restorative Community Concepts  
Republic of Singapore  
65/9741-1925  
[www.restorativecommunityconcepts.com](http://www.restorativecommunityconcepts.com)  
[Doctoral Project Website](#)  
**skype:** singaporemomof3

## Appendix D

### D: Interview Participant Invitation Letter



University of Southern Queensland

The University of Southern Queensland

#### Invitation to Participate

29 August 2013

Dear Sir or Madam:

I am a doctoral student with the University of Southern Queensland, Australia and Director of Restorative Community Concepts. I am conducting a research study on the provision of mental health and psychosocial support to human trafficking victims in the Mekong Countries. The goal of this research is to develop a training program to help meet the needs of those providing aftercare to human trafficking victims.

In order to address this critical need I hope to develop relevant solutions that will assist in the provision of this care. As a person interested in the needs of trafficking victims or working with trafficking victims I am seeking your assistance to find participants for this study, either yourself or others you may know. Study participants must be adults (18 or older) who are currently working with human trafficking victims/survivors from any of the five Mekong countries (Cambodia, Laos, Myanmar, Thailand and Vietnam). Prospective participants are invited to participate in an interview by telephone/Skype. Participants need not be working in those countries, just working with trafficking victims/survivors from those countries.

#### Interview

Participation in the interview can be confidential, meaning that I will personally be conducting the interviews and will keep your identity confidential if you so choose. The interview will take approximately 30 minutes to complete and will be conducted in English. The interview will be conducted by telephone or Skype at your convenience. You can choose to stop the survey or skip questions at any time. Your participation is voluntary. If you are interested in participating in an interview or would like to recommend someone else with their permission, please contact me by email at [tomsuz@singnet.com.sg](mailto:tomsuz@singnet.com.sg). For more information about the study please see the research projects website at <http://doctoralproject.weebly.com>. My goal is to conduct interviews over a 3-month period.

Please feel free to share the link with others who are working with trafficking survivors and encourage them to participate in the study.

If you have questions, here is my contact information:

**Suzanne M. Anderson, MSW, CCR**  
 Student, University of Southern Queensland  
 Director, Restorative Community Concepts  
[www.restorativecommunityconcepts.com](http://www.restorativecommunityconcepts.com)  
 Contact no: (65) 9741 1925  
 Email Address: [tomsuz@singnet.com.sg](mailto:tomsuz@singnet.com.sg)

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

**Ethics and Research Integrity Officer**  
 Office of Research and Higher Degrees  
 University of Southern Queensland  
 West Street  
 Toowoomba 4350  
 Ph: +61 7 4631 2690  
 Email: [ethics@usq.edu.au](mailto:ethics@usq.edu.au)

Warm regards,

Suzanne M. Anderson  
 Principal Researcher

## Appendix E

### E: Interview Consent Form



University of Southern Queensland

#### The University of Southern Queensland Interview Consent Form

**HREC Approval Number:** H13REA129  
**To:** Participants  
**Full Project Title:** Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Mental Health & Psychosocial Needs  
**Student Researcher:** Suzanne M. Anderson, MSW, CCR  
**Participant(s):**

- I have read the Participant Information Sheet and the nature and purpose of the research project has been explained to me. I understand and agree to take part.
- I understand the purpose of the research project and my involvement in it.
- I understand that I may withdraw from the research project at any stage and that this will not affect my relationship with the University of Southern Queensland or Restorative Community Concepts.
- I confirm that I am over 18 years of age.
- I understand that while information gained during the study may be published, I will not be identified unless I choose to be and my personal information will remain confidential.
- I understand that the audiotape or notes taken during the interview will be stored on a password-protected computer during the study, be stored securely and at the end of the study transferred to password-protected encrypted electronic storage device in a safe and destroyed five years after the end of the research project.

I agree to audio-taping the interview  Yes  No (If this is not marked, 'no' will be assumed.)  
 I agree to video-taping the interview  Yes  No (If this is not marked, 'no' will be assumed.)

I approve of my name being used in the final research report.  Yes  No  
 (If this is not marked then 'no' will be assumed to be the answer.)

If no, I would like to be referenced in reports as  "Anonymous Participant" or

Create an alias name you would like the researcher to use in the research reports. (If this is not answered Anonymous Participant will be used.)

Name of participant.....

Signed..... Date.....

**Please Note:** A handwritten signature is required. Please scan and email signed form to [tomsuz@singnet.com.sg](mailto:tomsuz@singnet.com.sg), fax it to +65 6465-7169 or post/mail to 25 Eng Kong Drive, Singapore 599353, Republic of Singapore.

If you have any ethical concerns with how the research is being conducted or any queries about your rights as a participant please feel free to contact the University of Southern Queensland Ethics Officer on the following details.

**Ethics and Research Integrity Officer,  
 Office of Research and Higher Degrees  
 University of Southern Queensland,  
 West Street, Toowoomba 4350  
 Ph: +61 7 4631 2690  
 Email: [ethics@usq.edu.au](mailto:ethics@usq.edu.au)**

## Appendix F

### F: Trauma Information Letter



University of Southern Queensland

The University of Southern Queensland

#### Trauma Information Sheet

Dear Friend,

I am pleased to provide you this information about the effects of trauma. If you have been working with trafficking victims, hearing their stories you may also be affected by their trauma. Trauma counselors have said at times that they begin dreaming their clients' stories. The information provided below will give you some idea of what other people have experienced when they have been through trauma. Your experiences may have been similar and they may be different. Below you will find some ways of coping.

Sincerely,

Suzanne Anderson

---

#### The Trauma Response

When a trauma occurs or you are affected by another person's crisis, the incident can shatter your sense of safety and well-being and interfere with your ability to function normally. Although individuals will react with differently and recover in different ways, there are some experiences that are common.

##### Numbness

Withdrawal from others, depression or emotional flatness (not feeling much of anything), problems with concentration

##### Hyperarousal

Irritability, intrusive thoughts of the incident, nervousness, extreme emotions, nightmares, and being easily startled

It is not uncommon to go back and forth between numbness and hyperarousal. It is also quite common for the traumatic event to rekindle feelings and memories of past events when you felt helpless, shocked, or suffered the loss of someone close to you.

#### Building walls around the pain

When a trauma is experienced, the normal reaction is to try to stop the pain. It's normal to build a "wall" around the pain in an attempt to keep it separate from the rest of your life. The problem is that usually doesn't work even if the pain can be denied for a while it will push through later - often in the form of increased illness, decreased productivity or a breakdown in the normal communication between you and the people you care about.

#### Getting over the trauma response

The healing process doesn't always proceed in a straight line. You may seem to be recovering, but then something - the anniversary of the incident, or hearing about a similar incident - can cause a setback. Keep in mind these points about the healing process; you'll be better equipped to eventually work through the pain.

#### Creative ways to care for yourself

- Exercise! Periods of strenuous physical exercise alternated with relaxation will alleviate some of the physical reactions. Long gentle walks are also a nice way to relax, spend some time alone, and release tension.

- Structure your time. Keep a normal schedule. Try not to cancel previous plans, especially events you were looking forward to. The trauma doesn't need to take these away from you.
- Talk to people - talk is a healing medicine for many people.
- Beware of numbing the pain with overuse of alcohol or other drugs; you don't need to complicate your life with a substance abuse problem.
- Spend time with other people who care about you.
- Do things that feel good to you, when possible.
- Get plenty of rest. Allow extra lying down time if you know you are having difficulty sleeping.
- Learn one or more new relaxation techniques - yoga, meditation, progressive relaxation, etc.
- Remember to use the relaxation techniques you already know.
- Reoccurring thoughts, dreams, nightmares, and flashbacks are normal - don't try to fight them. They will decrease over time as your mind comes to terms with your experiences.
- Count backwards from ten to zero before saying something in anger or responding sharply to others.
- Help others who have been affected by the critical incident.

**When to ask for help**

If the feelings of numbness and hyperarousal last longer than a month or begin to interfere with our daily responsibilities and relationships it is time to seek help.

The resources in your country may be different, but many have people have found it helpful to talk to their doctor, a mental health counselor, a spiritual leader or traditional healer.

*Adapted with permission from the SACAC Counselling Office, Singapore.*



## Appendix H

### H: Online Survey (Surveys translated into Vietnamese, Burmese, Khmer, Thai and Lao are available upon request.)

Trafficked Persons Service Provider Survey

**SECTION 1: Introduction**

Thank you for your interest in completing this survey. This survey is part of doctoral research project endorsed by the University of Southern Queensland and coordinated by Restorative Community Concepts, which seeks to collect information from direct service providers who have or are working with trafficked persons. This study primarily focuses on trafficking and its affects in the countries of the Greater Mekong. Your answers are important to the development of culturally sensitive training for those providing psychosocial and mental health support to trafficked persons.

Participation is entirely voluntary and confidential. If you do not wish to take part, you are not obligated to. If you decide to start the Internet survey you are welcome to answer only the questions you would like to and you may stop at any time.

The questionnaire should take approximately 20 minutes to complete.

Please also distribute the link to this survey, to others, who may also wish to contribute.

Again, your input is very valuable and our sincere thanks are extended to you for your time and contribution.

By clicking the next button below, you agree that:

- I understand the nature and purpose of the research project and my involvement in it, and I agree to participate in the survey.
- I understand that I may withdraw from the survey at any stage.
- I confirm that I am over 18 years of age.
- I understand that while information gained during the study may be published, I will not be identified and my personal responses will remain confidential and anonymous.

Thank you for supporting this important research project. At the end of the survey you will have the option to obtain follow-up information (while remaining anonymous).

1

Trafficked Persons Service Provider Survey

**SECTION 2: Client Population**

The following questions are about the trafficked persons helped by you/your agency.

For the purposes of this survey, the definition of human trafficking to be used, will be: *"Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, and deception, of the abuse of power or of a position of vulnerability or at the giving or receiving of payments or benefits to achieve that consent of a person having control over another person, for the purpose of exploitation (United Nations, 2000)."*

\* 1. Have you worked with agencies and / or victims from the following the countries? (Mark all that apply.)

- Cambodia
- Vietnam
- Thailand
- Burma/Myanmar
- Laos
- Other countries?

\* 2. What approximate percentage of trafficked persons do you/your agency help?

	0 - 20%	21 - 40%	41 - 60%	61 - 80%	81 - 100%
Female adults (18 years and older)	<input type="radio"/>				
Male adults (18 years and older)	<input type="radio"/>				
Female children (17 years and younger)	<input type="radio"/>				
Male children (17 years and younger)	<input type="radio"/>				

2

\* 3. What kinds of trafficked persons have you/your agency worked with? (Mark all that apply.)

- Forced prostitution, sex tourism
- Entertainment (sex shows, pornography)
- Labor
- Forced begging
- Domestic worker (e.g., amah, ayah, maid)
- Use in criminal activities
- Other (please describe)

4. How many of the trafficked persons you/your agency have worked with in the past year were sexually exploited in any way?

- 0 - 50
- 51 - 100
- 101 - 500
- More than 500

5. What are the religious beliefs of the trafficked persons you/your agency serve? (Mark all that apply.)

- Buddhism
- Confucianism
- Taoism
- Ancestral worship
- Hinduism
- Islam
- Spirit worship
- Christian
- Other religions?

3

6. What is the level of need of trafficked persons?

	None / NA	A little	Some	Often	A lot
Length of time help is required	<input type="radio"/>				
Social support (from agencies/organizations serving trafficked persons)	<input type="radio"/>				
Physical safety (safety from physical abuse, including sexual assault)	<input type="radio"/>				
Emotional trust (trust social service workers to hold confidences and be reliable)	<input type="radio"/>				

Other (please describe)

**SECTION 3: Client Experiences**

7. What kinds of violence have trafficked persons experienced? (Mark all that apply.)

- Threats to physically hurt
- Pushing, grabbing, twisting arm, pulling hair
- Slapping, kicking, biting or hitting with a fist
- Throwing something at the victim or hitting the victim with something
- Strangling, trying to suffocate, burning or scalding
- Using/threatening to use a knife or other weapon
- Movement limitation (being held or tied up)
- Refusing to give food or water
- Sexual violence
- Other (please describe)

4

8. What emotions/reactions have trafficked persons experienced?

	Never / NA	Seldom	Sometimes	Often	Almost always
Numbness	<input type="radio"/>				
Fear/terror	<input type="radio"/>				
Anger/fury/outrage	<input type="radio"/>				
Confusion/frustration	<input type="radio"/>				
Worry	<input type="radio"/>				
Guilt/self-blame	<input type="radio"/>				
Shame/humiliation	<input type="radio"/>				
Grief/sadness	<input type="radio"/>				
Acceptance	<input type="radio"/>				
Identification with the person who trafficked them	<input type="radio"/>				

Other (please describe)

9. How do trafficked persons express their emotions/reactions (e.g. anger, fear, frustration, guilt, shame, grief, acceptance)?

	Never / NA	Seldom	Sometimes	Often	Almost always
Violence against others	<input type="radio"/>				
Self-harm (e.g. cutting, suicide, etc.)	<input type="radio"/>				
Silence	<input type="radio"/>				
Talking	<input type="radio"/>				
Trying to forget	<input type="radio"/>				
Expressing it through art/poetry	<input type="radio"/>				
Expressing it through physical activity	<input type="radio"/>				

Other (please describe)

10. What fears do trafficked persons express?

	Never / NA	Seldom	Sometimes	Often	Almost always
Re-experiencing the trauma	<input type="radio"/>				
Seeing the trafficker	<input type="radio"/>				
To be trafficked again	<input type="radio"/>				
What the future will be like (e.g. job, success)	<input type="radio"/>				
Sex (outside of trafficking experiences)	<input type="radio"/>				
Darkness	<input type="radio"/>				
Noises (reminders of trafficking situation)	<input type="radio"/>				
Close relationships (e.g. friends & family-not boyfriend or husband)	<input type="radio"/>				
Future relationships (e.g. boyfriend or husband)	<input type="radio"/>				
Safety (from physical harm or sexual assault)	<input type="radio"/>				
Of the authorities	<input type="radio"/>				
Family won't accept them	<input type="radio"/>				
Shaming their family	<input type="radio"/>				

Other (please describe)

11. What do trafficked persons want and hope for in life?

	Never / NA	Seldom	Sometimes	Often	Almost always
To be married and have children	<input type="radio"/>				
Mental health	<input type="radio"/>				
Revenge on the person(s) who trafficked them	<input type="radio"/>				
Justice for the person(s) who trafficked them	<input type="radio"/>				
Economic independence (employment)	<input type="radio"/>				
Happiness	<input type="radio"/>				
Safe, stable life	<input type="radio"/>				
Family to accept them	<input type="radio"/>				
Higher education	<input type="radio"/>				
To have choices of what they can do	<input type="radio"/>				
For their children to have a better life	<input type="radio"/>				
To go home	<input type="radio"/>				

Other (please describe)

12. How does the **community** react to the trafficked person who has been sexually exploited?

	Never / NA	Seldom	Sometimes	Often	Almost always
Stigmatize as social evil	<input type="radio"/>				
Blame, condemn	<input type="radio"/>				
Takes back, accepts the person	<input type="radio"/>				
Accepts if the trafficked person returns with their "face on", keeping her story and feelings inside	<input type="radio"/>				
Says bad things about the trafficked person	<input type="radio"/>				
Discriminates against the trafficked person	<input type="radio"/>				

Other (please describe)

13. How does the **family** react to the trafficked person who has been sexually exploited?

	Never / NA	Seldom	Sometimes	Often	Almost always
Stigmatize as social evil	<input type="radio"/>				
Blame, condemn	<input type="radio"/>				
Takes back, accepts the person	<input type="radio"/>				
Accepts if the trafficked person returns with their "face on", keeping her story and feelings inside	<input type="radio"/>				
Says bad things about the trafficked person	<input type="radio"/>				
Discriminates against the trafficked person	<input type="radio"/>				

Other (please describe)

14. How do trafficked persons ask for support?

	Never / NA	Seldom	Sometimes	Often	Almost always
Talk to family or friends	<input type="radio"/>				
Talk to workers in organizations helping trafficked persons	<input type="radio"/>				
Seek out other women with similar experiences	<input type="radio"/>				
Go to the medical doctor	<input type="radio"/>				
Ask for practical things (toothbrush, nail polish, etc.)	<input type="radio"/>				
Come to an organization to visit and talk	<input type="radio"/>				
Non-verbally (a longing look, tears)	<input type="radio"/>				
Ask local authorities	<input type="radio"/>				
Talk to the media, newspaper	<input type="radio"/>				
Ask NGO's	<input type="radio"/>				
Call a hotline	<input type="radio"/>				

Other (please describe)

9

15. How do trafficked persons understand the reasons for the violence they have suffered?

	Never / NA	Seldom	Sometimes	Often	Almost always
They have done something wrong	<input type="radio"/>				
God's punishment	<input type="radio"/>				
God is unfair	<input type="radio"/>				
Bad luck	<input type="radio"/>				
Fate	<input type="radio"/>				
Karma	<input type="radio"/>				
Because they are stupid	<input type="radio"/>				
I must do this (my parent's sent me, I must support my family)	<input type="radio"/>				
This is what happens to poor people	<input type="radio"/>				
Minimize what has happened	<input type="radio"/>				

Other (please describe)

16. How do trafficked persons **positively** cope with the violence they have suffered?

	Never / NA	Seldom	Sometimes	Often	Almost always
Acceptance – suffering is a normal part of life	<input type="radio"/>				
Religious faith – believing that God is in control of their fortune and misfortune, and offers people hope that things will be better in the future	<input type="radio"/>				
Thankfulness – that their situation was not worse and that they are getting help now	<input type="radio"/>				
Empathy – believing there are others whose suffering is worse	<input type="radio"/>				
Growing stronger – learning from their experiences	<input type="radio"/>				

10

	Never / NA	Seldom	Sometimes	Often	Almost always
Depending on social support – receiving and providing encouragement from each other	<input type="radio"/>				
Physical activity	<input type="radio"/>				
Upgrading themselves – education, employment	<input type="radio"/>				
Reconnecting with family and community	<input type="radio"/>				
Acknowledging that what happened was wrong	<input type="radio"/>				
Talking about their experience	<input type="radio"/>				
Finding their own inner strength	<input type="radio"/>				
Not talking about the experience	<input type="radio"/>				
Leaving the past in the past	<input type="radio"/>				

Other (please describe)

11

17. How do trafficked persons **negatively** cope with the violence they have suffered?

	Never / NA	Seldom	Sometimes	Often	Almost always
Substance use – drugs, alcohol, abuse of medication	<input type="radio"/>				
Self-harm (e.g. cutting, suicide)	<input type="radio"/>				
Isolation & withdrawal	<input type="radio"/>				
Seeking out unhealthy relationships	<input type="radio"/>				
Avoiding emotions & memories of trafficking experience	<input type="radio"/>				
Trying to buy other people's affection with gifts	<input type="radio"/>				
Not seeking out trusted relationships	<input type="radio"/>				
Directing anger and aggression towards others	<input type="radio"/>				
Unhealthy eating (too much, too little, inducing vomiting)	<input type="radio"/>				
Engaging in risk-taking behaviour to recreate adrenaline levels of the trafficking experience	<input type="radio"/>				

Other (please describe)

12

**USO** Trafficked Persons Service Provider Survey

**SECTION 4: Service Delivery**

18. In general, what services do trafficked persons need?

	Never / NA	Seldom	Sometimes	Often	Almost always
Counseling groups/support groups	<input type="radio"/>				
Family counseling	<input type="radio"/>				
Self-help groups	<input type="radio"/>				
Information and referral	<input type="radio"/>				
Crisis intervention/24-hour hotline	<input type="radio"/>				
Spiritual support	<input type="radio"/>				

Other (please describe)

19. What services do you/your agency provide trafficked persons?

	Never / NA	Seldom	Sometimes	Often	Almost always
Counseling groups/support groups	<input type="radio"/>				
Family counseling	<input type="radio"/>				
Self-help groups	<input type="radio"/>				
Information and referral	<input type="radio"/>				
Crisis intervention/24-hour hotline	<input type="radio"/>				
Spiritual support	<input type="radio"/>				

Other (please describe)

**USO** Trafficked Persons Service Provider Survey

**SECTION 4: Service Delivery**

20. How do you/your agency create a supportive environment?

	Never / NA	Seldom	Sometimes	Often	Almost always
Create a scheduled routine program	<input type="radio"/>				
Validate trauma reactions (e.g. angry outbursts, panic attacks, night terrors) as normal	<input type="radio"/>				
Assist with physical complaints	<input type="radio"/>				
Encourage self-care (e.g. appearance and cleanliness)	<input type="radio"/>				
Model healthy boundaries (e.g. especially about touch)	<input type="radio"/>				
Respond to angry outbursts by setting limits	<input type="radio"/>				
Respond to angry outbursts by helping the trafficked person to express their anger in healthy ways	<input type="radio"/>				
Allow trafficked person control over their participation	<input type="radio"/>				
Encourage development of hope for the future	<input type="radio"/>				
Acknowledge positive behavior	<input type="radio"/>				
Provide opportunities for trafficked persons to help others	<input type="radio"/>				

Other (please describe)

**USO** Trafficked Persons Service Provider Survey

**SECTION 5: Barriers to service**

21. What is the average length of the service you/your agency provide to trafficked persons?

Less than 1 week

One week to 1 month

More than 1 month up to 3 months

More than 3 months up to 6 months

More than 6 months up to 12 months

More than 12 months

Don't know

22. While trafficked persons are receiving services, where do they live? [Mark all that apply.]

At your program's shelter

At a shelter (not your program)

Privately, in the community

On the street

Other (please describe)

23. For the psychosocial and mental health support services that are provided to trafficking victims, do you think you are?

	Not meeting needs at all	Having difficulty meeting needs	Meeting some needs, but not others	Adequately meeting those needs	More than adequately meeting those needs
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**USO** Trafficked Persons Service Provider Survey

**SECTION 5: Barriers to service**

24. What are the barriers for you/your agency in delivering services to trafficked persons?

	Never / NA	Seldom	Sometimes	Often	Almost always
Lack of adequate funding	<input type="radio"/>				
Lack of adequate resources (e.g. transport, staff, facilities)	<input type="radio"/>				
Lack of adequate training	<input type="radio"/>				
Lack of knowledge about trafficked persons	<input type="radio"/>				
Language differences	<input type="radio"/>				
Safety concerns of staff	<input type="radio"/>				

Other (please describe)

25. What are the reasons why some trafficked persons do not seek services?

	Never / NA	Seldom	Sometimes	Often	Almost always
Safety concerns (of physical harm or sexual assault)	<input type="radio"/>				
Fear of deportation/legal status	<input type="radio"/>				
Fear retaliation to self and/or family from traffickers	<input type="radio"/>				
Isolation (unable to contact services)	<input type="radio"/>				
Feelings of shame or embarrassment	<input type="radio"/>				
Lack of knowledge about available services	<input type="radio"/>				
Lack of trust in service programs or authorities	<input type="radio"/>				
Language differences	<input type="radio"/>				
They do not identify themselves as a trafficked person	<input type="radio"/>				
Trafficked persons are prevented from seeking services	<input type="radio"/>				

Other (please describe)

26. Trafficked persons are prevented from seeking services by:

	Never / NA	Seldom	Sometimes	Often	Almost always
Family	<input type="radio"/>				
Traffickers	<input type="radio"/>				
Cultural values	<input type="radio"/>				
Societal values	<input type="radio"/>				
Their religion	<input type="radio"/>				
No-one/nothing	<input type="radio"/>				

Other (please describe)

USQ Trafficked Persons Service Provider Survey

SECTION 6: Background Information

27. How do you/your agency identify a person as trafficked? (Mark all that apply.)

- Person's legal status
- Person's problems
- Person's self-identification
- Person's physical condition
- Referred by the police or another organization
- Other (please describe)

28. How would you rate the seriousness of trafficked persons' problem(s)?

1 - Not a problem      2      3      4      5 - Very serious problem

29. What do you/your agency need to do a better job in providing services to trafficked persons?

1 - Not important / NA      2      3      4      5 - Very important

Staff	<input type="radio"/>				
Facilities	<input type="radio"/>				
Funding	<input type="radio"/>				
New services/programs	<input type="radio"/>				
Training	<input type="radio"/>				
Formal protocols/procedures	<input type="radio"/>				
Influential leadership (give direction, gain credibility, open up new resources)	<input type="radio"/>				

Other (please describe)

USQ Trafficked Persons Service Provider Survey

SECTION 7: Learning Styles

What learning styles do you prefer in your professional education?

30. Who do you think should speak more during a training?

Teacher/leader/facilitator

Participants

31. Do you prefer to learn?

	Never / NA	Seldom	Sometimes	Often	Almost always
Independently, on your own	<input type="radio"/>				
With a partner	<input type="radio"/>				
In a group	<input type="radio"/>				

Other (please describe)

32. From which of the following types of learning materials do you learn best?

	Never / NA	Seldom	Sometimes	Often	Almost always
Words, reading materials	<input type="radio"/>				
Charts & graphs	<input type="radio"/>				
Pictures	<input type="radio"/>				
Audio-visual	<input type="radio"/>				
Internet	<input type="radio"/>				
A trainer	<input type="radio"/>				

Other (please describe)

33. What do you prefer the role of the training leader to be?

	Never / NA	Seldom	Sometimes	Often	Almost always
Expert, authority	<input type="radio"/>				
Facilitator assisting participants to learn from their own experiences	<input type="radio"/>				

Other (please describe)

34. The purpose of training is to:

	Never / NA	Seldom	Sometimes	Often	Almost always
Improve my skills	<input type="radio"/>				
Meet with like-minded individuals	<input type="radio"/>				
Deliver the best services	<input type="radio"/>				
Support my agency	<input type="radio"/>				
Serve my community	<input type="radio"/>				

Other (please describe)

35. What learning methods do you prefer?

	Never / NA	Seldom	Sometimes	Often	Almost always
Lecture	<input type="radio"/>				
Handouts	<input type="radio"/>				
Manuals	<input type="radio"/>				
Discussion	<input type="radio"/>				
Demonstration	<input type="radio"/>				
Role-playing	<input type="radio"/>				
Problem-solving	<input type="radio"/>				
Case study	<input type="radio"/>				
Watching a video	<input type="radio"/>				

Other (please describe)

(Page 21 blank.)

**USO** Trafficked Persons Service Provider Survey

**SECTION 8: Respondent Background Information**

36. Where do you work?  
 Country:   
 City:

37. What is your age?  
 18 – 25  
 26 – 35  
 36 – 45  
 46 – 55  
 56 and older

38. What is your gender?  
 Female  
 Male

39. Are you paid or volunteer staff?  
 Volunteer  
 Paid - Part-time  
 Paid - Full-time  
 Other (please describe)

22

40. Is your work based in a: [Mark all that apply]

Government program  
 Educational institution (e.g. University, college)  
 Medical facility (e.g. Hospital, clinic)  
 Police department  
 Non-governmental organization/Voluntary welfare organization  
 Religious faith community organization  
 Other (please describe)

41. How often do you receive on-going supervision or case consultation on the psychosocial and mental health support services you/your agency provides?  
 None  
 Daily  
 Weekly  
 Fortnightly  
 Monthly

42. What is the highest level of education you have obtained?  
 Primary school  
 Secondary school  
 Certificate/Diploma  
 Bachelor's Degree  
 Master's Degree  
 Doctorate

23

**USO** Trafficked Persons Service Provider Survey

Skip questions about education

43. In what subject area was your certificate/diploma, Bachelor's, Master's or doctorate degree?

24

**USO** Trafficked Persons Service Provider Survey

**SECTION 9: Knowledge about/experience with trafficked persons**

44. How long have you been working with trafficked persons/for human trafficking agency?  
 0 – 1 year  
 2 – 5 years  
 6 – 10 years  
 Over ten years

45. How did/do you gain your knowledge about helping trafficked persons? [Mark all that apply.]

Educational training  
 Academic conferences  
 Reading scholarly articles, reports  
 Family member's experience as a trafficked person  
 Friend/Neighbor's experience as a trafficked person  
 My own experience as a trafficked person  
 Professional training  
 Interaction with co-workers  
 Direct work with trafficked persons  
 Direct work with other service providers  
 Other (please describe)

46. Have you attended training about helping trafficked persons?  
 Never / NA     Once     Yearly     Multiple times a year     6 or more times a year

25

47. What is your role in working with trafficked persons?

Outreach worker  
 Shelter manager/worker  
 Case manager  
 Program Manager  
 Psychologist/counselor  
 Other (please describe)

48. Is there training you would like to receive to meet the psychosocial and mental health support needs of trafficked persons?

Yes  
 No

26

 Trafficked Persons Service Provider Survey

Skip page for training needs

49. What training or supervision would you like to receive about providing psychosocial and mental health support services for trafficked persons?

27

 Trafficked Persons Service Provider Survey

SECTION 10: End of Survey

*Thank you for completing this survey!*

If you would like to find out information about the results of this research project they can be found at: [doctoralproject.weebly.com](http://doctoralproject.weebly.com), in 6 months to 1 years time.

**Training**

If you are interested in receiving information about upcoming psychosocial and mental health support training, please click on the following link to register your interest: [Link](#). Your survey responses will remain anonymous.

*Please note: This research is being conducted to meet the qualifications for a Doctorate of Professional Studies at the University of Southern Queensland. If you have any ethical concerns with how the research is being conducted, please feel free to contact the University of Southern Queensland, Ethics Officer at [ethics@usq.edu.au](mailto:ethics@usq.edu.au).*

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## Appendix I

### I: Online Survey Email Invitation



Dear Friend,

***Please forward this information to any individual or organization that is working with trafficked persons or who can best get this information to those who are working with trafficked persons. Please feel free to add a note in any of the survey languages when forwarding it on.***

***Your help in this will make a BIG difference!***

The **Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Psychosocial & Mental Health Needs** is an important study endorsed by the University of Southern Queensland seeking to provide practical insights and help to improving care to trafficking victims in the countries of the Greater Mekong.

Direct service providers who have or are supporting trafficked persons are needed to complete a brief Internet survey. This survey is important to the development of culturally sensitive training for those providing psychosocial and mental health support to trafficked persons. More information about the research project is available [here](#).

The survey is available in the five languages of the countries of the Greater Mekong based on an original survey created in English.

Please do spare a few minutes of your valuable time to provide us with your honest feedback. Your participation in this study is completely voluntary, anonymous and VERY important in making a difference to the help we provide those we care about. There are no foreseeable risks associated with this project. If you feel uncomfortable answering any questions, you can withdraw from the survey at any point. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Your information will be coded and will remain confidential.

Please complete this survey by **Friday 28 November 2014**.

To **begin** the survey, **click** on the language you would prefer to use:

[Khmer](#)      [Vietnamese](#)      [Thai](#)      [Burmese](#)      [Lao](#)      [English](#)

I appreciate your support. Please let me know if there are any questions I can answer. I can be reached through the contact information below.

With warm regards, *Suzanne*

**Suzanne M. Anderson, MSW, CCR**

Restorative Community Concepts

Republic of Singapore

65/9741-1925

[www.restorativecommunityconcepts.com](http://www.restorativecommunityconcepts.com)

[Doctoral Project Website](#)

**skype:** singaporemomof3

## Appendix J

### J: USQ Endorsement Letter

**PROFESSIONAL STUDIES PROGRAM**  
 Dr Luke van der Laan  
 Director  
 Faculty of Business, Education, Law and Arts  
 PHONE +61 746315508  
 EMAIL [luke.vanderlaan@usq.edu.au](mailto:luke.vanderlaan@usq.edu.au)



20 March 2014

To whom it may concern

**Suzanne Anderson: Endorsement of Research**

I write to confirm that Suzanne Anderson is a Doctoral Candidate registered in the Doctor of Professional Studies program at the University of Southern Queensland.

Her study, *Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Mental Health & Psychosocial Needs* is regarded as making a critically important contribution to the knowledge and practice associated with addressing this significant need.

Ms Anderson's research has been rigorously assessed through independent processes as related to the academic rigor thereof and the attendant ethical considerations. She has formal university ethical clearance to conduct the research in the Mekong countries of Southeast Asia and her study depends on governmental and not-for-profit participation.

On behalf of the University I hereby confirm that Ms Anderson is an independent researcher whose research aims are to make a meaningful difference to the appropriate provision of aftercare services in the region.

Yours sincerely

Dr Luke van der Laan  
 Director, Professional Studies Program



# PROJECT UPDATE

## Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Mental Health & Psychosocial Needs

### Seeking Interview Participants

Nine interviews completed.  
**Seeking 3 more!**

Interviews completed:

Cambodia	3
Vietnam	3
Thailand	2
Laos	1
Myanmar	0

I would appreciate any further volunteers and referrals to potential individuals to interview. If you have been busy in the past, but feel you can spare the time now, I would most appreciate it. Interviewees have responded positively reporting that they have appreciated being asked to and being asked about their thoughts. Potential interviewees are encouraged to see this as an opportunity to reflect on their experiences and what they have learned from their work with trafficking survivors.

### Project Coordinator Notes

You have been included in the distribution of this newsletter because of your support of this project. I thank you for your ongoing interest and support. I welcome your thoughts on any of the materials presented in this newsletter.  
**Suzanne**

<http://doctoralproject.weebly.com>

### The Ohio State University, Free Online Human Trafficking Course

This course starts 20 August 2014 and is available through Coursera. Introduction: Did you know that human trafficking is a form of modern day slavery? Slavery has been around since the beginning of civilization and still persists across our world today. As a human rights issue, it is important to increase awareness as a starting point down the journey toward freedom for all.

More information is available at: [www.coursera.org/course/humantrafficking](http://www.coursera.org/course/humantrafficking)

### Anti-Slavery Australia, free on-line course

We have launched Australia's first-of-its-kind online training program on slavery, slavery-like practices and human trafficking.

This training program, funded by the Australian Government, is an e-learning course aimed at frontline workers from community and social workers to lawyers, health care professionals, government workers and teachers. The course will be accessible across a variety of platforms, on PC, Mac, and on Android and Apple tablets and smartphones.

The course also covers Principles for Working with Trafficked People, as well as the Support for Trafficked People that is available, including identifications, referral pathways, and next steps.

More information can be found at: [www.antislavery.org.au/learning.html](http://www.antislavery.org.au/learning.html)

<http://doctoralproject.weebly.com>

to design a new regional anti-trafficking project to continue the fight against trafficking in persons. A key message voided in these consultations was the need for increased collaboration between stakeholders and the importance of cross-border cooperation and cross-sectorial response.

The new project called UN-ACT, which was formulated as a result of these consultations with generous financial support from Norway and Sweden, and which we are launching today in China aims to support policy and operational responses to human trafficking within the GMS, in collaboration with the governments and civil society partners. UN-ACT will help respond to current and emerging problems and to the changing trends in human trafficking in the GMS. Liaising with governments and non-governmental organizations at both the central and the local level, will enable it to effectively support the translation of policy decisions into effective actions. By working on the ground and by capturing up to date information, the project will also help ensure that policies are informed by realities and latest developments. And the involvement of the United Nations will facilitate the development of cooperation and exchange of experience among all participating countries.

UN-ACT will work in the following four areas:

- 1) Strengthening of the COMMIT Process through institutional support, knowledge sharing and accountability. This will ensure that the governments deliver the services victims are entitled to, and effectively punish the perpetrators of the crime of trafficking in persons.
  - 2) Increased engagement of the COMMIT process with other countries and regional actors, such as ASEAN, to effectively counter human trafficking. The aim is to bolster cooperation with other countries and promote cross-learning and stronger linkages.
  - 3) Provide policy makers, academia, non-governmental actors and the public with increased access to evidence-based research and knowledge on human trafficking. This work aims to address the lack of reliable data on trafficking in persons, which remains a weakness and a significant obstacle to increase the effectiveness of anti-trafficking work.
  - 4) Partnership with the civil society, media and private sector to contribute more effectively to anti-trafficking efforts in collaboration with governments.
- The UN system in China is fully committed to the successful implementations of UN-ACT working in close cooperation with our national partners. We highly appreciate the importance that the Government of China has given to the issue of trafficking in persons and the excellent cooperation we have enjoyed under the UN-AP project. We look forward to the continuation of this cooperation under the new project.
- I would like to thank all representatives for the contributions they are making to address trafficking and for their presence to this launch today. We are confident that working together under the new project, we will be successful in our fight against trafficking in persons.
- Thank you.  
Reprinted from [www.un.org/News/Press/docs/2014/06/20140615.un-act.html](http://www.un.org/News/Press/docs/2014/06/20140615.un-act.html)

# PROJECT UPDATE

## Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Mental Health & Psychosocial Needs

### Survey Links

To begin the survey, click on the language you would prefer to use:

- Khmer**  
[www.surveymonkey.com/s/T6SNX22P](http://www.surveymonkey.com/s/T6SNX22P)
- Vietnamese**  
[www.surveymonkey.com/s/T369ZNL3](http://www.surveymonkey.com/s/T369ZNL3)
- Thai**  
[www.surveymonkey.com/s/9RPF5BH](http://www.surveymonkey.com/s/9RPF5BH)
- Burmese**  
[www.surveymonkey.com/s/T6R8RZLZ](http://www.surveymonkey.com/s/T6R8RZLZ)
- Laos**  
[www.surveymonkey.com/s/T391O6D](http://www.surveymonkey.com/s/T391O6D)
- English**  
[www.surveymonkey.com/s/T6DWKPY](http://www.surveymonkey.com/s/T6DWKPY)

### Project Coordinator Notes

You have been included in the distribution of this newsletter because of your support of this project. I thank you for your ongoing interest. I welcome any further ideas you may have for obtaining survey participation or ways that I can make this more accessible to those who can contribute.

Suzanne

<http://doctoralproject.weebly.com>

## UNICEF Infographic National Slavery and Human Trafficking Prevention Month January

**21** MILLION  
Estimated number of slaves in the world

**\$32** BILLION  
Estimated number of slaves working globally

**29** MILLION  
Estimated number of people in forced labor



**NEW COMMUNITY OF FAMILY TRAFFICKING?**  
Prevalence of human trafficking in 148 countries



**CHILD TRAFFICKING**  
Number of child labor victims in agriculture, aquaculture and fishing

**5.5** MILLION  
Estimated number of child labor victims in agriculture, aquaculture and fishing

**140** MILLION  
Estimated number of child labor victims in all sectors

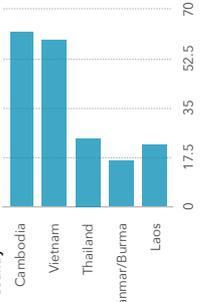
**TAKING ACTION**  
Despite progress, the number of trafficking convictions remains low



Countries worked with agencies/ victims	#	Responses %
Cambodia	23	62%
Vietnam	22	59%
Thailand	9	24%
Myanmar/Burma	6	16%
Laos	8	22%

Respondents can choose as many countries as they have worked with. N=37

Percentage of respondents with experience each individuals/agencies from designated country



### More Project Details

The Supporting Trafficking Victims in Southeast Asia: Training Aftercare Providers to Meet Psychosocial & Mental Health Needs is an important study endorsed by the University of Southern Queensland and seeking to provide practical insights and help to improving care to trafficking victims in the countries of the Greater Mekong.

Your participation in this study is completely voluntary, anonymous and **very** important in making a difference to the help we provide those we care about. There are no foreseeable risks associated with this project. If you feel uncomfortable answering any questions, you can withdraw from the survey at any point. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Your information will be coded and will remain confidential.

### Individual Interviews Completed

A total of 12 interviews were completed between September 2013 and July 2014!

Interviews completed by country with which they have experience working with individuals/agencies (respondents could list experience with more than one country):

Cambodia	5	Vietnam	3
Thailand	4	Myanmar	2
Laos	1		

<http://doctoralproject.weebly.com>

## Appendix L

### L: Cancer InCYTES Blog Article

#### Important Research Needs Your Help – Research to Practice: Psychosocial and Mental Health Support to Human Trafficking Victims in the Mekong Countries

by Suzanne M. Anderson, RSW, CCR

edited by Sharon E. Chin



After the passing of many Southeast Asian disasters during 2004-2008, training was developed to better understand the experiences of those who lived through those tragedies. Additionally, basic supportive skills were taught to provide immediate and longer-term crisis intervention. It is from those trainings that participants recognized the very same skills they were learning could be used to support victims of human trafficking, giving birth to this research project.

As a foundation, the comprehensive *International Framework for Action: To Implement the Trafficking in Persons Protocol* (UNODC, 2009) which focuses on

prevention, prosecution, protection (assistance) and partnerships, was used to build this study.

Recommendations for victims of trafficking within the mandate of protection include the provision of medical, psychological and material assistance through appropriate and comprehensive training for social workers or specialized health care staff. This general mandate has been more recently identified in Vietnam's *Shelter Self-Improvement Project Toolkit* (UNIAP, 2011), including crisis and trauma counseling in specialist training.

The addition of trauma counseling is complex. Trauma challenges deeply held cultural beliefs such as the meaning and purpose of life, personal value, control/lack of control, the meaning of suffering. A holistic, culturally relevant training of caregivers must address psychosocial needs from a culturally relevant perspective.

For trauma survivors, they typically share two common experiences. Isolation, ("I am the only one who is feeling this way") is generally felt because they have not heard anyone else express what they are experiencing. Also prevalent is the feeling of "going crazy" because their feelings are new or more intense than what they have experienced in the past. The caregiver's role is to help victims make sense of their isolation and emotional upheaval. Through the validation of their experiences and helping victims put what they've suffered into words, trauma survivors are able to see that they are not alone.

Biologically, the reaction to trauma is similar across cultures. The fight, flight, or freeze reactions, as well as longer-term physiological bodily responses become an automatic reaction of survival from past tragic memories. Be that as it may, biological response to trauma is also socially and environmentally shaped; it is moderated by what culture defines as traumatic, appropriate expressions of trauma, what is acceptable help-seeking behavior, and generally held beliefs about how to respond to or solve problems during times of adversity.

Toward that end, this research project seeks to develop an understanding of the experience of human trafficking victims in the cultural context of the Mekong countries—specifically of women who have been sexually exploited. The results of this research will be applied to the development of a training program targeting aftercare workers in the region.

**Participants are needed to complete an Internet survey. We are looking for those** who have worked with human trafficking victims from Cambodia, Vietnam, Thailand, Laos and Burma. The survey has been translated into Khmer, Vietnamese, Thai, Lao and Burmese from the original English. **Please contribute to this research by completing the survey and distribute this research project information to others. More information is available at: <http://doctoralproject.weebly.com/internet-survey.html>**

*Suzanne M. Anderson, RSW, CCR is the Director of Restorative Community Concepts (Singapore) and is certified by the National Organization for Victim Assistance (NOVA) (USA) as a trainer and crisis responder focusing on the emotional aftermath of trauma. She is a doctoral candidate at the University of Southern Queensland.*

Image "Children of Sapa" by Brian Huang: <https://www.flickr.com/photos/huangb/14143320858/>

## Appendix M

### M: Ethics Application Approval



**University of Southern Queensland**

CRICOS: QLD 00244B NSW 02225M  
 TOOWOOMBA QUEENSLAND 4350  
 AUSTRALIA  
 TELEPHONE +61 7 4631 2100  
[www.usq.edu.au](http://www.usq.edu.au)

**OFFICE OF RESEARCH AND HIGHER DEGREES**  
 Ethics Committee Support Officer  
 PHONE (07) 4631 2690 | FAX (07) 4631 1995  
 EMAIL [ethics@usq.edu.au](mailto:ethics@usq.edu.au)

31 July 2013

Ms Suzanne Anderson  
 25 Eng Kong Drive  
 SINGAPORE 599353

CC: Dr Luke van der Laan - Supervisor

Dear Suzanne

The Chair of the USQ Human Research Ethics Committee (HREC) recently reviewed your responses to the HREC's conditions placed upon the ethical approval for the below project. Your proposal now meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* and full ethics approval has been granted.

Approval no.	H13REA129
Project Title	Supporting trafficking victims in Southeast Asia: Training aftercare providers to meet mental health and psychological needs
Approval date	31 July 2013
Expiry date	31 July 2015
HREC Decision	<b>Approved</b>

The standard conditions of this approval are:

- (a) conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal required by the HREC
- (b) advise (email: [ethics@usq.edu.au](mailto:ethics@usq.edu.au)) immediately of any complaints or other issues in relation to the project which may warrant review of the ethical approval of the project
- (c) make submission for approval of amendments to the approved project before implementing such changes
- (d) provide a 'progress report' for every year of approval
- (e) provide a 'final report' when the project is complete
- (f) advise in writing if the project has been discontinued.

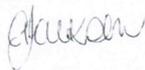
For (c) to (e) forms are available on the USQ ethics website:  
<http://www.usq.edu.au/research/ethicsbio/human>

**For (d) to (e) please diarise the applicable dates now**, to ensure that your reporting obligations are fulfilled.

Toowoomba • Springfield • Fraser Coast
[usq.edu.au](http://usq.edu.au)

Please note that failure to comply with the conditions of approval and the *National Statement (2007)* may result in withdrawal of approval for the project.

You may now commence your project. I wish you all the best for the conduct of the project.



**Annmaree Jackson**  
Ethics Committee Support Officer

Copies to: tomsuz@singnet.com.sg  
luke.vanderlaan@usq.edu.au

## Appendix N

### N: Side-by-side CLA Analysis

	Individual	Community	Organizations
<b>Litany</b>	<ul style="list-style-type: none"> <li>• Emotional impact</li> <li>• Social/relational impact</li> <li>• Behavioral impact</li> <li>• Economic impact</li> <li>• It is not common to talk about feelings in their culture.</li> <li>• They are not ready to talk about their experiences</li> <li>• Don't want to reveal who the perpetrator is; afraid of being sold again.</li> <li>• Don't know whom they can trust</li> <li>• They will not be able to find a husband.</li> <li>• Wanting to be with their families</li> <li>• Never giving up hope that things can get better</li> </ul>	<ul style="list-style-type: none"> <li>• More unwelcoming than welcoming</li> <li>• Discriminates against the TP</li> <li>• Talks about the women negatively</li> <li>• TP may have debts to others upon returning to their community</li> <li>• May not have a home to live in or land to grow rice (Cambodia)</li> <li>• Afraid that their family will not accept them back.</li> <li>• Concerns about who will care for the children that have come from the trafficking situation</li> <li>• In some communities the traffickers or the person who trafficked the person are there when the TP is to be reintegrated</li> <li>• Those supporting the women include: family, friends, NGO's and GO's</li> </ul>	<ul style="list-style-type: none"> <li>• Doing the best they can</li> <li>• Lack training and resources to be able to do more</li> </ul>

	Individual	Community	Organizations
<p><b>Systems</b></p> <ul style="list-style-type: none"> <li>• Poverty</li> <li>• Poor family and social network</li> <li>• Economically dependent</li> <li>• Lack of good social skills to obtain employment</li> <li>• Lack of education</li> <li>• Abuse at home (especially from the mother [Vietnam])</li> <li>• Failure of the trafficked person (TP) in their role as carer or provider for their family</li> <li>• Want life to be better for their children</li> </ul>	<ul style="list-style-type: none"> <li>• Don't understand what trafficking is</li> <li>• Community believes the women have done something bad [Note: is this something bad in a previous life (reincarnation); present life (karma); or something bad by being in the trafficking situation?]</li> <li>• There is pressure from the family; "You [the TP] have a responsibility to support us."</li> <li>• In Cambodian families the grandmother is number one and the responsibility falls down to the youngest girl to support the family</li> <li>• The bar owners are "helping" the TP to have more money, some bar owners even pay into the social welfare system for the TP (Thailand).</li> <li>• There is stigma, discrimination, condemnation and ostracization in the community towards TP</li> <li>• There is no end game or way out</li> <li>• The abuse is systemic with people of power, police and others.</li> </ul>	<ul style="list-style-type: none"> <li>• Government is not providing enough money</li> <li>• Southeast Asian based ways of providing care have not been developed; most training is based on Western approaches</li> <li>• The outcome of the legal process can depend on money [bribery, Cambodia].</li> </ul>	

	<b>Individual</b>	<b>Community</b>	<b>Organizations</b>
<p><b>Worldviews</b></p> <ul style="list-style-type: none"> <li>• The youngest has a responsibility to support the family</li> <li>• Children have a responsibility to support their parents</li> <li>• Hopes – for a better life (education, occupation, financial, relational—to have a partner, children, relationships with respectful friends), health—physically and emotionally, personally—to be able to choose what they want to be; to be safe)</li> <li>• To be wealthy; rich</li> <li>• The importance of personal beauty</li> <li>• They must not shame their family</li> <li>• To talk about their emotions would result in their losing face [Note: I wonder if others knowing something about them shows them to be weak or less than]</li> <li>• Relationships are most valued – the relationship with family is often a catalyst for trying to earn money for the family (which can lead to the trafficking situation) and the relationship can lead them out of the trafficking situation</li> <li>• It's your fault that this happened because there was something that you did in your previous life that brought this experience into your life</li> <li>• If you have lost your virginity outside of marriage then a woman is worthless and has no value</li> <li>• Contagion – to be caught together with the TP may be a negative influence</li> </ul>	<ul style="list-style-type: none"> <li>• Women have failed in their family role <ul style="list-style-type: none"> <li>o To remain a virgin</li> <li>o To support their family</li> </ul> </li> <li>• Hopes – for justice; better status in society; have a good family</li> <li>• Worthless; having no value</li> <li>• To have love and respect is most important</li> <li>• To have a position of respect in society is valued</li> <li>• Economic independence</li> <li>• Money is god</li> <li>• Afraid of shaming the family and themselves because they feel responsible for what has occurred</li> <li>• The family has been shamed, the TP is shamed and the community thinks that the TP is a bad person for the kind of work in which they have engaged with you if you are not married and have children by the time you are 21?</li> <li>• People who have sex with a lot of people are bad</li> <li>• The reaction of the community is based on the reaction of the village leader</li> </ul>	<ul style="list-style-type: none"> <li>• The aftercare worker has the most control over the TP's situation.</li> <li>• The aftercare organization is the gatekeeper helping TPs access job placement, medical, academic, counseling and other supportive resources.</li> </ul>	

Myths	Individual	Community	Organizations
<ul style="list-style-type: none"> <li>Hedgehog – They have to protect themselves when they go back to the community by being reserved in sharing what they have been through</li> <li>Village after a storm where everything is broken – For some villages with the right support the TP can get over things quickly; but there are some villages that don't have the right resources to recover quickly; for some a TP there may be parts of them that can recover very quickly and other parts that may take longer</li> <li>A soft toy that is torn and dirtied and a rising sun – the toy thrown to the ground, discarded as having not value; but there is potential to be like the rising sun that has strength</li> <li>Tree – that can grow up to be very strong; sometimes it will get what it needs, such as the sunlight; but at other times the tree will go through a big storm, lack water and not have anyone to take care of it and yet it continues to grow</li> <li>A secret story – that they will never all tell</li> <li>A woman in a cage of bamboo with a broken spirit – she actually has what she needs to get out, a key around her neck, but some don't know how to use it; they need someone to help them realize they have what they need to get out of the cage</li> <li>Broken spirits</li> <li>Chains – they are chained to their experience and sometimes the shelters don't help them to get unchained from their experience</li> </ul>	<ul style="list-style-type: none"> <li>Two hands – one curious and the other mean</li> <li>Like a boy who climbs a tree and then falls down – some people scold him for climbing and others caring and loving when he is hurt</li> <li>Faces – some angry with arms crossed, frowning and questioning glances; while others are welcoming, offering hugs and tears of joy for the TP's return</li> <li>Roots – the community are the roots needed for the tree to grow with the right support</li> <li>Pity – feeling sorry for the TP because of the poverty, but unable to help</li> <li>Brick wall</li> <li>Enormous wall – leaving the TP feeling separated and different</li> <li>loy reception – the anticipated reaction so the TP goes back and doesn't tell anyone what happened</li> <li>Sky</li> <li>White knight – looking for a rich, white foreigner to give them a better future</li> <li>Cambodian families are like a hyena clan – The top person is the mother and responsibilities for supporting the clan fall the youngest</li> <li>Being at the bottom of the pile – not being able to succeed or progress</li> <li>Social evil – prostitutes, prostitution</li> <li>End game – there is no end game to getting out of the abuse or regaining one's status in the community</li> </ul>	<ul style="list-style-type: none"> <li>Incubator for eggs provides the right temperature so that the women can use their "pick" to crack the egg shell and get out</li> <li>Bumblebee – the bumblebee's body is not shaped right for the wings to be able to make it fly; so the women might believe they can't fly; but when the women deal with their difficulties, while it is challenging they learn that they are able to fly</li> <li>Bird's nest, parent and baby bird – The small birds live in the nest; the shelter workers are not parents, but can be like parent birds helping/teaching the TP so they can grow up and fly away</li> <li>A hand pulling the TP up holding hands together – the Vietnamese like to cling to each other; they are holding the hands of the caseworker/case manager; maybe hands around the TPs shoulders</li> <li>Faces – compassionate, empathetic faces</li> <li>The things a tree needs to grow – water, sunlight, land, space and care</li> <li>Lots of hands – providing services and programs</li> <li>Gardner and sunshine – weeding and pruning (which sometimes hurts) but is needed for the for the plant to grow</li> <li>A coconut shell sitting over the women – the organization helps to break the shell, opening up for the women their childhood dreams, visions and destiny</li> <li>Supporting hands – giving a hand up</li> </ul>	

