

THE ROAD HOME

Toward a model of
'reintegration'
and considerations for
alternative care
for children trafficked for
sexual exploitation in Cambodia

Hagar/World Vision Cambodia

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CONTENTS

| | |
|--|----|
| Forward..... | 4 |
| Acronyms & Abbreviations..... | 5 |
| EXECUTIVE SUMMARY..... | 6 |
| 1.0 BACKGROUND & RATIONALE..... | 8 |
| 2.0 RESEARCH OBJECTIVES..... | 8 |
| 2.1 Overview..... | 8 |
| 2.2 Research Questions..... | 9 |
| 3.0 RESEARCH DESIGN & METHODOLOGY..... | 9 |
| 3.1 Research Philosophy..... | 9 |
| 3.1.1 Qualitative methodology..... | 9 |
| 3.1.2 Ethical Issues: | 10 |
| 3.1.3 Team Approach: | 11 |
| 3.2 Research Methods..... | 11 |
| 3.3 Data Analysis..... | 13 |
| 3.4 Cambodian Context..... | 14 |
| 3.5 Research Constraints..... | 14 |
| 3.5.1 Language 3.5.1..... | 14 |
| 3.5.2 Sampling considerations: | 14 |
| 3.5.3 Location considerations: | 15 |
| 4.0 RESEARCH FINDINGS..... | 15 |
| 4.1 Overview..... | 15 |
| 4.1.1 Exploration of terminology: | 16 |
| 4.1.2 Preferred forms of care: | 17 |
| 4.1.3 Individual case management..... | 18 |
| 4.1.4 Reintegration challenges: | 19 |
| 4.2 Children's Voices..... | 22 |
| 4.3 Family (parents) & community voices..... | 31 |
| 4.4 NGO voices..... | 36 |
| 4.5 Considerations for Ethnic Vietnamese Issues..... | 38 |
| 5.0 FRAMEWORK FOR REINTEGRATION..... | 40 |
| 5.1 Overview..... | 40 |
| 5.2 Addressing the Societal Context..... | 41 |

| | |
|---|----|
| 5.3 Principles of Placement..... | 43 |
| 6.0 A THEORETICAL MODEL FOR REINTEGRATION..... | 47 |
| 6.1 Overview: | 47 |
| 6.2 A phased approach to reintegration: | 47 |
| 6.3 Description of major actors / phases..... | 50 |
| 6.3.1 Staff-related Issues..... | 50 |
| 6.3.2 The child: | 51 |
| 6.3.3 Family Involvement: | 52 |
| 6.3.4 Community Involvement: | 52 |
| 6.3.5 Coordination and cooperation..... | 53 |
| 6.3.5 Government Links..... | 53 |
| 6.4 Implications for programme structure & budget..... | 55 |
| 6.5 Reintegration procedures: | 56 |
| 6.5.1 Current practice..... | 56 |
| 6.5.2 Risk Assessment – a new concept?..... | 57 |
| 6.5.3 Considerations for return..... | 57 |
| 6.6 Components in reintegration assistance: | 58 |
| 7.0 ALTERNATIVE CARE..... | 59 |
| 7.1 Summary..... | 59 |
| 7.2 Specific Types of Care..... | 60 |
| 7.3 Concerns about Types of Care..... | 62 |
| 8.0 AREAS FOR FURTHER CONSIDERATION..... | 64 |
| Annex 1: Terms of Reference..... | 65 |
| Annex 2: List of Reference Documents..... | 68 |
| Annex 3: Stakeholder Consultation Tally Sheet..... | 73 |
| Annex 4: Question Framework Documents..... | 74 |
| Annex 5: Question List for Semi-structured Interviews..... | 77 |
| Annex 6: Results from NGO Small Group Work..... | 79 |
| Annex 7: Outline of MoSAVY's Return and Reintegration System..... | 81 |
| Annex 8: Example of 'Risk Assessment Snapshot' | 83 |
| Annex 9: List of behavioural and emotional responses to sexual abuse..... | 84 |

Forward

And a woman who held a babe against her bosom said, "Speak to us of Children."

And he said:

Your children are not your children.

They are the sons and daughters of Life's longing for itself.

They come through you but not from you,

And though they are with you, yet they belong not to you.

You may give them your love but not your thoughts.

For they have their own thoughts.

You may house their bodies but not their souls,

For their souls dwell in the house of tomorrow, which you cannot visit, not even in your dreams.

You may strive to be like them, but seek not to make them like you.

For life goes not backward nor tarries with yesterday.

You are the bows from which your children as living arrows are sent forth.

The archer sees the mark upon the path of the infinite, and He bends you with His might that His arrows may go swift and far.

Let your bending in the archer's hand be for gladness;

For even as He loves the arrow that flies, so He loves also the bow that is stable.

The PROPHET, 'On Children'
by Kahlil Gibran

Acronyms & Abbreviations

| | |
|--------|--|
| AC | Aftercare |
| ATSECC | Aftercare for Trafficked and Sexually Exploited Children in Cambodia |
| CB | Community-based |
| CBC | Community-based Care |
| CQI | Continuous Quality Improvement |
| CRC | Convention on the Rights of the Child |
| CSES | Children from Sexually Exploitative Situations |
| CSW | Commercial Sex Worker |
| CWCC | Cambodia Women's Crisis Centre (LNGO) |
| FC | Foster Care |
| FGD | Focus Group Discussion |
| INGO | International Non-government Organisation |
| LNGO | Local Non-governmental Organisation |
| MoSVY | Ministry of Social Affairs, Veterans, Youth |
| NGO | Non-government Organisation |
| PLA | Participatory Learning Activities |
| RERP | Research Ethics Review Panel |
| RGC | Royal Government of Cambodia |
| RT | Research Team |
| SSC | Social Services Cambodia |
| STI | Sexually Transmitted Infection |
| ToR | Terms of Reference |
| TSE | Trafficked for Sexual Exploitation |
| TST | Ten Seeds Technique |
| UN | United Nations |
| WHI | World Hope International |
| WV | World Vision Cambodia |

EXECUTIVE SUMMARY

Human trafficking for purposes of sexual exploitation remains a major problem in Cambodia, affecting thousands of children and women annually. While measures are slowly being constructed to combat this gross violation of human dignity and basic human rights, there is evidence to suggest that the problem will continue to increase before it diminishes. Therefore, more durable solutions must be found for care of children affected by trafficking for sexual exploitation. Principles of care for that particular target group can be extended to other groups, such as survivors of rape with some adjustments in the practical out-workings of care.

To address this gap Hagar and World Vision Cambodia commissioned research to 'develop a model of reintegration¹ and alternative care for children trafficked for sexual exploitation Cambodia'. This research was funded through WV's ATSECC Project, which is supported by the US Department of State and World Vision USA. The study was conducted by a 4-person team (two expatriate women, two Khmer women) that took an intentionally qualitative nature, utilising primarily an extensive literature review, semi-structured interviews with key informants, and focus group discussions with children and families directly involved.

The research concludes that in many cases, perhaps the majority of cases, children can return to families of origin, or to communities of origin (extended family) provided that this setting can be determined 'safe'; and that on-going counselling and support is provided for family and community. The research does recognise that some children cannot return to their family/community of origin for security reasons; for these children, alternative care must resemble 'family' as closely as possible².

An underlying assumption of the research is that children always remain the responsibility of the family (except in extreme cases where this is legally rescinded): parents may forego the right to care for their own children through neglect or wanton abuse (such as trafficking), but they do not relinquish their responsibility. Therefore, the provision of alternative care could be conceptualised as a matter of on-going negotiation with the family unit until that unit is capable of resuming its rightful role/responsibility.

The RT advocates for a principle-based approach to decision-making around reintegration, under the overarching determinant of 'the best interest of the child'. Such an approach recognises the importance of individual case management, and also the complexities of the decision-making process. Decisions about reintegration must always consider the concentric circles of influence upon a child's life and how these various actors influence risks and possibilities, either positively or negatively (child/family/community/society/NGO/the state/regional).

¹An exploration of the term 'reintegration' may be a worthwhile exercise for NGO and GO staff who are involved in counter-trafficking efforts, especially reintegration. The Research Team suggests that a more holistic and positive term such as 'social inclusion' be utilised as it suggests a process approach and also suggests more mutuality and reciprocal responsibility.

²As per Article 6 of the United Nations Convention on the Rights of the Child (CRC), to which Cambodia is a signatory: "The child, for the full and harmonious development of his [sic] personality, needs love and understanding. He [sic] shall, wherever possible, grow up in the care and under the responsibility of his [sic] parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his [sic] mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable." All research recommendations are in line with the CRC.

The proposed model for reintegration is based on a set of seven principles and is built around the concept of successive 'phases', which emphasise the critical notion that reintegration is not an event but is rather, an on-going process. It recognises that improvement in quality of implementation (and resulting 'success') probably has less to do with 'protocol' than with 'practice'; that is, with 'doing as good as we [already] know'. The approach suggested by the research team gives 'reintegration' a much more central position in the overall care-giving framework than is currently the practice; and is expressed in terms of exiting to a more preferred place of care. The proposed approach requires that more resources be directed to complementary sectors of influence (such as family, neighbours, authorities, etc.), rather than focused solely, or even primarily, on the individual child.

Clearly, the work of reintegration cannot take place without reference to, or regard for, the wider societal context in which the sexual exploitation occurred. There are historical, cultural, economic, and political factors at the national, provincial, and community levels that enhance the possibility of exploitation; these wider issues must be acknowledged and addressed. In order for the sustainable change sought by NGO's at village and family level, there must be significant changes in the larger societal setting in which those villages find themselves.

A unique element of this research was a focus on ethnic Vietnamese children: little existing research speaks to the specific needs of this population, although Vietnamese comprise a disproportionately large number of residents in urban shelters. The research suggests that while particular factors and cultural traits must be considered in the reintegration process, the overall procedures and processes do not need to differ. In cases where reunification with family of origin is not possible, the research concludes that alternative care forms are equally valid for the Vietnamese community as for the Khmer community, but recognises that they will be more difficult to accomplish because there is no precedent, the level of poverty is more intense, employment options more limited, and because it will be more difficult to find qualified staff. Vietnamese children (particularly older children) should have an option of Vietnamese Centres and other Vietnamese care-forms such as foster families; however, these should not necessarily be utilised to the exclusion of 'mixed' alternatives: in some cases, a 'mixed family' may in fact more strongly resemble the family or community' that a girl originated from. It is possible to consider placing a Vietnamese child/ren into a majority Khmer setting (such as a group home or a foster family) if this is preceded by thorough awareness-raising about discrimination, as well as insurance of proper safeguards against discrimination.

The RT believes that all of the 'alternative care forms' employed in Cambodia currently are viable, depending upon the situation of the child in question and provided that certain basic conditions can be met (ie. security of the child, and compliance with recognised standards of care). While all of these forms may be viable, not all of them are necessarily appropriate for every child. And each comes with a particular set of challenges and potential dangers which must be addressed by the responsible agents of care. Furthermore, it is useful to think in terms of 'streams of care' in determining 'appropriateness', based on key variables such as age, ethnicity, and reason for entry (rape, trafficking).

The research report concludes with suggestions about related issues to be explored in future, including a call for collaboration on statistical information and longitudinal studies of reintegrated children/women in order to promote a greater chance of success through evidence-based programming.

1.0 BACKGROUND & RATIONALE

Since 1994, Hagar has implemented high quality programmes focusing on vulnerable women and children. In 2004, Hagar commissioned research to investigate and recommend a model of care specifically for young girls from sexually exploitative situations³. Hagar's research found that the limited number of supporting organizations (and practices) to absorb the increasing number of rescued victims of sexual exploitation—particularly those who are very young with complex situations and those who are difficult to reintegrate into society—had left many rescued children inadequately supported in their process of recovery and reintegration. That research proposed that in cases where Hagar cannot reintegrate a child into her family/community of origin⁴, Hagar create Aftercare Centers for no more than 25 young girls per centre and, when appropriate, place the girls in longer-term care in so-called 'Family Aftercare homes' which each house 4-6 children and 1 female caregiver.

In 2005, Hagar commenced its Aftercare programme based on the 2004 research findings and recommendations, with support from World Vision's ATSECC project which is funded by the US State Department and World Vision USA. To date, 50 girls have come through the shelter, including a significant number of ethnic Vietnamese. Some have been placed back with their families of origin: the majority have not, as it was considered an unviable option. Hagar requires a more systematic set of procedures and considerations to determine whether or not a girl can safely return to her family/community of origin. And for those girls who are able to return to their homes, Hagar desires recommended procedure and suggestions for a 'best practice model' to assist in making this important transition as effective and beneficial for the children as possible. In particular there is concern about reintegration into Vietnamese communities as this remains an unexplored area.

2.0 RESEARCH OBJECTIVES

2.1 Overview

The purpose of this research was to obtain evidence to facilitate program decision-making regarding policy and procedures for Hagar, for the 'social reintegration' of trafficked children (girls) and women from its After-Care programme. The specific group requiring 'reintegration' is 'survivors of sexual exploitation and trafficking'. The research findings and resulting recommended model/s of reintegration will likely be implemented by NGO's working as part of the World Vision Aftercare for Trafficked and Sexually Exploited Children of Cambodia (ATSECC) Project and will also contribute to greater knowledge about reintegration issues among implementers, the donor community, and policy makers.

The research examined current practices of several selected agencies in Cambodia that are engaged in care for sexually exploited children and reintegration in order to assess effectiveness as a means of determining 'promising' practice. Of special interest was the issue of reintegration of ethnic Vietnamese children/women back into Vietnamese families and communities, because, to date, little attention has been focused on the Vietnamese perspective in regard to reintegration.

³Caring for Children from Commercially Sexually Exploitative Situations, Lisa Arensen, Mary Bunn, Karen Knight. Phnom Penh, Cambodia. 2004.

⁴These Aftercare homes are designed to be a measure of 'last resort': theoretically, a child's family of origin (nuclear and/or extended depending on circumstances), and then community of origin are the ideal caregivers for a child.

2.2 Research Questions

The research team was tasked with exploring several specific but related areas, toward the 'final product' of a theoretical model, and practical procedures, for 'successful reintegration' in the Cambodian context, with particular emphasis on child survivors of sexual exploitation and trafficking. As much as possible, the aim was to let the voices of the target group⁵ inform development of the model. Areas of exploration included:

1. Comprehensive literature review and analysis of reports and studies about reintegration globally, as well as in SEAsia and Cambodia more particularly, to inform the framework of a theoretical model for 'successful reintegration'.
2. Assessment of the psycho-social and physical wellbeing of children (under 18 years of age) and women (over 18 years of age) who had been 'reintegrated', including access to and exercise of basic rights; namely the rights of survival, protection, participation, and development.
3. Identification of major factors that make for 'successful reintegration', from the perspective of various key stakeholders.
4. Identification of strengths and weaknesses, constraints and opportunities of reintegration for both ethnic Khmer and ethnic Vietnamese.
5. Recommendation of reintegration procedures for the Cambodian context.

3.0 RESEARCH DESIGN & METHODOLOGY

3.1 Research Philosophy

3.1.1 Qualitative methodology: The research was intentionally of a qualitative nature: basic methods for data collection included desk study (document review) ⁶, semi-structured interviews, focus-group discussions, and in-depth interviews.

Qualitative research is, by design, focused on achieving depth of information – it aims to provide rich detail, to facilitate understanding of the individual and individual choices, to allow people to respond in their own terms; and is, by nature, a creative and flexible process. Qualitative research is more concerned with letting people speak for themselves, and allowing a detailed picture of the reality of a person or family emerge, rather than consolidating information into large, general statements.

There is relatively little well-researched documentation, quantitative or qualitative, available about the experience of women/girls who have been trafficked for sexual exploitation, spent time in NGO shelters, and then reintegrated either with their family of origin or into another care setting. A small body of literature deals with 'trafficking' generally but is not specifically about children, nor does it contain much reference to unique issues of reintegration of ethnic Vietnamese children in Cambodia (there is some reference to cross-border reintegration). In addition, much of the existing research takes a 'negative approach', asking variations of the question: 'what do you find difficult about

⁵In fact, according to the agencies interviewed for this research there are few documented cases of 'successful reintegration' of girl-children who were originally trafficked for sexual exploitation: this is largely because few attempts have been made to do this formally, due to agency perception of the risk of re-trafficking. So the RT also talked with respondents that have a similar profile, such as survivors of rape (similarities: children, experienced sexual abuse, experienced trauma).

⁶In addition to Cambodia-specific documentation, it was appropriate to review documentation regarding global 'best practice' and experience, as well as from the Southeast Asia Region.

being reintegrated'. This research takes a more positive approach, along the lines of Appreciative Inquiry (AI), asking girls what they enjoy [and miss] about life in their home context, and what they enjoy about life in the centre; what they think a girl needs to live a 'good life' and be 'sok sabay' and a comparison with what they feel they currently have; and what they want to be / where they imagine they will be living and with whom in the future and if they have concerns about achieving their dream.

The research focused first on Hagar's own experience of reintegration of various types of beneficiaries (Aftercare Program; Foster Home Program; Women's Shelter); on the children from World Vision's Nivea Thmey Centre; and reviewed the procedures, work, and experience of several like-minded NGO's.

As much as possible, information was obtained from primary sources including the reintegrated children/women, parents and family members in the 'family of origin', community people, and relevant UN and NGO staff.

3.1.2 Ethical Issues: This research confronted two specific ethical issues⁷. One was the issue of informed consent for under-age children and the other was potential to re-traumatise survivors of abuse. Before conducting any FGD activities, the Research Team explained the nature of the research and specific questions to be asked, to staff members of participating NGO's in order to solicit their response and hear potential concerns. Then, verbal consent was obtained from every group after a brief explanation of the purpose of the research and prior to commencing discussion and PRA activities (adult and child FGD). All FGD with children and parents were held in 'safe facilities' – either the Centre the children were associated with, or a Licadho office. In the case of one NGO, staff (counselling staff, house mothers) were present in the actual FGD to assist with establishing trust with the children, and addressing any difficult issues or emotions that might arise. In the second instance, counsellors were readily available to the children if the children should require that.

Each FGD began with simple games to make participants feel more comfortable. During activities, if a particular child really did not want to participate the facilitator did not force participation. Sometimes the facilitators would help the children to draw, if the children expressed discomfort with that activity and it usually was not long before the children would be drawing for themselves. Especially for the groups of younger children, the mood was intentionally kept light and easy. In two instances, girls (late teens, reintegrated) cried a bit when asked to describe their current home situation – the facilitators did not probe but offered sympathy and silence, not ignoring or minimising the event but giving the girl the attention she needed.

The questions for FGD were intentionally designed so as to not focus on the 'bad thing' that had happened to the children (see above); some effort was made to identify concerns that children had about their future and it was not uncommon for the girls to express fear that 'the bad thing might happen again'. Again, intentional effort was made by the RT to empathise, take this seriously and not to minimise her fears, but also not to unduly provoke more fear.

⁷The Research team involved the WV/SCA Research Ethics Review Panel (RERP) in reviewing the research methodology. Key ideas from a recent study approved by the Panel ("Child Protection: Child Abuse, Prevention, and Protection Strategies in Cambodia." Feb-Apr. 2006) were incorporated into development of this methodology.

All responses were kept anonymous (also, see explanation of case studies). The girls in the group were not aware that the RT had received this information about the individuals in the group: and in most cases, the information was provided by the agencies 'ex post facto', or after the FGD had been completed (it was requested to be completed prior to the FGD but was not available until after completion).

All participants had their direct expenses covered (travel, accommodation, per diem) but did not receive other incentive for the research.

3.1.3 Team Approach: A Team approach to the research was intentionally employed, in order to capitalise on the synergy that occurs in the collaboration between professionals with different skill-sets. The use of a team also extended the 'reach' of the research, as more data could be collected than if the research was conducted by an individual.

The Research Team (RT) was comprised of five female members, two expatriate, two Khmer, and one Vietnamese. The RT functioned as a unit, collaborating to develop and continually refine the question lists and FGD methodology, as well as debriefing after each FGD/interview event in order to consolidate factual findings and impressions. The Team Leader has six years of development experience in Cambodia and is a specialist in the field of education and also in the area of programme evaluation. The Technical Consultant is a specialist in participatory methods of inquiry, has more than ten years of experience in community development in Cambodia, and Khmer language skills. Both these expatriate team members were involved in previous research into trafficking and sexual exploitation of girls in Phnom Penh⁸. The two Khmer Research Assistants had prior experience with facilitation of focus group discussions, and with qualitative research; the Vietnamese team member was new to the area of research and hired primarily for her tri-lingual language ability (Vietnamese, Khmer, English).

The expatriate Technical Consultant provided general instruction in participatory research methodology to the Team at the outset of the field work and also took the lead in team debriefing sessions. The team employed a 'learn as you go' strategy that resulted in on-going refinement of the methodology utilised with the focus groups.

In addition to making a significant contribution during actual field work, at the end of the field work component, the two Khmer team members submitted their personal observations and recommendations (related directly to the Terms of Reference) which were then incorporated into the final report.

3.2 Research Methods

3.2.1 Literature review: A literature review was conducted prior to launching actual field work, for the purpose of gaining familiarity with the unique Cambodian context for reintegration, to understand the global context as well as practices in other countries that could inform the Cambodian situation, and to shape research methodology and refine research questions. It also examined the situation of other difficult-to-integrate populations, such as children affected by HIV/AIDS, demobilised soldiers, and disabled people to see what lessons could be derived from those experiences. Finally, the

⁸Reimer, JK et al. "At What Price Honour." 2006.

literature review included analysis of Hagar programme documents such as budgets and protocol as the research outcome is meant to inform practical programming decisions and activities.

3.2.2 Semi-structured interviews⁹ : Semi-structured interviews were the primary medium for interaction with NGO staff. The research team conducted semi-structured interviews with representatives from 6 NGO's operating Shelters/Centres and interviewed staff from 15 NGO's that do related work, and five Consultants with related disciplinary expertise (social work, sexual abuse, child welfare, family systems).

3.2.3 Working group/s: A total of three 'temporary working group' meetings were held with NGO representatives from about ten different agencies: two meetings with Khmer field staff of six NGO's and one such meeting with primarily expatriate representatives of faith-based NGO's running Centres or related intervention such as rescue and prosecution. These group meetings were purposefully held at the start, middle, then at the end of the field work as a means of 'checking back' on some of the data and conclusions arising. In this way, the RT implemented a double-feedback loop that helped to corroborate the data from different stakeholders and to refine conclusions.

3.2.4 Focus-group Discussions: FGD activities were conducted with trafficking survivors and related family / community members. With this group, the RT conducted a total of 15 FGD (10 with children and 5 with adults, primarily women) in which nearly 100 individuals (79 children, 18 adults) participated. Participants in all but one of these FGD were selected by NGO Centre staff, based on criteria provided by the Research Team. Basic criteria included ethnicity, age, reason for admission to the Centre, residential status (ie. in Centre or reintegrated cases). Reintegrated respondents came from Phnom Penh and from five provinces: Kampong Cham, Kandal, Kampong Speu, Pursat, and Banteay Meanchy.

The RT conducted one FGD with women randomly selected from one of the Khmer Research Assistant's village on the outskirts of Phnom Penh.

3.2.5 Case Studies: in order to assist the RT in better understanding the information gathered during the FGD activities, case studies on some of the FGD child participants were solicited from the sponsoring organisations – the RT reviewed a total of 21 such case studies. At the request of the participating NGO's in their effort to ensure confidentiality, the case studies did not name the children, and no attempt was made to correlate specific responses in the FGD with the individual case study information.

3.2.6 In-depth interviews: Two in-depth interviews were conducted (one with a child and her grandmother, recently reunited; one with two young women who had formerly resided in a Hagar Cluster Home but were now living independently). The purpose of these was similar to the case studies: as a means of enhancing the RT understanding of individual cases, and variations in the reality experienced by caregivers and survivors alike.

⁹For more detailed information on number/type of stakeholders consulted, see Annex 3. The RT attempted to obtain information from six additional NGO's through telephone calls and email inquiries, but was unsuccessful in soliciting a response.

3.2.7 PLA activities: A variety of PLA activities were employed during the course of the research. The activities facilitated exploration of critical questions that were drawn up in a 'question framework' at the outset of the field work. See Annex 4 for the actual framework documents used. These included brainstorming, a simplified version of 'free-listing' (developing a set of words that belong together under different concepts), drawing pictures, and using the ten-seeds technique for ranking the importance of their own responses.



ABOVE: FGD FOR CHILDREN ALREADY REINTEGRATED BACK TO FAMILY OF ORIGIN DRAWING THEIR 'FUTURE'.

3.3 Data Analysis

All of the qualitative data from the Focus Groups was synthesized in consultation between various combinations of the research assistants, technical advisors, and the Team Leader immediately after the FGD in order to ensure that the rich details of interaction between and among the children, the level of response to various questions, and 'absence' (lack of information) were captured in addition to what they had actually verbalised.

Important issues and quotes were put into categories based on key topics and this informed the report outline as well as data analysis. As often as possible, actual quotes are utilised throughout the report as a way of giving voice to people too often unable to speak out for themselves.

3.4 Cambodian Context

It is important to recognise that at the time this research was undertaken, there were several other related pieces of work being done by various other agencies. Awareness of these initiatives allowed the Hagar Research Team to focus more intently upon its specific target group rather than 'reintegration' more broadly. Taken altogether, these various studies, evaluations, procedural reviews, and reports will significantly contribute to the body of knowledge available about this particular focus area (reintegration of survivors of sexual exploitation). In addition to these efforts, in the past two years there has been significant interest in 'alternative care' in general, expressed in studies and project evaluations. While application to the current target group may be limited, there is much to be learned from the studies.

Some of the complementary work being done in 2007 includes the following:

- Hagar/World Vision (ATSECC)/SSC – a research initiative to examine the current situation of sexual abuse of boys in Cambodia, as well as current practices in relation to support, availability and provision of services to these boys.
- Hagar - Development of Foster Care Program Guidelines and Procedures.
- World Vision - Impact evaluation conducted in March 2007 of the two-year ATSECC programme, run by World Vision and involving several of the agencies included in this research.
- World Vision ATSACC project (following on from ATSECC) will contain a major action research component, focused generally on resiliency/well-being/functioning factors for girls recovering from sexual abuse. It will very likely include reintegration as a key focus. However, the research topics will not be focused until after an initial workshop in late March, and then it will be a 2 year operational research project.
- The Asia Foundation (TAF) commencing work over a 1-year period with MoSVY and MOWA to develop minimum standards for reintegration of sexually exploited women.
- International Cooperation Cambodia's (ICC) child-focused HOSEA project continues to refine its research (fieldwork conducted in 2006) on alternative care options in Cambodia.

3.5 Research Constraints

3.5.1 Language – it is optimal if research can be conducted directly in the mother tongue of the population in question. For this research, three languages were utilised: English, Khmer, and Vietnamese. As much as possible, translation was done directly between Khmer and English or Vietnamese and English: occasionally there were tri-lingual discussions depending on group composition. All note taking from PLA activities and FGD was done in a mixture of English/Khmer and then translated into English at a briefing session with the Team Leader or Technical Advisor immediately post-discussion to ensure accuracy of information and in order to capture more of the richness that resides in the details of interaction (not simply the recording of the results of that interaction).

3.5.2 Sampling considerations: the majority of 'reintegrated cases' reviewed by the RT were of survivors of rape rather than survivors of trafficking for sexual exploitation (STSE), for the simple fact that participating agencies did not have many examples of the latter¹⁰. It was also made clear by related NGO's that interviews or interaction with the STSE was potentially disruptive to them as they often do not inform their communities of

¹⁰As explained above, there are fewer instances of attempt to reintegrate survivors of trafficking as opposed to rape survivors due primarily to agency perceptions of 'risk' for the children themselves.

their experience¹¹. To visit them would have drawn undue attention, so access to the actual 'target group' was very limited. In addition, some organisations simply did not want to allow the RT access to their information, shelter, or beneficiaries.

The Research Team did not pursue information directly from RGC staff, including community-level authorities because this too was regarded by NGO's as being potentially disruptive to the lives of the children in question (and to select random communities in which to conduct research was deemed inappropriate). In addition, the RT felt it more valid to focus on getting information about the actual (rather than theoretical) performance and interaction of officials and this was obtained through conversation with NGO staff who personally and regularly interface with MoSVY and other RGC officials specifically in the process of reintegration. Government policy documents and current procedural requirements were reviewed as part of the research.

3.5.3 Location considerations: The RT originally intended to travel to other provinces, specifically Banteay Meanchy where there are several organisations providing different kinds of care for trafficked and sexually exploited children; however their work is not qualitatively different than the work of agencies operating around Phnom Penh so input from some of these agencies was solicited from their head offices, through telephone conversation or from documents. The research was intentionally grounded in Hagar's own experience, which for Aftercare activities and services are predominantly located in Phnom Penh. Those few cases where girls have already been reintegrated were reached by having the girls come into Phnom Penh rather than having the RT go out to visit them in their home areas: home visits would obviously have added quality to the RT's data collection, but it was deemed potentially too disruptive to the children.

Furthermore, the RT had access to the primary data collected as part of the March 2007 ATSECC evaluation, including interviews and FGD in Battambang and Kampong Cham – the RT wanted to avoid duplication with the movements and questions of that Evaluation Team. And finally, as the research was also intended to focus on the 'Vietnamese question', it was appropriate to spend time in the location where most trafficked ethnic Vietnamese children come from (ie. Phnom Penh) and may return to. Thus, the RT concluded that it would not have contributed significantly different or 'other' information to visit provincial centers.

4.0 RESEARCH FINDINGS

4.1 Overview

This section contains the primary data collected by the RT through FGD and semi-structured interviews, as well as findings from the literature review. The literature review included related documentation (reports, newsletters, studies, position papers, etc.) from and about many different countries as one way of enhancing understanding about the phenomenon of trafficking in women and children, and humanitarian responses, in a global context. Special attention was paid to documents from Asia: the majority of such documentation is about South Asia (Nepal, India in particular) and is therefore somewhat limited in application because of cultural disparities with Southeast Asia. The research included a comprehensive review of country-specific literature.

¹¹More than one NGO indicated that some of the STSE who has been in their care returned to communities of origin and had subsequently married but had not informed their husbands of their previous experience in the sex industry.

4.1.1 *Exploration of terminology:* There is no universally accepted definition of the terms 'reintegration' or 'reintegration assistance'. To avoid a lengthy discussion of the merits and shortcomings of various definitions ¹², and more importantly, in a conscious attempt to begin working toward a common [national] understanding, this research conceptually employs a definition as cited by a recent Cambodia-specific study: ¹³

*Reintegration is the process of inclusion and rebuilding relationships with a community in the country of origin at four levels: physical, socio-economic, socio-political, and cultural.*¹⁴

Likewise, this research also takes as its reference point, that study's selected definition of 'reintegration assistance':

The provision of comprehensive programmes designed to re-integrate victims [sic] of trafficking into society, including through actively preventing stigmatization, job training, legal assistance and health care and by taking measures to co-operate with non-governmental organisations to provide for the social, medical, and psychological care of the victims [sic].

While there are some commonalities in the way that Cambodian NGO's utilise these terms, the fact that there are no minimum standards in regards to what needs are addressed and how, renders comparison of programmes, programme quality, and impact difficult if not impossible. Lack of clear and common definition may not only have a negative influence on the quality of services offered, but also perpetuate unhelpful notions of 'success', and may facilitate a 'business as usual' outlook when what is needed is more rigorous analysis of current practice. One additional argument against using the actual term 'reintegration' is that in some cases the survivors are not 're-turning' to a place of origin but will move to new communities instead.

So while it appeals to the rather generic definitions above as a matter of expediency, this research also recognises that both terms/definitions are quite limited; so perhaps it would be preferable to introduce a new terminology. One possibility is the term 'social inclusion', which provides a holistic perspective, and a sense of mutuality as well as implies a process. The term has been promoted by Comitato, GAATW's member organisation from Italy, who explains it as:

...the act of putting one thing into another; to put in as part of a set, group or category. It also implies a sense of fitting in, of belonging and being involved. The process of social inclusion can never be passive or one-way. It is an

¹²In fact, such a discussion in the Cambodia context would be very beneficial insofar as it could encourage more serious attention to the finer details of programming. And, the terms themselves tend to be encumbered with assumptions and moralistic undertones, which places primary responsibility for 'success' on the survivors and insufficient attention to the social system that let them down in the first place.

¹³"Reintegration Assistance for Trafficked women and Children in Cambodia – A Review."The Asia Foundation (TaF), September 2005, Phnom Penh.

¹⁴International Journal of Refugee Law 2001, Volume 13, Oxford University Press, quoted in GAATW/Alliance Newsletter July-December 2003, the Process of Recovery, GAATW, Bangkok.

*interaction between the person and her context. However, as a conscious process, it should bolster the point of view of the weaker agent."*¹⁵

Comitato goes on to explain that the term social integration refers to actions and programmes aimed at integrating marginal groups into the texture of society. "The question of social and economic integration, often the rocks against which the actions of the social services come to grief, must take into account the need to fit the skills, the desires and the needs of the individuals with the demands and expectations of the context that is to receive them. It is important to consider the fact that these actions represent a way to enrich society, which thus acquires new abilities and cultures."

4.1.2 Preferred forms of care: There are two broad categories of types¹⁶ of child-care: 'institutional' or 'residential care' and 'non-institutional' or 'community-based care'¹⁷. While the distinction between these is not always easy to make, generally speaking institutional care suggests literal and figurative distance from an original care setting and is regarded as sub-optimal for two major reasons: it is relatively expensive¹⁸ (and difficult to sustain)¹⁹, and – more importantly – it is not ideal for a child's psychological, emotional, and social development²⁰. In fact, institutional care is increasingly perceived to be not simply benign, but is in fact associated with increased risk to child well-being both during care and after, and can be detrimental to child development²¹.

Although written in defense of community-based care for a different target population, children affected by HIV/AIDS²², Craig Greenfield's dissertation contains a comprehensive literature review outlining the potentially harmful impact of institutionalisation on children specifically the psychosocial, medical, emotional, and social impact²³. An example of one finding to which Greenfield refers:

¹⁵Ibid. 2003:10. Submitted to the newsletter by Daniela Mannu. Comitato, Italy.

¹⁶"Compassionate Care. Proceedings of Workshops." ILO-IPEC (TBP-TICSA Programme). Nepal. 2006.

¹⁷This broad distinction is also utilised by the MoSVY in its Policy on Alternative Care for Children (April 2006:9-11), which goes on to explain the former as taking two primary forms in Cambodia (recovery or child protection centres, and orphanages) and the latter as taking six primary forms in Cambodia (foster care, kinship care, adoption, pagoda/wat or other faith-based care, child-headed households, and group-home based care). See Section 7 below.

¹⁸Louise Fox, Ragnar Gotestam. "Redirecting Resources to Community Based Services: a Concept Paper." World Bank: Social Protection Discussion Paper. April 2003.

¹⁹While cost is one consideration, the RT agrees that "...it is meaningless, if not harmful to use cost as an argument for or against [alternative care], without a thorough examination and basic consensus on minimum standards and essential elements for quality care." (MoSALVY/UNICEF, "Review of Literature on Alternative Care for children in a Cambodia Context." October 2001.)

²⁰World Vision. "Children Deprived of Parental Care: World Vision International Policy Position, Programming, Standards, and Toolkit." No date. See also, the "Compassionate Care" report.

²¹Save the Children. "A Last Resort: The growing concern about children in residential care." A position paper on residential care. (No date.)

²²While great care must be taken any time there is a desire to transfer theoretical concepts across populations, and there are obviously many differences between the two populations in question here, it is worthwhile noting that a decade ago there was significantly more stigma about PLWA than there is today and that it has been mitigated to a significant extent by massive national efforts at societal education. Perhaps the parallels between these two groups are more similar than different. At the least, the Greenfield research 'establishes that development interventions aligned more closely with the community-based [interventions] described in the literature are indeed possible and effective.' (59).

²³Greenfield, 2005, chapter 2. Note: Greenfield had extensive experience in Cambodia, working with the New Zealand-based NGO Servants to Asia's Urban Poor for more than ten years in slums in Phnom Penh. He is proficient in the Khmer language.

'Young children who do not have a relationship with at least one emotionally invested, predictably available caregiver – even in the presence of adequate physical care and cognitive stimulation – display an array of development deficits that endure over time' (quoting Sonkoff and Phillips 2000, p. 389).²⁴

Another dimension of the care conundrum that Greenfield highlights is the question of community participation in care for vulnerable children. The report presents documentary evidence to demonstrate that the capacity of a community can be strengthened over time. Thus it behoves NGO's to have a longer-term perspective on community care possibilities (ie. work at strengthening community so one day it will be possible to restore / protect its own children; and for under-age children, don't regard as penultimate the decision to not utilise CBC).

Greenfield also provides compelling evidence that there may be a discrepancy in adult and child perceptions about the appropriateness of institutional care, with adults more readily supportive of this concept than children themselves²⁵. As borne out by this research, children themselves prefer their families and communities of origin to institutional care, even when the 'quality of life' (ie. number of meals, opportunities for education) is lower than in the institution. It is important, and in line with the Convention on the Rights of the Child, that sufficient attention is paid to the voice of children in the debate about appropriate forms of child care. Perhaps especially in a resource-strapped nation like Cambodia, adults will focus on the obvious material benefits and not be so cognisant of, or concerned about, intangible implications such as psycho-social health.

In summary, a plethora of research strongly indicates the preferability of community-based care models over institutional care – not just because it is in the best interest of the child, but also best for the community and the nation.

4.1.3 Individual case management: Another major concept emerging from the literature, both theoretical as well as documentation of experience and practice, is the absolute necessity of 'individual case management'.²⁶ In the words of one expert consulted by the RT: "All cases are individual situations that will require interpretation, balanced risk taking, and making difficult decision in difficult situations. Nothing will fit neatly."²⁷

While there are overarching principles and frameworks within which decisions can be made, in the final analysis the case for each girl must be considered on its own merit as there are seemingly infinite variations in the details of their cases and lives. There are simply too many variables that evolve over time, to allow for a single, neat, tidy way to determine optimal care alternatives.

The true effectiveness of any program depends on the types of capacity-building services provided, the approaches followed and the human rights standards

²⁴Ibid, 2005: 35.

²⁵Ibid, 2005: 37-38.

²⁶See, for example: Derks, Annuska. "Reintegration of Victims of Trafficking in Cambodia." IOM. Oct. 1998; "Intensive After Care for High-Risk Juveniles: A Community Care Model." September 1994; "Compassionate Care." 2006.

²⁷Interview with expert on social work and counseling.

maintained during the treatment of the trafficked person²⁸. While recognizable patterns of need exist and can be prepared for, there is no blueprint for reintegration. The diversity of individual trafficking experiences requires that support services address individual needs. A holistic but individualized approach to reintegration support remains the challenge for service providers working to reintegrate trafficking survivors²⁹.

4.1.4 Reintegration challenges: It is not difficult to identify major challenges to 'successful re/integration', which are sometimes couched as either challenges, or as 'factors affecting reintegration'³⁰. There are commonalities across the globe, irrespective of region or ethnicity, with variation more by degree than in kind. The original list of challenges was generated through a literature review; and then corroborated in the NGO Working Group meetings and in the interactions with survivors and their families. It is important to distinguish between kinds of factors as a way of designing more effective and comprehensive interventions (ie. internal/external; family/societal; tangible/ intangible). Obviously, the degree to which each of these challenges is a factor in the Cambodian context depends upon many other variables such as the age of the child, identity of the traffickers, type of sexual exploitation, length of time a child was in the sex trade, location of the reintegration setting (urban, rural).

...with regard to reintegration there are several economic and social currents outside the influence of the individual or organisation which are mixed with personal factors of capability, choice, and responsibility and as such create a complex context for reintegration. Only with great sensitivity to each case can success be achieved. Programmatic answers that do not take all these factors into consideration are bound to be unsuccessful.³¹

- **Failure to address pre-disposing conditions** – simply placing a child back in the setting from where she originated without doing anything to improve upon the conditions that precipitated her exploitation is irresponsible, both morally and practically. As noted by Derks: "...when factors leading to trafficking in the first place have not been resolved or even new factors have come up the risk of repeated trafficking or a voluntary return to the dependent situation to which a victim had initially been trafficked is high."³²
- **Psychological considerations** – the degree of trauma and attendant feelings of shame, worthlessness, irritability, helplessness, lethargy experienced by the child, and her ability to cope with these things, may influence her potential contribution to the family as well as their regard for her. It may also cause a child to isolate herself from the community and this too will inhibit full re-absorption of the child back into community life.

²⁸Beyond Trafficking March 2004, Best Practices on Rehabilitation and Reintegration of Trafficked Women and Girls, Kathmandu, Nepal.

²⁹TAF "Reintegration assistance for trafficked women and children in Cambodia – a Review" 2005:26.

³⁰See for instance, Slocomb's unpublished research about Vietnamese reintegrating back to Vietnam from Cambodia. Slocomb suggests that the five key factors influencing success are: a) reason why she left & type of work she went to do; b) health status: hiv+?; c) social behaviour and attitude on return; d) reaction of family and friends; and e) level of community support she might receive.

³¹Derks, Derks, Annuska. "Reintegration of Victims of Trafficking in Cambodia." IOM. Oct.1998: 18

³²Ibid, 1998:13.

Survivors and families were least able to articulate around the psychological factors; and, there was a sense in which they demonstrated reluctance to assign to the wider society, any responsibility for facilitating the child's reintegration. There was clearly a perception from parents that family does have a role to play in this regard, but they appeared at a loss to define that and to realise that they are in one sense, actors independent of their local community and could therefore respond differently to the child than 'society' suggests. It would appear also, from the primary data, that 'intangible' challenges (such as mental health) present a greater hindrance to potential reintegration, and are thus more critical for achieving success than are more easily addressed tangible challenges (ie. stigma is a more difficult challenge than the factor of family income level) .

Sexual abuse is particularly damaging for young children who have not yet formed their sense of personal identity and may therefore, as a result of the abuse, define themselves in terms of sexually-oriented behaviour. This kind of change in behaviour of the survivor, fundamentally psychological, may be expressed as overtly sexualised behaviour or unhealthy ways of relating [to men] and it can form a barrier to acceptance of the child back in her own family or community.

Furthermore, it is sometimes difficult to separate cultural/religious considerations from psychological considerations. For instance, a girl or woman who has been sexually exploited may, even after she has been 'rescued' and gone through intensive and lengthy counselling, feel as though she has no value as a person and has few options in her life because she is a "broken woman" (the most common Khmer expression³³ for 'prostitute' is '*srey koich*' which literally means 'broken woman'). A girl/woman who has been sexually exploited is likely to be constrained in her ability to understand the event as something unfortunate which happened to her but does not have to define who she is because society is telling her she is defined in terms of the event.

The Cambodian-Buddhist notion of '*karma*' as being the life one is given, rather than a belief in individual agency, may also serve to reinforce for a girl or woman who has been trafficked that it is her 'fate' to be so treated, and nothing is to be done about it. This too can diminish the options a child/woman believes they have.

- **Family situation** – many times the girls/women who are trafficked come from very complex and difficult family situations. Some combination of poverty, domestic violence, alcoholism, and gambling/indebtedness is frequently present. When these factors are present, it will be difficult for a child to experience the security she needs and indeed, she may be at risk of being re-trafficked or further exploited. One very practical consideration is change in the family status, particularly through divorce or re-marriage as this often puts the mother's children at risk of some type of abuse or exploitation.

³³In addition to pejorative terms about women, there are numerous Khmer proverbs about the low value of women compared to men – these proverbs both shape Khmer thinking as well as indicate core values.

There are also more fundamental ways in which a family's response to the return of a child impacts the possibility of reintegration. In Cambodia, the nuclear family is the most important social unit ³⁴: family has an economic function, and is also the primary basis for affection and social organisation. Therefore, a family's support or acceptance of a child is likely to be a significant factor in whether or not she is eventually accepted back into her community of origin. Even families who express a desire to receive their daughter back again, can unwittingly be unsupportive if they reflect the stigma that a community assigns the child.

- **Social acceptance** – often referred to as 'stigmatisation', this means that a social group (family, neighbours, community, society) describes or regards the child as worthy of disgrace or great disapproval ³⁵. In Cambodia, "...concerns regarding bad or modern influences, incorrect behaviour and contagion, may lead to gossip and stigmatisation of the survivor."³⁶ In the Cambodian context, the stigma comes primarily from the fact that a girl has lost her virginity and therefore, her 'honour'. She is regarded as 'broken' and less valuable (there is not similar social penalty for the boys/men who have used the services of sex workers. People may be overt in their expression of this (ie. not buying food from the girl's market stall, ridiculing her in public, throwing rocks at her) or more subtle (not inviting the child to various events, gossiping about the family, etc.).
- **Physical health** – a child's injuries sustained during the sexual abuse may result in long-term care needs that are difficult for both the girl and her family to cope with (ie. colostomy); as well, a sexually abused child may experience psychosomatic illnesses that prevent her from contributing to the family income or generally make her unable to contribute to the logistics of a household where she is expected to contribute.
- **'Poverty'** – the child could be returning to a situation of poverty where even basic needs may not be met. This may lead to discontent within the child herself, and/or a desire to return to 'more beautiful surroundings': especially in instances where the quality of care within institutions greatly exceeds that available in most poor Cambodian families, and/or correlated with the length of time spent in the institution. Also, family expectations for the child's participation in economic activity may cause significant stress for the child. A family's financial poverty will have many practical implications for the child – for instance, the family may not be able to afford to send her to school. This may be one of the most complex factors to address in the reintegration process given the general pervasiveness of poverty across Cambodia.

In addition to a family's poverty potentially hindering the reintegration process, it may also prohibit even the likelihood of reintegration. As one NGO Shelter Director noted, 'poverty' can be used by Shelter caregivers as rationale for not even attempting to move a child out from Centre care.

³⁴ "...the Khmer social universe focuses on the nuclear family" (Derks, Reintegration, p. 33). See also, Anatomy of a Crisis for a more detailed explanation of the social and national implications of this focus on the nuclear family.

³⁵ Definition taken from the Oxford English Dictionary.

³⁶ Derks, Reintegration, p. 12

- **Lack of infrastructure** – particularly for children returning to rural areas, or very poor urban areas, there may be limited access to basic services, such as education, counselling, monitoring of family situation/ child security, or healthcare.
- **Insufficient or inappropriate skills** for long term self-maintenance or support. This has both a physical and psychological impact on the girls/women; if they are unable to financially support themselves with legitimate means, they may be forced back into prostitution simply for survival. As well, having constructive employment and steady income can greatly improve a girl/woman's self-image and boost her confidence, thus having a positive affect on other areas of life.

4.2 Children's Voices

4.2.1 Overview: These questions addressed to children were designed to identify felt-needs of the target group concerning critical care factors (which should be imbedded into any form of alternative care), as well as to determine potential difficulties with return to community which a 'reintegration process' could address to facilitate success. The RT purposefully chose to ask about positive memories and impressions from the girls, in part so that the FGD would not be too disruptive or sad (an FGD is not an appropriate venue for exploring painful memories). The Appreciative Inquiry (AI) approach also facilitates comparisons between the sentiments expressed about life before and imagined future and provides an impression of possible change that happens in between.

The questions that the RT engaged on with the girls were directly based on the ToR and designed to solicit:

1. Perceptions of life in family setting before the centre
2. Perceptions of their needs
3. Perceptions of their imagined futures

Based on these major questions, the discussions then more specifically explored the rationale behind the answers provided. Though the initial approach of the questions was intentionally positive in nature, at a second level of conversation, issues of concern or worry were gently explored. For example: the first question was followed up by asking if there were specific things the girls missed about that life? And on the question of their future, the RT further explored what might make the girls feel worried about achieving what they said they wanted to.

Though there were some differences between the participants of the various FGDs (age, ethnicity, type of case, Centre-based or already reintegrated), the main questions were kept the same in order to facilitate comparisons between groups. The questions asked of the parents also covered the issues mentioned above. For parents the RT met later in the research process, the RT included some rather more direct questions based on answers received from the earlier FGD's with girls. For example, a group of parents was informed that one of the needs the girls mentioned was 'honour'; the RT asked the parents to respond to that statement. This iterative process facilitated expansion and refinement of the RT's understanding of various points arising during the initial FGD activities.

One activity conducted during the Focus Group discussions was drawing – this was done in order to 'free up' the children to respond in an authentic manner to the question (rather than be concerned about 'the right answer'). After the drawings were complete, the RT asked each girl to interpret or explain their picture for the group. Though drawings and expressions from the children need to be taken seriously, the RT desires to express caution about understanding possible meaning/s. It is nearly impossible to attribute causal effects too directly and therefore the interpretation must be more descriptive than prescriptive. Further, the RT recognises that the variety of influences in these girl's lives are multiple and layered and extend far beyond the Centre and the 'bad thing' which has resulted in their admission to the Centre. Further, there seemed to be some thematic differences in answers between girls from Hagar and WV-NT which increases the need for caution in interpretation³⁷.

What did you enjoy about life in your family, before you came here?

Though the actual drawings differed in detail, many showed a variety of scenes in and around the home and with family members (invariably siblings; often parent/s). It was very clear that the [nuclear] family and the home setting are the most significant positive experiences for most girls.

- *'Warmth from my mother.'*
- *'Happiness with family.'*
- *I miss everything about that life.'*
- *'When I eat, I miss my family.'*
- *'I like to be with family, especially with my mother. I go with my mother to collect recycling.'*
- *'My mother sells noodles on the street and usually I go with her. I miss this. I am happy when our family eats meals together.'*
- *'Here I am standing with my brother by a ricefield. We also grow pumpkins We like to sit together under a tree. We like to walk and see the rice field. We talk about the crops growing and we like the mountain nearby.'*
- *'I love the flowers at my home; my grandfather and I water the flowers. I love my house; there are toys in my house. The sun is happy to see my family and I am happy to see my family.'*
- *'I like to be with my family and take care of my siblings. I am happy when I look at the stars and want to catch them. I like watching television with my siblings. I like school but I like my home better.'*

There were some expressions of how good and loving the home situation was that seemed nearly too good to be true³⁸. Perhaps in balance (rather than contrast), there were

³⁷One example of a consistently cited difference was greater emphasis by Hagar children on the importance of formal education. The RT is hesitant to speculate on reasons for the differences: however, one obvious explanation could be that the girls in different locations are 'conditioned' toward different responses by the various therapeutic methods or even different 'standard practices' within their respective Centres. They would speak out of the reality that they know.

³⁸Considering the reason/s why the girls are in the Centre, it could perhaps be surmised that this is something of a protection mechanism for themselves and their families: as Arensen, Bunn, and Knight noted: "...children from CSES

also clear expressions of sadness and unhappiness (more from older girls than from the younger children).

- *'There is nothing happy in the house. Only sadness. I like to go out and learn hairdressing with my friends. I like to watch television with my friends at lunchtime in the shop.'*
- *'My sister always gets into fights and there is a lot of violence and bad words. Even though my family is good she [my sister] makes a lot of problems.'*

In one group of older girls still living at a Centre, participants expressed a missing of home combined with a desire to have a life that is different and away from life at home. For girls from Hagar AC, this included a strong expression of desire to study and have a job (see section on future). Interestingly, none of the drawings in this group showed any parents, although one girl drew herself and her siblings.

- *'Even though I miss it, I don't want to go back.'*

Participants in a group of older girls, already reintegrated, expressed similar ambivalence about living/being with family.

- *'I am happy when I am with my parents. But I like my workplace more than my home. I like to be outside the house more because it is my mother's house and I want a house of my own.'*

Overall Summary & Analysis:

Regardless of the questions asked, girls spoke primarily about family, their home setting, and education/schooling demonstrating the importance of these things.

While the general standard of living at the Centre may be of better quality as recognised by the girls ('more food', 'better food'), the girls indicated that they all had essentials such as food, shelter, clothing when with their families of origin (and would not see these things as reasons for being in the Centre). This is significant, as it is one of the 'advantages' of shelters most often cited by NGO's as well as parents.

Most girls were cognizant of, and able to articulate differences between the shelter and their home; these were usually expressed in terms of quantity and quality rather than specifically in-kind. For example, they would indicate that they have a greater variety and quantity of toys available to them in the shelter; but they also said they have 'some toys' at home.

There were noticeable differences between themes generated by younger girls than by older girls – age is a critical variable that must be accounted for in determining 'appropriate care'.

[commercially sexually exploitive situations] may still be strongly attached to their families and may derive meaning from their traumatic experiences by remaining attached to their families." (no date:53). Furthermore, some of the Cambodia-specific literature suggest that desire to be with family could be interpreted more accurately as a desire for the 'freedom' which girls/women experienced to a greater degree when with family than in the Centre.

The majority of younger girls were very positive about family and home; and particularly about their relationship/s with siblings and mothers.

Older girls were, on the whole, a bit more tentative in expressions of desire to return to live with family (regardless of ethnicity). It appeared that some felt they needed to choose between home and education, and they chose for education (ie. remaining at the Centre). This is probably a reality for the girls, and not just a 'false assumption'. NGO's should seek ways to facilitate a child having both a family and education – for older children this might mean providing scholarships or boarding them in a hostel situation. For younger children it would likely mean supporting educational fees.

The RT concludes that family of origin is very important for the children, especially younger girls; family is (in most although obviously not all, cases) a good place to find and explore identity issues (the children defined their happiness and futures, themselves, in terms of relationships); therefore it is critical that an NGO's make every effort to restore children to family. And if this is not possible, an alternative care setting should as closely resemble a 'family' as possible³⁹.

A note on differences in response between Khmer and Vietnamese girls:

The RT heard little to indicate that between Khmer and Vietnamese girls, the expressed experiences of life before the sexual abuse and then living at a Centre was essentially different - differences were in details, but not in the major kinds of things that caused happiness or sadness or fear. This is notable, because the NGO staff clearly expressed that a personal experience of Khmer and Vietnamese children a quite different from one another, in terms of background stories, family setting/s, and behaviour. For instance, there was a general perception among staff across Centres of Vietnamese families as being 'less caring' about their children and more motivated by money than Khmer families. In terms of behaviour, Vietnamese girls were described, again generally across Shelter staff, as 'more independent,' 'more outspoken,' 'more confident,' 'more outwardly affectionate' than Khmer girls.

³⁹Of the five key developmental areas (cognitive, psychological, social, emotional, spiritual) those most strongly affected by life within a family context are the social, emotional and spiritual aspects. Most studies about the effects of institutionalisation highlight the inability of those in residence to function effectively both socially and emotionally. One important aspect of child development within families is 'behaviour modelling'. This works much better in family settings than institutional settings – a family setting has more stable role models, stronger emotional ties, greater sense of mutual accountability, etc. (It may be especially important in the sexual development of children as they associate with their parents.)

Family type units provide better opportunities for developing and maintaining close relationships because of the perceived stability of the arrangement. This stability can be important in facilitating general development ('continuous identification' especially in early years, is critical for personality development). The closer relationships that can be formed in a family setting prepare children for forming close and stable relationships in their adult life.

Within a family setting there is a more natural progression toward adulthood i.e more probability of that process being based on loving relationships, of the reality of the child's development and the secure setting in which they are in.

Another benefit of putting children in a family setting is safety, as the ratio between adults and children is smaller. There is also an outward appearance of unity/security for the child which makes their position less vulnerable within the wider community.

Within a family setting the identification of developmental problems is more easily identified and rectified: abuse can be successfully prevented with small interventions to support positive parenting skills at the point of identification of trigger factors for abuse. Some incidences of abuse within institutions in Cambodia would have been less likely to have gone unnoticed in a family-type setting.

⁴⁰Derks, Slocom, and Arensen all noted a prejudiced judgment and treatment of Vietnamese in care by Khmer staff across Shelters and in communities visited for their respective research endeavours.

⁴¹Which may well be distorted by the sexual abuse experienced by the girls.

One of two explanations, or a combination thereof, is distinctly possible. Either there are ingrained cultural methods or patterns of responding to stress that appear when the girls come into care; and/or the staff are responding from widespread prejudiced judgment against Vietnamese⁴⁰. It is important that staff are enabled to 'see through' behavioural out-workings of needs⁴¹, in order to address the more fundamental needs of each child.

What do you think a girl should have in her life?

This question was fielded as an open question to result in a list of a number of things – girls were encouraged to respond in terms of relationships and material things but also in terms of non-material things such as love, peace, and so forth. The facilitator then drew symbolic pictures of the various responses, and girls utilised the ten-seed method to rank the importance of their own responses.

The general material needs expressed by the girls did not show anything out of the ordinary: house, money, good and tasty food, clothes, toys (for younger children).

In addition to figuring frequently in the 'happy home scenes', 'friends' were also mentioned frequently as a need; there were many specific examples of how friends could be a positive and helpful factor:

- *'Me and my friends at home and playing together – we like to go swimming in the river'*
- *'Friends are important because we can play together; they can cheer us up if we are unhappy.'*
- *'Friends can drive away your sorrow; they help when you have problems, even if the problem is in your family. Friends can pass information and can give a warning.'*
- *'...when we have a problem we can talk to our friend and they can help solve problems; they can advise us. And we go places together.'*
- *'You can get a good job through your friends if they give you information.'*

Two needs strongly expressed by most girls were study/learning and work/employment. The results of having these things in their lives were linked very clearly with what benefits they could bring (employment = money = caring for family, having a house).

- *'You need to study. If we have no knowledge it is as if we have no light.'*
- *'When you have studied you can do anything.'*
- *'If we have our own business then we can be independent.'*
- *'If I work and have money I can take care of my parents.'*

In terms of non-material needs, many of the girls mentioned the concept of 'honour' and 'reputation' ('keteyua' in Khmer⁴², and 'danh du' in Vietnamese⁴³). Because of the

⁴²The concept of 'keteyua' appears to be applied differently to women than to men. It has to do with behaviour as well as social status. For women, it refers to: reputation, having a good name in the community, and for youth of

weight and importance which it seemed to have for the girls (evident in both their ability and willingness to talk about it, and from the fact that it was often mentioned early on) the RT pursued the concept in a more focussed manner during subsequent FGD's with girls, parents, and community members. The RT heard that the concept of honour is pivotal in relationships and place in family and community; and honour is clearly considered by the girls as an enabling or disabling factor for future life.

- *'Women need to have honour.*
- *So people do not gossip and look down on you.*
- *If neighbours look down on you we cannot do anything.*
- *So she can fit in society with others.*
- *'Without honour you cannot show your face.'*
- *'Without honour is the worst thing for a woman in Cambodia.'*
- *'If you have honour (and something happens.....) people will pity you and help you.'*
- *'It is harder to get a good reputation than it is to get money.'*
- *'Might want to die if neighbours keep saying bad things about her.'*

There were clearly different perceptions about the notion of honour for girls/women: even contradictory views on whether or not honour could be restored once lost, and also regarding the source of honour or a good reputation: some girls indicated it comes from outside (clothing, opinion of others). Others said it comes from inside (how you feel about yourself). Some girls expressed that they (still) had honour [despite what had happened to them], and that if they would behave quiet and gentle ('sloat boat'), they would be able to 'fit in'. At the same time some expressed worry that their neighbours would dislike and distrust them regardless of their current behaviour, because of their previous exposure to sex work.

- *'The behaviour of a girl does not matter, even if she is nice and quiet and sweet, people will still talk about the sex work and not trust her.'*
- *'Honour also comes from yourself; it is knowing good manners and respecting the elderly. We ourselves can act in this way.'*
- *'People may think the girl has changed but they could still be afraid that she would steal someone's husband.'*
- *'There is no way to get honour back if you lose it.'*

marriageable age is often tied to the concept of virginity. For males, it is said that a man has keteyua if he has a good, well-paying job. In the wider context, it is also associated with the concept of wealth: a rich family has keteyua but a poor family does not; also, a well educated family has keteyua.

⁴³For Vietnamese, the idea of danh du is more to do with reputation than honour; it means to 'bless the name' or to 'make the name good.' It has to do with the action of a person – if you do 'bad', you can lose face or honour. If you do good, you can bring honour (ie. to parents). There does not appear to be a distinction between women and men, like in Khmer.

In some examples, there appeared to be links between expression of 'material needs' with a desire for 'reputation' or 'honour'. For instance,

- *'Jewellery, girls must have this'*
- *'Good clothes, good enough to go dauleng.'*

When asked to explain why these things were 'necessary', the girls said that they wanted the jewellery, nice clothes, and so forth – 'so that people would not look down' on them; and so that they could 'hold their head up' in society.

Summary & Analysis

The very strong feelings about honour expressed by the girls, and their expression of honour as a 'need' that is influenced by their surroundings (self, family, friends, neighbours), highlights the need for restoration of honour within self, and within the wider relational setting. NGO's can help to facilitate such conversations within families and communities.

'Honour' seemed in some cases to be equated solely with female virginity (and: there is no such standard for males). In other cases, there seemed to be an idea that one's behaviour, regardless of virginity, could influence how one is perceived by society.

'Honour' may also be influenced by age. There was some indication that if the girl in question is a younger child, people will not say too much about her because they cannot blame her ('it happened to her'). However, others thought that the reason for getting involved in sex work does not affect how people gossip.

Honour and stigma are related concepts: more exploration into cultural perceptions of honour may help to reveal ways to use the concepts positively rather than negatively as is currently the case.

What do you think life in the future will look like for you?

This question was facilitated by individual drawings. Many of the girls drew an image that represented a place, a home with families. Pictures further included a variety of occupations such as teacher, singer, working in an office, flight attendant, working in a pharmacy, 'owning my own company'. In several cases, the work envisioned was tailoring or hairdressing, perhaps a direct reflection of the actual choices available to the girls through Centre-based vocational training.

- *'...to be a doctor.'*
- *'I would like to be an officer in a company. Then I can get money to buy clothes to wear to work. Beautiful clothes. I will live with my uncle and aunt.'*
- *'...to own a company and work in an office. Will drive a car to work. I want to have my own house. I will live in Phnom Penh.'*
- *'...to stay with my family; go travel to places like the riverside and palace. Have a car to travel with.'*
- *'...to be happy with my family.'*

- *'I want an NGO job like [the group facilitators] have. I want to train in languages and the computer.'*
- *'I want my parents to have a long life. My siblings will go out and work and get money to give to support our parents. I will work in a factory sewing clothes.'*
- *I will own my own beauty salon [she pictured a small shop evolving into a big shop as she gets more successful]. I want to live in Preah Vihear provincial capital [she is from that province]; I want to live with my siblings and mother [her father died]; I want to get married and have many children of my own.*

One group of older girls, and already reintegrated to their families of origin, talked a lot about marriage and children of their own as a desire/foreseen future. However, marriage did not figure largely in any other child FGD's, a curious research finding in a country like Cambodia where being a 'wife' and 'mother' are the chief social expectations of females.; Many of the Vietnamese children indicated that when they were grown up, they would live in Vietnam 'or another country' but not in Cambodia.

The very ordinariness of the desires expressed for the future is remarkable considering both the impoverished home setting most girls come from, as well as the sexual abuse they have suffered. In most cases, these expressions exhibited a desire for independence and were in terms of self – in contrast to having someone take care of them.

Summary & analysis:

Often relational aspects of life were expressed in terms of being with the nuclear family, living with family (siblings, parent/s). This reinforces the idea that there is a need to keep those connections with family strong because it is so central to the girl's lives and even their preferred future.

Literature suggests that the ability to articulate a future is an indicator of hope and that this is one critical factor in healing/reintegration. It may also be a pre-cursor to hope; that is, given the opportunity and encouragement to envision a 'better' future, girls may grow into that vision.

NGO's could consider ways to facilitate this apparent indicator of independence.

At the same time, care should also be taken to explore the possibility that lack of marriage and parenting as part of their expressed dreams could be an indicator of trauma or identity issues, or fear of men, and should therefore be addressed in therapy.

⁴⁴There are many possible explanations for this, but the RT did not have time to thoroughly explore the question. It may be a result of fear of men due to their sexual abuse, or a perception that they cannot get married because of what happened to them, or it could simply be that they are encouraged by caregivers, teachers, counselors to think of other future/s. And at least for one FGD where ages ranged from 6-14, perhaps the girls may simply have been too young to be thinking of this sort of future.

Are there things you are worried about or afraid of for the future?

The key question posed about their future vision, also gave the RT an opportunity to engage the girls in deeper exploration of the future through follow-up questions about what might be good or enjoyable about that future and what might be 'difficult' or 'scary' or would 'make them worry'.

The strongest expressed worries are related to whatever consequences or effects there might be from the sexual exploitation. Some girls expressed fears that 'it would happen again.' Or that they would not be able to learn so well and catch up enough with learning so as to achieve the kind of future life that they want to; for example become a teacher.

- *'I worry I will have the same problem.'*
- *'I worry that my dream cannot come true because I did not have a chance to study.'*

Perhaps encapsulating the sentiments of many of the children, one girl drew herself as a bright pink (healthy) lotus flower and also a brown (dying) lotus plant⁴⁵. She explained:

- *'The lotus is me. A lotus grows from the mud just like my life since I came to the shelter. I am like a growing lotus. I can be beautiful now although I came from a muddy, bad situation. I want to have a family with I grow up. But I am worried that the lotus will die if the same thing happens again; I am afraid of losing love from others, and from my friends.'*

A different group of girls talked a lot about their fears of future husbands not treating them well.

- *'I will be crying at home with the children; my husband has gone to be with another woman.'*
- *'My husband will go to a brothel. I am at home waiting for him and he doesn't come. I am afraid he will bring home AIDS.'*
- *'I am afraid my husband will be unemployed and I will have to support him. I am afraid he will sit with me but think of another woman. It is hard to trust any man.'*

Many girls, of the different age groups as well as across ethnic groups, reflected on 'violence in the family' as something that deeply worries them⁴⁶. This is an appropriate and very legitimate concern⁴⁷. Apart from the actual painful and destructive experience of domestic violence, its presence also signifies that the family unit is under stress and is not able to deal with this stress. Therefore the girls in homes with violence are at a higher risk of various forms of abuse. The reintegration staff of various NGOs echoed that domestic violence is also one of the main concerns to them in terms of reintegration.

⁴⁵This was a Vietnamese girl: both the Vietnamese and Khmer have a similar proverb about a how a beautiful lotus grows in the mud. The Khmer emphasis the beauty of the lotus whilst the Vietnamese emphasis the fragrance of the plant – the meaning is the same.

⁴⁶Some references were also made to fears about violence in community and especially in schools, from teachers.

⁴⁷National Report on Violence Against Women.

Summary & Analysis:

Worries expressed by many of the girls were most often in terms of family and in terms of relationships (with husband, with friends, with parents) and the inability to maintain healthy and sustainable relationship with key people such as husbands or neighbours.

It is relational breakdown which the girls identified as the major obstacle to achieving their goals – therefore it would seem vital to focus on helping families express their support for the girls in positive ways.

This is perhaps not a surprising finding, as traditionally, people in Cambodia tend to define themselves in terms of their relationships to others (sister, older, younger, etc.). What is of concern is the 'value', or lack of it, which may be attached to those terms. It is critical that NGO's promote 'lifeskills training' for all clients who pass through their Centres, teaching life-long skills of communication, conflict resolution, self-awareness, self-confidence, negotiating skills, skills of analysis, and so forth.

Both the girls and families expressed concern about returning to a place where they are supposed to belong (home, community of origin). Whatever efforts can be made to make home and community a safe place where she feels she can belong and participate, is crucial to long-term community health.

4.3 Family (parents) & community voices

All parents/caregivers that participated in the FGDs are all currently taking care of their reintegrated daughters⁴⁸. Some were from rural areas, some living in more urban locations. The majority of respondents were women.

Parents understanding of daughter's needs

Most parents had a fairly comprehensive understanding of a girl's basic needs. Not surprisingly, there was great overlap in the needs identified by the parents and the girls themselves. One 'need' that figured largely in the perspective of parents was 'oproom', or parental instruction ('oproom' was also mentioned in two child FGD's and by the NGO Working Group). The most common answers from parents were:

- Study/learning
- Work/place to work/skills to work
- Parental instruction ('oproom') and encouragement
- Love and support from family
- House/food/clothes and other material things

Some parents expressed a clear desire for their daughter/s to study. This need often was given a very high ranking in the ten seed exercise.

⁴⁸For most cases of reintegrated children, the reason for entry to the Centre was rape and not trafficking for sexual exploration. NGO caregivers indicate that it is much more difficult to reintegrate survivors of trafficking than of rape, primarily because of social stigma. The RT did not interview foster family parents primarily because of time limitations: furthermore, there are two major studies recently done on fostering in Cambodia; and the RT spoke with an expatriate who had managed the country's biggest Foster Care programme for several years.

- *'Learning is like light for the future. If you don't learn, you don't think well. Other needs – work and money – will follow.'*
- *'If a child has studied more, all the rest will follow. If they have knowledge we just need to give a little instruction ('oproom') and they will catch it. It will also be easier to find a job.'*

However, most parents also expressed that the schools the girls attend now (back in community of origin), are not very good, in contrast to the high quality education the girls receive whilst in residence at the Centre. Some parents asked for the girls to be re-admitted to the Centre in order for them to continue to learn.

Many parents were apparently not aware of special needs the girls have, compared to their siblings, after surviving sexual abuse. However, some did say that they feel more pity for their daughter [who had experienced the sexual abuse] and try to help them more or give them more. They are also more protective of this daughter and do not let her go out easily or ask her to go alone to buy something the family needs from the local shop.

The RT pursued the concept of 'oproom' (parental instruction) with various participants. Oproom was mentioned by girls, their parents, other caregivers and community members as an important need. The concept encompasses a whole range of parental care and instruction – basically all that is involved in raising a child. For example, verbal encouragement, warning against things like drugs, waiting by the side of the road for the child to come home, and so forth. The concept is important because it recognises the role and influence the parents play, as identified and defined by themselves as well as according to the perception of the girls (their children). It can especially be a way that parents can communicate the 'honour/value' of the child to the child.

Summary & Analysis:

Some NGOs and/or staff seem to operate from the standpoint that the family of origin or the community is often a 'bad place' and especially in the case of Vietnamese girls who have been trafficked; there are few instances that evidence an appropriate process of exploration of the reality of these home community/ies. Shifting this mindset will require an extensive education and reflection process among staff of the critical formation and development which families provide children, particular benefits that cannot be reproduced in long term shelter-based care.

NGOs would do well to explore the realm of special needs a girl will have after experiencing sexual abuse ; and to find ways to share this information with

⁴⁹In Cambodian society the notion of 'pity' is considered very positive. It can be considered a stronger and more reliable force than 'love'.

⁵⁰Research from western countries indicates that sexually abused children may respond to the abuse in many different, and difficult to comprehend, ways. For example, they may regress to not being able to perform previously met developmental milestones, losing 1-2 stages depending on the severity of the abuse and response. And/or they may be unable to make decisions about ordinary, mundane things such as what to wear or what snack to buy, because their sense of 'logical consequence' has been destroyed. And/or they may be unable to form appropriate boundaries around relationships, especially with adults. And/or they may have a very difficult time trusting the caregivers in their lives because they feel they were 'betrayed' by those caregivers since they were unable to be 'protected' by them. Also, they

parents and families to enable them to be in dialogue with the child about it and to better care for her.

Parents may not recognise special needs of a sexually abused child; or may not feel comfortable discussing related issues with the daughter and that can lead to the notion that the sexual abuse was her fault and attendant feelings of isolation. It is vital that the girl's story can be incorporated into the family's story.

NGO's could seek ways to restore confidence of parents that they (the parents) are in fact able to protect and provide for their own children in appropriate ways.

It should be acknowledged that parents are not peripheral, but central actors. Much more could be done to build their capacity and capitalise on their desires for good things for their children. Energies and passions that parents obviously exhibited in conversations with the RT could be constructively channelled, for instance, into improving schools within their respective community/ies.

Parents could be provided with tools, ways and means of communicating and caring for their children – not only the one who was 'temporarily absent' but all their children.

It is noteworthy that parents do not seem to recognize the developmental and formational value of the their living in normal Cambodian families and communities on the girls themselves—part of the reintegration support to families, should, therefore, be to counter the assumption that long term institutions are the best place for the girls.

Cambodians often move to making people feel better, trying to diminish the 'bad thing' by 'forgetting it' or acting as if it did not happen. This can be detrimental if it is the perspective taken by counsellors; and also by families. Families need to process 'the event' together, sitting with the pain and discomfort as long as it takes to arrive at some sort of acceptable resolution.

Community-based counsellors would be a very helpful addition to any programme seeking to restore trafficked and sexually exploited children to their families and communities of origin. They could work at the family-level as well as the community-level; and provide in-going support to the individual children themselves.

Challenges parents face(d) and worries they hold

Most parents pursued legal action when possible. They contacted local authorities (village chief/commune chief) and/or the local human rights organisation (ADHOC or LICADHO). There is evidence that many people even in remote areas are aware enough of the role of human rights organisations to contact them. This is a very positive development and will be beneficial for vulnerable people in communities as well as a connection link for centres.

may do strange things to solicit parental approval as this is such a strong reflex in children but their sense of logic and 'how things work' has been completely distorted by the fact of the sexual abuse. Responses of children differ from responses of adults; adults are able to some boundaries around 'the event' whereas children are not so able since their own sense of personal identity is not yet clearly formed. See Annex 9 for a detailed list of behavioural responses that a sexually abused child might exhibit.

Some experiences with the legal system however leave much to be desired. There is evidence that money plays an important facilitative role and poor households cannot make the system work for them.

- *'We don't have money, so they [local authorities] are not busy [do not work on our behalf].'*
- *'We do not have money, so we are always wrong.'*

Some parents indicate that their daughter continues to have problems in health or emotional areas. They clearly indicate that this will adversely affect the future and they worry about this.

- *'The girls were beaten and are not well. They cannot study, they don't remember things well. They also cannot do heavy work anymore as they are sick more often and don't have energy. We are poor and our hope is only in our energy to work – so when you don't have energy there is no hope.'*
- *'The girls don't talk about what happened at all. They are more afraid now, they stay in the house more and do not want to go out. We just close the door and stay inside.'*
- *'Our daughters are more sick now. I worry about a disease – AIDS; but the man [who raped the daughters] looks ok.'*

Some parents (especially the mother) are concerned that the sexual abuse history will be known and will make it hard for the girl to get asked to be married.

- *'I worry because maybe someone will come who will love our daughter and wants to marry her. But maybe the neighbours will then talk with him and say: Why do you want to marry that girl? She was raped when she was just a little girl.' 'I know this can happen because I am an orphan and faced the same challenge.'*

Parents are very aware that they cannot give the child the same things the centre provided and they seemed to experience this in a negative way. Some parents interviewed indicated that given an opportunity, they would ask for more assistance during the time a girl stays with the family (money to buy material for the girl to be sewing, or money for the family to raise pigs); some indicated a desire to ask the centre to take the girls back – especially for educational purposes.

Summary & Analysis:

Parents were very able to articulate their concern for their child.

Parents are quite willing and able to be vital actors in the care of their own children.

It should be recognised that families as a unit are often also victims (of circumstances) – and that even the perpetrator (of rape or of sale) can be regarded as a victim (of other forces). This shift in perception (from perpetrator as

being incorrigibly bad and acting from rational motives) may help NGO workers and counsellors to be more positive about the possibility of doing family-work and of restoring children to broken communities.

Furthermore, it is not usually an entire family that 'betrayed' or exploited the child. Within families there may well be 'protectors' who did try to stop or to mitigate the exploitation or abuse (ie. a mother). If these people can be identified, encouraged, and bolstered, they may well make the difference in whether or not a child can return to their family of origin.

Total confidentiality is nearly impossible, so one can consider capitalising on the fact that people are aware that trafficking and sexual exploitation occur (although perhaps denial that it occurs in 'my community'); however there is certainly a need to guide and deepen understanding and awareness of actual situations, the law etc.

In addition to parents of girls who had been in the Centre, the RT also spoke with a group of six women in a community on the outskirts of Phnom Penh. All women were older and had grandchildren. This group had come together around this particular topic when they heard information from one of the research assistants about the issues the girls are facing. Some of the women had exposure to the problems of sexual abuse (one woman lives in an area where there are brothels, a second woman's sister-in-law had been sexually exploited and even though she married, could not live with herself and committed suicide). The other women indicated shock to learn about some of the realities of sexual exploitation and of the circumstances of girls that are forced to work in the sex industry.

When asked what they think a girl needs if she faces the problem of being sexually exploited, the women seemed lost for alternatives.

- *'She can only hope to meet a good man who wants to marry her and take her away.'*
- *'Maybe all she can do is beg each client to help them to leave.'*

When prompted to think about what could happen if the young women would get out, the women took this to be in an unusual situation but did not seem averse to lending a helping hand.

- *'If she runs away and runs into my house, I would help her.' 'Maybe neighbours could help her.'*
- *'If she does get out, she should go live very far away so people do not know her story.'*

Though the women did hold stereotypical ideas about 'srey koit' and the notion that some women are 'like that', they were at the same time open and able to take in the fact that people have causes and circumstances that we do not know about.

Summary & Analysis:

In general there was very little accurate awareness of the issues, little empathy, combined with an attitude that other people's issues are not their concern. Although this can all be considered negatively, conversely, one could argue that there is 'room to work'. Awareness-raising, dissemination of information, and mobilisation of care would seem possible in ordinary communities like this; furthermore, given the level of 'unawareness', awareness-raising activities are likely to result in significant changes.

4.4 NGO voices

The RT made a distinction between the voice of staff who work directly with survivors of trafficking/sexual exploitation and reintegration and technical experts who work with this target group more indirectly (ie. training counsellors, designing alternative care programmes, etc.). The information was solicited separately.

The first workshop focussed on identifying factors that hinder reintegration. The responses were taken into consideration when speaking with girls and families as well as informing interviews with technical experts. The four most significant factors identified by the NGO staff included the following:

- *Family violence*
- *Stigma by the community*
- *Lack of family support*
- *Lack of appropriate skills and/or business skills with which the girl can contribute to family income and/or support herself.*

The second workshop was designed to be a 'feedback and reflection loop'. Various forms of care were listed (extended family setting, non-related foster family, group home, etc.) and the most common challenges (based on the earlier findings) were presented in a table form (see below). A differentiation was made according to age: 6-14 years and 15+ years. The staff were then asked to identify and rank the four (4) main challenges per care form. The scores were tallied and the staff then challenged to formulate two strategies to mitigate the four highest ranking challenges. See Annex 6 for the actual results per age category of caregiver.

Highlights of results for 6-14 years:

- *Protection noted as an issue for all care forms except family of origin.*
- *Stigma for this age group was only noted as an issue for extended family and foster family care (ie. where a single non-related child was placed into a family; not for group foster care).*
- *Family support is noted as a significant variable across all care forms.*
- *Education scores as most challenging for one-on-one foster care.*
- *Low income was considered the most difficult challenge for family of origin, by all respondents [7 respondents scoring 27].*
- *Lack of job skills was not considered at all important for the younger girls.*

Highlights of results for 15+ years:

- Family of origin scored high on 'low income' and 'child has no job skills' (8 respondents scored 20).
- The child having no job skills for this care alternative was the highest score across all.
- Protection of the child scored across all but one care form (extended family), and was the second highest total score overall.
- Stigma was the third highest across all care forms.
- Access to education was low as a concern across care forms; only on two care forms (one-child-one-family and cluster home), and then with relatively low scores.

Suggested strategies

Government Ministries

- Line Ministries such as Ministry of Education (MoEYS) and Ministry of Information should increase teaching on social morality.
- Ministry of Women's Affairs have to help supervise the families and to be responsible for child rehabilitation and reintegration.
- Promote information about domestic violence laws through their various Ministries, especially Ministry of Justice.

NGO's/Authorities

- NGO's who work in community development can do more to help the poor families.
- Local authorities could help to prevent the reintegrating girls being pressured by offender's family if they would pay attention to the 'victims'.
- NGO's and local authorities could help to prevent domestic violence by strengthening the family's efforts.
- Can do better studies on market needs to help with employment.
Social workers must be supportive of the client, not to blame her. It is not her fault what happened.

Families/Caregivers

- Families should be made aware of the feelings of the girls, so that the family doesn't blame them; they should encourage and not blame her.
- Foster family parents may not know so well how to care for children, so they should be trained about nutrition and child safety.
- Parents should be made aware of their own function and responsibilities. This is the same for foster families as for natural parents.
- To help prevent violence in the family, a social worker should work with the family to assess causes of violence and work to mitigate those causes. Social worker can also tell them about domestic violence laws and impacts of domestic violence.
- Families should understand child rights; especially for foster family make sure that the parents understand they cannot exploit the children for labour.

Summary & analysis:

The needs for different age groups are significantly different (ie. education a major concern for younger children; job skills a major concern for older children; stigma not such a concern for younger children, but a big concern for older children).

'One-foster-child-one-family' is considered a problematic and challenging care form; the least secure. Reasons given primarily related to the potential for abuse of the child, either physical abuse or exploitation of the child for labour purposes and intentional withholding of rights such as education.

The four most mentioned concerns (ie. that will potentially have the greatest negative impact on success of reintegration) are: low income of family and inability of the child to contribute to income (job skills), protection, and stigma.

There are more creative ways that various levels of society can be involved in mitigating challenges to reintegration (neighbours, communities, religious leaders, commune authorities, etc.); it cannot simply be left up to the families to cope on their own.

4.5 Considerations for Ethnic Vietnamese Issues⁵¹

Clearly, the overall situation in Cambodia for human trafficking and sexual exploitation of women and children is dire. Although there is increasing attention to various aspects of the issue, even for the Khmer majority population there are many 'push factors' (such as widespread poverty, high unemployment, low levels of literacy, and few income earning opportunities for women) that make sale of children and prostitution serious considerations for many families. In addition, there are relatively few community-based resources available for victim support, a weak and not well understood or enforced legal framework for prosecution of perpetrators, and deeply imbedded cultural traits that conspire to sanction trafficking and commercial sex.

The situation for Vietnamese living in Cambodia vis-à-vis trafficking and sexual exploitation is even more difficult than for Khmer, as they are a marginalised minority and have fewer resources with which to withstand the stress factors that contribute to trafficking. Furthermore, addressing the Vietnamese situation is more complex from a legal standpoint: many don't have identity papers or legal status; language may be an issue in seeking services; and even if a Vietnamese survivor/family has legal papers, they may be very reluctant to engage with authorities for fear of discrimination or extortion.

In the words of the Vietnamese children and parents as well as the Khmer children and parents who were interviewed during this research, their needs and wants were virtually the same (again, differing primarily in degree rather than in kind)⁵². The RT posits that alternative care forms are equally valid for the Vietnamese community as for the Khmer community, but that they will be

⁵¹ A primary source document for this section is the report "At What Price Honour" that explored the phenomenon of trafficking of Vietnamese girl-children for sexual exploitation within Cambodia. In addition the RT held FGD with Vietnamese girls at risk of trafficking and key-informant conversations members of the Vietnamese community in Phnom Penh.

⁵² Contrary to the widely held perception by Khmer NGO staff, the issue of 'honour' was identified as very important to both groups – however, it may be defined differently. For Vietnamese communities in/around Phnom Penh, it appears that there is greater capacity for re-absorption of girls who have been sexually exploited, due to the fact that money can be regarded as one expression of honour and of having fulfilled one's obligation to 'sacrifice' for family.

more difficult to accomplish because there is no precedent, the level of poverty is intense⁵³, employment options more limited, and because it will be more difficult to find qualified staff.

It would be prudent, and in keeping with the CRC which indicates that it is in a child's best interest to be placed in a care setting which holds for her clear cultural/linguistic affinity, to establish Vietnamese Centres and other care-forms. These should be an option, but not necessarily to the exclusion of 'mixed' alternatives: in some cases, a 'mixed family' may in fact more strongly resemble the family or community that a girl originated from. It would also be possible to consider placing a Vietnamese child/ren into a majority Khmer setting (such as a group home or a foster family) if this was preceded by thorough awareness-raising about discrimination, as well as insurance of proper safeguards against discrimination.

4.5.1 Particular challenges:

- The definition of 'community' is problematic amongst the Vietnamese: they are often mobile (for seasonal labour, or for legal reasons), distrust one another for 'political reasons' relating to the Government in Vietnam, and perceive themselves to be 'rootless' because it is very difficult to own property.
- There is a strong emphasis on 'minding your own business' and reluctance to get involved in a neighbour's affairs – partially due to legal status, partly to lack of community cohesion.
- Have fewer 'internal' resources to contribute themselves than perhaps the Khmer have; do not have so much social, non-tangible resources to apply to this issue⁵⁴.
- Fewer NGO efforts amongst the Vietnamese; so organisational-level cooperation (and referrals) as a means to addressing needs will be more limited.
- There is little/no precedent for 'formal fostering' arrangements among the Vietnamese community in Phnom Penh⁵⁵.

4.5.2 Particular Opportunities:

- There appear to be some natural mechanisms amongst urban Vietnamese communities for re-absorption of girls/women who have been involved in sex work, back into the community. It was reported that if a former sex worker returns to her original community with money, and especially if she can marry, then she is accepted back into the community as a 'full member'.
- VN seem to put economic aspect above other considerations (such as 'lost honour'): and to have a particularly pragmatic perspective on prostitution (temporary; a means to the end). This may facilitate re-integration as it suggests there could be less (or at least less severe) discrimination or stigma against sex workers.

⁵³This is not to say that the Vietnamese are always literally the 'poorest of the poor' as demonstrated in "At What Price Honour": but their perception of poverty and the objective fact of lack of opportunity perhaps renders their experience of poverty more intense.

⁵⁴Some suggest that the 'Vietnamese Association' is a potential resource; however, it is a finding of the RT that the Hoi Viet Khieu is largely distrusted by ordinary Vietnamese because it is regarded as an extension of the Government of Vietnam.

⁵⁵Findings from this research as well as two recent research documents that address Vietnamese issues specifically, "At What Price Honour" and "Caring for Children from CSES" suggest that as in Khmer culture, extended family care is the most common kind of fostering in Vietnamese culture.

- The Vietnamese tend to be a strongly motivated community, so if mechanisms can be found for engagement, initiatives (ie. a community watch programme, awareness-raising, etc.) is likely to 'take off' or 'catch on' quickly.
- The majority of Vietnamese are literate in at least one language (more likely to be Vietnamese than Khmer), so print-based campaigns could work well among this population.
- There is an active urban church that desires to address this issue, and in 2007 the start-up of the very first Prevention Centre that focuses exclusively on Vietnamese girls/youth.

In terms of the practical out-workings of reintegration for Vietnamese children, NGO's may need to address issues of legal status in way that is not necessary for Khmer children. And of course, NGO's should explore the possible presence of extended family living in Vietnam, if reintegration into family of origin in Cambodia is not possible.

5.0 FRAMEWORK FOR REINTEGRATION

5.1 Overview

The two overarching principles against which every facet of 'reintegration' must be considered is that of 'do no harm' and 'the best interest of the child'. If either of these principle is contravened, then the intervention should not occur.

There are significant gaps between what is known about reintegration and what is actually practiced; also, there is a lack of evidence about what actually works so most programming is based on assumption. Addressing these gaps will improve the likelihood of success. It is recognised that among sub-populations requiring 'reintegration', the population this research focuses on is perhaps the most difficult due to some additional peculiar factors (they are children, they are girls, they have in some cases been sold by a primary caregiver, they have been intentionally sold for purposes of sexual exploitation, and by the time they get to a care Centre most of them have been sexually abused).

In general terms, improvement would be welcome in the following areas⁵⁶ :

1. Initial family assessment is a critical component in reintegration: greater care and more time should be taken to ensure that it is done well, including appropriate stakeholders and processes to maximise validity. See below for discussion on 'family assessment' and 'risk assessment'.
2. Start preparation of the child much earlier in the reintegration process; long before actual exit from alternative care setting occurs. This would include decisions about structuring the shelters—what schedules, housing, toys, environment etc could be put in place so that the shift back to families is less disruptive.
3. Provide consistent assistance throughout the whole process.
4. Establish processes to guide points of transition in order to make them less stressful for children and more effective; for instance, talking about them well in

⁵⁶While corroborated by global and regional literature review findings, this list is specific to Cambodia; the preceding research commissioned by Hagar (Arensen CSES report) gives an overview of the issues. A similar list was generated at the 2006 National Consultation on Return and Reintegration, page 21.

- advance, having special ceremonies for actual transitions, letting the girls determine when to inform their friends in the Centre about their pending departure.
5. Strengthen family component (assessment, preparation, negotiation, counselling, etc.); not only in practical terms, but philosophical as well. Family must be considered central, not regarded as incidental. This would include helping the family to understand that development into a healthy child, and then adult, can be done best in families, not in shelters—building their confidence in their role and capacity as parents and siblings.
 6. Strengthen social/society component (preparation of society for accepting this particular group, working with the government on policy as well as practice, national media campaigns for prevention, etc.).
 7. Greater participation by the girls/women themselves. The survivor/s of sexual exploitation must be more involved in decision making about their own eventual placement; and as much as possible, participate in decision-making in the alternative care setting as a means of fulfilling their basic human rights and also equipping them for exiting alternative care.
 8. Follow-up. Nearly every NGO contacted for this research self-identified follow-up as a deficiency in their reintegration programming. Experience shows that it tends to be sporadic, perfunctory, and quick, conducted by busy staff; and that it is more a function of proximity than of principle (ie. the closer a reintegrated child is to the Centre, the more often she is likely to receive follow-up visits).
 9. Improved cooperation among various social service providers.
 10. Improved capacity among MoSVY Social Workers, especially in the area of preparation and follow-up.
 11. Exploration and provision of a greater variety of care alternatives: ie. other than family of origin and a residential Centre.

5.2 Addressing the Societal Context

Clearly, the work of reintegration cannot take place without reference to, or regard for, the wider societal context in which the sexual exploitation occurred (and which may well have contributed to its occurrence). There are historical, cultural, economic, and political factors at the national, provincial, and community levels that enhance⁵⁷ the possibility of exploitation; these wider issues must be acknowledged and addressed. Some of the ways in which the situation in Cambodia vis-à-vis trafficking and 'reintegration' appears to be unique⁵⁸ include: Khmer perspectives on hierarchy and the 'patron-client' system of social organisation, the legacy of war (including refugee camps), the Khmer Rouge decimation of the population and especially the intentional destruction of families by removing children from families and putting them into special camps left a generation at least without positive role models for 'family', traditional views of women, modernising influence particularly from western sources and Thailand.

In order for the sustainable change sought by NGO's at village and family level, there must be significant changes in the larger societal setting in which those villages find themselves. **Note: caregivers in existing Centres are probably not best situated to address these issues although some incorporation of the themes mentioned below could occur in general education or awareness-**

⁵⁷For such a complex event, 'causation' is very difficult to attribute.

⁵⁸This is not to say that Cambodia is the only country which has this particular 'issue' to deal with, ie. many countries have suffered even more protracted wars than Cambodia, but that the Cambodian version of the issue is unique and must be carefully analysed and considered.

raising venues. Larger organisations such as UNICEF, or coalitions of like-minded organisations, or other special interest groups, and the various related Government Ministries bear the primary responsibility for generating awareness and running national-level campaigns.

Perhaps it is useful to look to the national response towards HIV/AIDS as a model for how change to society and 'the system' may be possible in relation to sexual exploitation of women and children⁵⁹. Initially, HIV/AIDS was a taboo subject and 'denial' was the order of the day. Gradually this gave way to acknowledgement of it as present, then as a problem. Eventually it became a topic for public conversation, although there is still some reluctance by individuals to discuss the issue with others. While there remains a level of discrimination against PLWA, certainly it has greatly diminished over the past decade⁶⁰.

Obviously some of the changes required are in deeply entrenched beliefs about the value (or non-value) of other people (women, children). This will take a great deal of time and effort: but such change is possible, as evidenced by the example of HIV/AIDS above. Furthermore, it is clear that culture is not static:

Cambodian society has in the past few years experienced major changes through the political and economic opening up of the country after 3 decades of struggle and dictated ideology. Rising mobility, media, and influx of 'modern' products create new opportunities, expectations, and goals for many Cambodians.

Culture in Cambodia is changing: correct behaviour was and is still very important in social life. But, there are many ideal forms for many aspects of life, moral role model have disappeared or have been replaced by images of power and wealth. [N.B. power and wealth may not necessarily be positive changes, but the point is that change is possible, and demonstrable in recent decades.]

Societal changes that would facilitate reintegration

- Ordinary Cambodians being more informed about the situation in the country vis-à-vis human trafficking and sexual exploitation of children, especially girls: 'here is what is happening in our country, to our children.'
- Cambodian society, and communities taking responsibility for identifying and then caring for their own vulnerable people, rather than relying on 'others' to do this.
- A shift in the mental attitude that people who are slightly different should be put outside community⁶².
- .
- Change in perception that children are property – an awareness and conviction that children are not property but are human beings that also need to be valued, and that have their own agency.
- Greater respect for females by both women and men – generate new parables about women and their value; and stories that cultivate empathy and suggest positive action, such as the story of the good Samaritan. Women are not property, they are free agents and must be regarded and respected as such.

⁵⁹Of course one significant difference is the amount of money generated through human trafficking and the sex industry here in Cambodia, and the various stakeholders who are benefiting financially from these activities.

⁶⁰Interview with NGO working in urban areas with PLWA.

⁶¹Derks, 1998: 43, 38.

⁶²From interview with NGO working in the field of mental health and domestic violence.

- Greater sense of self-awareness across society – so that people can empathise with others.
- More widely spread awareness and information about key laws, such as the anti-trafficking laws (if/when approved) and domestic violence laws.
- Addressing the increasingly widespread problem of pornography ⁶³

5.3 Principles of Placement ⁶⁴

The RT advocates for a principle-based approach to decision-making around reintegration. These are listed below along with some examples of practical implications: the examples are meant to be indicative rather than exhaustive; it would be a very fruitful exercise for NGO's to develop their own list of implications.

Also, decisions about reintegration must always consider the concentric circles of influence upon a child's life and how these various actors influence risks and possibilities, either positively or negatively (child / family / community / society / NGO / the state / regional).

Furthermore, it is useful to think in terms of 'streams of care' which make distinctions about 'appropriateness' based on key variables such as age, ethnicity, and reason for entry (rape, trafficking).

Principle 1: Protection is paramount ⁶⁵

- a. Therefore: a child cannot return to a home where there is valid reason to believe that the child will be abused or be in danger of abuse.
- b. Therefore: NGO's should cooperate with various stakeholders to make society in general a safer place – moving protection to become a preventative measure.
- I. Work more closely with Human Rights (HR) organisations and NGO's working on child rights/child protection issues.
- II. Train key community leaders/figures in signs of sexual abuse/domestic violence.
- III. Establish community-level referral network/s.
- IV. Establish / strengthen community safety networks (like 'neighbourhood watch')
- V. Establish peer monitoring system.

⁶³"Pornography is directly implicated in issues such as gender-based violence, the use of commercial sex workers and the spread of HIV/AIDS and the rape of children by perpetrators who are themselves often minors. It may also predispose young women to being trafficked or being lured into the sex industry. Most importantly, it has the potential to exert a malign influence on the normative sexual development of Cambodia's young people, on their future and that of their country. The problem is too important not to be taken seriously and addressed with all possible speed." World Vision Cambodia. "As if it were my body." 2006:23.

⁶⁴Obviously not every child will be able to return to her family of origin. But these cases are most likely the exception, rather than the rule as suggested by global experience.

⁶⁵Inherent in this first principle, is the basic principle that applies to all medical and mental health interventions, and that is 'do no harm'. If an organisation cannot 'do better' for the child, then it should not intervene. It does a child harm to be separated from family and community. But if being with that family and/or community would result in violation of other basic human rights, such as survival and protection, then an NGO can opt to keep a child separated from family.

Principle 2: A child remains a family's responsibility⁶⁶:

- a. Therefore: the NGO /social services provider assume an obligation to restore this responsibility to the family of origin when they admit the child into care.
- b. Therefore: where the right to safety is met, then the right to decision-making must be increasingly returned to the family/community from where a child came.

Principle 3: Family is best for a child.

- a. Therefore: a Centre or any other form of 'alternative care' should be considered intermediate; and regular, periodic assessment undertaken (every 6-12 months, as pre-disposing factors may change).
- b. Therefore: every means at the disposal of the NGO should be addressed to restoring families to enable them to take full responsibility for care of their own children.
 - I. *Consider ways and means of restoration as soon as possible – for example, one could have an accountability mechanism for the girl with a person external to the NGO (ie. someone of repute in her community) requiring that the accountable person check in periodically. This alleviates the 'burden' from the staff which might otherwise delay the reintegration.*
 - II. *Monitor the situation of the child very closely during this time: monitoring could be based on the MoH DOT ('directly observed therapy') programme⁶⁷.*
- c. Therefore: every effort should be made to continue cultivating the family bonds and relations even if a child cannot be restored to her family for safety reasons.
 - I. *A child's visits home could be of increasing duration, though not permanent; allowing them to return to the Centre to 'process' the situation and what they have experienced.*
 - II. *In cases where a family or parent is very abusive, and it is not in the best interest of the child to remain in direct contact, the NGO could consider taking this role - staying in contact with the family until such time as it is safe for the girl to be in direct contact.*

Principle 4: Individual case management that respects the rights and wishes of the girl and allows for flexible use of resources.

- a. Therefore: the initial family assessment is vital; it is critical that an inventory of 'assets', be they material or social, cultural, relational, be developed so that the strengths of a

⁶⁶A child remains the family (extended family) responsibility, even if a family abrogates its rights to care of that child through abuse of that child. In that case, other actors can temporarily assume responsibility for the child's welfare. NGO's and NGO staff often appear to act as though they are the ones primarily responsible for the child, rather than acknowledging that their more supportive role.

⁶⁷Basically, this system was designed for tuberculosis patients who are required to take medicine on a daily basis. The system moves the accountability locus away from the hospital or health post and into the community/home. A patient is 'paired up' with someone who observes on a daily basis, that the patient is taking her/his medicine. Thus the patient no longer has to make the daily trip in to get medicines. This system is also being used in Cambodia with PLWA (people living with HIV/AIDS) who are on ART (anti-retroviral therapy).

particular family situation can be applied in the best interest of the child and the weaknesses most effectively mitigated.

- b. Therefore: room and means must be created for facilitating expression of, and then genuinely considering, a child's voice. However, it must also be acknowledged that until a child reaches the age of majority, her/his expression of 'choice' is not inviolable.
- c. Therefore: guidelines for reintegration assistance must be just that - flexible guidelines and not a rigid list.
- d. Therefore: a child's progress toward full social inclusion can only be marked by event milestones and not necessarily, or primarily by 'time'; the time it takes to achieve will differ depending on a child's personality, family circumstances, situation in the community, cooperation by authorities, and so forth.

Principle 5: In order to facilitate eventual reintegration in to society, alternative care facilities should 'normalise' the life of the children in care as much as possible.

- a. Therefore: all alternative forms of care must be set up to resemble 'family' as closely as possible.
 - I. As much as possible, normalise the situation for the children in care: through linkages with the local school, going to market, going to church, grouping girls into 'family units', meeting people of different ages, etc.
 - II. Focus on moving toward independence and decision-making.
- b. Therefore: NGO's do not need to take responsibility for providing all the basic needs of the girl even when she is in their (Centre's) care. NGO's can facilitate access to resources that will meet the child's basic needs (ie. can/should go to a public school; children can go to a local clinic for healthcare, and so forth).
- c. Therefore: alternative care facilities should facilitate natural interaction and points of interface with community as much as possible (marketing, schooling, festivals, etc.).
- d. Therefore: alternative care facilities are advised to facilitate interaction with people of different ages, gender, professions, etc.
 - I. Could do a big brother / big sister type arrangement with church families or other volunteers in the community.
 - II. Children can go visit other foster care home residents.
 - III. Children in care could be encouraged/required to visit other places such as orphanages or a home for the disabled where they can provide encouragement and care for others (instead of only receiving...).

Principle 6: Specialise and compliment⁶⁸: do what you do well, but don't try to do it all.

- a. Therefore: a Centre should determine and define its points of specialisation (care, counselling, other?) and develop a continuous quality improvement plan (CQI) for those areas of 'core business'.
- b. Therefore: it is incumbent upon the alternative care facility to work with organisations to provide necessary services – for instance, World Relief's CREDIT to facilitate loans for the children's families.
- c. Therefore: the care facility should work on advocating for needs that it believes must be met but that it cannot provide directly. For instance, introducing the family to the health centre and asking for a 'poor family exemption card' will result in the family being able to access basic medical care for the child.

Principle 7: Expectations for success should be moderated by local realities:

- a. Therefore: define 'success' in terms of change in pre-disposing factors and/or gradual improvement (do not take an 'all or nothing' perspective).
- b. Therefore: consider changes (indicators) that occur at different levels: individual, family, community, society and how those impact a child's ability to fit back in.
- c. Therefore: NGO's must recognise the general pervasiveness of poverty in Cambodia and the fact that many 'ordinary' Cambodian families will not achieve the levels of stability or childcare standards that are promoted by Centres generally. Indicators of 'success' would be determined accordingly.



ABOVE: FAMILY IS THE OPTIMAL CAREGIVING SETTING FOR A CHILD.

⁶⁸The need for greater specialisation and stronger referral system was highlighted as particular to Cambodia during the 2006 Workshop on "Developing Effective Strategies..."

6.0 A THEORETICAL MODEL FOR REINTEGRATION

6.1 Overview:

The proposed model for reintegration is based on the principles outlined above. It is built around the concept of 'phases', which underline the critical notion that 'reintegration is not an event'⁶⁹; furthermore, it suggests positive movement from an undesirable state to a more desirable condition. **This approach gives 'reintegration' a much more central position in the care-giving framework as a girl's entire time in the Centre is now expressed in terms of exiting to a more preferred place of care.** It also requires that more resources are directed to complementary sectors of influence (such as family, neighbours, authorities, etc.), rather than being focused solely, or even primarily, on the individual child.

That is to say, this proposed model holds as central, the need for greater and more active focus on a child's family and original care setting (community) – not in exclusion of attention to the child's particular needs, but in addition and as a more holistic means of meeting that child's needs.

It is true that reunification with family of origin and reintegration back into a child's original community will not be possible in every instance⁷⁰. However, with some adjustments in the proposed practical activities, the model can also be applied in the event of placement into an alternative care setting (such as a foster home).

6.2 A phased approach to reintegration:

Each phase of care must be regarded in terms of movement toward reunification with the child's family of origin and social reintegration, and is therefore characterised by a different focus. The child is the focus of the first phase, and this gradually evolves to include greater attention to the family and then to the community in subsequent phases. Of course, a shift in emphasis on staff skills and organisational management will also be required. For instance, staff will increasingly require skills in community development, group facilitation, community mobilisation, and advocacy.

In **phase one**, the focus is on restoring the child's physical health and mental / emotional health and on the child's security ('internal' and 'external'); also there would be some preliminary efforts at family counselling (after the initial assessment) as well as exploration into sensitisation of communities. The duration of phase one may be partially determined by the outcome of legal action that the child is involved in as there is often a correlation between 'security' and completion of the legal procedures to indict perpetrators.

In **phase two**, focus shifts to the child in the context of the larger family's well-being, ensuring basic education and skills development for the child with an emphasis on 'normalising' the residential care situation as much as possible. There would be more vigorous work done in the community in regard to education; and efforts at identifying complementary service providers for the family. This phase ends when a child is actually re-united with her family (or moved to another semi-permanent 'alternative care setting' such as a foster family).

⁶⁹Quoted from an interview with NGO staff.

⁷⁰Vital to the discussion about 're/placement' the concept of 'risk assessment' and 'risk management'. See Section 6.5 below for details.

The efforts of the NGO will be much more 'hands off' in **phase three** and focus entirely on promoting the family's well-being (in terms of assistance and encouragement for implementing the family plan), providing scholarship funds and possibilities, further developing monitoring/community supports, and so forth. Community volunteers would be more active in this third phase.



ABOVE: EMPHASIS THROUGHOUT THE PHASES WILL SHIFT FROM THE INDIVIDUAL CHILD TO THE CHILD'S CONTEXT, INCLUDING FAMILY, NEIGHBOURS AND FRIENDS, AND THE WIDER COMMUNITY.

| MAJOR ACTORS AND ACTIVITY: | PHASE 1: INITIAL /INTAKE PHASE | PHASE 2: RESIDENTIAL AND FAMILY PHASE | PHASE 3: FAMILY & COMMUNITY PHASE |
|----------------------------|--|---|--|
| Focus on: | Child physical health and mental health. Security of the child. | Child + family wellbeing, Learning/literacy or formal education Lifeskills instruction skills development Normalising | Family wellbeing, implementing the family plan developing and securing community support arrangements ⁷¹ |
| Role of staff: | CHILD: counselling, teaching, care. Family of Origin: Establish connection. Assess security. Explore counselling. | CHILD: teaching, instruction, guided exploration of return, skills learning, accompany normalising activities, family visits, drawings + letters. Girls story Family of Origin: Family counselling, reconciliation + girl's story as part of family story. Participation in decision- making. Contribution to child care. Family plan + contract COMMUNITY: Sensitisation + awareness- raising. | Phasing out of family counselling. Connect family with other resources: school, health centre, PTAs, human rights NGOs. MoSVY. Local authorities. Monitor and assist in implementation of family plan. Hand-over monitoring of child safety and wellbeing. Facilitate commitments to monitor/support the family |
| Staffing | | Try out: Provincial-based staff in 1 or 2 provinces with overall responsibility. | Try out: Provincial-based staff in 1 or 2 provinces with overall responsibility. Try out: Volunteers and/or Community accountability system (compare w. MoH - DOTS). |
| Child | <ul style="list-style-type: none"> ■ Adjustment after transition. ■ Experiences care and safety. ■ Begins to express story. ■ Consulted on desires for return to family. | <ul style="list-style-type: none"> ■ Explore creative means of re-engaging with family. ■ Re-experiences family care. ■ Story of self is put into context of the family story and setting. ■ Envisioning a future beyond the Centre. | <ul style="list-style-type: none"> ■ Connect with other children in the community. ■ Experience safety and sense of place within community. ■ Going to school; active in the home setting. |

⁷¹The RT does not advocate a 'contractual approach' to 'support arrangements' as is practiced by some NGO's; but rather a 'softer' approach, out of which develops an authentic sense of mutual accountability and responsibility.

| MAJOR ACTORS AND ACTIVITY: | PHASE 1: INITIAL /INTAKE PHASE | PHASE 2: RESIDENTIAL AND FAMILY PHASE | PHASE 3: FAMILY & COMMUNITY PHASE |
|-------------------------------|--|---|---|
| Family involvement: | Assessment, counselling | Family counselling. Actively explore family wellbeing and develop family plan including Child's return, schooling, and income opportunities. | Implement family plan. Report progress on family plan. Focus on strengthening and enabling MoWA/ MoSVY connection. MoEYS – work with teachers. ■ MoH – work with healthcare system. |
| Community: | Sensitisation | ■ Awareness-raising. ■ Peer-groups, children's clubs. | ■ Children's club. ■ Community protection & awareness raising group. Scholarship programme for # children in community/ school. Monitoring of girl's and family situation. |
| Coordination and cooperation: | ■ MoSVY ■ Human Rights NGO's ■ Provincial networks | ■ MoSVY. ■ Development NGO's. ■ Credit providers. ■ Provincial Networks. ■ Churches. | ■ MoSVY ■ Development NGO's. ■ Provincial Network/s. ■ Human Rights NGO's. ■ Church groups. ■ Credit provider. ■ Job placement. ■ Scholarship programme. |

6.3 Description of major actors / phases

6.3.1 Staff-related Issues: Staff roles move from individual, client-focus to include family mediation and counselling and then into community awareness-raising. Staff roles move from being care providers to being facilitators and then mobilisers. There is decentralisation of staff from Phnom Penh to be provincially-based. Also, increasing mobilisation of community volunteers.

Implementation of this model will require significant re-orientation on the part of staff currently employed by NGO's in this sector⁷². Rather than simply being one option

⁷²For more discussion about this idea that true development cannot occur in society without addressing the personal values and worldview of the NGO workers themselves, see: O'Leary, M. and N. Meas. "Learning for Transformation: a study of the relationship between culture, values, experience, and development practice in Cambodia." VBNK. 2001. Also, Arensen's "The Waters of the Heart." CRWRC, Phnom Penh. No date.

reintegration with family of origin must be regarded as the most 'durable solution'. Further, staff skills will need to be expanded to include greater capacity for facilitation, listening, observation, community mobilisation. They will also need to be equipped to work in the village setting in a participatory manner. And finally, some staff views of and assumptions about the children (and families) they work with will need to be addressed. In the course of this research, and also expressed in related literature, the RT also noted a disturbing reliance on major stereotypes about 'girls who sell sex', from NGO workers about the children in their care. For instance, staff frequently made reference to 'karma' or to personality ('some girls are just like that') as reasons that a girl was 'trafficked' or raped.

For resolution, staff often made references to traditional images of 'proper behaviour' ('if a girl will behave in a polite and quiet way then she will be accepted back into community') which puts the onus for change back on the survivor and thereby absolves the wider community from taking responsibility⁷³. There was also a clearly expressed and widely held notion that "trafficked Vietnamese cannot go home", stated nearly as a matter of principal or policy, 'because they will be re-sold.' While it may be true in some cases, it is not likely to be true in all cases and thus is not a helpful starting point. In summary while most stereotypes hold true in a limited number of cases, they are not usually a helpful attitudinal starting point for a caregiver and may in fact impede a caregiver's ability to care appropriately and to envision an alternative future for the girl in question.

6.3.2 The child: Gradual movement away from being the centre of attention, to being regarded as one important actor in a family and social system.

- As much as possible facilitate the relational links with family, keeping the child in more frequent contact with the family – weekend visits, etc. Could employ some volunteers who could take the kids home and supervise them (university or High school) so that staff are not limited by this.
- Facilitate and encourage communication between child and family in different creative ways; such as through pictures, letters, telephone calls.
- Provide counselling specifically the child about what to expect when they go home; bringing closure to the Centre experience.
- Specific options for preparation for departure will depend somewhat upon the age of the child. If 15+ they could be encouraged to think more about vocational options and training. Try to avoid the narrow confines of 'traditional skill training' such as cosmetology and tailoring as these are rather limited in their usefulness in rural Cambodia and there seems to be a glut of females with these skills seeking related jobs; not to mention negative social associations with some of the skills (such as hair dressing). Job placement is equally important (such as practiced by Hagar Shelter). Provide related training in savings, loans, business management.
- Consider ways to utilise culturally-appropriate ceremonies for the actual departure from the Centre: such a ceremony⁷⁴ might provide some sense of closure of one phase of their lives and obtaining social permission for a new future⁷⁵.

⁷³Some of the staff's verbalised observations about the child/ren's behaviour may have referred to the fact that some of the girls 'act out' in a very 'sexualised' way and this bothers the staff. However, even if a child is acting 'suggestively' or inappropriately this should not form the primary basis on which a counsellor or staff member interacts with that child. The counsellor must be able to see beyond the behaviour.

⁷⁴Derks explains the presence of a Brahmanist ceremony called 'sroch tik', used to symbolise and give permission for, 'starting afresh'. It is not particularly Buddhist, but more part of the folk-tradition in the Cambodian countryside. 1998:25.

⁷⁵HoH evaluation April 2001: 8.

6.3.3 *Family Involvement:* Movement from recipient to participant in the process of restoration of care-giving capacity.

- NGO should immediately establish contact with, and remain in close conversation with, the girl's family – as soon as is appropriate, commence family counselling to make the family a safe place for the child to talk and share about her experience.
- Parents should be encouraged to affirm the girl; and to recognize the family as the best place for the girl's development.
- Parents need to be sensitized about effects of sexual abuse - what is going on inside the child, what possible indicators there are for stress; then equipped to address these various issues. Advice and honour belong together – need to give parents skills and tools with which to 'oproom' on the issue of honour to help to restore this in the girl and to strengthen her identity and sense of place.
- Develop a family plan that will address improvement of the livelihood situation of the family (assuming that was one of the things that caused the family distress in the first place; it may not always be necessary to provide such material support).
- Build in connections with other service providers so that the family does not feel isolated; these connections can also act as a form of accountability for the family.

6.3.4: *Community Involvement:* Movement through awareness to actively taking responsibility.

- Get in touch with authorities at commune, district, village level.
- Establish connection with the appropriate DoSVY worker/s.
- Conduct sensitisation efforts, gradually moving into more educational efforts. Could use a peer education approach.
- As part of sensitisation/awareness-raising, could establish Neighbourhood Watch programme to improve security in the community.
- Consider ways to promote education for girls in the community of origin – if possible, include other girls (not just those who were at the Centre) as a means of diffusing attention to the 'special case' of the returning child.
- Develop peer networks and church networks if those are appropriate⁷⁶.
- Explore development of *thoa* relationships (fictive kin relationships) which exist already in Cambodia – may be more appropriate than a 'big sister' programme⁷⁷
- Focus on development and linkages with community services such as school, health, protection, etc.

6.3.5 *Coordination and cooperation:* movement from providing information to one another, to active collaboration with other INGO's and LNGO's. The efforts of staff shift from being primarily concerned with fulfilling the organisation mandate for client care to greater concern for overall societal well-being.

- One long-time expatriate NGO worker succinctly called for the '...deconstruction of current territorial attitudes' and movement towards 'complementing, cooperating, and appropriate information sharing.'

⁷⁶An evaluation conducted on House of Hope in April 2001 suggests that girls leaving the HoH shelter identified as desirable, having an on-going source of emotional and spiritual support after leaving the safety of the shelter. 2001:8.

⁷⁷Derks points out that there are cultural resources in Cambodia that could be explored to achieve better success in reintegration efforts, with the Thoa concept being one. 1998:33.

- Recognition that this is a shared target group, and that cooperation rather than competition must be the order of the day. Cooperation must be based on child well-being and nothing else: specific areas for cooperation might include scholarship, development education, effective livelihood support, domestic violence reduction, Human Rights monitoring and promotion/protection..
- Ensure that staff of other NGO's are apprised of the actual services of residential Centres who target children who have been sexually exploited (trafficked or raped) – remind cooperating NGO's of the professional responsibility of their staff to refer only the appropriate cases⁷⁸ ! Incorrect referral could possibly be the result of a lack of information or misunderstanding of the true nature of various alternative care-giving institutions.
- COSECAM is proposing a Coordinated Case Management System (CCM) which links four main activities and all actors into a 'seamless whole'. Implementation will undoubtedly require significantly more infrastructure and political will than currently exists in Cambodia: but it is a positive potential model for cooperation that NGO's can consider.
- SSC's proposal for establishing 'outreach sites' and use of community-based support groups, and widespread training about parenting and lifeskills training can be adopted by other NGO's and greater attention to coordination among different actors.

6.3.5 *Government Links:* there are several ways to improve linkages between NGO's and the Cambodian Government. The political landscape is quite dynamic in regard to counter-trafficking. Increasingly, the Ministry of Women's Affairs (MoWA) is involved in the area of counter-trafficking. H.E. You Ay, the Secretary of State was in March 2007 appointed the "focal" person on trafficking by the RGC. MoWA has also been involved in establishing an MOU on TIP (Trafficking in Persons) between RGC and Vietnam. MoWA has also been very involved in the regional COMMIT process. The establishment of the 'National Task Force on Trafficking and Exploitation' (NTF-TE) was approved by Hun Sen on 12 March 2007 and Madame You Ay is the head of the Secretariat. In other words MoWA has taken the lead in policy, advocacy, establishing agreements and at the same time, it also specializes on prevention activities.

The NTF-TE will be establishing the Secretariat and the Coordinating groups on Prevention, Protection/Reintegration, and Prosecution in the second quarter of 2007. Active members are TAF, MOSVY, MOWA, MOI, MOJ, MOLVT, MOEYS, MOT, MOFA, and CNCC. Relevant NGOs will be represented in these coordinating groups as co-chairs and members.

MoSVY is still very much involved in the area of protection and reintegration. The National Task Force will oversee the implementation of the programs related with Prevention, Protection-Reintegration, and Prosecution. It is anticipated that MosVY will lead the NTF's Protection/Reintegration Coordinating Group, while MoWA will lead the Prevention Group. The development of the current 'National Victims Assistance Manual' (recently renamed the 'National Reintegration Assistance Manual') will be mostly coordinated by TAF through working with the NTF's Coordination Group on Protection/Reintegration.

⁷⁸During the course of the research, the RT found reason to conclude that some of the children who had been admitted to Shelters did not need to be there, and that admission was not in the best interest of the child although the child had indeed met the criteria of 'being sexually exploited'.

MoSVY is increasingly able to play an active role in reintegration at the field level, through a national network of social workers⁷⁹. For a more detailed explanation of the current MoSVY System, which NGO's must attempt to work with, see Annex 7.

- UNICEF supports reintegration through District Social Workers. There are Social workers in all 24 provinces of Cambodia. There are a total of 510 throughout the country.
- A small number of communities also have 'Social Helpers' who operate on a voluntary basis and help primarily with follow-up and sensitisation in the community. They are usually women.
- Nearly all Social Workers are men.
- Each district has three Social Workers – one supervisor (conducts no field visits) and two workers. One of the two is tasked with 'family reunification and reintegration work'. Not specific to trafficked children/adults – all types of reintegration.
- NGO's are supposed to liaise with the District Social Workers – but no legal obligation and many NGO's prefer to do the work themselves and do not involve the MoSVY staff.⁸⁰
- Alternating months there are provincial level meetings where the District SW's meet with NGO's and discuss difficult cases, progress, etc.
- When DSW's and NGO's do cooperate, standard procedure is for both NGO/DSW together to do follow up visits for first six months. Then the DSW does the second six months alone.
- Protocol is to follow-up for one year after reintegration- with monthly visits. After one year, the case is usually closed. After two years it is definitely closed. 24 months is maximum time for a case file to be open.
- Post-reintegration the Social Workers are still involved with facilitating services for 'vulnerable populations' which would include children/ people who have been reintegrated.

In addition to engaging with the NTF at the policy level (to ensure, among other things, that policy is informed by practice), and with MoSVY at the field level, NGO's can also consider the following actions to strengthen links with the Government:

⁷⁹Information on the Social Workers Network from interview/s with UNICEF, Phnom Penh.

⁸⁰Many of the NGO's interviewed for this research indicated that they do attempt to liaise with provincial and district social workers, but that it requires significant effort and financial incentives to facilitate their involvement.

- Utilise the national resources of Ministry of Health and Ministry of Education – work with teachers and health workers to make communities safer for children, to identify cases of domestic violence and/or sexual abuse, and so forth.⁸¹

6.4 Implications for programme structure & budget

Obviously this proposed approach holds practical implications for an organisation's management structure, management practices, and budget. While details are best left to each implementing organisation, and somewhat shaped by organisational culture and historical factors, areas for consideration might include the following:

- a. Decentralisation of decision-making responsibility / authority, as well as resource allocation. Lines of accountability, coordination, and authority must be clearly stipulated.
- b. Take a team-based approach to making decisions about placement - which includes meetings across sectors that in turn require a greater amount of internal cohesion and understanding across sectors. Sufficient time must be allocated for these efforts. Also requires details of purpose, duties, and responsibilities of the Management Team.
- c. Structuring of medium or short-term shelters and their approach to therapy—how to make shelters more like families so that children are being prepared to be back in communities—not an overly-artificial or elevated environment?
- d. Increased number (and variety of types) of staff
 - I. More staff with dedicated responsibility for the community aspects should be hired in order to conduct thorough community-based assessments and follow-up; and have greater number of staff based in the provinces/countryside. this does not necessarily mean that every counter-trafficking service providing NGO will need to have people in every province. One could envision a strategic focus on certain provinces, and negotiating shared services of NGO staff in particular provinces (between different NGO's).
 - II. Consider specialisation of some responsibilities – for example, one person working full-time to facilitate linkages and coordination with other service providers (NGO's, government, local associations, etc.).
 - III. Larger number of ethnic Vietnamese staff given proportion of Vietnamese trafficking survivors relative to Khmer.
 - IV. Staff dedicated for critical functions such as networking.
 - V. Creative staff working to identify apprenticeships or realistic business opportunities for vocational skills training of older girls—constantly identifying new opportunities, rather than training all girls in the same skills.
 - VI. Explore volunteers systems; small stipends; mechanisms for peer facilitation.

⁸¹ UNICEF periodically hosts provincial-level meetings to do just this: establish greater understanding, mutual appreciation, and cooperation between various service providers and Provincial/District Social Workers.

e. Specific Budget considerations:

- I. Scholarships, not just for the girls but for others in their community.
- II. Travel out to provincial sites (increased costs)
- III. Learning placements; apprenticeship programmes.
- IV. Setting up 'outreach sites' in various key locations around the country.
- V. Community-awareness raising events.
- VI. Small grants made available to local Peer Educator groups.
- VII. More resources required for training of staff in critical skill areas; particularly psycho-social care as this is a very underdeveloped area of expertise in Cambodia.

6.5 Reintegration procedures:

Reintegration procedures for Cambodian context are already clearly outlined by MoSVY⁸² and these should form the 'minimum standard' for an NGO's procedural framework. World Vision's Reintegration Manual is based largely on the MoSVY document and could also be used to inform NGO's practice⁸³. Improvement in quality of implementation and improving the chances for success probably have less to do with protocol than with practice: 'doing as good as we know'⁸⁴.

6.5.1 Current practice

A generic explanation of procedures as outlined in a recent Cambodia-specific Workshop⁸⁵, are as follows:

- a. Evaluation and family assessment.
- b. Evaluation of the client.
- c. Observing/implementing policies and procedures for reintegration.
- d. Completing case management forms.
- e. Utilise local authorities to serve as witness that the survivor is being returned to the family; and engage local authorities in monitoring so the child is not re-trafficked.
- f. Follow-up visits, with decreasing frequency and different actors engaging (NGO involvement declines, local authorities, then peer group involvement increases).
- g. Determine point of 'case closure' against pre-determined standards for 'success'.

⁸²"The MoSALVY Reintegration and Follow up Programme: A Handbook. MoSALVY/UNICEF. CNSP, Cambodia. November 2001.

⁸³In addition, Hagar AC recently reviewed its procedures and revised its forms and procedures accordingly. To some extent, this must be implemented on a 'trial and error' basis: if something works well, continue. If not, adjust it.

⁸⁴For instance, several recommendations made to another shelter, House of Hope (HoH) in Kampong Cham in an evaluation in 2001 are applicable to Hagar AC currently in regard to improving the chances for successful reintegration. There are probably numerous internal documents from various organizations which suggest that more is known than done: it may be useful to convene NGO working group meeting/s around this topic.

⁸⁵"National Consultation on the Return and Reintegration of Survivors of Trafficking and Other Forms of Exploitation." Cambodiana Hotel, Phnom Penh. June 2006: 5-6.

6.5.2 Risk Assessment – a new concept?

'Family assessment' is repeatedly outlined in the literature and identified by practitioners and NGO's as a weak link in the care continuum for sexually exploited children. As one recent evaluation of a Shelter in Phnom Penh noted: "There has been a tendency for the project to err on the side of caution, and in the absence of information such decisions are understandable."⁸⁶

It would be useful to more deliberately apply the concept of 'risk' in the discussion about 'family assessment', and to build this concept into the system and forms utilised for conducting the assessment. The current set of forms used by most NGO's is very descriptive of the family's situation but has little overt attention to specific 'risk factors' – identification of which is, in effect, the primary purpose of the assessment. To improve upon the narrative format, it would be helpful to sharpen the questions to more specifically ferret out potential risks or 'pre-disposing risk factors'. Then, devise a sort of 'risk assessment snapshot' sheet⁸⁷ for analysis of the narrative information against known risk factors. This additional page could provide an instant picture of key variables which may prevent or delay reunification with family or community of origin. Each specific 'risk' should be both weighted (how does it compare to other risks) and graded (is the situation vis-à-vis that variable considered no, low, medium, or high risk?).

6.5.3 Considerations for return

As one way of improving reintegration procedures, it may be useful to reflect on the child's actual return (or placement in alternative care) as a critical event, and to think in terms of pre-return, return, and post-return activities across which the various forms of reintegration assistance (see below) must span, some more/less suitable to different times across the continuum.

There is some debate about the issue of 'visibility' of the actual return to a family /original community – some say that it can be a time of promoting greater understanding and healing within a family in the wider context of community. Several Cambodian studies promote the use of Buddhist/traditional ceremonies as a way of positively facilitating and thus acknowledging both the return and the community's responsibility to help 'make it work'. Others argue that attempts to make the event public and visible could actually increase the child's sense of isolation (reinforcing that she is 'different') and sharpen stigmatisation by highlighting the child/family's identity in terms of 'the bad event'⁸⁸. It would seem that this is yet another instance where the 'individual case management' approach is vital – forming the situation around the particular child, family, and community in question.

⁸⁶The NGO has requested anonymity.

⁸⁷One example of such a system comes from the Government of British Columbia in Canada. See Annex 8 for more details.

⁸⁸"Developing Effective Strategies for Reintegration of Trafficked Persons in the Greater Mekong Sub-region." Workshop, Bangkok. 2006.

6.6 Components in reintegration assistance:

The TaF study on reintegration assistance in Cambodia identified seven major components that nearly all reintegration efforts (globally) include ⁸⁹. The precise form each care component takes depends upon many things including the country/culture, organisational philosophy and priorities, organisational resources.

1. Preventing stigmatization (awareness and sensitisation campaigns).
2. Education (formal education, literacy, lifeskills).
3. Job / skills training / (could include assistance with job placement – but not many programmes pay attention to this).
4. Legal support and assistance.
5. Health / medical care.
6. Social services (including material and economic assistance, follow-up by NGO, advocacy to link the child to whatever support networks already exist in the community, ie. educational scholarships through another NGO).
7. Psychological services (counselling for the child; theoretically may include family / community reconciliation efforts but this is seldom practiced).

As one step in improving reintegration assistance in Cambodia, it may be helpful to make clear distinctions between these categories, and to add additional categories in order to enhance the chance for success. For instance, it may be useful to break down the category of 'social services' and talk about 'family services', 'material and economic assistance', 'follow-up' (and one could envision other categories) independently to ensure that each is given due regard.

Again, the concept of principle-based individualised care is a critical one when determining just what kinds of assistance are appropriate in each case. Furthermore, successful reintegration will promote the participation of the child and family themselves in decision-making around these issues. "The kind of support services, approaches in providing these services, duration, and many other factors have to be tailored to their particular situations. Trafficked persons do not experience the same degree of exploitation and abuse. ... They have different family situation, interest, and concerns." ⁹⁰

In practice in Cambodia, service providers focus energies and resources almost exclusively on the client herself - there is relatively very little attention paid to the surrounding community including the family. Perhaps greater attention to the wider environment, or at least to equip a client to deal with those contextual issues, would improve the chance of successful reintegration.

One component that has received a significant amount of attention in Cambodia is that of job / skills training. Current efforts have come under increasing criticism for being ineffective. Specifically, clients either have insufficient skills (not enough) or inappropriate skills (not the right kind) to successfully generate income once they have left the Centre. And often the clients lack general business skills (managing stock, keeping accounts, planning, etc.) so that even if they have sufficient and appropriate skills they may still fail at business.

NGO's must recognise the extent of their own culpability for these programmatic shortcomings: most offer a very limited range of skills training (hair dressing and sewing predominate); few

⁸⁹2005: 21.

⁹⁰"Developing Effective Strategies..." Workshop. Bangkok. 2006.

provide basic business skills training; fewer still conduct any sort of 'market analysis' to inform their vocational skills training efforts. In marked contrast, Hagar stands as an exemplary NGO that has addressed these issues through starting its own viable businesses (for instance, Hagar Soya and Hagar Catering) in order to employ the clients from its [adult] Shelter programme; and focusing on job placement for all of its clients. In the highly competitive employment market in Cambodia, it is not sufficient to simply provide skills. At least one other Shelter provider has recently begun to consider offering a wider variety of marketable skills to its clients, skills that require short-term training of just weeks (such as making and selling papaya salad).

7.0 ALTERNATIVE CARE

7.1 Summary

The discussion about 'reintegration' cannot occur without reference to 'alternative care' options. The ideal place and timing for 'reintegration' of any child or adult trafficked for any reason, is [theoretically] 'family' (or extended family) and 'as soon as possible'. However, there are clearly instances where this will not be possible. Some cases may be so serious that children will need to be placed in 'alternative care'. MoSALVY/UNICEF define 'alternative care' as:

*any programs for children who, for one reason or another, are not in the care of their biological parents. These programs may be implemented by the government, NGO's or private entities. This would include residential/institution. Care such as centers,, small home-like units and foster family programs as well as non-residential programs such as drop-in centres, day centers and outreach activities*⁹¹.

A word of caution is in order here. The MoSALVY/UNICEF report indicates that:

"...alternative care is perceived in Cambodia as an option for poor families with very limited resources and/or capacity to ensure that some of their children have access to food, education, and medical care. Education appears to be the one common and greatest priority among providers, and the need for education was the third most mentioned reason that children enter into alternative care."

This is not to say that children can 'fake' their way into a Centre that cares for sexually exploited children; but rather to underscore the fact that parents may be reluctant to resume responsibility for a child that they feel is now in a better place and receiving better quality care than they would be able to provide. And also that screening for initial admission must be strict⁹².

It is important to note that the Government of Cambodia recently finalised its Policy on Alternative Care for Children and as part of this has developed 'Minimum Care Standards' for various types of alternative care. As an absolute minimum, NGO's must ensure that alternative care options considered for the children in care, meet these very basic requirements.

⁹¹The National Survey of Providers of Alternative Care for children in Cambodia: Analytical Report." MoSALVY/UNICEF. Jan-March 2001: iv.

⁹²During the course of this research, the RT came across two cases where the 'legitimacy' of admission was questionable – in one instance, the children admitted had been raped four years prior to admission and had re-settled back into community life on their own, without any NGO assistance. In the course of moving through the justice system, a human rights NGO advised that they should seek admission at a Shelter in Phnom Penh 'because your daughter/s can get good education there.'

7.2 Specific Types of Care

MoSALVY/UNICEF describe various forms of 'alternative care' for children deprived of parental care, which are currently operational in Cambodia. The table below is a composite of information from the MoSALVY/UNICEF series of studies on alternative care, from World Vision⁹³, as well as from primary data gathered in the course of this research. Most of these forms, with the exception of adoption and pagoda care, could be considered for the target group of this research (girls up to age 15).

Care forms tend to be distinguishable by the following major factors:

- Relationship of caregivers to the child/ren (blood ties or not)
- Consideration by the caregiver to the child/ren (is the child considered to be their own?)
- Ratio of children to caregivers,
- Amount/extent of support offered by external source (ie. the NGO)
- 'Professional' status of caregivers (salaried or not),
- Level of residential supervision by adults,
- Level / form of security and restrictions on movement of the children, and
- Extent of community interaction.

| CARE OPTION | DESCRIPTION |
|---|---|
| 1. Kinship Care | Extended [biological] family care: aunts, uncles, grandparents, adult siblings, etc. |
| Child-headed household (variation on kinship care) | Reference to teenagers who care for their younger siblings in an independent situation. |
| 2. Non-related guardian or responsible caring adult | Sometimes referred to as 'informal' or 'spontaneous fostering'; could be a neighbour or village chief. |
| 3. Formal fostering (formal agreement is signed; some support may be given to family). | One foster child (or 2,3 if siblings) cared for by one foster family (wife, husband, who may/may not have biological children of their own). |
| 4. Group Homes (there are several variations on this such as group home clusters) | Several children (up to 10) living in one house in a family-like environment under supervision of non-related adult care-givers (may be a (wife/husband or a house mother/s) who also reside in the house. The care-givers are salaried and household expenses largely (if not fully) covered by external source (ie. NGO). |
| Transitional living centre (variation on group home) | Much more participation by girls in community life such as school or employment – but still have curfews, security restrictions. Girls/women make financial and labour contribution to the home. |

⁹³This list is adapted from the World Vision document "Children Deprived of Parental Care" (p. 4). No date. In situations where a child is a double-orphan, this list might include foster care with a view toward adoption, and straight adoption. Also, there may be some unique elements for trafficked children, and girls in particular, that would render various forms of alternative care more/less appropriate – ie. the age of the girl and the presence of male caregivers in the foster care setting.

| CARE OPTION | DESCRIPTION |
|------------------------------------|---|
| 5. Adoption | When an individual, couple, or family take a child to live with them. The child is considered their own and it is a permanent arrangement. |
| 6. Pagoda/wats | Temple-based care is a traditional way of care of orphaned children. It is primarily an option for boys and not for girls. |
| 7. Residential Institutions | |
| 7a. Pod Living | 'Pod Living' is an intensive group living arrangement where five children live with two full-time adult caregivers in an apartment or small house. It can occur within a residential institution, where one 'room' is a 'pod'. Facilitates bonding and relationships better than in a larger institution. |
| 8. Non-residential programs | Day-care, drop-in centres, outreach activities. |

The RT believes that all of these forms are viable, depending upon the situation of the child in question and provided that certain basic conditions can be met (ie. security of the child). It should also be acknowledged that while all of these forms are viable, not all of them are necessarily appropriate for every child. And each comes with a particular set of challenges and potential dangers.

Major considerations for placement in alternative care would include:

-
- Age of the child, ethnicity, mother tongue.
- Reason for admission to the Centre (trafficked by whom, etc.)
- Physical health (ie. severity of physical abuse).
- Mental health (ie. psychosomatic symptoms and mental health issues).
- Family of origin's living situation.
- Willingness of the family to receive the child back again.
- Risk level in the family / community.

Hagar has recently developed an acceptable assessment form. The form/s must now be applied systematically and consistently; involve a greater number of key stakeholders in completion; and be completed in the spirit of dialogue with the family and community, rather than in a hierarchical, check-list fashion. Furthermore:

-
- The decision to reintegrate a child with her family or origin, or not, should not be regarded as a final or ultimate decision but as an intermediate decision towards reintegration.
- Care forms are not necessarily to be kept completely separated: for example, a child who is placed in a group home may still be allowed to visit her family in the province and to stay over for weekends.

- The child could be more actively involved in the process, including 'trying out' various situations.
- A cross-disciplinary team should be involved in making the decision at this point in time. Providing clear rationale for the decision made; regardless of whether it is positive or negative, a plan must be put into place for working with the family.

7.3 Concerns about Types of Care

All child care forms, even families of origin, carry an element of risk for the child. At the same time, it could be postulated that, if done well, any alternative care form works in the interest of the child⁹⁴. There has been much written about what are non-negotiable components of care for children who for various reasons, are deprived of parental care. A concise summary of the current thinking, based on a 'rights-based approach', suggests about a dozen critical components⁹⁵. If any of these components is lacking then a child could be considered at risk of impaired development.

SUGGESTED MINIMUM STANDARDS OF CARE

- **Children's rights. Example:** Children and their families give their opinions and participate in decisions about the children's lives.
- **Child protection. Example:** Facilities shall ensure a system to protect children from sexual abuse within the facility.
- **Discipline and positive behaviours. Example:** Staff shall receive training in disciplinary procedures and positive reinforcement, including the safety/containment of children with violent or other unacceptable behaviour.
- **Staff concerns. Example:** The facility shall receive training in care for caregivers and provide routine counselling and support for staff.
- **Physical surroundings. Example:** All rooms shall be decorated in ways that are pleasing to children.
- **Health care and nutrition. Example:** Any specific therapeutic technique, diet, medication, etc shall be used only on a physician's recommendation, and only as part of an established case management plan.
- **Education. Example:** All children shall be provided with functional life skills training, including basic living skills, managing money and skills for protection from abuse.
- **Recreation and culture. Example:** All children, including the disabled, shall have opportunities for excursions to healthy recreational environments outside the facility.
- **Case management. Example:** Only professionally trained persons may authorise decisions/plans regarding care and legal representation.
- **Psychosocial interventions. Example:** Each facility shall make efforts to train staff and/or hire additional staff to provide psychosocial supportive activities, including para-counselling, play therapy, art therapy, confidence-building and life-direction activities.
- **Reintegration. Example:** Each child's reintegration plan shall be created with the child's participation and will be based on a specialist's assessment of their skills and inclinations.

⁹⁴This idea was specifically stated by Fr. James Noonan in reference to foster care for children affected by HIV/AIDS, in a paper "Seedlings of Hope, Responses to children in difficult circumstances" Phnom Penh. 2001.

⁹⁵ECPAT INTERNATIONAL NEWSLETTERS. Issue No : 44 1/July/2003. "Rehabilitation, Recovery, Reintegration: Raising Standards of Care." John Fredrick, Ray of Hope, Nepal.

Major areas of concern specific to Cambodia can be distilled to the following. For non-related care situations⁹⁶ (foster family, group home) there is a high risk of exploitation (or negligence) of the fostered children because it is very difficult for Cambodian families to extend to non-related children, the same regard and care they would extend to their own biological children. This goes even for extended family, ie. a niece or a nephew. It is not uncommon for informal adoption situations to turn into situations resembling 'slave labour'⁹⁷. This was echoed by the NGO Working Group in their assertion that violence and protection were major concerns in most alternative care forms.

Being very careful in the selection process of foster parents, as well as clearly stating expectations at the outset⁹⁸, would be two relatively easy ways to mitigate the possibility of abuse and exploitation of fostered children. Furthermore, training and support for foster families is one way to address this: not simply a one-off event, but foster parents and group home caregivers could be brought together periodically for feedback, training in specific topics, mutual problem solving and so forth⁹⁹. One NGO manager with extensive experience in foster-care programming in Cambodia reiterated that teaching parenting skills must be a vital part of any alternative care scheme; and that very close and frequent supervision was mandatory to prevent exploitation of the children in care.

Major risks can be mitigated by close follow-up by the NGO. Because it is not realistic to think that NGO's can perform this function indefinitely, mechanisms should be put into place that will gradually shift the onus of responsibility to the surrounding community (through peer groups, community watch group, involving MoSVY District Social Workers).

⁹⁶MoSALVY/UNICEF, Nov/01: 11. See also: "Foster Care Program in Cambodia: Is Foster Care a suitable option for children in need of alternative care?" October 2006. And, ICC/HOSEA's "Foster Family Survey 2006 – DRAFT". 2006.

⁹⁷Gourley, Steve. A First-Year Evaluation. Building Homes: World Vision International – Cambodia's Experience in Foster Care. WV Cambodia. Phnom Penh. 1996.

⁹⁸For instance, expectations about how long the fostering relationship will continue. And for contribution by children to the household: 'The data suggest s that Khmer families depend upon their children to contribute economically and to care for their parents in old age. It is, therefore, important for foster families and foster children to be clear about expectations and potential scenarios.' Arensen, Bunn, Knight. 2005:43.

⁹⁹Arensen, Bunn, Knight's report has an entire section on concerns about fostering, and ways these concerns can be addressed.



ABOVE: THE PRIMARY RESPONSIBILITY FOR CHILD CARE MUST BE RESTORED TO THE FAMILY AND THE COMMUNITY; FAILING THESE CARE OPTIONS, A CHILD MUST BE CARED FOR WITHIN A SETTING THAT CLOSELY RESEMBLES FAMILY. NO MATTER THE CARE OPTION SELECTED, THE SECURITY OF THE CHILD IN QUESTION IS THE PARAMOUNT CONSIDERATION.

8.0 AREAS FOR FURTHER CONSIDERATION

1. Traditional (Khmer, Vietnamese) perspectives on children: how are children regarded. Some initial research and conversation with various experts suggest that Khmer perspectives on children as 'property' is one contributing factor to the flourishing sex industry. It may also provide some insight into why foster care (one non-related child cared for by one family) seems problematic in Cambodia and can slide toward 'slave labour' conditions for the child.
2. Unique aspects of Khmer culture that contribute to the challenges, or could contribute to the success, of reintegration efforts.
3. The concept of 'honour' and how it might be used positively to influence reintegration efforts.
4. Promote collaboration amongst NGOs/GOs in the compilation, presentation, and dissemination of rigorous statistical information relating to human trafficking, shelter-care, reintegration, and placement in alternative care.
5. Conduct longitudinal studies of girls/women who have been reintegrated to see how they adjust over time, factors for success, and so forth. Consider different types of cases (ie. trafficked for sexual exploitation, raped, etc.).

Annex 1: Terms of Reference



TERMS OF REFERENCE
Reintegration Research



1. TASK SUMMARY

The purpose of this research is to obtain evidence to facilitate program decision-making regarding policy and procedures for Hagar, for 'social reintegration' of trafficked children (girls) and women from its After-Care programme. The specific group requiring 'reintegration' is 'victims of sexual exploitation and trafficking'. The research will result in development of a step-by-step model for reintegration that is appropriate to the unique Cambodian context. The research findings and resulting recommended model/s of reintegration will likely be implemented by NGO's working in the ATSECC project and will also contribute to greater knowledge about reintegration issues among implementers, the donor community, and policy makers.

The research will examine and assess current practices of a limited number of selected agencies that are engaged in or have previous experience with reintegration in Cambodia in order to determine 'best' or 'promising' practice (and things to be avoided). The research will, in particular, assess the effectiveness of existing reintegration practices as a means to develop a recommended model based on the Cambodian context; contribution to this will also come from a review of relevant global literature with a focus on relevant regional initiatives. The research will aim to provide information about reintegration of ethnic Vietnamese children/women back into Vietnamese families and communities, as well as Khmer children/women back into Khmer communities. To date, little attention has been focused on the particular Vietnamese perspective in regard to reintegration.

2. BACKGROUND

Since 1994, Hagar has implemented high quality programmes focusing on vulnerable women and children. In 2004, Hagar commissioned research to investigate and recommend a model of care specifically for young girls from sexually exploitative situations¹⁰⁰. Hagar's research found that the limited number of supporting organizations (and practices) to absorb the increasing number of rescued victims of sexual exploitation—particularly those who are very young with complex situations and those who are difficult to reintegrate into society—had left many rescued children inadequately supported in their process of recovery and reintegration. That research proposed that in cases where Hagar cannot reintegrate a child into her family/community of origin¹⁰¹, Hagar create Aftercare Centers for no more than 25 young girls per centre and, when appropriate, place the girls in longer-term care in so-called 'Family Aftercare homes' which each house 4-6 children and 1 female caregiver.

In 2005, Hagar commenced its Aftercare programme based on the 2004 research findings and recommendations. To date, 50 girls have come through the shelter, including a significant number of ethnic Vietnamese. Some have been placed with their families of origin: the majority has not, as it was deemed an unviable option.

¹⁰⁰Caring for Children from Commercially Sexually Exploitative Situations, Lisa Arensen, Mary Bunn, Karen Knight. 2004.

¹⁰¹These Aftercare homes are designed to be a measure of 'last resort': theoretically, a child's family of origin (nuclear and/or extended depending on circumstances), and then community of origin are the ideal caregivers for a child.

At this point in time, Hagar requires a more systematic set of procedures and considerations to determine whether or not a girl can safely return to her family/community of origin. And for those girls who are able to return to their homes, Hagar desires recommended procedure and suggestions for a 'best practice model' to assist in making this important transition as effective and beneficial for the children as possible. In particular there is concern about reintegration into Vietnamese communities as this remains an unexplored area.

3. OBJECTIVES OF THE STUDY

6. Conduct comprehensive literature review and analysis of reports and studies about reintegration in Cambodia to develop a theoretical model for 'successful reintegration'.
7. Ascertain a small number of reintegrated beneficiaries' perception of life back with their families (or in Group Home setting) compared to their experience prior to being sexually exploited and then their experience in the Aftercare Centers.
8. As possible, assess the psycho-social and physical wellbeing of children (under 18 years of age) and women (over 18 years of age) who have been 'reintegrated' and their access to basic rights; namely the rights of survival, protection, participation and development.
9. Ascertain major factors that make for 'successful reintegration', from the perspective of:
 - a. Literature review
 - b. child / woman
 - c. family of origin
 - d. community
 - e. commune chief and/or other authorities
 - f. NGO's involved
10. Identify strengths and weaknesses, constraints and opportunities of reintegration for both ethnic Khmer and ethnic Vietnamese, and on the basis of this;
11. Recommend reintegration procedures for the Cambodian context, with particular emphasis on child victims of sexual exploitation and trafficking and if appropriate, any issues that must be addressed to ensure sustainability.

4. METHODOLOGICAL CONSIDERATIONS

The research will look primarily for qualitative data, and thus it is proposed that the working methods for this study involve desk study, semi-structured interview, focus-group discussion, and in-depth interview. In addition to Cambodia-specific documentation, it is also appropriate to review documentation regarding best practice in Reintegration in wider the Southeast Asia Region and to extract lessons as possible.

The research will focus first on Hagar's own experience reintegration of various types of beneficiaries (including: HAGAR's Aftercare Program; HAGAR's Foster Home Program; and HAGAR's Women's Shelter) and then will look into a limited number of (successful and non-successful) reintegration cases as supported by like-minded NGO's that may include but not be restricted to the following:

- World Hope;
- World Vision Cambodia, Nevea Thmey Program;
- AFESIP;
- CWCC.

As much as possible, information will be obtained from a variety of primary sources including the reintegrated children/women, parents and family members in the 'family of origin', neighbours, local authorities, and relevant NGO staff.

It is anticipated that the Primary Consultant will make use of a team of people with particular areas of technical expertise; team members can participate on an adhoc basis, as appropriate, and will not necessarily employed for the duration of the research project nor all simultaneously. In each instance, the

proposed team member will submit his/her CV directly to Hagar Aftercare Manager and contractual arrangements will be made directly between Hagar and the team member, based upon a scope of work prepared by the Primary Consultant.

5. EXPECTED OUTPUT

1. The Consultant/Research Team will produce an indicative schedule of events at the start of the research period; Hagar recognizes that this must be regarded as a flexible document. Changes to the schedule will be discussed with Hagar.
2. Input will be sought from the 'Research Ethics Review Panel' (a collaboration between World Vision and Save the Children Australia) as to the methodological design of this research.
3. Output will include 2-3 formal consultation meetings with Hagar management and other members of ATSECC as appropriate; the last of these will be a presentation of preliminary findings to solicit feedback.
4. A final report of the research in English is to be provided by the Consultant to Hagar, in hard copy and soft copy in Microsoft Word format. The report must include an Executive Summary in English, Khmer, and Vietnamese. The report will be a maximum of 50 pages in length, excluding annexes.
5. Deadline: the research is expected to commence in October and the final deadline for final report document is 30 March 2007.

6. HAGAR ROLE/RESPONSIBILITIES

1. Hagar is the primary contractor for this research: all communication regarding the research project itself will occur directly between the Primary Consultant and the Managers of the Hagar Children's Programme which has commissioned the study.
2. Hagar will make available its interns, as much as possible to assist with data collection and other research activities; their availability may reduce the need for hiring additional external team members.
3. Hagar will, as much as it is able, facilitate access to like-minded organizations and access to information about actual victims of trafficking. (Access to after-care facilities is highly restricted in the Cambodian context and requires excellent cooperation among the numerous NGO's involved.)
4. Hagar will provide speedy and open access to its own Aftercare Centre and all relevant documentation.
5. Hagar will be responsible for the dissemination of the final report.

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Annex 3: Stakeholder Consultation Tally Sheet

| Date | Type | No. groups | No. participants |
|----------------------|---|------------|------------------|
| | NGO Interviews | | |
| | NGO's - related work | 15 | NA |
| | Centres/Shelters | 7 | NA |
| | NGO Interviews Sub-total: | 22 | |
| | In-depth Interview | | |
| 14 Feb07 | VN grandmother with reintegrated grand-daughter | 1 | 2 |
| | Focus Group Discussions | | |
| | NGO Groups | | |
| 31 Jan07 22 Feb07 | Temporary NGO Working Group | 5 | 10 |
| 7 Feb07 | Chab Dai sub-sector meeting | 10 | 14 |
| | NGO Groups sub-total: | 15 | 24 |
| | FGD - Children | | |
| 5 Feb07 | Hagar AC Centre - younger kids in the Centre | 1 | 15 |
| 5 Feb07 | Hagar AC Centre -Older kids in the Centre | 1 | 7 |
| 8 Feb07 | Hagar AC - Group Home VN residents | 1 | 16 |
| 8 Feb07 | Hagar AC - Group Home Khmer residents | 1 | 5 |
| 12 Feb07 | Hagar reintegrated children (Kampong Cham) | 1 | 2 |
| 13 Feb07 | WV - Nivea Thmey VN kids in the Centre | 1 | 8 |
| 13 Feb07 | WV - Nivea Thmey Khmer kids in the Centre | 1 | 5 |
| 14 Feb07 | WV - Nivea Thmey reintegrated girls | 1 | 6 |
| 14 Feb07 | Haven of Hope Residents | 1 | 12 |
| 16 Feb07 | Hagar reintegrated children (held in PNP, with kids from 3 provinces) | 1 | 3 |
| | sub-total FGD Children | 10 | 79 |
| | FGD - Adults | | |
| 12 Feb07 | Hagar AC - mothers of reintegrated girls (Kampong Cham) | 2 | 2 |
| 14 Feb07 | WV - Nivea Thmey parents of reintegrated girls | 1 | 5 |
| 14 Feb07 | Hagar AC - parents of reintegrated girls | 1 | 5 |
| 14 Feb07 | Community group -women | 1 | 6 |
| 26 Feb07 | Reintegrated children from cluster home; plus mother of one. | 1 | 3 |
| | Sub-total FGD Adults | 6 | 21 |
| | Sub-total for all FGD activities | 31 | 124 |

Annex 4: Question Framework Documents

TOPIC LIST - GIRLS IN SHELTERS

| Topic | Questions | Methodology |
|---------------------------------------|---|---|
| Introduction | Play name game, or another game. Or introduce by adding something you like to eat or..... | Round in group |
| Positive from life with family | Can you draw an experience, a memory of your life before you came here? (before trafficking etc. Life in family situation) What do you miss about that life? | Drawing and explanation round. Pursue gently to get clear answers. Drawing on big paper altogether. |
| Life for girls | What do you think a girl should have in her life? Think material, family, other relationships/friendships, but also immaterial things like peace, love, beauty. | Facilitate the 'free-listing' exercise through drawing of symbolic pictures of the categories on a single big sheet of paper. When complete, have girls/women rank in order of importance using 10-seeds method. |
| Future | What do you think life in the future will look like for you? Who? Where? What will you do? What might be hard about this life?/ Or: What do you worry about? Or: What do you not want to see happening? What might be happy about this life? | Individual drawings and explanation. In the asking of the first question include the notion of what might be hard/happy. Keep repeating a few times throughout the exercise |

TOPIC LIST - FAMILY OF REINTEGRATED GIRLS

| Topic | Questions | Methodology |
|---------------------------------------|---|--|
| Introduction | Introduction of all people present and explanation of purpose of our time together. Round of facts: when the daughter came back home. | Round in group |
| Positive from life with family | A story/memory of a good time with their daughter since she got back? A story/memory of a difficult time with their daughter since she got back? | |
| Life for girls | What do you think a girl should have in her life from her family; from the community/society? From herself/by herself? What do they have at the moment? Think material, family, other relationships/friendships, but also immaterial things like peace, love, beauty | List of things with 10 seed priorities. Can do a few questions in a row with 10 seeds on this list. For example: which ones they think are good already/present already? Which ones they cannot provide? Which ones they think their daughter would say she needs? |
| Future | What do you think life in the future will look like for you? Who? Where? What will you do? What might be hard about this life?/ Or: What do you worry about? Or: What do you not want to see happening? What might be happy about this life? | Keep repeating a few times throughout the exercise |

TOPIC LIST - REINTEGRATED GIRLS/WOMEN

| Topic | Questions | Methodology |
|---------------------------------------|--|---|
| Introduction | Play name game, or another game. Or introduce by adding something you like to eat or..... | Round in group |
| Positive from life with family | Can you draw/tell us about a good experience in your life now with your family. Can you draw/tell us about a good experience in the time you were in the shelter. | Drawing and explanation round. Pursue gently to get clear answers. Drawing on big paper. Explore the differences. |
| Life for girls | What do you think a girl should have in her life from her family; from the community/society? From herself/by herself? What do they have at the moment? Think material, family, other relationships/friendships, but also immaterial things like peace, love, beauty | Facilitate the 'free-listing' exercise through drawing of symbolic pictures of the categories on a single big sheet of paper. When complete, have girls/women rank in order of importance using 10-seeds method. |
| Future | What do you think life in the future will look like for you? Who? Where? What will you do? What might be hard about this life? Or: What do you worry about? Or: What do you not want to see happening? What might be happy about this life? | Individual drawings and explanation. In the asking of the first question include the notion of what might be hard/happy. Keep repeating a few times throughout the exercise |

Annex 5: Question List for Semi-structured Interviews¹⁰²

INTERNATIONAL ORGANIZATIONS:

1. How is your organization involved in reintegration assistance of trafficked women and children?
2. How do you define reintegration?
3. What do you think is the goal of reintegration?
4. In your opinion, what are the key components of reintegration?

INTERNATIONAL / LNGOS:

1. How does your organization define reintegration?
2. What do you think is the goal of reintegration?
3. How does your organization define reintegration assistance?
4. Does your organization provide different types of support for women and children who have been trafficked for different reasons?
5. What do you consider to be the 'timeframe' for reintegration: when does it start / stop? How long should an NGO be involved with the survivor/s?
6. What does reintegration look like when parents / relatives have sold their own children? Is it possible to return children to their family of origin in those cases?
7. Are there different services for women than for children who have been trafficked? Can you make a distinction in broad strokes as well as in detail (ie. more emphasis on particular areas with one than for the other?)
8. What are the main activities/components of reintegration assistance in your organization?
9. How much effort, what kind of effort is put into working with families (at what point is contact initiated, how is this done, how often is there interaction with the family, what does that interaction consist of, etc.)
10. Who is responsible for reintegration assistance activities in your organization?
11. How and when does the reintegration process start?
12. Who determines/decides when a client is ready for reintegration? (*ie: does the client decide they're ready or is this dictated by the staff or the length of time in the shelter?*)
13. How do you prepare clients to leave the shelter/reintegrate? (in what ways?)
14. Does your organization conduct a risk assessment before reintegrating clients into the community? Please describe this process?
15. Do you/how often do you follow up clients who have left your program? Please describe the follow-up activities and process.
16. How do you determine if reintegration is successful or unsuccessful?
17. What is the process if reintegration is unsuccessful?
18. In your opinion, are there additional services/assistance that you think would be beneficial/helpful to trafficked women and children being reintegrated?

TRAFFICKED PERSONS STILL RESIDING IN SHELTER:

1. What is the best thing about being in this Shelter – what do you like the most?
2. What is the most helpful thing about being in this Shelter – what has been / is most useful for you?

¹⁰²Note, this set of questions was adapted from the research done by Arensen, Bunn, and Knight to promote some consistency across data collected, and enhance comparability.

3. Are you satisfied with the routine in the Shelter? Is there enough, too much, too little of various activities?
4. What is the most difficult thing about living in this shelter?
5. Ideas / plans for the future?
6. What do you think that will you need to achieve those plans (head, heart, hands idea: knowledge, attitude, skills, other resources)?
7. What are all the different people or groups that will have to help you to live outside this shelter?

TRAFFICKED PERSONS WHO HAVE LEFT THE SHELTER AND ARE NOW 'OUT IN THE COMMUNITY' (HOWEVER 'COMMUNITY' IS DEFINED):

- *Must distinguish between adults and children*
- *Need to ask survivors within a variety of settings (ie. family of origin, foster care, independent living, group home, etc.)*

8. How long have you been back in your village / how long ago did you leave the shelter?
9. Can you describe for me how you found / met with the organization?
10. If you think about the time you left the organization and arrived at your village/place...how would you describe that time? Do you remember what happened?
11. What was the best thing about arriving at your village/place?
12. What was the most difficult thing about arriving at your village/place?
13. What do/did the staff/organization do to help you? How do/did they assist you? (ask probing questions: legal assistance, medical check, counselling support, link you with other agencies or support like MED, etc.)
14. Who decided or how did you decide you were ready to leave the shelter?
15. What type of assistance/support access to services did you have after you left the shelter?
16. If you think about all the help you received (ie. when you were in the shelter and also the help received for leaving and settling outside the shelter) what was most helpful to you?
17. What type of assistance/support do you think would help other women with an experience story like yours who have returned to their village/homeland?

Annex 6: Results from NGO Small Group Work

| | For children ages 6-14 | potential challenge to successful reintegration: | Low income of the caregivers (poverty) | education for the child | protection of the child | family violence | mobility of family | Stigma | Child has no job skills | no support from the family | lack of support from authorities |
|------------|--------------------------------|---|--|-------------------------|-------------------------|-----------------|--------------------|--------|-------------------------|----------------------------|----------------------------------|
| A. | KINSHIP CARE: | | | | | | | | | | |
| A.1 | | Return to family of origin | 27 | 14 | 6 | 13 | 3 | 4 | 3 | 6 | 1 |
| A.2 | | Extended family (aunts, uncles, grandparents, older sibling) | 16 | 10 | 6 | 13 | 3 | 4 | 3 | 6 | 1 |
| B. | FOSTER CARE: | | | | | | | | | | |
| B.1 | | 1 foster child: 1 family | 2 | 18 | 14 | 8 | 2 | 8 | 5 | 11 | 4 |
| B.2 | | 2+ foster children: 1 family (m/f who may or may not have biological children) | 15 | 13 | 12 | 6 | 1 | 8 | 5 | 5 | 0 |
| B.3 | | Clusters of foster homes with multiple fostered children - 2+ houses in one compound | 11 | 6 | 12 | 12 | 1 | 5 | 3 | 7 | 1 |
| B.4 | | Group home: female residential caregivers, 8-10 children per house | 8 | 9 | 9 | 6 | 1 | 8 | 6 | 12 | 4 |
| C. | SEMI-INDEPENDENT LIVING | | | | | | | | | | |
| C.1 | | Transitional living: residential caregivers, children move more independently to study or work, children required to make contribution to the home. | 2 | 1 | 4 | 0 | 2 | 4 | 1 | 6 | 9 |

| | For children ages 15+ potential challenge to successful reintegration: | Low income of the caregivers (poverty) | education for the child | protection of the child | family violence | mobility of family | Stigma | Child has no job skills | no support from the family | lack of support from authorities |
|------------|--|--|-------------------------------|-------------------------------|--------------------|-----------------------|--------|-------------------------------|----------------------------------|---|
| A. | KINSHIP CARE: | | | | | | | | | |
| A.1 | Return to family of origin | 24 | 3 | 7 | 7 | 1 | 10 | 20 | 6 | 2 |
| A.2 | Extended family (aunts, uncles, grandparents, older sibling) | 11 | 8 | 4 | 2 | 3 | 12 | 16 | 14 | 9 |
| B. | FOSTERING CARE SETTING: | | | | | | | | | |
| B.1 | 1 foster child: 1 family | 9 | 12 | 11 | 8 | 6 | 10 | 15 | 6 | 3 |
| B.2 | 2+ foster children: 1 family (m/f who may or may not have biological children) | 10 | 7 | 15 | 9 | 2 | 11 | 16 | 8 | 1 |
| B.3 | Clusters of foster homes with multiple fostered children - 2+ houses in one compound | 4 | 17 | 14 | 9 | 2 | 8 | 20 | 2 | 7 |
| B.4 | Group home: female residential caregivers, 8-10 children per house | 12 | 7 | 12 | 7 | 0 | 16 | 15 | 3 | 7 |
| C. | SEMI-INDEPENDENT LIVING | | | | | | | | | |
| C.1 | Transitional living: residential caregivers, children move more independently to study or work, children required to make contribution to the home. | 5 | 11 | 19 | 1 | 6 | 10 | 12 | 14 | 2 |

Annex 7: Outline of MoSAVY's Return and Reintegration System¹⁰³

Topic One : MOSAVY's Return and Reintegration System

Presenter : Mr. Touch Samon, Deputy Director General

Directorate of Technical Assistance, MOSAVY

Mr. Touch Samon gave a background on MOSAVY's return and reintegration program. The Ministry has been conducting return and reintegration activities for 10 years now, in partnership with UNICEF and IOM. We initially started to implement the program in five provinces, particularly those bordering with Thailand and Vietnam. By 2005, we are covering 17 provinces. We developed a case management system and in 2001 we established a documentation center which houses our data base derived from case management files. The Ministry has also produced a reintegration manual which serves as a guide for our return and reintegration procedure. We assist victims and survivors of trafficking and other forms of exploitation in cooperation with other government agencies and NGOs.

There are four stages in the reintegration process: pre-reintegration, reintegration follow-up and post-reintegration. During the reintegration process, assistance are provided. These assistance are similar to the components of reintegration that we have earlier discussed. A case management file is opened for every client that we handle.

Pre-reintegration has 3 steps.

1. District social workers of MOSAVY assist NGOs to trace the family of the client. This is done with the help of local authorities and NGOs who are working in the communities. Cooperation among ourselves is important for successful reintegration and we work based on an agreed set of policies and procedure.
2. District Social Worker conducts an assessment of the condition of the family and coordinates with the local authorities. The local authorities know the members of their community and are able to provide good information, and eventually be called upon to help monitor and mobilize support for the clients and their families. The family assessments, which are documented using the family assessment form, helps us determine the situation of the family, problems, willingness to absorb and support the client, what kind of resources they have. NGOs that refer clients to us are informed within 15 days after family tracing and family assessments have been conducted. Sometimes family assessments are conducted together with the NGO staff.
After the NGOs receive the family assessment report, the district social worker and the NGO staff meet with the family. Sometimes the NGO staff do not come on time. This should be avoided. The meeting is oftentimes held in the house of the village chief because it is convenient for us and the family.
3. MOSAVY arranges for the assistance to be provided to the client and family in the area where s/he is reintegrated.

¹⁰³This entire Annex taken directly from the proceedings of "National Consultation on the Return and Reintegration of Survivors of Trafficking and Other Forms of Exploitation," June 2006: 18-19.

The Ministry does not have the resources to directly provide the services but coordinates with other government agencies and NGOs working in the area. For instance, we have a standing agreement with the Ministry of Education who takes in the child. Sometimes the school secures scholarship for the child, sometimes, the social worker looks for sponsors.

The district social worker coordinates access to services and visits the family to monitor the progress of the child. The social worker also assists the child and the family to plan and access assistance for their needs. Each family has different needs. These needs are prioritized because not all can be responded to at the same time. Basic needs such as food and shelter are usually immediately attended to, as well as livelihood skills development so that the family can improve their economic situation and be independent.

The Ministry has established an anti-trafficking unit and has designated social workers in all the provinces to work on trafficking cases.

NGOs can contact the Ministry if they need assistance to trace the family of the child in their shelter.

Reintegration Phase. After family tracing and assessment, and the NGO staff have met the family, the return of the child is arranged. When the child is returned, a contract is signed between the NGO, MOSAVY and the family is signed to make sure that the child will be supported by the family, be sent to school and not re-trafficked or to be placed in an exploitative situation. The local authority also signs as witness.

Reintegration Follow-up. Follow up visits are conducted by the district social worker and sometimes together with the NGO staff. The visits are done at least once a month in the first few months. In instances when the NGO staff cannot conduct the visits, the social worker sends a report to the NGO.

The duration of the follow phase depends on the policy of the NGOs. Follow up and monitoring can be conducted for a period of one year or more. The Ministry does follow up for at least one year. Case conferences between the social worker and the NGO staff which are conducted during the reintegration process allows us to determine how to deal with the issues that the family and the client are facing in the reintegration process.

Depending on the condition of the child and the family, we decrease the follow up visits and close the case after one year that the child has been returned to the community. An assessment of the condition of the child is undertaken by the social worker and the NGO staff before the case is closed. We close the case when the client family have stable living standard. Another consideration is whether the client is back to school or has the skills or abilities to work. A case is also closed if and when the client disappears and when the family breaks the contract.

Annex 8: Example of 'Risk Assessment Snapshot'

| Parental Influence | Child Influence | Family Influence | Abuse/neglect influence | Intervention influence |
|------------------------------|---------------------------------|----------------------------|-----------------------------|--------------------------|
| P1. Abuse/neglect as a child | C1. vulnerability | F1. Violence | A1. Severity | I1. Parent's response |
| P2. Alcohol/drugs | C2. Response to parent/s | F2. Coping | A2. Access | I2. Parent's cooperation |
| P3. Expectations of child | C3. Behaviour | F3. Supports | A3. Intent/ acknowledgement | |
| P4. Acceptance of child | C4. Mental health development | F4. Living conditions | A4. History abuse/ neglect | |
| P5. Physical Ability | C5. Physical health development | F5. Identity/ interactions | | |
| P6. Mental & Emotional | | | | |
| P7. Developmental | | | | |

Such a form can be adapted to suit the Cambodia context. There is significant knowledge about 'pre-disposing factors' which could easily be incorporated into this sort of worksheet.

Note that this example is the overview sheet - level of detail is included in the various worksheets that are compiled into this 'snapshot' form.

Annex 9: List of behavioural and emotional responses to sexual abuse¹⁰⁴

| |
|--|
| TB / Respiratory Problems |
| Headaches |
| Exhaustion – sleeping problems |
| Injuries / effects past injuries |
| Malnourishment |
| HIV / AIDS & Other STD's |
| Pregnancy / Termination |
| Misuse of drugs, alcohol & Other substances |
| Low Self Esteem & Self Worth |
| Lack of Confidence (sometimes leading to over confident to compensate) |
| Feels self hate / disgust / unworthiness |
| Feels different / outcast |
| Feels dirty |
| Feels hopeless about the future / depressed |
| Loss of trust in adults |
| Feels easily picked on – may bully others |
| Poor Concentration |
| Limited ability to organize herself |
| Confused sense of time |
| Feels guilty – to blame |
| Aggressive |
| Volatile – Easily Upset |
| Self-harm – deliberate and/or risk taking behaviour |
| Suicide attempts |
| Slow development / slow learner |
| Confuses love and sex |
| Finds it difficult to maintain relationships |
| Rebellious |
| Not able to discriminate in relationships (mixes with wrong people) |
| Flirts and sexually provocative |
| Sees self as something for sale |
| High sexual arousal |
| Steals / hoards |
| Abuses others (or attempts to) |
| Runs away |
| Feels powerless – need to be in control by getting own way (Temper tantrums) |

¹⁰⁴ECPAT Psychological Rehabilitation Training Manual (A training curriculum for carers).