Survivor Experiences and Perceptions of Stigma:
Reintegrating into the Community

Working Paper

The Butterfly Longitudinal Research Project

A Chab Dai study on (Re-)integration: Researching the lifecycle of sexual exploitation & trafficking in Cambodia

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Table of Contents

List of Tables and Figures

1.0   Introduction

This document is a working paper originating from the Thematic Paper on Stigma: Survivor Experiences and Expressions. This paper is intended to provide a detailed summary of the findings from the thematic assessment. It also includes recommendations regarding stigma for anti-trafficking organizations in Cambodia and beyond that work with victim/survivors of sexual exploitation.

2.0   Objectives

The Butterfly Longitudinal Research Project (BLR Project) is an ongoing ten-year longitudinal study following the (re-) integration of a select group of survivors of sexual exploitation and trafficking in Cambodia. The study began in 2010 and is now in its sixth year. The central theme of BLR Project is to listen to the 'voice' of survivors and in so doing gain an understanding of their perspectives and experiences as they (re-) integrate into society. Through disseminating their 'voice' and the research findings locally, regionally and globally, Chab Dai believes (re-) integration programming and policy will be informed and advanced, thereby directly improving the quality of life for survivors of sexual exploitation and trafficking.

The purpose of this paper is to document and describe the stigma and discrimination survivors of sexual exploitation and trafficking must contend with in the community. This assessment also seeks to identify persistent issues surrounding stigma among survivors as well as highlight positive coping strategies and mechanisms survivors discuss as they confront stigma in Cambodia.

3.0   Methods

The BLR Project has used a mixed method approach over the past five years (see Miles and Miles 2010; Miles and Miles 2011; Miles et al. 2012; Miles et al. 2013, Miles et al. 2014). The research team has used survey tools, which combined asking both closed and open-ended questions. The team has utilized a number of qualitative data collecting activities such as focus group discussions, in-depth interviews, informal interviews, play, art projects and participant observation. To continue collecting information on participants that migrate (e.g. Thailand) or move to inaccessible locations in Cambodia, the team has also conducted phone interviews. The mixed method approach has allowed the BLR Project research team to establish a broad overview of participants' lives.

In 2014, at the midway point in the longitudinal study, the team conducted a baseline case study analysis on each participant. Four-plus years of quantitative and qualitative data were compiled and summarized to document what is known, contradictory, and missing from each participant's story. The case study analyses resulted in detailed narrative summary data for each participant in the BLR Project. Subsequent to these narratives, qualitative surveys have been conducted, adding to the longitudinal data for most participants.

Thematic Assessment Scope

The thematic assessment included 60 female participants divided into two groups (see Table 1). The thematic assessment focused on female cohort responses to stigma in the community. Only cohorts that had been (re-) integrated were chosen for the assessment. Female cohorts were included if the case study showed at least four visits for a cohort spanning at least two calendar

years. Participants were grouped based on whether or not they lived in a shelter program for at least 4-months prior to re-entry in the community. The groups were defined as follows:

1. Female SP/RC - females that stayed in shelter programs (SP) and have (re-) integrated in the community (RC) and
2. Female RC - females that did not stay in shelter programs and have (re-) integrated in the community (RC)

Relevant longitudinal data were compiled in the assessment as they related to several basic themes involving stigma. These included participants' responses, attitudes, perceptions and experiences relating to 'stigma', 'stigmatizing groups', 'discrimination practices', and 'survivor responses and coping strategies to stigma'. Narrative responses from individual participants were combined into the year the interview was conducted. In this way, individual assessment years were constructed for participants over four calendar years in which data were collected (2011-2014). These yearly data sets were then used in the thematic assessment.

Table 1: Statistics for Cohort Groups Included in the Assessment, 2011-2014

Assessment Groups	Starting Ages		Total Number of Individuals	Total Number of Years Assessed	Count of Individuals by the Number of Years Included in Longitudinal Assessment						
					Shelter			Community			
	Range	Average			1	2	3	1	2	3	4
Female RC	16-36	24.7	27	100				0	0	8	19
Female SP/RC	13-21	16.9	33	50/75	18	13	2	4	16	13	0

Notes: RC - (Re-) integrated into Community
        SP/RC - Shelter Program then (Re-) integrated into Community

Longitudinal data generally spanned three to four consecutive years for each group. Individual assessment years for Female RC participants were exclusively in the community, while data for Female SP/RC participants were spilt with the majority of survivors spending one to two years in a shelter program and two to three years in the community (Table 1). The total number of years assessed included 100 individual years for Female RC participants and 75 individual years for Female SP/RC participants in the community.

A team of researchers conducted the thematic analysis. Qualitative data were coded using inductive methods combined with theory and research regarding stigma and culturally relevant understandings of stigma components in Cambodian society. Team members included expatriate and Khmer staff and advisors, both men and women. The team worked collaboratively throughout the data assessment process to identify and describe stigma in the Cambodian society. Narrative summaries compiled by year were reviewed along with recent qualitative surveys conducted in 2014. Team members reviewed data separately and then collectively to identify specific situations, key words, and phrases involving stigma and its components. In this way, the team worked by consensus to document and describe culturally important aspects of stigma and stigmatizing interactions between survivors and their community.

4.0 Results and Discussion

This assessment documents various forms of stigma that survivors of sexual human trafficking must contend with living in Cambodia. Many studies highlight discrimination and to some degree address stigma as an important issue that survivors deal with during (re-) integration, however no studies have attempted to breakdown the magnitude and extent of stigma among (re-) integrated survivors long-term.

4.1 Stigma – Working Definition

Conceptually recent literature has focused on stigma as a sum of its components. Link and Phelan (2001) have suggested stigma is comprised of the co-occurrence of negative labels and stereotypes, separation (us and them), loss of status, and discrimination. Stigma then exists if all four components are present and grounded in a situation of power inequality. Power inequality exists when one group has less access to resources, less influence over others, and less control over their own destiny.

The majority of stigma research is focused around two main constructs, 1) Social stigma or public stigma, defined as stigma contained in the community or society; the public outward fostering of stereotypes, separation, and discrimination and 2) Self-stigma, defined as the inward understandings and self-perceptions of stigma (Corrigan et al. 2009).

4.2 Roots of Social Stigma in Cambodia

In Cambodian society relationships are organized in a hierarchical configuration (Gorman and Kheng 1999; UNIFEM 2004; Ministry of Women's Affairs 2008). The concept of status and honor are central to this hierarchy and applied among relationships, to positions in a family, and to a family's position in the community. There are many societal components that determine hierarchy; the main one being gender followed by others such as age, financial resources, marital status, whether a family has children, family reputation, individual character, political position, education, employment and religious practice (Gorman and Kheng 1999; UNIFEM 2004). In practice, the group or community determines the social status or position of an individual or family. This position is not static and therefore concepts such as codes of conduct and "saving face" are necessary to gain or preserve honor and status among individuals and families within the community. Researchers point out that even children understand the importance of honor and clearly consider it an enabling or disabling factor for future life (Reimer et al. 2007).

Gender Codes of Conduct

Chbab Srei, or "The Rules of the Lady," is a widely known and traditionally followed code of conduct for Cambodian women. It touches on many aspects of what a "respectable" women looks and acts in society, including how to dress, how to act, how to speak, what work she should or should not do, and how she should address and respond to others. While many forms of gender bias are presently being challenged in Cambodia (Ministry of Women's Affairs 2008), various aspects of this code of conduct are still relevant in society. In fact, Chbab Srei was taught in public primary schools up until 2007, suggesting that various age groups in Cambodia are more or less familiar with code itself (Ministry of Women's Affairs 2008).

In order to focus on the issues relevant to survivors, the BLR Project conducted focus group discussion with survivors in 2012. In these groups, survivors have personally described their understandings of Chbab Srei and the aspects they feel are most relevant to their lives. The following exhibit is taken from a BLR Project final report to illustrate survivor's self-perceptions of gender roles, negative labels and stereotypes, and ultimately sources of stigma in Cambodia (Miles et al. 2012).

Exhibit 1: Survivor Focus Group Discussions Regarding Chbab Srei.

Select participants were asked to discuss in Focus Groups their understanding of Chbab Srei and how it related to them in Cambodia today. This group generally described Chbab Srei as a code of correct conduct for women and girls. They said it was important because it brought honor to one's husband, family, and society in general. They described many types of behavior such as the importance of respecting and obeying one's husband in all circumstances, even if he is in the wrong. They spoke about the importance for girls and women to maintain their virginity until marriage and then to be monogamous thereafter, regardless of their husband's sexual practices. They spoke about the woman's responsibility to manage the household and ensure that it runs smoothly, to refrain from drawing attention to themselves by loud behavior or by expressing strong opinions, to restrict their movements by remaining at home and not spending unnecessary time away from the household, and by not going out at night, not sleeping heavily in order to always be ready to serve one's husband and family, and to avoid slandering and gossiping about others.

Group participants ranked what they thought were the most important tenants of Chbab Srey.
1. Do not go out at night
2. Do not walk loudly
3. Do not speak ill of others
4. Do not speak or laugh loudly
5. Do not curse others
6. Do not sleep like a log
7. Do not play long hours at another's house
8. Help with the household chores
9. Respect older people
10. Do not curse husband
11. Wear suitable clothing
12. Do not be arrogant
13. Save your virginity

Participants were asked to discuss their perceptions of what they thought Cambodian society valued regarding how Cambodian people should behave and conduct themselves. Their responses ranged, with an emphasis on the importance of showing respect towards the elders of society and to one's parents, and the importance of obedience and heeding their advice. They spoke about how society values people who are able to control their emotions and in particular not display anger or rage. They spoke about the importance of being reliable, being honest, and owning up to mistakes. They spoke about how society values women who are physically pretty but does not value women who are sex workers.

There are concrete examples of women's losses of honor and social status as a result of behaviors or life situations that deviate from cultural norms and codes of conduct in Cambodia. For women involved in sex work (including survivors of human trafficking and sexual exploitation), divorced, or from a divorced family, and in some cases, her children, it is culturally understood that these groups are not invited to take part in the blessings of a newly wedded couple in specific ceremonies such as:

1. ពិធីហែរជំនូន *"Pi Ti Hae Chum noun"* - Fruits ceremony in the front of the line
2. ពិធីកាត់សក់ *"Pi Ti kat sok"* - Blessing by cutting hair for groom and bride
3. ពិធីបង្វិលពពិល *"Pi Ti bang vil po pil"* - Candle blessing
4. ធ្វើជាអ្នកកំដរកូនកម្លោះកូនក្រមុំ *"Nak Kam dor Koun Kam laos neung Koun Kra mum"* - To be the groom or bride's mate of honor

Gender Based Stigma and Discrimination

Gender inequality is a primary source of stigma and discrimination among women in Cambodia. Women are traditionally prescribed a lower status than men in Cambodian society. The separation of status and traditional power differences between men and women have resulted in deeply ingrained and persistent forms of stigma and discrimination among women (Gorman and Kheng 1999; USAID 2010). There are many reports that document and describe aspects of gender based stigma (i.e. gender bias and inequality) and discrimination (Amnesty International 2010; USAID 2010; ADHOC 2011). The following points serve to underscore the main issues surrounding gender-based stigma in Cambodia.

- There are multiple persistent underlying factors and attitudes contributing to domestic violence among women (Yount and Carrera 2006; Eng et al. 2010; Amnesty International 2010; ADHOC 2011),
- There are persistent forms of family discrimination toward female children and wide gaps between male and female children's' access to education (Khun 2008; USAID 2010),
- There are multiple forms of systemic stigma and discrimination in the legal system regarding marriage and divorce among women (Van Der Keur 2014),
- There is a higher poverty index among women and women headed households represent the poorest of the poor (UNIFEM 2004),
- There are wide gaps between male and female representation in the legal system and government (USAID 2010),
- There are persistent barriers for women accessing health care (USAID 2010),
- There are persistent economic barriers and wage discrimination among women in the work force (USAID 2010), and
- There are disproportionate levels of crime committed against women (domestic violence, land grabbing, trafficking) and high levels of impunity for these crimes (ADHOC 2011).

Ethnic Stigma

Racial prejudice, discrimination, and stigma are deeply rooted global problems that span countries, people groups, and continents. Cambodia is no different in this regard. There are long standing racial tensions between Cambodia and neighboring people groups. The Vietnamese and Khmer people have a long history of violence, discrimination, and prejudice (Berman 1996). The Vietnamese people comprise the largest minority group in Cambodia. Racial stigma and discrimination is particularly strong against Vietnamese communities and many Vietnamese choose to live together isolated from Khmer society. Reports suggest that Vietnamese and those of mixed decent face numerous form of systemic and individual discrimination (Berman 1996).

5

4.3   Experiences of Stigma Among Cohort Groups

Survivors discussed having to contend with a diversity of stigma throughout the longitudinal assessment. These stigmatizing situations were evaluated by the research team and compiled into categories that best described the situations survivors reported in the community (see Table 2). Examples of negative labels were developed based on these conversations with survivors and the research team's knowledge and understanding of culturally relevant slang, curses, insults, and negative labels. Survivors often talked about a stigmatizing situation or experience within their home or community along with some of the negative labels associated with the various stigma categories.

⇒ *Friends at school made me feel unhappy because they mocked me and say bad words about me. I felt they were discriminating against me because they know that I used to live in a shelter. They say that shelter children were sexually exploited and raped until they got pregnant without a husband.*

⇒ *Some rich kids in school treat me badly because I am poor. They think they are better than poor children. I told the teacher but she is powerless against the rich. Rich children have rich parents who don't have to follow any rules.*

⇒ *I am illiterate. My brother told me to study but how can I do this? My brother laughs at me. Everyone will curse and blame me because I am an adult and cannot read or write. Now I have given up trying to learn to read and write.*

⇒ *I am a girl that worked at night but the neighbors and wider community said my job was bad. They said 'the girls who work at night are not good'. Before I worked at the Karaoke place, I had a good relationship with my neighbors but when they found out I was working at Karaoke they stopped being friends with me and stopped treating me respectfully.*

Table 2:   Categories of Stigma and Commonly Used Negative Labels

Stigma	Examples of Commonly Used Negative Labels
Current or Past Work in the Sex Industry	- ស្រីខារ៉ាអូខេ "Srey Karaoke" - **Karaoke girl/KTV girl** - ស្រីខូច "SreyKouch"/ស្រីរកស៊ី "srey roksi"/ស្រីសំជឹង "sreysampeung"(strong insult) - **Broken girl** - ដើរលេងផ្ដេសផ្ដាស "Deur leng yub pdes pdas"/ដើរហាច់ "Deur Hach" (insult)- **You go out and walk at night** - ធ្វើការងារអាក្រក់ "Tver ka ngear a krok" - **You do the bad work**
Associated with Shelter (Aftercare) Programs	- ក្មេងអង្គការ "Kmeng Angka"-**NGO girl** - ស្រីខូច "SreyKouch"/ស្រីរកស៊ី "srey roksi"-**Broken girl** - អ្នកក្រ "Nak Kro"-**Poor person**

6

Pregnant Without a Husband **Child Without a Husband**	- ដើរលេងយប់ផ្តេសផ្តាស "Deur leng yub pdes pdas" -**You go out and walk at night** - កូនអត់ខាន់ស្លា "Kon ort Khan sla"/កូនអត់ឪ "kon ort ov" -**Illegitimate child** - ផើមព្រៃ "Pheum Prey"/ផើមអត់ប្ដី "Pheum ort bdey"/ពោះធំអត់ប្ដី " Pos thom ort bdey" -**Pregnant without husband/ don't who child's father is**
Partnership and Second Wife	- ប្រពន្ធអត់ខាន់ស្លា "Propun ort khansla"/ប្រពន្ធអត់ស្របច្បាប់ " Propun ort srob Chbab" -**Illegal wife** - ប្រពន្ធចុង "Propun Jong" -**Second wife** - ស្រីកំណាន់ "Srey Kamnan"/ស្រីលួចលាក់ "Srey louch lak" -**Mistress** - សង្សារ " Sangsa"/ស្រីរបស់គេ "Srey bos ke" - **Girlfriend** - ប្ដីច្រើន "bdey chreun"/ប្រុសច្រើន "bros chreun" - **Multi partners**
Divorce	- បាក់មែកបាក់ធាង "Bak mek bak theang"/បែកបាក់ "bek bak" - **Breaks relationship** - ស្រីមេម៉ាយ "Srey mae may"/ស្រីលែងប្ដី "srey leng bdey" - **Divorced woman**
Marriageability	- ស្រីអត់គ្រប់លក្ខ "Srey ort krub leak"/ស្រីអភ័ព្ "srey ak phoub" /បាក់មែកបាក់ធាង "Bak meik bak theang"- **Unfit woman** - ស្រីអាក្រក់ "Srey a krok" /ស្រីអត់ល្អ "srey ort la or"/ស្រីថោក "Srey thouk" (strong insult) - **Messy woman** - ស្រីគ្រីគ្រ "Srey krey kro" / ស្រីរហោមរហាម "srey ro hem ro harm" /ស្រីថោកទាប "Srey thouk teap" (putting them into a very low status) - **Poor** girl
Gender Inequality in Marriage	- គ្រាន់តែជាប្រពន្ធទេ "Kran te jea propun te" - **You are just a wife** - ប្រពន្ធប្ដីវាយ "Propun bdey vai"/សាច់កម្ម "sach kam" - **The wife who is beaten**
Socioeconomic status	- ចាស់ហើយ "Jas heuy"/អាយុច្រើន "Ayu chreun" -**Too old for school** - ពួកអ្នកក្រ "Pouk nak kro"/ពួករហោមរហាម "pouk ro hem ro harm" -**Poor person** - រហោមរហាម "ro hem ro harm" /តោកយ៉ាក "Touk yak" -**The have-nots**
Ethnicity	- ស្រីយួន "Srey Youn"/ស្រីខ្ញុំ "srey Koch" - **Vietnam girl**
Mental Health	- មនុស្សល្ងង់ "Monus la ngung"/ភ្លើភ្លើ "Pli Pleu"/ស្ទុក "Stuk" – **Stupid person** - មនុស្សឆ្កួត "Monus chhkout" -**Crazy person**
Physical Health e.g. HIV	- ស្រីខូច "Srey Koch"/ស្រីកើតអេដស៍ "Srey keut aid"/ស្រីរកសុី "Srey roksi" - **Broken woman**

Stigma in Cohort Groups

The majority of respondents (65%) contended with stigma at least once during the four-year assessment (see Table 3). Overall, participants talked more frequently about stigma related to gender inequality in marriage (25% of all respondents), current or past work in the sex industry (23.3% of all respondents), and lower socioeconomic levels (23.3% of all respondents). These categories also included the highest number of participants that reported multiple years of stigma.

There were substantial differences in the prevalence of stigma between assessment groups. The percent of individuals reporting stigma was considerably higher among the Female RC group, 81.5%, compared to 51.5% in the Female SP/RC group (see Table 3). In addition, there were over twice as many respondents that reported the same stigma(s) over multiple years in the Female RC group when compared with the Female SP/RC group. Total counts for stigma were also higher among Female RC respondents with 75 incidences of stigma described as compared to 40 incidences in the Female SP/RC group. In the Female SP/RC group, six respondents (18.2% of the group) reported stigma associated with shelter programs, while only one individual talked about this stigma among the Female RC group.

Table 3: **Prevalence of Stigma Categories Discussed by Survivors among Female SP/RC (n=33) and Female RC (n=27), 2011-2014**

Survivors talk about stigma related to:	Female SP/RC				Female RC			
	n*	%	Total Count	Individuals w/ Multiple Years	n*	%	Total Count	Individuals w/ Multiple Years
Gender inequality in marriage	4	12.1	7	2	11	40.7	19	6
Current or past work in the sex industry	4	12.1	8	2	10	37.0	19	5
Lower socioeconomic levels	6	18.2	8	1	8	29.6	15	5
Pregnant without a husband Child without a husband	3	9.1	4	1	6	22.2	7	1
Marriage "Fitness"	3	9.1	3		3	11.1	3	
Divorce	0	0	0		2	7.4	4	1
Mental health	1	3.0	2	1	1	3.7	2	1
Physical health	0	0	0		1	3.7	1	
Religious beliefs	1	3.0	1		1	3.7	3	1
Associated with Shelter (Aftercare) Programs	6	18.2	6		1	3.7	1	
Partnership and second wife	1	3.0	1		1	3.7	1	
Total**	17	51.5	40	5	22	81.5	75	11

Notes: RC - (Re-) integrated into Community

SP/RC - Shelter Program then (Re-) integrated into Community

Blank - No Observations

* - Number of Individuals

** - Individuals talk about multiple stigma; therefore, counts are not additive.

Stigmatizing Groups

Most respondents that described stigmatizing experiences also identified the person or group of people involved, with 61.7% of all respondents identifying one or more stigmatizing groups over the four years included in the assessment (see Table 4). Overall:

- 35% of survivors contended with social stigma from neighbors in their community (n=60),
- 51.4% of survivors that were married/with partners contended with social stigma from their husband/partner and/or parents-in-law (n=35), and
- 22% of survivors that attended school described contending with social stigma from their classmates (n=23).

Table 4: Prevalence of Stigmatizing Group Discussed by Survivors among Female SP/RC (n=33) and Female RC (n=27), 2011-1014

Survivors talk about discrimination from:	Female SP/RC				Female RC			
	n*	%	Total Count	Individuals w/ Multiple Years	n*	%	Total Count	Individuals w/ Multiple Years
Neighbors / Community	8	24.2	10	1	13	48.1	20	5
Partner/Husband	3	9.1	5	2	11	40.7	20	7
Partner/Spouse's Parents	3	9.1	4	1	10	37.0	18	4
Family	2	6.1	6	1	5	18.5	9	2
Co-workers and/or Clients	1	3.0	1		5	18.5	9	3
Workplace Supervisor	2	6.1	2		2	7.4	2	
Community Leader	1	3.0	1		1	3.7	1	
Classmates	5	15.2	5		0	0	0	
Total**	16	48.5	34	4	21	77.8	79	12

Notes: RC - (Re-) integrated into Community
SP/RC - Shelter Program then (Re-) integrated into Community
Blank - No Observations
* -Number of Individuals
** - Individuals talk about multiple stigmatizing groups; therefore, counts are not additive.

Similar to the results for stigma categories in Table 3, there were substantial differences in the prevalence of stigmatizing groups between Female SP/RC and Female RC. The total counts and percent of individuals reporting stigmatizing groups were higher among Female RC than Female SP/RC. The percent of individuals reporting stigmatizing groups was 77.8% for Female RC compared to 48.5% in the Female SP/RC (see Table 4).

Partners/husbands and their parents played a substantial role in the long-term stigma among survivors. Multiple year stigma and discrimination from partners/husbands and their parent's accounted for three of four individuals in Female SP/RC and ten of twelve individuals in Female RC (see Table 4).

Survivor's described stigmatizing groups in the following ways:

⇒ *Some people think I am a bad girl. Some people mistreat me… I heard them say (neighbors who live next door) that all of the children in the NGO are bad. They stereotyped us without understanding the feelings of the children living in the center.*

⇒ *My mother in law and I, we always fight with each other. I remember one time she cursed me and called me a prostitute girl and later she called my daughter the same*

name. When I heard what she said, it was so painful. … I cried, there was (so much) pain in my heart and I almost could not walk. I wanted to kill myself by hitting my head against the wall.

⇒ *If you were a wife and I was a husband, and if I spent money only for myself when I got my salary and looked down my wife as rubbish. How would you feel? Then he said, "I do not know about that feeling because I am a man. You are the wife and it happened to you only. I do not know about that hurt feeling, so do not talk about this with me anymore."*

Discrimination Practices

Survivors discussed many forms of public discrimination during the four-year assessment (see Table 5). The three discrimination practices respondents in both groups discussed most included, verbal abuse and cursing identified by 31.7% of individuals (19 individuals; n=60), social isolation from the community and/or family identified by 30% of individuals (18 individuals from two categories combined; n=60), and domestic violence identified by 25.7% of respondents in marriage/partner relationships (nine individuals out of 35 individuals married/with partners).

Percent of individuals reporting discrimination were consistent with the percent of individuals that identified stigmatizing groups as most respondents discussed these components of stigma together. Again, there were substantial differences in the prevalence of discrimination between Female SP/RC and Female RC. Percent of respondents reporting discrimination was 48.5% for Female SP/RC and 77.8% for Female RC (see Table 5). Both groups had individuals that talked about contending with discrimination over multiple years. Respondents reported multiple years of verbal abuse and domestic violence linked with husbands and parents in-law (see Table 4), three of the four respondents in Female SP/RC and nine of the 12 respondents in Female RC.

Table 5: Prevalence of Discrimination Practices Experienced by Survivors among Female SP/RC (n=33) and Female RC (n=27), 2011-2014

Survivors talk about discrimination practices:	Female SP/RC				Female RC			
	n*	%	Total Count	Individuals w/ Multiple Years	n*	%	Total Count	Individuals w/ Multiple Years
Verbal abuse	7	21.2	13	4	12	44.4	27	9
Social isolation in the community	4	12.1	4		9	33.3	15	5
Domestic violence	4	12.1	9	4	5	18.5	10	3
Social isolation in the family	0	0	0		5	18.5	6	1
Sexual harassment	2	6.1	2		4	14.8	6	2
Gossip	6	18.2	6		4	14.8	7	2
Extortion / Corruption	1	3.0	1		4	14.8	4	
Sexual violence	1	3.0	2	1	3	11.1	3	
Abandonment	0	0	0		3	11.1	4	1
Collusion	0	0	0		2	7.4	2	
Workplace / Community violence	1	3.0	1		2	7.4	4	1
Sexual exploitation	3	9.1	4	1	1	3.7	2	1
Threatening physical harm	1	3.0	1		0	0	0	
Total**	16	48.5	43	4	21	77.8	90	12

Notes: RC - (Re-) integrated into Community
       SP/RC - Shelter Program then (Re-) integrated into Community
       Blank - No Observations
       * -Number of Individuals
       ** - Individuals talk about multiple discrimination practices; therefore, counts are not additive.

Respondents often attributed discriminatory practices to specific stigmatizing groups. In this way, survivors regularly described contending with:

- Social isolation and gossip from neighbors, co-workers, classmates, and their family,
- Verbal abuse and domestic violence from partners/husbands and parents in-law,
- Sexual harassment, exploitation, and violence while working in jobs in the sex industry (but not always working as a sex worker) and in some cases in their marriages, and
- Collusion, abandonment, extortion/corruption from a husband/partner and/or his family, particularly when the partner's family rejected her as a spouse.

Three examples of discriminatory practices discussed by survivors:

⇒ *They begin to stop talking with me when they know my story. They start to evaluate and think that I am not a good person. They consider me a simple person who is not in their group/level. Yes, they do not give me value. They also look down because they knew my story… I realize when they heard my story, they started not to have close relationship with me anymore… After they knew my story, they started to tell new people who come to work here. They told all my stories to them.*

⇒ *I was trying to work hard, to save the money, and sell the hair salon products to customers just before I gave birth to my child. He (my husband/partner) was cruel; he took all of my money that I saved for the birth and delivery and gave it to his mother to buy a motorbike for his brother. This happened just two days before I gave birth. On the night of the birth and delivery, I had only 10 thousand riels (about $2.50 USD)… I begged the doctors to please wait for tomorrow morning and I would pay them for the delivery fees… It was a really difficult birth because my child's head was big but my hips were small… If I could not give birth naturally, I would die because I did not have the money to pay for an operation.*

⇒ *It was difficult when my family in-law mistreated me like this. When I made a mistake during the daytime, he (my husband) just blamed me in front of everyone but when night-time came, he beat me and mistreated me a lot. He beat me until my eyes become black and blue, he broke my tooth and gave me bruises. There were bruises on my leg and all over my body because of his violence. It felt very painful but I thought I must bear/endure it because I am staying here (with her parents in-law) in this city alone; my parents don't live here. I do not have my own house.*

Summary Regarding Stigma

Based on the findings, three central themes, gender inequality, marriageability, and socioeconomic status underlie the majority of stigma categories described by survivors. Certain aspects of gender identity are considered core tenets in traditional Khmer social culture: the virginity of the bride and the higher ranking of a man relative to a woman (Gorman and Kheng

1999). Marriage is a highly valued norm in Cambodian society and therefore gaining or loosing status in marriageability is of great importance not only among single individuals but also among their families (including extended family). The ability to increase an individual's socioeconomic status and therefore, the family's status is also a valued social norm that can and does affect marriageability.

The themes gender inequality, marriageability, and socioeconomic status are clearly evident in survivor stories as they discuss stigma, negative labels, and the gain and loss of social status and personal honor and value. Highly stigmatizing situations can and do arise when an individual perceives the loss of personal self-worth and family honor in marriageability and is seen by others as ineffective or unable to financially contribute to change in a family's socioeconomic status. Stigmatizing situations are not relegated solely to initial timeframes surrounding (re-) integration or even until a survivor is married. Instead, they can arise at any time, particularly as one considers the importance of family honor. Consequently, stigma can be an important issue for survivors not only as they (re-) integrate but also later in life as they interact in the community.

While each stigma category includes a set of unique traits or situations, negative labels and stereotypes in essence act as common threads that tie these categories back to socioeconomic status, marriageability, and gender inequality (see Table 2). This occurrence is quite logical given the complexity of life circumstances, the perceived intensity of stigma, and the range of knowledge stigmatizing groups do or do not have regarding a current situation and a survivor's past history. For example some survivors discuss contending with stigma regarding marriageability from potential parents in law because their family's low standing in the community and not because of past experiences of sexual exploitation or sex work. In these instances, knowledge of a survivor's past experiences would only serve to strengthen stigma overall in the given example.

One respondent addresses this issue:

⇒ *I decided to marry with my husband because I do not want others to look down on me anymore, my husband proposed to marry me but I knew that he had many girls after he was engaged with me. I am a strong person, but I still think that my life has no value; sometime I think to myself that I still have half value... That's why I never told my husband about my past experiences because he would look down on me more than now.*

Participants' experiences with stigma are dynamic and complex, often shifting over time. One survivor's story illustrates these points.

An 18-year-old participant, who had (re-) integrated back to her family when she was 16 years old, relayed the following experience. She and her family were attending a wedding celebration of a relative near her home. Whilst the reception was proceeding, her older unmarried aunt arrived late, accompanied by two men. The older aunt and the accompanying men apparently had arrived already intoxicated with alcohol. According to the participant, the aunt and the two men were loud and physically affectionate in public. The grandfather of their family took offence to the aunt's behavior and publically accused her of 'flirting' and not acting in an honorable way for an unmarried woman. A loud argument ensued between the aunt and the grandfather. The

participant relayed she did not enter into the debate, yet found herself made the center of attention, when her aunt turned toward her, and publically accused her of dishonoring the whole family because of her former experiences in the sex industry; "*everyone knows she was a sex worker*." Following her aunt's public accusation, a number of uncles turned their attention toward the participant and threatened to kill her if she returned home. They did not want her to live in the village anymore because she had dishonored their wider family. "*I am afraid to sleep at my house because my aunt and uncles promise to kill me in my sleep*." Since that visit the participant has lived with a number of different family members and moved to another part of the country.

In an interview in 2015, this survivor described her recent marriage and her excitement in being able to celebrate the "Fruit Walk Ceremony". She went on to talk about her promotion at work and thereby her gain in status in the family as "household head" explaining that, "*when my mom doesn't have money, she calls to borrow from me*". However, these gains in social status in the family were also tempered by the following discussion:

⇒ *Actually he (my husband) discriminated against me. He didn't know that I lived in the organization until after we got married. Now it feels like he doesn't like me. He said "Erh! If I had known that you were an organization child I would not have married you". When he said that I felt very hurt/difficult.*

This story is certainly not unique among survivors; the majority of survivors describe lives and experiences with stigma that are complex and changing.

Factors Influencing Stigma Among Cohorts

There are several factors identified in the assessment that potentially influence stigma among cohorts.

Aftercare and Shelter Based Programs - Respondents living in aftercare programs discussed few stigmatizing experiences, just 4% of the total number of assessment years (n=50; see Table 6). This was not to say that survivors didn't discuss conflicts or what some survivors felt were discriminatory actions by their shelter peers. Many survivors talked about relational conflicts, particularly when they first entered the program. In most instances, however, these conflicts were temporary in duration. While these situations were likely important in the lives of survivors at the time they occurred, they were not identified in the assessment as stigmatizing experiences. This was due to two reasons. First, shelter peers generally came from similar backgrounds and no real separation of power was apparent in these conflicts. Secondly, although aftercare programs were likely not free of all stigma, the core values in these programs included protecting survivors from conflicts and stigmatizing situations.

13

Table 6: Frequency Survivors Discuss Stigma among Female SP/RC and Female RC (Re-) Integration Year

Year	Female SP/RC				Female RC			
	No Stigma		Stigma		No Stigma		Stigma	
	n*	%	n*	%	n*	%	n*	%
SP **	48	96.0	2	4.0	--		--	--
RC Year 1	24	72.7	9	27.3	21	77.8	6	22.2
RC Year 2	19	65.5	10	34.5	9	33.3	18	66.7
RC Year 3	8	61.5	5	38.5	11	40.7	16	59.3
RC Year 4					7	36.8	12	63.2

Notes: RC - (Re-) integrated into Community
       SP/RC - Shelter Program then (Re-) integrated into Community
       * - Total Number of individual observations (Individual Assessment Years)
       ** - Shelter Programs (SP); Stigma frequency assessed for all years survivors stayed in SP
       "--" - No long-term stay in SP
       Blank - No observations

Evaluations of the stigma in the years following (re-) integration indicated the lowest prevalence of stigma in the first year; frequencies of stigma in Year 1 were 27.3% and 22.2% in Female SP/RC and Female RC, respectively (see Table 6). The prevalence of stigma increased in the years thereafter for both cohort groups (substantially increased in the Female RC). These findings suggested the first year following reintegration might not be as difficult for survivors as the years that followed regarding stigma.

There are several possible reasons why survivors report fewer instances of stigma in Year 1, including well thought out (re-) integration plans, job training programs and immediate employment, and/or follow-up services and support in certain situations that act to alleviate stigma or potential stigma. Regardless, these findings have implications for program managers as they consider the scope of resources and the duration of follow-up programs for survivors once they (re-) integrate in the community.

Ethnicity – Ethnicity is an important factor in understanding potential stigma among survivor groups (see Table 7). In this assessment we evaluated stigma associated predominately with Cambodian culture and social norms. The Vietnamese survivors living in Cambodia are generally not assimilated in the Cambodian culture nor, it would appear, are many of the respondents with mixed ethnicities. Apart from one individual, these respondents generally did not share similar concerns and experiences regarding stigma. Other studies confirm these findings suggesting Vietnamese communities may have a more pragmatic view and therefore less stigmatizing view of sex work (Reimer et al. 2007). While these groups did not discuss racial stigma, it is a significant underlying theme, particularly between ethnic Khmer and ethnic Vietnamese people (Berman 1996). Further, most survey questions primarily focus on stigma within families and community settings and did not directly address potential underlying racial stigma or discrimination.

Table 7:   Frequency Survivors Discuss Stigma by Ethnicity, While Living in the Community All Years Combined

Ethnicity	Female SP/RC and Female RC			
	No Stigma		Stigma	
	n*	%	n*	%
Khmer**	74	50.3	73	49.7
Vietnamese	7	100		
Khmer / Vietnamese	12	75.0	4	25.0
Khmer / Thai	5	100		

Notes: RC - (Re-) integrated into Community

SP/RC - Shelter Program then (Re-) integrated into Community

* - Total Number of individual observations in community (Individual Assessment Years)

** - Khmer includes Khmer / Chinese

Blank - No observations

Marital status - Marital status is also an important factor in stigma among survivors. The data shows marital categories with single status had lower prevalence of stigma, while long-term relationships had the highest prevalence of stigma (Table 8). Stigma in the long-term relationships is primarily due to gender inequality and lack of acceptance by parent's in-law. Martial categories including divorce show the highest prevalence of stigma (Table 8). These results are consistent with the high degree of cultural stigma associated with marriageability, gender, and divorce.

Table 8:   Frequency Survivors Discuss Stigma among (Re-) Integrated Khmer Survivors by Marital Status and Cohort Group, 2011-2014

Marital Status	Female SP/RC				Female RC			
	No Stigma		Stigma		No Stigma		Stigma	
	n*	%	n*	%	n*	%	n*	%
No Previous Marriage/Partner								
Single	21	61.8	13	38.2	12	63.2	7	36.8
New Partner/Married**	10	71.4	4	28.6	1	20.0	4	80.0
Partner / Married > 1-Year	2	33.3	4	66.7	13	44.8	16	55.2
Divorce / Separated								
Single	1	50.0	1	50.0	6	42.9	8	57.1
New Partner/Married**	1	50.0	1	50.0	2	40.0	3	60.0
Partner / Married > 1-Year					5	31.3	11	68.8

Notes: RC - (Re-) integrated into Community

SP/RC - Shelter Program then (Re-) integrated into Community

* - Total Number of individual observations in community (Individual Assessment Years) for all Khmer survivors

** - New Partner/Married for less than 1-Year

Blank - No observations

4.4   Stigma Consciousness

Survivors must wrestle simultaneously with self-stigmatizing thoughts along with trauma during trafficking and exploitation. Zimmerman et al. (2014) alludes to this finding 75% of female survivors who reported sexual violence while in a trafficking situation were worried about how they would be treated by people at home in their community. These responses suggest a conscious concern about stigma among the study participants. As discussed previously,

respondents, particularly ethnic Khmer, grew up learning various aspects of Chbab Srei (Rules of the Lady) and labels surrounding "acceptable and unacceptable behavior" for girls and women in society (see discussions on p.4). At some point during trafficking or exploitation survivors realize that their life situation has changed and it now fits within a different social construct, a construct containing negative labels and stereotypes. As survivors become "stigma conscious", they must contend with self-stigma and self-discrimination. These situations are clearly evident in the voices' of survivors:

⇒ *I felt empty with myself because they already abused me one time. That is why I agreed with this person to go to work (in a brothel) after they abused me.*

⇒ *When I faced that problem, I never thought to rescue myself to be better…In the past, I never think about how to make my life better, I always think that I am bad like other people said and even if I try to do good, other people will still think bad of me.*

⇒ *I got involved in a bad job and became a bad person.*

⇒ *I felt ashamed and I think of myself as not a good person.*

Response Continuum

Survivors' responses to negative labels and stereotypes span a continuum from demoralizing to empowering. Some survivors discuss changes in thinking that they attribute to counseling and other services provided by organizations. Two survivors demonstrate the range of these responses:

⇒ *After I divorced and returned to Cambodia the neighbors look down on me because of my failed marriage and because I returned poor. I had no money at all. Before I married I was a virgin and I hated the Karaoke girls and then after my divorce I didn't care anymore. I thought I should work as a Karaoke girl because I was no longer a virgin and everyone already blamed me because I was divorced. … I already felt so ashamed by my neighbors for my divorce and because I was poor I decided to add to my shame by going to work in Karaoke.*

⇒ *Frankly speaking, if the young girls have any problems like me I want them to be strong and calm. … If you have problems don't be too afraid. If you face any problems you have to be strong and struggle. When you face that problem doesn't think that your life is over and that you cannot improve it. Our life is longer than this so doesn't finish it there or destroy it more and more. I always think positive like that.*

4.5   Stigma Degrees

In this assessment, survivors discuss stigma in varying intensities and degrees based largely on the stigmatizing groups and forms of individual discrimination. Stigma is described, for the most part, as overt forms of public stigma directed toward an individual. For instance, one survivor may talk about dealing with social isolation from a neighbor because of past work in the sex industry, while another survivor may talk about dealing with social isolation from their family and a neighbor because of past work in the sex industry. In these instances stigma varies in intensity. In another example, one survivor may contend with verbal and domestic abuse by a

husband and parent's in-law (while living at their house) because of past work in the sex industry. In the third example stigma varies from the first two instances in both intensity and degree. In general, findings in this assessment suggest that stigma increases in degree and intensity as multiple discriminating experiences converge and remain in place over multiple years. The intensity and degree of stigma can also increase as survivors locate fewer and fewer trusted social resources (e.g. friends or family members) and safe places in the community (e.g. relatives and neighbors homes or places of business).

The combination of multiple forms of individual discrimination and self-stigmatizing (or self-discriminating) thoughts also suggest varying intensity and degrees of stigma among survivors. During some interviews, survivors describe mounting levels of discrimination in combination with self-stigmatizing thoughts (21.7% of all survivors; see Table 9). These instances differ from introspective thoughts regarding past experiences with stigma; instead survivors are speaking to the present situation. It's important to note that not all survivors dealing with multiple forms of stigma share these types of thoughts, nor did survivors that identify limited or no experiences with public stigma. One survivor describes this combination of individual discrimination and self-stigmatizing thoughts in the following way:

⇒ *I felt discouraged and it broke my heart because my relatives look down on me because I used to have many men and got pregnant; I used to have abortions many times. Moreover, I have a husband but we did not get married (partner). Therefore, all my relatives discriminate and look down on me and the family of my husband does not accept me as well. It breaks my heart and makes me feel disappointed with myself very much. I feel like I have no value.*

Table 9: *Survivors that Identified Multiple Stigmas and Multiple Years among Female SP/RC (n=33) and Female RC (n=27), 2011-2014*

	Female SP/RC				Female RC			
	Multiple Categories		Multiple Categories Multiple Years		Multiple Categories		Multiple Categories Multiple Years	
Assessment Groupings	n*	%	n*	%	n*	%	n*	%
Stigma Categories	9	27.3	2	6.1	14	51.9	5	18.5
Stigmatizing Groups	7	21.2	1	3.0	15	55.6	6	22.2
Discrimination Practices	9	27.3	5	15.2	15	55.6	9	33.3
Self-Stigma and Public Stigma**	2	6.1	2	6.1	5	18.5	4	14.8

Notes: RC - (Re-) integrated into Community
P/RC - Shelter Program then (Re-) integrated into Community
Blank - No Observations
* -Number of Individuals
** - Survivors discuss self-stigmatizing thoughts along with multiple forms of public stigma and discrimination

4.6   Persistence of Stigma Among Survivors

There are multiple lines of evidence indicating stigma as a persistent issue in the lives of survivors. The assessment includes a broad range of stigmata, some that survivors undoubtedly faced before being trafficked such as poverty and gender discrimination in families. In many cases, survivors still contend with these forms of stigma in addition to stigma resulting from

trafficking and exploitation. The following paragraphs outline some of the more substantial factors regarding stigma and its persistence.

Continual Reminders

There is a group of survivors that discuss being continually blamed for and harassed about their past involvement in the sex industry by family members. Other survivors describe similar experiences for being divorced. These persistent reminders target personal honor and the family's honor. They increase stigma intensity and create reoccurring conflict in relationships among neighbors, family members including husbands, and in other cases parents' in-law. These public forms of discrimination represent the most obvious types of continual reminders but there are other more subtle forms as well (e.g. exclusion from wedding ceremonies). Survivors talk about being continually reminded of their past:

⇒ *2012 - They (my family) stopped looking down badly like they did before; just sometimes they recall my bad background, which then hurts my feelings, when my sister blames me for going out at night…but in my mind I'm afraid of my brother-in-law who looks down on me, even now… He blames me and looks down on me most of the time. Whenever he has a problem with my sister he blames me for being a prostitute and calls our family "prostitute family".*
2014 - Because when we have arguments he (my husband) always blames me and brings up the secrets about my family but he did not say anything about my story that I used to have another husband.

⇒ *2012 First Quarter - I feel like my cousin discriminates against me because she does not allow her daughter to come and have a relationship with me. Sometime she insults me, which hurts me the most.*
*2012 Fourth Quarter - For this past 4 months, I think my cousin discriminated against me because she does not talk to me. She hates me and doesn't get along with me. She often teases me (about working in the sex industry in the past) and hurts my feelings.*

Marriageability Stigmata

Based on the discussions among survivors, most survivors are highly stigma conscious regarding their "ability" to get married, divorced, or for some, remarried. This is to be expected given the value and honor Cambodian society places on the institution of marriage. The vast majority if not all of the survivors that are single discuss wrestling with stigma related to marriageability at some time during the assessment. Survivors that find themselves in an abusive or violent relationship struggle with gender based stigma as well as cultural stigma associated with options such as divorce. Unlike many western cultures, divorce is highly stigmatized among women in Cambodia (Van Der Keur 2014) making the choice to leave a relationship a difficult decision. Even the decision to leave a relationship involving domestic violence can be stigmatizing, given the vast majority of Cambodians (75%) believe wives should be patient and endure (i.e. keep silent) domestic violence in order to keep a family together (Van Der Keur 2014). Presently, there are survivors contending with multiple forms of stigma as they cycle between abusive relationships with spouses, divorce/separation, and re-marriage into yet another abusive relationship (illustrated in Figure 1). Survivors describe their struggles and concerns with gender inequality and stigmata in marriage and divorce:

⇒ *She gossiped about me. The villagers felt very sorry for me (that I was "unfit" for marriage) and said to me if I didn't get married (to a particular person) there was no way another man would ask to marry me.*

⇒ *Husband and wife have to give value to each other. You are my husband but you have never given value to me as your wife, I said to him.*

⇒ *I thought I didn't have value anymore. I didn't care about my body. My husband can have a lot of girlfriends and so I have a lot of boyfriends (this survivor was just divorced and decided to start working as a sex worker in a Karaoke shop).*

Figure 1: Marriageability Stigmata Cycling
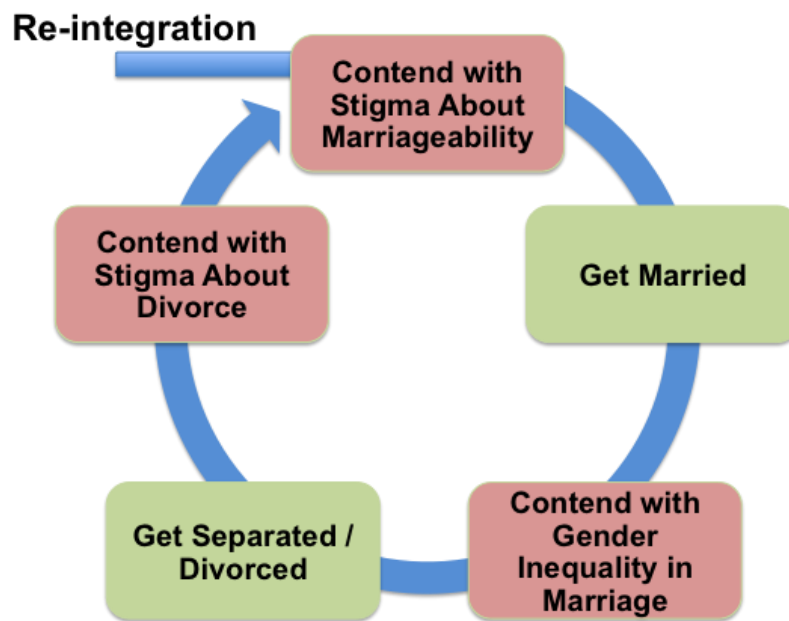
Survivors describe instances when marriageability stigmata impact their thinking and decision-making regarding relationships. The degree to which survivors modify their behavior consciously and subconsciously in seeking relationships was beyond the scope of this assessment. However, it is clear that survivors felt they had fewer opportunities and sometimes declined to pursue relationships because of the stigma associated with past experiences.

⇒ *Another man that I knew he was from wealthy family, he loved me and wanted me to meet his parents but I denied him because I was afraid they would look down on me as my background was not good.*

⇒ *You know, there was one young man that came to me and wanted to propose to share life with me. However, I could not do this because I am HIV positive; I am afraid to destroy his future.*

Some survivors also talk about starting long-term relationships with men they met by chance, despite spending little time getting to know their future spouse. One survivor started a relationship with a man after she noticed him on the street during an excursion from the shelter home; another started a relationship with a man she talked with on the phone after becoming

19

intoxicated and calling the wrong number; yet another decided to enter into a long term relationship with a man she met while living with a stranger and despite being physically abused and pregnant with their child. In each outcome, survivors eventually found themselves in verbally and physically abusive marriages/partnerships. Although the role stigma played in these decisions is not fully known, the stories illustrate the difficulty some survivors have pursuing supportive and encouraging relationships following (re-) integration.

Loss of Opportunities in Education

As a group, female survivors in the assessment struggled to complete their education. Literature has documented many obstacles female students face in finishing school in Cambodia, obstacles such as poverty, distances to high school and safety concerns for female students, gender bias in the family, and family conflicts. Survivors' face these obstacles along with other obstacles. Some participants talked about the lost time during trafficking being too much to make up and others dropped out due to the public stigma they received from fellow students for being too old for the grade in which they were enrolled (Miles and Miles 2011). Through 2014, no study participant has yet completed Year 12 and passed the graduate exam. Of all the cohorts in this assessment (n=60), 85% have dropped out of school. The majority of survivors in the Female SP/RC group attended school (23 of 33) while living at the shelter facilities. Following (re-) integration, 61% of these survivors (14 of 23) had dropped out of school despite financial support for school from most of the aftercare programs.

Given the number of obstacles female survivors face and the directions most survivors take following (re-) integration, it is likely that few will go on to complete their education. These findings suggest most survivors will continue to face stigmata associated with the lack of education (e.g. gender inequality in marriage, socioeconomic status). Training programs have helped many survivors learn valuable job skills and find gainful employment but in certain circumstances these skills cannot compensate for the honor gained by women that have completed their education. Consider the following story as told by a survivor with job training but little education as compared to her husband/partner that graduated from college and now works as a loan manager in a microfinance company:

⇒ *Sometimes I asked him how and if he considers me. I asked him if he thinks that I have no heart, no ideas, and no brain and that is why I am able to receive whatever he does. Nowadays, does he know how I feel? I asked him if he knows about how I got sick and how our son got sick. Did he understand how I survived? He said nothing. Then he said with rude words that I did not have a brain, I didn't know (anything). And he told me not to talk to him because I do not have brain, I am like a dog, I do not know how to think.*

Legal Marriages

Most survivors that enter into relationships with spouses choose not to legally register their marriages at the civil registry. This is a disturbing trend among the cohort group; there is only one in 36 respondents considered married/with a partner that has legally registered their marriage. There are several reasons survivors state for not registering including time and/or distance to civil registry, resistance by the husband/or survivor, lack of knowledge regarding registration procedures, lack of knowledge regarding its importance, and divorce costs associated with terminating a marriage.

While survivors state many reasons for not registering their marriages, the overarching problem is primarily contained within systemic stigma surrounding divorce. Van Der Keur (2014) outlines many of the specific types of systemic discrimination females in particular must contend with in order to proceed with divorce in the civil justice system. Three main themes include the following:

- Couples with legally registered marriages must obtain legally registered divorces in order to pursue other relationship with impunity from the law
- Divorce law reflects the Cambodian social culture and the stigma on divorce by including numerous steps and obstacles to obtain a divorce judgment; these steps and obstacles are cost prohibitive for lower income couples
- Male dominated civil justice system (commune councils are 82% male and 91.5% of judges are male)

Cambodian marriage laws do not "*regulate the rights and the obligations of a couple who fail to legally register their marriage at the civil registry*." (Van Der Keur 2014; p. 2). Women that do not obtain legally registered marriages are not assured rights to marital assets, property acquired during marriage and registered in the name or their partner, partner alimony, and child support. They effectively have no power to negotiate conflicts and stigma arising from gender inequality in the marriage without fear of violence, financial repercussions, physical abandonment, or forced eviction. For example, consider the negotiating options available to the survivor in the aforementioned story and discussion (previous section above; p. 22) with her husband. They do not have a legally registered marriage and she is not assured rights to their marital assets nor financial support for her or their children should he decide to abandon the relationship. In this way, many survivors must contend with persistent stigma associated with gender inequality and potential divorce in relationships.

Health

Stigma has been shown to have enduring effects on mental health and well-being (Link et al. 1997; Pyne et al. 2004). Link et al. 1997 concluded stigma had a "relatively strong and enduring effect" on men in study group one full year after treatment and recovery from mental illness and substance abuse. Despite positive life changes, stigma continued to complicate their well-being (Link et al. 1997). Yan et al. 2010 and Hong et al. 2009 demonstrated a significant positive correlation between heightened levels of self-perceived stigma and poor mental health among female sex workers in China. Zimmerman et al. (2014) indicated that repatriating survivors whom reported feelings of guilt and shame (presumably associated with experiences during trafficking and exploitation) were more likely to have symptoms of depression. Survivors in this assessment also discussed feelings that are symptomatic of depression and suicide.

Keeping the past a secret can be a significant strain mentally and physically. Survivors talk about concerns that someone might recognize them or that friends or family might decide to look on the internet for the organization where they lived or now work. In one example, a highly stigma conscious survivor describes linking health problems with the stresses of contending with this stigma. The survivor is newly married and she discusses shedding stigma from her family due to marriageability but gaining it back by fearing her parent's in-law may someday find out her past

history. Her husband knows about her past but she does not fully trust him. She describes this stress as the greatest worry in her life at the time:

⇒ *I think the most is about this issue; I really focus on it. I don't know what to do if my parents in law know my story.*
(When asked if it affects her health?) -Yes! I can't sleep well, can't eat much and feel exhausted, as you have seen now.

Situations involving stigma and discrimination can change rapidly but the impacts of stigma on mental and physical health may not respond in the same manner. This assessment suggests survivors contend with stigma in varying intensities and degrees. The potential mental and physical health impacts these ranges of stigma have on survivors are not fully known in this assessment. Further research would benefit program managers as they follow-up with survivors and assess potential care needs and services.

4.7   Coping Strategies for Stigma

The majority of survivors described at least one strategy or coping mechanism to contend with stigma and discrimination (see Table 10). Within Female SP/RC and Female RC, 75.8% and 77.8% of individuals talked about coping mechanisms, respectively. These were also similar total counts between groups. The strategy of "keeping the past a secret" was most often identified in each assessment group, 13 individuals in Female SP/RC and eight individuals in Female RC.

Table 10: Prevalence of Coping Mechanisms for Stigma and Discrimination Discussed by Survivors among Female SP/RC (n=33) and Female RC (n=27), 2011-2014

Survivors strategies for coping with stigma and discrimination:	Female SP/RC				Female RC			
	n*	%	Total Count	Ind. w/ Multiple Years	n*	%	Total Count	Ind. w/ Multiple Years
Keep the past a secret	13	39.4	14	1	8	29.6	13	4
Patience and endure	7	21.2	7		6	22.2	9	2
Careful and confident	3	9.1	3		5	18.5	7	2
Anger / Fighting	4	12.1	7	2	5	18.5	8	2
Share about past with spouse/partner	6	18.2	6		4	14.8	4	
Use alcohol/drugs	3	9.1	4	1	4	14.8	8	3
"Be strong"	4	12.1	4		4	14.8	4	
Stop work in the sex industry and move on	0	0	0		4	14.8	4	
Religious faith	4	12.1	4		3	11.1	3	
Move away (another home)	4	12.1	5	1	2	7.4	2	
Share with trusted family member / friend	2	6.1	3	1	2	7.4	2	
Develop no close relationships	0	0	0		2	7.4	2	
Get married or go back to previous partner	1	3.0	1		1	3.7	1	
Spend and buy things / pretend happy	2	6.1	2		1	3.7	1	
Suicidal thoughts / Self-harm	0	0	0		1	3.7	1	
Polite and respectful - "dutiful"	0	0	0		1	3.7	1	
Quit school or job	2	6.1	2		0	0	0	
Total**	25	75.8	62	4	21	77.8	70	7

Notes: RC - (Re-) integrated into Community
SP/RC - Shelter Program then (Re-) integrated into Community
Blank - No Observations
* -Number of Individuals
** - Individuals talk about multiple coping strategies; therefore, counts are not additive.

Survivor's described strategies and coping mechanisms to contend with stigma in the following examples:

⇒ *I am changing myself a lot. I am strong and I don't cry easily like before. I try to make myself strong so that people won't look down me.*

⇒ *My faith really changed me, and I became more courageous. When I encountered obstacles, I prayed to God, and He answered me.*

⇒ *I decided to get married to my second husband in 2012. My husband actually pursued me all along. He never got married to another woman, he wanted to marry me, so I agreed to take him. In fact, we've known each other since we were very young because we lived in the same village. Although my husband knows about my past story, he still loves me and has compassion for me.*

⇒ *Every night I cannot sleep unless I drink alcohol because I feel depressed with my husband, as he often does not come home and when he does he is violent toward me.*

It is clear in this assessment that survivors contend with stigma. They are not passive helpless victims but instead they challenge stigma through various strategies and mechanisms. Some survivors undoubtedly learn coping mechanisms in aftercare programs and work training programs and are now employing them in the community. The assessment does not identify any one strategy that was more effective; not every survivor knew a trusted family member or husband and not every survivor had their choice to keep the past a secret. Instead the survivors choosing to "think through situations more" often found effective ways to deal with stigma.

In general, almost all survivor strategies included keeping the past a secret from certain groups of people (i.e. selective disclosure). Relatively high numbers of survivors in the Female SP/RC group employed this strategy and given the duration of time some spent in shelters (two to three years) not everyone in the community remembered them when they returned. These respondents essentially had the opportunity to start over with certain groups of people. Survivors that did not stay in shelter programs and did not move locations were not able to keep their past a secret in many instances.

Some strategies were aimed at self-stigma such as "be strong" and other such as "careful and confident" included both self-stigma and public stigma. Survivors that were careful and confident often thought through situations before making decisions and were empowered and proactive when they faced stigmas and obstacles. Other groups made a "clean break" from their ties to the sex industry, often moving to a new location and simply starting over, sharing little about their past history with friends and neighbors.

Survivors Overcoming Stigma

A group of survivors in this assessment have overcome many of the stigmatizing situations they faced in life. This group collectively shares several important resilience attributes and characteristics. These traits and characteristics are discussed in greater detail.

Interconnected – One of the more difficult aspects of stigmatizing situations is the separation it causes between people, "us and them". People with strong interconnections (i.e. encouraging

and trusting relationships) are likely not "separated" to the same degree by the stigma they experience as compared to people who feel there is "no one they can trust".

Cross referencing results in this assessment with resilience attributes assessed in 2014 (see Morrison et al. 2014) shows survivors that overcome stigmatizing situations also talk about encouraging and trusting relationship(s) with their husband and/or family member(s). These survivors experience safe trusting relationships and are not continually reminded of their past experiences and difficulties. Gray (2012) describes features of resilience culturally distinct or unique to Cambodian youth identifying the aspects "family and community support" and "connection and support" as important components of resilience in Cambodian society. These aspects of resilience are culturally embedded in society and considered appropriate ways of coping with adversity. Survivors that are accepted in these situations find that stigma cannot threaten one of the most important cultural values in their lives.

Exhibit Forms of Mental Strength – There is a commonly used phrase in Cambodian society encouraging women to "be strong" in difficult life situations. The phrase has, perhaps in part, risen from traditional gender roles and expectations that married women are to "be strong" (Khun 2008). However, this phrase also exemplifies positive coping mechanisms survivors employ to contend with self-stigma. Researchers in social science may choose the term physiological resilience to describe these forms of mental strength.

There are studies that stress the importance of professional interventions in strengthening and positively influencing survivor physiological resilience and recovery from sexual exploitation and abuse (Gozdziak et al. 2006; Abu-Ali and Al-Bahar 2011; Gray et al. 2012; Sobon 2015). Gray et al. (2012) recommend interventions that increase mastery as a means of strengthening resilience to future adversity, adversity that would most certainly include stigma. These authors advise that interventions be implemented as early as possible to reduce traumatic symptoms and be "*age-appropriate methods of cultivating increased psychological functioning, mastery and competence, in addition to engendering overall resilience*" (Gray et al. 2012: 368).

Indeed many survivors express being grateful for the counseling they receive from organizations and trusted family members. Some survivors describe a process of change toward healthy patterns of thinking that have facilitated interconnection and carry over into their life in the community.

⇒ *Before I blamed myself a lot, but now I don't. I know more and I have new ideas and I don't dwell on my past problems.*

⇒ *My mom knows me. She said I should be strong. I didn't listen to her but now I know.*

⇒ *The first time that I face the court, I was afraid because I saw the offender in front of me but I tried to commit myself. Moreover, I tried to make a commitment to be strong so they cannot see my fear or my weakness. As a result, I am not afraid any more with the next meet up (court appearance).*

⇒ *Everybody has value even if they worked in Karaoke like 5 years, 10 years but they still are alive and they still have value. They are not from the dirt like people say. That is not*

truth. There are many people that say, you know now that I have worked in Karaoke, I cannot find the right guy. It is not truth. If you believe in yourself and you can be strong, you can still find many people that want to see you grow.

Work hard and struggle – Survivors reflect on hard work and struggle when asked about what advice they would give to others. Other studies in Cambodia identify hard work as an important part of resilience for survivors of the Khmer Rouge (Overland 2012). Muco (2013) suggests a willingness to work hard demonstrates a motivation needed to succeed, an important trait for survivors dealing with self-stigma and potential stigma in the community. One survivor's explains the need to work hard and struggle with stigma in the following way:

⇒ *I want to tell them to keep going forward although we had this problem, but we have to struggle more. Our future is not finished yet because we still have life. We have to try and have hope. Believe and strengthen yourself to a good future. Although we had problems, we have crossed it already. Sometime we feel depressed, but we must remember that we have crossed it. It has gone, so please try harder again for your future.*

Learn a skill or trade and are growing (excelling) at work – Survivors that overcome stigma discuss a process of learning or training in a job skill, finding a "good job", and continuing to learn new skills. These survivors often talk about starting a job and later becoming a supervisor or trainer and beginning to teach others the same skills they learned. In some ways this characteristic is more of a process in survivors' lives than it is a single attribute. The process can be seen not only in the information that survivors share but also in changes in body language and the levels of confidence in responses that survivors provide to questions during interviews.

Feel that they have "earned honor" through life choices – This aspect is probably the most important characteristic survivors describe in overcoming stigma because it deals with self-perceptions of gaining or earning honor. Of equal importance, perceived gains in honor are made through or because of a survivor's life choices. When survivors talk about moving from no job or the "bad job" to a "good job" or in other situations "getting married" and thereby attaining the "ability to be married", they describe empowerment; they describe earned honor. Cambodian culture gives honor to people that are married, to those with financial means, and to those that are educated/skilled. Survivors of all ages and marital status talk about this concept:

⇒ *I would tell her that you have to try to learn, you should not go for a walk, you have to learn for your future, and work in the office, work in a good place.*

⇒ *I believe I can change my village neighbors' bad ideas about me by studying hard and finding a good job. This will stop their negative gossip about me, about my past sexual exploitation.*

⇒ *Now I become a household head (the most important financial earner in the marriage)…when my mom doesn't have money, she calls to borrow from me.*

25

⇒ *I plan to stay in school and graduate from college so that I can have a bright future and a good job. Then nobody will look down/underestimated me. And when I get married and have a family, I will feel proud of myself.*

⇒ *Honestly, the most significant thing that has changed is that I am working in a place that does not affect my relationships with the people around me. I work in a good job. And that's the most important thing. That we work in a good place. And so I like to work at the organization. And I left from the place that I should not work.*

Another survivor describes this concept by reflecting on changes in her employment and subsequent positions of honor in her second marriage as compared to her first marriage. During her first marriage she was paid a salary at a skilled job with an organization but now in her second marriage she receives no salary, yet still works in support of her parents in-law's business.

⇒ *If I compare the situation recently with the time when I was working in the NGO, I want that time back; I don't like the situation right now because I live with my husband and his family. His parents work to support my family, which causes other people in his family to look down on me and sometimes they use rude words that disappoint me. I said to my second husband that when I lived with my first husband, I was never afraid to say something to him. I had work (at the NGO) and I earned the money to support my children, but now I depend on everyone and I cannot say anything.*

Survivors that overcome stigma either speak with honor when they talk about their lives or they describe the process by which they believe they have "earned honor" through the choices they have made.

5.0   Findings and Recommendations

The finding in this assessment systematically characterize the main components of stigma, documenting culturally germane stereotypes and negative labels, important stigmatizing groups, and the discrimination practices survivors confront long-term while living in the community. Survivors discuss their encounters with public stigma throughout the many changes they experience in life from year to year. This group lends their voices not only in protest to the stigma and inequality they so often confront but also to encourage others to contend with stigma and discrimination and struggle to overcome these adversities in life. By disseminating these 'voices' and research findings, Chab Dai believes (re-) integration programming and policy will be informed and advanced, providing hope for the future and improving the quality of life for survivors of trafficking and sexual exploitation in Southeast Asia and around the world.

The following recommendations are based on the findings of this assessment.

1. **Finding:** The themes gender inequality, marriageability, and socioeconomic status are clearly evident in survivor stories as they discuss stigma, negative labels, and the gain and loss of social status.
   Recommendation: This finding has implications for caseworkers and counselors. Helping survivors understand stigma and self-stigmatizing thoughts is an important step in developing ways to contend with it. Discussing these themes and how to cope with the

various components of stigma (i.e. negative labels, stereotypes, and loss of social status) will help prepare survivors as they (re-) integrate into the community.

2. **Finding:** Survivors contend with self-stigmatizing thoughts at some point during trafficking or exploitation, becoming stigma conscious about negative labels and stereotypes as a result of their changing life situation. The subconscious realization of stigma can and does trigger powerful self-discriminating thoughts, affecting decision-making and altering life chances and opportunities.
   Recommendation: This finding has implications for all levels of individuals working in organizations and government ministries. Staff awareness and sensitivity regarding cultural stigma as well as counseling programs that address self-stigma are important components of care based organizations. Realizing that survivors contend with self-stigma even if there are no outward signs, that self-awareness of stigma (stigma consciousness) can affect subconscious decision-making, and that self-stigma can deepen the effects of trauma are important considerations in preliminary assessments and care plans for survivors.

3. **Finding:** The majority of survivors describe lives and experiences with stigma that are complex and changing. Evaluations of the stigma in the years following (re-) integration indicated the lowest prevalence of stigma in the first year.
   Recommendation: This finding has implications for program managers as they consider the scope and duration of (re-) integration programs and follow-up with survivors in the community, including 1) that (re-) integration programs and job training can and likely do have a positive impact reducing stigma in survivor's lives in the first year following (re-) integration and 2) that highly stigmatizing situations can and do arise in the years that follow.

4. **Finding:** After (re-) integration survivors are highly stigmas conscious regarding their "ability" to get married, divorced, or for some, remarried. Survivors that are single discuss wrestling with stigma related to marriageability. Survivors that find themselves in an abusive or violent relationship struggle with gender based stigma as well as cultural stigma associated with options such as divorce.
   Recommendation: This finding has implications for care-based organizations and government ministries alike. Marriage is an important cultural milestone for survivors. Training and discussion about various aspects of relationship building, negotiating conflict, empowering marriages, and how to contend with gender inequality in marriages are highly recommended. A greater emphasis needs to be placed on raising awareness regarding the benefits and protections gained in a marriage by legally registering a marriage at the civil registry. Almost no survivors in our cohort group are choosing to take this step. Survivors that don't register are not assured basic marital rights to assets, property, partner alimony, and child support.

5. **Finding:** In general, findings in this assessment suggest that stigma increases in degree and intensity as multiple discriminating experiences converge and remain in place over multiple years. The intensity and degree of stigma can also increase as survivors locate

fewer and fewer trusted social resources (e.g. friends or family members) and safe places in the community (e.g relatives and neighbors homes or places of business).

Recommendation: These findings provide several practical implications for caseworkers and program mangers evaluating potential stigma and discrimination toward survivors in the community. These include:

- Identifying ways of working with and discussing stigma that don't pass on or "reinforce" negative labels
- Conducting family assessments that identify potential concerns regarding stigma and if appropriate, use awareness programs to reduce stigma
- Following-up with survivors 6-months to a year after a marriage (or partnership), particularly if the survivor is living with her parents-in-law and is not working or is working at their home in a family business
- Helping survivors that are contending with stigma identify safe places and trusted social resources

6. **Finding:** Stigma has been shown to have enduring effects on mental health and well-being. This assessment suggests survivors contend with stigma in varying intensities and degrees. The potential mental and physical health impacts these ranges of stigma have on survivors are not fully known in this assessment.

   Recommendation: Understanding these linkages has implications for program managers and government ministries. Additional evaluation of social- and self-stigma and mental and physical health indicators in survivors during the years following (re-) integration would further understandings of these interactions. Further research would benefit program managers and government ministries as they follow-up with survivors and assess potential follow-up care needs and services.

7. **Finding:** Survivors that overcome stigma speak with confidence when they talk about their lives, often describing a process by which they believe they have "earned honor" through the choices they have made.

   Recommendation: Residential programs and even transition homes should consider developing plans to foster important coping mechanisms for stigma among survivors. These include areas such as helping survivors develop close supportive relationships, find healthy ways to contend with self-stigmatizing thoughts, complete their education and/or learn a marketable job skill, identify safe resources they can turn to in their future if they encounter domestic violence in their marriages.

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29

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