

The Forgotten Cohort:

**An Exploration of Themes and Patterns Among
Male Survivors of Sexual Exploitation & Trafficking**

The Butterfly Longitudinal Research Project

A Chab Dai study on Reintegration:
Researching the lifecycle of sexual exploitation
& trafficking in Cambodia

2016 THEMATIC PAPER

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Contents

In loving memory of Siobhan	1
Acknowledgements	2
Executive Summary	4
Introduction	5
Methodology	6
Assessment Sample.....	6
Thematic Assessment Methods	7
Vulnerability Themes:.....	8
Resiliency Themes:	9
Results	10
Aftercare	10
Physical Violence	11
Emotional Violence / Lack of trusting relationships	11
Emotional unrest about family poverty	12
Substance Use	13
Resiliencies in Aftercare:	13
Reintegration.....	14
Poverty	14
Emotional and Physical Violence.....	15
Difficulties in Work and School	17
Housing Instability	18
Resiliency During Reintegration.....	19
Life Beyond	20
Continuing struggles with poverty	20
Increasing antagonism with families and carers.....	21
Increasing Difficulties in Work / School	21
Poor emotional health.....	22
Increase in Drug Use.....	23
Resiliencies following RPC Support.....	24
Discussion	25
Lack of emotional support	25
Filial Piety.....	26
Navigating Rigid Gender Norms	27
Compound Trauma	28
Conclusion	29
Recommendations	30
Program/Practitioner Recommendations:.....	30
Recommendations for future research:	31
Bibliography	33



In loving memory of Siobhan

We dedicate this paper to the memory of our great colleague and beloved friend, Siobhan Miles. We are forever grateful for her tireless dedication to the voices of survivors and selfless commitment to developing a dynamic team of skilled local researchers. Building the Butterfly Project from the ground-up, she brought this work to national and global significance and developed research that was the first of its kind.

Her warm smile and endless compassion and encouragement towards us have left a lasting impression on our hearts and minds. It was our honor and privilege to have walked with her during the time that we had.

Her work and warm memory will be with us always.

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Cover Photo: Lim Vanntheary

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To view the full thematic paper and the bibliography on The Forgotten Cohort: Exploration of Themes and Patterns Among Male Survivors of Sexual Exploitation and Trafficking, please access:

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at

www.chabdai.org.

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Executive Summary

Over the past seven years, the Butterfly Longitudinal Research (BLR) Project has followed 128 survivors of trafficking through their experiences in aftercare, community reintegration, and beyond to help develop a better understanding of the recovery and reintegration of trafficking survivors within a Cambodian context. Despite the wealth of data and an analysis that has been generated by this project, there have been notable gaps evident within data from the male cohort. In response to these gaps, this paper looks at the male cohort holistically, taking into account their statements and broader narratives, merging them with the collective observations of the BLR project team over the past seven years.

Throughout the three analytical phases of this paper, data indicates a notable pattern of violence—particularly emotional violence—among the male cohort. The paper finds high rates of both physical and emotional violence from peers during the male cohort's time in residential care, as well as notable emotional violence from families following their reintegration into communities as well as difficulties in work and school in addition to frequent migration and/or housing instability.

During aftercare, peer-to-peer violence is a notable theme with all but one male (95%, n=19) indicating at least some level of violence along with a majority indicating a lack of trusting relationships. As respondents are reintegrated back into their communities, significant struggles with poverty and emotional violence from parents and carers are described by the majority of males, with nearly all respondents mentioning some level of emotional violence. As time progresses, the cohort describes more positive peer relationships, fewer feelings of shame, and more trusting relationships. Despite this, the majority still describe significant struggles with poverty, pressure to support their families, and indication of increasingly poor emotional health.

This paper notes that, while peers were the primary source of the emotional and physical violence experienced during aftercare, parents were most generally the source of emotional and physical violence during the Reintegration and Life Beyond phases of the analysis. As time progresses, respondents describe deteriorating relationships with families or carers, an increasing responsibility to be more independent, and a continuing struggle to maintain their studies or employment.

Merging the limited data within the male cohort with field notes, anecdotal data, and careful analysis, this paper hopes to provide an important baseline of information on the more silent gender in the BLR cohort and provide a stronger foundation for future analysis as well as recommendations for understanding and working with male survivors.

Introduction

Since its inception, the Butterfly Longitudinal Research (BLR) project has generated a great deal of data—qualitative and quantitative—as it has followed the progress of 128 survivors of trafficking through their experiences in aftercare, community reintegration, and beyond. More recently, the project has explored a series of thematic topics including: stigma, resilience, and filial piety. While this wealth of data has been useful and helped to bring about a better understanding of recovery and reintegration among trafficking survivors, most data and analysis has focused solely on the female cohort, giving very little insight into the experiences of male survivors of trafficking.

This lack of discourse has been largely due to the existence of significant gaps in the male data. These gaps seem to exist for a number of reasons. Initially, following reintegration, the research team found male respondents to be often difficult to find. They would change housing—sometimes erratically— or migrate for work without notice, making it difficult for the research team to keep in touch. Further, qualitative data from the male cohort was often unforthcoming and often lacked detailed information. The research team would ask a similar set of semi-structured questions to both male and female cohorts, and where females would tell stories and express their thoughts and feelings, tended to remain significantly more silent, sometimes responding only one or two word answers. This phenomenon has been well-documented within the field of health research, with researchers commonly describing unsatisfactory data from male respondents—especially with regard their emotional experiences (Affleck, et al., 2012).

In view of these gaps in data, this thematic paper is notably different from previous papers in the BLR series. Instead of exploring nuance within an expansive qualitative dataset, this paper examines the male cohort broadly and holistically, taking into account their statements and broader narratives, merging them with the collective observations of the BLR project team over the past seven years. This is done in hopes to provide a stronger context for its somewhat limited set of data and to developed stronger understanding of why these data gaps exist, and recommendations for narrowing them.

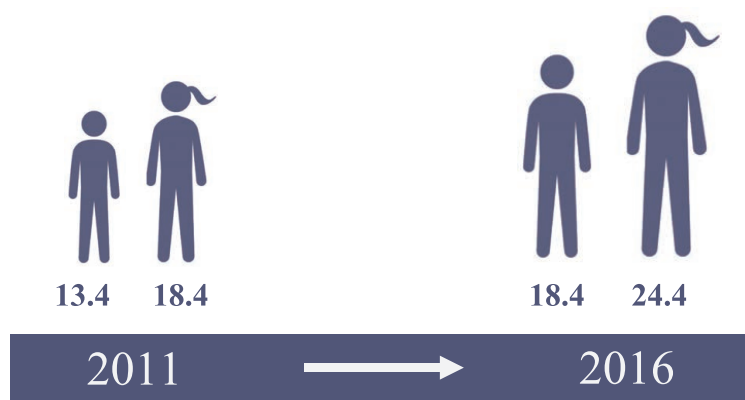
Methodology

The BLR Project has used a mixed method approach over the past six 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 also 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 conducted phone interviews. The mixed method approach has allowed the BLR Project research team to establish a broad overview of participants' lives. A key advantage of longitudinal research is that it allows for greater trust and rapport to be built with respondents over time. As a result, stories become deeper and more nuanced as respondents share parts of their life that they may not have previously disclosed in a one-off interview.

In year five of this longitudinal project, the methodology shifted to a much more qualitative approach and focused more on producing thematic papers, exploring particular aspects of the respondents lives. The team felt that such a focus was more appropriate for capturing the nuances and intricacy of the respondents individual lives (Miles, et al. 2014). It was at this point that the team conducted a baseline case study analysis on each participant, compiling four-plus years of quantitative and qualitative data 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. While these narratives revealed a great deal of data, they also revealed a number of gaps—particularly within the male cohort— indicating the need for deeper exploration into their narratives and contextual data.

Assessment Sample

The present paper draws from a particular subset of participants within the larger sampling of data collected in the BLR project, exploring data gathered from male respondents over the past seven years. The analysis looks at the individual progression of each of the 22 members of the male cohort through their reintegration processes, provides an overview of themes, and attempts to place this data in the context of the larger BLR dataset as a whole.



Males within the BLR project comprise about 20% of the total sampling. In comparison with female respondent in the BLR Project, males are younger and tend to be a more homogenous group in terms of age, marital status, and reintegration.

- **Males:**



- At the beginning of the BLR project, male respondents ages ranged 7 years, the youngest being 10 and the oldest being 17 years of age, with 29% under the age of 12 and 39% between the ages of 12 and 14.
- All male respondents were in the same RPC program at in 2011 (the only program in the country), when the BLR project began, and all began their reintegration process within the same two-year window (2012-2014).
- All male respondents have remained unmarried, from the onset of the BLR project to the writing of this present paper.

- **Females:**



- In contrast to males, the female cohort's ages ranged 29 years at the beginning of the BLR project, the youngest being 7 and the oldest being 36 years of age.
- Female respondents were spread across three different RPC programs in 2011, when the BLR project began.
- Members of the female cohort represent a diversity of backgrounds and marital statuses throughout the entire BLR project.

Thematic Assessment Methods

This paper takes into account the individual narratives of the male cohort over the past six years, along with what we know (both anecdotally and otherwise) about their social contexts and merged this information with the collective observations of the BLR project team. Further, since all members of the male cohort were a part of the same shelter / community (re-) integration (RPC) program, each reintegration narrative was similar enough for the longitudinal data to be divided into three subsequent phases: Aftercare, Reintegration¹, and Life Beyond. While the amount of time spent in each of these subsequent phases varies from case to case, respondents spent slightly more than two years in each phases, on average.

After compiling the narratives, field notes, and anecdotal data from the research team, we conducted a thematic analysis of the cohorts vulnerabilities and resiliencies over each of the three reintegration phases. This required conducting a systematic review of

¹ It should be noted that 'reintegration' here refers to the 2-year period of formal reintegration support from the RPC program. The BLR team understands reintegration to be complex and broader broader term which, in reality, encompasses both aftercare and reintegration phases of their analysis.

the full compilation of narratives, field notes, and anecdotal information on the male cohort, and pinpointing key themes or patterns in the data. This analysis produced eight key vulnerability themes and seven key resiliencies within each of the three reintegration phases.

Vulnerability Themes:

1. **Emotional Violence** - This theme covers a broad range of observations within the male cohort. It is understood as a form of psychological abuse which may harm one's sense of self-identity, dignity, or self-worth. Within this study, we define four key sub-themes among respondents, which we place under the broader theme of emotional violence.
 - a. **Discrimination** - within this study, discrimination is understood as the treatment of an individual differently (in a negative sense), based upon their association with a particular group or class. Among the BLR male cohort, discrimination was predominantly based upon economic class, ethnic heritage, and/or perceived gender identity.
 - b. **Disconnect / Isolation** - having few or no healthy social and/or familial relationships.
 - c. **Lack of trust** - having little faith or confidence that others do not have the respondent's best interests in mind. In most instances, this is directly quoted by respondents of the people around them and can include parents, siblings, staff, peers, and community members.
 - d. **Feelings of shame** - understood as a feeling of humiliation due to either previous actions or membership within a certain group or social identity. In many cases, this is associated with ethnicity or due to respondent's previous experiences of exploitation.

As time progresses through the reintegration process, the kinds of emotional violence reported in the narratives seems to shift and a variety of emotion-related themes and patterns become apparent, which do not quite fit under the label 'emotional violence'. Thus, in the 'Life Beyond' section of the analysis, the theme of 'emotional violence' is split into two related analytical themes:

- e. **Antagonism with Parents** (Life Beyond) - A general sense of disconnect and combativeness between the respondents and their parents/caretakers.
 - f. **Poor Emotional Health** (Life Beyond) - A broad term encompassing a variety of deepening negative emotions including feelings of isolation and low self-esteem.
2. **Physical Violence** - a respondent's experience of physical force committed against him with the intention of causing harm.
 3. **Violent Behavior** - a respondent's usage of violence (physical or verbal) against another individual with the intention of harming them.

4. **Difficulties in work / school** - For varying reasons, the respondent has shown trouble with attendance, performance, and/or maintaining consistent studies (formal and/or vocational) or employment.
5. **Migration / Mobility** - Moving from one living environment to another. This may be due to changing foster care or family situations, poverty issues, experiences of violence, as well as migration for education and/or employment opportunities.
6. **Poverty** - not having enough financial resources to meet one's basic needs.

Resiliency Themes:

1. **Notable Motivation for work / studies** - The respondent indicates that work and/or studies are a high priority in his life beyond what is expected.
2. **Notable Self-confidence** - The respondent indicates having trust in his own abilities and judgments.
3. **Supportive family/carers** - A respondent's family or carers give notable aid or confidence. This could be through a variety of ways including: financial aid, emotional stability, guidance and/ or mentorship.
4. **Positive relationships with peers** - The respondent's peer-group are supportive, encourage healthy choices, and give the respondent notable enjoyment in his life.
5. **NGO Assistance** - Aid (which includes RPC support) that is given to the respondent by means of NGO programming. This could include: shelter, finance, case work, physical and/or emotional support.
6. **Economic stability** - The respondent's individual and/or family's financial situation is not burdensome. They are able to afford basic necessities without borrowing money from lenders.

Results



Aftercare

All male respondents in this study were a part of the same RPC program, as there was only one shelter in Cambodia which catered to the needs of male survivors of trafficking and exploitation at the time the BLR Project began². Respondent's ages upon entering the BLR project ranged from 10-17 years of age with an average age of 13.4 years. The time spent in aftercare varied from case to case with some aftercare experiences lasting longer due to pending court cases and family poverty issues, which made earlier reintegration potentially unsafe. On average, the BLR project tracked children for slightly less than 2 years (1.83 years) in aftercare, the shortest amount of time being less than one year, and the longest being 4 years. In this case, the respondent's reintegration was delayed due a chronic illness in the respondent, as well as chronic poverty in the respondent's family. Since the family was unable to provide for the respondent's ongoing medical needs, it was decided that the respondent would remain in aftercare until alternative support was available.

While a number of broad themes are notable among males during their time in aftercare, peer-to-peer violence stands out most notably. In particular, high levels of both physical and emotional violence from peers are strongly notable in a majority of cases with all but one male (95%, n=19) indicating at least some level of emotional and/or physical violence from their peers while in aftercare. Further, respondents seem to indicate a lack of trusting relationships, in general, within the aftercare facility.

² This was true at the time that shelter data was collected. At the time of the writing of this paper, the only shelter catering to male survivors of trafficking had reintegrated all of its cases and was no longer accepting new cases for aftercare.

Physical Violence



Numerous accounts of physical violence from peers are described by a majority of boys (68% or 13 of 19) during their time in aftercare. Among this majority, some boys seem to be more strongly affected and describe physical violence from peers as a constant and continuing reality of their time spent in aftercare. One respondent, 11 years-old at the time of the interview, cites numerous experiences of violent fighting with his peers, and mentions one instance in which he was left bleeding. At one point, he describes running away from the shelter because of the level violence he experienced from his peers.

In a modest majority of cases (58% or 11 of 19), boys cite being violent toward their peers in the aftercare facility. Qualitative data from 2011-2013 seems to indicate a social hierarchy or power structure among boys in aftercare. Age and the length of time spent in aftercare seems to merit some boys greater social capital³, and thus they are able to assert more authority over their peers. For some boys, having accrued social capital seems to afford them protection from violence, while among others it seems to give merit to the violence that they express toward their peers in the shelter.

In some cases, it seems violent behavior is used by boys as a defense against receiving physical violence. For example, one participant is somewhat older than other boys at the shelter, yet he has a physical disability which prevents him from walking normally. During his first few months in aftercare, this made him uniquely vulnerable to violence from peers both in and out of the shelter. Over time, it was noted that he tended to be more domineering and controlling over the other boys in the shelter, using violence and bullying his peers in the shelter. This gained him the reputation as the “big boss” in the facility. His use of violence against other boys in the facility seems to hide his physical vulnerabilities (due to his disability) and afford him protection from violence.

Emotional Violence / Lack of trusting relationships



A strong majority of respondents (79% or 15 of 19) cite various forms of emotional violence that they experienced during their time in aftercare. In particular, this was seen in the form of discrimination and/or feeling disconnected from peers (68% or 13 of 19), discrimination and/or feeling disconnected from caretakers (26% or 5 of 19), as well as an expressed lack of trust in others, which was mentioned in 21% of cases (4 of 19). For many respondents, emotional and physical violence are often tied together as a part of being bullied by other peers living with them in the aftercare facility. In many cases, ethnicity and socioeconomic status are cited as major reasons why boys become targets for violence from their peers. Outside of the aftercare facility, a few respondents cite that they are made fun of by neighbors and within their schools

³ Social capital is made up by the networks and relationships that are formed among people within a particular society, which allows them to function effectively. These relationships are often marked by trust, cooperation, and reciprocity.

because they were sexually exploited. One respondent cites that his uncle disclosed that he had been sexually abused by a monk. Eventually, the gossip spread throughout the community and led to the respondent being harassed about being exploited. Lastly, one boy cites being bullied because of a disability which makes it difficult for him to walk.

Among the 13 boys (68%) who cite disconnect from peers within the aftercare facility, six cases cite that this is due to experiences of physical violence. For instance, a participant cites numerous occasions in which peer fighting prompted him to hit back and become violent as well. He notes that other boys stopped playing with him because he can be too rough. He also mentions feelings that the shelter staffs do not like him, potentially because of his harsh responses during instances of peer violence.

Slightly more than one fourth (26% or 5 of 19) cite feeling disconnected from peers due to various forms of discrimination. In two cases, the discrimination is due to having a Vietnamese heritage, which is commonly looked down upon in many rural Khmer communities. In other cases, discrimination is said to be due to the respondent coming from a poor family or having certain physical features, such as curly hair or a cleft palate.

An 11 year-old respondent cites a number of difficulties in connecting with peers within the aftercare facility. Once again, discrimination, violence, and fighting is cited to commonly occur among his peer relationships. He cites, "They don't allow me [to play with them] and they say that I am an arrogant person." While this boy's peer relationships seem to be quite difficult, he notes having good relationships with the shelter staff. Overtime, some of his peer relationships seem to improve as new boys are brought into the shelter who seem to respect him. This could be due to the fact that he now has seniority in the center over the new boys, and would thus be victim to less violence from them. Despite these new non-violent relationships, this participant seems to consistently talk about being teased and shamed by the other children in the center. At one point, he describes running away from the shelter due to the amount of physical and emotional violence that he was receiving.

In addition to peer violence, some boys cite feeling disconnected from their families during their time in aftercare. This is particularly true in a number of cases where boys want to be reintegrated back to their communities, but their families are hesitant to accept them back. This is often due to poverty in the family, therefore their parents/carer feel that they are not able to take financial responsibility for the education and care of the child.

Emotional unrest about family poverty



While emotional anxiety about family debts and poverty is notable between both male and female respondents. Nearly half of males (47% or 9 of 19) felt the effects of poverty in one way or another, with nearly a third of the total group (32% or 6 of 19) citing anxiety or emotional unrest regarding their parents finances. Respondents also mentioned experiencing discrimination

because of their families' poverty, and their inability to be reintegrated due to the financial burden of the child on the family.

Poverty seems to be a significant challenge for the majority of respondents and some indicate a strong sense of responsibility to help their families to alleviate it. This was particularly true for one respondent whose age was not given. During the first year of the study, he describes a disagreement between he and the shelter staff regarding the length of time he was to remain in the shelter. He cites, "I feel responsible to pay debt because my family needs money to open a business. So, I have to work and help my family." While this boy wanted to be reintegrated sooner in order to assist his family with their financial responsibilities, the shelter insisted that he stay longer because his trafficking case was still pending in court.

The research team was able to meet with this particular respondent only once following his reintegration in the Spring of 2012. He cites that he was happy to be back living with his family, and although he has accrued debt for books that he purchased to sell on the street, he is not yet worried about paying it off. He also discloses disappointment with himself because he is illiterate, and indicates that the NGO would only continue support him if he moves back into the shelter. After this interview, all contact with this boy was lost because of frequent migration in search of employment, and changes in his contact information.

Substance Use



Usage of alcohol, tobacco products, and illegal drugs was indicated among one in five respondents (21% or 4 of 19) in aftercare. The majority of substance use is methamphetamines (16% or 3 of 19). Following methamphetamines, use of other drugs and alcohol are indicated in two cases (11%). While it is possible that drug usage during aftercare is a coping strategy for violence and/or emotional unrest, this connection is not clear in current qualitative dataset. In future interviews, it would be helpful to include discussions about potential coping strategies for peer violence experienced by boys in aftercare.

Resiliencies in Aftercare:



Despite the risks for significant emotional and physical violence, there are also some notable strengths and resiliencies among males during their time spent in aftercare. Perhaps the most notable resiliency is having consistent NGO support available to meet their basic needs. Further, during their time in aftercare, nearly a third of respondents indicate notable self-confidence, demonstrating a positive outlook on their abilities to succeed in their studies, work, and relationships.

While negative (and often violent) peer relationships are notable, strong positive relationships with peers (and also alliances) are apparent. Even years after their reintegration, respondents describe the feeling of having been in a family during their time in aftercare and seem to indicate a kind of shared identity in some of their more positive

peer relationships in the aftercare facility. Even in recent interviews, a number of boys still look fondly upon some of close ties that they built during their Aftercare experience. This could be a product of having gone through the shared experience of aftercare and reintegration, something that many other children in their communities not have experienced. Lastly, even though it may not be a constructive resiliency, acting out or bullying peers can be considered a form of resilience. For instance, one respondent was initially bullied and abused due of his physical disability. As a response, he started using violence toward his peers, developing the reputation of being the “big boss” in the center, which seems to have afforded him protection. While this is not ideal behavior, it can be seen as a survival tactic or a form of self-preservation, which helped him to stay resilient during his time in aftercare.



Reintegration

Upon beginning their community reintegration, the ages of respondents ranged from 12-19 years of age with an average age of 15.2 years. Financial support from the RPC program is intended to last for two years after leaving the aftercare facility. On average, respondents spent slightly more than two years (2.2 years) under RPC support, the shortest reintegration period was less than one year, and the longest was three years. In several cases, community reintegration was abbreviated due to a variety of factors including migration for work, imprisonment, or running away from home. In other cases, the reintegration support period was extended due to cases of extreme poverty, migration, and/or lack of family support. As respondents begin to reintegrate into their communities, negative changes are almost immediately notable to respondents' struggles with poverty, disclosures of emotional and physical violence, difficulties in work and school, and instabilities in housing / frequencies of migration.

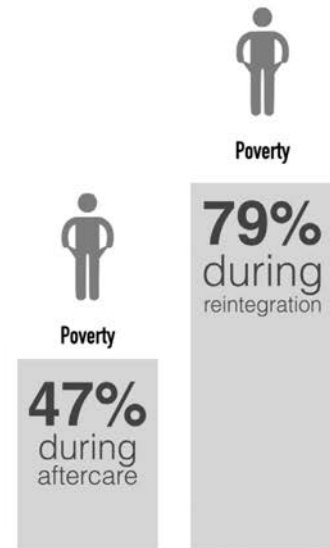
Poverty



A strong majority of respondents (79%) cite feeling the effects of poverty in a variety of ways as they are reintegrated back to their communities⁴. Among the 79%, one-in-five describe lacking food, nearly half (47%) cite having insufficient education for gainful employment, and nearly a third (32%) cite an inability to live with their immediate families due to poverty.

⁴ This is a notable increase from 47% in aftercare who cited feeling a variety of effects of poverty.

Poverty seems to be an underlying issue within most of the vulnerabilities described during their RPC program as respondents cite inability to pay debts and describe feeling pressured to find work and earn money to support their families. This prevents many respondents from continuing education and becomes the source of emotional and physical violence in many cases. In other cases, lack of finances in local communities drives parents to migrate for work in Thailand, leaving respondents with inconsistent (or entirely lacking) support from their families. In the case of one 12 year-old respondent, he was reintegrated into his community, but often lived without parents or siblings because they had migrated for work. He describes having a close relationship with his mother and tells that her migration for work (along with his siblings) left him feeling isolated in his community. Throughout consecutive interviews, the research team describes this boy losing a significant amount of weight during his reintegration and often becoming sick.



Emotional and Physical Violence



There is a notable increase in cited experiences of emotional violence as respondents are reintegrated back into their communities. Disclosures of emotional violence within qualitative data increase moderately from 79% of cases (in aftercare) to nearly all respondents (95%) with 18 of the 19 cases mentioning some level of emotional violence. While disclosure of emotional violence remains high, it is notable that the source of the violence shifts from peer-violence (in aftercare) to experiences of violence from family members (during reintegration). Disclosures of violence from parents and carers increases significantly (from 0% of cases to 21% of cases) and disclosures of emotional violence from peers decrease by more than half (from 68% of cases to 32%).

Violence from Families and/or Caretakers

Experiences of violence from families seem to be, in part, tied to poverty. While interviewers do not collect regular data on family incomes, the research team anecdotally cites the male cohort and their families to have significantly greater struggles with poverty in comparison with the female cohort and their families. These stressors seem to provide the context in which most emotional violence occurs, as increased financial strain seems to pressure some respondents to start earning for their families' livelihoods--often causing them to stop their studies early. One 15 year-old at the time, notes that his caretaker "blames" him constantly because he wants this boy to go into TV repair, instead of completing his studies as the respondent would prefer to do.



Another form of emotional violence reported by the male cohort is non-acceptance from families. Just under a third of the respondents (32% or 6 of 19) cite that their families did not want them to be reintegrated. In the majority of cases, this was due to the lack of means to support education and livelihoods of their children. For instance, a 16 year old participant originally stated that he was in the shelter because his mother said she could not financially take care of him anymore rather than disclosing to the researchers that he was sexually abused.

This non-acceptance for a boy's reintegration came in various forms from case-to-case. An 18 year-old respondent cites confusion when his mother did not want him to come home from the aftercare facility. While the respondent's parents initially said that they were unable to accept the child back due to their poverty, further information from the respondent's step-father indicates a different reason. In 2015, the research team had a conversation with the respondent's stepfather who says, "we didn't really want [this respondent] to come home yet when the aftercare center sent him back. This boy is not like other kids" The stepfather cites that this participant would often leave home with peers who have a seemed to have a negative influence over him. The stepfather continues, "I previously sent him to another shelter in [the] province [for vocational training], but he ran away." The research team cites that his parents did not seem to care greatly for their son's well-being. When he was eventually reintegrated back into his family, he was accepted with reluctance, as the family had no other choices for alternative care.

In terms of physical violence, corporal punishment by parents and/or caretakers is commonly cited among the male cohort. One-in-five respondents (21%) stated that they have experienced violence from their parents/caregivers during this time, all of them noting their caregiver's reasoning for these actions were out of discipline. One respondent frequently mentions during his reintegration interviews that he is commonly beaten and insulted by his grandfather when his work is slower than his grandfather

wishes. Other times, he cites that he is beaten because he wants to stay in formal education instead of entering vocational training and working, as his grandfather wishes. Though he was eventually forced to stop going to school and study to become a TV repairer, this boy says he still gets in physically violence arguments with his grandfather over his education stating,

“My grandfather beats and blames me because I argue with him a lot, especially about my education.”

From peers and community members

Emotional violence from peers is also commonly disclosed by the male cohort. This is particularly seen as various forms of stigma and discrimination experienced within their communities. Nearly a third of boys describe feeling disconnected from or discriminated by their peers during their reintegration process. The majority of these cases involve being bullied by friends or other peers. This is a common feeling disclosed in interviews, with one-in five respondents citing shame or fear of stigmatization during their reintegration period.

In contrast to the increase in emotional violence, experiences of physical violence decreases slightly during community reintegration (from 68% of cases to 53% of cases), as boys are removed from the high levels of peer-to-peer violence which was commonly experienced in aftercare. While overall disclosures of physical violence seem to decrease as respondents are reintegrated, it was observed that the source of physical violence shifts from peer-on-peer to parent/caregiver-on-child.

Shame and Lack of Trusting Relationships

More than one-in-five respondents (21%) cite feelings of shame as they are reintegrated back into their communities, something which was not previously mentioned during their time in aftercare. This is potentially due to the fact that, while in aftercare, respondents were living with other boys who had shared a similar experience of trafficking and/or exploitation. In communities, respondents may have begun to feel that they were different from their peers. These feelings would be, no doubt, exacerbated by the sharp increase in stigma and discrimination cited by respondents upon community reintegration. In addition to feelings of shame, more than one in four (26%) describe a lack of trusting relationships within their communities. One 16 year old cites being fearful of being looked upon when his peers ask him why he had to spend time in the shelter. This has led him to lose trust for other peers and neighbors in his community because he states that they do not respect the confidentiality of his story--appearing to leave him feeling isolated. He states, “I do not trust or believe anybody because I noticed that when I share my story to others, they often share it to other [people]”.

Difficulties in Work and School



As the boys are reintegrated back into their communities, eight boys, or 42% of the male cohort cite a variety of difficulties in maintaining their work or studies. Further, nearly one-in-three (32%) cite quitting their work or studies entirely. Familial poverty seems to drive the majority of these difficulties, pressuring boys to quit school and pursue

ways of generating income to support their family's basic needs. For instance, a respondent cites that his grandfather forced him to stop his studies in order to take up vocational training with his uncle. He describes that his grandfather does not believe in the importance of finishing school and prefers that he take up vocational training, which can earn money faster. Once this boy's RPC funding came to an end, he stopped attending school altogether. He cites:

“...I stopped my schooling because I had no support for my studies from [the RPC program] anymore. So, I need to learn repairing skill with my uncle, even though I don't like it”

Lack of family support also seems to be a key issue preventing males from completing studies, as well as vocational training programs. For example, a different respondent from the one mentioned above, had to drop out of school due to pressures to help support his family. In response, the RPC program identified a vocational training opportunity and attempted to facilitate enrollment. However, while waiting for his enrollment to be completed, this boy felt increasing antagonism from his mother, which discouraged his initial ambitions to complete program. Once this participant had enrolled into the vocational program, he experienced a continuing antagonism from his family as well as negative peer relationships within the program. This all led him into using inhalants, and as a result, he was not able to attend his training courses regularly and eventually he left the program. With regard to the use of inhalants, he cites:

“I don't like the shelter where I am taking the cooking skill now because there are many bad children. They [use] glue [even though] they are in the shelter. They could not stop it because they already addicted to it. I couldn't stay. So, I ran away and stayed with my friends [on the street]”

Housing Instability



The majority of male cohort (68% or 13 cases) demonstrates significant housing instabilities during their reintegration periods. These instabilities seem to come from a number of factors they are faced with upon reentering their communities. Among this majority, nearly a third (32%) of respondents state that they had to move from their home communities to search for work. Twenty-six percent cite having to change where they lived due to violence at home or in their communities. Other reasons for housing instability include: migration to avoid an exploiter who still lived in the community, international migration of a parent, migration due to a parent's incarceration and/or release from prison, and migration for education.

Instabilities in housing also affected the attrition rate of respondents within the BLR project. Due to their frequent - and often erratic - migration, the research team lost contact with three boys within the first year of their RPC program. One respondent, shortly after his reintegration, illegally migrated to Thailand through a 'broker' in hopes to find work. After three months he returned to Cambodia citing trouble with Thai immigration police and that he was not able to earn sufficient income. Two months later,

he returned to Thailand but was only able to stay a little more than one month, explaining that there was no work available for him. In another case, one respondent had moved to a distant province to pursue a job shortly after his reintegration. Neither the BLR team, nor the shelter, received any information about this change. However, this boy eventually returned to a closer province nearly two years later and the RPC program and BLR team were able to connect with him once again.

Resiliency During Reintegration



Despite the notable lack of stable familial relationships, housing, education, and/or employment during reintegration, there were also a few notable resiliencies shown by a number of respondents. Among them, more than half of respondents (53% or 10) seem to indicate a high motivation for work and/or studies during reintegration, which is an 11% increase from what was noted during their time in aftercare. Further, 58% (11 respondents) indicate having supportive parents or carers and 8 or 42% cite positive peer relationships. Lastly, the vast majority of respondents still receive reintegration support from the NGO that provided their aftercare services.



Life Beyond

As respondents reach the end of the two-year formal reintegration support from the RPC program, social relationships seem to moderately improve overall. The cohort describes somewhat more positive relationships with peers, fewer describe feelings of shame, and fewer describe relationships lacking in trust. Despite these moderate improvements, the majority still indicate significant struggles with poverty, there is increasing pressure from families to earn income to support their needs, increasing difficulties in maintaining work and/or continuing school, and the majority indicate struggling with poor emotional health.

Continuing struggles with poverty



A strong majority of cases, 75% or 12 cases, describe struggles with economic stability, with more than a third (38% or 6 cases) citing anxiety about being able to support themselves and their families. Further, 38% (6) cite a lack of access to regular meals, an increase of 18% (2 cases) from what was described during the respondent's reintegration periods. One-in-four (25% or 4 cases) cite being unable to complete education because of their struggles with poverty. And half of respondents (8 cases) cite having to be separated from their families as a result of such economic pressures, which is an 18% increase (2 cases) from the respondents' reintegration periods. This separation is due to parents or caretakers having to migrate for work or respondents having to migrate to distant provinces due to lack of local employment opportunities. This either involves the respondents leaving the family in search of employment, or for younger boys, the parents leaving them in the province as they migrate for work elsewhere.

“My mother always blamed me. She promised me, in front of [the RPC program] staff, before they reintegrated me, that she would support and encourage me, but she did not. She always blamed me. She blamed me every day.”

- male respondent, age 16

Increasing antagonism with families and carers



A number of respondents describe antagonistic relationships between them and their parents, caretakers, and/or other family members. This is largely seen among those respondents who already have had histories of significant emotional violence within their families. Half of the male cohort (8 of 16 cases) describe discrimination or other forms of emotional disconnect from parents and/or caretakers. Some of this disconnect seems to stem from pressure from parents/caretakers to earn money to support their families, particularly as time progresses and respondents become older. The BLR project team notes that, as time progresses, more and more interview time is spent discussing these devolving familial relationships and their feelings associated with them.

In some cases (3 or 19%), respondents disclose feelings of stigma and shame from their parents regarding their cases of abuse. For instance, one participant describes that his father looks down on him and calls him names because he was sexually exploited. He cites that he is afforded no other care or support from other members of the family. Despite this lack of support, he is still expected to earn money for the family and take care of himself.

Additionally, some antagonism from parents/carers seems to stem from previously violent or tumultuous relationships. For instance, a respondent describes an uneasy family context and cites that his regular interviews with the BLR team is only time that he feels that he is able to express his thoughts and feelings when he has no one else with whom to share it. While his biological father is no longer a part of the respondent's daily life, he discloses an instance in which his biological father sold he and his brother. His mother then had to sell her jewelry to buy the respondents and his brother back. He cites, *"...I pity my mother more than him because he, my biological father, used to sell me and my brother. He sold us to someone else and my mother sold her jewelry to take us back. My mother became poor because of him."* In future interviews, the BLR team hopes to unpack this story further as the respondent feels comfortable to do so.

Increasing Difficulties in Work / School

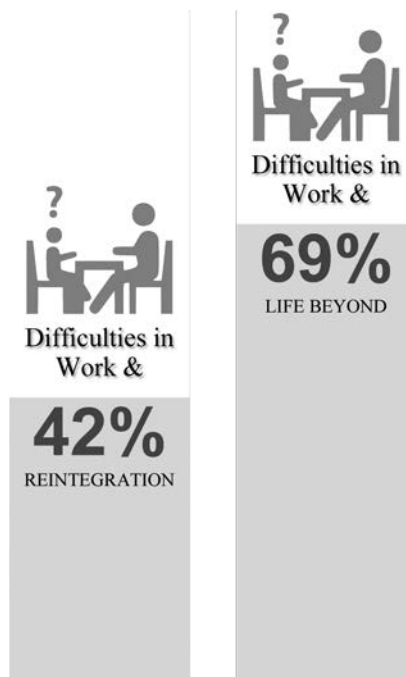


As respondents' two-year RPC program come to an end, difficulties in work and school exponentially increase from 32% to 69% (11/16) of respondents citing such difficulties. More than a third of cases (38% or 6 cases) describe a lack of ambition to continue their work or schooling and nearly one third (31% or 5 cases) have quit school or work altogether.

In a majority of these cases, family support seems to be considerably lacking with many respondents being left to support themselves both emotionally and financially. In many cases, respondents are left living on their own, or moving between houses. For instance, by the age of 15, one boy's RPC program funding came to an end and his mother expected him to be financially independent and refused to support him. This forced him to leave school and sell lottery tickets to earn for his daily needs. His mother

works in a distant province and occasionally sends money to his sister with instructions that he is to not receive any of the money, as he should be able to take care of himself. This participant hopes to obtain stability from a housing NGO to complete his education and have a higher salaried job in the future.

Following RPC program support, some difficulties in work and school are due to pressure from parents or caretakers to generate immediate income, rather than investing in completing the child's secondary education or vocational training. Because of this pressure to earn income, respondents are often required to take up careers or vocational training programs in area of work in which they have no interest. For instance, following his reintegration, a respondent demonstrates a strong commitment to his education, and showed consistently good grades, pursuing extra classes in various subjects. However, his grandfather (his primary caretaker) does not see the value of completing secondary education and forces him to leave school to informally learn to be a mechanic. He fights to maintain his studies alongside of his work as a mechanic, but this inevitably leads to burnout, causing him to stop his studies. Increasingly, this boy has shown signs of apathy in interviews with the BLR team, seemingly rooted in this tension between his grandfather's wishes and his own ambitions.



In addition to this, many difficulties in maintaining studies or employment seem to be rooted in emotional health, leading to combativeness with employers, depression, and/or general lack of ambition, which will be discussed in the following section.

Poor emotional health



While no specific or diagnostic questions on emotional health were asked during interviews, it is nevertheless notable that nearly half of male respondents (8 cases) seem to demonstrate a decline in emotional health as time progresses. This trend appears to be diverse and manifests in a variety of ways, including: low self-esteem, severe anxiety, anger/combativeness at home and work, isolation from family and/or peers, and suicidal thoughts.

Field notes from a series of interviews with one respondent indicate potential unresolved trauma in relation to his case of sexual exploitation (nearly 7 years later). These notes express the respondent has persistent anxiety about people in his community finding out about what happened to him. The participant also notes that he is often unwilling to visit his hometown because of the fact that the people from his village know about his abuse case.

Another respondent, age 19 in 2015, cites significant trouble maintaining stable employment due to persistent anger and combativeness with his employers. The respondent also describes regular physical and emotional violence during his time in aftercare, due in part to a physical disability that makes it difficult for him to walk. Interview transcripts also show severe and escalating anxiety in regard to his ability to provide income for his family. This anxiety appears to have been a contributing factor to the respondent's increase in substance use. Disclosed in the last interview of 2015, anxiety about his family's economic burdens and his inability to contribute--seemingly to the standard that he expects of himself--has also led to thoughts about suicide. He cites,

***“We are in debt... I feel sad about this matter so much!
Sometime I want to commit suicide by taking poison pills!”***

Depression and feelings of isolation are a common theme for two brothers who both came through the RPC program together. These feelings were particularly exacerbated when one brother was arrested for possession of drugs, leaving the other alone in the community. Appearing to have a significantly close relationship with his brother who was now imprisoned, the BLR Team notes that this young man began to have an emotional breakdown during a 2015 interview when speaking about his brother's incarceration.

Increase in Drug Use



While only two respondents discuss substance use (methamphetamines) following their RPC Program support, two respondents were unable to participate in the most recent round of interviews because they had been arrested for drug use and possession. This indicates that substance use may be a much larger issue in reality than what interviews seem to reveal. Crystal methamphetamines (known locally as 'ice') was used in all four of these cases.

With one 21 year old respondent, substance abuse seems to have a clear connection with emotional health and is used as a kind of escapist coping mechanism. This young man appears to have experienced trauma in relation to his inability to maintain employment and provide for his family; and potentially, as a way of dealing with the significant emotional violence that he has experienced from various members of his family.

In the case of another 22 year old male, he was unable to be interviewed due to his drug-related arrest. In many of his previous interviews prior to his arrest, this young man was showing signs of emotional instability and low motivation for his work, changing employment multiple times a year. His mother, previously his sole caretaker, unfortunately was killed while this respondent was still in the NGO shelter. He was reintegrated back to his province to live with his uncle, but ultimately having an unhealthy relationship with him, this participant moved out of his Uncle's house shortly after returning from the shelter; resulting in continually having an unstable home life. This unresolved tragedy of his mother's death and his seemingly rebellious nature against expectations of him, appears to have had a corrosive effect on this man's stability after reintegration back into his community.

Resiliencies following RPC Support



Some supportive families

Despite the number of cases which seem to indicate a growing antagonism between boys and their families, 63% (or 10 cases) describe at least some form of emotional or financial support from their families. While this support does not necessarily come from their parents or primary caretaker, a modest majority of cases describe having at least one family member group who provides them with some form of emotional or financial support. For instance, one respondent emphasizes his close connection with his family, since the beginning of the BLR study in 2011. In 2015, he describes having trouble passing the national exam and graduate the 9th grade. He tells BLR researchers that instead of getting mad at him, his mother encouraged told him to study hard, and to continue trying. Although he cites that his family does have some significant financial concerns, his parents still able to go beyond supporting for his daily schooling and enroll him in supplemental instruction for English and Thai. His mother cites that she loves having her son back home and that he is always keen to help with household work as she requests.

Some supportive peer groups

Another modest majority of male respondents (63% or 10 cases) also indicate having positive relationships with peers. This is a 21% increase from what was described during the group's RPC programs. For instance, in a 2015 interview with one respondent, he spends much of his interview talking about his friends at school and in the community. Jokingly, he notes that his new nickname is "SMS Master"--supposedly because how quick his phone messaging abilities are.

Some economic stability

Though poverty throughout the group is still a high concern, four cases (25% of the cohort) financial stability appears to be growing. This is a 20% increase (3 cases) from what was indicated this during his RPC program, indicating that some boys and their families are overcoming this financial obstacle.

Discussion

Throughout the three analytical phases of this paper, data has indicated a notable pattern of violence—particularly emotional violence—among the male cohort. In many cases, this violence takes place within a context of antagonistic family relationships and loose social connections. The BLR project team speculates that these feelings of isolation and emotional suppression could be the result of unresolved trauma, layered upon cultural expectation for males in rural Cambodian society, although this is not clear from the data. Further, as time passes, respondents seem to increasingly feel pressure to earn money to support their families, which pushes some respondents to end their educational or vocational training programs early in order to start work as soon as possible. It is possible that some of this reality may come from rigid gender norms or culturally-imbued expectations for males, perhaps especially with regard to their emotions.

Lack of emotional support

A lack of trusting relationships and a seeming inability to express emotions is a theme that appears within many interviews. This is illustrated clearly above with the respondent struggling to maintain stable employment due to persistent anger and combativeness with his employers. However, despite this respondent's seemingly calloused and often combative exterior, the BLR project team notes that he is often one of the most consistent and dedicated respondents in the male cohort, often calling team members preemptively when he learns the team is on field work, simply to verify that he will be visited and not be forgotten. This is not a unique phenomenon. Other respondents also cite looking forward to interviews, as well; some describe them as rare opportunities in which they have the freedom to express how they think and feel. One respondent, on numerous occasions, notes that his interviews are the only times in which he feels that he can express himself and talk about his life and cites: "...in my daily life I would not dare to talk to anyone about these things."

During regular interviews, the BLR team conducts individualized and confidential meetings, with active and attentive listening as the primary goal. The research team strives to provide a safe space, in which the boy's thoughts and emotions can be validated as real and important. This kind of space seems to be starkly contrasted to the kind of environment that many of the male cohort live in from day-to-day. For a number of respondents, their interviews seem to be a much-needed space where they are able to express pent-up emotions—something that seems to be especially true as time progresses through the reintegration process.

Poor or inconsistent relationships with family and community members seem to be an overarching theme among respondents who indicate isolation or an inability to express their emotions. Thus, it may be important to consider the potential therapeutic impact of

the rapport that has been built between the male cohort and the BLR team and the empathy and unconditional positive regard⁵ that they provide.

This recommendation for relationship consistency is also extended to RPC programs themselves. This relationship between an RPC program and their clients is of particular importance in that so much of its foundation is relied on trust. The BLR Team notes that a large majority of this male cohort has had experiences that make them question the trust they have for their RPC program. These have come in the form of: broken promises, loss of contact, lack of individual time with the RPC program staff, and/or lack of confidentiality of the client's situation. Given the larger context of unstable or untrusting relationships within the male cohort, it is important for RPC programs to take special care of follow-through and a 'children-first' approach with the relationships that they have formed with their clients.

Filial Piety

In comparison with the female cohort, the BLR project team notes that the male cohort is much younger and seems to come from a background of significantly higher poverty, which can increase anxieties to help provide for their families' needs. Previous thematic research in the BLR project cites more pressure among the female cohort to be "good daughters," and "good women", in comparison with the male cohort, who do not seem to feel as much responsibility to pay their parents' debt (Smith-Brake et. al, 2015). While this is true in a direct comparison of the significantly-older female cohort to the younger and more financially-depressed male cohort, it is possible that the reason for the differences in the perceived filial piety between males and females is not gender, but rather age. The average age of the male cohort is about five years younger than females, and may be thus less likely to feel responsible to pay their family's debts, as younger children are less likely to be expected to support their families. This paper finds that, as respondents become older, male do indicate feeling pressure to earn money to support their families—sometimes even to an unhealthy extent, with one respondent describing anxiety to the point of contemplating suicide.

Given their ages and the existing gender-based social expectations for males, the male cohort seems to demonstrate significant anxieties with regard to meeting their families' most basic needs. This may indicate that much more lies beneath the surface, which interviews have not yet been able to draw out. It is recommended that future interviews comprehensively explore the boys' felt filial piety in relation with a number of variables. Firstly, the male cohort's understanding of masculinity within Cambodian society; asking questions exploring what it means to be a "good Cambodian male youth". Secondly, it would be beneficial for the BLR team to investigate the cohort's balance between the expectations coming from their families and their own goals in relation to education and

⁵ Unconditional positive regard is a concept within client-centered therapy, developed by Carl Rogers, which provides unconditional acceptance and support of a client, regardless of what that person says or does. (See: Rogers, Carl R. *Client-centered Therapy: Its Current Practice, Implications and Theory*. Boston: Houghton Mifflin, 1951.)

employment. Finally, it may also be beneficial to compare these gender-based expectations with the female cohort; unpacking the similarities and differences between the two genders beyond what can be assumed by looking at the age gap.

Navigating Rigid Gender Norms

Many members of the male cohort are described as stoic or silent during their interviews, often lacking expression in conversations about how they think and feel. The BLR team describes the male cohort as feeling that they need to act tough and avoid the expression of any strong feelings. This is similar to what was found in a 2008 study on the sexual abuse of Cambodian boys. The study cites, "team discussions and later comments confirmed that boys are not expected to cry, but be strong, solve their own problems and 'act like a man' from an early age",⁶ indicating a powerful expectation to be strong, and navigate poverty to be able to support their families.

Despite being more unforthcoming on topics of their own feelings, the cohort seems to speak more when talking about concrete or third person topics. This phenomenon among males has been well documented among qualitative researchers (Affleck, et al., 2012; Duncombe & Marsden, 1993). Some research in the field of psychology understands this phenomenon to be a part gender role socialization (Levant, 2003). This understands that male emotional expression is often suppressed throughout childhood by mothers, fathers, and peer group socialization. Thus, as boys grow up they do not always have the same vocabulary for expressing their feelings and emotions (Affleck, et al., 2012). By contrast, females are more commonly asked about their feelings and are often expected to take on a nurturing role in families, thus they develop a greater capacity of expressing their emotions.

The BLR project team notes that more research is needed looking at gender-norms and expectations on males, particularly within a rural Cambodian context. This may be especially needed among those who are survivors of sexual violence, as the identity of "victim" (a term which the BLR project does not use) may be felt to be in conflict with the over-arching social identities and cultural expectations of masculinity within Cambodian culture.

It is important that such cultural realities are taken into consideration in the development of methodological approaches to male respondents. For instance, in qualitative research, semi-structured or 'open-ended' questioning (as is used within the BLR project) has become an essential part of researcher practice for most qualitative researchers. This kind of long-form interview is often thought to be a key part of researching vulnerable populations (Affleck, et al., 2012), as it gives respondents the freedom and space to communicate their thoughts and feelings. However, given male identity and gender norms, asking emotionally sensitive questions can challenge the ways that some males have been socialized to behave, making them feel emotionally vulnerable and causing them to avoid conversation (Schwalbe & Wolkomir, 2002).

⁶ Hilton, et al. (2008)

Compound Trauma

Alongside of the needed recovery and reintegration associated with their individual cases of exploitation, an overwhelming of the male cohort also have other severe and compounded traumas, which may complicate their ability for a healthy recovery. Some of these compounding traumas include:

- Death of immediate family members/carers
- Physical disability
- Physical appearance
- Extreme poverty
- Family violence
- Family breakdown
- Racial discrimination
- Parent/sibling imprisonment

RPC programming generally provides counseling and other forms support to deal with specific cases of exploitation and violence. While this is needed, it is also important to consider the larger context of violence and trauma that may be affecting the recovery of the male cohort and the difficulties of integrating into a society with strict preconceived understandings of how a 'man' should feel and behave.

In addition, RPC programing largely focuses on poverty alleviation, this may neglect numerous traumas and the complex emotional needs of male survivors of various forms of violence. In addition, the BLR team notes that providing a safe and smooth integration into an aftercare program is often a challenge for the staff and house parents of aftercare facilities. In view of this, and based on the findings of this report, there may be a strong need for the development and diversification of male-specific social services.

Conclusion

General themes among the male cohort seem to demonstrate loose social connections and little emotional support from peers and family members. Physical and emotional violence were common themes throughout all three phases of the analysis (Aftercare, Reintegration, and Life Beyond). While peers were the primary source of the emotional and physical violence experienced during aftercare, parents were most generally the source of emotional and physical violence during the Reintegration and Life Beyond phases of the analysis. As time progresses and respondents are expected to be more independent, many within the male cohort struggle to maintain studies or employment, and describe deteriorating relationships with families or carers.

Prior to this analysis, the analysis team began with a keen awareness of the large gaps in data among the male cohort in comparison with the female cohort. As the BLR team works to close some of these gaps in future work, it is important to consider that disclosure of information—particularly sensitive information—requires the building of strong rapport. While the butterfly team has been able to do this to meaningful extent, it is important to also consider the context of violence and lack of trusting relationships that is uniquely apparent among the male cohort. Thus, closing these data gaps might first require development of healthier and more trusting relationships for males, including safe spaces where emotions can be expressed and vulnerabilities can be revealed.

As an initial step in supporting such an environment for disclosure and healthy reintegration, we offer 14 recommendations for practice and future research.

Recommendations

Program/Practitioner Recommendations:

1. RPC programs should develop a stronger understanding of the underlying cultural and gender-based beliefs and/or assumptions, which may isolate boys from expressing their feelings and receiving the support they need. Further, it is important for such programs to invest into the development of male-specific emotional support systems to overcome these assumptions, including counseling and program follow up.
2. It may be helpful to develop positive community-based mentor relationships for males, with the goal of creating a regular and sustainable safe space to work through their various emotions and experiences with a conscientious and trustworthy adult. Some similar programs already exist in the region, such as the model used by Alongsiders International⁷, which could be adapted. Initiatives such as this could not only help with community reintegration support, but also aid in challenging harmful masculine gender norms and help develop a cultural context in which males feel safer in talking about their thoughts and feelings.
3. Given the apparent isolation and instabilities within family and community relationships, it is important for aftercare and reintegration services to spend more time working with families and carers on how they can better care for and understand the needs of male survivors of abuse and exploitation. In view of this, it is important to consider the existing gender assumptions that may exist within families which understand male children to be less vulnerable or to innately need less support than female survivors of violence.
4. Data shows Important for local authorities (commune police and village/commune leaders) to provide better care and support for those misusing substances.
5. Greater care should be taken in conducting reintegration followup interviews with boys. Numerous members of the male cohort cite that RPC follow up interviews were solely conducted in the company of their parents and/or carers, which may limit the honest disclosure of information. While parents and carers should be included in follow up interviews, it is important that males are provided with safe spaces to describe sensitive information—allowing them to speak confidentially with social workers.
6. RPC programs need to clearly state what their commitment will be to the client following reintegration. This should include a commitment to the number of times

⁷ To find out more about Alongsiders International, please visit their website at <http://alongsiders.org/>

that RPC staff will visit the client, as well as what ongoing services will be provided to the client and the client's family and for how long. In addition to clarity about what services will be provided by RPC follow programming, it is important that RPC staff ensure that special care is taken in following through with all reintegration services that have been agreed upon with their clients.

7. As a means of developing better and more survivor-centered programming, RPC programs should allow survivors to have a greater involvement in the development of social programming to meet their needs. It is often the case that survivors—particularly children and young people—are not strongly included in the development of such programming, leaving them only at the receiving end of social services with little-to-no input into how services are structured. Data from the male cohort indicates a keen awareness of the gaps in programming and potential areas of improvement for RPC programming.

Recommendations for future research:

1. There is much research that is yet to be done on the impact of gender on healthy community reintegration. In beginning this area of inquiry, it would be helpful to explore the ways in which male and female survivors of sexual exploitation are accepted and reintegrated back into their homes and communities. Numerous respondents within the male cohort indicate being made fun of within their families and communities for having a history of sexual exploitation. Perhaps future research should look at how the respondents and their families understand the 'impact of the 'case' on the child and explore the role of gender identity within this phenomenon. Some initial questions might be as follows:
 - a. Are males more likely to experience negative social consequences when they suffer sexual violence, as such forms of violence run counter to common cultural assumptions for males?
 - b. Are females more likely to suffer these consequences because of cultural weight of females losing their virginity?

More broadly, it would be helpful to specifically explore individual and cultural perceptions and expectations of gender among male and female survivors of sexual exploitation. Perhaps such research could ask specific gender questions such as: "What do you think a good man looks like? What do you think a good man does? Why is this important?"

2. For many qualitative researchers, semi-structured or 'open-ended' questioning has become an essential part of qualitative research methodologies. However, this kind of questioning may be too forward when exploring emotionally sensitive topics—perhaps especially with some groups of males. As a means of avoiding these difficulties, future research methods should explore ways of overcoming the lack of emotional expression among the male cohort. For instance, arts therapy and visual storytelling methodologies put emphasis on the respondent as an expert and teacher, with the research assuming the role of learner

(Schwalbe & Wolkomir, 2002). These methods can help to make the respondent feel more powerful and in control of the situation, thus lessening his feelings of vulnerability and encouraging dialogue.

3. Despite this cohort's vulnerability to violence and social isolation, as we look forward to the development of future research and social initiatives, it is important that BLR research also builds upon what we know about the cohort's resiliences. In future interviews, it would be helpful to include discussions about the various coping strategies and key resiliences among boys experience in aftercare—with particular regard to peer and family violence.
4. Physical and emotional violence between peers is described by an overwhelming majority of males in aftercare. Further, data from 2011-2013 seems to indicate a somewhat organized social hierarchy or power structuring among boys in aftercare. In view of this, it could be helpful for future research to explore in-group/out group relationships among young survivors of violence, with a particular focus on how to upset or interrupt such power structures in order to create a safer and healthier environment for males in aftercare.
5. Data from the male cohort demonstrates a continual theme of substance abuse, which seems to be strongest during their time in aftercare. Further, three members of the male cohort who have left the study have done so due to being arrested for substance abuse. In view of this, it would be useful for future research to explore potential causes for or vulnerabilities to substance misuse including the impact of the violence and isolation notable within the male cohort.
6. Given respondents the stated benefits of participation in the BLR project, it may be helpful to explore the various resiliencies developed from interaction with the BLR project itself. In particular, it would be helpful to understand the impact of consistent, long-term respondent-researcher relationships over time within a long-term research project such as BLR.
7. In addition, further research should provide a demographically similar sampling across gender groups to provide a more helpful comparison in future thematic papers. Presently male in the BLR project are all of similar ages and come from similar reintegration

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MINISTRY OF HEALTH

គណៈកម្មាធិការជាតិក្រុមសីលធម៌

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National Ethics Committee for Health Research



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Ms. LIM Vanntheary

Project: Request for amendment and continuing of the study protocol entitled “Butterfly Longitudinal Research Project. Version N° 5, dated 20th August 2015”to “The Butterfly Longitudinal Research Project. Version N° 6, dated 07th October 2016”

Reference: 28th October 2016 NECHR meeting minutes

Dear Ms. LIM Vanntheary,

I am pleased to inform you that your request for amendment and continuing of the study protocol entitled “Butterfly Longitudinal Research Project. Version N° 5, dated 20th August 2015”to“The Butterfly Longitudinal Research Project. Version N° 6, dated 07th October 2016” has been approved by National Ethics Committee for Health Research (NECHR) in the meeting on 28th October 2016. This approval is valid for twelve months after the approval date.

The Principal Investigator of the project shall submit following document to the committee’s secretariat at the National Institute of Public Health at #80 Samdach.Penn Nouth Blvd, Sangkat Boeungkok 2, Khan Tuol Kork, Phnom Penh. (Tel: 855-23-880345, Fax: 855-23-881949):

- Annual progress report
- Final scientific report
- Patient/participant feedback (if any)
- Analyzing serious adverse events report (if applicable)

The Principal Investigator should be aware that there might be site monitoring visits at any time from NECHR team during the project implementation and should provide full cooperation to the team.

Regards,

Chairman

Prof. ENG HUOT