

Experiences in Shelter Care

Perspectives from Participants in the Butterfly Longitudinal Study

**A Chab Dai study on Re/integration
Researching the lifecycle of sexual exploitation
& trafficking in Cambodia**

2018
Thematic Paper



Experiences in Shelter Care:

Perspectives from Participants in the Butterfly Longitudinal Study

2018

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*In honor of Siobhan Miles,
Founder of the Butterfly Longitudinal
Re/integration Research Project. All of this
would not have been possible without her
compassion and care for the children of
Cambodia*



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Acknowledgements

This research has been made possible through the support and dedication of many parties. We express our sincere thanks to all individuals and organizations engaged in the Butterfly study. First, we express our sincere thanks to our research participants for sharing their life stories and experiences. We are deeply grateful to the Butterfly research team, including Sreang Phaly, Phoeuk Phallen, Ou Sopheara, and Kang Chimey for their strong dedication to the study and steadfast efforts to collect, transcribe, and translate data for the study. Thank you to James Havey for serving as the main editor of the manuscript and for his ongoing contributions to the Butterfly research study.

We would like to thank Equitas Group, the original donor of the Butterfly research study, for their belief in the study. We also express our thanks to Imago Dei Fund, Love 146, Stronger Together, Tenth Church, Karakin Foundation, Change of Path, ACCI, and anonymous donors for their continuing financial support.

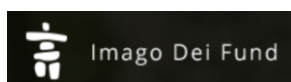
We appreciate each of the assistance programs that have partnered with Chab Dai in referring research participants to this study. Thank you to assistance programs for also providing their input regarding research findings and recommendations.

Agape International Mission (AIM), American Rehabilitation Ministries (ARM), Bloom Asia, Cambodian Hope Organization (CHO), Citipointe International Care and Aids, Daughters of Cambodia, Destiny Rescue, Garden of Hope in Cambodia, Hagar Cambodia, Health Care Centre for Children (HCC), Hope for Justice, International Justice Mission (IJM), Pleroma Home for Girls, Ratanak International, World Hope, & World Vision

In addition, we would like to thank Ms. Helen Sworn, Founder and International Director of Chab Dai, for her vision, direction, and enthusiasm for the research; Mr. Ros Yeng, National Director of Chab Dai Coalition, for his support and encouragement; and Mr. Khchang Kimheng, Senior Finance Manager of Chab Dai Coalition, for his tireless efforts in adjusting the budgets and producing the financial reports for our donors.

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About the Butterfly Longitudinal Re/integration Research Project

Beginning in 2010, Chab Dai Coalition's Butterfly Longitudinal Re/integration Research Project (BLR) has been following the lives of 128 child & adult survivors of human trafficking, exploitation, and/or abuse. Since its inception, this study has sought to find out, 'what happens to survivors of human trafficking after they were assisted by an NGO and (in most cases) subsequently re/integrated back into the community? Is freedom truly *free*?' Through the BLR team's dedication to providing a safe platform for survivors to consistently share their voices and understandings, the team has been enlightened to the realities each individual of our cohort faces on a regular basis. It is our passion to, in turn, relay this to you—our ever-learning readers.

Thus, we recommend that stakeholders dive deeper through our many reports. To date, the BLR has produced *ten* reports, on: resilience, stigma, boys & men, and filial piety, to name a few. Please find all our previous and future publications at Chab Dai's Siobhan Miles Memorial Library & Resource Centre, or on our website for more information, videos, news updates from Butterfly! www.chabdai.org/butterfly.

We thank you in advance for taking the time to listen & learn with us. As always, please feel free to reach out to us with any questions, comments, and/or feedback you may have:

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Executive Summary

Introduction

Shelter care is a large part of the current service delivery system for people who have experienced human trafficking and child sexual exploitation in the Greater Mekong Region (GMS). Though on the rise, services available for survivors in the community are still underdeveloped (Brunovskis & Surtees, 2012; Huguet & Ramangkura, 2007; Surtees, 2013). Ongoing reflection and assessment of the quality of shelter care is critical to ensuring that services are provided in an effective manner. The Butterfly Longitudinal Research (BLR) Project is a ten-year longitudinal research study led by Chab Dai that explores the re/integration¹ of male and female survivors of human trafficking and sexual exploitation. The study aims to understand the perspectives and experiences of survivors as they journey through rebuilding their lives. The BLR project began in 2011 when many participants lived in shelter care. Multiple interviews have been conducted with survivors each year since 2011, following participants through their stay in shelter care and their transition into the community. Because of this, the BLR data set contains rich data about survivors' perspectives on their experiences in shelter care through all stages of the process – from shelter intake through re/integration into the community.

The BLR project provides a unique opportunity to explore shelter care *from the perspectives of survivors themselves*. Although research about human trafficking and child sexual exploitation is growing, there is a lack of research from the perspectives of survivors (Curran, Naidoo, & Mchunu, 2017; Marcus, Horning, & Curtis, 2014; Richardson, Poudel, & Laurie, 2009; Russell, 2017). Much of the research on shelter care also presents the perspectives of social workers and/or foster parents; less research has revealed the views of clients themselves on their experiences in care (Leathers, 2003; Whiting & Lee, 2003). Understanding client perspectives is, however, crucial to the process of improving care. It affirms the dignity and rights of clients and ensures that clients' knowledge can be used to strengthen services (Cordisco Tsai, Seballos-Llena, & Castellano-Datta, 2017; Foot, 2016; Mitchell, Kuczynski, Tubbs, & Ross, 2009; UNIAP, 2008).

This paper presents the perspectives of BLR participants on their experiences in shelter care, along with *their recommendations* for improving shelter care. Throughout the paper, we tried to remain as faithful as possible to the recommendations, views, and insights shared by survivors themselves. This paper does not present the viewpoint of Chab Dai as an organization. Rather, our goal is to share the voices of clients who have participated in the shelter care system. We tried to represent survivors' perspectives and experiences as honestly and accurately as possible – because of our ethical responsibility and for the benefit of survivors and the counter-trafficking movement as a whole.

Over the years, agencies involved with Chab Dai's collaborative work have shared a desire to learn about the strengths and weakness of their programs and to understand survivors' long-term re/integration trajectories (Miles, Heng, Lim, Nhanh, & Sreang, 2014). We wrote this paper in direct response to this feedback from Chab Dai partner organizations. Providing shelter-based services for trafficked and exploited persons is incredibly complex. Service providers who do this work face a huge number of challenges. We hope that the study findings can be used in a positive way to uplift the voices of survivors and improve the shelter care experience for everyone – including both clients and shelter staff.

¹ The term 're/integration' is used in place of 'reintegration' to show that survivors can choose to return to their home communities or build a home in a new community of choice (Surtees, 2010).

Methodology

A total of 14 shelter facilities and 3 other service providers referred participants for this study. Referral partners assessed whether prospective study participants could be classified as victims of human trafficking and/or sexual exploitation. Although the BLR study contains a total of 128 participants, analysis for this paper focused on the experiences of 111 participants who had resided in shelter care.

Analysis for this paper focused on this research question: ***What are the perspectives of survivors of human trafficking and sexual exploitation on their experiences in shelter care in Cambodia?*** The research question was intentionally broad so that we could understand the entirety of survivors' experiences in shelter care – from initial intake in the shelter through the community re/integration process. To fully understand participants' views on their experiences in shelter care, data across several years was analyzed for this paper. Analysis for this paper focused on the 111 BLR participants who lived within a shelter at some point during their aftercare program. For all these 111 participants, we analyzed narrative summaries of all data collected between 2011 and 2014. We also conducted qualitative data analysis of 251 in-depth interviews conducted with participants in 2014, 2015, and 2016. Data was analyzed using a qualitative research method called phenomenology, which aims to understand the perspectives of people on their own experiences.

When analyzing the data, we found different patterns for various groups of participants. Firstly, a unique set of themes was identified for a sub-group of 10 female participants who were referred to/placed in one transitional shelter facility for adult women. These participants' experiences were so different from the other BLR participants that we decided to analyze the data for these ten women separately. Because of this, we present the findings from this sub-group of women as a separate case study in this report.

Additionally, we observed some differences between the experiences of male participants (n = 22) and the remaining female participants in the study (n = 79). As a result, data analysis was also conducted separately for these two groups. However, because of some similarities in the experiences of male participants and the majority of BLR female participants, the findings for these two groups are presented together, first. For this group, we divided the findings into four different stages: 1) shelter intake, 2) life in the shelter, 3) discharge/leaving the shelter, and 4) life in the community and provision of community-based services by shelters

Findings: Which themes were mentioned the most?

Table 1 is a list of all themes mentioned by BLR participants organized by the frequency they were mentioned throughout the interviews over the years. Divided into 3 categories, of: high, medium, and low, all themes mentioned in the "high" category were described as being of high importance to participants (see Table 1). Following this Table 1, we will summarize each of the themes briefly along with providing direct quotations from the cohort.

Table 1: Frequency in which themes are mentioned by participants

<i>HIGH</i>
<ul style="list-style-type: none">● Appreciation for education and provision for basic needs● Importance of caregiving and emotional support● Lacking freedom and feeling trapped by many rules within the shelter● Limited engagement with family while in the shelter● Uncertainty about readiness to survive in the community● Minimal involvement in decision making and planning regarding re/integration● Conflicted feelings about life in the community compared to life in the shelter● Limited follow-up and supportive services in the community● Feeling loved like a family member in the shelter, but abandoned in the community● Vulnerability in the community due to dramatic difference between shelter and community life
<i>MEDIUM</i>
<ul style="list-style-type: none">● Adjusting to the shelter environment over time● Decision making regarding shelter transfer● Staff speaking harshly and insulting clients● Not believing clients● Difficulties completing school after leaving the shelter● Limitations in vocational training and business development services● Client engagement in decision making regarding skills training● Violence (emotional, physical, and/or sexual) in the shelter● Staff difficulties managing boys' behavior and responding to violence● Requesting to / desire to leave the shelter● Violence in the community● Unfulfilled expectations
<i>LOW</i>
<ul style="list-style-type: none">● Personal growth and maturation● Feeling privileged to live in a shelter● Delay in the provision of medical care● Lack of professionalism among shelter staff● Disempowerment in the shelter environment● Mixed experiences with counseling in the shelter● Violations of client confidentiality and lack of trust● Influence of management on client experiences● Impact of financial resources on shelter experiences● Running away from the shelter● Desire to return to the shelter● Varied experiences with case closure

Findings – Male Participants and the Majority of Female Participants

Discrepancies about participant's exploitation, trafficking, and/or abuse histories

Interviews with BLR participants revealed several interesting patterns regarding the participants' exploitation histories. Though the majority of participants reported having been trafficked or exploited, some clients were adamant that they had never been abused prior to entering the shelter. In some cases, participants said that their case files noted that they had been exploited even though they said this was not the case. This tended to happen in one of two scenarios. First, sometimes sibling pairs were accepted to live in the shelter when one sibling had been exploited. In other cases, staff came into contact with youth who were very poor. It appears that staff felt these youth were in need of services and therefore these youth were invited to live in the shelter. All participants were, however, referred to the BLR study as clients with trafficking or exploitation cases.

"They brought to the hospital for checking up [virginity]. Then they said to record my case the same as my sister because they wanted to put more crimes on the perpetrator so that my sister could get the money as compensation from the court. But you know, I am an honest person. If nothing happens to me, I will say 'no.' I always reported 'no' (although I had been told to say 'yes')... They brought me there to see if I am still a virgin or not... Since I was very young, I did not understand what it meant. I just followed what they told me to do... After that, the doctor reported that I am still a virgin. However, my lawyer told the record person 'no need to document that I am still a virgin.' That's what I heard. This was the memory that I remembered the most during that time."

(Dara², female, 2016)

1. Shelter Intake

When describing their intake into shelter facilities, participants shared three main themes, which are shown below:

- **Experiencing emotional distress upon initial shelter intake**
- **Adjusting to the shelter environment over time**
- **Decision making regarding shelter transfer**

Experiencing emotional distress upon initial shelter intake

First, participants consistently described the transition to living in a shelter as a very challenging process, involving fear, apprehension, anger, and uncertainty. Many participants reported experiencing deep distress. Clients who were picked up in police raids found their shelter placement especially upsetting. Some felt they had been misled and lied to about their intake. Some participants also described the anguish experienced by their parents upon hearing that their children had been picked up in a police raid

² All participants' names in this report have been changed. This has been done due to the BLR's commitment to uphold our respondents' confidentiality, anonymity, and trust.

and placed in a shelter. Participants, especially younger ones, consistently reported that another key reason for their emotional distress upon shelter intake was that they missed their families.

"They [police] called the organization to come at that time and we went with them and I planned to jump out of the car at that time. I planned to jump out of the car and then I called to my family. My family drove a motorcycle around to look for me because they heard that I was arrested. They called me and my mother cried and until the evening they drove to find the shelter...Then I told them [shelter staff] that I wanted to go back home. They [shelter staff] said 'how can you go back home because the police already sent you here? We will be wrong if we do this.' If they allow us to go back home, we would go back to that work. Then they explained to me 'just stay here because you can have two snacks in the morning and evening; you will also have three meals in the morning, afternoon and evening.' They will also give us clothes and we need to stay here for 2 months. And you may allow us to be transferred to another center, they can change it for us, but we need to stay there for 2 months first. I said 'I don't want to go.' Three of us [clients] cried and we called to family and siblings and my mother drove a motorcycle to look for us and she asked 'where are you now?' and I said 'I don't know where we are. We are in an organization.' Then my mother heard that to stay in an organization meant they would sell us abroad, then my mother cried. My mother was so afraid and then she cried. When she prepared the clothes and she didn't see me, she cried. She used to see me at home and there was a noisy voice, but when I was arrested, it was quiet and she cried when she prepared clothes or my towel for taking a bath, she cried. I told her 'it is fine mom. I am fine living here. I will call you again tomorrow. Now they need to take back the phone because they don't allow us to use the phone inside the organization.'"

(Sothy, female, 2016)

Adjusting to the shelter environment over time

Many participants shared that they eventually adapted to living in the shelter environment over time. Some described their fears decreasing once they realized that people within the shelter did not plan to harm them. Some said that once their families had the opportunity to visit them in the shelter environment, family members' fears also decreased. Communication with their families helped some participants feel more comfortable. After clients had time to adjust to the shelter, some reached the point in which they did not want to leave the shelter.

"I was afraid [when first got to the shelter], as I heard people speak from mouth to mouth that NGO staff only do good in front of us, but they will actually do harm. I mean they will exploit our rights as children... Those words were not true when I came there. At first, my mother was very worried about me when she heard people tell her like that because she was afraid that she staff would harm me. However, she felt relieved when she came to visit me in the shelter. She saw that I was prettier and happier than before. Then she knew that those words were not true and she continued to let me stay in the shelter."

(Khema, female, 2016)

Decision making regarding shelter transfer

Most participants reported having little to no involvement in decision-making regarding their initial placement in a shelter, especially after police raids. Some reported that they were consulted when they were transferred from a short-term to a longer-term shelter. However, participants also shared that shelter staff tried to convince them to transfer to longer-term shelter facilities by describing the benefits associated with life in the shelter, including access to education, food, clothing, and greater security. Participants said that when presented options, shelters often emphasized the drastic differences in the level of services they would receive in the shelter vs. at home, which often led them to decide to transfer to another shelter. None of the participants shared any instances in which shelter staff helped them evaluate either the potential disadvantages of living in a shelter or potential advantages of returning home to live in the community before being transferred to a longer-term shelter facility.

"They said that it depended upon me. If I stayed in the shelter, I would have the chance to study and things would be easy. The teacher only said that. And a mum who was at the shelter also encouraged me... She told me that there were nice clothes and rice, which were already prepared. She said that living in the shelter was easy and you had the chance to study. She said 'if you live with your family, you cannot study, as you already saw. You were raped twice when you collected the rubbish. It might happen again a [third] time.' Then I decided to stay in the shelter. My parents asked me: 'do you agree to go?' I said 'yes, I do.' I said I wanted to go. I did not want to stay at home. I wanted to study, then they agreed with me. They respected my decision."

(Rachana, female, 2016)

2. Life in the Shelter

When describing their life in the shelter, participants shared 17 themes, shown below in Table 2.

Table 2: Life in the shelter

Appreciation for education and provision for basic needs	Mixed experiences with counseling in the shelter
Feeling privileged to live in a shelter	Client engagement in decision making regarding skills training
Personal growth and maturation	Delay in the provision of medical care
Importance of caregiving and emotional support	Violations of client confidentiality and lack of trust
Staff speaking harshly and insulting clients	Violence (emotional, physical, and/or sexual) in the shelter
Not believing clients	Staff difficulties managing boys' behavior and responding to violence

Lacking freedom and feeling trapped by the many rules within the shelter	Influence of management on client experiences
Limited engagement with family while in the shelter	Impact of financial resources on shelter experiences

Appreciation for education and provision for basic needs

Many participants expressed appreciation for the opportunities that living in a shelter gave them. When participants were asked which shelter services were the most helpful, the vast majority of participants said that they valued assistance in two primary areas: 1) educational opportunities and 2) shelters' provision for their basic material needs.

"Their service is good! They provided an opportunity for us to learn more. They celebrated birthdays for us, and they bought clothing for us before Khmer New Year and Pchum Ben day, and supported bathing supplies for us... The accommodation and meal were good enough! The education service was even better."

(Veha, male, 2016)

Feeling privileged to live in a shelter

Some female participants shared that shelter facilities provided a standard of living that made them feel privileged in comparison to their family and community members. Some participants shared that the quality of life they experienced in the shelter was comparable to wealthy children in the community, saying that they had more food and more educational opportunities than many children in the community. Several participants even indicated that living in a shelter made them feel like a "princess" due to the level of comfort they experienced in the shelter. Participants described life in the shelter as "easy."

"[I] act as a princess. I do not do anything [at the shelter]. After eating, I just sleep. It is easy for me and it is not like other places where people need to work hard and do not have enough food to eat."

(Sim, female, 2016)

Personal growth and maturation

Some female participants shared that living in the shelter helped them mature and experience personal growth. Some clients expressed that living in a shelter helped them build confidence, develop their critical thinking skills, and learn how to manage their feelings. Although some clients did not initially understand the importance of support and training they received, over time they realized that they had learned a lot about problem solving, self-reliance, listening, perseverance, and building patience.

"At first I got short courses training and I thought they were too easy. I didn't see the advantage of it. I learned all the time and I didn't see any growth in myself. In fact, I was wrong to think like that. Those short course trainings made me as strong as I am nowadays. I can learn leadership traits. The trainer taught me the tips of success and I apply it in my work. I really appreciate the shelter's work – that's why I learn from them... I learned how to face problems and engage in problem solving. Face the problem and solve it by ourselves."

Learn to set a specific plan. Learn about self-trust. Though we have little hope, but we have to trust ourselves. We have to work harder. Though we don't know whether we will succeed or not, we must try to overcome it and taste it."

(Dary, female, 2015)

Importance of caregiving and emotional support

Participants strongly reinforced the importance of the emotional support in the shelter. Some clients described the shelter as a warm and loving environment, saying that they appreciated when staff were gentle, caring and consistent with them. Some shared that staff encouraged them through challenging and discouraging times. Many described their relationships with shelter staff as similar to family relationships. For some, the warmth and encouragement they received in the shelter surpassed what they had previously experienced in their own families. There were, however, exceptions. Some clients shared that they only received warmth and nurturance from one or two specific staff persons. In these cases, participants became especially attached to the staff person with whom they felt safe. Some boys noted that the care they received from housemothers differed from the care provided by foster parents, with boys sharing concerns about treatment from some foster parents.

"I take one staff from the shelter as my role model because that staff is a female, but she is not weak and [is] strong. I observed her work. I saw she didn't work only for money, but for loving children. She worked so hard with me. I was a child who had more serious emotional problems than others and I was really depressed, but she worked very hard together with me. Even I had problems in the nighttime, she came to meet me. I really love her."

(Dary, female, 2015)

Staff speaking harshly and insulting clients

Although clients felt that most staff spoke with them appropriately, participants said there were specific staff members who: used harsh words, yelled at them, took out their anger on them, and treated clients inappropriately. Clients stated that some staff spoke too harshly to them when they committed mistakes, blamed/judged them, and punished them instead of motivating them to change. Some said staff would complain about them and insult them behind their backs. Clients shared that some staff stigmatized them, telling clients they would not amount to anything other than sex workers. Some clients suffered in silence. Respondents said they did not feel comfortable reporting these behaviors to other staff, as they did not believe anything would be done to fix the problem.

"[X] was my caseworker, but I had to meet her once per week. Nowadays, I don't meet her anymore. In fact, she worked based on her emotions. If she feels good, she uses polite words to talk to me too. However, if she feels bad, she throws her anger on me. Whenever I met her, I always cry. In contrast, I never cried when I met other housemothers. I felt normal to meet them."

(Nary, female, 2016)

Not believing clients

Some described shelter staff as being biased against clients. Numerous participants stated that when disagreements arose between housemothers and clients, shelter staff tended to favor the perspective of housemothers. Clients felt that shelter staff did not exert enough effort to understand the clients' perspectives, but rather assumed that their fellow staff members were correct. Participants expressed concern that sometimes shelter staff were biased in believing some clients over others. Others described instances in which they felt that staff made false assumptions about them. For example, when certain

clients broke rules, staff would make an assumption that all clients were likely to engage in similar behavior. Although participants acknowledged that shelter staff worked hard to provide opportunities for them, many felt that shelter staff did not trust them, which made them feel stressed.

"Last time, shelter staff said.... they didn't believe our [clients'] words. They believed only the shelter mother's word. After hearing that, it made me feel not good and I don't know whether they are helping the children or the shelter mother. We talked among our peers about this. We thought the children that came to live here need the staff's help, so if the staff didn't trust the children and only trusted the shelter staff, we felt disappointed."

(Nary, female, 2015)

Lacking freedom and feeling trapped by many rules within the shelter

The most frequent topic raised by study participants was the excessiveness of rules and lack of freedom within the shelter context. Although participants said they appreciated the opportunities they had in the shelter, almost all participants said that the shelter's "rules are too much" and clients lacked freedom. Clients found the magnitude of rules within the shelter to be very stressful. Participants acknowledged that many rules and security procedures within the shelter were developed with the goal of keeping clients safe and that shelters had good intentions. However, most felt that the rules were disproportionate to the actual level of risk. They often felt bored within the shelter. Whereas female participants talked about this in terms of desiring more freedom in a general sense, boys stressed the importance of extracurricular activities outside the shelter. Some said that they felt trapped living in the shelter, like animals inside a cage. Clients acknowledged that different restrictions were applied to clients according to their adherence to shelter rules, but that they felt these differences were not consistently applied for all clients. Participants shared that many clients broke shelter rules but kept it a secret from shelter staff.

"They block us. Even the small window was blocked too. In short, they tried to prevent us. I know they are trying to keep us safe, but it is too much... They have a lot of rules. I cannot even see the outsiders when I go out. In the previous time, when I went to get a training course offered by the shelter, I saw a man and he looked at me too, so I have to meet them in the office because of it. It wasn't serious – I just looked at his face.... [We are monitored] 24 hours, except for the time I go to the restroom only. I am telling you the truth."

(Sokchea, female, 2015)

Limited engagement with family while in the shelter

Many participants expressed a desire to have greater contact with their families while living in the shelter environment. Most clients shared that shelters were restrictive about allowing clients to meet their families in person or speak with their family over the phone. Many said they were only allowed to visit their families two or three times per year on major holidays and that their family members were not

permitted to visit the clients at shelters. Additionally, shelters commonly held limits regarding the amount of time participants could communicate with their family members over the phone. Some shared that their inability to speak with their family members led clients to feel a deep sense of sadness that they did not openly express. While shelter staff sometimes became frustrated with clients for trying to break shelter rules in regard to contacting family members, some expressed that it was the strictness of the rules themselves and the clients' sadness at being separated from their families that led them to do so. While they appreciated all of the benefits of living in the shelter, they worried about the wellbeing of their family members who did not have access to all the resources that the clients themselves had. Some family members worried about their children while they were living in the shelter and clients themselves had to reassure their parents. From the participants' perspectives, shelter policies regarding engagement with family members centered primarily around concerns regarding client safety rather than facilitating healthy family relationships or preparing clients for returning to live with their families.

"I started to have more hope when I left [shelter A] to stay in [shelter B]. It was like I started to know how to read and write. Moreover, staying at [shelter B], I had more opportunities to meet my mom. I met her often... They brought me to visit my family at home, so it made me not to miss my mom a lot. I started to reduce my concern toward my mom. Then I realized I could focus more on studying."

(Dara, female, 2016)

Mixed experiences with counseling in the shelter

Participants shared very mixed experiences with counseling in the shelter. Some shared that they felt happy, safe, and warm when they spoke with a counselor. Some expressed that they found counseling helpful in learning how to talk about their feelings and process traumatic experiences in their past. Others shared neutral feedback about counseling, stating that it was neither helpful nor harmful. These participants described their interactions with counselors like normal interactions with anyone else, saying they did not do much in the sessions. Others presented a more negative portrayal of their experiences with counseling, saying that they did not trust counselors. Some clients felt that counselors had broken confidentiality. Others felt that counselors were too forceful in pushing them to answer questions that they were not comfortable answering.

"Counseling, it helps to cure me from my past stigma. I can stand by myself without reminding me of my past experience... Even if it reminds me, but I don't feel much pain. The shelter cured me."

(Dary, female, 2015)

"I didn't have much time to meet with the counselor because I study at outside for the full day. Anyway, I met with them, but we did not have much of anything to talk about. The counselor just asked me about my health and they led me to play games. I have problems, I still keep it in my mind. I don't want to talk with the counselor because I do not trust them. I am afraid that they will break my confidentiality, as my experience in the previous time was that my counselor raised my problem with another counselor. Anyway, I always discuss with my close friends when I have problems."

(Kesor, female, 2015)

Client engagement in decision making regarding skills training

Many participants reported participating in vocational training while living in the shelter context. Clients often described decision-making regarding skills training as a collaborative decision between shelter staff and clients. Participants said that they were often asked for their preferences in the type of skills

they wanted to study prior to training. For some clients, this process was very positive. Others found the decision-making process challenging, as they had a hard time understanding their own vocational goals and tended to lose interest in training. Some clients saw shelter staff working hard to encourage clients to take specific steps toward training that the clients themselves did not want. Therefore, according to participants, while staff were motivated by a desire to help clients succeed in their vocational pursuits, these efforts were ultimately not successful if the clients themselves were unsure about their own goals or if the clients' priorities significantly differed from those of the staff.

"I have asked my case worker to change my skill a long time ago, but she said there are no other skills available for me besides tailoring. There were only two choices for me: tailoring and salon. I told her that I love neither tailoring nor salon. She asked me what I wanted to do. I replied that I love medical training at the public school. That's why she started to seek for it and sent me to study medical training at the public school."

(Naravy, female, 2015)

Delay in the provision of medical care

When asked to provide feedback on their experiences in shelter care, some female participants mentioned concerns regarding delays in the provision of medical care while living in the shelter. Participants noted that when they were ill, they would inform staff and request to see a doctor. However, numerous participants felt that staff were not responsive, at times leading to delays of several months before they were actually able to receive medical attention. Clients explained that receiving proper medical attention was important not only for their physical health, but also for their mental health as well, as having an undiagnosed chronic illness could be very stressful and anxiety-provoking.

"I got sick and I told them. They seemed not to really pay attention and care for me... I told them to bring my information to the leader/manager, but they did not do it. They delayed to inform for 3-4 months after my information was passed to them."

(Kesor, female, 2016)

Violations of client confidentiality and lack of trust

Although clients shared that shelters had guidelines around client confidentiality, they expressed that some staff did not consistently follow these guidelines. Numerous participants described incidents in which their confidentiality was broken, leading clients to lose trust in staff. Examples included revealing client case histories to other clients in the shelter, disclosing details of clients' stories to the staff's family members, and talking about the clients' histories in public fundraising events. It appears that there may have been different interpretations of confidentiality between clients and staff, as some clients felt their confidentiality was violated when staff shared about the clients' experiences with other staff. This highlights the importance of clear communication regarding the meaning of confidentiality.

"I used to tell a teacher... and then they seemed to share [my story] to one another. Since then I don't trust anyone else. I am speaking the truth to you teacher.... They didn't say the name.... During the time I got training, I went with staff. There were so many people and they spoke about it on microphone. She talked about problems of children from the

organization. She said most of the children from organization have had bad past experiences, so on and so forth. She talked about their personal problems and she said some of the students experienced their fathers abusing them and some experienced step-fathers abusing them, etc. But when she says this it was also related to my problem. She said there was a young girl who came to tell me about the problem in her family and her uncle abused her. That was what she said and that was enough for me to know that she meant my story... Since then, I never trust any teacher, even my own counselor. I never tell everything to her. I distrust them... Teacher [Research Team], honestly I never trust someone. Even the teacher at the shelter also asked me. Even we stay together for 5 years, but I never tell them all the truth. I don't trust them. I am afraid they will share to others."

(Naravy, female, 2016)

Violence (emotional, physical, and/or sexual) in the shelter

Some participants disclosed to interviewers that they had experienced violence within shelters. One of the most consistent themes in boys' interviews pertaining to shelter care was the pervasiveness of violence within the shelter – primarily physical and emotional violence. Boys spoke of violence as being perpetrated primarily by other boys living in the shelter. Boys explained that older boys in the shelter committed violence against younger/smaller boys. Their experiences of peer violence within the shelter made some boys no longer want to live in the shelter; this led several boys to try running away. Although the vast majority of violence mentioned by participants was described as perpetrated by other clients, a few participants shared about violence perpetrated by staff.

"My friends in the shelter, they do not want to play with me anymore. I think it is because they are angry at me, as I touched their penis when we played together. My shelter friend commits physical violence on me and I also feel hurt emotionally by them."

(Veha, male, narrative summary, 2011)

Staff difficulties managing boys' behavior and responding to violence

Numerous boys talked about the difficulties that shelter staff had in controlling certain boys' behaviors. Participants described the behavior of other boys in the shelter as "bad," "rude," and "free," stating that boys fought each other and destroyed shelter property. Boys indicated that some shelter staff had difficulty controlling the clients' behavior. According to the participants, housemothers struggled to control boys' aggression and appeared to be hesitant or intimidated to challenge boys who were committing violence. Some boys felt that there was no one they could turn to for help within the shelter when they experienced abuse and bullying, as they doubted that shelter staff would intervene to keep them safe. The lack of trust meant that a culture of silence regarding boys' experiences continued.

"For me when I stayed there [in shelter], it was good but the only problem was caused by boys in the shelter... I think the rules in the shelter are not strong. They boys played a lot. Like the time I stayed there, many boys were fighting each other, especially Leap. He fought others a lot... They [housemothers] liked to take sides with the rude boys. I think shelter mothers agreed with those boys' actions because they didn't want those boys to make problems for them. It was like the shelter mother consoled them. I felt not good [that they] consoled someone who fights us... I think they should be transparent. Like when boys have an argument, they should call boys to say sorry to each other. One time, a boy hit another boy, but he didn't get punished, which made the boy who was hit feel sad. This boy had lots of thoughts over this. I used to stay there and feel that way too."

(Phearun, male, 2015)

Influence of management on client experiences

Clients highlighted the important role that shelter management played in shaping the experiences of residents, especially during times of leadership transition. Participants who lived in shelters during management changes identified distinct differences in how shelter staff interacted with clients before and after management transitions. When participants described these transitions, most emphasized changes in rules within the shelter and/or imposition of greater structure, which they felt caused difficulties for clients when they transitioned to living in the community. Some clients felt that some managers were biased in favor of staff, taking the side of staff when conflicts between staff and clients arose.

"The former staff were good and understood about children, not the housemother. They were on my side. When we had a fight or were mad at anyone, they comforted us, taught us and we had enough food to eat too. However, when we moved into the new shelter, there were new staff and new housemothers as well, so it was really complicated. To be frank, if the staff was still acting that way, it made it hard to live in shelter. Since the foreign director came, they did anything to fit housemothers' needs. I mean they believed the housemother more than the children, no matter what happened. Whether the children did something wrong or right, shelter staff still believed the housemother and assumed that they were right. So the children had to apologize! We felt like a pressure to us! Whether it was our fault or not, we had to apologize and it looked like when we lived at home. That made me miss my family more! I missed my family so much that I was mad. I was unhappy and it became stressful."

(Sean, female, 2016)

Impact of financial resources on shelter experiences

Participants discussed the impact that a shelter's financial resources had on their experiences within the shelter. Participants who had lived at multiple shelters described significant differences in the amount of resources and quality of facilities at different shelters. Participants also noticed how a shelter's own level of financial resources changed over time, impacting the clients' experiences within the shelter context. When shelters faced financial difficulties, this led to stress among clients, as they feared shelters closing.

"When I lived in the shelter in [province A], we had meals together and we ate group by group. In contrast, we have less food here and everyone eat meals with their fingers... The living place [shelter] in [province B] is hard to live in...the floor absorbs water and it flows into our sleeping place. The water comes out from the bathroom and flows into our sleeping place as we sleep on the floor. That home is old, so the bathroom always leaks during the rainy season." *(Suon, female, 2015)*

3. Discharge/Leaving the Shelter

When talking about leaving the shelter, participants shared 4 themes:

Table 3: Discharge / Leaving the shelter

Uncertainty about readiness to survive in the community	Requesting to leave the shelter
Minimal involvement in decision making and planning about re/integration	Running away from the shelter

Uncertainty about readiness to survive in the community

Many participants expressed mixed feelings about leaving the shelter environment and returning to live in the community. Some reported feeling worried while living in the shelter about their readiness to live independently in the community, expressing uncertainty around how they would support themselves financially and whether or not they would be able to secure employment in the community. Another key concern shared by clients was a fear that they would not be able to continue with their schooling upon returning to live in the community, largely due to financial insecurity. Some clients shared that they had tried to explain their concerns to shelter staff, but not feel that the staff fully respected their fears.

"It [school fee] is really little now. If the organization pays for it, school director will discount some percentage for them. It is just about how much we pay for it. However, if I pay for it myself, school fees will increase strongly. It is really hard for me because I have no ability to pay for it... As I know, my case is going to close, so they do not want to help me anymore when I have reintegrated to community. So, my family has to support me. However, they will consider my family situation too. If the organization does not support me anymore, I will drop out of school because my family cannot support me. In short, it is based on my situation. They will not be happy if I give up school because they have supported me so far. My teacher tried to tell them that if the shelter does not help me, I will drop out of school because my family's income is just enough for one day. It seems like they are trying to help me. They help me as much as they can. I know that they will not announce it now, but the [school] teacher also tried to help me. She tried to persuade them."

(Kravann, female, 2014)

Minimal involvement in decision making and planning about re/integration

Although experiences varied across participants, the vast majority of participants – both male and female – reported engaging in little preparation for re/integration in the shelter environment and minimal participation in the decision-making process. When the BLR team asked clients about their plans for re/integration while living in shelters, most shared that they did not know and that they had not made any preparations for returning to the community. Many clients were unsure how long they would be allowed to stay. Once clients began to discuss re/integration with shelter staff, most reported that shelters made the decision of when it was time for the client to leave and informed the client that he/she needed to return home. Decisions regarding client re/integration appeared, from the participants' perspectives, to be influenced by external factors, such as internal deadlines regarding how

long clients were allowed to stay in shelters and/or funding constraints. Lack of participation and lack of advance planning led to fear, anxiety, and confusion among clients.

"I did not want to leave the shelter yet, but my sister wanted to re/integrate. I did not know why she wanted to go out of the shelter. When she stopped schooling, she wanted to leave shelter right away. Moreover, my stepfather passed away, so she wanted to come live with my mother... They said that if the older sister moved out, then I, the younger sister, had to re/integrate as well."

(Achariya, female, 2015)

Requesting to leave the shelter

Some participants sought permission to leave the shelter. Family pressures to return home, hardships within the family, and sympathy for their parents were the most commonly cited reasons for participants to decide to leave the shelter. Clients shared that the process of getting approval to leave the shelter was an extensive one and at times led to conflict with staff.

"I asked to leave, but the duration of approving was so long. It was over a half year before I could leave... I was still asked and clarified the reasons. It did not mean that I asked to leave and then I was approved to leave suddenly. I was asked in case I might change to not leave or something like that. But it was still difficult for me. It was not easy like what they said. It was difficult in my family like what I told you... It was like they [staff] had no more patience for me because it was so often [that I asked to leave]. They had no more patience. I just let my mum pick me up from the shelter and we would be paid back for the expenses."

(Leng, female, 2016)

Running away from the shelter

Several participants reported running away from shelters. Disagreements with staff and perceptions of inappropriate treatment by staff were the most common reasons cited for running away. The decision to run away from the shelter was often described as a spontaneous decision, usually in response to a conflict within the shelter environment. However, some participants shared that a history of discomfort, disagreements with staff and other residents, and unhealthy dynamics that had bothered them over time eventually led them to run away. Once clients ran away, they often indicated that they did not speak with shelter staff again – either due to regret, anger, or fear of contacting staff.

"They [clients in the shelter] were considered [by staff] as disobedient, so the staff were angry with them... The staff responded badly too... The staff would ask 'did you go to school?' The kids did not know that the staff asked in a pretending way. They just answered 'I have never been at school.' It was weird... I did not like the way they did that. I ran out from the shelter to my home, but I didn't dare to go back. I ran out secretly. I asked them to leave procedurally, but the staff teased me, which made me angry, so I ran out of there... They said that when something happens, you just want to run. I then ran with only some clothes."

(Kakada, female, 2016)

4. Life in the Community and Community-Based Services

When describing their lives after leaving the shelter, participants shared 10 themes, as shown in Table 4.

Table 4: Life in the community and provision of community-based services by shelters

Conflicted feelings about life in the community compared to life in the shelter	Feeling loved like a family member in the shelter, but abandoned in the community
Difficulties completing school and securing employment after leaving the shelter	Vulnerability in the community due to dramatic difference between shelter and community life
Violence in the community	Desire to return to the shelter
Limited follow-up and supportive services in the community	Varied experiences with case closure
Unfulfilled expectations	

Conflicted feelings about life in the community compared to life in the shelter

When comparing life in the shelter to life in the community, participants shared mixed feelings. In the shelter, clients felt constrained by rules and lacked agency over their own lives. Clients reported that they did not feel as challenged to grow in the shelter because the shelter took care of all of their needs; however, life in the shelter was easier because they did not worry about meeting basic material needs. In the community, clients reported enjoying more freedom and independence. Participants reported satisfaction in not being constrained by shelter rules and pride in being able to take care of their own needs. However, they struggled to provide for daily subsistence needs in the community and life was harder in the community.

"Living in community is difficult, but I have more freedom than living in the shelter. I have freedom, so I can go anywhere I want. No one is against me, no one goes with me or limits my going out time. I'm not afraid to come back late and be blamed! But living in the shelter I have food to eat. People cook for me, so I don't care about food. Living outside has freedom, but [I'm] a bit tired and have many things to worry about.... I live in community and I have a job to do. I start to feel that I am grown up.... I am thinking about daily expenses for food and have to save money. I think about my future. The biggest burden for me is...I need to support my family a lot."

(Dary, female, 2015)

Difficulties completing school and securing employment after leaving the shelter

Although numerous participants shared they were successful in school while living in the shelter, many struggled to stay in school upon re/integration. Some participants found it difficult to concentrate on their education without the structure of the shelter environment. Some clients' family members pressured them to drop out of school. Family financial difficulties led participants to drop out of school to find work. However, many also struggled considerably to find sustainable employment and/or operate a successful business in the community.

"I don't have enough money for family spending: no food, not enough for morning, not enough for dinner. So I was often absent from class. I was able to go to school only 2 times per week. Therefore, I informed the teacher that I will stop. I cannot go to school anymore."
(Chivy, female, 2015)

Violence in the community

Numerous participants reported experiencing violence and abuse after returning to live in the community, primarily from family members and intimate partners. Clients described experiencing emotional and physical abuse from their parents, with some reporting very severe levels of abuse. Some participants reported witnessing violence within their families and throughout their community after returning to live at home. They shared that they often felt alone in dealing with the abuse, as they had limited contact with shelter staff in the community.

"When my mother cursed me, she will just curse 'if you want to be a prostitute girl, you can go or you want to sell your sex, just go.' But even if I didn't do this, but they [neighbors] will think that I do it because my mother always curses this terrible thing everyday. 'If you want to sell your sex, you can just go. Go away from my house.' It is hard for me... We were in front of the factory and she just cursed at me like this, but I didn't know how to stop my mother from cursing. That time even the village chief came to discipline her, but she didn't listen to him. She continues to curse at me... The last time when teachers from the shelter came and they told her not to curse me like this, it is embarrassing. And if she still curses like this, they will bring her and give her discipline/a warning. And then after the village chief came for 3-4 days, she hit us [her and her younger sister] instead. She hit us and only now, this past 3-5 months that my mother didn't hit me."

(Botum, female, 2016)

Limited follow-up and supportive services in the community

Participants shared that most of the support they received from shelters after returning to live in the community consisted of financial assistance (cash and school expenses) and one-time help with material needs. Some reported receiving financial help for other emergency needs. Some clients were visited by staff, but the frequency of home visits varied substantially across participants, along with the clients' perceptions of the helpfulness of those visits; in some cases, this difference was due to client distance from city centers. While some reported receiving emotional support, the vast majority said that the assistance they received from shelters in the community was very limited, with minimal follow-up provided. Participants commonly felt let down/disappointed by the lack of support and follow-up in the community. Upon returning home, some felt that the shelter staff no longer cared for them. Several stated that they maintained stronger relationships with staff from other organizations than they did with shelter staff.

"My friends from the same shelter are also grumbling about this... They said the shelter said they would keep meeting us after we left. They said they will call once a month and if we ask for help, they will help us. But so far, they didn't call us... Totally speaking, they cared about us only in the beginning, but not in the later months."

(Sean, female, 2015)

Unfulfilled expectations

Some participants described a discrepancy between what they believed they had been promised by shelter facilities and what they actually received upon returning to the community. Both male and female participants shared their disappointment when the level of services provided in the community did not meet their expectations. Participants shared that they witnessed differences in the level and nature of support provided to clients from the same shelter, which also caused confusion and disappointment.

"They [shelter staff] brought me to [Province], but they didn't give me any money. They bought a bike that cost \$50 and a bag that cost \$5. In total, it cost \$55, but they noted in receipt a cost more than \$300. I was really angry and disappointed! ...She kept me there for a week of follow up and called check up only one time with me. She asked what is my job? Since then, I never heard anything from them. Even if they went to [Province], they didn't come to see me... They did like that to everyone! Not only me! Before she brought me back home, she told me that she will buy a sewing machine for me. After I arrived home, she told my mother that she didn't have the role to responsible for every problem I made. And I didn't get anything from her."

(Keo, female, 2016)

Feeling loved like a family member in the shelter, but abandoned in the community

"Sometimes I feel warm and sometimes when we live in the organization like this, we treat each other like brothers and sisters, parents and children. But when I left from the organization, no one called me. There was a time one mom called me, but I could not remember who she is but I told her 'Mom it seems like you just throw me away and never called to me' because I also missed them. I always called to them but they never called me back... Maybe that time they still followed up with me and they didn't end my case yet, but they seemed to not really communicate with me much... That time I felt really lacking warmth from them."

(Bormey, female, 2015)

Many participants described their relationships with shelter staff as akin to family relationships instead of professional relationships. While clients greatly valued the love they had received from staff while in the shelter, when they returned home to live in the community, they felt as if they lost a member of their

family. Clients expected their relationships with shelter staff to continue in a similar manner after they returned to live in the community. In practice, clients shared that shelter staff rarely came to visit them in the community, leaving the clients to feel as if the people whom they had previously viewed as family members had abandoned them. Clients described these changes in their relationships with staff as painful, saying that it made them doubt whether staff had ever really cared for them.

Vulnerability in the community due to dramatic difference between shelter and community

The transition from life in a shelter to life in the community was a very dramatic change that was extremely challenging for clients. Participants described the long-term shelter environment as one in which their needs were taken care of and decisions were made on their behalf. However, when participants transitioned to living in the community, the standard of living and level of intervention that they were used to in the shelter context was gone. As a result, clients struggled to find ways to take care of their own needs and experienced conflict with their families. While many participants expressed appreciation for the care they received in the shelter, clients' narratives also revealed that their isolation from the community while living in shelter care hindered them from sustaining, developing, and strengthening the skills needed to navigate the financial and relational challenges they encountered in the community.

"Most of the victims who stayed in the shelter were not successful. They succeeded only 3 to 4 of them. Some of them are working in the organization. Some of them work at different places... They sometimes said that it was easy to live in the organization and they did not do anything. They have someone to take care them. They have food to eat. They have people to bring the food for them and they can sleep well. They can learn and so on. They thought that it was easy for them and when they go home, they think work at home is difficult for them. They speak badly to the members of the family."

(Nimul, female, 2016)

Desire to return to the shelter

While many participants expressed mixed feelings about life in the community compared to life in the shelter environment, some shared that they wanted to return to live in the shelter again. Male participants were especially likely to express that they wanted to return to the shelter due to violence in their homes and/or a lack of social and emotional support in the community.

"When they brought me to Phnom Penh, I cried because I did not want to live there. I cried and asked them to come back home until I lived there for 1 month or a half month, I started to feel happy living there. Then I did not want to come back home anymore. Now I have been reintegrated home and when I face problems, I want to go back to the shelter."

(Atith, male, 2015)

Varied experiences with case closure

Processes for closing clients' cases varied. Some reported that they simply lost contact with shelter staff without ever discussing a formal case closure. Some shared that shelters formally closed their cases immediately upon their return to the community, while others received follow-up support in the community from shelter staff before case closure. Additionally, clients shared that they were confused about the rationale for case closure, especially when the rationale for closing cases seemed to differ across clients from the same organization. Participants commonly described case closure as an end to a relationship and/or a sense of being discarded. Some felt hurt by the case closure process and were worried about their capacity to survive on their own.

"The shelter came... to close my case. They said they will stop visiting me. For a while, they will visit me one time. They said now I have the right to go wherever I want. They said they will stop coming and complete the deadline already... I didn't know how to think about them. I also asked them what if I got a lot of violence within my family. They said then just leave it to the local authorities to solve this. I said it is good that I still have your organization [Butterfly Research Team]. What if you also finish your deadline with me? It will be finished with me as well. I don't know who I can meet with... I worried that I will have another case like before again. I am afraid of the violence and my mother will hit me. And because she knows that the organization stopped with me, she can do whatever she wants. That is why if you also stop with me, I don't know who I can report to. I only have one [phone] number and if they stop contacting to me, I don't know what to do. That is why I don't want you to stop with me... I still want to continue to meet with you because the shelter already finished their deadline with me, so please don't finish your meeting with me as well."

(Suon, female, 2016)

Findings – Case Study of Participants in a Shelter for Adult Women

As noted earlier, the experiences of 10 adult women in one transitional shelter facility were so unique from the rest of study participants that these women's experiences are discussed separately in their own case study. The women at this shelter described their experience with 6 themes (see Table 5).

Table 5: Case Study Findings

Feeling forced to live in a shelter	Limitations in vocational training and business development services
Disempowerment in the shelter environment	Desire to leave the shelter
Lack of professionalism among shelter staff	Limited follow-up and lack of interest in contacting shelter staff in community

Feeling forced to live in a shelter

Women in this group overwhelmingly contested their classifications as "victims" by police and shelters. Adult women who were not trafficked expressed strong concerns about being placed in shelters for exploited persons, stating that they were forced to stay in a shelter against their will. Clients felt that they were brought to a shelter in order to "correct" their behavior. Decisions to keep women in a shelter against their wishes caused stress for women and interfered with their ability to care for their

dependents, such as their children. Women's experiences of being forced to stay in shelters led them to distrust shelters and other service providers, as they felt they had been deceived and that staff did not listen to them.

"No volunteer. And they forced us. Both the mothers of Seda and Chea [names changed] called and cried until they lost consciousness, but they [the shelter staff] did not care. They did not care about their parents. Their parents cried until losing consciousness. Their daughters also cried and wanted to jump. However, they did not care, hear, or know anything besides bringing us to Phnom Penh. I did not know what the problem was. I thought maybe they brought us to sell us because it looked like kidnapping. They did not care, not even calling to tell our mother that we were fine and happy, so please do not be worried with us. They took away phones from us and they did not allow us to speak although they [our parents] called us worried."

(Da, female, 2016)

Disempowerment in the shelter environment

Women described the shelter environment as disempowering on several levels. Women said that staff talked down to them and spoke to them in a judgmental and condescending manner. Women expressed that staff attitudes toward clients created an environment in which it was not possible for clients to speak openly about their concerns. Women said that although staff claimed that women made decisions for themselves in the shelter, the clients felt that shelter staff imposed their wishes upon clients.

"I think it [vocational training] wasn't helpful because I felt like they forced me to learn that skill, as I wanted to learn something else... I wanted to learn computer and English. They said I didn't finish school, and no high school diploma, no 12th Grade. They said such women like me should learn the skill they assigned for me to learn. Everybody else took that skill, so I followed suit... To put it plainly, an NGO like the shelter, before they give us something, they command us to do what they want first... The shelter said that I made my own decision. I learned how to do makeup, style hair, and sew at the shelter, but I hate sewing."

(Da, female, 2014)

Lack of professionalism among shelter staff

Participants mentioned several complaints about the professionalism of staff, including concerns about staff being biased against certain clients, lack of follow-through with promised actions, and unprofessional speech. Participants expressed concerns that staff did not consistently follow through with their promises and shared that communication with shelter staff was confusing. Some said that they did not feel that staff were motivated out of a genuine desire to help clients, but rather to serve their own self-interest. They suggested that the shelter hire more professional staff.

"I think that they [services NGO provided] are all fine and good, but related to staff, they are weak... because they always listened to only one party when there were problems. Other parties they did not listen to their reasons and got angry with them... For example, I tell you that it is good, so you think that it is good too and you do not ask for the reason... When they called us to ask for the reason, they acted dissatisfied. Moreover, they did not pay attention or want to listen when we spoke. If they like that person, they focus on that person."

(Kanya, female, 2015)

Limitations in vocational training and business development services

Services focused heavily on vocational training (VT) and business development. Women questioned the practical benefit of being asked to work at the shelter's social enterprise, as the work was not related to their VT and was not applicable to market needs in the community. Women expressed significant concerns regarding the quality of instruction they received in the VT program and the skill level of the trainers. After completing the training, women felt unprepared to launch a business in the community, stating that they had not developed enough skills. Although they appreciated that financial assistance was offered for business development, they saw many of their friends fail in their business endeavors. Women suggested that industry experts provide skills training instead and that the training be more intensive.

"It is because I see most of my friends fail with their business [laugh]. The majority of them closed their shop and stayed at home. They decided to close their shop or offer it to someone else and stay at home instead... When I asked them, they said that the income does not meet with the expenses for the rental shop and electricity. They want to change their job! When I heard that, I feel depressed and don't want to do it anymore... When the customer comes one time and sees that we cannot do our job well, they will not come again later."

(Chea, female, 2015)

Desire to leave the shelter

Participants expressed a desire to leave the shelter environment, with many stating that they wanted to leave as quickly as possible. When women felt that they were forced to enter a shelter, they naturally reported that they did not want to stay in the shelter. However, women who ran away from the shelter expressed some regret that they missed out on an opportunity to study. They would have preferred to live at home and study at the center.

"When they brought us [to the first shelter] from the police station... they only told us that they will send us to sleep at their place for a night and they will send us back home in the morning of the next day. We stayed there from that time on when we arrived.... I don't really remember how long I stayed there... It was about 1-2 months, I think, as I remembered. After that, they allowed the adult women to choose if they wanted to change their job/career. If we wanted to change, they sent us to the shelter to join vocational training. When I arrived at the shelter for 2 nights, we ran away. We secretly prepared the plan and ran away from the organization... There I had an opportunity to learn a skill and plus I also got a salary. However, when my friend asked me to run away with them, I just followed them... They [the other residents] did not like to stay there. For me, it was fine to stay there because I wanted to learn the skill, but when my friends ran away from there, I would be alone. So I decided to leave with them. If I continued staying there, I would get my salary and I would be able to learn a skill too...I feel regret about it."

(Nearidei, female, 2016)

Limited follow-up and lack of interest in contacting shelter staff in community

Women in this group provided very little feedback on how shelters facilitated the community re/integration process. Many women said that they did not want to have contact with the shelter after returning home. Women shared concerns that if shelter staff accompanied them to their homes, community members would judge them for being associated with a counter-trafficking NGO. Although a few participants mentioned receiving helpful community-based financial support, most participants in

this group shared that after they returned to live in the community, the shelter provided very little to no follow-up support.

"I did not want my reputation to be bad because there was an organization that sent me home. The word organization – they had to help and what was I that was wrong? They said they brought me to my home, so my neighbors would ask what I was that was wrong and why there was an organization that sent me there... I felt embarrassed. Although I was fatherless and I was poor, so when I went to live in the organization, they also did not believe me.... They [neighbors] do not speak ill about me, but when they saw that the organization sent me there, they knew I worked for a bad workplace."

(Da, female, 2016)

Recommendations from Participants

During the study, BLR team members asked participants for their recommendations for improving services, including shelter care. Here we present the recommendations given by research participants themselves about how to strengthen shelter services. Research participants shared a total of 20 recommendations for improving shelter services. These 20 recommendations can be grouped into four general over-arching categories: 1) Promote client agency and adopt an empowerment-based approach; 2) Ensure that the shelter environment is responsive to the needs and priorities of clients; 3) Foster healthy engagement between clients and staff; and 4) Strengthen re-integration support and community-based services. Each of these recommendations is described separately below.

Interestingly, male participants provided only one recommendation (#9) for improving their experiences in care – i.e. separate boys into smaller groups in order to protect the most vulnerable boys in care. Clients involved in the case study of a shelter for adult women provided two recommendations: do not force clients to stay in the shelter (#4) and strengthen vocational services within the shelter (#20). The other female participants (those not in the case study) provided the remainder of recommendations.

The recommendations provided by participants are not arbitrary. The recommendations are consistent with human rights-based approaches, approaches to trauma-informed care, the social work Code of Ethics, and principles of practice released by other stakeholders in the counter-trafficking sector (Andreatta, Witkin, & Robjant, 2015; NASW, 2018; Rende Taylor & Latonero, 2018; Safe Horizon, 2018; United Nations General Assembly, 1948; 1989). The parallel between survivors' recommendations and best practice signify that clients themselves know what their rights should be. Below we summarize all 20 recommendations in these 4 categories.

PROMOTE CLIENT AGENCY AND ADOPT AN EMPOWERMENT-BASED APPROACH.

- 1. Listen to clients and be receptive to their input. Ask for their ideas and act on them:** Participants wanted to speak more openly with shelter staff about their experiences, concerns, and recommendations for improving care. They wanted shelter staff to understand that their viewpoints were valid and put their ideas into action.
- 2. Facilitate client participation in decision making and planning about their own lives:** BLR participants shared that they wanted to participate in decision making about their own experiences

in care. They said that clients have different needs, priorities, and interests and that clients should have the opportunity to make decisions about what is best for them.

3. ***Be careful about classifying clients as "trafficked" or "exploited" if clients assert that they were not exploited:*** Participants requested that staff listen to clients regarding their own characterization of their experiences and not let their assumptions regarding the clients' situations bias them toward a specific interpretation of clients' experiences that may not be accurate.
4. ***Don't force clients to stay in a shelter:*** Participants shared that they believe that shelters should not force clients to stay against their will. If clients want to leave, they should be allowed to do so – leaving space in the shelter for those who genuinely want to be there.
5. ***Provide services individualized to the person:*** Participants wanted services to be individualized to the interests, capabilities, and goals of each client. Clients did not want to be boxed into a narrow set of options that others assumed would be best for them. They wanted services to be sensitive to their own wishes and priorities.

ENSURE THAT THE SHELTER ENVIRONMENT IS RESPONSIVE TO THE NEEDS AND PRIORITIES OF CLIENTS.

6. ***Bridge the gap between the shelter and the outside world. Ensure that clients' participation in care equips them with the skills needed to live outside of the shelter:*** Clients recommended that shelters focus more on preparing them to live in the community. Some recommended that life in the shelter should not be too "easy" for clients – i.e. it should mimic real life more. Participants suggested that staff equip clients with more knowledge/skills that are needed to engage in the real world and that re/integration planning start from the beginning. Clients suggested that more transitional facilities be available.
7. ***Strengthen engagement with families while clients are in shelter care:*** Participants suggested that clients be able to maintain relationships with their family members while in care. Clients wanted to feel that shelter staff members genuinely cared about their families and cared about the clients' desire to have greater contact with their families. When the ultimate objective is re/unification, greater engagement with families throughout the process and greater support in the community are needed.
8. ***Reconsider rules within the shelter context:*** Given the cost to victims themselves, clients wanted shelters to re-evaluate the necessity of certain rules. It is suggested that shelters reflect on which rules are effective in facilitating healthy recovery and re/integration, and which rules undermine the autonomy of trafficked persons and therefore hinder the recovery process. Clients want the opportunity to participate in developing rules and systems within the institutions in which they are living.
9. ***Separate boys into smaller groups to protect the vulnerable:*** Interestingly, boys provided only one recommendation. Boys suggested that shelters separate boys into smaller groups to protect the most vulnerable boys in care. When all boys were placed together, clients felt that younger and more defenseless boys were victimized by older and more aggressive boys in care. They wanted staff to think carefully about which boys could live together in a healthy way and they wanted staff to protect them from violence in care.

FOSTER HEALTHY ENGAGEMENT BETWEEN STAFF AND CLIENTS

- 10. *Trust clients more:*** Clients expressed that it was important for them to trust staff, but they said that they wanted staff to extend more trust back to clients as well. Participants wanted to know that staff members would believe them and take their words seriously. Clients did not want staff members' lack of trust in clients to lead shelters to adopt rules that were not proportional to the actual level of risk.
- 11. *Don't speak harshly or talk down to clients:*** Participants expressed that they wanted staff to speak gently and kindly to them and wanted staff to act as positive role models instead of tearing them down. They wanted staff not to humiliate or shame them.
- 12. *Don't take out your stress or negative emotions on clients:*** While participants did not fault staff for struggling with the pressures of their work, they asked that shelter staff stop taking out their own problems on clients, such as venting their anger/frustration on clients or blaming clients for problems.
- 13. *Don't punish or threaten clients when they make mistakes:*** While participants admitted that clients made mistakes, they wanted staff members to help motivate them to improve without threatening them or punishing them harshly for their mistakes. They felt that harsh punishment only demotivated and hurt clients rather than helping them grow.
- 14. *Be mindful of clients' trauma histories and engage with clients in a trauma-informed manner:*** Participants wanted staff to exhibit sensitivity to the clients' victimization histories and "difficult" pasts. They wanted staff to understand their backgrounds and adapt their approaches to working with clients to show extra sensitivity when interacting with them. Further training and clinical supervision regarding trauma and trauma-informed approaches to care are recommended.
- 15. *Provide services in a consistent and fair manner to all clients:*** Participants requested that shelter staff be consistent in providing services equitably with all clients. Clients suggested that favoritism not lead to differential treatment between clients. Training, monitoring, and clinical supervision are recommended to ensure consistent adherence to care standards.

STRENGTHEN RE/INTEGRATION SUPPORT AND COMMUNITY-BASED SERVICES.

- 16. *Provide support and services to family members:*** One of the most consistent recommendations from participants was that clients wanted shelters to provide services and support directly to their family, not just to the clients themselves. Participants expressed that the provision of community-based support for their families would benefit the family and would also be beneficial in the client's own recovery and re/integration process.
- 17. *Phase out support more incrementally:*** While participants appreciated the care they received in the shelter, many described the re/integration and/or repatriation process as rushed and not thoroughly thought through. Many said they were not involved in the re/integration planning process and shelters made decisions on their behalf. They described life in the shelter as easy and said they had limited contact with their families in care. The transition "home" was simply too abrupt for many survivors. It is strongly recommended that shelters phase out services more gradually. Clients need

more transitional support throughout the process of re-entering the community that gradually declines over time.

- 18. *Provide emotional support to clients and their families through their transition into the community:*** Another very consistent point of feedback from participants was the importance of emotional support during the process of transitioning to life in the community. When the level of emotional support quickly declined upon re/integration, it was too abrupt for clients to cope. Social and emotional support must be provided to both the client and their family, as re-entry is an enormous adjustment for the entire family.
- 19. *Provide more community-based services:*** Participants recommended that more services be provided to clients in the community. Clients would greatly benefit from having a service system that includes shelter care, but also includes other models and mechanisms for accessing services that are individualized to their needs and personal situations. Advocacy will likely be required with donors to increase resources for community-based care.
- 20. *Ensure that training programs equip clients with marketable skills sufficient to obtain employment. Prioritize employment-related assistance for clients:*** Access to stable employment was a high priority for clients. Participants suggested improvements to vocational services—i.e. not forcing clients into training that is not useful/of interest, improving the quality of training, and ensuring that any training equips them with marketable skills and connects them to viable opportunities in the market. Participants wanted their goals, interests, and aptitudes to be taken into consideration in determining an individualized plan to strengthen their employability skills and wanted support from staff with specialized expertise in vocational development.

Additional Recommendations

In addition to the suggestions provided by BLR participants themselves, several other recommendations have been identified based upon the experiences of BLR participants. While survivors themselves did not offer these recommendations, they are provided in the spirit of reflecting on the experiences and narratives shared by survivors (see below).

- 21. *Provide support and training for shelter staff pertaining to secondary and vicarious trauma:*** Service providers who work with victims of trafficking and exploitation are at risk for experiencing burnout and secondary/vicarious trauma. Research suggests that regular clinical supervision, peer support systems, continuing education/professional development, caseload management, diversification of staff responsibilities to minimize trauma exposure, and access to mental health resources are helpful strategies for addressing burnout and secondary trauma among staff. A healthy and supportive work environment leads to greater satisfaction and health among workers and enhanced service delivery to clients.
- 22. *Integrate services for trafficked and exploited persons with broader social welfare and child protection systems. Ensure adherence to care standards:*** The Royal Government of Cambodia has issued numerous standards for residential care, including a preference for family- and community-based care. The development and implementation of care standards, accreditation of all residential care centers, planned and random inspections, and systems for monitoring the quality of care are basic foundations to care. Adherence to standards will require coordination and collaboration between shelters and existing social welfare systems.
- 23. *Continue to assess and refine services to ensure that boys' care needs are met:*** Study findings revealed both similarities and differences in the experiences of boys and girls in shelter care. Fewer

services are, however, available for male survivors of trafficking/exploitation, less research exists regarding services for trafficked men and boys, and research has revealed concerns about gender bias in care. Greater attention should be paid to the specific needs and priorities of sexually exploited boys, as well as the development of gender-sensitive models for providing services for trafficked and exploited boys.

24. *Strengthen systems for communicating regarding confidentiality and maintaining confidentiality:*

BLR participants raised concerns regarding confidentiality – including violations of confidentiality, as well as confusion among clients about the meaning of confidentiality. Detailed and careful communication must exist between service providers and clients regarding the meaning of and limits to confidentiality. It is recommended that workers revisit the nature and limits of confidentiality repeatedly throughout the relationship with the client and that clients be offered the opportunity to continually ask questions about the boundaries of confidentiality if they have concerns.

25. *Strengthen systems pertaining to screening for, preventing, reporting, and responding to abuses in care:*

Proper systems and training should be in place to prevent, monitor, collect reports/complaints, and respond to violence in care. Specialized trainings should be conducted for staff regarding the background and experiences of clients coming into care, risks for abuse, warning signs, assessing risk, detecting abuse, and appropriately responding to suspected abuse allegations. Strong client protection policies should be in place. Formal complaint systems in which incidents can be reported anonymously to independent persons outside the organization are recommended. Clients should be informed of their rights and mechanisms for filing complaints. An ongoing monitoring system is needed to ensure measures to protect clients from violence are effective.

26. *Strengthen evidence-informed models for providing mental health services in the Khmer cultural context:*

Professional counseling training is recommended for the appropriate staff. While Western models of counseling are increasingly being taught in Cambodia, evaluations of Western-influenced mental health interventions have shown mixed results. Further attention should be directed toward culturally appropriate models for providing mental health services in the Khmer context. Given the mixed feedback of participants on their experiences in counseling, further research should be conducted to understand the treatment modalities that survivors responded to positively and negatively.

27. *Implement culturally congruent client-centered and rights-based approaches to serving clients:*

MoSVY guidelines state that a victim-centered and rights-based approach should be used when serving trafficked persons. Implementing a client-centered and rights-based approach involves placing survivors at the center of decision-making about their own lives and respecting the voices and choices of clients. Questions, however, remain of how to implement rights-based approaches within the Khmer context. Further attention should be directed toward how to implement client-centered, rights-based approaches within the Khmer cultural context, with Khmer leadership at the forefront of such efforts.

Conclusion

The provision of shelter-based services is an incredibly complicated and challenging endeavor. Research evidence regarding effective models of care for trafficked and exploited persons are still lacking (Hacker et al., 2015). Service providers involved with Chab Dai's collaborative work have expressed a desire to learn about how to strengthen their programs and position their clients for long-term success (Miles et al., 2014). Analysis for this paper was launched in direct response to this feedback from partner organizations. As referenced earlier, our goal in this report is to amplify the voices of survivors on their own experiences rather than to represent the viewpoints of Chab Dai. We would like to see the findings from this analysis promote reflection and dialogue within the counter-trafficking community around efforts to strengthen the social service system for trafficked and exploited persons, including shelter care. Ultimately, we hope that this study's findings can be used constructively to uplift the voices of survivors and enhance the shelter care experience for both clients and shelter staff.

Introduction

Shelter care is a core component of the current service delivery system for people who have experienced human trafficking and child sexual exploitation in the Greater Mekong Sub-Region (GMS). Services for trafficked persons in the GMS are largely concentrated in shelter facilities; significantly fewer services are available for trafficked persons within community-based settings (Brunovskis & Surtees, 2012a; Huguet & Ramangkura, 2007; Surtees, 2013). Given the centrality of shelter care to the present social service system for this population, ongoing reflection on and assessment of the quality of care provided is essential to ensuring that systems of care for trafficked persons are achieving their objectives.

The Butterfly Longitudinal Research (BLR) Project is a ten-year longitudinal research study led by Chab Dai that examines the re/integration of 128 male and female survivors of human trafficking and sexual exploitation. The study aims to understand the perspectives and experiences of survivors throughout the service delivery process and the experiences of survivors as they strive to rebuild their lives in the community. The BLR project commenced in 2010 while many participants were residing in shelter care. Multiple interviews have been conducted with survivors each year since the study's inception, following study participants through their stay in shelter care and their transition into the community. As such, the BLR data set contains a rich, multi-year subset of data pertaining to survivors' perspectives on their experiences in shelter care through all stages of the service delivery process – from shelter intake through shelters' facilitation of survivors' re/integration³ into the community.

Additionally, the BLR project data provides a unique opportunity to explore shelter care *from the perspectives of survivors themselves*. While research pertaining to human trafficking and child sexual exploitation is growing, there is a lack of primary research with survivors and research from the perspectives of survivors (Curran, Naidoo, & Mchunu, 2017; Marcus, Horning, & Curtis, 2014; Richardson, Poudel, & Laurie, 2009; Russell, 2017). The same pattern applies to much of the existing research on shelter care more broadly—i.e. it is often either based upon secondary data analysis, or presents the experiences/ perspectives of social workers and/or foster parents (Leathers, 2003). Less research has highlighted the perspectives of clients themselves on their experiences in care (Whiting & Lee, 2003). Understanding client voices is, however, essential to the process of improving the quality of care. Listening to client perspectives affirms the dignity and rights of clients, and ensures that clients' knowledge as service users can be capitalized upon to strengthen services (Cordisco Tsai, Seballos-Llena, & Castellano-Datta, 2017; Gilligan, 2000; Mitchell, Kuczynski, Tubbs, & Ross, 2009; UNIAP, 2008). In addition to sharing their experiences, survivors can offer valuable programmatic and policy recommendations (Foot, 2016).

This paper presents the perspectives of BLR study participants on their experiences in shelter care, along with their recommendations for improving shelter care. Throughout the paper, we have strived to remain as faithful as possible to the recommendations, viewpoints, and insights shared by survivors themselves. People who have been trafficked have often traditionally held little power and their perspectives are often underrepresented in society (Duong, 2015). This paper aims not to represent the viewpoint of Chab Dai as an organization, but rather to amplify the voices of clients who have participated in the shelter care system. We have strived to represent survivors' perspectives and

³ The term 're/integration' is used in place of 'reintegration' to denote that survivors can choose to return to their home communities, or build a home in a new community of choice (Surtees, 2010).

experiences as authentically as possible – both as a matter of ethical responsibility and for the benefit of trafficked persons and the counter-trafficking movement as a whole.

Over the years, service providers and counter-trafficking agencies involved with Chab Dai’s collaborative work have articulated a desire to learn about the strengths and weakness of their programs. Partners have particularly expressed an interest in understanding survivors’ long-term re/integration trajectories (Miles, Heang, Lim, Nhanh, & Sreang, 2014). We embarked on this paper in direct response to this feedback from partner organizations. Our desire is that the findings from this analysis can be used to promote critical reflection and discussion within the counter-trafficking community around efforts to strengthen shelter services, as well as the social service system for trafficked and exploited persons more broadly (UNIAP, 2008). Providing shelter-based services for trafficked and exploited persons is an incredibly complex and difficult endeavor. Service providers who enter into this work may face what seems like an insurmountable number of challenges. We hope that the study’s findings can be used in a positive way to elevate the voices of survivors and ultimately to improve the shelter care experience for all parties – including both clients and shelter staff.

Literature Review

Research pertaining to shelter care for trafficked and exploited persons is limited. Substantial research, however, exists regarding shelter and residential care for other populations – such as orphaned children, children who have experienced child abuse/neglect, and youth in the foster care/child welfare system. The majority of research pertaining to shelter care has been conducted in the U.S. and Europe; significantly less research has been carried out in Asia (Dutta, 2017; Dutta, 2016; Li, Chng, & Chu, 2017; Mhongera, 2017). Although survivors' experiences in shelter care naturally differ across contexts, some research conducted in other settings is nonetheless applicable to the findings of this study. In this introduction, we will first situate research on trafficking-specific shelter services within the broader research on shelter care. This will be followed by research pertaining to shelter care for trafficked and exploited persons specifically, drawing as much as possible from research conducted in Asia.

General research regarding shelter care

Impacts of institutionalization and movement toward deinstitutionalization

Residential care is often an efficient way to provide services. However, a wide array of concerns has been voiced regarding the effectiveness of residential care in fostering the healthy development of clients (Groza, 2017; Hilton, 2008; UNICEF, 2011). Research pertaining to shelter care for children who have experienced abuse and children who have been orphaned has documented significant negative impacts of institutional care on child and adolescent wellbeing (Dozier, Zeanah, Wallin, & Shauffer, 2012; Erol et al., 2017; Gunnar, 2001; Rus et al., 2017a). Research has demonstrated adverse effects of living in institutional care on virtually all spheres of development – including impaired social and interpersonal development, delayed language development, significant impediments in cognitive development, and stunted physical development (Beckett et al., 2006; Moulson, Westerlund, Fox, Zeanah, & Nelson, 2009; Nelson et al., 2007). Additionally, prior research has shown a detrimental linkage between living in institutionalized care and a client's capacity to develop healthy attachment to caregivers (Dobrova-Krol, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2010; Zeanah, Smyke, Koga, & Carlson, 2005).

Research has found that family-like care settings are, in general, better for minors than large institutional care settings (Dregan & Gulliford, 2012; Hilton, 2008; Sherr, Roberts, & Gandhi, 2017). Given the benefits of living in a consistent, family-like environment, the wide-ranging consensus is that family-based care is preferred to institutional care (Rus et al., 2017b). However, it is important to note that some research is mixed regarding the impact of different types of care on minors. While prior research suggests that family foster care may provide a better care environment than residential settings due to more individualized and responsive family-based caregiving, not all children do well in family-based foster care (Li et al., 2017). In some studies, clients report feeling safer in shelter care than with their biological families as long as the care environment is warm, home-like, and clients are able to exercise control over their own personal space in care (Moore, McArthur, Death, Tulbury, & Roche, 2017a). Further, one study of out-of-home care in 5 different countries, including Cambodia, found that children in residential care facilities reported better physical health and emotional wellbeing than children living with their families (Whetten et al., 2014). The impact of participation in care varies per the geographic location and availability of other care options. In lower middle-income countries (LMICs), there are sometimes no differences in the wellbeing of children in institutional versus family-based care; in some cases, children fare better in institutional care (Rus et al., 2017b). The impact of residential care also varies per the type of outcome that is measured. For instance, institutional care environments may be effective in providing for clients' basic material needs (Braitstein et al., 2013; James et al., 2017; Rus et al., 2017b; Whetten et

al., 2014). However, institutional care may not be effective in meeting clients' emotional, cognitive, psychological, or developmental needs (James et al., 2017; Rus et al., 2017b). For example, one study estimating the causal impact of residential care found that when compared to children in family-based care, children in residential care had their basic needs met to a greater extent. However, children in family-based care in the same study reported being more hopeful than those in shelter care, an indicator that is linked to many other future positive outcomes (James et al., 2017).

International norms have propelled a move away from institutional settings toward family-based care (James et al., 2017). The United Nations General Assembly (2010) has recommended that children and adolescents not be placed in long-term out-of-home placements. The *United Nations Guidelines for the Appropriate Use and Conditions of Alternative Care for Children* (2010) propose that alternatives to residential care should be pursued as part of a broader, progressive deinstitutionalization strategy. There is growing consensus that residential care should not be the preferred option, but rather a last resort and that family reunification should be preferred when possible (Groza & Bunkers, 2017; Know Violence in Childhood, 2017; Rus et al., 2017b). As Dozier et al. (2014) writes:

"Children and adolescents have the need and right to grow up in a family with at least one committed, stable, and loving adult caregiver. In principle, group care should never be favored over family care. Group care should be used only when it is the least detrimental alternative, when necessary therapeutic mental health services cannot be delivered in a less restrictive setting" (p. 219).

When institutionalization is absolutely necessary, family-type centers and foster care settings are often preferred, as long as proper training and oversight are provided for foster parents/staff (Know Violence in Childhood, 2017; Rus et al., 2017b). Nonetheless, in LMICs there has been a somewhat slow paradigm shift from institutional to family care systems (Erol et al., 2017). High quality case management and follow-up support is essential for any placement, including family-type placements, to ensure that care standards are being properly followed and clients do not remain in care for too long (Groza & Bunkers, 2017; Know Violence in Childhood, 2017).

Given concerns about the detrimental effects of growing up in institutionalized care, some governments have pushed an agenda of rapid deinstitutionalization, sometimes without specific strategies for ensuring proper support is provided in the process. There is concern that deinstitutionalization that happens too quickly may heighten vulnerabilities of children in care by moving them from a context in which basic needs are met to one in which basic needs may not be guaranteed (James et al., 2017). Alternatively, some scholars and practitioners are concerned that efforts to strengthen institutional care may solidify an outdated child protection system, i.e. the longer residential care facilities are in existence, the less likely they are to close (Groza & Bunkers, 2017). The very existence of residential care facilities may, therefore, serve to justify the reason for their existence; families may make a logical decision to send their children into care where they can be assured their children will eat consistently and have access to education and medical care (Groza, 2017).

Substantial barriers remain to the process of shifting from more institutionalized care to family-based settings (James et al., 2017). While there is widespread agreement that institutional care is not the preferred option for children, the push toward deinstitutionalization will take years, if not decades, to achieve (Kirk, Groark, & McCall, 2017). Given the practical barriers involved with transitioning away from shelter-based care, some have cautioned against pushing a family/institution dichotomy when urging the shut down of residential care facilities (Whetten et al., 2014). As Groza and Bunkers (2017) write:

"The long-term goal should absolutely be a system built on family-and community-based services where residential care does not have to exist... Until that occurs, concurrent work

must focus on the development of strategies to reduce the harmful consequences of residential care using evidence-based guidance” (p. 478).

Groza and Bunkers (2017) recommend taking a harm-reduction approach to improving residential care, i.e. developing programs, policies, and interventions to lessen/reduce harm associated with being in care. While working vigorously to improve the quality of care for clients who truly have no other options, substantial effort should be directed toward developing stronger family-based alternatives to out-of-home care, including family preservation, kinship care, family foster care, and domestic adoption. In all settings, a strong focus on quality of care is vital (Groza & Bunkers, 2017; Julian & McCall, 2009; Kirk et al., 2017).

Residential care for youth in Cambodia

While published research on the shelter care system in Cambodia is scarce, the research that does exist echoes global trends. The Cambodian Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) has developed a series of minimum standards indicating that family and community-based care should be preferred over residential care; these standards have, however, not been consistently enforced. In fact, MoSVY has reported registering an increasing number of residential care centers each year. Numerous factors have contributed to this trend. First, shelter-based services seem to be an immediate priority of overseas individual donors and churches, who fund many residential facilities in Cambodia.⁴ These well-intentioned donors may be unaware of community-based care options and/or skeptical of community-based projects due to distrust of parents; yet donors exert considerable influence through their capacity to provide or withhold funds. Secondly, Cambodia lacks a comprehensive social protection system, leaving poor parents with few options. Parents may agree to place their children in care due to poverty and due to a desire for their children to receive a good education. However, once in care, parents are often not allowed to maintain a close connection with their children. Research conducted by UNICEF regarding residential care facilities in Cambodia has revealed a number of concerns, including: inconsistencies in the registration of care facilities, insufficient training and therapeutic skills among staff, lack of consideration for alternatives to residential care, bias toward a Western environment in care, insufficient freedom in care, limited client participation, inadequate re/integration planning in care, lack of integration with the community, and limited systems to prevent abuse in care, among others (UNICEF, 2011). Since 2011, there has been a growth in vocational training options and community-based care in Cambodia.

Maltreatment and violence while in shelter care

Shelter care facilities strive to provide a safe environment for clients recover from trauma while protecting clients from experiencing further maltreatment (Hobbs, Hobbs, & Wynne, 1999). Clients themselves articulate an expectation that shelter care should be a safe place for them in which they should be protected from experiencing further victimization (Moore et al., 2017a). However, ample research suggests that shelter care is often not a safe place for clients (Groza, 2017). Research has commonly documented physical, sexual, and emotional abuse perpetrated by other clients and sometimes perpetrated by staff in the context of shelter care (Erol et al., 2017; Groza, 2017; Rus et al., 2017b; Rus et al., 2017c; Segura, Pereda, Guilera, & Álvarez-Lister, 2017).

The most commonly reported experience of victimization within shelter care is violence from peers within the care facility. Research has detailed widespread peer victimization and bullying within residential care, including verbally and physically abusive behaviors (Attar-Schwartz, 2017; Kyriakides,

⁴ According to MoSVY statistics from 2008, over one-third of residential care centers in Cambodia are owned and managed by Christian faith-based organizations (UNICEF, 2011).

Kaloyirou, & Lindsay, 2006; Moore et al., 2017a; Rus et al., 2017c). For example, in one study pertaining to shelter care at 14 facilities in England, over half of child residents reported experiencing physical abuse from their peers in the shelter context (Barter, Renold, Berridge, & Cawson, 2004). A study in residential care settings in Israel found that 40% of adolescents reported being the victim of at least one act of sexual violence from peers in the prior month (Attar-Schwartz, 2014). Another study with youth in residential care facilities in Israel found that over half (56%) reported being exposed to violence by peers during the prior month. Approximately 40% of residents reported experiencing sexual violence from peers in the past month and almost three-fourths (73.4%) of participants reported experiencing verbal abuse from peers in the past month (Attar-Schwartz, 2017). As a result of endemic peer violence, clients in shelter share report needing to be hypervigilant about protecting themselves while in care (Moore et al., 2017a).

In addition to violence from peers, some shelter residents also report experiencing physical, emotional, and/or sexual violence from shelter staff (Moore et al., 2017a; Rus et al., 2013). Estimates of the prevalence of violence committed by staff vary substantially across institutions. A study with youth in residential care facilities in Israel found that approximately one-fourth of clients reported experiencing physical maltreatment from staff in the past month and one-third reported experiencing emotional abuse from staff (such as mocking, insulting, or humiliating them) in the same time period. Clients who experienced violence from staff were more likely to also experience violence from peers (Attar-Schwartz, 2017).

Research has shown that children are not only vulnerable to violence in traditional institutional care settings, but across multiple kinds of care settings. For example, a study with a nationally representative sample of children in shelter care (traditional, family-type, and mixed)⁵ in Romania found widespread abuse within care facilities. In this study, almost half (44.6%) of clients reported being victims of punishment by staff and 40.9% stated being aware of their peers being punished by staff. Almost one-fourth of clients (23.3%) reported awareness of their peers being sexually abused within care; this rate increased to 50% among clients placed in family-type institutional care. Children placed in family-type long-term residential care surprisingly experienced as much, and in some cases more, abuse than clients in traditional residential care. While the reasons for this are unknown, one possible explanation is that clients are more dependent upon a specific caregiver and more isolated in a family-type shelter setting (Rus et al., 2017d). Similarly, a study with over 500 children placed in foster care in the U.S. found that approximately one-third of clients reported experiencing maltreatment by a foster care parent or another adult in the foster family during their time in foster care (Pecora et al., 2005).

In addition to directly experiencing violence, clients witness abuse while in care, including violence perpetrated both by peers and staff (Rus et al., 2017c; Rus et al., 2017d). For example, a study in Kazakhstan found that 19% of children in care facilities reported witnessing staff inflict verbal abuse on children, such as calling them names like idiot, bastard, and stupid, or using language intended to scare them. In the same study, 22% of children reported seeing staff inflict physical violence on their peers, including pushing, kicking, hitting, slapping, whipping, and burning children (Haarr, 2011). Witnessing violence and self-harming behaviors among peers erodes clients' sense of physical and psychological safety in care and can be re-traumatizing for clients (Moore et al., 2017a).

A variety of systemic factors contribute to the perpetuation of violence within the shelter care context. Prior research has found that shelters can sometimes be closed systems, lacking accountability to external controls, as well as the resources to assess the level of abuse within care and therefore respond

⁵ Traditional settings housed large numbers of children in large buildings. Family-type centers housed fewer children in small apartments or houses, or in larger buildings sub-divided into subunits with smaller numbers of children. Mixed-type centers refer to centers in which traditional and family-type settings were integrated in the same building (i.e. one floor with a family-type arrangement and another floor with a traditional arrangement).

appropriately (Rus et al., 2017d). Institution size has also been found to be positively correlated with higher levels of physical maltreatment by staff, perhaps due to staff feeling overwhelmed by larger care burdens (Attar-Schwartz, 2017). A lack of privacy within shelters increases client risk for witnessing violence while in care (Baker, Cunningham, & Male, 2002; Rus et al., 2017d). Additionally, clients commonly live in tightly controlled environments in residential care in which staff maintain control over many fundamental aspects of their life (such as sleep, education, work, and play), which can contribute to the continuation of abuse (Rus et al., 2017d).

Research pertaining to shelter care for trafficked and exploited persons

Research pertaining to shelter care for survivors of trafficking and sexual exploitation remains limited. The process of providing shelter-based services to survivors of human trafficking and sexual exploitation is exceptionally complex and challenging. Globally, numerous types of shelter care facilities have been developed for trafficked persons – including long-term residential care facilities, open shelters, emergency short-term shelters, hostels, apartments, and half-way houses (Bjerkkan, Dyrild, Nikolic-Ristanovic, & Simeunovic-Patic, 2005). In Cambodia, shelter care options for trafficked persons have involved a short-term emergency shelter, long-term shelters, transitional/group homes, and foster care programming, with a heavy concentration of long-term care facilities. Included below is a summary of common themes in research regarding shelter care for trafficked persons in Asia.

Centralization of services in shelter facilities

As referenced earlier, many services for trafficked persons are centralized within shelter facilities (Brunovskis & Surtees, 2012b; Huguet & Ramangkura, 2007; Surtees, 2013; Surtees & Brunovskis, 2016). Services outside of the shelter care context are commonly lacking for trafficked persons in the GMS (Brunovskis & Surtees, 2012a; Surtees, 2017a). Given the way the service delivery system is currently designed, people who have experienced trafficking and sexual exploitation may need to enter into shelter care in order to access needed services. Shelter facilities can provide sufficient access to necessities – such as housing, food, and medical care (Hacker, Levine-Faiman, & Halili, 2015). In some cases, clients themselves express that they want stay in the shelter context, often to finish their education (Simkhada, 2008).

However, staying in shelter care may also be a significant sacrifice for trafficked persons and their families for a variety of reasons. After being away from home and separated from their families, many survivors want to return home to maintain relationships and emotional connection with their family members (Surtees, 2013). Additionally, many survivors, particularly those who are older, have financial responsibilities to their families and need to return to work as quickly as possible. However, many are unable to earn money while in shelters and do not have time to stay in a shelter to participate in unpaid trainings (Arensen & Quinn, 2005; Brunovskis & Surtees, 2012a; Hacker et al., 2015; Huguet & Ramangkura, 2007; Surtees, 2013). At times, survivors may ask to live at home while participating in shelter-based apprenticeship/training programs, but may decline assistance when not allowed to do so. Others may accept shelter-based assistance due to a lack of other alternatives (Arensen & Quinn, 2005; Surtees, 2013). However, those who acceptance assistance for this reason commonly complain about being unhappy in care given the highly-restricted environment and preponderance of rules in care. These clients would benefit from alternative forms of assistance that also enable them to fulfill family responsibilities and maintain greater connection with their family members (Surtees, 2013). Additionally, due to a lack of trust, survivors and their family members may be afraid of being cheated or deceived by service providers, or afraid that assistance is not real. The shelter-based nature of services

may exacerbate this dynamic because of concerns about separation from family and trusted persons (Brunovskis & Surtees, 2012a; Surtees, 2013).

Involuntary stays and restricted freedom of movement in shelter care

One of the primary concerns mentioned in the existing research on shelter care for trafficked and exploited persons is the involuntary detention of survivors, with some survivors reporting being forcibly detained in shelter facilities often due to ongoing legal proceedings (Brysk, 2012; Hacker et al., 2015; Lee, 2014; Surtees, 2013; UN OHCHR, 2014). Survivors are sometimes held in shelter facilities involuntarily for years at a time, with little to no power to determine how long they are held in care and on what terms. In some instances, survivors are not given full information about shelter services, leading to a lack of informed consent about their stay in care; others report not being overtly forced to stay in shelter care, but strongly encouraged to stay in shelters for the benefit of legal cases (Surtees, 2013). Many clients who are held in shelter facilities are prevented from being able to work and earn an income despite financial responsibilities to their families (Hacker et al., 2015). Survivors may only be allowed to leave the shelter grounds for occasional supervised trips (Lee, 2014).

The rationale provided for keeping survivors within shelter facilities commonly pertains to the protection of victims and the desire to provide access to services. As articulated by UN OHCHR (2014), “common justifications offered for this form of detention are the need to provide shelter and support; the need to protect victims from further harm; and the need to secure their cooperation in the investigation and prosecution of traffickers” (OHCHR, 2014, p. 19). Nonetheless, from the viewpoint of survivors themselves, survivors commonly experience such involuntary shelter stays as highly stressful and unjust (Lee, 2014). In her study pertaining to the experiences and challenges of re/integration among trafficked persons in the GMS, Surtees (2013) described the stressfulness of this experience from the perspective of the clients themselves:

“Being ‘forcibly assisted’ for long periods of time was a source of considerable stress for many trafficked person (sic), regardless of being assisted at home or abroad. In many situations when trafficked persons were forcibly assisted, there was a lack of appropriate services and support provided. Certainly this was the case when trafficked persons were held in prisons, police stations and detention facilities. However, this was also the case for many trafficked persons who faced compulsory shelter stays, both abroad and at home. As a result, some trafficked persons experienced and described this forced assistance as a ‘waste of time.’ Trafficked persons were also generally anxious to return home to their families and communities in order to move on from their trafficking experience. As a result, long, compulsory shelter stays had enormous potential to delay and even undermine recovery and (re)integration. This was particularly pressing in the case of trafficked children who were not uncommonly amongst those who were forcibly assisted, sometimes for long periods of time. Forced assistance also did a great deal to compromise trust and confidence in service providers who, some felt, had given them incomplete or inaccurate information about assistance and/or prevented them from making an informed decision about assistance. When trust was compromised, this had a long term impact on victim’s (sic) relationship with assistance programs and service providers. This initial mistrust may have potentially compromised their willingness their (sic) seek out or accept other assistance in future, even in situations of acute need” (p. 7).

In addition to concerns regarding involuntary shelter stays, survivors have also raised concerns about restriction of movement within shelter facilities. Prior research with trafficked persons in the GMS has found that survivors in closed shelter facilities commonly experience constrained freedom of movement– i.e. being unable to leave shelters and having limited connection to the outside world

(Brunovskis & Surtees, 2012a; Surtees, 2013). Survivors in closed facilities report not being allowed to have contact with family members and friends outside the shelter, having their mobile phones confiscated, and having their communication monitored by staff (Lee, 2014; Surtees, 2013). Survivors have described such closed shelter facilities as too restrictive and “prison-like” (Brunovskis & Surtees, 2012a; Surtees, 2013, p. 197). Staying in closed shelter facilities is often deeply stressful, frustrating, and anxiety-provoking for trafficked persons (Surtees, 2013). High stress levels and feeling trapped in shelter care/being held against their will in care leads some survivors to try to escape from care (Hacker et al., 2015; Levine-Fraiman in Hacker & Cohen, 2012).

Similar to involuntary detention, rules regarding freedom of movement and communication with those outside the shelter are often implemented with the goal of protecting shelter residents from harm. Service providers and law enforcement officials may fear that clients would return to their traffickers due to a trauma bond with traffickers or that survivors would be in danger if allowed to engage with the community (Clawson & Goldblatt Grace, 2007). Survivors themselves have also shared that they believe they are locked inside of shelters to prevent them from running away and/or keep them safe. While survivors recognize that staff are concerned about protecting them, they also report feeling that these rules are commonly maintained even when no clear risks to their safety have been identified (Surtees, 2013).

Despite good intentions, involuntary shelter stays and restricted freedom of movement within shelter facilities echo aspects of survivors’ prior experiences of victimization (Levine-Fraiman in Hacker & Cohen, 2012; Hacker et al., 2015). Research with trafficked persons in Southeast Asia has found extreme restriction of movement to be a common experience during trafficking. Survivors in Southeast Asia whose movement was strongly restricted during their trafficking histories have been found to be more than twice as likely to report experiencing anxiety, depression, and post-traumatic stress disorder (PTSD) (Kiss et al., 2015a). However, when a victim leaves the control of trafficker, he/she may still not have freedom of movement when living in a closed shelter (Pollock, 2007). Housing victims in shelters without their consent can be considered unlawful detention and can lead to re-victimization (Limanowska, 2007; Sanghera, 2007). In fact, prior research in the GMS has shown that “in a handful of cases, trafficked persons described having more freedom of movement while trafficked than they did while being assisted in some shelter programs” (Surtees, 2013, p. 197). Additionally, some trafficked persons have reported being allowed to have more contact with their families while they were trafficked than they did when they were in shelter care (Surtees, 2013).

While the presence of these rules is intended to help protect victims, the necessity of these measures has been questioned given the cost to the victims themselves. In the case of legal proceedings, it would be “more humane and cost effective” to allow clients to return home when safe to do so and travel back for the court proceedings, if needed (Huguet & Ramangkura, 2007, p. 21). Shelters care is intended to help facilitate the recovery process for victims and support their re/integration into society. However, preventing survivors from interacting in the community and engaging with family members does not prepare clients for life in the community and may undermine successful re/integration (Brunovskis & Surtees, 2012a). Survivors themselves often prefer open shelter facilities that provide more freedom and opportunities to see family members (Surtees, 2013). Human rights conventions and standard of care guidelines assert survivors’ rights to freedom of movement and to decline participation in programs (Groza & Bunkers, 2017; MoSVY, 2014; UN OHCHR, 2014). If these rights are not protected, counter-trafficking programs may unintentionally impede upon the rights of people whom they are supposed to serve (Brysk, 2012).

Family engagement in the care process

Prior research with trafficked persons in Asia has found that survivors in shelter facilities often had little contact with their family members and partners while in shelter care (Dutta, 2016; Reimer, Langelier, Sophea, & Montha, 2007). Home visits are often infrequent and family visits within the shelter context are restricted. When communication is permitted, it is regularly controlled through the monitoring and/or confiscation of cell phones (Surtees, 2013). Survivors frequently report being worried about their family members while in care, particularly their families' socio-economic wellbeing (Surtees & Brunovskis, 2016). Not being allowed to talk to or have contact with family members can be deeply emotionally distressing for survivors (Surtees, 2013).

Previous research pertaining to shelter care in Cambodia has found that poverty within the family may be cited as a rationale for keeping a child in care and delaying his/her return to the community. Family members may expect survivors to work to financially support the family, or may not be able to afford to send the survivor to school (Reimer et al., 2007). Further, some shelter staff may have negative impressions of clients' families and communities, causing staff to be reluctant to facilitate engagement with families. As Reimer et al. (2007) wrote:

"Some NGOs and/or staff seem to operate from the standpoint that the family of origin or the community is often a 'bad place' and especially in the case of Vietnamese girls who have been trafficked; there are few instances that evidence an appropriate process of exploration of the reality of these home community/ies" (p. 32).

Reimer et al. (2007) found a general attitude among shelter staff toward Vietnamese parents as being "less caring" toward their children, more driven by money, and more likely to sell their own children than Khmer parents. These sentiments echo broader anti-Vietnamese xenophobia in the country (Berman, 1996). Reimer et al. (2007) also found that although clients mentioned having more food and resources in the shelter context, they still had sufficient necessities at home. This is noteworthy, as inability to meet basic needs is often cited as a reason to keep clients in care. Previous research has stressed the importance of safe, structured opportunities for clients to connect with family members with the support of shelter staff (Clawson & Goldblatt Grace, 2007). Lack of contact with family members during extended stays in shelter care can hinder attachment and can lead to significant challenges in regard to family relationships once trafficked persons return to live in the community. Given the centrality of the family within Cambodian society and the critical role that family members play in the re/integration process (both positively and negatively), it is noteworthy that more investment has not been made in supporting clients in engaging with their family members while in care (Bit, 1991; Surtees, 2013).

Re/integration support planning in shelter care

Trafficked and exploited persons face numerous challenges upon leaving shelter care and transitioning to life in the community, including difficulties completing school and securing employment, managing conflict with and alienation from family members, experiencing violence, finding stable housing, making life decisions, and encountering social stigma, loneliness, and rejection (Adams, 2011; Arensen & Quinn, 2005; Cordisco Tsai, 2017a; Cordisco Tsai, 2017b; Cordisco Tsai et al., 2017; Dutta, 2017; Dutta, 2016). Practitioners, survivors, and researchers have consistently expressed concerns regarding clients' readiness for transitioning from shelter care to life in the community and the sufficiency of re/integration support services in the shelter context (Dutta, 2016; Limanowska, 2007; Surtees, 2013). Survivors themselves often state that they do not feel that they have been adequately prepared to succeed following their departure from shelter care (Dahal, Joshi, & Swahnberg, 2015; Dutta, 2017; Surtees, 2013).

While a range of services is provided within the shelter context, shelter environments are frequently isolated from society (Derks, 1998; Dutta, 2016). Survivors may live in shelter care for years without activities that foster social inclusion or help prepare them to engage with the outside world (Dutta, 2016; Limanowska, 2007). In many cases, shelter care assistance does not appear to consistently focus on developing and implementing an individualized plan to prepare the trafficked person for re/integration (Surtees, 2013). Research with shelter personnel in Cambodia has shown that many shelter staff themselves are deeply concerned about re/integration support programming, as reflected below:

"Nearly every NGO contacted for this research self-identified follow-up as a deficiency in their reintegration programming. Experience shows that it tends to be sporadic, perfunctory, and quick, conducted by busy staff; and that it is more a function of proximity than of principle (i.e. the closer a reintegrated child is to the Centre, the more often she is likely to receive follow-up visits)" (Reimer et al., 2007, p. 41).

Limitations pertaining to funding and staffing pose obstacles to strengthening re/integration support programming. Many agencies lack social workers who are specifically trained in supporting the re/integration of clients. While stakeholders consistently recognize the importance of re/integration support programming, much "re/integration support" is shelter-based; provision of supportive services in the community are often one of the lowest areas of priority for shelters and least funded aspects of services (Dutta, 2016; Huguet & Ramangkura, 2007).

When asked about their experiences transitioning from shelter care into the community, survivors have reported feeling left on their own in the community, leaving them feeling angry. Survivors report wishing that more community-based services were available to help them through the transition (Dahal et al., 2015; Dutta, 2017). Survivors have also expressed in prior research that relationships with staff felt impersonal after leaving shelter care and they felt that staff no longer cared for them. Some clients did not feel that they could relate to staff anymore and that any "belonging" they had previously felt in the shelter context had dissipated upon community re-entry (Dutta, 2017, p. 25). Research has, however, shown that survivors who were able to maintain relationships with shelter staff after returning to live in the community expressed high levels of gratitude to staff and a greater sense of support and comfort (Dutta, 2017).

Professionalizing care services for trafficked persons

Although minimum standards have been developed for care facilities in Cambodia, the level of and quality of assistance provided within shelter facilities nonetheless varies across organizations, sometimes substantially (Surtees, 2013). Many service providers engage with survivors in a healthy manner (Brunovskis & Surtees, 2012a); in prior research studies, trafficked persons have reported positive experiences with shelter staff, indicating that they were treated respectfully by staff and that staff spoke to them in a gentle and encouraging manner (Surtees, 2017a; Surtees, 2013). However, previous research has also revealed biases, prejudice, discrimination, and abuse of power among some service providers (Brunovskis & Surtees, 2012a). Survivors in the GMS have shared concerns about being scolded harshly for what they perceive as minor infractions, or being reprimanded too strongly when they violated rules or behaved in a manner that shelter staff did not like. Prior research has also identified instances of physical and verbal abuse perpetrated by counter-trafficking service providers against trafficked persons (Surtees, 2013).

While a wide variety of challenges confront organizations and staff providing shelter care, one core challenge related to professionalizing care for trafficking persons pertains to knowledge gaps in the sector as a whole. In comparison to services for other victim populations, substantially less clarity exists

regarding care models that are suited for victims of trafficking (Hacker et al., 2015). Some shelter facilities lack fundamentals of care – such as comprehensive professional care frameworks (Ahuja, 2013). Within the GMS region, an insufficient number of professionally trained social workers and psychologists acts as another key barrier to providing professional care services (Surtees, 2017a; Surtees, 2013). Service providers may not have basic training on working with traumatized or vulnerable people (Surtees, 2017a; Surtees, 2013; UNICEF, 2011). Concurrently, skepticism exists regarding the level of professional training among staff in shelters that have been established by churches and other faith-based organizations, who may have no prior experience working with traumatized groups (Farrag, Flory, & Loskota, 2014; Foot, 2016). Disparities regarding the level of professional preparation of some shelter staff are coupled with gaps in professional systems for monitoring quality of care and upholding accountability to codes of conduct (Surtees, 2013). Ensuring that individuals working directly with clients are carefully selected and that sufficient training and clinical supervision is provided for staff remains a key challenge for the sector (Reimer et al., 2007).

Shelter care for male victims of trafficking and exploitation

While numerous gaps exist in the shelter care literature, one of the primary deficiencies pertains to shelter-based services for male survivors of trafficking and exploitation (Clawson & Goldblatt Grace, 2007). The availability of shelter care for male victims is substantially lower than care available for female victims. Globally, considerably fewer services are available for male trafficking victims than for female victims in general, reflecting gendered stereotypes about male victims needing less support than female victims (Levine-Fraiman in Hacker & Cohen, 2012). Female victims of trafficking have commonly been viewed as more vulnerable and in need of “rescue” and protection (Lee, 2014; Sandy, 2009). The overemphasis on trafficking for the purposes of sexual exploitation has also biased services toward female victims, as women and girls are often seen as more likely to be victims of this form of trafficking (Farrell & Fahy, 2009).

In addition to the substantial lack of services for male victims of trafficking and exploitation, services provided to victims can be problematically gendered – i.e. provided in a gender-biased rather than gender-sensitive manner (Hacker et al., 2015). Prior research has found that services for male victims tend to focus more heavily on immediate material needs and group recreational activities (Hacker et al., 2015; Surtees, 2013). The emotional needs and long-term needs for community-based support have been given less attention for male victims (Levine-Fraiman in Hacker & Cohen, 2012; Surtees, 2013). Services for female victims are at times problematically gendered, focusing too much on protecting victims and supporting them to assume highly gendered family roles rather than emphasizing their autonomy (Lee, 2014; Richardson et al., 2009; Surtees, 2012). Substantial progress is needed – not only in making sure that services are available for all victims, but also in improving gender-sensitivity of shelter care and programming for trafficked and exploited persons more broadly (Clawson & Goldblatt Grace, 2007; Hacker et al., 2015). Furthermore, ensuring gender sensitivity in programming will require that high-quality care also be provided for victims outside of the gender binary (Alberta Government, 2017). To begin, this can be accomplished through: staff sensitivity trainings on Sexual Orientation and Gender Identities (SOGI), establishing policies and responding to incidences of discrimination on the basis of gender and/or sexuality and providing assessments and trainings to re/integration communities and families (Alberta Government, 2017).⁶

⁶ This resource by the Government of Alberta’s LGBTQ2S (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, 2 Spirit) Youth Homelessness Working Group, is a highly equipped document for a shelter program to begin integrating policies that address care for youth outside of the gender and/or sexual hegemony. Please refer to this document for: policy guidelines, service tools and forms, best practices, and further research on LGBTQ2S-inclusive housing.

Methodology

Introduction

Despite considerable advances made within the counter-trafficking movement, considerable gaps still exist in the availability of primary research with trafficked persons, as well as the availability of research presenting the perspectives of survivors themselves (Curran et al., 2017; Marcus et al., 2014; Russell, 2017). In particular, key gaps remain in understanding the experiences of trafficked persons after they return to live in the community (Richardson et al., 2009). Understanding the experiences and perspectives of survivors themselves is, nonetheless, a vital component of improving the service delivery system for trafficked persons (Cordisco Tsai et al., 2017; Foot, 2016; Gilligan, 2000; Mitchell et al., 2009; UNIAP, 2008).

In light of this gap, in 2010 Chab Dai initiated a ten-year longitudinal research project in Cambodia, the Butterfly Longitudinal Research (BLR) project, to examine the re/integration of 128 male and female survivors of human trafficking and sexual exploitation. The Butterfly study aims to understand the experiences and perspectives of survivors, following them through the service provision process and throughout their re-entry and transition into society. The purpose of the study is to “hear” from survivors themselves regarding their lives, experiences, perspectives goals, and hopes for the future. The study aims to understand what participants did and did not find helpful in the service provision and re/integration process and to explore the reality of participants’ lives following their re-entry into the community. Ultimately, these critical insights shared by survivors can be used to strengthen policy and practice within the counter-trafficking movement.

The BLR study utilizes a prospective panel design, meaning that the same group of research participants is followed throughout the entire 10 years of the research project. Longitudinal research studies offer numerous advantages – including the capacity to gather data from a wide variety of methods (such as interviews, observations, surveys, etc.), the ability to observe changes in patterns and trajectories within a population over time, and the capacity to generate a more comprehensive and in-depth understanding of the experiences of participants, among others (Hua & David, 2009). Researchers and practitioners have highlighted the need for more longitudinal research among trafficked persons that continues following community re-entry (Wedge, Krumholz, & Jones, 2013). Given difficulties involved in building trust with trafficked persons, longitudinal designs that allow data to be collected slowly over time have been identified as especially useful for research people who have been trafficked (Brennan, 2005; Clawson & Goldblatt Grace, 2007; Cordisco Tsai, 2017c; Easton & Matthews, 2016; Kelly, 2005; Tyldum, 2010; Yea, 2016). Additionally, longitudinal designs give survivors the opportunity to share their viewpoints with some distance from their prior experiences, providing them the opportunity to gain additional perspective on their experiences (Križ & Roundtree-Swain, 2017).

Despite the advantages of longitudinal research, such studies are difficult to implement due to challenges associated with maintaining contact with participants and sustaining the interest of study participants over time (Bentancourt, Brennan, Rubin-Smith, Fitzmaurice, & Gilman, 2012; Boothby, Crawford, & Halperin, 2006; Rajulton 2001). Perhaps in part due to these difficulties, longitudinal research with trafficked and exploited persons is very limited (Russell, 2017). Several shorter longitudinal research studies have been conducted with trafficked persons, including a one-year study with women receiving post-trafficking services in Moldova (Ostrowschi et al., 2011) and a two-year longitudinal study with trafficked individuals in Indonesia (Surtees, 2017b), among others. However, to our knowledge, the BLR project is the only 10-year longitudinal study with trafficked persons in the world. This research project offers a unique opportunity to understand the perspectives of survivors through all stages of their journeys and the trajectories of survivors as they leave shelter care.

Throughout the years, counter-trafficking agencies and service providers engaged with Chab Dai's collaborative work have expressed a desire to learn about the strengths and weakness of their programming. In particular, partner agencies have articulated an interest in understanding their clients' long-term re/integration trajectories (Miles et al., 2014). Analysis for this paper was initiated in response to this feedback from partner organizations, with a desire to provide service providers with useful information that could help strengthen their programming.

Overview of data collected

The BLR study has adopted a mixed-methods approach to data collection, enabling the BLR Project research team to ascertain a comprehensive picture of participants' lives. During the early years of the study, the team used four revolving open and closed survey questionnaires each year, focusing on different areas of the participants' lives. In the first year of the study, a four-part questionnaire survey tool was administered in face-to-face interviews over four different sessions. Surveys were implemented three times per year in 2012 and 2013. Topical areas covered by the questionnaire included socioeconomic, education, psychosocial, spiritual, health, and relationship issues, including stigma and discrimination. Over time, additional data collection techniques were integrated into the study, including in-depth interviews, focus group discussions (FGDs), play and art projects, and participant observation (Miles & Miles 2010; Miles & Miles 2011; Miles et al., 2012; Miles, Heang, Lim, Sreang, & Dane, 2013; Miles et al., 2014).

At the mid-point of the study in 2014, the BLR Project research team compiled and summarized what was known and missing from each participant's story, including any contradictions from over four years of qualitative and quantitative data. From this analysis, BLR team members developed detailed narrative summaries for each participant and the study team identified inconsistencies in some participants' stories.⁷ Prior research with trafficked persons has shown that inconsistencies in the stories shared by survivors are common (Duong, 2015). These inconsistencies appeared to be predominately linked to the need to build trust between respondents and researchers over time. When the inconsistencies were identified, the BLR Project team decided to make a methodological shift to an intensive focus on qualitative methods, particularly the implementation of in-depth interviews. The study team determined that in-depth interviews were more conducive to participants being able to share freely about their lives (Miles et al., 2014). As a result, the most recent data collected for the project has been primarily qualitative. A summary of the types of data collected during the BLR study to data is included below in Table 6.

⁷ For instance, some contradictory information was provided in regard to ethnicity, age, abortions, pregnancies, family and intimate partner relationship dynamics, and prior/ongoing experiences of trauma and exploitation, among others (Miles et al., 2014).

Table 6: Data collected per year

	2011	2012	2013	2014	2015	2016
Surveys	4 surveys	3 surveys	3 surveys	1 survey	0 survey	1 Survey
In-depth interviews (IDIs)	7 IDIs	18 IDIs	0 IDIs	1-2 IDIs	2 IDIs	1-2 IDIs
Narrative summaries of all prior interviews				1 per participant	1 per participant	1 per participant
Focus group discussions (FGDs)	2 FGDs	4 FGDs	4 FGDs	1 FGD	2 FGDs	0 FGDs
Art projects	1	0	4	0	0	0

Study recruitment and eligibility

A range of partner organizations referred their clients for participation in the Butterfly research study. Partnering with agencies providing services to trafficking survivors is often the safest method for recruiting research participants with a trafficking history, even though it may lead survivors to hesitate to share any dissatisfaction or negative experiences about their participation in services (Brunovskis & Surtees, 2010; Tyldum, 2010; Zimmerman & Watts, 2003). Referral organizations included 14 shelter facilities and 3 other service providers.

To be included in the BLR study, prospective participants needed to meet the following eligibility criteria:

- **Exploitation History:** Prior experience of sexual exploitation and/or trafficking for sexual purposes.⁸ Human Trafficking and sexual exploitation were defined as per the below definitions.
- **Geographic Location:** Plans to re/integrate to one of 14 (out of 23) geographic areas, including: Banteay Mean Chey, Battambang, Kompong Cham, Kompong Chhang, Kompong Thom, Kampot, Kandal, Phnom Penh, Preah Vihear, Prey Veng, Pursat, Siem Riep, Takeo and Oddar Meanchey.⁹

It is important to note that it was left to referring partners to determine whether or not prospective study participants could be classified as victims of human trafficking or sexual exploitation, according to the below definitions.

⁸ Some of these participants may or may not have also experienced other forms of violence or exploitation such as trafficking for labor, sexual assault, or intimate partner violence.

⁹ Later in the study, participants were also located in Kampong Speu, Koh Kong, Kratie, Preah Sihanouk, and Svay Rieng,

Definitions

The Chab Dai team provided definitions of human trafficking and sexual exploitation to the referring partners so that partners could refer research participants whose experiences were consistent with the definitions provided. Chab Dai used the definition of human trafficking found in Article 3(a) of the United Nations 2000 Protocol to Prevent, Suppress and Punish Trafficking in Persons. According to this protocol, human trafficking refers to:

"...the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum. The exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs" (United Nations, 2000).

The following definition of sexual exploitation was utilized:

"Child sexual exploitation is when a child (under the age of 18) is involved in a situation or a relationship where they are being used sexually, and the child, or a third party, receives a reimbursement for this activity (money, gifts, affection or favors – e.g. alcohol, food or shelter). There are thought to be three main forms of sexual exploitation: prostitution, pornography, and trafficking for sexual exploitation. In this research we are interested in trafficking for the purposes of prostitution, the movement of children from one place to another, within a country or across a border, for the purposes of prostitution, and the exploitation of children through prostitution" (Smith-Brake, Lim, & Nhanh, 2015).

Data analysis

Analysis for this research paper focused on the following research question: ***What are the perspectives of survivors of human trafficking and sexual exploitation on their experiences in shelter care in Cambodia?*** The research question was intentionally broad in order to capture the totality of survivors' experiences in shelter care – from their initial intake in the shelter through the shelters' facilitation of the community re/integration process. In order to generate a comprehensive understanding of participants' perspectives on their experiences in shelter care, data across multiple time points was analyzed for this paper. Specifically, qualitative data analysis for this paper focused on two primary sources of data. First, analysis was conducted of the narrative summaries compiled for each research participant by the BLR team in 2014; these narratives summarized all data collected between 2011 and 2014. Secondly, in-depth interviews conducted in 2014, 2015, and 2016 were analyzed for this paper. Although the BLR research study involved 128 participants, a total of 111 participants resided in shelter care. As a result, analysis for this paper focused specifically on the experiences of those 111 participants. Table 7 presents all of the qualitative data that was analyzed for this paper – including a total of 111 narrative summaries and 251 in-depth interviews (see below).

As reflected in Table 7, when analyzing the study data, diverse patterns were observed for different sub-groups of participants. A unique set of themes was identified for a sub-group of 10 female participants who were referred to/placed in one transitional shelter facility for adult women. These participants' experiences were so distinctive from the other BLR participants that separate data analysis was conducted for this sub-group of participants (n = 10). The findings from this sub-group of women are presented as a separate case study in this report. Additionally, during data analysis, some differences

were initially observed between male participants (n = 22) and the remaining female participants in the study (n = 79). As a result, data analysis was also conducted separately for these two groups. However, given some overlapping patterns in the experiences of male participants and the majority of BLR female participants, the findings for these two groups are presented together in the next section of the report.

Table 7: Number of narrative summaries and in-depth interviews (IDIs) analyzed

	Male participants (n = 22)	Case study of female participants in one shelter for adults (n = 10)	All other female participants (n = 79)	Total (n = 111)
Narrative summaries of interviews from 2011-2014	22	10	79	111
IDIs in 2014	14	9	27	50
IDIs in 2015	29	17	79	125
IDIs in 2016	16	9	51	76
Total IDIs /narrative summaries	81	45	236	362

A phenomenological approach to data analysis was utilized. Phenomenological studies aim to understand the lived experiences of a group of individuals with a given phenomenon. Phenomenological research focuses on describing what research participants share in common in regard to their experiences with a phenomenon, identifying the core essence of the group’s experiences (Dahlberg, 2006). A phenomenological researcher develops a “composite description of the essence of the experience for all the individuals” studied (Creswell, 2007, p. 58). Specifically, an interpretive phenomenological approach was used. Interpretive phenomenology describes the meaning of research participants’ “being-in-the-world,” identifying the meaning in common life events and helping bring to the surface what may normally be hidden in human experience (Lopez & Willis, 2004). Interpretive phenomenology provides the opportunity not only to describe participants’ experiences in shelter care, but also to situate this subjective experience within the social, cultural, historical, and political forces that impact the participants’ experiences and their understanding of their experiences (Leonard, 1999). This interpretive orientation allows researchers to develop a deeper understanding of participants’ experiences and to attempt to interpret the implications of findings for practice and future research in this area (Lopez & Willis, 2004). An interpretive phenomenological approach recognizes the co-constitutionality or blended meanings of participants and researcher with their worlds (Koch, 1995). As Crist and Tanner (2003) wrote: interpretive phenomenology’s “philosophical framework acknowledges that people are inextricably situated in their worlds” (p. 203). Thus, the participants’ experiences and the researchers’ interpretations of their experiences are situated within all of our understandings of the existing world, and our interpretations based on cultural, social, gender, political, and class perspectives (Creswell, 2007).

An inductive approach to data analysis was utilized, meaning that the themes were developed from the data themselves rather than trying to link the data with an existent coding frame (Braun & Clark, 2006).¹⁰

¹⁰ Please refer to the in-text citations for papers that further explain these methods.

Dr. Cordisco Tsai led the data analysis process. First, she familiarized herself with the data through repeated, active reading of the in-depth interviews and narrative summaries. A line-by-line coding approach was adopted, with codes developed for each segment of meaning (van Manen, 1990). Numerous kinds of codes were utilized in first cycle of coding including attribute, simultaneous, descriptive, in vivo, process, initial, emotion, values, versus, holistic, and hypothesis codes (Saldaña, 2009). Each sentence was analyzed to ascertain what it revealed about the phenomenon described by study participants (van Manen, 1990). Once a complete list of codes was developed, codes were sorted into conceptually similar categories and grouped together into potential themes. All possible themes were reviewed, comparing the themes to the coded data extracts relevant to that theme and reviewing the themes in comparison to the entire data set. In the final stage, themes were defined and refined (Braun & Clark, 2006). Following the data analysis process, a member check was conducted with the BLR research team to ensure that study themes appeared credible and valid to BLR team members given their extensive experience interviewing research participants since the study's inception.

Multiple techniques were utilized to move toward the goals of research credibility and reliability. First, the BLR team's prolonged engagement with research participants over time gave study team members a deeper understanding of the participants' experiences from the participants' own viewpoints, which emerged gradually (Barusch, Gingeri, & George, 2011). Data was triangulated across multiple interviews and time points in order to produce a more robust account of the complexity of participants' experiences (Leech & Onwugbuzie, 2007). Additionally, when conducting data analysis, constant comparison was utilized, involving the comparison of data from different participants, contrasting data from each participant across time points, comparing incidents across individuals, and assessing codes and themes alongside one another (Chamaz, 2006; Fassinger, 2005). In order to monitor for potential bias, we also consulted with other scholars and practitioners about research findings (Morrow, 2005). Thick and rich description was utilized. The Butterfly dataset is a rich data set involving multiple interviews with participants over time, providing the opportunity to understand participants' experiences in a nuanced manner (Morse, 2015). Drawing upon the strength of this data set, we also included ample excerpts from interviews, presenting the participants' experiences in their own words as much as possible while protecting confidentiality (Guest, MacQueen, & Namey, 2012). We included details from the participants' stories to try to give readers a vivid understanding of the lived experiences of participants (Creswell, 2007). Additionally, we engaged in negative case analysis in order to challenge emerging patterns during the analysis process; in this paper, we present divergent cases that may contradict the most common patterns to ensure the discussion is properly nuanced (Barusch et al., 2011).

Research ethics

Ethics approval for the Butterfly study was obtained from the National Ethics Committee within the Cambodian Ministry of Health and renewed every year. Institutional Review Board (IRB) approval was secured from George Mason University for Dr. Cordisco Tsai's participation in data analysis for this study. Research pertaining to human trafficking is incredibly complex, necessitating the highest ethical standards (UNIAP, 2008; Zimmerman & Watts, 2003). Both people who have experienced human trafficking and people who live in shelters are considered especially vulnerable research participants (Duong, 2015). It is self-evident that ethical engagement with research participants is of the utmost importance. While an extensive discussion of ethical issues involved in the BLR study as a whole is beyond the remit of this paper, a few issues will be highlighted briefly.

First, protection of the confidentiality of research participants is paramount. Responsibility to protect participants' confidentiality extends throughout the research process – from initial contact during recruitment through the process of writing research reports and disseminating findings (Duong, 2015). Although interviews were conducted in a variety of settings, in each location the BLR team has been careful to ensure that the setting was private and confidential (Miles & Miles, 2011). Confidentiality has

been repeatedly stressed and revisited with research participants in all interviews throughout the study process, allowing participants the opportunity to ask any questions or express concerns regarding the confidentiality of their data. As an outside consultant, Dr. Cordisco Tsai was not engaged in any direct contact with research participants themselves. Only the Chab Dai Butterfly research study team has access to the research participants' personally identifiable information. All data was de-identified prior to being shared with Dr. Cordisco Tsai. Pseudonyms were used throughout the paper. Dr. Cordisco Tsai and the BLR team also carefully reviewed all quotations and examples provided by research participants and removed information from the final paper that might jeopardize the confidentiality or safety of any participants.

Increasingly, the BLR project team has observed more and more research participants expressing that they trust the BLR research team over time, indicating that they feel cared for by the BLR team and that they believe the BLR team is respecting their confidentiality. As a result, the research team has observed that research participants have increasingly opened up about their lives, experiences, and perspectives, revealing that they feel more comfortable to disclose more truthful accounts of their experiences as trust has grown (Miles et al., 2014). Both practitioners in counter-trafficking community and researchers conducting research pertaining to human trafficking have stressed that it is very common for the information that survivors are willing to share slowly deepen over time (Cordisco Tsai, 2017a; Easton & Matthews, 2016; Miles & Miles, 2011; Yea, 2016). Throughout the course of the research project, the BLR team has observed research participants gradually becoming more relaxed with the research team and expressing a genuine desire to meet with the BLR team (Miles et al., 2014).

The rapport that has developed between BLR team members and research participants brings many advantages. While the goal of research interviews is not to provide a therapeutic experience for participants, some research participants may perceive interviews as "therapeutic" if they are treated with empathy and non-judgment and listened to carefully during the interview process (Birch & Miller, 2000; Dickson-Swift, James, & Liamputtong, 2008; Padgett, 1998; Polkinghorne, 2005). Engaging with a warm, non-judgmental, respectful, and empathetic person may be especially important for trafficked persons in light of their exploitation histories (Cwikel & Hoban, 2005). Additionally, given concerns regarding the validity of data pertaining to human trafficking, the research participants' increasing comfort with the BLR team has enabled participants to share more candidly about their experiences over time, presumably strengthening the validity of data (Choo, Jang, & Choi, 2010; Miles et al., 2014).

However, as trust and familiarity have grown between the BLR study team and research participants, this is sometimes accompanied by an expectation that BLR team members will assist participants with personal difficulties and crisis situations (Miles et al., 2014); this dynamic has been identified in other research with trafficking survivors (Cordisco Tsai, 2017c; Yea, 2016). While BLR team members have completed a short course in counselling skills, the team also recognizes that it would be a violation of professional boundaries for researchers to try to provide assistance to participants in areas in which they do not have sufficient professional training (de Wildt, 2016; Easton & Matthews, 2016; Surtees & Brunovskis, 2016). The BLR team developed a referral network to which participants can be referred as needed (Eide & Kahn, 2008; Miles et al., 2014; Zimmerman & Watts, 2003). Referrals are only made with participants' permission (Easton & Matthews, 2016). The study team also stresses the limits of the researchers' relationships with participants, while also prioritizing their safety as the utmost priority in all interactions (Cordisco Tsai, 2017c; Easton & Matthews, 2016). Managing these dynamics is, however, not a simple process, highlighting the critical importance of safety and emergency protocols and ongoing supervision to address emergencies and unexpected situations as they arise (Choo et al., 2010; Cordisco Tsai, 2017c).

Another ethical priority for the BLR study is the team's commitment to representing the voices of research participants as faithfully as possible (Miles et al., 2014). The BLR team has strived to both conduct interviews in a way that enables participants to tell their stories and genuinely be heard, as well

as to faithfully represent the viewpoints of survivors as much as possible in the presentation of study findings (Kelly & Coy, 2016). Given the marginalization of the voices and experiences of trafficked persons, survivor voices must be at the center of efforts to improve services in the counter-trafficking sector (Cordisco Tsai et al., 2017; Duong, 2015). We have endeavored in this paper to present as accurate and honest an account as we can, including complexities and unknowns that emerge in the participants' accounts (Kelly & Coy, 2016). While this can lead to more complicated findings, the BLR team is committed to its ethical responsibility to reflect survivors' experiences from their viewpoints and in their own words as much as possible.

Findings

Overview of Study Findings

The study findings have been divided into two sections: 1) findings from male and female participants in shelters for both minors and adults (n = 110); and 2) findings from a case study of women who were referred to one shelter facility specifically for adults (n = 10). As referenced earlier, when analyzing study data, a unique set of themes was identified for this sub-group of 10 adult female clients. The experiences of these 10 women were so distinct from the rest of the study participants that separate analysis was conducted of their interviews and their findings are presented on their own in this report.

Presented in Table 8 is a summary of all themes generated during the data analysis process, separated by three participant sub-groups: 1) the 10 adult women from the abovementioned case study; 2) all other female participants who participated in shelter care; and 3) all male participants who participated in shelter care. All themes were divided according to four stages in the service provision process: 1) shelter intake, 2) life in the shelter, 3) discharge/leaving the shelter, and 4) provision of community-based services by shelters. As reflected below, some themes were consistent across sub-groups, while other themes were unique to specific client groups. Given that the largest group of study participants were female clients who were referred to shelters who served both minors and adults, the majority of themes identified in the analysis came from this group of participants. Similarities in and differences across the experiences of each sub-group of clients will be elaborated upon in the discussion section.

Table 8: Summary of Themes
(n = 111)

Stage of Service Provision	Participant Sub-Groups		
	<i>Case Study of Adult Female Participants in a Specific Shelter (n = 10)</i>	<i>All Other Females (n = 79)</i>	<i>Males (n = 22)</i>
Shelter Intake	Feeling forced to live in a shelter	Experiencing emotional distress upon initial shelter intake	Experiencing emotional distress upon initial shelter intake
		Adjusting to the shelter environment over time	Adjusting to the shelter environment over time
		Decision making regarding shelter transfer	
Life in the Shelter		Appreciation for education and provision for basic needs	Appreciation for education and provision for basic needs
		Feeling privileged to live in a shelter	
		Importance of caregiving and emotional support	Importance of caregiving and emotional support

<i>Life in Shelter Cont'd</i>		Personal growth and maturation	
	Lack of professionalism among shelter staff	Staff speaking harshly and insulting clients	
		Not believing clients	
	Disempowerment in the shelter environment		
		Lacking freedom and feeling trapped by many rules within the shelter	Lacking freedom and feeling trapped by many rules within the shelter
		Limited engagement with family while in the shelter	
		Mixed experiences with counseling in the shelter	
		Violations of client confidentiality and lack of trust	
	Limitations in vocational training and business development services	Client engagement in decision making regarding skills training	
		Delay in the provision of medical care	
			Violence (emotional, physical, and/or sexual) within the shelter
			Staff difficulties managing boys' behavior and responding to violence
		Impact of management on client experiences	
		Impact of financial resources on shelter experiences	Impact of financial resources on shelter experiences
<i>Discharge / Leaving the Shelter</i>		Uncertainty about readiness to survive in the community	
		Minimal involvement in decision making and planning regarding re/integration	Minimal involvement in decision making and planning regarding re/integration
	Desire to leave the shelter	Requesting to leave the shelter	

Some themes were reported more often by study participants than others. The frequency in which themes were mentioned by study participants has been divided into three categories: high, medium,

		Running away from the shelter	
<i>Life in the Community and Provision of Community-Based Services by Shelters</i>		Conflicted feelings about life in the community compared to life in the shelter	Conflicted feelings about life in the community compared to life in the shelter
		Difficulties completing school after leaving the shelter	Difficulties completing school after leaving the shelter
		Violence in the community	Violence in the community
	Limited follow-up and lack of interest in contacting shelter staff	Limited follow-up and supportive services in the community	Limited follow-up and supportive services in the community
		Feeling loved like a family member in the shelter, but abandoned in the community	
		Unfulfilled expectations	Unfulfilled expectations
		Vulnerability in the community due to dramatic difference between shelter and community life	
			Desire to return to the shelter
		Varied experiences with case closure	

and low. The purpose of this division is to give the reader a sense of which themes were the most/least consistent across the BLR participants. All themes mentioned in the “high” frequency category were described as being of high importance to study participants (please see Table 9).

*Table 9: Frequency in which themes are mentioned by participants
(n = 111)*

HIGH
<ul style="list-style-type: none"> ● Appreciation for education and provision for basic needs ● Importance of caregiving and emotional support ● Lacking freedom and feeling trapped by many rules within the shelter ● Limited engagement with family while in the shelter ● Uncertainty about readiness to survive in the community ● Minimal involvement in decision making and planning regarding re/integration ● Conflicted feelings about life in the community compared to life in the shelter ● Limited follow-up and supportive services in the community ● Feeling loved like a family member in the shelter, but abandoned in the community ● Vulnerability in the community due to dramatic difference between shelter and community life
MEDIUM
<ul style="list-style-type: none"> ● Adjusting to the shelter environment over time ● Decision making regarding shelter transfer ● Staff speaking harshly and insulting clients ● Not believing clients ● Difficulties completing school after leaving the shelter ● Limitations in vocational training and business development services ● Client engagement in decision making regarding skills training ● Violence (emotional, physical, and/or sexual) in the shelter ● Staff difficulties managing boys' behavior and responding to violence ● Requesting to / desire to leave the shelter ● Violence in the community ● Unfulfilled expectations
LOW
<ul style="list-style-type: none"> ● Personal growth and maturation ● Feeling privileged to live in a shelter ● Delay in the provision of medical care ● Lack of professionalism among shelter staff ● Disempowerment in the shelter environment ● Mixed experiences with counseling in the shelter ● Violations of client confidentiality and lack of trust ● Influence of management on client experiences ● Impact of financial resources on shelter experiences ● Running away from the shelter ● Desire to return to the shelter ● Varied experiences with case closure

Findings: Male Participants and Female Participants in Shelters for Minors and Adults

Summary of data

Findings presented below include the experiences of all male and female study participants except for 10 adult female participants who resided in a specific shelter facility (n=101). As referenced earlier, separate data analysis was conducted for these 10 female participants who were referred to or lived in a shelter facility for adult women, as this group of women shared a unique set of experiences. The below section presents the experiences of the remainder of study participants who resided in shelter care, including 22 male participants and 79 female participants.

For the male participants, data analyzed in this section included 22 narrative summaries compiled by the Butterfly research team staff, along with in-depth interviews conducted between 2014 and 2016. In-depth interviews were conducted with 18 male participants during this timeframe. These interviews included 14 in-depth interviews in 2014, 29 in-depth interviews in 2015, and 16 in-depth interviews in 2016, totaling 59 in-depth interviews with these 18 participants. For the female participants whose experiences were analyzed in this section of the report, the data included 79 narrative summaries compiled by the research team, along with all in-depth interviews conducted with this group between 2014 and 2016. For these female participants, in-depth interviews were conducted with 53 females during this timeframe. These interviews included 27 in-depth interviews in 2014, 79 in-depth interviews in 2015, and 51 in-depth interviews in 2016, resulting in a total of 157 in-depth interviews. Therefore, in total, the findings in this section of the report were identified through analysis of 101 narrative summaries and 216 in-depth interviews.

Background of study participants

Socio-demographic characteristics

BLR study participants in this group ranged in age from 9 years to 25 years upon starting the study in 2011. On average, male participants in the BLR project were significantly younger than female participants (see Figures 1 and 2). The majority of study participants (89%) report being single in 2013, with 9% reporting being in a marriage/domestic partnership (see Figure 3).

Figure 1: Age of male participants in 2011 (n = 22)

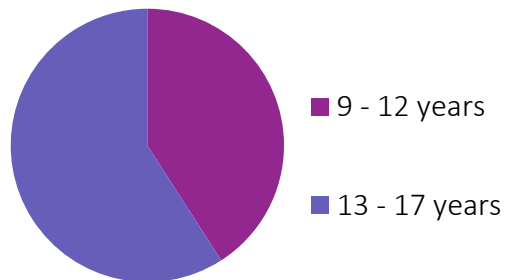


Figure 2: Age of female participants in 2011 (not in case study) (n = 79)

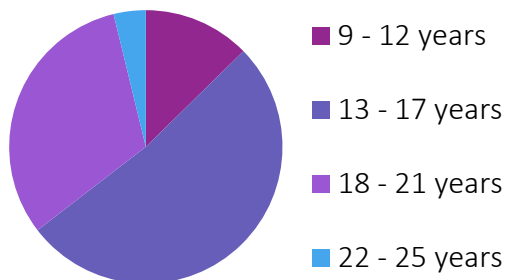
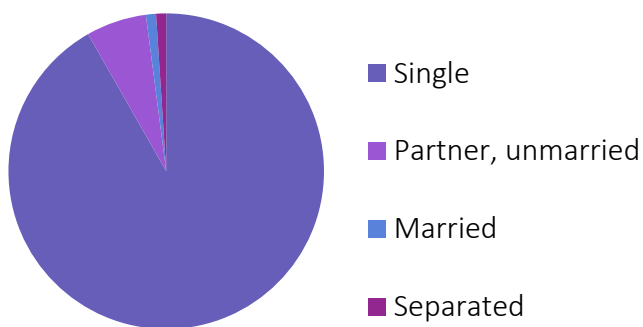


Figure 3: Relationship Status in 2013 (n = 97)¹



Exploitation history

The majority of participants in this group reported having been trafficked or sexually exploited. However, there were some participants who were adamant that they had never been abused prior to entering the shelter. In some cases, participants said that their case files noted that they had been exploited even though this was not the case. This tended to happen in one of two scenarios. First, sometimes sibling pairs were accepted to live in the shelter when one sibling had been exploited. For instance, Dara was placed in a shelter after her sister was exploited. She said that she was instructed to say that she had been exploited:

"They brought to the hospital for checking up [virginity]. Then they said to record my case the same as my sister because they wanted to put more crimes on the perpetrator so that my sister could get the money as compensation from the court. But you know, I am an honest person. If nothing happens to me, I will say 'no.' I always reported 'no' (although I had been told to say 'yes')... They brought me there to see if I am still a virgin or not... Since I was very young, I did not understand what it meant. I just followed what they told me to do... After that, the doctor reported that I am still a virgin. However, my lawyer told the record person 'no need to document that I am still a virgin.' That's what I heard. This was the memory that I remembered the most during that time."

(Dara, female, 2016)

In other cases, staff came into contact with youth who were very poor. It appears that staff felt these youths were in need of services and therefore these youth were invited to live in the shelter. For instance, one male participant, Phala, explained that he was initially brought to the shelter when he met a group of foreigners from a church on the street. When asked about his abuse history, he said that he had never been exploited prior to entering the shelter. However, Phala explained that the first time someone had tried to abuse him was actually inside the shelter (refer to the section on violence within the shelter, pg. 103).

Findings: Shelter Intake

The first stage in the shelter service provision process involved clients' intake into shelters. The below section depicts the experiences of Butterfly study participants (except for the case study of 10 adult women) pertaining to their intake into shelter care (n = 101). Analysis of these interviews revealed three themes, as depicted below in Table 10. Two of the three themes were consistent across male and female participants. Each theme is discussed separately below.

Table 10: Summary of themes regarding shelter intake by participant sub-groups (n = 101)

Females in shelters for minors & adults (n = 79)	Males (n = 22)
Experiencing emotional distress upon initial shelter intake	Experiencing emotional distress upon initial shelter intake
Adjusting to the shelter environment over time	Adjusting to the shelter environment over time
Decision-making regarding shelter transfer	

Experiencing emotional distress upon initial shelter intake

- Police and shelter staff misleading about shelter intake protocols
- Confusion about shelter's location
- Unclear/unknown purpose of being brought to the shelter hurt the participant's trust in the police and shelter staff
- Participant's family distrust and/or distress of their family member being taken to an NGO shelter
- Participants profoundly missed their parents
- Fear of other residents within shelter
- Mixed experiences of shelter staff responses to participants' distress upon shelter intake

"They [police] called the organization to come at that time and we went with them and I planned to jump out of the car at that time. I planned to jump out of the car and then I called to my family. My family drove a motorcycle around to look for me because they heard that I was arrested. They called me and my mother cried and until the evening they drove to find the shelter...Then I told them [shelter staff] that I wanted to go back home. They [shelter staff] said 'how can you go back home because the police already sent you here? We will be wrong if we do this.' If they allow us to go back home, we would go back to that work. Then they explained to me 'just stay here because you can have two snacks in the morning and evening; you will also have three meals in the morning, afternoon and evening.' They will also give us clothes and we need to stay here for 2 months. And you may allow us to be transferred to another center, they can change it for us, but we need to stay there for 2 months first. I said 'I don't want to go.' Three of us [clients] cried and we called to family and siblings and my mother drove a motorcycle to look for us and she asked 'where are you now?' and I said 'I don't know where we are. We are in an organization.' Then my mother heard that to stay in an organization meant they would sell us abroad, then my mother cried. My mother was so afraid and then she cried. When she prepared the clothes and she didn't see me, she cried. She used to see me at home and there was a noisy voice, but when I was arrested, it was quiet and she cried when she prepared clothes or my towel for taking a bath, she cried. I told her 'it is fine mom. I am fine living here. I will call you again tomorrow. Now they need to take back the phone because they don't allow us to use the phone inside the organization.'"

(Sothy, female, 2016)

Study participants consistently described the transition to living in a shelter environment as a very challenging process, involving fear, apprehension, anger, and uncertainty. Many participants reported experiencing deep distress upon initially being placed in a shelter. In particular, participants who were picked up in police raids found their initial placement in a shelter especially upsetting. Clients shared numerous reasons for their distress. First, some participants reported that they felt they had been misled about their intake. For example, Rath described her anger at law enforcement for misleading her about being taken to a shelter. She said:

"I hated police because he told me a lie. He said 'I will let you go home when I finish questioning you.' When I was questioned already, he sent me to the organization [shelter] ...There was no option. He sent me to the organization, so I always cried. When I was brought there... at first I did not see the house because of a high gate. I guessed I was brought to a prison, so I was very scared"

(Rath, female, 2016)

Sok described similar concerns about first being sent to a shelter following a police raid. She reported feeling that she had been deceived by shelter staff about the terms of living in a shelter, saying:

"They [shelter staff] told me that living in the shelter will be easy for me. I could study salon skills or any skills, depending on me. They will also allow me to go out of the shelter. They don't lock me in the shelter, said the staff... I asked them, can I use a phone? At that time, I thought that if I would live far from my family, I could call them. She said that I could do

anything and everything! However, when I reached the shelter, it was really silent and they had double fences... In short, I cried all the time!"

(Sok, female, 2016)

In addition to experiencing distress themselves, some participants also described the anguish experienced by their parents upon hearing that their children had been picked up in a police raid and placed in a shelter. Sothy shared that her mother became distraught when she was sent to the shelter. She explained how she tried to reassure her mother, even when she herself was upset, saying: [refer to Sothy's highlight quote box at the beginning of this section]

Participants reported that law enforcement and shelter staff intentionally disguised the location of the initial shelter to prevent clients from being able to share their location with family members. Clients were distressed and confused about where they were being taken. Sothy described her feelings:

"Living in that organization, they didn't allow us to know the way. They drove us, turning from one block to another block and made us lose the way because they were afraid that we might tell our families to find us...I cried and asked to go back home. Three of us [three clients] always find a way to escape, but we can't run. We said to each other that when all of them in slept, we would get the key and open the door to run away. We found a way to run, but we could not."

(Sothy, female, 2016)

Participants reported feeling confused about where they had been taken. Several participants mentioned that they did not receive any orientation when they first arrived in the shelter. One participant was concerned that she was being taken to jail: "I did not know whether I was a victim, but I was just worried about being in jail" (Vanna, female, 2016). Another participant, Phala, shared that he was worried he had been taken to a hospital for individuals with mental health issues. This participant explained that he had met a group of foreigners who offered to let him live with them, but when he arrived at the shelter, he did not understand where this group of foreigners had taken him. He said:

"At first arrived in the shelter, I thought it was a hospital. I saw a brother who has leg problem, so I thought this place is a hospital or a mental hospital. I felt afraid at that time. I was really afraid. I walked inside and saw the housemother. I thought 'Oh, this hospital calls older ladies mothers.' I thought this place would be a hospital for mental people. Everyone laughed at me. They told me that this place is not mental hospital – it is a shelter. I came here because I had known some foreigners."

(Phala, male, 2016)

Another client described her confusion about where she had been taken. She said:

"They [law enforcement] only said 'go sleep at that place for a night temporarily! That place is fine. I will come pick you up tomorrow' the police said... When I arrived there, I got frightened. I cried and I did not dare sleep because I could not sleep somewhere different from my home. I could not depart from my siblings. When I arrived, there were a lot of mosquito nets for the babies and people slept all over the place. I said 'where we were brought to?' Our two siblings cried and hugged each other and we were given one piece of bread each. We sat and hugged that bread without daring to eat. We kept it until tomorrow. Our eyes were swollen because of crying and there were a lot of people, we felt afraid of those bigger than us."

(Leng, female, 2016)

Additionally, study participants consistently reported that another key reason for their emotional distress upon shelter intake was that they missed their families. This sentiment was especially true for younger participants. Describing his initial feelings in the shelter, one boy said: "I felt afraid and cried...I was separated from my parents" (Piseth, male, 2016). Another participant described similar worries upon entering the shelter, saying: "Yes, I worry because I do not have a mother and father inside" (Vanna, female, 2016). An additional participant shared comparable feelings: "I cried hard when I arrived in Siem Reap at that time... I missed my family a lot. Also, I could not sleep because I was young and my bedroom was new for me" (Linda, female, 2015). Another participant was afraid that she would not be able to maintain contact with her family when her phone was taken away in the shelter. She said:

"When I arrived in the shelter, they took away my phone and I felt, oop! I was scared! They took away my things, so how could I contact to my mom? I was scared and thought that in my mind. However, they still allowed me to make a call! I was happy when I could call my mother! I was really happy! When it was my turn to call my mother, I ran to the staff as I wanted to talk to my mother."

(Sean, female, 2016)

Some participants described their separation from their families as profoundly distressing. Achariya described her deep sadness upon being separated from her mother:

"I thought that the caregivers there [at the shelter] didn't like me very much because when I first came to stay there, I often cried because I missed my mother. Every evening I cried because of missing her and I called for her. My older sister encouraged me until I slept and when I got up, I cried again. I missed my mother very much because I never went far away from her before. When I stayed at home, I needed to stay close to her and when she went to work, she also carried me with her. My sister persuaded me by giving me candy and keeping it at my sleeping place and when I got up, I ate it and then I ran to play with her. When I saw my mother in the late afternoon, I ran to hug her and she carried me back home. That was how I used to be with her, so when I came to stay in the organization, I kept crying. I cried during mealtime because I missed her and we used to eat together and when I ate food with my sister only, I felt like I lost someone. I kept crying... I dreamt that she came to visit me and then I got up and cried and everyone woke up."

(Achariya, female, 2016)

Additionally, clients shared that they felt afraid of other residents in the shelter. One male participant described his fear, saying: "When I first arrived in shelter, I felt scared and cried. I was really fearful! Rithy threatened me and teased me" (Visal, male, 2015). Another research participant described how she initially found the behavior of other shelter residents concerning. She said: "It was difficult [at the shelter] since some children had serious mental [health issues]. Sometimes they got mental disorders. There were a lot of strange things with them. I was alright. When I met them, I always felt abnormal with them" (Chan, female, 2016).

Clients shared that shelter staff differed considerably in how they responded to the clients' emotional distress upon shelter intake. Several participants explained that shelter staff tried to comfort them. For example, one boy said: "I cried when I arrived there... I did not know anybody there... They just tried to comfort me not to cry" (Davuth, male, 2016). Another participant described the compassion shelter staff exhibited when she was missing her family:

"When I first stepped in the shelter, I was afraid of housemother so much... When I arrived at the shelter, I ran around the shelter and the housemother said 'please stop crying, my

daughter. 'I said 'you are not my mother! My mother stays at home.' (laugh) ... After what she said, she cried with me together"

(Chan, female, 2016)

Another participant described the care and attention she received from a houseparent during her challenging transition into the shelter, saying:

"At first, we were sent to stay at an NGO shelter... At that shelter, we were so lonely. There were many children. I did not feel happy at all. Every time the wind touched my body, I cried and did not eat or drink. Sometimes the shelter mother there said 'maybe this girl survives because of crying.' I kept crying all day, no matter day or nighttime. I cried a lot and the only thing I wished was to come back home. They allowed us to talk on phone with our mother one time per week. I was so happy to talk with her. I laughed a lot. A few days after talking, I cried again. The first few weeks I stayed there, I kept crying and did not eat or drink. The first week, I did not eat or drink. I kept crying all the time until the housemother did not know what to do with me. They only comforted me by giving me this and that. Sometime others said to her 'why do you always comfort her like this?' At the shelter, they did not allow the shelter staff to give more attention to one girl than another. However, because I did not eat and drink, the housemother often gave me fruit to eat instead. I was always shaking my head to say no because my only wish was to go back to meet my mother... The only time I felt happy was only the time staff allowed my mother to meet me."

(Khema, female, 2016)

While some participants expressed appreciation for the care and compassion exhibited by shelter staff, other participants reported that shelter staff responded to their distress in an insensitive and uncaring manner. For instance, Achariya described how she felt shelter staff criticized and looked down upon her for crying and missing her mother. She said:

"The caregivers said that I was really stubborn. I was at the organization that time. When I stayed with my godfather [person reported to be the perpetrator], he changed my name to [X]. When I stayed at the shelter, people called me [X] and the caregivers there also called me [X]. They said [X] is very nasty. When she missed someone and they just talk about it, she will cry. They said I was childish. When someone says something, [they said] I show childish behavior. When they talked about it and I heard the word 'childish,' I cried"

(Achariya, female, 2016)

Adjusting to the shelter environment over time

- **Majority of participants adapted to shelter environment in time**
- **Contact with family helped ease this adjustment**
- **Some participants describe adjustment as more of a resignation to the situation**

While participants reported that they were initially afraid, angry, and confused upon intake into the shelter environment, many participants shared that they eventually adapted to living in the shelter environment over time. Some participants described their fears dissipating over time once they realized that people within the shelter did not have intentions to harm them. For instance, Pisey said: "I was afraid because I did not know anyone...I never lived in the center. I thought that those who lived in the center were not good people.... I later realized that was not true" (Pisey, female, 2016). Similarly, some clients reported that once their families had the opportunity to visit them in the shelter environment, family members' fears dissipated as well. Khema described this dynamic:

"I was afraid [when first got to shelter], as I heard people speak from mouth to mouth that NGO staff only do good in front of us, but they will actually do harm. I mean they will exploit our rights as children... Those words were not true when I came there. At first, my mother was very worried about me when she heard people tell her like that because she afraid that she staff would harm me. However, she felt relieved when she came to visit me in the shelter. She saw that I was prettier and happier than before. Then she knew that those words were not true and she continued to let me stay in the shelter"

(Khema, female, 2016)

Kravann described a similar transition in her family's fears about her life in the shelter after they visited her at the shelter. She said:

"At first, they worried about it, but when they knew about it, they came to meet me one time, they didn't worry anymore. They said that staying in the organization is safe and they can help me with my studies and they let me go so they don't need to worry about me."

(Kravann, female, 2016)

For clients themselves, communication with their families helped some participants feel more comfortable in the shelter environment. For instance, one boy described how speaking with his mother on the phone helped him gradually become more comfortable in the shelter. He said:

"I felt unhappy! I ran out from the shelter to follow my mother while she was in the van leaving me. I missed my mother after a week of living in the shelter. Sopath and I cried together! When the caseworker came, he allowed us to talk on phone with my mother, so we could release it. A few months later, we stop missing her! When we missed her, shelter staff allowed us to visit her, so we did not miss her much."

(Veha, male, 2016)

Several male participants mentioned that while they initially did not want to stay in the shelter environment, they adjusted to life in the shelter over time. Chea said:

"I felt strange [when first entered the shelter]. In the organization, it is always happy, but outside is different... At the beginning, around the first 2 nights, I could not stay there. When I went to school, I did not know anyone. When I lived there a long time, I got used to it."

(Chea, male, 2016)

Another participant described a similar experience. However, eventually he reached the point in which he did not want to leave the shelter: "I did not want to stay (in the beginning). It was because I never knew the place... I then got adapted and I did not want to leave" (Davuth, male, 2016).

While many participants reported adjusting to life in the shelter over time, some described the adjustment more in terms of resignation to their situation rather than contentment with living in the shelter environment. For instance, Sothy explained that although she adjusted to living in the shelter, she came to see her time there as something to endure rather than a positive opportunity to embrace:

"During our stay there for a half month, we started to know other friends there and we loved each other. Then we stopped thinking of running away anymore. When they said we needed to stay there for 2 months, it seemed to be too long and we wanted to go back home. We missed our family and we called them. We wanted to run away and wanted to jump over the gate, but we couldn't do it. It was too high. One wanted to run, but one didn't want to run. Then we decided to endure staying there. After a while, 2 months was gone."

(Sothy, female, 2016)

Decision-making regarding shelter transfer

- Most had an opportunity to stay in a long-term shelter program or go back home after a short-term stay at a shelter
- Staff highlighted high-level difference between services in community vs. shelter care
- No participants reported shelter staff evenly weighing pros and cons of staying in the shelter vs. returning back to their community – rather only positives of shelter care and negatives of returning home were given

Most participants reported having little to no involvement in decision making regarding their initial placement in a shelter, especially for those who were placed in shelters following police raids. However, some participants described a different process when they were transferred from a short-term shelter facility to a longer-term facility. Unlike their initial placement, participants reported that they were consulted and asked for their opinions when they were transferred from a short-term shelter to a longer-term facility. Although they described greater involvement in the decision-making process, study participants also shared that shelter staff tried to convince them to transfer to longer-term shelter facilities by describing the benefits associated with life in the shelter, including access to education, food, clothing, and greater security. For instance, one participant outlined this process, saying:

"They said that it depended upon me. If I stayed in the shelter, I would have the chance to study and things would be easy. The teacher only said that. And a mum who was at the shelter also encouraged me... She told me that there were nice clothes and rice, which were already prepared. She said that living in the shelter was easy and you had the chance to study. She said 'if you live with your family, you cannot study, as you already saw. You were raped twice when you collected the rubbish. It might happen again a second time.' Then I decided to stay in the shelter. My parents asked me: 'do you agree to go?' I said 'yes, I do.' I said I wanted to go. I did not want to stay at home. I wanted to study, then they agreed with me. They respected my decision."

(Rachana, female, 2016)

Meas shared that she was invited by her social worker to transfer to a longer-term shelter facility, stating that her social worker described to her all the benefits of living in the shelter environment. She was also informed of risks associated with living in the community, which ultimately led her to agree to live in the shelter. She said:

"When I was young, I loved salon skills, so when she [the social worker] told me that salon skill [training] is available in the shelter, I wanted to go. She even added that there is a

playground in shelter and many people are there so I could make friends with them... If I did not live in shelter, the fortune teller's [perpetrator] relatives would hurt me. I would be safe if I lived in the shelter and I could continue my schooling without payment, said the social worker. The shelter would cover my school fees. Based on what she said, I decided to live in the shelter."

(Meas, female, 2016)

For some participants, the opportunity to pursue their education was a key advantage that led them to agree to transfer to another long-term shelter. Some participants expressed that they were happy about the opportunity to continue their schooling:

"They told me that their organization helps children for a short stay only. Every child who has a problem, they will bring them there first and after the child is stronger, they will refer [the] to another organization.... It is fine! I feel good because at the shelter, I can learn continuously."

(Kravann, female, 2016)

Other participants expressed less interest in continuing their schooling but agreed to change shelters simply so that they could get out of the short-term facility. Khema said: "They said that they will transfer me to stay in another shelter to continue my schooling. So, I agreed with them. I gave my fingerprints... I did not really care much as long as I can leave that shelter" (Khema, female, 2016).

Tevy shared that the shelter presented her with two options – transferring to a longer-term shelter facility or returning to live with her family – and gave her the opportunity to choose between these two options. However, in describing these two possibilities, the shelter emphasized the drastic differences in the level of services she would receive in both contexts, which led her to decide to transfer to another shelter. She said:

"I decided by myself, but they also gave me two different ideas. They said, they would allow me to go back home if I would like to go back but they can help me with only this kind of support – they said they can only help me with rice, canned fish, fish sauce, and a bicycle and they can't help out with other things. And I am the one who decides my own future. But if I choose to stay with the other NGO, they can help me to study skills and after I finish the course, I can also start up my own business to support my future. Then I think I would like to have my own skill and I decided to move to the shelter in the province."

(Tevy, female, 2016)

While study participants reported greater participation in decision making regarding their transfer from a short-term shelter facility to a longer-term shelter, none of the study participants stated that shelter staff helped them think about both the pros and cons of living in a shelter environment. Participants consistently stated that shelter staff shared with them the benefits of living in a shelter environment, encouraging clients to agree to longer-term shelter placements. However, none of the study participants shared any instances in which shelter staff helped them evaluate either the potential disadvantages of living in a shelter environment or potential advantages of returning home to live in the community before being transferred to a longer-term shelter facility.

Findings: Life in the Shelter

Study participants spoke at length about their experiences while living in shelter care. This section presents the experiences of study participants during their time living in shelter facilities (apart from the case study of 10 adult women, which will be addressed in the subsequent chapter) (n= 101). A total of 17

themes emerged from the analysis (see Table 11). Several themes were consistent across male and female participants. Each theme is described below.

Table 11: Summary of themes regarding shelter intake by participant sub-groups (n = 101)

Females in shelters for minors and adults (n = 79)	Males (n = 22)
Appreciation for education and provision for basic needs	Appreciation for education and provision for basic needs
Feeling privileged to live in a shelter	
Personal growth and maturation	
Importance of caregiving and emotional support	Importance of caregiving and emotional support
Staff speaking harshly and insulting clients	
Not believing clients	
Lacking freedom and feeling trapped by many rules within the shelter	Lacking freedom and feeling trapped by many rules within the shelter
Limited engagement with family while in the shelter	
Mixed experiences with counseling in the shelter	
Client engagement in decision making regarding skills training	
Delay in the provision of medical care	
Violations of client confidentiality and lack of trust	
Violence (emotional, physical, and/or sexual) within the shelter	Violence (emotional, physical, and/or sexual) within the shelter
	Staff difficulties managing boys' behavior and responding to violence
Influence of management on client experiences	
Impact of financial resources on shelter experiences	Impact of financial resources on shelter experiences

Appreciation for education and provision for basic needs

- **The two most helpful shelter services identified by participants:**
 - **Education**
 - **Basic material needs (i.e. food, housing, clothing, etc.)**

Many participants expressed appreciation for the opportunities that living in a shelter environment afforded them. When participants were asked which shelter-services were the most helpful, the vast majority of participants said that they valued assistance in two primary areas: 1) educational opportunities and 2) shelters' provision for their basic material needs. Many clients stated that shelters provided educational services that they would not have otherwise had access to, including support for school fees and expenses and opportunities to study in schools that provided a high-quality education. In addition to assistance pertaining to formal schooling and vocational training, participants mentioned that shelters gave them the opportunity to develop language skills in Khmer, English and Chinese. Clients shared that they valued other educational opportunities in the shelter, including the chance to learn computer skills, traditional dance, baking, leadership skills, sewing, embroidering, and financial management, among others. Along with educational opportunities, most participants also expressed their appreciation to shelters for meeting their basic material needs, such as food, housing, and clothing.

Both male and female participants very consistently expressed that education was one of the most important services that shelters provided. For example, Linda said: "The most helpful assistance for me is education. They assisted me a lot with my education. They found a school for me, supported school supplies for me, and bought student uniforms for me as well" (Linda, female, 2016). Participants expressed that the shelter provided educational opportunities for them that they did not have access to at home: "If I stay at home, I will have no chance to school, just grade 9 only... I remembered that the shelter gave me the opportunity to study in a good quality school" (Chivy, female, 2015). Participants expressed that the educational support provided by shelters was vital to their success in life:

"It [support from the shelter] changes me a lot. I think if I do not receive support from the shelter, I might not have everything I have today. They treated me and supported me for studying too... I could study until grade 12."

(Bormey, female, 2016)

Other participants primarily highlighted how shelters helped them with their material needs. When asked to describe the benefits of living in a shelter, Chariya said: "I like to live in the shelter because I have enough food and I can study, which can lead me to a better future" (Chariya, female, 2015). Similarly, Pidor said: "It's good! They have everything... In the center, have enough clothes for us... Meals and snacks are enough too" (Pidor, female, 2015). Participants shared that when they expressed a need for material items, shelters were responsive to their requests:

"We told them [what we needed] and then they would bring us to buy [the items]. There were clothes, but if we wanted new clothes, they bought for us... Of course, I wanted things that were not too expensive, such as bag, and then they bought for me."

(Sopath, male, 2016)

Some clients in the study shared their appreciation for both shelters' provision of education and material needs. Some participants described their shelter experience fondly for these reasons. Heng said: "It [life in the shelter] was happy! ... When I lived in shelter, I got a pillow, blanket, net, and daily meals. The shelter also supported me to go to school" (Heng, male, 2015). Atith also expressed his contentment: "I feel satisfied with what I have because I am able to go to school and have enough food when I am staying here in the shelter" (Atith, male, narrative summary). In addition to having enough food, participants

were able to obtain a high-quality education: “They gave me the chance to study in a high price school and I got a lot of knowledge. The time for having rice was regular and food was also a lot and enough” (Sothy, female, 2016). When describing these benefits, clients also highlighted the material items provided by shelters that surpassed their basic needs:

“Their service is good! They provided an opportunity for us to learn more. They celebrated birthdays for us, and they bought clothing for us before Khmer New Year and Pchum Ben day, and supported bathing supplies for us... The accommodation and meal were good enough! The education service was even better.”

(Veha, male, 2016)

Feeling privileged to live in a shelter

- **Stark difference of standard of living**
- **Access to a different social class**
- **Feeling as if they were ‘princesses’**

In addition to expressing appreciation for the educational opportunities and material provision given by shelter facilities, some female participants shared that shelter facilities provided a standard of living that made them feel privileged in comparison to their family and community members. Some participants shared that the quality of life they experienced in the shelter was comparable to wealthy children in the community. For instance, Makara said: “They [the shelter staff] helped us more than their own children. We had money to spend, more than some richer [people]” (Makara, female, 2015). Dara also described the privileges of living in the shelter, including having more food and more educational opportunities than many children in the community. She said: (box quote)

“Although we were shelter kids, we had enough food for eating. Sometimes we had more food than other kids do... I often felt privileged as a shelter kid. We were able to study more than we were outside of the shelter.”

(Dara, female, 2016)

Participants shared that the opportunity to study in high quality educational institutions gave them access to a different social circle than they would have otherwise encountered. Chivy said: “I remembered that the shelter gave me the opportunity to study in a good quality school, to have good friendships, rich friends, to know society” (Chivy, female, 2015).

When participants compared the quality of life they experienced in the shelter with what they would have experienced in the community, participants stressed that shelters provided a standard of living that they had never experienced before. Linda described how her needs were provided for in the shelter in a way that she would not have experienced in the community:

“In short, the meal was enough for us, included snacks as well. They bought clothes for us and sent us to school. It much better than at our home! Our home cannot serve food 3 times per day like them every day. Everything is enough for us! ... They provided counseling service to me. Also, there were housemothers available for us to look after when we got sick. They [were] also responsible for our meals, living, schooling, counseling, and everything. They helped me a lot!”

(Linda, female, 2016)

Participants shared numerous examples of how shelter staff provided for their needs in ways they would not have experienced living at home, including riding to school in a taxi, having a chef prepare food for them, and being able to focus exclusively on their education without any other responsibilities. Several participants even indicated that living in a shelter made them feel like a “princess” due to the level of comfort they experienced in the shelter. For example, Romdoul said that she felt like a “princess” in the shelter, saying: “When I lived in the shelter, the shelter supported me with everything. I just like [being a] princess. It was very easy” (Romdoul, female, 2015). Sim expressed very similar sentiments:

“[I] act as a princess. I do not do anything [at the shelter] After eating, I just sleep. It is easy for me and it is not like other places where people need to work hard and do not have enough food to eat.”

(Sim, female, 2016)

For some participants, the level of staff involvement in attending to their needs was at times excessive. Phary described how staff’s engagement in taking care of her made her more child-like in the shelter environment, as staff assumed responsibilities that she herself could have done on her own if she had been allowed to do so:

“Living in the shelter is good in one way. Under their management, I am just like a child. In fact, I could do it myself, but it was the staff’s role to look after us. They worried about many things and I had tension sometimes, but it is their role.”

(Phary, female, 2015)

As will be discussed in a later section pertaining to community re-entry, the stark contrast between the standard of living clients experienced in the shelter environment and that which they experienced in the community proved very challenging for some participants. When clients left the shelter environment, many struggled to adapt to a way of life in the community that they were not accustomed to (see the section pertaining to community re-entry beginning on pg. 122).

Personal growth and maturation

- **Noted increase in self-confidence**
- **Focus on soft-skills building**
- **Controlling emotions and noticed positive behavioral change**

Numerous female participants shared that living in the shelter helped them mature and experience personal growth. Some clients expressed that living in a shelter helped them build confidence, develop their critical thinking skills, and learn how to manage their feelings. Several participants noted a dramatic personal transformation since the time in which they first entered the shelter. For example, Naravy shared how her confidence grew from her time in the shelter:

“I want to say that when I first stayed in the organization, I was afraid to talk with other people and when teachers asked me a question, I was afraid to answer, but now I have changed a lot. Now when the teacher asks me, even though I don’t know the answer, I can still answer it even though it is wrong. I dare to talk with staff there. I have changed a lot when I stayed in the organization.”

(Naravy, female, 2016)

In addition, Naravy shared how she began to see herself differently due to her interactions with shelter staff. When she experiences judgment and stigma for her prior abuse history, Naravy shared that she

remembers the words one housemother shared with her, reminding her to recognize the strength within herself. She said:

"I just feel discouraged with what they have said [cannot get one's virginity back if it is 'lost'], but I remembered the word that the mother said, virginity is not really that important. What is important is our characteristics and how we behave because if we are strong, no one will look down on us."

(Naravy, female, 2016)

Dary described how her soft skills grew through receiving services facilitated by the shelter. She shared that at first she did not initially understand the importance of the training she received. However, upon reflecting upon her experience, she realized that over time she had learned a lot about problem solving, self-reliance, perseverance, and trusting herself. She described what she had learned:

"At first I got short courses training and I thought they were too easy. I didn't see the advantage of it. I learned all the time and I didn't see any growth in myself. In fact, I was wrong to think like that. Those short course trainings made me as strong as I am nowadays. I can learn leadership traits. The trainer taught me the tips of success and I apply it in my work. I really appreciate the shelter's work – that's why I learn from them... I learned how to face problems and engage in problem solving. Face the problem and solve it by ourselves. Learn to set a specific plan. Learn about self-trust. Though we have little hope, but we have to trust ourselves. We have to work harder. Though we don't know whether we will succeed or not, we must try to overcome it and taste it."

(Dary, female, 2015)

When clients compared how they engaged with others when they first entered the shelter environment to their interactions with others in the present, several clients noticed considerable differences. For instance, Monyrath shared that initially she did not listen to other people. However, she learned about listening and building patience through her interactions with one shelter staff member. She said:

"They [the staff] were kind. They never blamed us... They treated me in a good way. When I lived in that room, my housemother told me to be patient. I could change my attitude because my attitude was not good, as I did not listen to other-people's speech... When she taught me like that, I changed my attitude. She told me and encouraged me. I listened to her when she spoke. I changed."

(Monyrath, female, 2016)

Several participants shared that living in the shelter helped them learn how to better manage their emotions. Pidor described how her case manager helped her to learn about identifying and managing her feelings. She said: "I love her the most. She taught me to understand a lot and learn about feelings. I know a lot when I stay in the shelter... I learn how to control my feelings" (Pidor, female, 2016). Similarly, Chan expressed that she struggled with anger when she first moved into the shelter, but that over time she had learned to control her anger. She said:

"When I first enter here, they helped discuss with me, advise me, and made me to not be bad-tempered since before I was a bad-tempered person. I was someone who was angry a

lot, but when I have learned a lot like that, I feel happy. I did not think I could change a lot like that."

(Chan, female, 2015)

While participants highlighted the vital role that shelter staff play in helping clients grow, they also talked about their own role in the change process. For example, Akara shared how she appreciated the assistance she received from the shelter, but that she also recognized that in order to achieve her goals, she needed to work hard and stay motivated to keep moving forward. She said:

"We should think that even though I stayed in the organization, but I need to try my best. I need to decide that if I go backwards, it is useless and because I am already here, so I need to go forward."

(Akara, female, 2014)

Bormey stated that while she appreciated the shelter staff's efforts to help her, she also believed that it was necessary for the client herself to take ownership over her own growth. She said: "If they [shelter staff] want to help us but we don't want to change, so I don't know what can they do for us. Like you [research team] try to help me and I also try my best to change myself" (Bormey, female, 2014).

Importance of caregiving and emotional support

- **Kind and soft communication**
- **Individual attention**
- **Some staff were likened to family members and role models**
- **Many participants found one or two staff in their respective shelters specifically helpful**

Numerous participants reiterated the importance of the emotional support they received in the shelter environment. Various clients described the shelter as a warm and loving environment. For instance, one participant said: "I was happy there because we had so many people who loved each other" (Mony, female, 2016). Both male and female participants expressed the importance of staff speaking to them gently and using kind words. Sopath said: "I like her [the housemother] because she was so kind. She called me 'kon' [son] and she never said impolite words" (Sopath, male, 2016). Another boy said: "They spoke humble words. They spoke with sweet words" (Narith, male, 2016). Dara described the kindness and warmth she experienced from shelter staff:

"They care for us... For example, when they saw us look very quiet, they asked why we did not speak much. It was just like the way you [research team] treat us. You ask and show your care to us. So, it makes us feel warm."

(Dara, female, 2016)

Participants described how housemothers and other staff had provided attentive caregiving in the shelter context. One participant stated: "When I lived in shelter, they treated me really well... When I was sick, they took care of me at night. For example, when I got a fever, the housemother came to see me a few times per night" (Narith, male, 2015). Sim shared very similar sentiments, saying: "They took good care of me. When children were sick, they cared for us. Moreover, when I was sad, I could share with them. They kept it in secret" (Sim, female, 2015). Another boy shared his appreciation, saying: "They took good care of me. The housemother advised us and she did not blame us. She did not do anything that would affect our emotions" (Otdom, male, 2016).

Some participants expressed that shelter staff helped them to feel safe and comfortable in the shelter environment. In particular, clients shared that gentle and consistent caregiving from shelter staff helped

them feel safe when they first arrived in the shelter and did not know anyone. Dara described her experience:

"I was afraid of them [other kids in the shelter]. I was afraid of those who had been staying longer than I had. I was afraid that they would abuse me because I was very young at that time. I was one of the smallest and I did not know how to talk back to them. Before I did not know them, I will not talk to them. However, it was good that I had a housemother who often asked and talked to me to make me respond back to her... People in that shelter were friendly to me... It made me feel warm and cared for."

(Dara, female, 2016)

Participants also shared that staff encouraged them through challenging and discouraging times. Bormey indicated that staff provided emotional support when she failed an exam at school, saying: "They helped me to study and when I failed with my exam, they still encouraged me and gave me advice when I didn't want to study" (Bormey, female, 2014). Soriya described how staff were available to her when she needed them, saying: "They told me not to think much... When I was sad, they talked with me and encouraged me to talk with them. They helped me 24 hours" (Soriya, female, 2016).

Numerous participants described their relationships with shelter staff akin to family relationships. One participant stated: "It was like living in a family! ... There was a housemother in each home. In the building, it includes many rooms, as we were living in the family" (Otdom, male, 2016). Another participant stated: "Teacher, staff and housemother, they are kind to me. They advise me to do well and they take care of me like their real son" (Sopath, male, narrative summary). A third participant echoed similar sentiments: "The staff were good... They were not called the staff. We called them fathers and mothers. They instructed us to love each other" (Nisay, male, 2016). For some clients, the warmth and encouragement they received in the shelter environment surpassed what they had previously experienced in their own families. Rachana shared:

"The teachers who worked in the shelter, as well as the counselor, encouraged me a lot. In addition, those mums there encouraged me and I felt warmer than staying at home. I did not feel warm when I lived with my family, but I felt warm when I stayed in the shelter. They took care of me all the time... I do not mean they took care of my body, but they taught me and used soft words."

(Rachana, female, 2016)

Sokchea, who shared that her mother often cursed at her and spoke harshly to her, expressed how shelter staff spoke to her in a different manner. She said: "To say it straight, no one curses at me, no one hits me, no one is threatening me, no one forces me, and so on. There were only people who encouraged me. Their words did not affect my feelings" (Sokchea, female, 2016).

Some clients, however, shared that they only received warmth and nurturance from one or two specific staff persons. In these cases, participants became especially attached to the staff person with whom they felt safe. For instance, Dary described one staff member whom worked hard to support and encourage her. She said:

"I take one staff from the shelter as my role model because that staff is a female, but she is not weak and [is] strong. I observed her work. I saw she didn't work only for money, but for loving children. She worked so hard with me. I was a child who had more serious emotional problems than others and I was really depressed, but she worked very hard together with me. Even I had problems in the nighttime, she came to meet me. I really love her."

(Dary, female, 2015)

Similarly, Sean shared that although she felt that most of the shelter staff did not care for her, there was one of the expatriate staff in particular whom she felt especially close with. She said:

"I have problems because... er... just like the staff didn't... they didn't want to help me when I stayed near them, I feel... Mostly I like to chat with mother [X]. I love her as my mother because when she came, I liked her. She loves us like her child and helps us, so I love her."

(Sean, female, 2015)

Although many participants described their relationships with shelter staff as caring relationships, there were exceptions. In particular, several boys noted that the care they received from housemothers in the shelter context differed from the care provided by foster parents. Specifically, several participants felt that their foster parents did not treat them as well as they did their own biological children. For example, one participant confided to interviewers:

"I feel not so happy because I can see that my foster parents do not treat me like their children because I am not their real child. When I live in the shelter, staff protects me. When I live with the foster family, they protect their children more than me."

(Narith, male, narrative summary)

Staff speaking harshly and insulting clients

- **Many staff behaved appropriately – Inappropriate behavior was from specific staff**
- **Staff took emotions and anger out onto the participants**
- **Unhealthy staff behavior led clients to respond the same way**
- **Staff stigma against shelter residents**
- **Clients did not feel comfortable disclosing information to shelter staff**

Although many participants expressed appreciation for caregiving they received in the shelter environment, many participants also stated that shelter staff spoke harshly to them, criticized them, judged them, and took out their anger upon them. Clients often noticed stark discrepancies between the behaviors and attitudes of specific staff members. Many clients depicted the most severe words and actions as being committed by a select group of staff. For instance, Nary described difficulties that she had with her caseworker. When comparing her caseworker with her friend's caseworker, she said: "the mother that controlled her case talked gently with her, but my case's mother talked with me very forcefully" (Nary, female, 2015). She elaborated on how her caseworker inappropriately took out her emotions on clients, saying:

"[X] was my caseworker, but I had to meet her once per week. Nowadays, I don't meet her anymore. In fact, she worked based on her emotions. If she feels good, she uses polite words to talk to me too. However, if she feels bad, she throws her anger on me. Whenever I met her, I always cry. In contrast, I never cried when I met other housemothers. I felt normal to meet them."

(Nary, female, 2016)

Likewise, Sim expressed that there were stark differences in the ways that specific staff members treated clients. Although she felt that most staff spoke with clients in an appropriate manner, she recognized the harm that was done by the inappropriate actions of specific staff members, stating that their unhealthy behaviors influenced clients to respond in kind. She said:

"Some of them [staff] are good and some are bad. Some of them spoke badly and some of them spoke well...They should speak well and be a good model...They do the work responsibly – it is because when the staff did like that, the people like me who stay there will be taking actions and practicing it. They sometimes did their job not with their hearts. They just worked for a salary. They sometimes spoke badly to us and we did not like those words. They sometimes spoke something bad to us and we then responded back with bad words too. Most of the staff are speaking well."

(Sim, female, 2016)

Makara expressed very similar sentiments. Makara shared that while many staff interacted with clients in an appropriate manner, there was a group of shelter staff who were harsh and critical of clients. From her perspective, these staff members took out their emotions on clients, blaming them and punishing them instead of motivating them to change their behavior. Like Sim, Makara believed that this treatment from staff further provoked clients, including herself, leading the clients to respond back to the staff in anger. Makara explained her concerns:

"There is only one thing I don't like about the shelter. When the children did something wrong, staff didn't motivate them to change their mistake. Instead, they blamed the children more. Children do not like them doing this! Even me! I am not satisfied with their speeches. When we did something wrong and they blamed us, we cannot accept it. We would accept our fault if they used a different way to talk with us. We would be happy to accept it! But they said, 'You should not do this! I am so ashamed because of your mistake!' They spoke based on their feelings."

(Makara, female, 2015)

Participants indicated that some staff yelled at them and took out their temper on clients. For instance, Chhet described her interactions with shelter staff:

"I think people can speak sweetly. They need to think before speaking and I do not like those who speak indiscriminately. [Staff member A] and [staff member B], they did not know how to control their temper. They put everything onto me."

(Chhet, female, 2016)

Numerous clients expressed concerns about shelter staff blaming them and speaking too harshly to them when they committed mistakes. In particular, participants were frustrated that shelter staff would not speak directly to them about concerns but would complain and insult them behind their back. As Dary said, "some staff don't have true love for children. In front of children, they speak well, but behind their back, they insult the children. I don't like that" (Dary, female, 2015). Kakada also shared that when

she committed an error some shelter staff would not tell her in the moment. Rather, they would call a meeting and recount all of her errors, which made her feel very stressed. She said:

"Most of the staffs were good and they had good behavior and relationship. A few of them were bad speaking... When I did something wrong, they did not tell me. They would total our wrongdoing and then they set a meeting. It was bad when I had a face-to-face meeting because they told me every mistake that I made before. They spoke lots of bad words."

(Kakada, female, 2016)

Jimpa described one specific manager at her shelter whom she felt consistently complained about clients. She felt that staff in this shelter were too harsh with their criticism, saying: "even if we did wrong a little bit, they just complained, which I cannot stand easily. I have tried to do my best and they just came behind my back and complained" (Jimpa, female, 2016).

Similarly, Nary described how she was intimidated to meet with a specific shelter staff person due her fear of being blamed harshly. She said: "I don't dare to meet the shelter mother... whenever I met her, she always blames me. She didn't blame as a good deed, but she blamed me using bad words. So, I don't dare meet her at all" (Nary, female, 2015). When asked by interviewers whether she had told other staff that she was afraid to meet this specific staff person, she said:

"I don't dare to say because they are staff who work together. I'm afraid that they will tell this to each other, so I hide it all by myself and tell only my friends. Most of them said they understand about the shelter mother's characteristics as well. As I used to call her to meet and got seriously blamed, so I am afraid to see them again."

(Nary, female, 2015)

Other clients also shared that they did not express their concerns about staff behavior to the shelter staff, as they were not confident that staff would do anything to address the behavior of their colleagues; clients were also afraid of being further blamed by staff. As Chan said, "I was not allowed to say [concerns]... I did not have a right to say it to them. Sometimes they blamed us, so it was their right" (Chan, female, 2016).

In addition to feeling like shelter staff blamed them too strongly, participants also stated that some staff spoke in an impolite manner to clients and yelled at them. Rachana stated that staff in her shelter spoke rudely to clients and seemed dismissive of them. She said:

"They said they work to support and encourage the girls for their good, but I see their action is not like that. They speak impolitely to us sometimes. Sometimes when I am busy, engaged with some matters, I ask them to look after my son for a few minutes. They won't help me. They just walk away."

(Rachana, female, 2014)

Similarly, Vanna expressed that shelter staff yelled at her as well, saying that her relationship with shelter staff "is not actually good because sometimes they yell at me... when she asks me to do something for her, she is being nasty to me" (Vanna, female, 2015). Further, participants also shared that some staff members even threatened them in order to try to make them comply with shelter rules. Khema described how shelter staff would threaten clients that they would send them home if they did not follow the guidelines. She shared how this impacted clients:

"When the children do something wrong, they threaten us by saying they will bring us back home. Hearing these words makes children feel scared. We feel scared when we see their

faces. We don't want to make a mistake... When we did something wrong, she always threatens us, so we feel scared when we see her face... I am the kind of person who likes to tell the truth. If I see them doing wrong, I will report it to the foreign manager until they call all the children for a meeting. However, now I haven't heard this word again. The next batch does not hear it again. I used to face it, so I reported it to the foreign manager. They called us for a meeting and blamed their staff."

(Khema, female, 2014)

Sean acknowledged the relationship between her prior abuse history and the impact that hurtful words from staff had upon her emotional wellbeing, particularly words spoken by Khmer staff. Sean stated that when shelter staff threatened clients, the clients did not dare to express how it impacted them, causing the clients to suffer in silence. Eventually, this led her and other clients to want to go home:

"It was happy [at the shelter]. I was really encouraged because there were many foreign staff. They understood my feelings, but Khmer staff treated us differently. Khmer staff didn't follow our feelings... They wanted/expected to be clear/specific. [Actually] they had good will in helping me to become stronger in a Khmer culture/style. Unlike the foreigner staff, they were more likely comforting than Cambodian staff. And [I see] it had more good impact on me [emotionally]. When many foreign staff stayed near me, I felt encouraged... [They] shouldn't be mean to children, threaten children... They knew our background. When we stayed with our family, we were abused by our family. When shelter staff said mean things to us, it affected our emotions. They said some words to affect children's emotions... We didn't dare say anything. We were silent... thought in our minds. Hiding things in our minds was a very difficult feeling. When we felt things were difficult, we wanted to go back home with our families."

(Sean, female, 2015)

Similar to Sean, Pidor revealed that the way shelter staff treated her ultimately led her to leave the shelter. In particular, she described being angry about being insulted by a housemother. She said:

"She [housemother] insulted my family... She said I did not have a family. She said my family was good, but why was I rude unlike other people. She said I did not have parents to give me advice. I had no family. I cried and shed my tears. Then I was angry and told the manager there. She apologized to me.... At that time, when the housemother blamed me, I always replied to her, back and forth. When I did not reply to her, she said why did I not reply to her. However, when I replied back, she said I was wrong and I was rude. Hence, I stopped living there"

(Pidor, female, 2015)

Nary described especially egregious behavior on the part of shelter staff. Nary reported being afraid of meeting one particular staff person, her counselor, because of highly inappropriate speech from the counselor. According to Nary, this staff person stigmatized clients for having a history of engagement in sex work, stating that clients would not amount to anything other than continuing to be sex workers after they left the shelter. Nary said:

"I don't want to meet her [the counselor]. When I conducted a mistake, staff asked me to meet her and I felt like my heart was really beating. If I could, I wanted to run away from it. I didn't dare to meet her because I felt afraid... That's because I used to meet her many times and I was blamed strongly. I heard that she called us [shelter children] prostitute girls."

Since we left from that place [sex work] to live in this place [shelter], we think that they understand us, but they spoke like this to us... They even said that after leaving the shelter, we will have no other work besides working in the same thing [sex work]. She told us to look at our background, as we were prostituted."

(Nary, female, 2015)

In a subsequent interview, Nary shared that this counselor was not the only staff member in the shelter who used abusive speech toward clients due to their prior engagement in sex work. She described how some shelter staff shamed clients for their exploitation history:

"A majority of them are professional staff and suitable as the organization's staff, but a few are not. For instance, they judge children in bad ways. They said, 'you lived in the organization [because you had rape case], so do you want to leave the organization to let men rape you again?' They also look down on us by saying that we cannot find another job to do besides being a prostitute again after leaving from shelter."

(Nary, female, 2016)

Not believing clients

- Staff biased towards other staff
- Clients given favor over others
- Staff making assumptions about clients
- Lack of trust in clients

In addition to feeling that some shelter staff insulted clients, some participants described shelter staff as being biased against clients. Numerous participants indicated that when disagreements arose between housemothers and clients, shelter staff tended to be biased toward the perspective of housemothers. Clients felt that shelter staff did not exert enough effort to understand the clients' perspectives, but rather assumed that their fellow staff members were correct. Nary described her disappointment at what she perceived as staff biased toward other staff:

"Last time, shelter staff said.... they didn't believe our [clients'] words. They believed only the shelter mother's word. After hearing that, it made me feel not good and I don't know whether they are helping the children or the shelter mother. We talked among our peers about this. We thought the children that came to live here need the staff's help, so if the staff didn't trust the children and only trusted the shelter staff, we felt disappointed"

(Nary, female, 2015)

Participants expressed concern that sometimes shelter staff were biased in believing some clients over others. Phary described an incident in which another shelter resident made an accusation to shelter staff that Phary had stolen her cell phone. Phary denied stealing the phone, stating: "She [the other client] gave the cellphone to me, but I said I cannot use it as I don't have money to top up. She said she will give money to me to top up!" (Phary, female, 2015). According to Phary, the other client wanted her to use the phone, as she was trying to influence her to have a boyfriend outside the shelter. From Phary's perspective, she did not feel that she was doing anything wrong, as she had not stolen the phone or used it to contact a boyfriend. However, she noticed a change in how the shelter staff treated her, which she later believed was due to shelter staff believing the other client's version of the story over her own. She said:

"New staff never meets me at all! In short, they do not care about me. There were a lot of problems that happened when I lived in the shelter. Some matters I just realized when I left from the shelter... They slandered me! To be honest, even though I am poor, but I never stole something from other people at all. I wonder why they thought like that! ... Shelter staff liked me, but suddenly they changed their attitude toward me. I wonder why? What happened to them? Why did they act differently toward me? When I almost left the shelter, the other children told me the truth. When I heard that, I am really disappointed with the shelter staff when they cannot divide the good and bad children. They completely believed that girl!"

(Phary, female, 2015)

Other clients described instances in which they felt that staff made false assumptions about them. For example, Dary shared that when certain clients broke shelter rules, staff would make an assumption that all clients were likely to engage in similar behavior. From her perspective, this was not a fair judgment. She said:

"For example, in one group, there are some bad children. They stay outside for a whole night and the staff assume all children are bad, the same. They assume when children go out, they won't come back at night... conclude this about all of the children."

(Dary, female, 2015)

Naravy also shared her concerns about her counselor not believing her. She recounted a story about a time she developed a friendship with a boy at school. Although she was adamant that this boy was only a friend, her counselor did not believe her. She expressed her frustration that no matter what she said, her counselor nonetheless made false assumptions about her. She stated:

"We have such a poor counselor... For example, if I have a problem, they do not believe me when I tell her the truth. She believes other people! She believes them when they lie to her! It is the biggest thing I don't like about the counselor... For example, I make friends with someone outside the shelter... Actually we are just friends! I told the counselor that he and I are just friends – that's why we like to play with each other. And then she said, please don't let me know that you are both in love! I replied to her that I go to school to get knowledge. I don't go to make love with anyone! However, she does not believe me no matter what I say to her."

(Naravy, female, 2015)

Although participants acknowledged that shelter staff worked hard to provide opportunities for them, numerous clients nonetheless felt that shelter staff did not trust them. For instance, Chan expressed that she greatly appreciated the care that she received in the shelter. However, both she and other clients felt stressed due to the lack of trust. She said:

"I think the future of the children will be good. It will be really good and the children who live there are really lucky. They [clients] just worry that those mums or staff do not empathize with them much. In short, they do not trust the children's speech."

(Chan, female, 2015)

When asked whether the clients had raised this problem to the shelter counselor, Chan explained that she and others had already expressed concerns, but that they had not seen any changes in the staff's attitudes or behaviors. She said: "[We] Already told [them], but it seems like it's normal. Nothing has changed! Nothing has changed! Like when we already told them, they did nothing. When it is like this, it is difficult" (Chan, female, 2015).

Lacking freedom and feeling trapped by many rules within the shelter

- Feeling stressed about shelter rules
- Lack of freedom, leading some to liken it to prison
- Simultaneous recognition that shelter rules were intended to protect clients while also feeling rules were excessive
- Varied application of rules for different clients
- Boys feeling trapped inside the shelter contributed to behavioral difficulties

One of the most universal topics raised by female study participants was the excessiveness of rules and lack of freedom within the shelter context. Although participants indicated that they appreciated the opportunities that were provided for them in the shelter, they expressed that shelter “rules are too much” and clients lacked freedom (Sokchea, female, 2015). Kesor shared her experience with rules in the shelter environment, stating that the magnitude of rules enforced by staff interfered with staff and client relationships:

"Mostly children in the shelter do not really have close relationship with them [staff]. Moreover, children don't really like them too because they are very strict, such as the policy related to the phone use or playing. They are stricter than before. Everything has its rule. Because of this, we don't really like them... They set strict rules on the way we play, going out for shopping, using mobile phones."

(Kesor, female, 2016)

Rachana also described rules in the shelter as excessive. Rachana indicated that although she faithfully followed shelter rules, both she and other clients found the magnitude of rules within the shelter to be very stressful. She said:

"Now I feel very difficult staying in the shelter. I feel like staying in the shelter becomes harder for the children – most of the girls become stressed. I don't know why they just increase the number of staff there while the girls get more stressed... We have to come back home at 7:30pm, stop talking on phone by 9pm, and obey the rules for staying in the shelter... When I was new in the shelter, it was not like that. Now even if we play with the computer, we have to record how much time we use the computer... If we do not go to church to worship, they will not allow us to go outside. For example, this Sunday I did not go to church because we wanted to go somewhere else for other matters. When seeing that, they created a new rule for not joining the worship. If I am absent 2 or 3 times, they will give me a warning."

(Rachana, female, 2014)

Participants acknowledged that many rules within the shelter were developed with the intention of keeping clients safe. Participants described many security guidelines, such as high gates, multiple locked doors to enter/exit the shelter, guards, restrictions on clients leaving the shelter, and limited and closely monitored communication with anyone outside the shelter. While clients understood that staff had good intentions in desiring to protect them, most participants felt that the rules were nonetheless disproportionate to the actual level of risk. For example, Kakada described her feelings about the safety precautions in the shelter:

"Staff gave me money to pay for school, but they did not allow me to study all subjects... They said they did not have enough staff to monitor us. They said we were still young and must be well protected, as some of us still have court cases processing. They were afraid

that offenders would scare us again as they might take out their revenge on us, but the principal at school protected us well. No one would harm us. They were too much on us.”
(Kakada, female, 2016)

Sokchea described how closely she was monitored while living in the shelter. When asked if she was able to see anything outside, Sokchea talked about the restrictions the shelter placed on her engagement with the outside world:

“They block us. Even the small window was blocked too. In short, they tried to prevent us. I know they are trying to keep us safe, but it is too much... They have a lot of rules. I cannot even see the outsiders when I go out. In the previous time, when I went to get a training course offered by the shelter, I saw a man and he looked at me too, so I have to meet them in the office because of it. It wasn’t serious – I just looked at his face.... [We are monitored] 24 hours, except for the time I go to the restroom only. I am telling you the truth.”
(Sokchea, female, 2015)

Similarly, Achariya explained how staff within the shelter worried about her safety and the safety of other clients. While she appreciated the benefits associated with living in the shelter, her only complaint was that the shelter limited the clients’ freedom. She said:

“I felt comfortable when I lived in the shelter! There is nothing to worry about. There is only one thing (to worry about) living in the organization was they don’t give us freedom to go outside because they are afraid that we will have problems when we go out from the shelter or if there is someone who persuades us to do something. They are afraid that the perpetrator will come to find us. They didn’t give any freedom for us to go outside. They allowed us to stay inside the organization only.”

(Achariya, female, 2016)

Although participants recognized that staff were concerned for their safety and that rules were often motivated out of a desire to keep clients safe, they also acknowledged that they often felt bored within the shelter environment and got frustrated with shelter regulations. Kakada said: “I was bored. I was free when I lived outside and I can see the outside world, but when I lived inside (the shelter), it was so dark. I didn’t see any vehicles” (Kakada, female, 2016). Similarly, Sorn stated: “If they do not allow me to go outside the shelter, I feel bored” (Sorn, female, 2015). Clients also shared that feeling stuck inside the shelter was stressful and their peers in the shelter. Keo said: “I don’t want to live there. When I go to school, I feel happy but when I go back to the shelter, I feel stressed. Everyone has the same feeling as me” (Keo, female, 2015).

Likewise, Khema expressed that she too felt bored living in the shelter, particularly when she was not allowed to leave the shelter to study. She reported feeling trapped living in the shelter, as if she was in a cage:

“In the beginning, they did not let me take many classes. They only gave me the opportunity to study Khmer language inside the shelter. They did not allow me to go out yet, so I felt very bored. I wanted to see the sunrise and I wanted to land my foot on the grass. I told the staff about this feeling. I was bored of always being inside the house. Then the shelter staff replied ‘you will be able to step on the grass soon.’ I did not like to stay in the shelter because it was so boring. I was like an animal inside its cage. I did not like it. You

know what I wished for at that time was to only have freedom. They kept telling me to wait 'please a little longer'"

(Khema, female, 2016)

Boys also described feeling bored in the shelter environment and wanting to have greater connection to the outside world. Whereas female participants often talked about this in terms of desiring more freedom in a general sense, boys raised concerns about feeling trapped inside the shelter without sufficient activities to keep them occupied. One said: "sometimes it was fun, but sometimes it was boring too, as we stayed in the shelter at all time" (Visal, male, 2015). Another participant stated: "I felt a little bored staying in the shelter because there was nothing to play. There was only playing football and watching TV with limited time" (Atith, male, 2015). According to study participants, these challenges were accentuated by shelter policies to protect boys by keeping them on or near the shelter premises. When boys were not allowed to leave the shelter, some of them felt trapped, leading them to sneak out of the shelter. One participant described these challenges:

"It was hard to go out when I lived in shelter, so I could not go out often. Sometimes I asked shelter staff to go out, but they denied, so I silently went out by myself...I was happy to live in shelter, but sometime I wanted to hang out... They allowed us to go out, but not far from home and they also determined the leaving time and come back as well. Our group sometime hurt the staff by escaping the home from week to week."

(Chea, female 2015)

Participants also implied that boys' boredom in the shelter contributed to behavioral difficulties. One boy said: "We want to have fun! Boys in the shelter are bad" (Visal, male, 2015). As will be discussed in a latter section, many male participants spoke at length about arguments, aggression, and damage to physical property committed by their peers in the shelter context. Male participants suggested that the clients' boredom and sense of feeling stuck inside the shelter contributed to these destructive behaviors.

Numerous clients expressed that staying within the shelter felt like living inside a prison. Sean talked about how she felt trapped within the shelter environment and how this affected her mental health. She said:

"Since they changed to the new shelter, they started to tighten rules. There were a lot of rules. There were a lot of rules which made children feel bad. Because of the rules, we didn't want to go far... There were staff who took care of us, but in our minds we didn't have freedom. I felt like we were imprisoned... The rules were tight and staff's words were mean to us. They said they don't care about anything, but only punished us if we did something wrong... They explained and threatened. It did not mean a threat, but it seemed like talking about rules for 1st mistake, 2nd mistake, [we] would be stopped from living there. They brought some rules to make us afraid... Like if I didn't want to go to school, I told my excuses to them a few times, they said they would send me back home."

(Sean, female, 2015)

Some clients ultimately asked to leave the shelter because they felt too smothered by rules within the shelter environment. For instance, although Sokchea was encouraged to transfer to a transitional home with more freedom, she declined, saying:

"I worried I would make more problems. I worried I would do something opposite the organization's rules, as they have a lot of rules. I feel that living in the shelter is really strict because they have a lot of rules. I don't have freedom!"

(Sokchea, female, 2015)

When asked to explain which rules specifically she was referring to, Sokchea said: "I don't know how to say it but living in the shelter [I] cannot go out easily. It is hard to go and I cannot do what I wanted" (Sokchea, female, 2015). When interviewers probed further about which rules she perceived as the most difficult, she stated:

"A rule that they try to keep us inside the shelter... In the shelter, we cannot see any view outside as they try to keep it separate. I cannot see anything. That's why I feel like I am living in the prison. I cannot go anywhere and need to have somebody follow me when I go out. I don't want to live in the shelter anymore!"

(Sokchea, female, 2015)

However, not all participants shared the same perspective about rules within the shelter. Some clients felt that shelter rules were intended for good and that problems would arise only when their peers did not follow the rules. For example, Nary said: "I feel satisfied with all. We shouldn't do something against the shelter rules – that's good. If you make a mistake, we will feel hard with everything" (Nary, female, 2015). Likewise, Makara acknowledged that some of her peers felt imprisoned within the shelter environment; however, she felt that staff were motivated by good intentions and only tightened rules when clients did not follow them. She said:

"In the past, we didn't have a lot of rules like this. Their rules were acceptable for us. Unfortunately, we do not obey those rules and make more mistakes. That's why they add more rules. Some people might consider that living in shelter is not a house, but like a prison. In fact, their rules aim to improve us. They want us to be good citizens, but we don't obey it. That's the reason why the staff keep following us. To me, the shelter is doing a great job."

(Makara, female, 2015)

Participants shared that shelter rules were applied differently to various clients. For example, Kesor indicated that she was allowed outside the shelter more than other clients because she did not have an ongoing court case. She said:

"I also have freedom sometimes... I can go out of the shelter while the other children cannot. It's because I have been living here for years and I also have classes outside the shelter. Other children have a different case from me so that they cannot go out of the shelter.... It seems like they are still involved with the court regarding their past cases."

(Kesor, female, 2015)

Some participants explained that different restrictions were applied to clients according to their adherence to shelter rules. For example, Kakada described what shelter staff explained to her about rules during the shelter intake process. According to Kakada, not being allowed to leave the shelter was a punishment for clients breaking shelter rules:

"They asked us to read the document, provide a thumb print and sign before they allowed me to stay... I agreed that I would obey them and participate in all activities in the shelter of the shelter. They warned me that the first time I did something wrong, they would talk to me. The second time, they would warn through a yellow paper and the third time, they wouldn't allow me to go outside"

(Kakada, female, 2016)

Naravy also shared that rules differed per the client. Although the client's age appeared to be one factor that determined the rules clients had to follow in the shelter, Naravy stated that rules were not

consistently applied for clients of the same age group. Naravy felt confused and frustrated, as she did not fully understand why she had to follow different rules than her peers. She said:

"We can use mobile phones. The only thing is that we need to inform them every time we go outside...because I am still young... I am 18 years old, but they said my age is not yet full 18 years old... Sometimes I feel discouraged and disappointed. Some of them are the same age as me, but they don't need to follow the complicated rules like me."

(Naravy, female, 2016)

Participants shared that many clients broke shelter rules but kept it a secret from shelter staff. Nary explained that although her shelter forbade clients from dating, all of the clients in fact had boyfriends, but hid these relationships from shelter staff. Numerous clients mentioned jumping over the shelter gate at night to see their friends and go for walks. Chouma explained how she would jump over the shelter gate at night because she was angry at the housemothers in the shelter. However, over time, she began to understand that the staff were motivated by a desire to help her. She said:

"I jumped off the gate because I wanted to go out and I wanted to stop staying in the shelter because I hated the housemothers. I have the counselor and now I love them a lot. They tried their best for me. They told us not to go out, not to ride the bicycle alone because it was not safe for you to stay alone. I was always mad at them but now I understand it and I realized it is because they wanted us to be ok."

(Chouma, female, 2014)

Participants described differences between shelters in regard to the level of freedom allowed within the shelter environment. For instance, Achariya talked about the stark contrast between her experiences in two different shelters:

"When I stayed in the shelter, I had the opportunity to go out and see other people, the car and motor passed me by. But for the previous organization, they only allowed me to stay inside the organization. Even just one time, they didn't allow me to go out. I never saw things. Even the sound of a motorbike, I can't hear it. It was so quiet and I can only hear the voices of children playing with each other and they fought with each other about playing swing."

(Achariya, female, 2016)

Similarly, Dara talked about the differences between two long-term shelter facilities in regard to the amount of freedom that was granted to clients. She explained:

"Generally, they [the two long-term shelters] were very tidy [good]. The only problem was that when I was staying in [shelter A], it was a little strict, like the children did not have freedom. We were only allowed to stay inside the shelter, not allowed to go out. Even the guard and drivers, they were women...including the cooks, they are all female, no males. So in terms of freedom, there was completely none. They kept us staying inside the shelter only. However, when I first arrived at [shelter B], we had more freedom. I could go to study outside and could go for a walk."

(Dara, female, 2016)

Limited engagement with family while in the shelter

- **Participants discouraged about shelter rules about visiting family**
- **Lack of contact with family – over the phone and in person**
- **Appreciating opportunities in shelter but worried about family members**
- **Seeing family members fostered energy to study and participate in shelter programming**

Numerous participants expressed a desire to have greater contact with their families while living in the shelter environment. Most clients shared that shelters were restrictive about allowing clients to meet their families in person or speak with their family members over the phone. Many participants indicated that they were only allowed to visit their families two or three times per year on major holidays and that their family members were not permitted to visit the clients at shelters. Additionally, shelters commonly held limits regarding the amount of time participants could communicate with their family members over the phone each month, with some participants stating that they were only allowed to talk to their family members on the phone for a few minutes every month.

Clients expressed a variety of feelings pertaining to their limited contact with family members while in the shelter – including sadness and anxiety. Some participants shared that they felt sad living in the shelter because they missed their family members and were unable to see them. Other participants shared that their inability to even speak with their family members over the phone led clients to feel a deep sense of sadness that they did not openly express. While shelter staff sometimes became frustrated with clients for trying to break shelter rules in regard to contacting family members, some clients expressed that it was the strictness of the rules themselves and the clients' sadness at being separated from their families that led them to do so. Keo said:

"I attributed that it [the shelter] provided a lot of knowledge, but it also provided me pain. Sometimes you saw the children in here smile, laugh and dress well, but it was different from their real feelings, and sometimes they pretended to do so. Why did the children here use the phone furtively? No one was allowed to call the family for 3 minutes [per month]."
(Keo, female, 2016)

Others expressed that while they appreciated all of the benefits they obtained from living in the shelter, they worried about the wellbeing of their family members who did not have access to all the resources that the clients themselves had access to within the shelter. Vanna said:

"I am bored with living in the Shelter as I miss my family, but it is also the place where I can obtain love and studies... I think it is easier to stay home, but I can eat enough in the shelter. I do not know about their [family's] status while they are living outside... When I got something to eat, I always thought about them."
(Vanna, female, 2016)

Family members also worried about their children while they were living in the shelter. Some parents expressed apprehension and uncertainty as to whether their children were being properly cared for in the shelter environment. Clients themselves had to reassure their parents to alleviate their fears. Akara said:

"Actually they [parents] wanted me to go back home at that time because they thought it is difficult for me to stay there and they don't know what the organization looks like. They thought it is like the criminals who need to cut grass, but I told them it is not like that and I am living well."

(Akara, female, 2014)

Numerous participants expressed disappointment and frustration that in most shelter facilities, their family members were not allowed to visit them at the shelter. Although staff would accompany clients at home visits to see their families, clients also wanted their family members to be able to come see them in the shelter and get a better understanding of their living environment. Keo described an especially painful incident in which her mother came to see her at the shelter but was not allowed inside.

As a result of this incident, Keo shared that she no longer wanted to live in the shelter and asked staff if she could be reintegrated. She said:

"The time that I was the most sad was when my mom visited me, but shelter didn't allow her to come in. I was really angry. The first time that she visited me, they allowed her to sleep here one night, but later they didn't. I don't want to live in the shelter anymore. Before I wanted to live in shelter because they had a good relationship together, but now they separate a lot of teams. I don't want to live in the shelter anymore. I asked them to leave, but they didn't agree so I still live here but my attitude became worse."

(Keo, female, 2015)

Likewise, Linda shared her frustration that family members were not allowed to visit clients in the shelter, noting that this rule caused stress both for the clients and their families. While clients were able to spend time with their families at home several times a year, getting permission was a cumbersome process. She said:

"Visiting home was the most difficult... As I wanted to visit my home, I had to ask for permission from the first housemother and then the second housemother. It was so inconvenient... For kids, they missed their families. I knew their [family members'] feelings – they were worried about our safety. By the way, there was no rule for parents to visit their kids in the shelter at that time. It would be so good if there was that rule in the shelter, but they did not allow."

(Linda, female, 2015)

Policies for approving home visits differed per organization, with some shelters being stricter than others. For instance, one participant shared her happiness at being transferred to a shelter facility that allowed her to have more contact with her family at home. She said:

"I started to have more hope when I left [shelter A] to stay in [shelter B]. It was like I started to know how to read and write. Moreover, staying at [shelter B], I had more opportunities to meet my mom. I met her often... They brought me to visit my family at home, so it made me not to miss my mom a lot. I started to reduce my concern toward my mom. Then I realized I could focus more on studying."

(Dara, female, 2016)

One participant shared that permission to visit home varied per the shelter's assessment of the client's readiness. In this participant's perspective, the shelter's primary concerns about allowing her to visit home were that 1) she would return to work in sex work, or 2) that she would want to leave the shelter and live with her family. Once shelter staff were convinced that neither of these would occur, she said she was allowed to visit home more frequently:

"If I did not have a serious case and I stayed there more than two years, I was allowed to visit home once per week. I slept at home one night... I mean I changed and I stopped doing like that [sex work]. She [shelter staff] trusted me. She did not feel afraid. In the previous time when I was not there, she thought I ran away from the organization. She was afraid that I ran away, so she did not allow me to go anywhere alone. However, now I seemed adapted to living far away from my mother and I could live in the organization without missing mother as before. She trusted me, so she allowed me to visit home once a week."

(Rath, female, 2016)

From the participants' perspectives, shelter policies regarding engagement with family members centered primarily around concerns regarding client safety rather than facilitating healthy family relationships or preparing clients for eventually returning to live with their families in the community.

Mixed experiences with counseling in the shelter

- Some reported feelings of warmth and/or trust towards counselors
- Some reported disinterest and/or distrust
- At times, counseling was too overwhelming

Participants shared mixed experiences with counseling in the shelter environment, with some clients sharing positive feedback and some sharing negative feedback. Clients who shared positive experiences with counseling generally provided one of two forms of feedback. First, several participants who spoke positively about meeting with a counselor shared that they felt happy, safe, and warm when they spoke with a counselor. Similarly, Heng expressed how he felt when he spoke with his counselor: "I felt happy... I felt safe because I talked face to face... I felt trust" (Heng, male, 2016). Another boy stated: "They [staff] helped me to have good feeling, not sad. They helped us to feel happy and trust them... As an example, one staff who was my counselor made me happy by allowing me to draw pictures, telling funny stories, made me feel happy and not sad" (Pikrun, male, 2015). Chouma shared how she experienced comfort and warmth when she met with her counselor: "The shelter provided counseling service to girls and I really like it. The counselors valued each of us and always kept their word. What they promised, they would do it. They comforted, loved, and provided warm feelings to us" (Chouma, female, 2016).

Secondly, participants who shared positive feedback about their counseling experiences also expressed that they found counseling helpful in learning how to talk about their feelings and process their traumatic experiences in their past. For instance, Meas said: "When I met with her [the counselor], she told me how to refresh my feelings" (Meas, female, 2016). Leakana explained how her sessions with her counselor helped her be able to talk openly about abuse she had experienced in the past:

"I love the time that I have with the counselor because I can share stories with her when I have bad feelings. She knows how to make me feel free to talk. If she did not do it, I would not be able to talk too about the time that I have been harmed."

(Leakana, female, March 2016)

Similarly, Romdoul was encouraged by her counselor to face her emotions in order to be able to work through the trauma she had previously experienced. Romdoul shared that she learned from her counselor how to identify and process painful feelings that she had been hiding:

"I met with my counselor and she let me release my hidden feelings. She advised me to note down my sad feelings and the effect of them in my notebook. That made me face and stand up to accept what I got. So, it changed my life. If I only thought about it, my life would not be better. The counselor said, if I still hold the bag of my past it would become the burden of my life, but if I throw it away and start the new life, then I would have better future."

(Romdoul, female, 2015)

One participant expressed that she had experienced healing through the counseling she received. She learned how to cope when she was triggered by memories of her traumatic experiences and grew in her confidence. She said:

"Counseling, it helps to cure me from my past stigma. I can stand by myself without reminding me of my past experience... Even if it reminds me, but I don't feel much pain. The shelter cured me."

(Dary, female, 2015)

Other participants shared neutral feedback about counseling, stating that it was neither helpful nor harmful. These participants described their interactions with counselors as akin to normal interactions with anyone else in the shelter. For instance, when Sorn was asked what she talked about with her counselor, she said: "She just performs a normal greeting to me such as, how are you today?" (Sorn, female, 2015). In a following interview, she said that she did not talk about anything in particular with her counselor, as she "did not have any problems." Sorn stated that she played games chosen by the counselor during her sessions and stated that she just "met for fun and asked about life" (Sorn, female, 2016). Chariya described a very similar experience with counseling, stating that she simply played with her counselor. She said: "I met with the counselor only 2-3 times and we didn't talk much. I just played and did the manicure" (Chariya, female, 2015). However, when she actually experienced difficulties, she said that she had "no one to talk to" and "always kept it in my mind" (Chariya, female, 2015).

Other participants presented a more negative portrayal of their experiences with counseling in the shelter context. Some participants expressed that they did not want to speak with counselors because they did not trust them. For instance, Kesor shared an experience in which she felt a counselor had broken her confidentiality, which led her to lose trust with the counseling team. When she experienced difficulties, she felt safer discussing her problems with her friends than with the counselors in the shelter:

"I didn't have much time to meet with the counselor because I study at outside for the full day. Anyway, I met with them, but we did not have much of anything to talk about. The counselor just asked me about my health and they led me to play games. I have problems, I still keep it in my mind. I don't want to talk with the counselor because I do not trust them. I am afraid that they will break my confidentiality, as my experience in the previous time was that my counselor raised my problem with another counselor. Anyway, I always discuss with my close friends when I have problems"

(Kesor, female, 2015)

In particular, Sokchea shared significant concerns regarding her experiences in counseling. According to her, the shelter would not allow her transfer to a transitional home until she was able to "successfully" complete counseling. However, participating in counseling sessions made her feel uncomfortable, as she found the questions she was asked to be too challenging for her. Sokchea shared that her counselor (who was not Khmer) was too forceful in pushing her to answer questions. In her view, this counselor asked her questions that were too direct and pushed her too much in the counseling sessions. The counselor kept returning to the same questions that made her uncomfortable, causing her to feel like she was being forced to talk about topics that she was not ready to talk about. She said:

"I don't like counseling... The shelter requires us to complete counseling before finishing the program... I am really lazy! They asked me a lot of questions... When I step in the counseling room, I didn't talk much... They asked me a lot! Their questions are too complicated... She keeps asking me again and again and it was really hard. I don't know what kind of questions she has. It was really complicated! I feel lazy and bored to meet her every day. She asked me about my feelings and if I couldn't finish it, I cannot move to the next shelter. I cannot go unless I complete the counseling level successfully."

(Sokchea, female, 2015)

"When I was in the organization, I didn't really like counseling... Honestly, I don't like people when they asked me about my past. Because my feelings, sometimes when they ask me a lot of questions, I don't like it. I don't really like to chat with them and mostly about my past. I don't want them to ask me, but the counselors, they need to ask me to confirm it. When I came out like this, I started to understand about it. When I was out, I never have counseling... Sometimes I just feel that they asked me questions that were too direct. For example, when I stayed at the shelter, there was a foreign counselor who was responsible. So when she asked questions, her question is too loud and I feel I don't like her and especially I didn't like the counseling session. During the counseling session, whoever asked questions, I never answered. I kept my face on bad mode. I never answered or spoke. I always caused trouble; I felt like they asked me too many questions and some questions made me feel that I don't like it. I don't mean that I don't like it, but it was hard to answer... It caused stress! I didn't like it. They asked questions that were too difficult. Whenever we got stuck, they forced us. They didn't force me at that time, but 2-3 days later, they came back to these questions. When they asked these questions again, we remembered that story again as well."

(Sokchea, female, 2016)

Client engagement in decision-making regarding skills training

- Many appreciate vocational training opportunities
- Participants described having agency in their decision-making about which trainings to pursue
- Limitations in the types of trainings shelters were able to offer
- Clients' own lack of clarity about their own goals and interests interfered with training completion

Many participants reported participating in vocational training while living in the shelter context. Clients often described decision making regarding skills training as a collaborative decision between shelter staff and the clients themselves. Participants indicated that they were often asked for their preferences in the type of skills they were interested in studying prior to being sent to training. Shelters appeared to be promoting agency among clients in the decision-making process. For instance, Makara described her appreciation for how she was consulted regarding her vocational interests. She said:

"In fact, they have nothing to do to help children more. They helped us a lot already. For example, for the vocational skills, they follow our decision. They don't require us to follow

their favorite. They ask us first to make sure before sending us to study. They follow us on everything, so I don't think they should do something more."

(Makara, female, 2015)

Naravy also described how shelter staff listened to her preferences regarding skills training. Although shelter staff initially presented her with only two vocational training options, they ultimately agreed to identify another training program after listening to Naravy describe her interests. Naravy stated:

"I have asked my case worker to change my skill a long time ago, but she said there are no other skills available for me besides tailoring. There were only two choices for me: tailoring and salon. I told her that I love neither tailoring nor salon. She asked me what I wanted to do. I replied that I love medical training at the public school. That's why she started to seek for it and sent me to study medical training at the public school."

(Naravy, female, 2015)

Several clients noted that shelter staff tried to verify with them multiple times to confirm clients' genuine interest in a specific vocational path before sending them to training. Khema reported that in her shelter, staff repeatedly clarified with clients to make sure that clients were sure about their decision. In her perspective, clients were generally only allowed to study one vocational skill and staff wanted to prevent difficulties later on if clients changed their minds. She said:

"When we arrive in the shelter, they will ask you which skill we are interested in. Other people might be different from me, but for me I don't want to study more. I need to have a skill instead. We have to be sure with our skill! They will ask us again and again. Today they ask you and if we choose this skill tomorrow, they will clarify it with us again. If we choose a different skill, they cannot help us, as we make them get in trouble. We have to focus on one skill only and try to achieve it."

(Khema, female, 2014)

Sean described a very similar experience to Naravy. Sean reported that she was asked to choose a vocational pathway herself, as staff were afraid of being blamed if they guided a client toward a vocational path in which the client ultimately did not succeed. However, Sean also shared that she found it difficult to make this decision on her own. She said:

"They asked me to choose [skill to study] by myself. They said they can't choose for us because if they choose wrong, it will be their mistake. That is why I chose by myself. I decided by myself. I walk by myself and they only help from behind. But sometimes the staff also helps me and sometimes I feel pity on the staff too and sometimes I feel that the staff feel bored with me."

(Sean, female, 2014)

Although numerous participants reported that shelters let them decide which training program they were interested in, some clients shared that they found the decision making process challenging. For example, while Sean chose a training program, she admitted that she struggled to concentrate on her studies due to distractions with her family situation. Her studies ended up being delayed because she would arrive late at training and also changed her mind about which subjects she wanted to study. As a result, she felt that staff were often frustrated with her indecision. She said:

"When I visited my family and had problems there, then I didn't want to come back to the organization. And sometimes I want to learn this and sometimes I want to change to learn other subjects instead. That is why they delayed my studies. And because my punishment is so serious, they want to send me out and stop me from the program if I come late one more time... I used to do 1-2 times, but they said I have a lot of excuses. That is why they want me to change my lazy habits... If I do wrong one more time, they will stop me from the program. But the staff there has a lot of forgiveness for me because I myself know that I made a lot of mistakes. They try to help me, but my problem is bigger than their effort!"

(Sean, female, 2014)

Similarly, Akara described the challenges that one of her peers in the shelter faced succeeding in school. Akara reiterated that the shelter invited clients to choose a specific vocational skill and then the shelter would send the clients to study that specific skill. However, she observed one of her peers who struggled to identify vocational goals for herself. She said: "Other people drop out of the class because they had no a specific goal. A [shelter friend] is not clear about herself, so they couldn't send her anywhere" (Akara, female, 2014). Akara observed that many of her peers were unclear about their goals and quickly lost interest in their skills training. While the shelter staff desired to send clients to school, Akara believed that some clients took a long time to complete their schooling due to their own changing interests, or lack of clarity about what they actually wanted. Therefore, according to participants, while staff were motivated by a desire to help clients succeed in their vocational pursuits, successful completion of schooling also depended upon the clients' own clarity and level of interest.

Delay in the provision of medical care

- **In some cases, obtaining proper medical attention took numerous requests**
- **Clients noted favoritism as a factor in who received medical treatment**
- **Staff were influential in determining whether a client required medical care or not, but some staff lacked medical knowledge to make a proper decision**
- **Lack of access to medical treatment impacted participants' mental health**

When asked to provide feedback on their experiences in shelter care, numerous female participants mentioned concerns regarding delays in the provision of medical care while living in the shelter. Participants noted that when they were ill, they would inform staff and request to see a doctor. However, numerous participants felt that staff were not responsive, at times leading to delays of several months before they were actually able to receive medical attention. For example, Rachana stated that she had a toothache and that she had requested dental care for 4 months before she was finally brought to the dentist. However, by the time she went to the dentist, her dental problem had already exacerbated. She said:

"I just asked them to go to the dentist. I have asked since the 11th month. After that, they did not bring us to the dentist. We had a toothache. We had the dental decay. When we did not cure it, it became bad. Then just this previous time, they brought us to the dentist when we complained to them to bring us"

(Rachana, female, 2015)

Kesor described comparable delays in being able to see a doctor while living in the shelter. From her perspective, these delays impacted her relationships with shelter staff. Kesor shared that her relationships with shelter staff were not close. She explained that the reasons for this were two-fold: 1) concerns regarding confidentiality (discussed in the following section, pg. 101) and 2) delays in access to medical care. She shared her experience:

"I got sick and I told them. They seemed not to really pay attention and care for me... I told them to bring my information to the leader/manager, but they did not do it. They delayed to inform for 3-4 months after my information was passed to them."

(Kesor, female, 2016)

Later in the interview, she shared that she was ill and again experienced delays in getting permission to see a doctor. When asked how she felt about the situation, she simply said: "I get used to it already ... because it has happened to me many times already" (Kesor, female, 2016).

While participants like Kesor indicated that the lag in getting access to medical care weakened her relationships with staff, other participants felt that the opposite was true, i.e. that staff delayed giving medicine to particular clients because the staff were not close to or fond of those specific clients. Naravy talked about the problems she had with one particular staff person, whom she felt treated her differently than she treated other clients. She said:

"Sometimes when I have a headache or feel dizzy, I tell them but they do not pay attention to me that much. However, they give more attention to other girls. They ignore me and do not like to talk to me much... To me, I lived in another room before with the different group, but now I moved to live in a room which has the different housemother as well. That housemother loves one girl in that room so much, so when I move to live in this room with that girl, she seems to dislike me. She does not want me to move into her team since she has many children already. Therefore, when I have a headache or feel dizzy and I tell her, she says she does not have medicine for me and she does not give me any pills. She said that it is just a small illness, so I don't need to take medicine. However, when her favorite girl gets a headache or is dizzy, she always gives her medicine... I told her [counselor] too, but she told me do not over-think! The housemother loves every child the same! I told her that you are not me and you are not in that situation, so you might not know how I feel. She replied what she should do since people have different mindsets. This is what she said... She should pay attention to children and find the medicine from the upper management, if there is any medicine available. They do not care about us and when we get sick, and cannot get up to get to school on time, they blame us and question don't we go to school? I told her that I feel not well today.... I told her that 'Mum, when I have my period, I have upset stomach always.' She said there is not any pill to stop it. It is normal to have an upset stomach when we have our period. Actually, I never have upset stomach before, it just happened this month and it hurts me so much that I cannot get up to go to school. When I told her about it, she said that it is nature! It is normal to hurt... Personally, I feel disappointed and I don't want to live in this group. However, because I have to study in the public school outside the shelter, they require me to move to that group. I keep calm and stay... I reported to her [counselor] too, but she said it is normal to have such problems since we are living together."

(Naravy, female, 2015)

As reflected above, some staff members lacked medical knowledge, and yet made decisions on behalf of clients in regard to which medical treatments were required; these decisions interfered with clients receiving treatments they needed. Similar to Naravy, Rangsei described her disappointment with shelter staff who, from her perspective, did not believe her when she told them that she was ill. Rangsei repeatedly told shelter staff that she was worried that she had diabetes. However, she shared that shelter staff discounted her concerns and did not believe her when she shared her symptoms with them. She said:

"They didn't care about me! When I told them I might have diabetes because when I go to urinate, ants came nearby my urine. I told her that I went to urinate more often and I was always hungry. I did not feel full after eating, but my stomach was getting bigger and bigger... I told them! But they said young people would not urinate often and have this kind of illness... They didn't believe me although I told them again and again. I thought I might have diabetes, that's why I asked them to send me to meet a doctor."

(Rangsei, female, 2015)

While living in the shelter, Rangsei continued to experience worsening symptoms, such as fainting, exhaustion, and heart palpitations. However, staff continued to discount her concerns. While they gave her medicine, she was not taken to a doctor for a proper diagnosis. The staff's response to her medical condition ultimately led Rangsei to request to be reintegrated from the shelter early because she felt hurt by their lack of care for her. She explained her feelings:

"I fell down in front of my home when I walked from here to there [near the road] and when I walked back, I fell down... I was very exhausted... I feel disappointed with them. That's why I left the shelter before the [reintegration] date. Actually, I did not leave on the right time yet because I have to learn about 7 to 8 clothes styles and 7 to 8 bag styles. It would take more time to finish these 16 styles. I tried to study without eating rice or snacks because I want to come home early. I thought that staff in the shelter would not look after me when I am sick. I tried to study hard and I also sewed some bags at night for sale as well. When I was sewing, my heart beat faster and I could not breathe well. I ran to meet my counselor and told her to send me to a doctor. However, she suggested that I meet with [shelter staff] first. When I met with her, she gave me some pills and she said I would be better after taking this medicine. They ignored me, so I didn't care about them either."

(Rangsei, female, 2015)

After Rangsei returned home to live with her family, her father sent her to a doctor, who confirmed that she did indeed have diabetes. Rangsei reiterated her disappointment in shelter staff for not believing her and taking her medical concerns seriously. Rangsei stated that medical care was generally only provided in the shelter when clients exhibited severe symptoms, such as not being able to wake up. However, for other symptoms, Rangsei expressed that shelter staff were unresponsive in part because the clients were program beneficiaries rather than the staff members' children. She said:

"When we are sick, they also look after us, but not really well unless we try to help ourselves because they did not deliver us. They just help us when we have a strong illness that cannot even wake up. If we are still able to walk and eat, they just tell us to take care."

(Rangsei, female, 2015)

Although Rangsei appreciated many aspects of her shelter experience, her recommendation to shelters for the future is that staff should be attentive to clients' medical needs. She explained that receiving proper medical attention was important not only for clients' physical health, but also for their mental health as well, as having an undiagnosed chronic illness can be very stressful and anxiety-provoking. She explained her thoughts:

"To me, when I had no illness, everything in shelter was good for me.... It included a room, daily meals, clothing and sleeping as well... When I knew I have an illness, I feel disappointed with them because they did not send me to the hospital and they ignored me. I feel disappointed with them only in this point... I have left the shelter already, so it means that it is too late to stay (there), but this is for the next batch. I want the staff to take care and pay attention to the children when they know they are sick... For example, if the children say 'I am sick,' they should send them to meet a doctor immediately. When the doctor checks up their health, children will no longer wonder about it."

(Rangsei, female, 2015)

Violations of client confidentiality and lack of trust

- Violations of confidentiality led to distrust of staff
- Potential misunderstanding between clients and staff regarding the meaning of confidentiality
- Participants felt that there was a disregard for their ownership of their own stories

Participants stressed the importance of confidentiality in the shelter environment and the link between confidentiality and trust. Although clients shared that shelters had guidelines around client confidentiality, they also expressed that shelter staff did not consistently follow these guidelines. Numerous participants described incidents in which their confidentiality was broken by shelter staff, leading clients to lose trust in staff. Some participants shared examples of how client confidentiality was broken when details of clients' cases and histories were revealed to other clients in the shelter. For instance, Keo described how client case files were handled in a careless manner and client histories were discussed in the presence of other clients:

"As they did like this to me, I don't trust the shelter anymore. I said to them that I can sleep on the road, but I won't beg for their help. I talked with my foster mother about this. In fact, I didn't want to tell this to her, but she begged me to tell her. I didn't want to make anything bad for staff, but I didn't trust them anymore. I felt there is no secret about my life. Documents of children that left the shelter were thrown away and other children could pick up to read... They read! They knew other's background! Sometimes they talked with staff who worked in different areas about this. Children nearby heard them! How can you call this confidential?"

(Keo, female, 2016)

Sean shared that shelter staff informed her about other clients' backgrounds. In her perspective, such violations in client confidentiality led clients to no longer want to communicate with shelter staff:

"When we told them about our problems, they told others. I told one shelter mother, she told to another. For example, I heard about Akara's background from the shelter staff's telling. It was when I still living there. I felt that's why Akara doesn't want to meet NGO staff. They told to other children."

(Sean, female, 2015)

Participants shared examples of shelter staff violating confidentiality by disclosing details of clients' stories to their family members. For example, Sokun recounted her own experience when she was traveling with a shelter counselor. Sokun shared that on this trip, she shared a hotel room with the shelter counselor. While they were in the room, she spoke with her partner through Vchat and the counselor talked on phone with her husband. According to Sokun, the counselor thought that Sokun could not hear her, but in fact she overheard the counselor's conversation with her husband. She described what happened:

"For the counselor, she doesn't have a good morality. She still has a lot of lacking areas. She seemed to not be careful about handling the cases and sometimes she just gossiped about our cases. I was not happy about this because it is not good. I met with this experience myself. I was not happy and it made me hurt. That was also the time I didn't go to the court. Even there was a small problem, she didn't talk with me, but she just complained to her husband instead. She never kept confidentiality related to the process of my case. She told everything to her husband. I was not happy because it is not the value of the NGO staff because before they go to work, they know what to do to protect the case and the limits on the information they can share. They should also know what kind of words or gesture they should use in this case... I cried when I was so stressed from this and she saw my eyes became red because I cried but she just asked, did I cry? And after that, she just told my story to her husband."

(Sokun, female, 2016)

Participants also expressed concern about shelter staff sharing the details of clients' stories and experiences to other staff. For instance, Kesor shared that she lost trust in shelter housemothers because they shared some of her experiences with other staff members. She said:

"Now I feel like I don't really trust them [housemothers] because I feel that they don't keep secrets [confidentiality] when I tell them about my story. They share it to others.... I used to talk with them about my problems. Right afterward, they shared it with others... They shared my issues among their team... I had a friend who heard the story and she told me about this... I feel like I lost my trust in them because of this action"

(Kesor, female, 2016)

These experiences highlight the importance of clear communication regarding confidentiality between shelter residents and staff. While staff may not have felt that they were violating client confidentiality by discussing the client's experiences within the staff team, the client herself, based upon her own understanding of confidentiality, felt that her confidence and trust had been violated.

Similarly, Naravy described an experience in which she felt a shelter staff member had broken her confidentiality. On one occasion, she accompanied a staff person to a public event in which the staff member shared about the work of the organization. At this time, the staff person spoke in the public setting about Naravy's experiences in her family (presumably without sharing her name). Naravy described the deep hurt that this experience caused her, indicating that from that point forward, she never trusted any shelter staff and dared not tell them her difficulties. She said:

"I used to tell a teacher... and then they seemed to share [my story] to one another. Since then I don't trust anyone else. I am speaking the truth to you teacher... They didn't say the name.... During the time I got training, I went with staff. There were so many people and they spoke about it on microphone. She talked about problems of children from the organization. She said most of the children from organization have had bad past experiences, so on and so forth. She talked about their personal problems and she said some of the students experienced their fathers abusing them and some experienced step-fathers abusing them, etc. But when she says this it was also related to my problem. She said there was a young girl who came to tell me about the problem in her family and her uncle abused her. That was what she said and that was enough for me to know that she meant my story... Since then, I never trust any teacher, even my own counselor. I never tell everything to her. I distrust them... Honestly I never trust someone. Even the teacher at the shelter also asked me. Even we stay together for 5 years, but I never tell them all the truth. I don't trust them. I am afraid they will share to others."

(Naravy, female, 2016)

Although Naravy explained that she had lost trust in the shelter staff, she spoke openly with the Butterfly team interviewers, expressing that she trusted them and believed that they would not violate her confidentiality.

Violence (emotional, physical, and/or sexual) in the shelter

- High rates of physical violence among boys in shelter
- Peer-on-peer sexual abuse
- Instances of violence from shelter staff
- Female data not included due to participants' wishes

Both male and female participants disclosed to interviewers that clients had experienced violence within shelters. Boys were, however, far more likely to discuss violence in the shelter context. In fact, one of the most consistent themes pertaining to shelter care among all of boys' interviews was the pervasiveness of violence within the shelter, including both physical and emotional violence. Boys overwhelmingly spoke of violence as being perpetrated by other boys living in the shelter. Narratives about peer violence were consistent across many boys in the Butterfly study. One participant described his experiences of violence:

"I was threatened [by other children]. They disturbed me, and then they were angry. They hit me... They hurt me every day. When I went to school, I was playing with my friends. They asked me for money. They asked to borrow from me, but I did not give it to them, so they were angry with me... When we came back to the shelter, I was threatened."

(Pikrun, male, 2014)

Another boy described recurring violence in the shelter, saying: "Boys mostly beat each other every day... Some boys hit the mirror and injured their hands when they could not hit each other" (Veha, male, 2015).

In particular, participants explained that older boys in the shelter perpetrated violence against younger and smaller boys. As one participant described: "What I did not like in the shelter was that the bigger boys often hit the younger boys and when we ate, there was often fighting or arguing between the bigger boys." Boys indicated that those who were perceived as weak were specifically targeted by older boys in the shelter. One boy stated:

"I love the housemother, teacher, and guard here, but I don't really like the boys here because they often play as fighting each other and steal other people's things... Some of the boys here, they do violence on me because they think that I am weaker than them. They often tease me. I feel emotionally hurt by my friends in the shelter, as they look down on me so much. Sometime they switch off the light when I was still in the room with a fan over my head. I feel very hurt and cry because I feel so sorry for myself."

(Phala, male, narrative summary)

Several boys described the emotional impact that experiencing violence from their peers had upon them. Numerous boys talked about feeling emotionally hurt by their friends in the shelter due to physical violence and coercion. As one boy said:

"Sometimes I do not really like it [shelter] because it is too messy and noisy... My shelter friends used to fight me... I feel emotionally hurt by them as they often force me to do what I really do not like."

(Piseth, male, narrative summary)

Another boy stated:

"My friends in the shelter beat me and sometime I feel hurt by them when I play games on the computer and I lost to them. They often look down on me and tease me by saying that I am a loser."

(Visal, male, narrative summary)

Boys talked about the impact of violence upon their emotional health. As one boy said:

"My friends in the shelter commit violence on me. They play as fighting each other, so sometimes they hurt me. I feel emotionally hurt by them. Some of my friends in the shelter act not really good, which makes me not feel good to talk with them. I am angry with them when they are fighting... I feel I am being discriminated against by my friends in the shelter because I do not like them, as they are very lazy and they use impolite words toward me in the last 3 months. My emotional health was not really good in the past 3 months because my friends always disturb me."

(Phala, male, narrative summary)

Numerous boys described how their experiences of peer violence within the shelter made them no longer want to live in the shelter environment. Several boys tried to run away from the shelter on multiple occasions due to their experiences of violence. One participant said: "I used to run away from the shelter because other boys beat me. I was very angry" (Visal, male, narrative). Another participant described his desire to run away from the shelter, saying:

"Living in the community is better than living in the shelter because living in the community I have more independence. I could go to anywhere by myself as I want to. However, I was beaten, blamed by some of the boys when I was living in the shelter. They liked to mistreat other boys who are smaller than them. I used to run away from shelter several times, but staff took me back."

(Phala, male, narrative summary).

In addition to wanting to run away from the shelter, male participants also talked about how being a target of violence led them to become violent themselves with their peers out of anger and a need to protect themselves. One boy said:

"I used to run away from the shelter to stay at my home because I really had a troublesome time to stay together with other boys and many people hit me in school. Later on, the shelter brought me back. I told the shelter about the hitting, so shelter staff met with my friends and said something to them. No one hit me anymore. I don't like fighting with each other. I hit other people because they blamed me and insulted my mother's name, which made me so angry."

(Sokchan, male, narrative summary)

In addition to physical and emotional violence within the shelter setting, participants also disclosed that boys acted out sexually with one another in the shelter context. Participants shared that boys watched pornography together at night while the house-parents were sleeping. Participants revealed that boys watched pornography and did not allow others to leave the room while watching, as they were afraid that they would tell the shelter staff. One boy said:

"The management in shelter is good, but I know that one person controlling another person is not easy... and we cannot control them 24 hours. Housemother needs to relax and she does not know what we did at night. Everyone did a lot of bad things, such as watching obscene movies... I think they used to experience it [sexual abuse] because they used to tell me too... They possibly experienced sexual abuse and when they watched obscene movies, it makes them want to get involved in sexual activity."

(Phala, male, 2015)

Phala shared that he eventually broke the secrecy surrounding this issue, informing a staff person. Phala stated that once shelter staff learned about boys watching pornography, the housemother called the boys together, broke the movies in front of them, and instructed the boys not to watch pornography anymore.

When asked about his own sexual abuse history, Phala participant reported that he had not been sexually abused prior to entering the shelter facility. However, he shared that another boy who lived in the shelter had "wanted to do that" to him, but he "denied" the boy. Therefore, the shelter was the first environment in which Phala experienced others trying to force him to engage in sexual acts. He said:

"When he did that to me, I was really ashamed with other children in home... He did a lot of things to me and there were bad activities. In short, there were obscene ideas... I thought that living in shelter is safe. I saw other boys did that, so I didn't care but I reported it to the social worker."

(Phala, male, 2015)

Boys did not seem to understand the impact that their sexual behaviors had upon other boys in the shelter. For instance, one boy who admitted to sexual behavior with other residents seemed more concerned with the reaction that he received from peers in the shelter than his own actions. He said:

"My friends in the shelter, they do not want to play with me anymore. I think it is because they are angry at me, as I touched their penis when we played together. My shelter friend commits physical violence on me and I also feel hurt emotionally by them."

(Veha, male, narrative summary)

Although the vast majority of violence mentioned by male participants was described as being perpetrated by other children, several boys mentioned instances of violence perpetrated by shelter staff. For instance, one participant stated that he was hit to the ground by a former shelter resident who had been promoted to be a counselor within the shelter (Leap, male, narrative). Another participant who had resided within a shelter specializing in drug treatment described widespread violence from staff upon shelter residents in this facility. He said:

"It [the shelter] was not good...I worked very hard, as I needed to work since early in the morning. I needed to plow the land to get the rice to eat myself... If we did not work, they would beat us and the teachers there did not help us. Sometimes we had the visitors visit us and we met under the shade of the trees and we wore the heat, then they beat us too."

(Nisay, male, 2016)

Although most participants who shared about violence within the shelter were male, females also mentioned abuse inside shelters. Several females in the study talked about violence within the shelter while the audio-recording devices were turned off, or they requested that this information not be included in any report. As a result, none of this information has been included.

Staff difficulties managing boys' behavior and responding to violence

- **Boys felt that housemothers struggled to manage some of the boys' behaviors**
- **Staff seemed too afraid of some boys to engage properly with them**
- **Lack of staff intervention with boys in the shelter led some boys to lack trust in them**

Numerous boys talked about the difficulties that shelter staff had in controlling certain boys' behaviors. Participants described the behavior of other boys in the shelter as "bad," "rude," and "free," stating that boys fought each other every day and often destroyed shelter property. Boys indicated that shelter staff had difficulty controlling the clients' behavior. One participant described this dynamic:

"I think it [the shelter] is good, but it seems a bit disorganized... They were so messy. Children had arguments with each other most of the time. They didn't concentrate on studying. There were shelter mothers to look after us, but the children didn't listen to them and the children stole something there as well. They acted against shelter regulations... There were many problems there and it was very disorganized. I know that there are shelter mothers who look after them, but they couldn't take care (of them) for 24 hours... They might not have potential ways to control children to make them stronger... Children lied to shelter mothers. Children told staff that they came to watch cartoons, but they watched porn movies instead... I knew many boys acted there. I knew that they stole many things in the shelter [laugh]. They stole kitchen knives."

(Phala, male, 2016)

Boys expressed concerns about the difficulty shelter staff faced in trying to control boys' violent and aggressive behavior toward other boys. Participants mentioned several strategies that housemothers employed to try to inhibit violence within the shelter, such as calling meetings with boys and fining boys financially when they broke items while fighting. However, participants also acknowledged that in some cases, male residents threatened violence against shelter staff as well. For example, one boy reported that a client chased after one of the shelter staff, trying to stab the staff member. According to the participants, housemothers struggled to control boys' aggression and appeared to themselves be hesitant or intimidated to challenge boys who were committing violence. Boys found the housemothers' lack of intervention in cases of violence hurtful. One participant said:

"For me when I stayed there [in shelter], it was good but the only problem was caused by boys in the shelter... I think the rules in the shelter are not strong. The boys played a lot. Like the time I stayed there, many boys were fighting each other, especially Leap. He fought others a lot... They [housemothers] liked to take sides with the rude boys. I think shelter mothers agreed with those boys' actions because they didn't want those boys to make problems for them. It was like the shelter mother consoled them. I felt not good [that they] consoled someone who fights us... I think they should be transparent. Like when boys have an argument, they should call boys to say sorry to each other. One time, a boy hit another boy, but he didn't get punished, which made the boy who was hit feel sad. This boy had lots of thoughts over this. I used to stay there and feel that way too"

(Phearun, male, 2015)

As a result, some boys felt that there was no one they could turn to for help within the shelter when they experienced abuse and bullying, as they doubted that shelter staff would properly intervene to keep them safe. Another boy stated:

"I do not want to live in the shelter anymore because shelter friends often cause trouble and hit me... Some shelter friends insult me by saying bad [things] about my mother's name. I used to inform the housemother about this, but they seem not to care... I do not think anybody respects me. My shelter friends often fight and argue with each other when playing. I feel emotionally hurt by my shelter friends. When I have problems with my friends, I do not go to anybody to ask for help."

(Piseth, male, narrative summary)

The lack of trust and sense that shelter staff would not intervene to keep them safe meant that a culture of silence regarding boys' experiences continued within the shelter environment.

Influence of management on client experiences

- **Transitions in shelter leadership had negative effects on residents**
- **Cultural differences between Cambodian vs. Western leadership**
- **Changes in leadership meant changes in shelter priorities**
- **Negative leadership stifled the success of a client's re/integration**

Clients highlighted the important role that shelter management played in shaping the experiences of residents. The influence of management of their experiences as clients became especially apparent during times of leadership transition. Numerous participants who lived in shelters during changes in

management identified distinct differences in how shelter staff interacted with clients before and after management transitions. In one case, a participant described the change in leadership in her shelter as a very positive change, stating that the staff began to exhibit more attentiveness to clients when the new manager came. She said:

"My happiness is to have people care about me in the house... Before we did not get what we asked for very much. Now we get what we ask for. We ask to go somewhere. They care about us much more than before. In short, the staff seemed careless before. When we call, they did not want to talk to us... [The staff are] the same! But it seemed the boss has changed."

(Rachana, female, 2015)

The vast majority of participants who discussed leadership transitions, however, described the change as one that was detrimental to their experience in the shelter. In one instance, Kesor discussed how her experience as a client changed when the manager of her shelter changed from a Khmer leader to an expatriate leader. She felt that the incoming expatriate leader did understand Khmer culture and customs, and therefore he/she did not allow clients to engage in activities that the Khmer leader had permitted. She said:

"Before the leader was Khmer. He/she was Cambodian, so he/she understood about our situation. Therefore, if we asked for anything, he/she gave us what we requested. This leader even allowed us to play games inside the shelter, but not gambling for money. Instead of exchanging money when we play, she/he let us eat candy or anything else and sometime she/he set up the sound system/speaker for us to dance. Overall, they did everything for us to feel happy. Unlike the current leader, he is a foreigner. He does not really understand the situation. He does not know the Khmer tradition/culture. When we ask him to play games, he does not allow us, though we [are not playing for money]. We only play games with candy. He does not allow us to prepare the sound system for dancing at all."

(Kesor, female, 2016)

When participants described differences in their shelter experiences before and after leadership transitions, most participants emphasized changes in rules within the shelter and/or imposition of greater structure in the shelter. For instance, when describing a management change at her shelter, Sorn said: "They change, as the rule is stricter than before... We are not allowed to hit each other or have an argument" (Sorn, female, 2015). Phary also shared that she believed a change in management brought about more rules within her shelter. In the beginning, she described her relationships with shelter staff as familial in nature. However, after a management transition, she believed the shelter environment became more focused on following "law," though she also acknowledged that the change may have also been due to increasing responsibilities that came with her age. She said:

"The former staff loved me as their own child. I felt that they were my second parents, as they are old in age and got married already. They told me to talk to them if I feel unhappy... In the past years, there were housemothers and the former director who understood about me really well. I felt warm and happy to live in the shelter. I felt like I was a child who got such great care... I had more responsibilities when they changed the new shelter director. As a result, I felt hard, but it might be because I grew up and I had more responsibilities... The former and current housemother and staff are different... It is because now they create more rules and they treat the children based on the law. We had rules too in the past years, but we were educated as their children, not a rule that we must obey."

(Phary, female, 2016)

Sean described a comparable transition in her shelter. She explained that in the beginning, she felt comfortable living in the shelter, as the shelter staff were warm and caring and understood the clients' perspectives. However, Sean described that once the shelter manager changed from an expatriate manager to a different person, the shelter environment became more rule-bound. In Sean's perspective, the heightened emphasis on rules caused stress for clients in the shelter and led a number of her peers want to either run away from the shelter or at least want to leave the shelter. She acknowledged that many of her peers struggled when they transitioned to living in the community, which she in part attributed to shelter management. She said:

"[In the past] I love them so much! I was happy to live with them! They understood about kids' minds and although we lived far from our families, we still felt warm. However, since they changed the director from foreigner to someone else, they only care about the housemothers. Also, the staff has strict rules toward children that every kid wanted to run out. Other children and I wanted to run out from the shelter, to be honest. Although studying meant something to me, but I didn't want to learn anymore. To be frank, I almost ran home! The rule! It was really strict! Quite strict! The staff knew where the kids came from. They knew it, but they still put pressure on us so that every kid didn't want to live in the shelter anymore. You can notice depends on what I said because almost every kid does not have a successful life after reintegration. The only success they have is having a job! But they cannot have anything else or have higher education and/or good job to do. None of us can do it! ... Sometimes they ran out or requested to stop living in the shelter. They asked to leave the shelter and move to a third shelter. I asked to leave too! I needed to come home because at that time, they determined rules about my school that were too strict. They knew that I wanted to study, but they strictly kept me to study in the shelter. They put a strict rule on my schooling, so I felt awkward and did not want to study anymore. I was willing to come back home and would not regret no matter how miserable my life would be. However, what made me regret is that I want something in the past back. In the past, I wanted to learn so they sent me to school and they did not punish me. They knew that I wanted to learn, but they did not take it to put pressure on me to obey them at all. I will never do it! I mean it! I would change what I can, but if they make me angry, I don't need their money at all. The majority of children reintegrated from shelter are like that! I mean I don't have any contact with them now... The rule changed too! We could not hang out and the meal was different too."

(Sean, female, 2016)

Sean also believed that while the prior shelter management and staff sought to understand the perspectives of the clients' themselves, the new management and staff were biased in favor of other staff. When difficulties arose between houseparents and clients, Sean felt that the new shelter management and staff did not properly listen to the clients' perspectives, but simply assumed that houseparents were correct. She felt pressure to apologize to staff and affirm that houseparents were "right," even if she did not feel that they actually were. These experiences also led her to want to leave the shelter. She said:

"The former staff were good and understood about children, not the housemother. They were on my side. When we had a fight or were mad at anyone, they comforted us, taught us and we had enough food to eat too. However, when we moved into the new shelter, there were new staff and new housemothers as well, so it was really complicated. To be

frank, if the staff was still acting that way, it made it hard to live in shelter. Since the foreign director came, they did anything to fit housemothers' needs. I mean they believed the housemother more than the children, no matter what happened. Whether the children did something wrong or right, shelter staff still believed the housemother and assumed that they were right. So the children had to apologize! We felt like a pressure to us! Whether it was our fault or not, we had to apologize and it looked like when we lived at home. That made me miss my family more! I missed my family so much that I was mad. I was unhappy and it became stressful."

(Sean, female, 2016)

Impact of financial resources on shelter experiences

- **Participants noted differences in financial resources across shelters**
- **Participants recognized when shelters were facing financial difficulties**

Participants discussed the impact that a shelter's financial resources had on their experiences within the shelter context. Some participants described shelters as being open with clients about their financial challenges and the impact that had upon the availability of services. For example, both Poeu and Dary mentioned incidents in which shelter staff expressed a desire to provide additional services to them (such as supplemental skill training), but they shared that they could not do so due to problems with their donors. One participant reported that she was transferred from one shelter to another as the second shelter had more funding and would be better equipped to support her education at a high-quality school. She said:

"They told me that they want send me to [shelter B] because they have more funds than [shelter A]. They told me that if I do not want to go to my community yet and want to continue to study, they can send me to [shelter B]."

(Rachana, female, 2014)

Several Butterfly participants who had lived within multiple shelter facilities highlighted differences in the level of resources available in each facility and the resulting impact upon the quality of services and care provided. For example, one participant stated: "[Shelter A] is better than [shelter B] because [shelter A] bought us clothes and gave us enough study materials. They also brought us for sightseeing.... They have many resources." (Visal, male, 2016).

Another participant, Vaha, noticed stark differences across shelters. He described the facilities of a shelter he had stayed in for one month before being transferred to a longer-term facility. According to this participant, boys essentially only slept and ate at the first shelter, as there were no other programs or resources available. He said: "I did not do anything at all besides sleep and eat... It [their assistance] was not as good as the other shelter. They did not give enough space for us to sleep and bathe" (Vaha, male, 2016). In contrast, another participant described a different shelter with more funding:

"Their assistance program is the best because when we need new uniform, we don't need to go out and buy. That seems to bother the housemother. If housemother brought us to buy outside, she would be tired and concerned, but in this shelter, they stocked the uniform in the storehouse... When we leave from school, they shared snacks to us and they never buy the same snacks for us. The snacks are different every day... They have a playground for us, basketball, and soccer as well."

(Nisay, male, 2015)

Participants also shared that resource discrepancies existed between different shelter locations within the same organization, significantly impacting client experiences. Suon said:

"When I lived in the shelter in [province B], we had meals together and we ate group by group. In contrast, we have less food here and everyone eat meals with their fingers... The living place [in province C] is hard to live in...the floor absorbs water and it flows into our sleeping place. The water comes out from the bathroom and flows into our sleeping place as we sleep on the floor. That home is old, so the bathroom always leaks during the rainy season."

(Suon, female, 2015)

Additionally, participants also noticed how a shelter's own level of financial resources changed over time, impacting the clients' experiences within the shelter context. For instance, Daevy said: "In the past, might be better then, because I went sightseeing to a lot of places. Then we went out once per month, for example to Kep, but now we go once per year... because funding is limited" (Daevy, female, 2015). At times, these changes created anxiety among shelter residents, as clients worried about the potential closure of shelters. One participant said:

"Sometimes I worried about the limitation of funds in shelter, as the staff told us to use energy saving and not waste it. For example, we have to turn off the light and water button when she stopped using it. Sometimes I felt scared when they asked us to do so... Actually, I worried that when the shelter had no more supported funds, they would close the shelter immediately."

(Chea, male, 2016)

Boys' concerns regarding the closure of their shelter became reality, as the only shelter facility for sexually exploited boys in the country closed.

Findings: Discharge / Leaving the Shelter

In addition to discussing shelter intake and life within the shelter environment, study participants described both the process of returning to live in the community, as well as how shelter facilities facilitated the community re-entry process. The section below reflects the experiences of Butterfly study participants pertaining to their departure from the shelter environment. Three primary mechanisms were reported for leaving the shelter: shelter-facilitated re/integration planning, client-initiated requests to leave the shelter, and running away from the shelter. Each of these themes is discussed below, along with participants' concerns about returning to live in the community (see Table 12).

Table 12: Summary of themes regarding shelter discharge by participant sub-groups (n = 101)

Females in shelters for minors and adults (n = 79)	Males (n = 22)
Uncertainty about readiness to survive in the community	
Minimal involvement in decision making and planning regarding re/integration	Minimal involvement in decision making and planning regarding re/integration
Requesting to leave the shelter	
Running away from the shelter	

Uncertainty about readiness to survive in the community

- Stress about lack of readiness to be back in the community
- Fears of discontinued support, especially for education
- Disconnect between staff and participants regarding preparing for independence

Many participants expressed mixed feelings about leaving the shelter environment and returning to live in the community. Some participants reported feeling worried while living in the shelter about their readiness to live independently in the community. One of the primary concerns expressed by clients was uncertainty around how they would support themselves financially after transitioning to live in the community. One participant, Makara, shared her concerns after starting to calculate her anticipated expenses in the community:

"I am thinking of my livelihood when I leave from the shelter. I am not sure I can handle it or not with my salary of 150 USD, as every expense is expensive. For the rental room fee and electricity and water, I have to spend almost 100 USD. That's why I am not sure I can handle it or not."

(Makara, female, 2015)

Chan also shared a sense of uncertainty about being able to financially support herself in the community and manage her finances in the community, saying:

"Now it is time that I have to worry a lot because I nearly leave [the shelter] like that. So, I have to think! ... I worry about the things that I leave to live outside. What am I going to meet and what should I do? How do I spend?"

(Chan, female, 2015)

Participants also shared that they were uncertain whether or not they would be able to secure employment living in the community. For instance, Nary anticipated that finding a job and supporting herself in the community would be challenging to actually do in practice. She said:

"They let me leave the shelter and I have a job to do as a normal person, but I think that it is easy for thinking but it will be hard to do... I thought I might have difficulty with finding the job. Don't know if the job would suit me or not, as my knowledge is low as well."

(Nary, female, 2015)

Another key concern shared by clients was a fear that they would not be able to continue with their schooling upon returning to live in the community, a worry that was intricately linked to the clients' financial situations. Kravann expressed concerns about her capacity to achieve her goal of attending law school upon leaving the shelter environment. When asked how likely it would be for her to achieve her goal without shelter support, she said:

"It is really little now. If the organization pays for it, school director will discount some percentage for them. It is just about how much we pay for it. However, if I pay for it myself, school fees will increase strongly. It is really hard for me because I have no ability to pay for it... As I know, my case is going to close, so they do not want to help me anymore when I have re-integrated to community. So, my family has to support me. However, they will consider my family situation too. If the organization does not support me anymore, I will drop out of school because my family cannot support me. In short, it is based on my situation. They will not be happy if I give up school because they have supported me so far. My teacher tried to tell them that if the shelter does not help me, I will drop out of school because my family's income is just enough for one day. It seems like they are trying to help me. They help me as much as they can. I know that they will not announce it now, but the teacher also tried to help me. She tried to persuade them."

(Kravann, female, 2014)

Although the shelter ultimately did withdraw financial support for Kravann's education, an assistance program agreed to cover her ongoing educational costs.

Sim also explained her fears pertaining to her education and her family's financial situation: "My family does not have money. Moreover, they live in a rural area and cultivate, so they are tired. In addition, it is difficult to find a good school to study in" (Sim, female, 2015). In a subsequent interview, she elaborated on her worries that she would not be successful in completing her schooling upon being sent back to the community. Sim shared that the shelter had not yet informed her when she would be sent back to the community. Although she had tried to explain her concerns to shelter staff, she did not feel that the staff truly appreciated her fears. She said:

"I also worry that I will be sent out [of the shelter] someday because I do not want to go back home... It is because my house is so far and it does not have a school that allows me to learn English too. My family is lacking in resources and I do not want to go back... I have been asked to leave once before, but I asked them to postpone and they agreed... When everything is successful, I just feel upset and I just consider that I have been abandoned... I sometimes also talk to them [shelter staff about staying in the shelter], but they did not care about me. They did not care about what I have said to them"

(Sim, female, 2016)

Similarly, Maly explained that she expressed her concerns to the shelter about being sent home to live in the community before she was ready, but also feeling that shelter staff did not listen to her. When asked about her concerns about living in the community, she said:

"I told them that I do not know what to do. If I rent the house, it would be difficult. If I stay with Sok, it would be difficult because they are my relatives on the other side. They told me that the husband of Sok is good and he is really [good], but I do not want to disturb him. When I told them about this, they said it is fine... They [the shelter] told me that I can live by myself now. I told them back that I could not and they said no because they need to put new kids. I had to leave"

(Maly, female, 2016)

After returning home to the community, Maly dropped out of school.

Minimal involvement in decision making and planning about re/integration

- **Lack of re/integration support planning**
- **Direct contrast to how the shelter staff involved the clients in decision-making about vocational training**

In addition to sharing their thoughts about leaving the shelter environment and returning to the community, study participants explained how shelters facilitated the community re/integration process for clients. Although experiences varied across participants, the vast majority of participants, both male and female, reported engaging in little preparation for re/integration in the shelter environment and minimal participation in the decision-making process regarding their return to the community. When Butterfly team interviewers asked participants about their plans for re/integration while living in shelters, most participants shared that they did not know when they would leave the shelter and that they had not made any preparations for returning to the community.

For example, interviewers asked Sorn about her plans for re/integration, asking if she had discussed the timeline or plans with staff. Sorn shared that she did not know how long she would be allowed to stay in the shelter. She said: "No, they [shelter staff] did not say anything about it... If the time comes, they will tell me" (Sorn, female, 2016). When asked whether she had reflected on how to prepare herself for living in the community, she stated that she did not think about it and simply wanted to stay in the shelter and focus on her education. Kesor shared a very similar experience pertaining to preparation for her re/integration. When asked if she engaged in any discussion with shelter staff about her future re/integration, she said: "No! They never said anything!" (Kesor, female, 2015). Kesor indicated that she had no idea how long she would be allowed to stay in the shelter, as she had never discussed this with shelter staff. When asked about her own thoughts about how to prepare for re/integration, she simply said: "I never thought of it at all!" (Kesor, female, 2015).

Once clients began to discuss re/integration with shelter staff, most clients reported that shelters made the decision of when it was time for the client to leave and informed the client that he/she needed to return home. The majority of clients, both male and female, reported little involvement in the decision-making process regarding the timing for their re-entry into the community or planning for their return home. Many decisions regarding client re/integration appeared, from the participants' perspectives, to be influenced by external factors in the shelter, such as internal deadlines regarding how long clients were allowed to stay in shelters and/or funding constraints. For example, Sothy shared that although she did not want to leave the shelter, shelter staff informed her that she had to go. She said: "Even though we didn't want to [leave], they still told us to leave because it was our time to leave. They have other children coming in" (Sothy, female, 2015). She further elaborated:

"When I stayed there, I wanted to go back home. When it was time to go back home, I didn't want to go back and I wanted to continue to stay there, but they didn't allow me to stay. They said it is time to go, so I needed to go. Even though you didn't want to go, but they didn't allow me to stay there anymore [laughing]... It is easy to live there. When it was time to go to study, there was someone to pick us up and to bring us back. And we don't need to pay for food and we don't need to pay for rent and for other things. When we get our money, we can also save it during our time staying there. I said 'No!' They said 'No! You have to go. It is time to let you go back. We don't allow you to stay here anymore. It is time to leave from here.' I said 'even if you let me out, but I will not go.' ... They said 'you are grown up now and you also have your own skill and you need to live by yourself.'"

(Sothy, female, 2016)

Other participants shared similar experiences. For instance, when asked about her plans for re/integration, Daevy shared that the shelter decided to send her home due to her age. She said: "[Teacher X] suggested that I come home and she told me that it's the time for me to have re/integration. That's why I left! ... I agreed with her because I was the oldest one" (Daevy, female, 2015).

Some of the boys participating in the study also explained that they were sent back home to live in the community due to the shelter's restrictions on how long they could stay within the shelter. For instance, Phearun shared that his shelter decided to send him home to live with his family once he had already stayed in the shelter for two years. He expressed confusion and disappointment with the shelter's decision, as he did not feel ready to live in the community. Additionally, when asked by interviewers whether the shelter had previously explained to him the period of time that he would be allowed to live at the shelter, he said:

"No! When I nearly left from there, they told me. They said 'our organization limits the time period, so we allow victims to stay for two years.' When it was time to leave there, they told me this. Before they brought me there, they did not tell me... I think I will stay there till I am big. I think maybe when I am in grade 12, they will reintegrate me. However, I did not think I can stay there for only two years... At that time, I wanted to ask them to finish studying in grade 9 before I came back home because here (at home), they did not teach a lot. I thought studying at [school] was good. At that time, I requested them but they said they were afraid that I was far away from my parents for a long time. They were afraid I did not have a relationship (with them). I told them I was ok, but they said like that. They limited to only two years for one person... When I came back home, I failed a year in grade 9."

(Phearun, male, 2016)

Another participant, Achariya, shared her confusion about shelter policies regarding re/integration. Achariya resided in a shelter facility with her sister. She explained that although she did not feel ready to return home, her sister wanted to return to live with their family. The shelter, therefore, decided to send both sisters home at the same time, even though Achariya herself expressed that she did not understand why she had to leave as well. She said:

"I did not want to leave the shelter yet, but my sister wanted to reintegrate. I did not know why she wanted to go out of the shelter. When she stopped schooling, she wanted to leave shelter right away. Moreover, my stepfather passed away, so she wanted to come live with

my mother... They said that if the older sister moved out then I, the younger sister, had to reintegrate as well."

(Achariya, female, 2015)

Additionally, some participants shared that shelters decided to send them home to live with their families due to financial difficulties within the shelter. One female participant shared that all children in her facility were sent out of the shelter due to the closure of the facility. She said: "My [assistance program] is going to close soon, so they have to go back to their community. If some children do not have their own relatives, they will send them to other organizations" (Kravann, female, 2014). Another participant explained the surprise that he and his family experienced when the shelter decided to send him home due to financial difficulties. He said:

"Because of financial matters, the shelter decided to reintegrate boys... I asked my foster mother too and she said she does not know too. I wonder why they close the boys' shelter... Everyone was reintegrated! In the shelter, when we heard about the return, nobody went to bed. We waited until the morning and waited for the bus. When the housemother arrived, she saw us sitting in a line."

(Visal, male, 2015)

Visal explained that he and his family members were not adequately prepared for the family reunification, as the decision to send him home came unexpectedly. When he returned to live in the community, he expressed a desire to live in another shelter and finish his education. Ultimately, he ended up dropping out of school and seeking work to support his family (Visal, male, 2015, 2016). Similarly, Davuth described being sent home to live in the community before his family was prepared to receive him. Davuth expressed that his mother did not want him to be reintegrated, as the family was very poor and she had two other children to support. Nonetheless, the shelter sent the boy to live with his family; Davuth also ended up dropping out of school and seeking work to help his parents.

Other study participants expressed concerns that shelter staff decided to reintegrate them before they were ready to return home. Chan explained her concerns about her safety in the community, which led her to want to stay in the shelter. She said:

"I will go [home to be reintegrate]) on August. I feel formal with re/integration. Some of the people in this shelter said I have lived in this shelter a long time. I am not happy when they say like this... There are a lot of offenders and sexual [abuse] cases in my village, so I am scared. When I went to my home, I met the offender and I was very scared. I rode my bike faster to meet my uncle and auntie but they said, 'please don't be scared! He won't do it again!' ... When I rode my bike to find my father, I saw a red car with black windows, so I assumed that he aimed to rape children in the village."

(Chan, female, 2015)

Some participants reported such minimal engagement in the decision-making process regarding their re/integration that they were afraid of being sent home, as they were unsure where specifically the shelter was going to send them. For instance, Pidor expressed that she was afraid of being deceived by the shelter when she was sent home. When asked how she felt when she was reintegrated, Pidor replied:

"I felt both happy and scared...I was happy when I was able to go home and meet my parents...I was afraid that I was brought to somewhere... Yes, they did (explain to me). However, I was afraid they told a lie to me. Once I was caught because of lying... They said they brought us to question us and then they allowed us to go back home. However, it was

not true. That was why I had to live in the shelter for over three years (laughing). Oh! I don't dare to believe them anymore."

(Pidor, female, 2016)

Another participant, Daly, also shared that she feared being lied to by shelter staff regarding her repatriation. Daly had been removed from a situation of sexual exploitation in Thailand. At the time of the police intervention, she had been promised that she would be allowed to come back to Cambodia. Instead, she was sent to a shelter facility in Thailand, where she lived for 1 year. She reported that the shelter in Thailand decided to send her back to Cambodia, only informing her that she was returning home on the actual day of her repatriation:

"In the morning, I was working as normal. Then in the evening, they told us that one person among the six members would come back to Cambodia. There were six people in my group and only me that is Khmer... As they brought me back, I felt a bit afraid because I didn't know where they would take me after this. They told me that they would bring me back to Cambodia, but I am not sure whether they would do so or not. I suspected it would be the same case as the group of people who took me out from the brothel and told me that they would send me back to Cambodia. I got in their car expecting that I can come back, but they took me to the shelter."

(Daly, female, 2016)

Daly was transported to a shelter facility in Cambodia, where she stayed briefly until she could be reunited with her family. However, given her prior experience in which she felt that she had been deceived about being taken to this shelter, she had lost trust that the shelter would follow through with what they had assured her that they would do.

Requesting to leave the shelter

- **Family pressures to return home**
- **Participant wanted to leave due to sympathy for family hardships**
- **Mixed experiences in obtaining permission to leave the shelter**

While most participants reported little engagement in decision making pertaining to their re/integration, several participants indicated that they actively requested permission to leave the shelter. Family pressures to return home and hardships within the family were the most commonly cited reasons for participants to decide to leave the shelter. Several participants shared that they left the shelter prior to finishing their training as they felt sympathy for the challenges their family members, and especially their mothers, were experiencing at home. Rachana explained her decision not to return to the shelter after a visit home to see her family, even though from the shelter's perspective, it was not yet time for her to leave the shelter:

"When the day that I had to return arrived, my mother did not allow me to go back to shelter and I gave all my money to her... She asked me to stay home because she was really difficult... She cried in front of me. I pitied her. She said it was very hard for her as she had to earn alone."

(Rachana, female, 2016)

Similarly, Monyrath explained that she requested to be discharged from the shelter after her mother requested her to return home, even though she had not yet completed her vocational training. She said:

"I thought I wanted to complete the training, but my mother asked me to stop. If she didn't, I would know about designing dresses and could have a tailoring shop. Because my mother missed me, wanted me to go back home and I also missed her, so I wanted to go back... I proposed to leave myself... They accepted my proposal because I had stayed there for three years already."

(Monyrath, female, 2015)

Likewise, Leng explained that even though she benefited from living in the shelter, she decided to return home because she felt sympathy for her mother. She said:

"I did not want to go home. Even though I was not a good girl, I was not in the outstanding group like number 1 or 2, I realized that the shelter gave me the happiness very much. I knew when I went home, it would be very difficult, but my heart still wanted to go because I pitied my mom."

(Leng, female, 2016)

Whereas Monyrath described the shelter as being supportive of her decision to leave, Leng shared that the process of getting staff approval to be discharged was not straightforward, perhaps in part due to Leng's reasoning for returning home. She explained:

"I asked to leave, but the duration of approving was so long. It was over a half year before I could leave... I was still asked and clarified the reasons. It did not mean that I asked to leave and then I was approved to leave suddenly. I was asked in case I might change to not leave or something like that. But it was still difficult for me. It was not easy like what they said. It was difficult in my family like what I told you... It was like they [staff] had no more patience for me because it was so often [that I asked to leave]. They had no more patience. I just let my mum pick me up from the shelter and we would be paid back for the expenses."

(Leng, female, 2016)

Keo also described the process of getting approval to leave the shelter as an extensive one. Keo shared that she had a positive relationship with her foster mother in the shelter and that she felt safe and cared for in the shelter when her foster mother was present. However, after her foster mother moved away from Cambodia, Keo's experience in the shelter changed and she felt that other staff members did not provide the same level of care. As a result of conflict and her perceptions of mistreatment by shelter staff, she decided that she wanted to leave the shelter. However, the process of getting approval to return to the community only led to further conflict with shelter staff. She said:

"She [foster mother] came to work in Cambodia and everyone took care of me but after she left, they threw me away as well. The plans that I made with my foster mother were destroyed by staff in a short time only. I lost motivation to move on. They didn't approve for me to leave the shelter, but I told them that if I continue to stay here, I would be crazy. Every day people looked down and teased me... I requested from them for a half year and the last 5 days in shelter, I created lots of trouble. I was angry that they lied to me many times about my reintegration. I blamed them a lot and they decided to send me to [province A]."

(Keo, female, 2016)

Running away from the shelter

- Conflict with the staff leading to running away
- Clients exert their authority and self-agency

Several study participants reported running away from shelter facilities. For these clients, the decision to run away from the shelter was often described as a spontaneous decision, usually made in response to conflict within the shelter environment. Disagreements with staff and perceptions of inappropriate treatment by shelter staff were the most common reasons cited by Butterfly participants for running away from shelters. For instance, one participant described running away after she became angry with her shelter teacher for punishing her. She said:

"I was angry at my teacher there. I got sick and I was tired and I then rested and I forgot to tell her. I told my friends to tell her too, but they did not. I was then considered as absent. Later she punished me by making me clean the toilets and I refused because I did not do anything wrong. I cried. I then decided to leave... I secretly left."

(Raksa, female, 2016)

Another participant explained that she ran away from a shelter because shelter staff did not allow her to visit her family during the Water Festival. She felt that since she had followed the rules of the shelter, she should be allowed to visit her family. When her request was not granted, she ran away:

"They taught us a lot of things to avoid the laziness. They told us to get up in the early morning and cook our daily meal. Once per week, they brought us to church... I ran out of that shelter after 1 month there... I did what they asked me to do because I wanted to visit my family during Water Festival, but they did not allow me, so I left there."

(Sothy, female, 2014)

Another participant, Soriya, described how a conflict between shelter staff and two other clients led her to run away from the shelter. According to Soriya, she was uncomfortable living in the shelter, as she felt bored and constrained by shelter rules. When shelter staff had a conflict with two of her close friends in the shelter, she decided to follow the two other clients by running away:

"The shelter had many problems. Staff accused the two girls of stealing something. They accused the two girls, so I helped them. I couldn't stand the staff blaming the two girls badly and these two girls love me a lot. In the shelter, no one dared to hurt them. If someone hurt them, they would run to ask for my help. I promised them that wherever they go, I will follow them."

(Soriya, female, 2016)

After leaving the shelter, Soriya faced considerable challenges in the community, as she moved with her friends into an unsafe living situation (as will be discussed in the subsequent section, "Vulnerability in the community due to dramatic difference between shelter and community life", pg. 138). Although she ultimately regretted running away from the shelter, she also shared that she was afraid to inform shelter staff about her problems in the community and afraid to return to the shelter, as she felt she had committed a mistake in running away from the shelter.

While some participants reported running away from the shelter after one disagreement with shelter staff, others shared that a history of discomfort and disagreements in the shelter environment ultimately led them to run away. Kakada described a series of conflicts with shelter staff that influenced her decision to leave:

"I got phone calls from my mom that my father was sick and the shelter did not allow me to go [home]. The regulation was rigorous and I was young. They did not allow me to go home alone and some of the staff there were bad. Whenever we had meetings, [staff] was always angry and [she] argued with us and spoke badly to us. They [staff] were awful."

(Kakada, female, 2016)

Study interviewers asked Kakada if this situation contributed to her decision to leave the shelter. She replied:

"Yes, they were not quite good. We were young and we were not that bad at all. When she talked to us and we did not respond, she asked why we did not respond. When we responded, she said we did not respect her, so it was difficult for me. [Shelter staff] was weird because she said something bad about me and my family. I was angry at her, but I didn't do anything. I only kept all of that in my mind gradually and would reveal it at the end... I left [the shelter] secretly."

(Kakada, female, 2016)

Although Kakada explained that there were specific conflicts with shelter staff that ultimately led her to run away, these conflicts were a continuation of unhealthy shelter dynamics that had bothered her over time. She explained:

"They [clients in the shelter] were considered [by staff] as disobedient, so the staff were angry with them... The staff responded badly too... The staff would ask 'did you go to school?' The kids did not know that the staff asked in a pretending way. They just answered 'I have never been at school.' It was weird... I did not like the way they did that. I ran out from the shelter to my home, but I didn't dare to go back. I ran out secretly. I asked them to leave procedurally, but the staff teased me, which made me angry, so I ran out of there... They said that when something happens, you just want to run. I then ran with only some clothes."

(Kakada, female, 2016)

After Kakada ran away from the shelter, a shelter staff member came to visit her at her home, asking whether or not she wanted to return to the shelter. Since her father was ill, she decided to remain at home with her family. Ultimately, she felt that she made the right decision in running away from the shelter. She said: "I never regret what I have decided [running away]. This is me. I regret that I completed some course at the shelter, but I couldn't take the certificate with me" (Kakada, female, 2016). After this visit, Kakada reported that shelter staff never contacted her again. She said:

"For them [shelter staff], though I didn't delete their [phone] numbers, they did not contact me either. It was meaningless to keep their numbers, so I decided to destroy it. I didn't expect them to call me. As we used to live together, they should ask about my situation because we used to communicate with each other."

(Kakada, female, 2016)

Although she reported never speaking with shelter staff again, she maintained contact with her social worker from different organization after returning to live in the community.

Findings: Life in the Community and Provision of Community-Based Services by Shelters

Study participants also described both the process of returning to live in the community, as well as how shelter facilities facilitated the community re-entry process. This section presents study participants' experiences pertaining to their life in the community after leaving shelter care and the nature of follow-up support provided by shelters in the community context. Data presented below includes the experiences of study participants except for the aforementioned case study of 10 adult female participants whose data was analyzed separately. Four themes were consistent across male and female participants, while the other themes were unique to either male or female subjects. Each theme is presented separately below.

Table 13: Summary of themes regarding shelter intake by participant sub-groups (n = 101)

Females in shelters for minors and adults (n = 79)	Males (n = 22)
Conflicted feelings about life in the community compared to life in the shelter	Conflicted feelings about life in the community compared to life in the shelter
Difficulties completing school after leaving the shelter	Difficulties completing school after leaving the shelter
Violence in the community	Violence in the community
Limited follow-up and supportive services in the community	Limited follow-up and supportive services in the community
Unfulfilled expectations	Unfulfilled expectations
Feeling loved like a family member in the shelter, but abandoned in the community	
Vulnerability in the community due to dramatic difference between shelter and community life	
	Desire to return to the shelter
Varied experiences with case closure	

Conflicted feelings about life in the community compared to life in the shelter

- **Appreciating greater freedom and independence in the community**
- **Participants describe heightened critical thinking skills in the community**
- **Day-to-day life in the community more difficult than life in the shelter**
- **Struggling to meet material needs and cover school-related expenses in the community**

When comparing life in the shelter to life in the community, study participants described the pros and cons associated with both. The biggest advantage participants shared about residing in the community was a greater sense of freedom and self-determination in the community. Participants reported feeling constrained by rules in the shelter environment and enjoying a heightened sense of independence outside the shelter. Study participants expressed pride in being able to take care of themselves and make their own decisions in the community. For example, Otdom explained that he preferred living in the community to living in the shelter because he felt that he is “better now” and can survive on his own. He said: “I think my current situation is ok. I can depend on myself... I don’t need any support” (Otdom, male, 2015). Romdoul talked about her pride in being able to take care of herself in the community. When she returned home, Romdoul ended up quitting school and seeking employment. She described how living and working in the community required her to grow:

“The happiest thing is that I can live independently by myself. So, I don’t need to depend on anyone as I did in the past when I lived in the shelter. After I left the shelter, they don’t support me anymore. I have to work with my own strength to get money to support myself and I can support my family as well. I also am able to save some money and buy a lot of stuff, as much as I like. These are my success... Before I didn’t have work to do because I only studied. The organization supported me with everything, as well as food for eating and clothes, but after I re-integrated to live in community, I faced my real life and work. I can know many tastes of life... In the past, I lived in an organization. It was really easy. I only focused on going to school, eating and sleeping all the time, but when I left to live outside, I can earn money by myself and that makes me understand how real life is... It is difficult, but I am happy. The first time that I got my salary was really happy for me (laugh). As it is my first job and my first time to get a payment, I felt really happy and I didn’t dare spend it.”

(Romdoul, female, 2015)

Similar to Romdoul, Khema described the gratification she felt in being capable of managing her own finances and renting a place to live in the community. She talked about she had grown more independent since living in the shelter:

“I can have freedom and know how to manage a budget by myself now, such as renting a place to live by myself. Before, no! I often depended upon the housemother to do it for me. So sometime this makes me feel [independent] because I can hold my money and work to support myself. I am happy because I know how to live by myself. I think I am happy that I can do it.”

(Khema, female, 2016)

Study participants described the transition to the community as a learning process. In the shelter, clients reported that they did not feel as challenged to grow because the shelter took care of all their needs. Participants shared that life in the community required them to exercise greater critical thinking skills in solving their own problems. For example, Rangsei said:

“Under their management, I cannot do anything. Everything was ordered by them. We just find our breakfast in the early morning and go to school. We didn’t think much. When we left from the shelter, we realize how hard it is to live... I feel like I think more [living in the community].”

(Rangsei, female, 2014)

Makara shared similar sentiments about how she came to appreciate the value, as well as the burden, of supporting herself financially after she returned to live in the community, saying:

"When they [the shelter] gave me 25USD per week, I didn't think of anything. I spent it all (laugh). When I can earn an income by myself, I know it is quite hard... I told the younger batch [at the shelter], but they didn't believe me. They spent it all in one week... I said it does not matter if you believe me or not, but when you earn money by using your force, you will know how hard it is. You will never understand the feeling of people who earn money to support you." (Makara, female, 2015)

While some participants appreciated the heightened independence and freedom they experienced in the community, others found it burdensome to find ways to provide for their own needs. For instance, Sokchea described how her needs and wishes were attended to in the shelter environment in a way that she did not experience living at home:

"In the shelter, we had some people to manage us, but living outside we have to be independent. We have nobody to take care and prevent us. When we need to eat, we have to do it by ourselves. Nobody cooks for us. [In the shelter], we could get what we wanted by telling the staff, but now if we want, we have to save up money to buy it... In the previous time, I had an organization to control me, but now I live independently so I meet a lot of hardship."

(Sokchea, female, 2015)

Nisay expressed similar sentiments to Sokchea. He explained that he had become accustomed to his needs being taken care of in the shelter environment. However, once he returned to the community, he was unsure of how to care for himself. He said: "I used to have mothers cook the food to eat at the shelter. I did not know how to live there [in the community] as I did not have them [the housemothers] with me" (Nisay, male, 2016). Another male participant shared comparable mixed feelings, stating that sometimes he was happy in the community and sometimes he was not. Describing life in the community, he said: "When I go to school, I am happy because I play with my friends there. However, when I come home, I see my family lacking many things, especially that we do not have enough rice" (Sopath, male, narrative summary). Likewise, Dary described the conflict between appreciating greater freedom while struggling to survive:

"Living in community is difficult, but I have more freedom than living in the shelter. I have freedom, so I can go anywhere I want. No one is against me, no one goes with me or limits my going out time. I'm not afraid to come back late and be blamed! But living in the shelter I had food to eat. People cooked for me, so I didn't care about food. Living outside has freedom, but [I'm] a bit tired and have many things to worry about... I live in community and I have a job to do. I start to feel that I am grown up... I am thinking about daily expenses for food and have to save money. I think about my future. The biggest burden for me is...I need to support my family a lot."

(Dary, female, 2015)

Chan also expressed mixed feelings about living in both environments, explaining that although her mental health was better in the community, she struggled financially. She said:

"I was difficult with my mental [health]... They were strict in the shelter. They even followed us one step. In general, they did not trust us... I am not difficult with my physical

and mental [health] when I live outside the shelter, but I do not have money remaining.... I have freedom. I am not sad and afraid that I will be blamed. I am happy when I live outside alone. However, I do not have money remaining. It is difficult with money."

(Chan, female, 2016)

Difficulties completing school and securing employment after leaving the shelter

- Family pressure to work or get an apprenticeship over school
- Hard adjusting to balance responsibilities in life and school

A common challenge experienced by many participants was the difficulty they faced staying in school upon re-entry into the community. Numerous participants shared that they were hesitant to return to live in the community due to fear that they would not be able to successfully complete their schooling. For many participants, this fear was actualized. Phearun, who had performed well in school while at the shelter, described this dynamic:

"Over there [at the shelter], we can take extra classes, but not here [at home]. I have suggested to the NGO that I could study up to grade 9, but they were afraid that my family and I would not keep a close relationship. For me, I still wish I would finish my secondary school.... I was called to meet the children's committee and I asked them to continue studying there [at the shelter], but I was sent back home.... I was a little bit disappointed, but what can I do? ... First, I was so happy that I met my grandma [at home], but when my study turns out to not be good, I am not happy."

(Phearun, male, 2014)

Some participants found it difficult to concentrate on their education without the structure of the shelter environment. One boy, Sopath, disclosed that he had excelled in school while in the shelter environment, saying "I am clever when I study in the shelter." Interviewers asked him: "How about here [in the community]?" He replied:

"I do not know because when I studied at shelter, I always studied all the time at home. However, now I have a lot of freedom... When I was in shelter, I was not allowed to go outside as I wanted. Here I wanted to go out as I wished."

(Sopath, male, 2015)

Nisay also shared that he struggled with completing his education after he returned to live in the community. In the shelter, Nisay expressed that he desired to leave the shelter and live with his family. However, when he actually returned home, he realized that completing his education in the community was more difficult than he had anticipated. He described his experience:

"I wanted to live with my mother! I didn't know why I asked them to leave the shelter and I told them I would stop living in shelter now. So the teacher said they were going to reintegrate me as well. They told me to wait and they would send me home. I thought that living at home might be easier and I would be able to finish my grade. Unfortunately, when I went home, my wish wasn't achieved. I couldn't learn and do anything at all. I used to live in the shelter and it was easy. I could go to school and I had regular meals as well. But when I came back home, I couldn't go to school and my family's economic situation is really hard and poor."

(Nisay, male, 2015)

As a result of his family's financial difficulties, Nisay ended up dropping out of school to find work to support his family.

Once clients returned to live in the community with their families, family financial pressures interfered with their capacity to complete their education and led numerous participants to drop out of school and seek work. For instance, after she returned home to live with her family, Achariya shared that she struggled in school, as she would collapse at school due to hunger, exhaustion, and low blood pressure. However, her family did not have enough money to take her to the hospital. She ended up dropping out of school at the age of 14, cutting and selling her hair, and moving to another province harvesting cassava to earn money for her family. She described her decision to drop out of school:

"At that time, I did not want to stop [school] yet. However, my mom told that she will go to work in [province A] and she did not want me to stay at home alone. So, she brought me there with her. Therefore, I decided to stop school. My social worker used to ask me when I come back from [province A], would I want to continue my school? ... Maybe I will not go back to school because I realize that my mom is already old and we have no one to earn money to support her."

(Achariya, female, 2015)

Phala was also pressured by a family member to drop out of school. His grandfather pushed him to quit school to learn a vocational skill so that he could contribute financially to the family more quickly. He said: "My grandfather forced me to stop my school and go to learn mechanic repairing such as TV and radio repairing, but I really do not like this kind of skill" (Phala, male, narrative). Likewise, Chivy quit school in order to work because of financial pressures in the family. Although she received NGO support with registering her for classes, she did not receive any financial assistance for her schooling. She said:

"I don't have enough money for family spending: no food, not enough for morning, not enough for dinner. So I was often absent from class. I was able to go to school only 2 times per week. Therefore, I informed the teacher that I will stop. I cannot go to school anymore."

(Chivy, female, 2015)

In addition to experiencing pressure from family members to focus on earning an income, some participants indicated that other adults in their lives, including shelter staff, advised them to focus on work instead of schooling. For example, one boy who had dropped out of school when living in the community asked his teacher if he could return to school again. His teacher told him that he did not need to study as he "wouldn't understand the lesson when other students passed." Subsequently, he reached out to shelter staff to seek their advice, saying: "He [shelter staff] didn't agree with me. He told me to work and support my parents. I had no words to say when he said like this" (Nisay, male, 2015). When asked by the Butterfly team how he felt when this happened, he said:

"I feel disappointed with him because when I wanted to go back to school, he denied it. But when I didn't want to go to school, he forced me to study... Again and again, he told me to work and think about my family. He told me to work and earn money to support my family."

(Nisay, male, 2015)

Nisay expressed disappointment about missing the opportunity to complete their education, saying: "Now I regret as I stopped studying already. I am sorry that I do not have the chance to study that skill [computer skills]" (Nisay, male, 2014).

Although numerous participants stopped attending school in the community in order to pursue employment, participants also expressed that they struggled to find sustainable employment in the community. For example, Mony shared that although she learned sewing vocational skills in the shelter and tried to establish a sewing business in the community, her business ultimately was not successful. In addition, Chea explain his challenges with finding stable employment:

"When I lived in the shelter, I could go to school, but when I left the shelter for the community, I cannot go back to school. When I drop out of school, it is hard to find a job to do. Sometimes I have a job to do, but sometimes not."

(Chea, male, 2015)

Bormey shared her observations that numerous clients faced difficulties securing employment at home, even if they completed their education. She said that for most of the clients "even though they finished their study, but it is hard for them to find a job" (Bormey, female, 2015).

Violence in the community

- **Stigma about prior engagement in sex work leading to violence**
- **Experiencing multiple forms of abuse from family members, primarily physical and emotional**

Numerous participants reported experiencing violence after returning to live in the community, primarily from family members and intimate partners. Some participants lived in home environments in which numerous members of the family committed violence against one another. For example, Sean described violence as a common part of her home environment, saying: "There are people [at the shelter] who support me and the staff encourage me a lot, but if I go home, no one counsels me and mostly my family uses actions such as hitting" (Sean, female, 2014). Upon returning home, she shared that her parents often hit each other, leading her to be worried about both of their physical safety. Additionally, when she returned home, she explained that her sister was physically violent toward her when she was unable to find work to support the family. Sean said:

"When I left from the organization, it is difficult because I don't have a job and also the difficulty in my own feeling... Sometime she [elder sister] beats me. Sometime she scolds me... er... not get on well with each other... She said that I am stupid, so she beats me a lot."

(Sean, female, 2015)

Likewise, Soriya shared that she experienced numerous forms of abuse upon leaving the shelter and returning to live in the community. As referenced in an earlier section, Soriya ran away from the shelter, following one of her friends, whom she considered as a sister. She went to live with her friend's parents, whom she called her "foster parents." However, after she went to live with this family, she experienced multiple forms of abuse from her "foster parents." Her foster father repeatedly sexually harassed her. Her foster mother encouraged the abuse, telling her husband to rape Soriya. Additionally, Soriya experienced labor exploitation from her foster mother, who forced her to fish and give all of her earnings to her. Soriya was ultimately able to escape the abuse by fleeing her foster parents' household and leaving to live with her aunt.

Botum also reported experiencing abuse within her family after leaving the shelter environment. Botum described experiencing both emotional and physical violence from her mother after being re/integrated by the shelter. In particular, she shared that her mother commonly cursed her for having been sold into sex work by her sister, causing her neighbors to look down on her family. She described the abuse she

experienced at the hands of her mother, who described her engagement in sex work as voluntary even though the client stated that it was not:

"When my mother cursed me, she will just curse 'if you want to be a prostitute girl, you can go or you want to sell your sex, just go.' But even if I didn't do this, but they [neighbors] will think that I do it because my mother always curses this terrible thing everyday. 'If you want to sell your sex, you can just go. Go away from my house.' It is hard for me... We were in front of the factory and she just cursed at me like this, but I didn't know how to stop my mother from cursing. That time even the village chief came to discipline her, but she didn't listen to him. She continues to curse at me."

(Botum, female, 2016)

When shelter staff came to visit Botum in the community, they tried to intervene in the emotional abuse her mother inflicted upon her. She shared how the shelter and village chief tried to assist her:

"The last time when teachers from the shelter came and they told her not to curse me like this, it is embarrassing. And if she still curses like this, they will bring her and give her discipline/a warning. And then after the village chief came for 3-4 days, she hit us [me and my younger sister] instead. She hit us and only now, this past 3-5 months that my mother didn't hit me."

(Botum, female, 2016)

As discussed in the 2016 thematic paper pertaining to the experiences of male survivors, male participants also reported experiencing violence after returning to live in the community. For instance, Phala, who lived with his grandfather upon exiting the shelter, shared that his grandfather was physically abusive toward him. He said: "my grandfather beat me when I refused to learn mechanic repairing like he wishes. I feel emotionally hurt when he does like that" (Phala, male, 2016). When Phala first returned to live in the community, he stated that even though he experienced violence from his grandfather, he still preferred to live in the community over living in the shelter because of greater independence in the community and because of the violence he had experienced in the shelter. In 2012, he said:

"Living in the community is better than living in the shelter because living in the community I have more independence... However, I was beaten, blamed by some of the boys when I was living in the shelter. They liked to mistreat boys who were smaller than them. I used to run away from the shelter several times, but staff took me back."

(Phala, male, narrative summary)

However, over time, Phala expressed more concerns about the abuse he experienced at the hands of his grandparents. He reported feeling emotionally hurt by his grandparents for constant critiques and conflicts regarding his education. His grandfather ultimately forced him to quit school and learn repair skills so that he could work to support the family. In subsequent interviews, he expressed a desire to return to live in the shelter context again, as referenced later in this section.

Some participants experienced substantial abuse in the community – from both family and community members. Suon described experiencing multiple forms of abuse across multiple interviews. After the shelter sent Suon back home to live with her family, Suon, who has a disability, was forced by her mother to beg in order to support the family financially. She described the pressure she faced from her family to start begging:

"To be honest, I didn't want to be a beggar, so I learned how to massage [while in the shelter], but they sent me back home as I was having convulsions during study time. Do you know what happened after they sent me back? I said that I would stop being the beggar, but my mother told me to do it again. The shelter would not be happy if they find out that I do this job again. I was really unhappy and I didn't know what I should do. I could not think of any ways to support my family and we always have arguments.... My mother insulted me and said that I tend to stay at home without doing any work. I have to beg for money here! If I stay at home, she would feel uncomfortable toward me. That's why I have to do this job. Nobody wants to be the beggar! I sometimes get money and sometimes not. If I do not get money, she [mother] is not happy. I am experiencing hardship. It hurts me a lot! Honestly, I want to commit suicide when I have such difficulty!"

(Suon, female, 2015)

Suon informed shelter staff about the challenges she was experiencing at home, which further enraged her mother. She shared that when shelter staff visited her in the community, they interviewed her in front of her mother instead of meeting her privately, which placed Suon at greater risk for violence from her mother. She said:

"When the shelter staff came to visit me, they mostly asked me in front of my mother. They asked me while my mother was here, so when they left, my mother insulted me. She was scared of the shelter because she realized that the shelter was aware of her matters. I told her that 'you should tell them the truth rather than hate them.' I said like this! At that time, the shelter staff came to see me together with my mother. They didn't see me individually like your team. They met the children together with their mum in order to see who tells the truth between them. However, when they left, my mother scorned them with very impolite words. She said, 'I won't forgive those dogs [the shelter staff].'"

(Suon, female, 2015)

Suon's sister blamed her for disclosing abuse within the family to her shelter social worker during the home follow-up visits. In addition to experiencing abuse from her family, Suon shared that a man in the community had tried to rape her while she was begging. At the time of the abuse, she did not tell her parents, as she was afraid they would hit her for having been abused. Suon intentionally chose not to disclose the abuse to the shelter staff because shelter staff had previously broken her confidentiality by sharing Suon's past experiences of abuse to her mother. When her mother learned of the previous abuse, she became even more emotionally abusive toward Suon, hitting her, blaming her, and telling her that she let men abuse her for free. Due to all of the violence Suon experienced in her family, she tried to commit suicide by taking a handful of paracetamol. Although her suicide attempt was unsuccessful, she continued to express suicidal thoughts to the BLR team, stating that she wanted to hang herself or try again to take medication to kill herself. Suon shared that she had no social support in the community to help her cope with the violence from her family. When she was in pain, she would call a radio program, requesting to listen to songs. Apart from the BLR team, she shared that she had no one else to speak with in the community. She repeatedly requested the BLR team's help in finding a job or finding a new place to live. She stated that she "I will live with anyone since my family does not consider me as their family member. I have nowhere to go besides living with an outsider" (Suon, female, 2015).

Limited follow-up and supportive services in the community

- Temporary assistance was commonly provided upon initial return
- Substantial drop in provision of services was reported by many participants
- Lack of follow-through with promises led to disappointment

Participants received several forms of support from shelters after they returned to live the community, with financial support being the most common form of assistance mentioned. Both male and female participants frequently described receiving one-time in-kind assistance from shelters upon returning home, receiving items such as rice, fish sauce, pillows, mosquito nets, instant noodles, bicycles, clothing, and kitchen supplies. Some participants reported receiving temporary cash assistance. Those enrolled in school often received financial assistance for schooling expenses, such as school fees, supplies, books, and uniforms. Financial support terminated when participants dropped out of school. As one participant described:

"They helped me a lot when I was a student... They provided school uniforms, 2 sets per year and new clothes to me too. They gave a bag, books and all kinds of school supplies to me... Since I drop out of school, they don't help me with anything."

(Phala, male, 2015)

Additionally, some participants reported receiving occasional financial support for medical expenses and assistance going to the hospital, if needed. Two families reported receiving financial assistance to build a home.

In addition to financial assistance, some participants indicated that shelter staff visited them in the community. The frequency of home visits varied substantially across participants, along with the participants' perceptions of the helpfulness of those visits. Some participants shared that shelter staff provided helpful emotional support during these visits. For example, Narith said:

"[Shelter Counselor] is good at answering questions... When I had a problem, I asked him and when he talked to me, I felt relieved...He does not come to meet me anymore, but in case I want to meet him, I can call him... If I want to meet him face-to-face, he will come to my home."

(Narith, male, 2015)

Similarly, another boy described a helpful amount of follow-up support in the community, including both financial and emotional support:

"For the assistance, I think they are good because they helped me since I was in the shelter until reintegration. I understand that I can't do anything benefit to them. They take care and worry about us. What I got so far is good enough. They help me through re/integration for over a year... They support me a year and they don't cut the support. Until now, they still come to visit me. They ask about my needs and if they can help, they will do it. Now they don't support anything. They close reintegration assistance, but they said I can call them if I have any problems."

(Phala, male, 2016)

The majority of participants, however, reported that the assistance they received from shelters in the community was limited – both in terms of the amount of support, as well as the duration. Many participants indicated that shelters gave one-time financial assistance upon their return to the community, but then provided limited follow-up afterward. Romdoul indicated that when she left the shelter, she received in-kind assistance (rice, a pillow, a blanket, a pot and a few other items). While shelter staff visited her occasionally, no other support was provided. She said:

"The social worker only visits me and asks about my wellbeing, but they don't help me anymore. When I feel sad or have a problem and need advice, I can talk to them but I haven't met them for a long time already."

(Romdoul, female, 2015)

Sokchea shared a very similar experience, saying:

"When I left, they didn't help me with anything as well. They just gave me a pillow, one blanket, and one mattress only. I have to be responsible for all besides these... When I left, I hadn't finished their program yet, so they didn't help me with anything. Even the mattress, they hesitated to give it to me, but because they know I have nothing to sleep on, so they give me one mattress and one pillow."

(Sokchea, female, 2015)

Likewise, Kravann shared that when she was sent home, she only received some in-kind assistance, saying: "they can help me with a package of rice only. There is nothing else! Only one time!" (Kravann, female, 2015). During the subsequent interview, she elaborated:

"The organization does not help me anymore. In short, the organization has helped me only the two months that I was really too poor.... After that, they told me there is no [more money]... because that money was taken from different places in order to help as well because they don't have budget for that and then they let us find a solution for ourselves with the family."

(Kravann, female, 2015)

Some participants disclosed that they felt let down by the lack of support and follow-up provided in the community. Sean stated that, to her disappointment, shelter staff called her only once after she returned home. She said:

"My friends from the same shelter are also grumbling about this... They said the shelter said they would keep meeting us after we left. They said they will call once a month and if we ask for help, they will help us. But so far, they didn't call us... Totally speaking, they cared about us only in the beginning, but not in the later months."

(Sean, female, 2015)

Similarly, Maly explained her disappointment at the lack of follow-up and support she received from the shelter. After she was sent to the community, she felt that the shelter staff no longer cared for her. She said:

"I do not know how to talk now. When I stayed at the shelter, they provided lots of love, but when I left, the level of love has been cutting down... I left for my house and they did not care about us so much from the time that I stayed out for about 2 months. They never called and visited.... They told me that they will come to visit and continue to have relations, but they did not do it... I told them back that you only called me when I had problems [quit job]. They told me back that they wanted to visit me several times, but they could not make it. I told them that if you do not want to come, do not come then."

(Maly, female, 2016)

Other participants shared that, from their perspective, shelter staff stopped following up with them in the community when the clients went against the wishes of the staff members. For instance, Khema shared that the shelter had tried to find her a job, which she did not ultimately pursue. She felt that shelter staff were displeased with her decisions, which led them to stop contacting her. She said:

"I did not know they [staff] were happy or not in shelter, but I think that sometimes they are unhappy with me as well because they tried to find me a job, but I went to Siem Reap. I think they are upset with me, but they do not say and let me hear it... They did not [contact me]. They stopped... If they do not connect with me, I also do not contact them because I think that I bother them as they stopped accepting me anymore."

(Khema, female, 2015)

Several participants shared that once they transitioned to living in the community, their perception was that shelter staff were no longer interested in following up with them. For instance, Nimul indicated that although she called to the shelter after she returned home, she felt that no one wanted to talk to her anymore. Additionally, Keo shared that although she was officially listed as "under follow up," that she felt she had to take initiative to reach out to shelter staff. She said:

"When I had a problem, no organization staff came to help me! I had to solve it myself. I knew they didn't close my case yet after I left the shelter. They noted me as under case follow up, but in reality, I am the one that follows up with them."

(Keo, female, 2016)

Dary mentioned similar disappointments with the community-based support she received. Although she had hoped that shelter staff would keep in touch with her upon returning home, her perception was that shelter staff expected her to take the initiative to follow up with them. According to Dary, her shelter social worker wanted to visit her in the community but was prevented from doing so by shelter management. She said:

"In general, I pitied my social worker, but the manager did not allow [her to visit me]... They finished helping me at once and they did not ask or care about me. When I needed to meet them, they asked me to stop working for a half-day... They did not take their time for me while they asked me to take time to go there. I was so upset because they worked on my case, but they did not take any time for my case. They wanted the case to follow them, but I did not blame my social worker and I loved my social worker because they took a lot of time for me... I do not blame her because her managers, they do not want her to follow me anymore."

(Dary, female, 2015)

Some participants stated that they maintained stronger relationships with staff from other organizations than they did with shelter staff upon returning to the community. For instance, Sokchea explained that when she faced problems after returning to live in the community, a social worker from another organization would continue to meet with her for follow-up visits, but not the shelter staff. She said: "I also tell it [problems] to the shelter, but the shelter does not help me as much. Honestly, they never help me" (Sokchea, female, 2015). In the following interview, Sokchea elaborated further:

"Normally I don't cut off the communication with any organization, even for some children, the organization stopped communication, but for me they didn't even support me. When I came out, they never gave me anything, even materials... At first, I felt angry because I need my encourager."

(Sokchea, female, 2016)

Several participants mentioned their appreciation to the Butterfly research team for continuing to visit them in the community, indicating that the consistency in the follow up from the Butterfly team led them to maintain a stronger relationship with the research team than with shelter staff. When asked about her experiences, Sothy shared that she had in fact lost trust with shelter staff due to the lack of communication with the shelter:

"[There is] no one who I can trust. I only trust organizations like you. Once I had a problem, I called to the organization [shelter] to tell about my story. [X] gave me another organization's phone number... When they said like, that made me disappointed. After that, I turned my phone off."

(Sothy, female, 2014)

Another participant expressed her appreciation to the Butterfly team for continuing to visit after shelter staff stopped visiting her. She said: "I just want to say thank to your team for sharing and visiting me, as well as the other children. To be honest, since we left from shelter, staff rarely visit us" (Phary, female, 2015).

Unfulfilled expectations

Theft by Shelter Staff

One participant shared that a staff member stole money from her as she was returning to live in the community. Phary explained that she had saved money while living in the shelter, entrusting her savings to a shelter staff member. However, when she was sent back to the community, the staff member returned less money to her than she had actually saved. Instead of confronting the staff member about the theft, Phary decided to let the staff member keep the money, as she felt that she had received a lot of assistance from the shelter up until that point. She said:

"Actually, there are so many things involved in my reintegration such as money. I saved up money with her, but she cheats me. I know it, but I act as if I don't know anything! I act as a stupid girl that does not know anything when they take my money. Normally when they could cheat us, they would think I am stupid. I do not ask her anything because I think she helped me a lot... I saved up about 400USD from my salary. I saved it every week or once per month. I saved it with her and she told me that she will calculate it for me. However, she did not give me all of the savings I had with her. She said I saved up about 300USD only, but I am sure that my money is about 400USD. She cheats me, but I know it. I said it is fine if you think that my money is only 300USD. I think she might be in need of money, that's why she cheats me. But to me even though she was not always kind to me, but she helped me a lot. So I think that amount of money is not that much! I am willing to give to her. I know she thinks me as a fool."

- Participants expected more community-based support than they received
- Confusion about what services shelters provide upon re/integration

Some participants described a discrepancy between what they believed they had been promised by shelter facilities and what they actually received in practice upon returning to the community. Both male and female participants shared their disappointment when the level of services provided in the community did not meet their expectations. For instance, Keo shared her experience after being followed up in the community for only one week:

"For a week, they [shelter staff] brought me to Province C, but they didn't give me any money. They bought a bike that cost \$50 and a bag that cost \$5. In total, it cost \$55, but they noted in receipt a cost more than \$300. I was really angry and disappointed! ... She [shelter staff] called check up only one time with me. She asked what is my job? Since then, I never heard anything from them. Even if they went to Province C, they didn't come to see me... They did like that to everyone! Not only me! Before she brought me back home, she told me that she will buy a sewing machine for me. After I arrived home, she told my mother that she didn't have the role to responsible for every problem I made. And I didn't get anything from her."

(Keo, female, 2016)

At this point, research team members clarified whether or not she received the sewing machine. Keo said: "No, I didn't!" When asked why, she started crying and said:

"I don't know. When I went back, she [shelter staff] told me like that and signed for me to leave that place. She closed the rights for me to go inside the shelter... For my family, didn't get anything... Who will earn money to support my grandmother, mother and younger sister? So I decided to migrate! I went to work out of Cambodia. She never asked about my wellbeing. I chatted with her through Facebook messenger, but she didn't add me."

(Keo, female, 2016)

At this point during the interview, Keo began crying more heavily and continued, saying: "Everyone started to care about me! I told [a former manager at the center] that no one [staff] cares about me and later they started caring about me" (Keo, female, 2016).

Other participants shared that the shelter had promised them assistance that they never received. For example, Botum explained that although the shelter visited her in the community and assured her that they would assist her with home repairs, she had not subsequently heard from them:

"I can't depend on my mother and relatives. I can only depend on myself and with all my strength, but the last time the organization also helped me a lot. But now I didn't really see them coming anymore... They seemed not to say anything. They met with the last time and they interviewed me. They took pictures of my house and my picture and they said they will help me. When they came to see my house like this, they said they will help with my house but since then I never see them anymore."

(Botum, female, 2016)

Several boys also shared how they had not received the support they felt they had been promised. For instance, Atith explained that he thought the shelter would support him with his education in the community, which did not happen: "It has been a long time since teacher had met with me 2 or 3 times... Last time, they said they will support me until I finish high school, but now I have not gotten any support from them" (Atith, male, 2014). In a later interview, he further elaborated: "At first, I heard they said even I came back home, they wouldn't leave me. They will call or visit me at home. But it has been long time already since they never visit me... They never call me" (Atith, male, 2015). Similarly, another boy said: "They haven't visited me for a long time. He said he closes my case, but that they will visit me... Since they told me that, they've never come" (Heng, male, 2014).

Some participants noted that there seemed to be confusion within shelters themselves regarding the level of support they were able to provide. For instance, Kravann explained that the shelter had promised

her to support her education through college, but then reported that their policies had changed. She said:

"They already told me that they will help me. At first, they told me that they will help me until at university, but later they told me that they will help until grade 12 only; and when I go to university, I need to take care by myself."

(Kravann, female, 2016)

Participants also shared that they witnessed discrepancies in the level and nature of support provided to different clients from the same shelter, which also caused confusion and disappointment. Phearun described how he expected the shelter to support him in a manner similar to his peers in the shelter, but that in practice this did not happen. He said:

"The shelter does not help with materials, but gives me 100,000R... They still visit [shelter peer A] and [shelter peer B] because they still support them. However, for me they do not help me anymore because they see that I have parents. Therefore, I wear old clothes from my uncle.... I want them to assist me with studying. I want them to help me with my extra class...I want them to help me until grade 12.... When I saw the shelter help them [shelter peers] to build a house, I felt a bit jealous and wondered because I used to stay in the shelter the same, why did they help [shelter peers]? They helped them to build home, but they did not help me besides offering 1,000,000R for buying stuff to sell.... I always tell them I want to study extra classes when they ask me. They used to ask me like your questions, how I want the shelter to help. I told them I wanted to study extra classes and I wanted ask for that. They just asked me, but I could not see their assistance."

(Phearun, male, 2015)

Feeling loved like a family member in the shelter, but abandoned in the community

- Clients viewed some shelter staff as family members.
- When follow-up in the community was limited, clients felt abandoned by those whom they had perceived to be their family members.
- Some clients wondered whether staff ever cared about them.

Many participants described their relationships with shelter staff as akin to family relationships instead of professional relationships. Both male and female clients described shelters staff, and particularly housemothers, as members of their family. For instance, Khema described shelter staff as taking care of her as if she was their child: "They take care me as their original child. They judge me as their own child. If I have problem, they suddenly arrive" (Khema, female, 2014). While clients shared that they valued the love they received from shelter staff in the shelter context, when they returned home to live in the community, they felt as if they lost a member of their family. For instance, when she returned home, Achariya described her feelings of missing her foster mother, whom she had lived with for four years. She said:

"First, I felt happy, but a night later I feel like I miss my housemother... It's something like I miss my mother, so when I first met her, I was so happy. I want to sleep with her and kiss her. However, in the second day, I feel that I miss my foster mother [housemother]... I just heard her voice when she called to my sister because my sister's phone low battery. However, I feel better when I see she called to me. I worried she would cry if I call to her because when we left, she cried a lot. She did not want us to leave."

(Achariya, female, 2014)

Since participants viewed shelter staff as members of their family, they expected their relationships with shelter staff to continue in a similar manner after they returned to live in the community. In practice, clients shared that shelter staff rarely came to visit them in the community, leaving the clients to feel as if people whom they had previously viewed as family members had abandoned them.

Maly shared very painful experiences about the changes in her relationship with shelter staff upon returning to live in the community. When she lived in the shelter environment, Maly stated that she felt loved by shelter staff, indicating that shelter staff gave more love to her than her own family provided. However, upon leaving the shelter, Maly felt that staff members abandoned her. She said: "It is not only me, but also my friends who said that they (staff) love only in the shelter, but they did {not} do it outside" (Maly, female, 2016). Maly talked with interviewers about a very hurtful encounter with shelter staff when her father died. She said:

"When my father died, I called the mother at the shelter and I said my father has just died now. They said I was busy learning. I said 'please listen to me' and they disconnected the phone. She then left the school and called me back, but I did not pick up the phone. I then called another mother and told her and she tried to comfort me. She cared about me and I asked her to tell the authority about that. I told her that some mothers did not pick up my phone and cannot help me. She then help[ed] me to tell the organization and I was helped \$50. I told them that I do not want the money, I just want to inform you. The mother then tried to talk and she could get another \$20, so totally it was \$70. They gave me for the funeral. I said I did not want to talk about money. I just wanted to tell them that my father had died."

(Maly, female, 2016)

Whereas the staff member approached the conversation with Maly in the context of providing for material needs associated with her father's death, Maly herself simply wanted to talk to the people whom she considered to be parent-like figures in her life in a moment of great sorrow. Maly shared that she felt very hurt that shelter staff did not attend her father's funeral. Those who attended the funeral and those who provided assistance to her family during this time were extended relatives and people that she did not even know. In the moment in which she felt that she needed those who cared for her the most, they were not present.

Similar to Maly, Bormey shared painful experiences with shelter staff after she returned to live in the community. In the shelter context, she described shelter staff as "working as our second parents" (Bormey, female, 2016). However, when she left the shelter, she felt abandoned by the people whom she had viewed as her second parents, saying:

"Sometimes I feel warm and sometimes when we live in the organization like this, we treat each other like brothers and sisters, parents and children. But when I left from the organization, no one called me. There was a time one mom called me, but I could not remember who she is but I told her 'Mom it seems like you just throw me away and never called to me' because I also missed them. I always called to them but they never called me back... Maybe that time they still followed up with me and they didn't end my case yet, but they seemed to not really communicate with me much... That time I felt really lacking warmth from them."

(Bormey, female, 2015)

Bormey described another incident in which she stopped by her former shelter to meet her friends who still lived there, but the shelter did not allow her to come inside. Although she understood that the shelter had rules about visitors, she felt hurt that she was not allowed to visit her friends, as she had previously lived with them. She described what happened:

"There was another time that I had stopped staying in the shelter anymore, but I wanted to meet with other children or friends there, but they didn't allow me to come in the organization... I want to say that I was a child who stayed there before. It is fine if they don't allow me to enter to the place or to talk with friends or go upstairs, but they didn't even allow me to see each-other's faces."

(Bormey, female, 2015)

Likewise, Keo also shared that shelter staff turned her away from the shelter after she returned to live in the community. After Keo left the shelter, she migrated to another country where she experienced physical abuse in her workplace. She fled this abusive situation. Upon her return to Cambodia, she walked on the public street in front of her previous shelter, for which she was reprimanded by shelter staff. She was hurt by the staff members' reaction, as she had previously lived within numerous years.

"I helped to sell food in my brother's shop after I left my boss. He beat me until my nose bled and I ran away from him to Cambodia. When I arrived in Cambodia, the first day I walked across the shelter. The next day, [Teacher X], called to me and said I didn't have any rights to walk across the shelter, even the road to the shelter. When I heard this, I felt very disappointed."

(Keo, female, 2016)

Phary also shared her disappointment about the change in her relationships with shelter staff upon returning to live in the community. Similar to the aforementioned clients, Phary shared that clients often viewed shelter staff as their own mothers. She specifically pointed out that given the abuse history experienced by shelter clients, clients often looked for love from shelter staff and treated staff as their own family members. She said: "most of the abused adults like me lack warmth and something else, but I believe that every shelter has a mother who is considered as their mother" (Phary, female, 2014). In spite of this, Phary described feeling that shelter staff no longer cared about her once she was discharged from the shelter. She perceived this lack of care both during the process of her return to the community, as well as after she had already moved to live in the community. She said:

"She [social worker] did not participate on my reintegration day. There were only Tuk Tuk driver, [X], known as a car driver in shelter, and police officers in the area I moved to. They called the police to sign the contract and accept that I came from the shelter and reintegrated to this community, so if anything happened, the shelter is not responsible at all as I am not living under their management anymore. [X] did not come and since I reintegrated to the community, she never contacted me at all. In the previous days, I chatted with [sister X] in order to send my pre-wedding photos to her. However, she did not reply to me, as she assumes that all children who re/integrate from the shelter never have a better or successful life. That's why she does not want to contact us! I sent photos to her with a message that I graduated and am going to marry soon. She does not even know when I take the exam or graduated. I said I miss her and I want her to see how my life is going on. My life is better than before and I am not a child anymore, but she does not reply to me at all. About a month later, she said sorry to me as she does not go online to her Facebook account when I sent my pre-wedding photos to her. I don't know what happened if [sister X] or [sister X] told her anything that pushed her to call me. She called to ask me

the date I finished grade 12 and the date I graduated from [school]. She only called to ask me these questions! She might need this information to write down in a report, I guess."

(Phary, female, 2015)

Phary shared that she felt deeply disappointed with how shelter staff responded to her wedding invitation, as well as the wedding invitation of her friend, Akara. According to Phary, Akara took initiative to reach out to shelter staff and maintain a relationship with the staff after she returned to live in the community, even though staff were unresponsive to her. Although Akara invited shelter staff to attend her wedding, there was confusion regarding the delivery of the wedding invitations, leading staff to choose not to attend. Phary shared the sympathy she felt for Akara. She felt that Akara had loved shelter staff as her own parents and yet these individuals were not present for such an important day in Akara's life. She said:

"I very much pity her [Akara]. Whether she was happy or unhappy, she called to the housemother, but the housemother didn't answer her calls and even more, she blamed that Akara didn't invite her to join the wedding. Some staff said that Akara called to invite only this staff or that staff, didn't call to invite them, but as a result, no one went to join her wedding. For me, if they do like this, I would feel disappointed because I had loved them as my parent as they had helped me a lot."

(Phary, female, 2014)

Given her observations of what transpired with Akara's wedding, Phary shared that she was careful to prepare separate invitations for each shelter staff member the following year when she was getting married. Despite her efforts to be considerate of the staff, shelter staff were too busy to receive her invitations in person and accused her of not sending the invitations. Phary shared that this series of interactions with staff led her to feel deeply disappointed and hurt:

"Suddenly, she [shelter staff] called to me. She asked me how many people I wanted to invite. Did I call to inform them? She spoke like I never knew her or was not a child under her management. It seems like when I left the shelter, everything is gone too.... When I heard what she said to me, I was really disappointed and it remind me of Akara's wedding. She said Akara did not invite her to join her wedding and she meant that Akara now has wings and wants to fly away. Her words have judged Akara in bad ways like this and that. I heard it by myself, so I do not want it happen on me. I went to her office, but she said those words to me. She told me that she did not see my invitation letters, but I am sure that I counted it... I feel really disappointed when she said this about the invitation letters."

(Phary, female, 2015)

Additionally, other interactions with shelter staff led Phary to doubt the nature of her relationship with shelter staff. She explained that she felt hurt when shelter staff did not follow up with her in the community and did not communicate openly with her when problems arose in their relationship. These experiences led her to question the nature of the relationship she had with the staff when she had lived as a child under their care in the shelter. She said:

"My last social worker in the shelter did not pay attention to me at all. She thinks that I am an adult. I asked her: sister, why did you never meet me? She replied: 'I think you are an adult now! You grow up well, so I have no reason to meet you.' However, if any problem happened, she always talked behind my back. I have no idea about her at all! I don't know if I was a child under her management or not."

(Phary, female, 2015)

Nimul summarized the feelings of many participants when she talked about her interactions with shelter staff upon her return to the community. She shared that she had asked shelter staff numerous times for assistance in the community, including assistance for her family. However, she felt that staff were unresponsive to her requests and stopped communicating with her even though she reached out to them. When asked by the interview team how she felt about her communication with staff in the community, she said: "I felt like we are people who have never known each other before" (Nimul, female, 2015).

Vulnerability in the community due to dramatic difference between shelter and community life

- **Highly structured and protected environment in the shelter in which decisions were made for clients and needs were met**
- **Participants struggled to take care of themselves and meet basic needs in the community**
- **Participants did not feel that they had sufficient skills to survive outside the shelter**
- **Participants were isolated from the community in the shelter and found it very challenging to re-adapt to life in the community**

Clients described the transition from living in a shelter to living in the community as a very dramatic change and extremely challenging to navigate. Numerous participants described the long-term shelter environment as one in which their needs were taken care of and decisions were made on their behalf. For example, Maly shared: "When I live in the shelter, they give love to me more than my family does. They do a lot of things for me... When we need something, they report it to the manager and find it for us" (Maly, female, 2015). However, when participants transitioned to living in the community, the standard of living and level of intervention that they were accustomed to in the shelter context was often not present and participants felt that they had lost connection to their home communities. For example, Linda described the contrast between her experience in the shelter and her experience upon returning home. Regarding the shelter environment, she said:

"It seemed like a mother looks after her children, but their [shelter staff's] work was stronger than what our mother does at home. They looked after us and if we got sick, such as headache, we could tell them and they would give us medicine. That's how the housemother treated me... They were suitable with their work. They took good care of us although we were not their biological children. Our parents might not be able to treat us as good as them."

(Linda, female, 2016)

However, when she left the shelter and returned to live with her family, she felt deeply disconnected from her "home" community. She described this sentiment: "When I left there [the shelter], I felt I was alone and cannot come back. When coming back there [in the community], I felt it was not my home anymore. My home is home, but people there, they were not" (Linda, female, 2015). Like Linda, Suon described a sense of separation from the shelter environment and alienation from her home community, leaving her feeling as if there was nowhere in which she belonged or would be accepted. She said: "When I come to stay here [at home], I feel like I don't know how to live here. I can't live here, but I don't know what to do. Everywhere I go, they don't accept me" (Suon, female, 2016).

Kakada also described the contrast between her experiences in the shelter and her life in the community, as well as her experience of disorientation upon returning to live in the community. Kakada described living in a highly structured and protected environment in the shelter. However, when she moved back into the community, she was exposed to a variety of experiences that she did not encounter in the shelter

context. She was accustomed to receiving a level of emotional support in the shelter that she did not encounter at home, leading to a sense of loneliness in the community:

"It is different from the shelter when compared to this community. When I lived at the shelter, the rules that they put in force we obeyed. But here [in the community] something we do not want to see, we can see with our eyes. It is 24 hours.... For example, a mother beats her kids. People insult and argue with each other in this area. It is very noisy. There are drug users/drug dealers too. Police come to arrest people. The dogs bark every night; I cannot sleep well... In the shelter, even though no one talked to me, the staffs always talked and encouraged me. I have been changing a lot after leaving the shelter because I do not have anyone who encourages me. Instead, there are people who discourage me. After my father died, I have been living separately even though I have mother, siblings and relatives. I think I am so lonely. I sometimes just sleep without eating."

(Kakada, female, 2016)

Similarly, Achariya stressed the stark contrast between her living conditions in the shelter and her experiences in the community. Like Kakada, the shelter provided her a structured, environment in which her needs were met. Upon returning home, she struggled with encountering experiences in the community that she had been shielded from while in shelter care. She said:

"Living in shelter and living at home is completely different... It's something like we have breakfast in the early morning, shower and have everything for living at the shelter, but it is hard when I live at home. I have nothing to eat in the morning. Sometimes I have and sometimes I don't. It is also hard in the early morning because I cannot sleep and am not able to go outside, as my villagers are not actually good... Because boys in this village smoke and also use drugs, so I dare not to talk to them. I always stay at home! My mum does not allow me to go anywhere. She wants me to go to church and back home every Sunday only... Older people here are not good as well because they play cards and drink beer. I am scared of them too."

(Achariya, female, 2014)

While participants expressed that the objective of shelter facilities was to help them live healthy, successful lives after leaving shelter, numerous participants acknowledged that this often did not happen in the way they had hoped when they moved home. For instance, Sean shared that although she thought that she had grown stronger in the shelter environment, but when she returned to the community, she felt as if she regressed. Although Sean had participated in various training programs in the shelter context, she struggled with finding suitable employment opportunities in the community. She shared that her family members consistently teased her for spending so much time in school while at the shelter but being unable to obtain sustainable livelihood at home. Although her peers in the shelter understood her experiences during that stage of her life, she felt that no one in the community understood her anymore. She said:

"I feel I don't have any improvement. Before I thought that after I left from NGOs, I could be strong, but with this current situation, I feel I don't improve. I feel I am worsened... My family doesn't like me.... not many of them like me. They don't care about me much... They [family members] said I was better educated than them but useless... They tease me, saying I 'learn a lot until crazy, but have no job to do.' They really look down on me, which

makes me feel disappointed... Since I come to stay here [at home], no one understands about me at all."

(Sean, female, 2015)

Nimul shared similar concerns about her peers' capacity to succeed living in the community after their adjustment to the shelter environment. Nimul expressed that clients within the shelter became accustomed to all of their needs being cared for. When they returned home, she shared that her peers struggled to find ways to take care of their own needs themselves and experienced conflict with their families. Nimul said:

"Most of the victims who stayed in the shelter were not successful. They succeeded only 3 to 4 of them. Some of them are working in the organization. Some of them work at different places... They sometimes said that it was easy to live in the organization and they did not do anything. They have someone to take care them. They have food to eat. They have people to bring the food for them and they can sleep well. They can learn and so on. They thought that it was easy for them and when they go home, they think work at home is difficult for them. They speak badly to the members of the family."

(Nimul, female, 2016)

While many participants expressed appreciation for the care they received in the shelter context, clients' narratives also revealed that their isolation from the community while living in shelter care hindered them from sustaining, developing, and strengthening the skills needed to navigate the financial and relational challenges they would encounter in the community.

Desire to return to the shelter

- **After re/integration, some male participants wanted to live in a shelter again**
- **Some boys desired to return due to experiencing violence in their families and a lack of social and emotional support**

While many participants expressed mixed feelings about life in the community compared to life in the shelter environment, some shared that they wanted to return to live in the shelter again following community re-entry. Male participants were especially likely to express that they wanted to return to the shelter. For these participants, seeing and experiencing financial and interpersonal challenges within their families in the community caused some participants to wish that they could leave home. One participant said:

"I prefer to live in the shelter...I want to live in the shelter because I don't want to see the hardship of my family's situation. I feel unhappy when my parents have conflict! I feel sad! ... I want to live in the shelter because I want to study and become a well-educated person to find a good job."

(Nisay, male, 2015)

Several boys shared a desire to return to living in the shelter again due to violence experienced within their families, as well as a lack of social support in the community. For example, one participant who reported that his mother beat him and emotionally abused him at home, said: "living at home is not happy like living in the shelter. I am not happy as I was before" (Visal, male, narrative summary). Another male participant, Atith, shared that although he appreciated some aspects of living in the community, he did not feel that he had outlets to express his negative emotions and pain in the community. In these times, he longed to return to the shelter, where he was better able to express his emotions. He said:

"Life staying in the shelter was happy and life living with my family is also happy in some ways. However, sometimes when I have heartache, I want to return to stay in the shelter again because there are programs to release my stress, such as singing and dancing. Moreover, there was a van that sent us to practice dancing and singing. Now I forgot all the dancing that I had learned when I was staying there."

(Atith, male, 2015)

Several boys mentioned that although they originally wanted to return home to live with their families, after living in the community for a while, they changed their minds and wanted to return to live in a shelter again. For example, Phala shared that while he lived in the shelter, he was concerned about his family's wellbeing. However, after he left the shelter, he realized that he wanted to return. He said: "After I was reintegrated, I realized that living in the shelter is better than living at home with my grandparents because in the shelter, there are many good, happy programs" (Phala, male, narrative summary). Another boy shared similar sentiments, saying:

"When they brought me to Phnom Penh, I cried because I did not want to live there. I cried and asked them to come back home until I lived there for 1 month or a half month, I started to feel happy living there. Then I did not want to come back home anymore. Now I have been reintegrated home and when I face problems, I want to go back to the shelter."

(Atith, male, 2015)

Varied experiences with case closure

- Some participants were informed that their case was formally closed, while others simply lost contact with shelters
- Participants reported confusion about how decisions were made regarding case closure and whether their case was closed
- Participants perceived case closure as an end to a relationship, leading some to feel sad

Processes for closing clients' cases varied per client. Some participants reported that they simply lost contact with shelter staff without ever discussing a formal case closure with any shelter staff. Others shared that shelters formally closed their cases immediately upon their return to the community. For instance, Heng explained that he received in-kind assistance upon being sent home and then his case was immediately closed, as articulated here:

"When I came back, they gave me rice and something else. I forget it already, but I remember I got a rice package... They gave uniforms and books to me, but I did not get money to support my education.... They just gave a rice package to me and told us that they closed my case. Since that time, I have never seen them again."

(Heng, male, 2015)

In contrast, other participants shared that they received follow-up support in the community from shelter staff before their cases were formally closed. Some participants shared that they believed that their cases were closed once shelter staff had assessed that they were ready to support themselves in the community. Although Malis was not entirely sure about the reasons for her case closure, she believed that her case had been closed due to the success she had experienced in the community. She said:

"They [shelter staff] said I am already strong...They thought I can walk on my own and when they meet me, they advise me about family relationships and the way I speak with them. I am not sure about the reason as well [why case was closed], but I think they might see that I am grown up now. They think like this, that's why they close my case."

(Malis, female, 2015)

However, other participants shared that they were confused about the rationale for their case closure, especially when they observed discrepancies in processes for closing cases across clients from the same organization. For example, Phearun explained that the shelter had closed his case, but that other boys who had resided at the shelter with him remained under follow-up in the community. Phearun shared that he was perplexed about why his case had been closed while his peers' cases remained open. When asked if he knew why his case had been closed, he simply said: "I don't know. They just told me that in the end of June, they would close my case" (Phearun, male, 2014). Phearun explained that the shelter had not given him any reason for closing his case. Upon being asked how he felt about case closure, he expressed acceptance/resignation:

"I need to accept it...If they closed my case, I don't know what to do (laugh)... I think there would be a reason that they close my case. That's why I don't need to clarify with them... I dare not ask."

(Phearun, male, 2014)

Although Phearun and many other participants expressed that case closure meant an end to community-based support, case closure was not always correlated with an end in the provision of follow-up support. For instance, Sopath reported that shelter staff continued to provide assistance even after his case was formally closed. He stated: "He [shelter staff] still continues to help us, but he said the case is closed... He still visits us and helps us with our study. He helps to buy books and bag" (Sopath, male, 2015). In contrast, Keo explained that the shelter had already ceased to provide assistance to her in the community before her case was formally closed. As a result, case closure was a non-event for her because she already felt that she was not being supported. She said:

"I contacted to [social worker] most of the time, but she said my case was closed already. She said she didn't have anything to help me more. They asked permission from me to close my case. I said as you don't help me anymore, you can close my case!"

(Keo, female, 2016)

While participants' experiences with case closure varied considerably, participants were most likely to describe case closure as an end to a relationship and/or a sense of being discarded. For instance, Rithy explained that although he wanted the shelter to continue to assist him, he felt that shelter staff were too busy to maintain a relationship. He said: "The teachers at the shelter said that I was deleted, not have a relationship anymore" (Rithy, male, 2014), leading him to feel that he needed to survive on his own. Other participants said they felt that case closure meant that shelter staff no longer cared for them. Chivy said:

"I am happy to see and talk to you because even [NGO] who works based in my community, they had never come to visit and ask me like you do. I am happy. It seems like they don't care about us anymore after my case was closed. They don't care what I am doing right now."

(Chivy, female, 2016)

Suon expressed that she felt hurt by the shelter's decision to close her case. Upon her return to the community, the family of Suon pressured her to beg for money to support the family financially. Suon

believed that her engagement in begging led shelter staff to be upset with her, precipitating their decision to close her case. She said:

"They are angry at me. That was why they finish my time. They are angry that I beg for money – that's why they stop come to meet me. Last time, she said 'Now I came to close your case. Now you can earn money by begging, so I stop coming to meet you now. Once in a while, I will come and visit you. If you have any problem, you can deal with it by yourself.'"

(Suon, female, 2016)

Suon further elaborated on her concerns about her case being closed, expressing that she worried for her safety once shelter staff stopped visiting her in the community. Suon believed that visits from shelter staff provided some accountability for her family, as her parents who abused her knew that she would report the abuse to shelter personnel. However, once her case was closed, she worried that she would experience even more abuse from her family. She said:

"The shelter came... to close my case. They said they will stop visiting me. For a while, they will visit me one time. They said now I have the right to go wherever I want. They said they will stop coming and complete the deadline already... I didn't know how to think about them. I also asked them what if I got a lot of violence within my family. They said then just leave it to the local authorities to solve this. I said it is good that I still have your organization [Chab Dai]. What if you also finish your deadline with me? It will be finished with me as well. I don't know who I can meet with... I worried that I will have another case like before again. I am afraid of the violence and my mother will hit me. And because she knows that the organization stopped with me, she can do whatever she wants. That is why if you also stop with me, I don't know who I can report to. I only have one [phone] number and if they stop contacting to me, I don't know what to do. That is why I don't want you to stop with me... I still want to continue to meet with you because the shelter already finished their deadline with me, so please don't finish your meeting with me as well."

(Suon, female, 2016)

Findings: Case Study of Participants in a Shelter for Adult Women

Summary of data

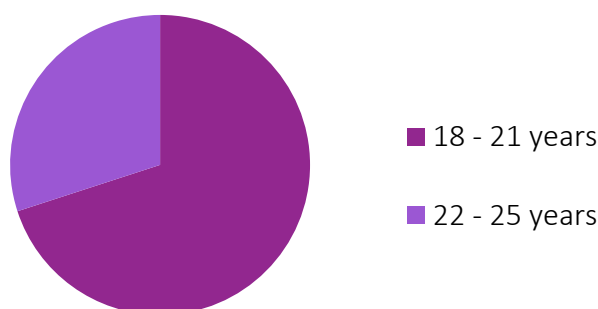
This section presents the experiences of a distinct group of Butterfly study participants – 10 women who were referred to or lived in a shelter specifically for adult women who had been trafficked into sex work and/or had worked in sex work. All of these women were first placed in a short-term shelter facility, after which point they were all referred to the same shelter for adult women.¹¹ Distinct patterns were observed in regard to the experiences of these 10 women. As a result, this section focuses specifically on the experiences of this group of adult study participants. Data analyzed in this section include 10 narrative summaries of participant interviews compiled by the Butterfly research team, in addition to in-depth interviews conducted with these 10 women between 2014 and 2016. For this group of women, a total of 35 interviews were conducted, including 9 in-depth interviews in 2014, 17 in-depth interviews in 2015, and 9 in-depth interviews in 2016.

Background of study participants

Socio-demographic characteristics

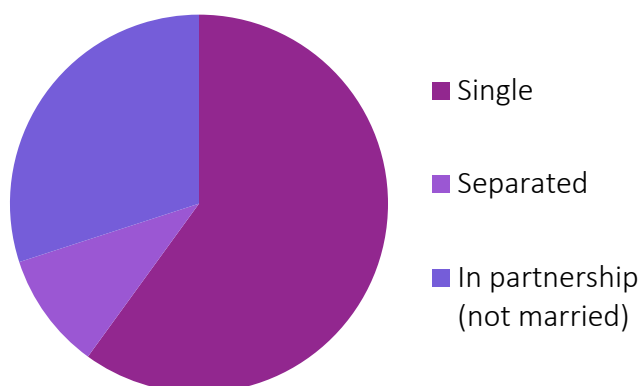
Women in this group ranged in age from 18 to 25 in 2011, with the majority being under the age of 21 (see Figure 4). Over half of participants reported being single in 2013 (Figure 5).

Figure 4: Ages of participants in case study in 2011 (n = 10)



¹¹ Among these 10 women, 9 women resided in this shelter facility; one woman was referred to this shelter, but decided not to live there. This participant, Tina, decided not to live at the shelter for adult women, stating: “If they want me to study and allow me to come back home in the evening, I would agree to go. However, if they want me to stay there and cannot come back home, I do not adapt with it” (Tina, female, 2016). She was, however, included in this section of the analysis, as her experiences were consistent with the other 9 women in this group.

Figure 5: Relationship status of participants in case study in 2013¹²
(n = 10)



Discrepancies regarding exploitation history

Women in this group overwhelmingly contested their classifications as “victims” by law enforcement and by shelter facilities. For instance, Da explained the numerous concerns she had regarding her classification as a trafficking victim despite her persistent assertions that she was not trafficked. First, she questioned her need to be “saved” by the police, saying:

“Police said they saved us. I said why did you have to save me because I did not do anything wrong? I was sitting and listening to music in a room. Then the police arrived and it seemed there was fighting and shouted ‘Stop... Stop... Catch...’ I wondered why they saved me and what was saving? What did I do wrong that they wanted to save me? There was no one who beat or sold me. There is nothing. I was sitting in the room and I felt that I knew nothing. I was like a crazy girl. I did not know anything. And why did it happen?”

(Da, female, 2016)

After the police raid, police interviewed her regarding any mistreatment at the KTV. Law enforcement seemed convinced that she was a victim despite her explanations to the contrary. Although she was legally an adult, she was frustrated that no one seemed to believe that she was not a minor and that she had not been mistreated. She said:

“They asked me was I forced or treated badly. I did not know what they had to force me to do. I did not know. I applied to work there by myself. Then they said I told them a lie. I told them I did not tell them a lie. What was the problem? I did not know... They said that was ok although I did not know. They asked how old was I? I said I was older. I was 19 years old at that time. They said I was 15 or 16 years old and then I was sent to an organization. I told them that I was 19 years old, but they did not believe me. They said I

¹² 2012 data was used for two participants for whom 2013 data was not available.

was 15 or 16 years old, so I did not know how I should say. After that, they sent me to the organization.”

(Da, female, 2016)

When asked by interviewers if she was held in the shelter even though shelter staff knew she was not 15 or 16, she said yes, stating: “They did not believe in me” (Da, female, 2016).

Findings

Analysis of the narratives and in-depth interviews from these 10 participants yielded 6 themes, as summarized below.

Table 14: Summary of themes for participants in a shelter for adult women (n = 10)

Stage of Service Provision	Themes
<i>Shelter Intake</i>	Feeling forced to live in a shelter
<i>Life in the Shelter</i>	Disempowerment in the shelter environment
	Lack of professionalism among shelter staff
	Limitations in vocational training and business development services
<i>Discharge / Leaving the Shelter</i>	Desire to leave the shelter
<i>Life in the Community and Provision of Community-Based Services</i>	Limited follow-up and lack of interest in contacting shelter staff in the community

Each of the themes is presented separately below. Implications are discussed in the following sections.

Feeling forced to live in a shelter

- **Women who were not trafficked strongly resented being held in a shelter**
- **Negative consequences upon the women’s family members**
- **Distrust of service providers due to feeling forced to live in a shelter**

Adult women who were not trafficked expressed strong concerns about being placed in shelters for exploited persons. Women reported that they were forced to live in a shelter after police raided the KTV establishments where they worked. One woman who was brought to a shelter following a police raid said: “I did not want to go [to the shelter], but I have been brought, so [it’s] not a choice” (Seda, female, 2016). Another woman described her emotional distress upon being brought to a shelter following the police raid, saying: “They told me they brought us to Phnom Penh. Once I heard like this, I cried until I

nearly died" (Phhoung, female, 2016). When asked whether she agreed to live at the shelter, Da denied and explained that she was forced to go to the shelter:

"No volunteer. And they forced us. Both the mother of Seda and Chea called and cried until they lost consciousness, but they [the shelter staff] did not care. They did not care about their parents. Their parents cried until losing consciousness. Their daughters also cried and wanted to jump. However, they did not care, hear, or know anything besides bringing us to Phnom Penh. I did not know what the problem was. I thought maybe they brought us to sell us because it looked like kidnapping. They did not care, not even calling to tell our mother that we were fine and happy, so please do not be worried with us. They took away phones from us and they did not allow us to speak although they [our parents] called us worried."

(Da, female, 2016)

Similarly, Tina explained that she was taken to a shelter against her wishes. She felt that she was brought to a shelter in order to "correct" her behavior and convince her not to work in a KTV again. She said:

"No, I did not ask them to go to Phnom Penh. They brought me to Phnom Penh... They just wanted to correct me and I should not work there [at the KTV] again later... At first, I did not cry, but I cried when there were a lot of friends in the car who cried... They turned all phones off and they kept it separately. They would give us back our phone when we were released."

(Tina, female, 2016)

Decisions to keep women in the shelter against their wishes had consequences not only for the women themselves and their adult relatives who were concerned about them, but also interfered with the women's ability to care for their children. Women with dependent children were especially desperate to leave the shelter, as Veatha described:

"They did not believe me that I had a kid and did not believe that I was big enough. I begged them to please help me out of here because I had a kid. The kid drinks milk and there is no one to earn for that. It is only me who can feed."

(Veatha, female, 2016)

Women's experiences of being forced to stay in shelter facilities led them to distrust shelters and other service providers. Some women felt that service providers had deceived them – telling them that they would be allowed to go home when in fact they were brought to a shelter. One participant explained:

"[One organization] told me they would try to contact an NGO that would teach me for free, and they would even give me a salary. I felt very happy hearing that. I said to them, 'Don't say that. Don't lie to me. I wonder if you might want to take me somewhere. You may want to take me to another prison-like center.'"

(Chea, female, 2014)

Disempowerment in the shelter environment

- Women reported being stigmatized by shelter for their engagement in sex work
- Women felt that staff looked down on them and were condescending
- While staff said they wanted to hear feedback, women felt that they were not actually receptive
- Women described decisions being made on their behalf

Women described the shelter environment as a disempowering one on several levels. First, women said that shelter staff spoke to them in a condescending manner. From the participants' perspectives, shelter staff believed that the women had engaged in sex work and this belief led staff to not only make inappropriate assumptions about the women, but also talk down to the women. Da described her experience:

"When I lived in the shelter, maybe they thought I was a girl who sold sex. That was why they still said bad things to me. They said inappropriate words.... I mean they were rude and spoke impolitely. They spoke as if they did not give us value. They thought that I was a girl who sold sex.... They said the present was not the same as the previous time and the organization was not the same as before, as we wanted to do as we wished. They still said like that."

(Da, female, 2016)

When asked by interviewers how she would like for shelter staff to treat women, Da explained that she wanted staff to stop making judgments and inaccurate assumptions about clients, and that she wanted staff to treat women in a respectful manner. Showing her anger at staff for their treatment of clients, she said:

"Please do not talk as if they hate us. With their words, they say they do not hate, but their gestures tell... Such as at the shelter! They said sometimes Phhoung's attitude was silly. Then they spoke ill about her. Oh!!! Women who work for that workplace [KTV] are like that. If their attitude was not like that, how could they work there? Please do not say like that! I think sometimes the staff regarded those women as crazy [stupid] people... Sometimes they scold those women. On behalf of, they are staff but I think, as what I have observed from their gestures and words, they think of us... we are sitting on the ground and they are sitting on the sofa.... They say and think we are all bad, the same. Then they said I worked like that, so my attitude was stubborn and I did not listen to other people. It is not right. This is my attitude since I was born."

(Da, female, 2016)

Women expressed that staff attitudes toward clients made it difficult for clients to speak openly with staff. Phhoung said: "They know all, so I do not need to share with them my ideas because they are students who graduated from the university. However, I am simple, so how they can listen to me?" (Phhoung, female, 2016). Women explained that though staff said that they wanted to hear feedback, they created an environment in which it was not possible for clients to talk openly about their concerns. Kanya described this dynamic:

"How could I tell them if the leader in the center did not listen to us when we told them? ... They suggested that if they did something wrong and not good, please tell them. How can I tell them? Just talked to him a little bit, they would not look at our face, not talk to us, not care about us. Who would dare to talk with [them] if we did not talk about that problem yet, but they would not listen to us? Who would dare to tell them? Shelter staff said that

she also saw as I told her. She said 'if they want me to tell them, I am also afraid to talk with them because they are leaders and I am sub-worker and I do not know well, so I am afraid to talk with them.'... When you talked to them they listened, but they did not follow what we suggested."

(Kanya, female, 2014)

As reflected above, some shelter staff also appeared to be hesitant to share their thoughts freely with management and crossed boundaries by discussing these concerns with clients themselves. Lack of responsiveness from management to feedback led clients to feel that if they shared any feedback, no changes would actually take place.

Women also expressed that although shelter staff claimed that women made decisions for themselves in the shelter environment, that the clients disagreed, feeling that shelter staff imposed their wishes upon clients. Chea explained:

"He [shelter staff] asked me back 'what do I want to do?' And I asked him: 'I learned about hair salon, so what kind of work do you think I want to do? Because if I finished the course about hair salon and you ask me to go back to sewing the bag again, I will not go. I got hurt with all my fingers because of this work,' was what I said to him. Then he said, if I don't follow their advice, why did I renew my contract with them again? That's what he said to me. Maybe his role is not a leader. That is why he used a strong voice with me and he seemed to use his power above me. Then I just let it go because if they asked me to go back to sewing bags, I would completely not go back to that job again... Then he said he doesn't know what to say to me."

(Chea, female, 2016)

Similarly, Da stated that shelter staff assumed that she would be interested in learning about hairdressing and sewing while living at the shelter given that their assumption that she had previously worked in sex work and therefore was, in their eyes, a "fancy girl." She explained that the shelter enrolled her in vocational training that she had no interest in because it was the preference of the organization. She said:

"I think it [vocational training] wasn't helpful because I felt like they forced me to learn that skill, as I wanted to learn something else... I wanted to learn computer and English. They said I didn't finish school, and no high school diploma, no 12th Grade. They said such women like me should learn the skill they assigned for me to learn. Everybody else took that skill, so I followed suit... To put it plainly, an NGO like the shelter, before they give us something, they command us to do what they want first... The shelter said that I made my own decision. I learned how to do makeup, hairdo and sewing at the shelter, but I hate sewing."

(Da, female, 2014)

Lack of professionalism among shelter staff

- Women expressed that some staff were biased
- Women shared concerns about follow-through from staff
- Women felt that the speech of some staff was unprofessional

Women raised concerns about the level of professionalism among shelter staff, specifically stating that they think shelters "should hire staff that look professional" (Da, female, 2015). Participants mentioned

several complaints about the professionalism of staff, including concerns about staff being biased toward certain individuals, lack of follow-through with promised actions, and unprofessional communication with clients. For example, one participant, Kanya, explained her thoughts about staff bias, saying that the leadership “was always concerned about only one side, not both sides. They did not clearly consider before they judged” (Kanya, female, 2014). She elaborated further:

“I think that they [services NGO provide] are all fine and good, but related to staff, they are weak... because they always listened to only one party when there were problems. Other parties they did not listen to their reasons and got angry with them... For example, I tell you that it is good, so you think that it is good too and you do not ask for the reason... When they called us to ask for the reason, they acted dissatisfied. Moreover, they did not pay attention or want to listen when we spoke. If they like that person, they focus on that person.”

(Kanya, female, 2015)

Furthermore, participants expressed concerns that staff did not consistently follow through with their promises. For example, Da said: “I want them to be sure in what they said... Sometimes when they said they would bring us somewhere but they didn’t do it or we could go but it was not a well-prepared trip” (Da, female, 2015). This participant explained that shelter staff had discussed the possibility of a lending scheme with clients, in which clients could pay back a loan to the shelter at lower interest rates than would be charged in the market. However, in the end, there was no follow-through with the idea. Da said:

“It is about 1 year and a half already, but it hasn’t happened yet... So, this one year and a half is useless! They just interview us, but it never happens. Both me and the other student lacked trust in them and felt bored to participate with them again.”

(Da, female, 2015)

Multiple participants shared that they had difficulty communicating with shelter staff. One participant said: “we could not understand each other when they speak because they just speak scatter everywhere” (Chea, female, 2016). Da also expressed concerns about the way shelter staff communicated with clients. When asked how shelter staff should adapt their speech toward clients, she said:

“To me, if the staff change their personality and the idea that they are humans not god, so they make mistake. I know they are not god, but if they change their personality and manner, they will not make mistake again. It seems like when they make mistakes, they use this word to convince us... They said that as a human, we make mistake. We are not god! They keep saying this word! I am lazy to respond to them! ... They always think that people who praise them are good. This is who they are! This is how the manager acts!”

(Da, female, 2015)

During study interviews, Da expressed strong anger toward some shelter staff. her perspective was that some shelter staff were not motivated by a desire to help clients. She explained her reasons:

“They didn’t help me with anything. They just said it only... They supported me to learn. [I’ll] repeat what [staff A] said, she said that she didn’t do it because of humanity, but she

did it because she gets the salary from her job... When we [clients] achieve our skills and are able to run a shop, so the staff will get more money. So they didn't help us at all! They just did what they [donors] told them to do. She takes the benefit for herself."

(Da, female, 2015)

Limitations in vocational training and business development services

- Vocational training classes did not equip women with the skills needed to succeed professionally
- Working part-time in a social enterprise was perceived as a distraction from developing skills that are marketable in the Cambodian context
- Although women appreciated start-up capital for business development, many did not succeed or decided not to try to start a business because they felt under-prepared

Women in this group mostly lived in a shelter facility for adult women that focused heavily on vocational training and business development, specifically pertaining to cosmetology. Women shared considerable feedback about their experiences participating in this organization's vocational training. Women expressed concerns regarding the quality of instruction they received and the skill level of the trainers. First, participants explained that the vocational training instructors themselves did not show consistent attendance or attention. As one participant said about the trainers: "It was hard to study with them. Some days they taught and some days they were absent. Sometimes they slept" (Phhoung, female, 2016). Chea also expressed concerns about the quality of instruction provided, saying: "I didn't notice anything that benefitted to me at all" (Chea, female, 2015). She elaborated in a later interview:

"When I first learned that course, they didn't try their best to teach me to be skillful at that time. They provided a teacher to us, but the teacher is not skillful. They just taught us briefly. So when we finished the course, we could not do well with our skill as well... I want to say that it is good if they can have bigger classes and they could provide the competent skills to those women so that they are skillful in what they are studying. They can encourage them. We don't know what will happen to them in the future, but as an organization, they should encourage them and provide them a clear/specific competent skill which they want to have... have a big space for our classroom, have proper and sufficient equipment."

(Chea, female, 2016)

Chea shared that she believed the quality of training inside the shelter was poor because teachers were not properly equipped. Chea explained:

"In the previous time, they allowed us to study outside of the shelter, but now they do not do that anymore. We study inside the shelter and the trainer inside the shelter is not professional in salon skills at all. That's why we cannot understand the lesson well... They have outstanding students teach each other...I think outside [training] is better."

(Chea, female, 2015)

Participants were asked to sew bags for half a day and participate in training for the other half of the day. Other participants shared concerns about the practical benefit of participating in the shelter's social enterprise, in which they learned how to sew wallets and backpacks. When describing this aspect of the program, Veatha said: "I think the skill of sewing the wallet is not usable in Cambodia, as all the products were sent to abroad. I think it is impossible for me to do it in Cambodia" (Veatha, female, 2016).

Upon completing vocational training in the shelter, several participants expressed concerns about their readiness to succeed in launching a business in the community. For example, one participant who started her own hairdressing shop in the community with help from the shelter explained her fears about her preparedness to do so: "I felt concerned that I could not serve my customers well because I could not do when they told me what hairstyle they wanted. In general, I did not know about hairstyles" (Phhoung, female, 2016). This woman ultimately ended up closing her shop, though she reported that she did so due to difficulties with her co-owners and her family. Another participant explained that although the shelter was willing to help her open her own hair salon, she did not agree to do so. She explained that she was asked to stop living in the shelter before she had finished her skills training, and she felt that she had insufficient skills to provide basic services to clients. She said:

"As in my group, we feel that we haven't understood the lesson well. We still need to learn more! To me, I haven't known how to cut hair yet. That's why I dare not open my own salon shop, as I don't know how to cut hair. I don't even know how to give a permanent at all. They only taught us the basics of salon skills."

(Chea, female, 2015)

In addition to recognizing deficiencies in her own skills, Chea also explained that watching her friends fail in their salon businesses made her discouraged about taking this path herself. She said:

"It is because I see most of my friends fail with their business [laugh]. The majority of them closed their shop and stay at home. They decided to close their shop or offer it to someone else and stay at home instead... When I asked them, they said that the income does not meet with the expenses for the rental shop and electricity. They want to change their job! When I heard that, I feel depressed and don't want to do it anymore... When the customer comes one time and sees that we cannot do our job well, they will not come again later."

(Chea, female, 2015)

Despite this feedback, participants expressed appreciation that they received financial support with launching their businesses. For example, Phhoung said: "It was good because they offered me a skill and they helped me to study... They offered me \$400. They helped me to buy materials to run my shop" (Phhoung, female, 2016). However, once their businesses were opened, women did not feel that they received sufficient support in the community to help their business ventures succeed. One participant also expressed concern that she had no legal paperwork to open her shop:

"We don't have any paperwork; we just opened the shop like that. Only the shelter staff who came by to check on us and ask us about the business... In fact, [shelter staff] said that she doesn't care much about us. They don't care whether the business is doing well or not. I feel kind of downhearted about this matter."

(Da, female, 2014)

Although they had received start-up capital for their business, this participant reiterated her concerns that the shelter staff were not prepared to give them the advice needed to succeed in running their business. One participant reported that the shelter staff asked her to participate in a monthly meeting focused on ongoing business training after leaving the shelter. However, she found the content of these monthly sessions to be confusing, as she describes here:

"They have a lot of topics to say! They talk about the shop, marketing and so many things together. I forget it all! ... They asked us to sit among a big group and played a slide show for us to see but I don't understand what the video is about... I feel the meeting is really complicated! It seems like they don't have a good separation about the lessons. They should make sure about each lesson rather than mix it together."

(Chea, female, 2015)

In spite of this participant's concerns regarding her own skill level in cosmetology, she was invited by the shelter to teach salon skills to other clients in the shelter. While she reported that she initially felt "proud" that she had transitioned from a client of this NGO to a staff member, she continued to acknowledge that it would be better for clients to hire outside trainers who were better equipped to build the technical skills of clients. After working for the shelter for a brief period of time, Chea ultimately ended up opening her own shop in the community but acknowledged that it was difficult for her to make money through her shop.

Desire to leave the shelter

- **Wanting to leave the shelter quickly and return home**
- **Some instances of running away, which at times was followed by regret**

Participants expressed a desire to leave the shelter environment, many of them indicating that they wanted to leave as quickly as possible. When women felt that they were forced to enter a shelter, they naturally reported that they did not want to stay in the shelter. Bopha described her desire to leave the shelter as quickly as she could:

"I did not want anything at that time [after being picked up in raid]. I only wanted to return home. I wanted to go to my friend's home, like I wanted to look for a job to do in order to have money for spending. However, I had a salary too in that NGO. The thing was that I could not stay there... I did not know how to stay there. I had to study every week, do the exercise in the morning, learn to fight, and I was allowed to hang-out in the evening, as well as getting money, but I did not know how to stay there. My team [other women from the same KTV], which was 6 or 7 persons, did not know how to stay there...I only wanted to go home at that time."

(Bopha, female, 2016)

When Bopha expressed her concerns to the shelter, she was told that she was not allowed to go home, but that she needed to be transferred to another shelter facility. She intentionally selected a shelter facility closer to her home so that it would be easier for her to run away. She explained her reasoning here:

"I was asked 'did you want to study in the NGO in Phnom Penh or Province A?' or somewhere else such as Svay or something where there were NGOs... I said I wanted to go home. I was told that I was not allowed to go home. They wanted me to study because I had a problem, like I was rescued from the dangerous situation so that the NGO accepted me to study. When I studied and had knowledge, I might have the chance to live outside of the shelter [in community]. The NGO staff explained to me like this. I then said I did not want that – I wanted to go home. Then they did not agree with me. I did not know how to go home. I was asked 'did you want to study in Phnom Penh or where?' I thought if I stayed in Phnom Penh, it would be far. If I stayed in Province A, it would be closer because I knew that location [laugh]... They [NGO staff] said that if I stayed [at the vocational training NGO] in Phnom Penh, I will be given salary, but I thought that if I stayed there, it would be far. When I did not have money, I did not know how to do. Therefore, I thought if I learned at the shelter, there would be Sunday for holiday and I would be brought to visit somewhere and given money for spending. I thought when I was given the chance to go for a walk, I would have the chance to run away."

(Bopha, female, 2016)

Although Bopha was eager to leave the shelter environment, she did regret that running away from the shelter meant that she missed out on an opportunity to participate in vocational training. She said: "I am so sorry that I was offered a good opportunity to learn how to weave and to make bags" (Bopha, female, 2014).

Nearidei shared similar sentiments to Bopha. She described being deceived about how long she would have to stay in the shelter and later deciding to run away. At the same time, she expressed regret at missing out on the opportunity to build her vocational skills. She said:

"When they brought us [to the first shelter] from the police station... they only told us that they will send us to sleep at their place for a night and they will send us back home in the morning of the next day. We stayed there from that time on when we arrived.... I don't really remember how long I stayed there... It was about 1-2 months, I think, as I remembered. After that, they allowed the adult women to choose if they wanted to change their job/career. If we wanted to change, they sent us to the shelter to join vocational training. When I arrived at the shelter for 2 nights, we ran away. We secretly prepared the plan and ran away from the organization... There I had an opportunity to learn a skill and plus I also got a salary. However, when my friend asked me to run away with them, I just followed them... They [the other residents] did not like to stay there. For me, it was fine to stay there because I wanted to learn the skill, but when my friends ran away from there, I would be alone. So, I decided to leave with them. If I continued staying there, I would get my salary and I would be able to learn a skill too...I feel regret about it."

(Nearidei, female, 2016)

Limited follow-up and lack of interest in contacting shelter staff in community

Women in this group provided very little feedback on how shelters facilitated the community re/integration process. A few participants at this shelter mentioned receiving helpful community-based

support. For instance, Kanya stated that she received financial assistance with her children's school fees, as well as help purchasing a tuk-tuk for her husband, which she indicated was very beneficial for her family. However, most participants in this group shared that after they returned to live in the community, the shelter provided very little follow-up support, with some participating indicating that the shelter never visited or contacted them in the community at all.

Unlike the other study participants, numerous women in this group expressed that they did not want to have contact with the shelter after returning home. For instance, Kanya said:

"For one of two old staff who are still working there, they asked me why I did not call to the shelter. I told them that I was lazy. I already left there, so I do not want to come back."

(Kanya, female, 2014)

Additionally, women shared concerns that if shelter staff accompanied them to their homes, community members would judge them for being associated with a counter-trafficking NGO. Da explained her fears about being stigmatized in the community:

"I did not want my reputation to be bad because there was an organization that sent me home. The word organization – they had to help and what was I that was wrong? They said they brought me to my home, so my neighbors would ask what I was that was wrong and why there was an organization that sent me there... I felt embarrassed. Although I was fatherless and I was poor, so when I went to live in the organization, they also did not believe me.... They [neighbors] do not speak ill about me, but when they saw that the organization sent me there, they knew I worked for a bad workplace."

(Da, female, 2016)

Discussion and Recommendations

As articulated earlier, the purpose of the BLR study is to hear from survivors of trafficking and exploitation about their perspectives. The study aims to understand the experiences of survivors throughout the service delivery and recovery process, including the transition from shelter care to life in the community. In this report, we have strived to represent the views of research participants as closely as we can. The goal of this paper is not to present the position of Chab Dai as an organization, but rather to amplify the voices of clients about their own experiences and highlight their recommendations for shelter care moving forward. During in-depth interviews with study participants, BLR team members asked participants for their recommendations for improving services, including shelter care. This section of the report will first present the recommendations given by research participants themselves about how to strengthen shelter services. The participants' recommendations will then be followed by an additional set of recommendations that were not directly articulated by survivors, but that are based upon the narrative accounts participants provided regarding their experiences in shelter care. Throughout this section of the report, we have integrated current research in framing each of the recommendations.

In addition to amplifying the voices and perspectives of trafficked and exploited persons themselves, all of the recommendations provided here are intended to be practically helpful for counter-trafficking organizations. Over the years, service providers engaged in Chab Dai's collaborative work have asked for input regarding the strengths of their programs, as well as areas in which further growth is needed (Miles et al., 2014); the recommendations presented in this paper are provided in direct response to these requests. Our hope is that these findings can be used to promote further dialogue and reflection on ways that all parties in the counter-trafficking system can improve the experiences of survivors in the social service system and the effectiveness of services, ultimately making the work more fulfilling for service providers as well.

Twenty Recommendations from Participants

Research participants shared a total of 20 recommendations for improving shelter services.

The BLR study aims to uplift the voices of survivors themselves – these recommendations came from the research participants directly. The clients' recommendations can be grouped into four general overarching categories: 1) Promote client agency and adopt an empowerment-based approach; 2) Ensure that the shelter environment is responsive to the needs and priorities of clients; 3) Foster healthy engagement between clients and staff; and 4) Strengthen re/integration support and community-based services (see Table 15).

The recommendations provided by participants are not arbitrary. The recommendations are consistent with human rights-based approaches as upheld in key human rights conventions (United Nations General Assembly, 1948; 1989). The recommendations echo key principles of practice released by other stakeholders in the counter-trafficking sector (Rende Taylor & Latonero, 2018; Safe Horizon, 2018). These suggestions are consistent with the social work code of ethics, which is founded on principles such as respect for client dignity, self-determination, and the importance of human relationships (NASW, 2018). The recommendations also reflect trauma-informed approaches to service provision (Andreatta, Witkin, & Robjant, 2015). The similarity between survivors' recommendations and those highlighted in best practice signify that clients themselves know what their rights should be, further reinforcing the importance of listening to survivors' perspectives and experiences. Below we summarize all 20 recommendations in these 4 categories.

Table 15: Recommendations from Research Participants

PROMOTE CLIENT AGENCY AND ADOPT AN EMPOWERMENT-BASED APPROACH.
<ol style="list-style-type: none">1. Listen to clients and be receptive to their input. Ask for their ideas and act on them.2. Facilitate client participation in decision making and planning about their own lives.3. Be careful about classifying clients as “trafficked” or “exploited” if clients assert that they were not exploited.4. Don’t force clients to stay in a shelter.¹³5. Provide services individualized to the person.
ENSURE THAT THE SHELTER ENVIRONMENT IS RESPONSIVE TO THE NEEDS AND PRIORITIES OF CLIENTS.
<ol style="list-style-type: none">6. Bridge the gap between the shelter and the outside world. Ensure that clients’ participation in care equips them with the skills needed to live outside of the shelter.7. Strengthen engagement with families while clients are in shelter care.8. Reconsider rules within the shelter context.9. Separate boys into smaller groups to protect the vulnerable.¹⁴
FOSTER HEALTHY ENGAGEMENT BETWEEN STAFF AND CLIENTS
<ol style="list-style-type: none">10. Trust clients more.11. Don’t speak harshly or talk down to clients.12. Don’t take out your stress or negative emotions on clients.13. Don’t punish or threaten clients when they make mistakes.14. Be mindful of clients’ trauma histories and engage with clients in a trauma-informed manner.15. Provide services in a consistent and fair manner to all clients.
STRENGTHEN RE/INTEGRATION SUPPORT AND COMMUNITY-BASED SERVICES.
<ol style="list-style-type: none">16. Provide support and services to family members.17. Phase out support more incrementally.18. Provide emotional support to clients and their families through their transition into the community.19. Provide more community-based services.20. Ensure that training programs equip clients with marketable skills sufficient to obtain employment and prioritize employment-related assistance for clients.¹⁵

¹³ Mentioned by both groups of female participants

¹⁴ Mentioned by male participants

¹⁵ Mentioned by both groups of female participants

Interestingly, male participants provided only one recommendation for improving their experiences in care – i.e. separate boys into smaller groups in order to protect the most vulnerable boys in care. Clients involved in the case study of a shelter for adult women provided two recommendations: do not force clients to stay in the shelter and strengthen vocational services within the shelter. The other female participants (those not in the case study) provided the remainder of recommendations.

Thematic Group #1: Promote client agency and adopt an empowerment-based approach

1. Listen to clients and be receptive to their input. Ask for their ideas and act on them.

"What I like the most about them is that they keep asking me whether I need any support or not. If I said I don't need their support, they won't challenge me at all. If I said I need their help, they are willing to help me. So, I love the way that they ask for our ideas."

(Chouma, female, 2016)

"There are many children who like this [participating in BLR interviews] because even me, personally I like it very much because we have a lot of chances to say/share what we never tell others. But when I meet with you, I can tell you and you not only listen to me, but you also bring my idea to practice. That is what I think and I am really thankful for this."

(Dary, female, 2016)

"I think that if I suggested to them [shelter staff], they may blame me like before about the shelter's rule. I never talked about the rules in the past, but once I talked about it. They said I am staying in the shelter for three to four years and I never talked about shelter rules, but I started to talk about it, it looks like I am acting like others did. I felt really hard with this... As I was talking with shelter staff, I should speak honestly with them. Then I talked about it and they blamed me. I felt not well at all. So, I don't want to talk about the shelter's rules anymore."

(Nary, female, 2015)

Prior research has shown that clients have more confidence in processes that are informed by input from clients themselves and that clients' experiences in care are improved through integration of their perspectives into services (Moore, McArthur, Death, Tulbury, & Roche, 2017b). Participants in the BLR study stated that they wanted to speak more openly with shelter staff about their experiences, concerns, and recommendations for improving care. Clients expressed deep appreciation for the times in which shelter staff (and BLR study team members) asked for their opinions and genuinely put their ideas into action. Nonetheless, several barriers to gathering and acting upon feedback from clients were identified. First, some of the BLR participants shared that shelter staff responded defensively when they shared negative feedback with staff, or that shelter staff blamed them for sharing their thoughts. This experience is consistent with the broader research pertaining to shelter care which has shown that workers may blame clients for difficulties or respond in ways that made clients feel like their concerns are not taken seriously (Moore et al., 2017b). Clients want to be heard but may be afraid to voice their true opinions with staff, especially when staff respond negatively to their ideas (Pölkki, Vornanen, Pursiainen, & Riikonen, 2012).

Additionally, some BLR participants expressed that although shelter staff sometimes asked for their input, they felt that their ideas and suggestions were not consistently put into action. When this happened, participants reported that they felt disappointed, which made them hesitate to speak up in the future. Prior research with clients in shelter care has found similar patterns. Research on residential

care in Cambodia has found that clients generally express concerns about not being allowed to speak out or offer their opinions in care (UNICEF, 2011). Numerous studies have shown that when clients are consulted, frequently they do not feel that their ideas are acted upon; in practice, clients' opinions often make little impact upon decisions that are made regarding care (Balsells, Fuentes-Peláez, & Pastor, 2017; Mitchell et al., 2010; Moore et al., 2017b; van Bijleveld, Dedding, & Bunders-Aelen, 2015). Especially when clients are minors, adult voices tend to dictate over the wishes and desires of young people in care (Kiraly & Humphreys, 2013). Clients can feel ignored or helpless when they share their ideas, but do not feel that they are genuinely being heard or respected (Cossar, Brandon, & Jordan, 2014; Leeson, 2007; Mitchell et al., 2010; van Bijleveld, Dedding, & Bunders-Aelen, 2015).

Another potential barrier is that some staff may not believe that clients have valuable feedback to offer. Prior research with clients in shelter care has indicated that clients sometimes know more about what is "going on" in the shelter than the staff, and yet staff do not necessarily think to ask clients; clients themselves express that workers should depend on them more (Moore et al., 2017b). Efforts to promote survivor leadership within the counter-trafficking sector have often neglected to ask survivors for their programmatic and policy recommendations to the detriment of the sector as a whole (Foot, 2016).

Within the Cambodian cultural context, several dynamics can make it difficult for clients to openly express their concerns with shelter staff, including respect for authority and the importance of accepting existing power relationships and hierarchies (Bit, 1991). Additionally, "Cambodian culture places a high value on harmony in interpersonal relationships and in the functioning of society at large," leading to a hesitation to confront others or express anger or dissatisfaction (Bit, 1991, p. 22). In the BLR study, several participants shared that they put on a positive face while being unhappy on the inside in care.

To ensure that client feedback is welcomed and utilized to improve services, it is important to have a clear system through which clients are actively encouraged to share their ideas and an effective feedback mechanism so that clients know what responses/actions are being taken in response to their expressed concerns (Moore et al., 2017b). Further, to facilitate genuine participation of clients, it is critical that professionals engage with clients in a supportive and empowering manner, i.e. being good listeners, not reacting defensively, and showing genuine interest in and responsiveness to the perspectives of clients (Križ & Roundtree-Swain, 2017; Moore et al., 2017b). Prior research has shown that clients respond very favorably to staff and are more likely to trust staff who acknowledge the challenges clients face in voicing their concerns, take their concerns seriously, genuinely care about their perspectives, advocate for clients, and put their ideas into action (Augsberger & Swenson, 2015; Moore et al., 2017b).

2. Facilitate client participation in decision-making and planning about their own lives.

"They need to let the victim make a decision. They cannot just make their own decision because they were not the victim, but they are supposed to be the one who supports the victim. So, they should listen to the decision of the victim of what they want to do."

(Dary, female, 2016)

"Everyone has different talents. Sometimes they cannot do this task, but they can do other tasks. For example, I have sewing skills, but some other people probably don't have that skill. So, I think we should ask them what skills they want to learn, what things can they do? Some people want to grow mangoes or run a business. Different people have different ideas, not the same."

(Tevy, female, 2014)

"Sometime we should let them follow their talents... They [staff] should ask about their [clients'] own ideas, which skill they like or what do they like to do. So, they can prepare based on that."

(Kravann, female, 2015)

In addition to having opportunities to share their ideas and feedback about programming, BLR participants also shared that they wanted to participate in decision making about their own experiences in care. Clients reported a variety of experiences in shelters in regard to participation in decision making – with some participants saying that staff asked clients for their ideas about services they are interested in participating in, while other clients reported very little participation in planning. Participants acknowledged that clients have different needs, priorities, and interests and reiterated that clients should be given the opportunity to help make decisions about what is best for them personally. In particular, BLR participants expressed that they wanted staff to give them the opportunity to participate in decision making in a few key areas – deciding whether or not to stay in a shelter, decisions about education/vocational training, decisions about when they would be discharged into the community, planning for re/integration, and choices regarding the kinds and degree of services provided in the community.

MoSVY Minimum Standards for Protection of the Rights of Victims of Human Trafficking state that victims have the right to participate in planning and decision making pertaining to all of the assistance they receive throughout all stages of the service delivery process (MoSVY, 2009; MoSVY, 2014). Client participation in decision making about their own experiences in care and in service development more broadly is vital to a rights-based approach to care and to respecting the voices and preferences of clients themselves (Hilton, 2008; Groza & Bunkers, 2017; Moore et al., 2017a; van Bijleveld et al., 2015). Participation involves consulting clients about their situations, giving them the freedom to express their opinions and preferences about care, respecting clients' viewpoints, and giving clients the opportunity to make their own decisions (Križ & Roundtree-Swain, 2017; Lisborg, 2009; Mitchell et al., 2010; UN OHCHR, 2014). Clients should be engaged in all aspects of program planning and delivery and have the opportunity to help develop rules and systems within the institutions in which they are living (Asquith & Turner, 2008; Hilton, 2008; Rus et al., 2017b). Client participation in decision making can lead to greater self-efficacy and confidence and help clients know that they "matter," ultimately improving outcomes (Balsells, et al., 2017; Križ & Roundtree-Swain, 2017; Schofield, 2005).

While the rights of clients to participation have been broadly recognized, meaningful participation is often lacking (Balsells et al., 2017). Prior research with individuals in shelter care has found that many clients are not allowed to participate in key decisions about their lives, particularly clients who are seen as having "bad" behavior or who do not have strong self-advocacy skills (Križ & Roundtree-Swain, 2017). Lack of participation can lead clients to feel powerless, unheard, and frustrated with care staff (Cossar et al., 2014; Križ & Roundtree-Swain, 2017). From the clients' perspectives, some feel that professionals felt they knew better than clients, or that the workers' cases loads are too high to ensure they have sufficient time to listen to clients (Križ & Roundtree-Swain, 2017). However, decisions are then sometimes made by persons who may not fully understand the client's situation (Donnelly, 2010). Staff may hesitate to involve minors in decision making as they may be worried about burdening the child, may feel the need to protect the child, or may be concerned about children being influenced by their parents' wishes (Archard & Skivens, 2009; van Bijleveld et al., 2015). The perspectives of children and adolescents should be considered in light of their age, maturity, and level of comprehension (Cossar et al., 2014). Even so, ample guidance exists regarding youth-friendly ways to engage youth in decision making about their own lives that respects both their rights to protection and participation.

In order for clients to be able to participate successfully, clients need to feel comfortable doing so, which is often based on a trusting and safe relationship between the client and the social worker (Balsells et al., 2017; Cossar et al., 2014; van Bijleveld et al., 2015). Trusted staff are often those who show genuine care for clients and who support clients in making their own decisions (Moore et al., 2017b). When social workers show respect for clients and show they are genuinely interested in client perspectives, this allows clients to open up and voice their true opinions and preferences (Križ & Roundtree-Swain, 2017).

3. Be careful about classifying clients as “trafficked” or “exploited” if clients assert that they were not exploited.

“I wondered why they saved me and what was saving? What did I do wrong that they wanted to save me? There was no one who beat or sold me. There is nothing... I think they [shelter staff] should not guess. They thought, they guessed because I was young at that time although I was 19 years old. Therefore, they should not guess and think that I was 16 or 17 years old. It was not right because I was 19 years old. Some girls were 20 years old, such as Kanya. She had two children. Kanya had two children, but they documented Kanya as 16 or 17 years old too.”

(Da, female, 2016)

As noted earlier, some participants in the BLR study indicated that they were classified as “trafficked” or “exploited” by service providers even though their experiences did not meet the definition of trafficking/exploitation. These misclassifications tended to happen in several circumstances. First, adult women who worked in KTVs were the most likely to state that law enforcement and service providers had classified them as trafficked even though they were not being forced to work in sex work, or even selling sexual services at all. Prior research with adult women working in sex work/in the entertainment sector has voiced substantial concerns regarding adults being classified as “trafficked” when the individuals in question do not perceive themselves to be victims who need to be “saved” (Parreñas, 2006; Zheng, 2014). These concerns echo strong critiques of some factions of the counter-trafficking movement for conflating human trafficking and sex work and treating adults engaged in sex work as if they were children in need of rescue (Gallagher, 2012; Parreñas, 2006; Sandy, 2009; Weitzer, 2007). Such critiques are grounded in broader controversies regarding the nature of oppression and agency in the sex industry and tensions between sex workers rights and abolitionist approaches to combating trafficking into sex work (Cavalieri 2011; Dewey, 2014; Tyldum, 2010; Zheng, 2014). While this paper does not strive to address this debate in any comprehensive manner, it is important to note that numerous adult clients (especially those whose experiences were highlighted in the case study) expressed strong concerns about being classified as a victim when they did not view themselves as such.

Secondly, a select group of minor clients (both males and females) indicated that they were misclassified as trafficked/exploited – normally when shelter staff encountered clients in extreme poverty or when the client lived with other exploited youth. While the clients were not fully aware of the reasons behind the decision to classify them as exploited, it appears that staff felt that the clients genuinely needed services. However, funding may not have been available for clients who were at risk but had not yet been exploited. In these cases, it is possible that staff felt that recording the client as exploited was the only way to give the child in question access to services that, in their view, were needed by the child. However, as referenced earlier, some clients who were misclassified as trafficked/exploited were frustrated by this decision – as they carried the social stigma associated with this label into their schools and communities. For instance, one client who had not been exploited was publicly identified as a “shelter kid” at school, a shelter that was known in the community for serving trafficked and exploited youth. Being publicly identified as a trafficked or exploited person can place children at risk for experiencing other forms of abuse in addition to facing societal rejection.

Determining whether a person’s experiences meet the definition of human trafficking is an exceptionally complex undertaking. Time is often required in order for the full details of a person’s story to emerge. Clients may not at first recognize their own exploitation (Hilton, 2008). Ambiguities and differences of opinion regarding the true meaning of coercion, exploitation, and consent complicate the process significantly. Service providers, however, often have to divide their clients into stark categories (trafficked or not) due to funding issues, placing shelters and other agencies in a very difficult position. This dilemma raises questions for the broader counter-trafficking sector about the appropriateness of

the free/forced dichotomy and highlights concerns about the absence of sufficiently nuanced stories that deviate from traditional victim narratives (Peters, 2014; Sandy, 2006). This report does not in any way attempt to solve this intricate challenge. However, participants in the BLR study requested that shelter staff listen to clients regarding their own characterization of their experiences and not let their assumptions regarding the clients' situations bias them toward a specific interpretation of clients' experiences that may not be accurate. In order to respect survivor voices on this issue, advocacy will be required with donor communities to enhance awareness of both the time that is needed to make a proper determination of whether or not a person has been "trafficked," as well as the importance of providing services to people along a continuum of exploitation and/or those who may be at risk for exploitation.

4. Don't force clients to stay in a shelter.

"If they [clients] are ready to get out, then they can go... I hope the organization would allow girls to make their own decisions. Don't force them to stay in the shelter without their own interest."

(Chouma, female, 2016)

"There are many women who need to stay there [at the shelter]. Please do not miss the chance for women who want to stay there. If they do not want to stay, why do we still let them stay there? We have to let them go."

(Phhoung, female, 2016)

As discussed in the Findings section, numerous BLR participants felt that they were forced to stay inside shelter facilities. Normally, clients reported feeling forced to live in a shelter after they were picked up in a police raid and sent to a shelter by law enforcement or other partner agencies. Participants shared that it was often very scary to be placed in a shelter, stating that they did not trust service providers and were afraid that they had been kidnapped or would be sent to jail. Some participants reported being given little information or incorrect information about the nature of their stay in shelters, as Surtees (2013) has found in her research. For instance, some clients report being told that they would only have to stay in a shelter for a few days, but they were kept inside shelters significantly longer. Once in shelter care, some clients found it very difficult to get permission to leave despite requests from clients themselves and their families. Adult women in particular were especially frustrated about being forced to stay in shelter care, as some had dependent children and/or partners and needed to work to support their families. Even clients who wanted to be in shelter care observed some of their peers who were eager to leave. Participants shared that they believe that shelters should not force clients to stay against their will. If clients want to leave, they should be allowed to do so – leaving space in the shelter for those who genuinely want to be there.

Research regarding shelter care for trafficked persons reinforces what the BLR participants shared. Many survivors report being forced or coerced to stay in shelter care with little power to determine how long they are held in shelter facilities and on what terms (Hacker et al., 2015; Lee, 2014; Surtees, 2013). Housing victims in shelters without their consent can be considered unlawful detention (Brysk, 2012; Limanowska, 2007; Sanghera, 2007; UN OHCHR, 2014). While the aim of keeping clients in shelter facilities is often to protect clients and/or ensure that they will testify against traffickers in court, clients themselves view being forced to stay in care as highly stressful and unjust, particularly when they have family members in the community who are depending upon them (Brunovskis & Surtees, 2012a; Lee, 2014; Surtees, 2013). As a result, some survivors try to escape from shelter care, echoing dynamics of their prior victimization (Hacker et al., 2015; Levine-Fraiman in Hacker & Cohen, 2012).

MoSVY guidelines on care for trafficked persons stipulate that adults should not be held in shelters against their will and centers should strive to return minor to the family as soon as it is safe to do so. MoSVY guidelines also highlight the rights of clients to decline participation in programs (MoSVY, 2014; 2009). As articulated by UN OHCHR (2014): "a human rights approach requires that the provision of care and support should be both informed and non-coercive... Victims should also be able to refuse care and support. They should not be forced into accepting or receiving assistance" (p. 14). A trauma-informed approach maintains that freedom of movement is an essential aspect of the recovery process for people whose freedom has been restricted (see recommendation #14, pg. 176) (Hacker et al., 2015; Herman, 1997). As referenced earlier, numerous clients described living in shelter facilities like living in a jail and/or being an animal trapped inside of a cage, paralleling their prior histories of abuse. It is difficult for traumatized people to determine when they are actually safe versus when they are in danger (van der Kolk, 2014); forcing clients to stay in care only reinforces patterns from their histories of abuse and is counter-productive to the recovery process (Clawson & Goldblatt Grace, 2007; Herman, 1997).

When making a decision about whether or not to enter into care, all options should be presented to clients, with the pros and cons of each possibility being discussed with the client (UNICEF, 2011). Alternative systems of care other than shelter-based services should be considered when the client him/herself desires to leave care (Huguet & Ramangkura, 2007). Additionally, consideration should be given to mechanisms for reducing the duration of shelter stays for trafficked persons, particularly when survivors are in shelters due to ongoing legal cases. In the event of ongoing legal cases, it would be "more humane and cost effective" to allow trafficked persons to return home and travel back for the court proceedings, if needed (Huguet & Ramangkura, 2007, p. 21).

5. Provide services individualized to the person.

"Staff push the young adults. In fact, these young adults have another talent while the staff saw them as having different talents. That's because they saw their appearance. They pushed them to learn the skills, as they have been seen... The young adult would not catch up with that skill, and they [staff] blamed that guy for not trying to learn about that skill... They need to ask that guy what skills does he want to do or to catch up with and let him study about that skill."

(Phary, female, 2014)

"It should be based on children's personality – I mean their studies. If the children are able to study more, they should motivate them to study like me.... We should focus on the situation or their personality. If they are able to study more, we should let them go."

(Kravann, female, March 2015)

BLR participants talked about the importance of individualizing services to the client. In particular, participants said that vocational services and educational opportunities should be individualized to the interests, capabilities, and goals of the client him/herself. Some BLR participants expressed appreciation that shelter staff were highly sensitive to their individual goals and preferences; others indicated that they felt boxed into a narrow set of options that staff assumed would be best for them, but were not actually a good fit for them. Prior research with individuals in shelter care, including trafficked persons, has shown that clients want to have a voice and be consulted about their own interests and priorities while in care rather than feeling like agencies are using "a cookie cutter method" and making assumptions about what they need/want (Hacker et al., 2015; Križ & Roundtree-Swain, 2017, p. 32; Mitchell et al., 2009)

Self-determination and respect for clients' own goals and perspectives are hallmarks of the social work profession. Prior research with trafficked and exploited persons in the GMS region has demonstrated

the importance of flexible, individualized support in which trafficked persons have the right to make their own decisions based upon their own needs and interests (Andreatta et al., 2015; Lisborg, 2009; Surtees, 2013; Tran, Marschke, & Issara Institute, 2017). Services should be flexible enough to accommodate clients' needs rather than leading them to pathways that may not work for the person (ILO, 2009). Individualizing services to the person's goals, interests, and needs and placing survivors at the center of decision making is vital to the implementation of a holistic, victim-centered approach to care (Andreatta et al., 2015).

Thematic Group #2: Ensure that the shelter environment is responsive to the needs and priorities of clients.

6. Bridge the gap between the shelter and the outside world. Ensure that clients' participation in care equips them with the skills needed to live outside of the shelter.

"I just want to tell them that please do not just give the kids what they want because it can cause trouble for them when they leave the center... Most of the victims who stayed in the shelter were not successful. They succeeded only 3 to 4 of them... They sometimes said that it was easy to live in the organization and they did not do anything. They have someone to take care of them. They have food to eat. They have people bring food for them and they can sleep well. They can learn and so on. They thought that it was easy for them and when they go home, they think work at home is difficult for them. They speak badly to members of the family."

(Nimul, female, 2016)

"I think organizations should prepare the transition home where girls could stay after living in the shelter. The house doesn't need to be big, just a small one is enough. So, girls ages 17-18 can live together and the organization should have a strong person who seems to be their mother or leader who is able to teach them to walk by themselves. For example, teach them to think carefully before decided to choose any man as their husband or future partner. Teach them to lead themselves before leading others. If girls follow and trust housemother or house leader, they would be able to help themselves. So, provide a transition home for girls where they have more freedom than living in the shelter and less rules/regulations. Younger children should live with younger and older should live with older so that they can learn from their peers. I think they should create the house for pre-re/integration in which they're allowed to choose to stay or not. This house might be for girls that are still under job training and learning at school."

(Chouma, female, 2016)

"I want them find good courses to teach us both how to live and other parts that are useful in life... I think they should teach about life talents... I want them teach about that [sexual health] ...because there is also problem in the community. Especially when we get married, we will be hard if we know nothing. Now people in this generation are more modern, so we have to know about transmitted diseases."

(Linda, female, 2015)

Participants in the BLR study noted the importance of clients being properly prepared to live successfully in the community. It is vital that this preparation not just take place when clients are about to be re/integrated but should take place throughout their entire stay in the shelter. Many participants described the shelter environment as an "easy" place to live – i.e. meals were prepared for them, they were transported to school, they had minimal responsibilities, their needs were taken care of, etc. As

discussed in the Findings section, some female participants even described themselves as “princesses” living in the shelter, stating that they felt more privileged than other youth in the community. Clients reported minimal interaction with the outside world and with their families, with some shelters keeping them inside shelter walls. Participants also described little participation in re/integration planning and decision making, with shelter personnel making decisions for clients. Many clients were worried they would not be able to survive in the community, but felt that staff did not take their concerns seriously. When clients transitioned to living in the community, most struggled considerably to adjust to life in the community with their families. They felt that they generally received little follow-up support in the community, making them feel like they had been abandoned by shelter staff.

As a result, BLR participants suggested that shelter facilities should focus more on preparing clients to live in the community. Specifically, some clients recommended that life in the shelter should not be too “easy” for clients – i.e. that life in the shelter should mimic real life in the community more. Participants also suggested that shelter staff equip clients with more knowledge and skills that are needed to engage in the real world – on issues such as sexual health, how to choose life partners, healthy engagement with family members, employment skills, etc. Clients also suggested that more transitional facilities be available to serve as a bridge between traditional long-term shelters and independent living in the community.

All of the feedback provided by BLR participants regarding re/integration planning has been echoed in other research studies. Other research has found that shelters are often isolated from society and that clients lack exposure to the community (Derks, 1998; UNICEF, 2011). Clients are sometimes kept in shelter care for years without activities that foster social inclusion (Limanowska, 2007). Although shelters are supposed to be focused on re/integration, the level of isolation clients experience in care is often counterproductive to that goal (Surtees, 2013). Physical isolation from the community in the institutional context limits clients’ socialization, diminishing their readiness to live independently (Stepanova & Hackett, 2014).

Additionally, the conditions of living in shelter facilities do not mimic “life in the real world.” Previous research has shown that service providers feel that clients get used to having things done for them, thereby decreasing clients’ independence and self-care skills (Mhongera, 2017). Clients in care for long periods of time can be “stripped of their autonomy and ability to make decisions” (Delap & Wedge, 2016, p. 20). Additionally, clients often face little preparation to encounter the outside world (Dutta, 2017; 2016). Despite widespread agreement about the critical importance of thorough re/integration support planning, it is often widely lacking (Delap & Wedge, 2016; Surtees, 2013; UNICEF, 2011). Insufficient funding and time are allocated toward re/integration planning and support programming (Huguet & Ramangkura, 2007). Without proper re/integration planning and client participation in the planning process, clients’ transition out of care can be very abrupt. Management and staff may make decisions on behalf of clients about when the clients would be repatriated into the community (Dutta, 2017).

Research has shown that upon leaving shelters, many survivors who have been in shelter care for long periods of time face considerable difficulties adjusting to life outside the shelter (Dutta, 2017; Dutta, 2016; Hilton, 2008; UNICEF, 2009). Clients report not being prepared with the skills needed to successfully transition to life in the community (Dahal et al., 2015; Erol et al., 2017; Roberts et al., 2017). Transitioning from institutional care to life in society is an incredibly complex process (Dutta, 2016; Surtees, 2017b; Surtees, 2008a). The same factors that initially made a person vulnerable to trafficking are often still present upon community re-entry (Cordisco Tsai, 2017a; 2017b). As Choi-Fitzpatrick (2012) writes, people who have been trafficked come from: “contexts of grinding poverty or social dependency – as seen in the broader picture of gender inequity and intrafamily violence... Little practical attention is given to the complexity of the life that a ‘restored’ survivor should ‘reintegrate’ into” (p. 21). Few supportive services are often available for clients in the community. Research among shelters in

Cambodia has found that shelter staff themselves identify re/integration support programming as a key deficiency (Reimer et al., 2007).

Substantial modification is needed in order to create a shelter environment that positions clients for long-term success in society. Re/integration planning should commence from the very beginning of clients' stays in shelter care. Increased engagement with and connection to the community while in shelter care is essential. Significant efforts should be undertaken in order to reduce isolation in shelter care and make shelter homes more integrated in the community (Delap & Wedge, 2016; Dutta, 2016; Groza & Bunkers, 2017). Decision making should be participatory – with extensive engagement from the clients as active partners in the planning process (Balsells, et al., 2017; Huguet & Ramangkura, 2007; Reimer et al., 2007). When appropriate, family members should also be engaged in decision making regarding re-entry community (Wedge et al., 2013). It is vital to support clients' self-determination and autonomy and to engage clients as active partners in decision making regarding their own lives (Delap & Wedge, 2016).

Shelter-based services should involve constant preparation for community life throughout the client's stay in case, coupled with comprehensive re/integration support planning (Delap & Wedge, 2016; Dutta, 2016; Johnson & Mendes, 2014; Reimer et al., 2007; Stepanova & Hackett, 2014). Plans should be frequently revisited and updated (MoSVY, 2009).

Skills building within the shelter should focus on practical skills that are helpful for real life in the community (Delap & Wedge, 2016; Dutta, 2017; Groza & Bunkers, 2017; Stein & Wade, 2000). Strong relationships with caregivers and mentors are required throughout the process to provide continuity for clients (Johnson & Mendes, 2014; Stepanova & Hackett, 2014). More extensive support services should be provided in the community following the client's transition, as discussed in recommendations #17, 18 and 19 (Surtees, 2017b; Wedge et al., 2013).

7. Strengthen engagement with families while clients are in shelter care.

"For kids, they missed their families. I know they [shelter staff] feel they were worried about our safety. By the way, there was no rule for parents to visit their kids in the shelter at that time. It would be so good if there was that rule in the shelter, but they did not allow... 'That thing was so difficult as well' they said. 'That was not easy and this also difficult. If parents visit them, they will ask more about their kids. Moreover, they [the clients] are so young, so they know nothing and tell without knowing anything. They were in the shelter because they have problems'... They [staff] did not trust parents. They said older people always talk a lot (laugh)... If they do like that, it seems they try to hide and can make them [clients] wonder more (laugh)."

(Linda, female, 2015)

"I don't know if the leaders didn't allow them [staff] to process or not, but I see the lower staff didn't care about children's families at all... I think organizations should help children's families by allowing children's families to talk on phone with them frequently, at least once in 2 or 3 months... Children can call to their family so they won't feel far from them. It makes them separate from each other... Children will forget their parents... When I visited my family, they didn't give me anything to bring to my family. When they visited my family, they only asked my family to fingerprint a document. They always spoke about policy/laws in front of my family. They didn't talk friendly with my family. Whether I could meet my family or not, they did not care."

(Dary, female, 2015)

BLR participants consistently shared that they had little contact with their family members while living inside shelters. Clients indicated that shelters had strict rules limiting their communication with family

members (i.e. confiscating phones, talking to parents on the phone for a few minutes per month, etc.). Participants commonly reported being allowed on average two home visits per year during holidays. Parents and other family members were often not allowed to visit clients in the shelter. Clients found their separation from family members to be deeply distressing in the beginning of their stays in shelter care. While participants reported that they adjusted to this separation over time, many said that they worried about their families and missed their families while they were living in care. Among younger clients, many appeared to develop strong parental attachments to shelter staff given that they were not allowed to be in much contact with their own parents. As discussed in the findings section, this caused significant challenges for clients upon their exit from shelter care and return to life in the community. Participants, especially those who entered into care at a young age, reported feeling abandoned by staff members whom they had considered to be surrogate parents upon their return to the community. At the same time, many participants struggled to adjust to living at home with family members with whom they no longer had close relationships.

BLR participants wanted to be able to maintain relationships with their family members while in care – to talk to them on the phone, visit them more often, and have their family members visit them while in care. Additionally, participants wanted staff members to be more open with their parents and speak to them in a warm manner. Clients also wanted to feel that shelter staff members genuinely cared about their family members and cared about the clients' desire to have greater contact with their families.

The experiences shared by BLR participants are consistent with prior research regarding shelter care in Asia. Many trafficked persons report being allowed very little contact with their family members while living in shelter facilities (Dutta, 2016; Reimer et al., 2007; Surtees, 2017b). Being allowed to contact family members while in shelter care may be seen as a "special privilege" rather than a right (Surtees, 2013, p. 86). In some cases, trafficked persons report that they were allowed to have more contact with their families while they were trafficked than they did while in shelter care (Surtees, 2013). Being separated from family members in care is deeply distressing and anxiety provoking for trafficked persons and causes difficulties later on during the community re/integration process (Surtees, 2013; Surtees, 2017b; Surtees & Brunovskis, 2016). Poverty can be used as a rationale for keeping a child in care and delaying his/her return to the community (Reimer et al., 2007; UNICEF, 2011). Some shelter staff may also have a negative impression of clients' families and communities:

"Some NGOs and/or staff seem to operate from the standpoint that the family of origin or the community is often a 'bad place' and especially in the case of Vietnamese girls who have been trafficked; there are few instances that evidence an appropriate process of exploration of the reality of these home community/ies. Shifting this mindset will require an extensive education and reflection process among staff of the critical formation and development which families provide children, particular benefits that cannot be reproduced in long term shelter-based care" (Reimer et al., 2007, p. 32).

While it cannot be assumed that all clients have supportive family members, it also cannot be assumed that they do not. Some families are supportive and some are not (ILO, 2009). The family unit is also not homogenous – some individuals may be supportive, while others destructive (Surtees, 2017b). Within Cambodian society, "it is the family structure which supplies the basic social organization in society, and in rural areas is the economic unit as well. The bonds between family members are close-knit and involve lifelong rights and obligations" (Bit, 1991, p. 45). Given the importance of family relationships, the lack of attention on family relationships is noteworthy. As Surtees (2013) wrote:

"It was striking how little investment was made in some programmes to foster a more positive relationship between trafficked persons and their families throughout shelter stays. Lack of contact with family was perhaps most striking and potentially debilitating in the case of trafficked children

whose relationship with their family would (or should) be central to their (re)integration process” (p. 18).

MoSVY's *Minimum Standards for Protection of the Rights of Victims of Human Trafficking* state that victims should be supported in rebuilding healthy relationships with family members. Victims should be given the freedom to leave the care facility to establish relationships in the community and meet with their family and friends, except if the safety and welfare of the victim is endangered (MoSVY, 2014; 2009). Clearly, the safety of clients should not be jeopardized in order to promote family cohesion. However, as referenced earlier, in some cases clients are kept separate from their families even if clear safety risks have not been identified. Shelter facilities can facilitate safe, structured opportunities for clients to connect with family members inside the shelter, with support from staff (Clawson & Goldblatt Grace, 2007).

For minors, when the ultimate objective is to reunify the child with his/her family, engagement of family members in decision making processes can make families more likely to partner with service providers and enhance the success of reunification efforts. Clear communication must exist with family members to ensure that everyone is on the same page about the needs of the child and the plan for reunification ((Asquith & Turner, 2008; Balsells et al., 2017). In addition to providing children an opportunity to maintain relationships with family while in care, programming to prepare families to receive children for re/integration is essential (Rus et al., 2017b; Surtees, 2017a). Counseling and follow-up support in the community should also be provided for families (see recommendations #16, 18 and 19) (Reimer et al., 2007; Rus et al., 2017b; Surtees, 2017a).

8. Reconsider rules within the shelter context.

“I just want to tell them that they should not have too rigorous rules because it can cause them [clients] difficulties.”

(Kakada, female, 2016)

“Most of the children reintegrated from the transitional home do not have a successful life. That’s very rare to have successful children after reintegration! ... They [staff] set the rules, but they didn’t solve the problem by being a good role model to the children. There were me and a sister who were the role models to children, so since we both left, all girls started to follow each other. I am not sure whether it is because of their management or the rules that give pressure to children.”

(Phary, female, 2016)

“Please do not be strict with their freedom. In general, kids rules’ allow them to study, work, and then come back to the shelter. It was like go and back the same. In the past, we went out less, but it changed a bit when there was protest. They allowed us to go out once per week. In the previous time, once per month.... It made them [the clients] get stressed because they wanted to see the other world, how it was... we were only in the shelter. Staying in shelter long time without going out made them stressed.”

(Linda, female, 2015)

The topic most frequently mentioned by BLR participants was the abundance of rules within the shelter environment. BLR participants very consistently said at length that there were too many rules in the shelter and that clients found these rules to be stressful. In particular, participants expressed the greatest concerns about restrictions regarding their freedom of movement – i.e. not being allowed to leave the shelter. Clients reported feeling like they were imprisoned or an animal inside a cage while living in closed

shelters. Having high walls, guards, and not being allowed to open windows reinforced the sense that shelters were prison-like. Male participants in particular talked about being bored while trapped in the shelter, leading to destructive behavior on the part of residents, as has been demonstrated in other studies with youth in care (Hacker et al., 2015; Moore et al., 2017a). Clients also complained about not being allowed to communicate with family members and friends outside the shelter and feeling like they had to keep their relationships with others, such as boyfriends/girlfriends, a secret from shelter staff.

Similarly, shelter residents in Cambodia have expressed concerns in other studies about a lack of freedom in residential care (UNICEF, 2011). Similar to BLR participants, some trafficking survivors in other research studies describe shelters like a “cellar with bars” or “prison-like” (Brunovskis & Surtees, 2012a, p. 18; Surtees, 2013, p. 197). Other studies have found similar restrictions on communication with those outside the shelter (confiscating phones, not being allowed to contact family members, etc.), leaving clients feeling stressed, frustrated, and anxious inside shelters (Lee, 2014; Surtees, 2013). Clients in other studies also complain about the abundance of rules within the shelter and about being scolded harshly for breaking rules (Surtees, 2013). In some cases, clients’ detainment in shelter facilities is similar to the treatment received by criminals, which is problematic given their status as victims (Kapur, 2007; Surtees, 2013). Given that lack of freedom and extreme restriction of movement are common experiences among trafficked persons in Southeast Asia, it is concerning that the abundance of rules and limitations on survivors’ freedom may mirror aspects of their trafficking histories (Brunovskis & Surtees, 2012a; Kiss et al., 2015a; Limanowska, 2007; Pollock, 2007).

Rules within the shelter environment have commonly been put in place for several key reasons. First, many shelters put strong restrictions on clients leaving shelters due to a desire to protect clients, prevent them from returning to traffickers/ abusers and from running away (Brunovskis & Surtees, 2012a; Clawson & Goldblatt Grace, 2007; Surtees, 2013). However, from the perspective of victims themselves, many feel that they are kept in restricted, closed settings even though no identifiable risks to their safety had been identified. Overestimating risks can impede the recovery of victims and take a considerable toll on victims (Brunovskis & Surtees, 2012a; Surtees, 2013). Rules also seemed to be focused on controlling and correcting the behavior of victims, rather than being developed in light of what promotes a healthy recovery process. As Surtees (2013) writes:

“In some cases, rules and restrictions seemed to be less about fostering a functional communal living space and more about maintaining control over trafficked persons. As importantly, many rules and restrictions were negatively experienced by beneficiaries, which equally factored into their empowerment and (re)integration outcomes” (p. 18).

As will be discussed under recommendation #14, a trauma-informed approach to care involves restoring control and autonomy to victims rather than limiting it.

Given the cost to victims themselves, it is worth questioning the necessity of certain rules (Brunovskis & Surtees, 2012a). It is important to continuously re-evaluate rules within the shelter context – reflecting on which rules are effective in facilitating healthy recovery and re/integration, and which rules undermine the autonomy of trafficked persons and therefore hinder the recovery process (Surtees, 2013). When re-evaluating shelter rules, it is important to look at rules from the perspective of the clients’ themselves (Brunovskis & Surtees, 2012a). Clients should have the opportunity to participate in developing rules and systems within the institutions in which they are living (Rassenhofer et al., 2017; Rus et al., 2017b). Ongoing feedback should be gathered from both clients and staff members regarding the purpose, effectiveness, and impacts of rules (intended and unintended); this feedback should be used on an ongoing basis to determine which rules are necessary and which need to be adapted (Surtees, 2013).

9. Separate boys into smaller groups to protect the vulnerable.

"If there was no argument [in the shelter], it would be happy living there. I felt like we are brothers. For my idea, it's better to classify small boys and older boys... In shelter, there were small and big boys together... Because big boys stay together, they might be afraid of each other if they want to make argument. And if shelter mother gives us more advice, we will respect each other. If they mix together like that, the boys might feel 'I am bigger so I don't respect the small boy.' If they think like this, then they will have arguments. At that time, there were big bosses like Leap and Davuth. Some boys wanted to be on Leap's side, so when they made problems, Leap would help them.... At that time, it was really disorganized. The big boys took the small boys' food.... At first, staying there was easy because we were the same age and we respected each other... It [trouble] started after the big boys came."

(Phearun, male, 2015)

"The current program is good, but I think they should divide boys to live in different places for those who obey and do not obey shelter regulations... They should have skills to control all bad children effectively. They should create strong regulations for those boys, shouldn't let boys living mixed together like we did so that the good boys wouldn't change to bad boys. If they live together, they would all be bad.... I suggest having skilled staff that can control those kinds of boys."

(Phala, male, 2016)

Interestingly, boys in the BLR study provided only one recommendation for improving shelter care. In general, boys in the BLR study shared less information about their lives and perspectives than female participants. However, it is unclear why boys gave substantially fewer recommendations. Did boys feel uncomfortable expressing their ideas? Were boys unaccustomed to being asked for their suggestions? Further attention to these questions is needed to ensure that boys' preferences and viewpoints are heard and can be utilized to improve services.

Specifically, boys in the BLR study suggested that shelters separate boys into smaller groups in order to protect more vulnerable boys in care. As discussed earlier, experiences of violence were common among boys in care. Over half of boys reported experiencing violence from their peers and over three-fourths reported experiencing emotional violence from peers in care. Over half of boys disclosed being violent toward their peers in care. Older boys and boys who had stayed in the shelter for longer periods of time were more likely to perpetrate violence on other boys, as well as more likely to be protected from violence from other peers. Some boys appeared to use violence as a defense mechanism (i.e. one older participant with a physical disability tended to use bullying and violence to control other boys and protect himself from bullying) (Davis, Havey, Lim, Nhanh, & Sreang, 2016). These patterns are consistent with research that has shown high levels of externalizing problem behaviors and difficulties modulating emotions, controlling impulsive behaviors, and exhibiting empathy for others among maltreated youth (McMillen et al., 2005; Messman-Moore, Walsh, & DiLillo, 2010; Widom, 1995; van der Kolk, 2014). Traumatized youth may become aggressive, disruptive, and oppositional in response to their trauma, inviting further rejection from peers and setting up a recurring cycle (van der Kolk, 2014).

In addition to violence within the shelter, boys in the BLR study also described a disorganized environment in which their peers acted up in the shelter context – breaking mirrors, destroying property, and engaging in destructive behavior out of boredom. Some boys said that shelter staff struggled to manage boys' behavior, particularly among the older, more aggressive boys. Boys suspected that the shelter staff may themselves have been afraid of some clients. Boys wanted to have shelter staff protect them and intervene more effectively in keeping aggressive clients away from the more vulnerable ones.

The experiences reported by BLR participants echo broader research regarding shelter care which has demonstrated that younger children and children with disabilities are particularly vulnerable to harm within care. Residents themselves create rules within the shelter context. Dominant clients may use violence to control other residents and staff may struggle to control these dynamics (Rus et al., 2017c; 2017d). Clients commonly report feeling unsafe in care, worrying about peer harassment, violence, assault, and bullying. Clients may feel left on their own to deal with the abuse and/or resigned to the need to protect themselves, which is emotionally draining (Moore et al., 2017a; 2017b). Witnessing violence also erodes a sense of safety among clients and can be re-traumatizing (Moore et al., 2017a). In prior research studies, shelter residents have shared very similar recommendations to those voiced by the boys in the BLR project – i.e. that staff should be more thoughtful about which children they place together in care. As per clients, staff should not randomly place children/youth together in care, but should think carefully about which children can live with one another in a healthy way without harming one other (Moore et al., 2017a).

Research backs up the concerns boys in the BLR study expressed about the capacity of staff to effectively address problematic behaviors from residents. Staff may be undertrained and/or lack the knowledge to manage aggressive and problematic behavior in care and keep clients safe (Attar-Schwartz, 2017; Moore et al., 2017b). Research also substantiates what boys in the BLR study shared about the chaotic nature of the shelter environment, the degree of boredom clients experience while in shelter care, and the risks of too much unstructured time (Clawson & Goldblatt Grace, 2007; Hacker et al., 2015; Moore et al., 2017a; 2017b). While clients express hesitation about having too many rules in the shelter, they also appreciate having clear expectations were about acceptable behavior and having structured activities to reduce the amount unsupervised free time alone with other youth (Mahoney & Stattin, 2000; Moore et al., 2017a). Shelters should heed boys' suggestions on how to keep them safe in care, including: taking seriously the risks for experiencing violence in care, carefully determining which clients can be placed together safely in care, developing staff capacity and providing staff with support in responding to aggressive behaviors among clients in care, and integrating more activities and outlets into the shelter environment to give clients safe ways to express their emotions and get out their energy in care.

Thematic Group #3: Promote healthy engagement between staff and clients.

10. Trust clients more.

"For me, I think mostly I want them to slightly trust the children. Sometimes I do not refer to all mums, but some mums do not take care of the children or something like that and then they said the children are like that or like that. Actually, it was not like that. The children were not like that. They always blamed the children. They did not refer to anyone directly, but there were a lot of children who were sad. So, I want them to slightly trust them when they talk. Do not too much believe in the mums!"

(Chan, female, 2015)

"Since I live here, they don't trust children and don't allow children to go out... Not only rules related to freedom, but other rules such as windows have to be closed all the time, so most children have to head to the window to see each other. They don't allow us to respond to males at all. I don't want them to do like that. I want them to close only our bedrooms, but they do close all the rooms. When we committed mistakes, even a minor one, we have to get punishment or warning."

(Nary, female, 2015)

In addition to revisiting rules within the shelter context, some clients said that they wished that shelter staff would have more trust in clients. While numerous factors influenced the multitude of rules within

the shelter context, some BLR participants felt that staff members' own lack of trust in clients contributed to the abundance of rules. Participants acknowledged that when clients violated rules within the shelter, these violations led staff members to feel disappointed. Participants felt that sometimes staff members projected their negative experiences with prior clients onto all clients – allowing past experiences to diminish their trust in clients more broadly. Additionally, as articulated in the above quotation, BLR participants stated that when staff members and clients expressed different opinions or interpretations of situations within the shelter context, clients felt that some management/staff tended to be biased toward the perspectives of staff persons. In other words, participants felt that staff viewpoints were believed over clients, which made the survivors feel like staff did not trust them. Given concerns articulated earlier regarding inappropriate behavior on the part of select staff persons (such as emotional abuse and/or theft), it is worrisome that some clients did not feel that they would be believed or trusted when they shared information that contradicted that which was shared by staff members.

Trusting relationships have been identified as a key element central to client participation in the shelter care system (Cossar et al., 2016). Given survivors' inhibited capacity to trust other people due their prior exploitation histories, the development of trusting relationships is vital to survivors' recovery (Clawson & Goldblatt Grace, 2007). Much of the literature speaks to the importance of clients trusting staff members (Augsberger & Swenson, 2015; Clawson & Goldblatt Grace, 2007; Moore et al., 2017b). However, BLR participants also reinforced the importance of staff members extending some trust back to clients as well. BLR participants were not blind to the reality that some clients would share false information with staff and/or break shelter rules. However, participants wanted staff members to have a more balanced perspective when dealing with clients. As referenced in the last section pertaining to shelter rules, participants did not want staff members' lack of trust in clients to lead shelters to adopt rules that were not proportional to the actual level of risk. Participants wanted to know that staff members valued them, would take their words seriously, and believed them.

11. Don't speak harshly or talk down to clients.

"I want them [staff] to change their words, as some staff use impolite words... Sometimes some children did something wrong. They [staff] used words like 'dog brain.' It is not good, hence please use polite words. They [clients] already have mental problems and they [staff] used impolite words, so it is difficult. However, not all staff used impolite words. Some staff used impolite words. Therefore, I want them to use polite words with children and please do not be strict with them as when they did something wrong, do not use bad words like 'dog brain.' Sometimes they live far away from their parents, so they feel lonely. Anyway, when they do not offer them their love, they really feel lonely."
(Chan, female, 2016)

"I say 'please keep in touch and love girls like your own daughters or your own kids or your sisters.' I am sure that they will change because they need love. If you say 'oh, you cannot do that and you're bad girls.' If you say that, they will lose hope. So, just keep going, encourage [clients] because the girls really need encouraging words, not words like this saying they're bad."
(Chouma, female, 2014)

"They are the organization's staff, so they should watch their mouth and have good speech toward children. Their speech is like children or homeless people. It shows that they are lower than us. As a caseworker, they should advise children rather than judge us like this. They could have motivated us, but they didn't."
(Nary, female, 2016)

Although many BLR participants spoke positively about their treatment from shelter staff, survivors also mentioned that there were select shelter staff across institutions that spoke harshly to clients and insulted clients. BLR participants shared feeling hurt, lonely, and disheartened when staff insulted them, indicating that harsh treatment from staff was demotivating for clients and led clients to want to leave shelter facilities. Instead of insulting clients, BLR participants expressed that they wanted staff to speak gently and kindly to them and wanted staff to act as positive role models instead of tearing them down.

Prior research pertaining to shelter care supports the experiences shared by BLR participants. Research regarding shelter care in Cambodia has found that some clients reported some staff speaking in a condescending manner to clients, and that clients wanted staff to speak gently to them instead of using harsh words (Hilton, 2008; UNICEF, 2011). Research with trafficked persons in shelter care in the GMS has also identified select instances of verbal abuse, discrimination, and insensitive treatment from service providers, even though survivors generally report being treated well by the majority of staff (Brunovskis & Surtees, 2012a; Surtees, 2013). As Surtees (2013) writes, “of particular concern were that many instances of discrimination, insensitivity and abuse involved children for whom the impact was likely to be greater than adults, and who had less developed coping skills to manage and overcome these experiences” (p. 21). Similar to BLR participants, survivors involved in Surtees’ (2013) research wanted staff to speak gently, warmly, and politely to clients. Outside of Southeast Asia, the broader research literature also reports mixed experiences from clients, with clients identifying some social workers who engage with them in a healthy manner and others who shame, humiliate, threaten, and engage in a hostile manner with clients (Rus et al., 2017c; 2017d; Križ & Roundtree-Swain, 2017).

MoSVY (2014) guidelines pertaining to the rights of trafficked persons forbid the use of threatening, impolite, or obscene words toward victims. Emotional abuse toward clients is a violation of standards of care and of client rights and impedes the recovery of clients. Caregivers should engage with clients in a warm, sensitive, responsive, welcoming, compassionate, approachable, and caring manner (Mitchell et al., 2010; Moore et al., 2017a; 2017b; Rus et al., 2017b). Proper monitoring and supervision of staff is required to make sure that all staff members consistently follow care guidelines.

12. Don't take out your stress or negative emotions on clients.

"To me, I think the staff should separate their personal issues from work. When I lived there, they mostly took their personal problems combined with work... They had their own problems. When they disliked anything, they expressed it with the children."

(Kravann, female, 2015)

"Shelter mothers are a bit tired in terms of physical and counselors are tired in terms of emotional, so we should understand them. Sometimes shelter mothers are tired and they blame children and blame counselors in front of children. I advise shelter mothers not to talk that way... You shouldn't talk in front of the children, which makes children lose respect toward us... Sometimes when I see shelter mothers act badly, use disrespectful words with children, I tell them about their misconduct. I tell them to stop that behavior."

(Dary, female, 2015)

As referenced in the prior section, many BLR participants spoke about positive interactions with shelter staff. However, some BLR participants also expressed concerns about staff taking out their own stress and personal problems on clients. As reflected in the above quotations, clients observed staff struggling with their own personal issues and with fatigue (both physical and emotional) while working in the shelter context. While BLR participants did not blame staff for struggling, they did request that shelter

staff stop taking out their own problems on clients, such as taking out their anger/frustration on clients or blaming clients for problems.

While it is not possible to know from the BLR data what kinds of difficulties shelter staff were facing, it is very reasonable to assume that some of their stress was related to their responsibilities as care professionals. Research with social work and care staff in Cambodia has found that staff report feeling unsupported, stressed, overwhelmed, and isolated (Hilton, 2008). Shelter staff can become burned out due to feeling overwhelmed and pressured by a multitude of needs among clients while also having insufficient resources to address those needs (Surtees, 2008b). As discussed in the section on secondary trauma (see recommendation 21), it is common for individuals engaged in direct service work with traumatized populations to begin to exhibit trauma symptoms themselves due to exposure to client trauma and the emotional and physical exhaustion resulting from prolonged engagement in social work. Secondary trauma and burnout among staff can lead to symptoms that are similar to what clients mentioned observing among staff, including anger, irritability, poor boundaries, and emotional and physical exhaustion, among many other symptoms (Clemans, 2004; Salston & Figley, 2003; Trippany et al., 2004; Wright & Hobfoll, 2004). Proper clinical supervision, training, and systems for preventing and addressing secondary trauma are vital in providing staff with sufficient support to prevent burnout and help sustain them in their work (Andreatta et al., 2015; Bjerkan et al., 2005). Further recommendations for addressing vicarious trauma and burnout among staff can be found under recommendation #21.

13. Don't punish or threaten clients when they make mistakes.

"They [staff] should not threaten or say that if you could not [learn a certain skill], they would transfer these people [clients] back home. When they did like that, it leads them [clients] to feel disappointed."
(Phary, female, 2014)

"If I have a chance, I only want to tell them that they taught us about morality, discipline and obeying their words. However, I have a request. Please don't be too strict! They knew where we were from, so if they did that and expected us to do it suddenly, we could not. Like the kid, if we teach them the letter and force them to write it down, it is impossible. The shelter staff put pressure on us so much! They put pressure on us, so even me myself, I felt that I didn't like anyone doing this to me. When we did something wrong regarding what happened, we had to apologize. Otherwise, they would punish us by taking our money."

(Sean, female, 2016)

"I think those organizations and staff are good enough. However, I mean all people always have the mistakes and no one is perfect. Although those children do wrong, they have to encourage them as well. When they encourage those children, they will have power to keep trying in the future. Please do not make them lose their spirit. Although we do not know more about their problems, we have to say we understand about theirs. Moreover, we have to love them whoever they are."

(Romdoul, female, 2016)

In addition to staff speaking harshly to clients and taking out their stress and negative emotions on clients, BLR participants also shared that some staff members threatened clients and intimidated them as a means of correcting their mistakes or controlling their behavior. In some extreme instances, clients mentioned that staff members would threaten to send them out of the shelter if they did not comply with the staff member's wishes. Clients shared that they felt too pressured by staff members to follow rules within the shelter, and they reported being scolded too harshly by staff when they committed errors. For instance, in one case, a staff member punished a client for making a mistake (incorrectly, from the client's perspective), and made the client clean bathrooms in the shelter as a punishment. The client was so upset by this experience that it contributed to her decision to leave the shelter. In addition to

feeling stressed by an abundance of rules within the shelter, participants also noted that they felt stressed when staff kept pressuring them to conform with their expectations. While BLR participants admitted that clients certainly made mistakes (including themselves), they wanted staff members to help motivate them to improve without threatening them or punishing them too harshly.

The BLR participants' experiences are consistent with other research on shelter care. For example, trafficked persons in shelter facilities in the GMS have reported being excessively scolded for what they perceive as minor infractions and being required to clean toilets or staff offices as punishment (Surtees, 2013). For minors, shelter staff may believe that punishing children, especially physical punishment, can prevent unwanted behavior in both the client who is committing the behavior, as well as those who witness the punishment. However, watching staff inflict punishment on others may actually encourage more violence among children (Rus et al., 2017d). Rates of staff maltreatment of child residents are associated with higher concentrations of clients who are regarded as having the most troublesome behavior, reflecting that staff may, in some cases, resort to punishment out of desperation or frustration (Attar-Schwartz, 2017). Male BLR participants mentioned that they specifically wanted staff to strengthen their skills in managing problematic behaviors among residents (see recommendation #15). It is recommended that further training be provided to staff in regard to positive, trauma-informed strategies for responding to behavioral issues (as noted in recommendation #12). Additionally, as expressed in recommendations #10 and #21, proper clinical supervision and staff care systems are needed to ensure that staff have both the oversight and support needed to sustain their engagement in care work in a healthy manner.

14. Be mindful of clients' trauma histories and engage with clients in a trauma-informed manner.

"To work well with children, we should provide love to children as much as we can. We should give children hope and chances, even though children make mistakes one, two, or three times. Children have already been victimized, so it means that their mental health is not good and [they] think a lot. Children get angry easily, so if staff have aggressive feelings toward them, that means another failure."

(Dary, female, 2015)

"I think for NGO staff, especially for case workers, please help them [clients] without using bad words to them. Please be nice and talk to them in comforting word instead... When you ask them the same questions again and again, you realize they look aggressive or angry, just let them be free first because children are like that. They seem to easily get angry. Moreover, it would be good if you can leave the children there and stop asking them for a while."

(Chivy, female, 2016)

"There were many times they blamed me and all the children there knew... I just want them to know that every child came from the difficult situation... When I lived in NGOs, I knew a lot. I gained more critical thinking, but I didn't feel warm staying in shelter... There was a lot of punishment, pressure and threats, so I don't like."

(Sean, female, 2015)

As illustrated in the above quotations, BLR participants stated that they want shelter staff to exhibit sensitivity to the clients' victimization histories and "difficult" pasts. While participants did not specifically use the language of "trauma" or "trauma-informed" care, the recommendations made by survivors are consistent with trauma-informed approaches to care. Clients explained that they and their peers came from "difficult" backgrounds and that they are sensitive to criticism, easily

frightened/angered, grow disheartened easily, and find it difficult to talk about painful topics. BLR participants wanted staff to understand their backgrounds and adapt their approaches to working with clients in light of this understanding – or in other words to be mindful of the clients’ trauma histories and engage with clients in a trauma-informed manner.

People who have experienced trafficking and exploitation suffer from a range of trauma symptoms, including anxiety, depression, emotional outbursts/mood swings, rage, fear/terror, self-harming behaviors, attention problems, hostility, irritability, exhaustion, suicidal ideation, hypervigilance, difficulties relating successfully to others and identifying social cues, desperation to form relationships, emotional detachment/numbing, helplessness, and physical ailments, among many others (Clawson & Goldblatt Grace, 2007; Herman, 1997; Kiss et al., 2015a; 2015b; Moore et al., 2017a; van der Kolk, 2014; Ziegler, 2002). Traumatic events destroy a person’s sense of autonomy and fundamental assumptions about safety in the world (Herman, 1997). Service providers working with trafficked and exploited persons should adopt trauma-informed approaches to care (Macy & Johns, 2011). A comprehensive discussion of the nature of trauma-informed care is beyond the scope of this report. However, a few components of a trauma-informed approach will be highlighted, consistent with the experiences shared by BLR participants.

Restoring a sense of control, autonomy, freedom, and decision making power is vital to recovery from trauma (Andreatta et al., 2015; Curran et al., 2017; Hacker et al., 2015; Lisborg & Issara Institute, 2017; Moore et al., 2017a; van der Kolk, 2014). As Herman (1997) writes: “trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor” (p. 159). She states: “no intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest” (Herman, 1997, p. 133). Secondly, since clients may have difficulty processing information, communication should be clear. Information may need to be explained repeatedly, sometimes in writing (Brunovskis & Surtees, 2012a). Communication with traumatized persons should also be safe, warm, empathetic, consistent, firm, and unflustered. Staff should be very careful about the ways in which any correction is provided, as the client may hear condemnation instead of correction (Ziegler, 2002). Restoring emotional connections with others is also vital to recovery from trauma (Herman, 1997, p. 197). Clients need supportive relationships in which they have a sense of safety, predictability, and trust, and can relax, knowing that others are looking out for them (Moore et al., 2017a; Ziegler, 2002).

Despite the critical importance of trauma-informed approaches to care, some service providers may not have received basic training on working with traumatized people (Surtees, 2017a; Surtees, 2013; UNICEF, 2011). Expecting staff persons to work with a highly traumatized population without providing sufficient training and support pertaining to trauma is both harmful for clients and staff persons. In addition to comprehensive training for shelter staff regarding trauma and trauma-informed approaches to service provision, ongoing clinical supervision is needed to ensure that staff are sufficiently supported and can work with traumatized clients in a manner that is healthy for both clients and staff, as noted in recommendations #10 and #21.

15. Provide services in a consistent and fair manner to all clients.

“I want them to have a consistent policy...They have a lot of policies (laughing), but I want them to help the children who left from there for long time already or who just left from there, to keep communicating with them. But for me, I saw some children who used to stay at the shelter and now they left from there already, but the staff still communicates and invites them to have meals and talk with each other. But for me, they have never done that with me.”

(Bormey, female, 2015)

"Personally, for housemothers, I want to tell them to tell us the truth. For example, they should be honest in telling everyone in the meeting if they love the children in shelter in the same way or not. Do they love only the children who have parents and give money to housemothers? This is the only thing I want to say."

(Suon, female, 2015)

"I wanted to have the same houseparent. Do not change them. For example, sometimes this housemother and the next time, another comes. Because when there was only one housemother/father, the person who was responsible for managing the money for the food was only one person too. So, it might mean that sometimes kids have more food with this housemother, but less food with another mom. They dealt with it differently because some of them wanted to keep [the money/food]."

(Dara, female, 2016)

BLR participants requested that shelter staff be consistent in providing services in a fair manner to all clients. As noted above, some participants observed discrepancies in the quality and degree of care provided – such as foster parents providing different amounts of food to clients in their care. BLR participants most commonly described discrepancies in the degree of community-based re/integration support provided by shelters – with some clients stating that they received none or next to no support, while some of their peers from the shelter received more significant material assistance and more frequent visits from staff.

Some BLR participants also shared that they observed inconsistencies in level of care provided by staff based upon staff's preferences for specific clients and/or the level of closeness between staff members and clients. For instance, some BLR participants noted that staff would break rules for them (such as letting them come back to visit the shelter after they had been discharged) if the staff members had a specific fondness for them. On the flipside, some clients felt that staff members denied assistance to them (such as refusing to give medicine) because they felt that staff members disliked them; these participants shared that clients who were liked more by staff received more favorable treatment, such as having their medical conditions be taken more seriously. Again, feedback provided by clients in the BLR study is consistent with prior research regarding shelter care which has shown that service providers may differentiate between good/obedient clients and bad/disobedient ones. Services may be provided differently based upon the service provider's perception of the person's level of gratitude (Brunovskis & Surtees, 2012a; Surtees, 2013). Additionally, clients who comply with rules/expectations and are perceived as interacting respectfully with staff are also more likely to be being allowed to participate in decision making and voice their opinions (Križ & Roundtree-Swain, 2017).

Careful clinical supervision for staff is required to help staff identify potential biases they may have toward specific clients and to provide the support needed to help staff manage those biases in a healthy manner. Additionally, training systems should be in place to ensure that all foster/house parents are clear on a standard set of expectations for care and are given enough support needed to fulfill their responsibilities. Internal and external systems for monitoring the quality of care and ensuring accountability to care standards are also needed to assure that all clients are provided with adequate care (Surtees, 2013).

Thematic Group #4: Strengthen re/integration support and community-based services.

16. Provide support and services to family members

"I wanted the shelter to support my parents too. I thought this, but I did not tell them... When I had a good life in the shelter with enough food and a comfortable bed, I thought of my family. I worried if they could not have enough meals like me. Hence, I wanted the shelter to support my family in the same way they helped me. To be honest, it was in my mind only. I could not suggest them to do so because I knew that they worked hard to help me. It would be harder for them to support my family too."

(Linda, female, 2015)

"I wanted the shelter to help my family too because my mother was very poor, but they did not provide any help. So, I think this was not equally helping (laugh)... I told them that my mother is very poor and they also did visit our house. They knew that my mother was poor, but they said they can only help the child. They could not help support the mother."

(Khema, female, 2016)

"Some children requested not only to help them, but to help their families as well, but the organization can't help their family. The organization can help girls who were victims. The organization helps victims to get skills training, for example sewing, so that victims can help their families later when they have. However, the girls need equal support for them and their families."

(Chouma, female, 2016)

"I used to ask for money when my mother was sick, but they said they cannot give unless I am sick."

(Achariya, female, 2014)

"I wanted them to help my family's economic situation to be better.... they can give them money to build a house."

(Vanna, female, 2015)

"If they want to help the children, I want them to help from their heart. It means to not only help children, but to connect the help with their family or relatives. If they can help the children's family, it is going to be one piece of their success."

(Dary, female, 2015)

One of the most consistent recommendations from BLR participants was that participants wanted shelters to provide services and support directly to their family, not just to the clients themselves. Some participants mentioned feeling worried about their families while living in the shelter, stating they wished shelters would provide community-based support to their families at home, mostly in response to their families' financial difficulties. While they appreciated the services that they received within the shelter, participants said that it would be better for the family as a whole, including the clients themselves, for services to extend to the entire family. Additionally, after BLR participants returned to live with their families in the community, they encountered many challenges in their families (related to employment, violence, emotional support, and housing, among others). Participants expressed that the provision of community-based support for their families following community re-entry would not only benefit the family, but also be beneficial in the client's own re/integration process.

Prior research with trafficked persons in the GMS has revealed very consistent patterns. Survivors in previous studies report requesting assistance for their family members (such as assistance in funding a job), but being told that the organization only helps victims (Brunovskis & Surtees, 2012b; Surtees, 2013). The individualistic nature of many trafficking-specific services in the GMS is surprising given the collectivist nature of the cultural context. The individuation of the self in the Khmer context differs from western conceptions of the self (Bit, 1991). Survivors' sense of self is intricately linked with family wellbeing and fulfillment of responsibilities to the family. As Bearup (2016) writes, "within anthropological and historical research related to traditional Khmer lifestyles and gender norms, the emphasis is conversely placed upon the proper performance of social role and conformity with traditional cultural ideals" (p. 170). Sensitivity to the socio-cultural context, including community-oriented, collectivist values, is needed to ensure that services are provided in a manner that are congruent with client needs and effective within the Khmer context (Cordisco Tsai, 2017b; Gourley, 2009; Le, 2016).

MoSVY's minimum standards (2009) state that support should be provided to victims' families as needed, including counseling, support with parenting skills, and livelihood assistance. As Surtees (2017b) writes, "it is necessary to look at the family system as a whole in the design and implementation of re/integration policies and programs, to ensure that victims have a viable family setting into which they can reintegrate" (p. 144). In the *Guidelines on Children's Reintegration*, Delap and Wedge (2016) stress the importance of economic strengthening at the family level to prepare entire family for re/integration and ensure the client's needs can be met at home. Surtees (2017a) and Asquith and Turner (2008) also suggest providing economic services to family members, including livelihood/job support, education, and assistance with material needs. Additionally, it is recommended that emotional support and counseling be provided to the family to help manage conflicts and help the entire family prepare for and adjust to the client's return to the community (Asquith & Turner, 2008; Surtees, 2017a). The prior recommendation raised by BLR participants of strengthening engagement with families while the clients are in care dovetails with this recommendation, as effective channels of communication with families and involving families in decision making is linked to providing supportive services for families that target what the family really needs (Asquith & Turner, 2008). Providing more family-based services would, however, necessitate changes in funding allocation, requiring advocacy with donor communities.

17. Phase out support more incrementally.

"It is meaningless when I talked with them. They do not care about us. They wanted to meet me, but I did not want... For me, I do not want them to continue anything with me and they shouldn't act like this for the next generation of kids. They should love with actions. They love only in the center, but outside do not... They should not show their ignorance to us. They just sent us back home and put us there carelessly."

(Maly, female, 2016)

"They cannot help us forever, but I think they [staff] should consider their [clients'] family situation or ability too. In case they have an ability to help themselves, we can help them half... If they can support themselves, we should let them go. However, if they cannot support themselves, but we stop to help them, they would drop out of school for sure... Personally, I think that I cannot accept it if they stop it [services] suddenly. I cannot prepare anything on time."

(Kravann, female, 2014)

"All organizations, if they help the children, please help them to become successful and do not abandon them. In addition, please do not think that those children have got a job and can stand

stronger, that is not right. On the other hand, they have to visit them or their family to know the reality of their situation... They have to follow up with them often and use polite and sweet words to them."
(Dary, female, 2015)

Another very common theme among BLR participants was that many participants felt that they were "dropped" by shelter facilities when they re-entered the community. While BLR participants appreciated the care they received in the shelter, many described the re/integration/repatriation process as rushed, ill planned, and not thoroughly thought through. As discussed in the Findings section, many clients said they were not involved in the re/integration planning process and shelters made decisions on their behalf. There were discrepancies in the degree of support provided to clients in the community. However, most participants reported receiving minimal support during the community re-entry process – primarily assistance with material needs in the first month/few months and/or a couple follow-up visits. However, in the shelter environment, participants were accustomed to having all/most of their needs taken care of by shelter staff – transportation to school, meals cooked for them, clothing purchased for them, decisions made on their behalf, etc. Additionally, most participants reported having very little contact with their families while in the shelter. When they were sent home, they returned to live with family members with whom they had not communicated much and who lived in a radically different context than the one the participants were used to from the shelter. This transition was simply too abrupt for many survivors. Most struggled substantially when they re-entered the community in all aspects of life – with family relationships, schooling, work, dating relationships, their mental health, physical health, and even basic day-to-day decision making.

As a result, it was common for BLR participants to report feeling abandoned upon being sent back to live in the community. Participants complained extensively that the amount of follow-up support provided in the community was insufficient. They also shared that they were disappointed in the level of care staff showed them during the re-entry process. Similar to other research with trafficked persons, BLR participants reported bonding to social workers/staff like parental figures in the shelter. When staff stopped contacting them in the community, they questioned whether staff members had ever genuinely cared for them and felt like they were abandoned by people whom they had considered to be members of their own family (Clawson & Goldblatt Grace, 2007; Križ & Roundtree-Swain, 2017).

The experiences of clients in the BLR study are consistent with research on shelter care for trafficked persons in Asia and shelter care more broadly. Many studies talk about clients being sent out of shelter care abruptly either due to reaching the age of 18, poor planning on the part of the shelter, or lack of client participation in the decision making/planning process (Ahuja, 2013; Balsells, et al., 2017; Cocker & Allain, 2013; Dutta, 2016; Johnson & Mendes, 2014; Mendes et al., 2013). Abrupt transitions out of care can be traumatic for clients, lead to helplessness and a sense of abandonment among clients, heighten their risk for re-trafficking, and impeding the success of the re/integration process (Adams, 2011; Ahuja, 2013; Dahal et al., 2015; Dutta, 2016; Johnson & Mendes, 2014; Mendes et al., 2013). In many cases, changes have taken place in the family and home environment that the client has not been adequately informed about. In addition, the client has often formed close bonds with others (staff and clients) in the center; being separated from these people can be painful (Balsells, et al., 2017). However, as BLR participants experienced, community-based support is often minimal and temporary, despite a strong degree of vulnerability experienced by clients during the transition process (Dahal et al., 2015; Dutta, 2017; Richardson et al., 2009; Stein & Dixon, 2006). At the same time, after clients are discharged, many feel that they cannot/will not go back to the shelter for help – either due to shelter rules or because they are angry at service providers (Clawson & Goldblatt Grace, 2007; Dutta, 2017; Hacker et al., 2015).

In light of overwhelming feedback from BLR participants, it is strongly recommended that shelters phase out services and support more gradually. Clients need more transitional support throughout the process of re-entering the community that gradually declines over time (Dutta, 2017). Accomplishing this would

require a significant change in the way that services are offered, including a change in mindset. Facilitating this change would require increases in client participation in the decision-making and planning process (see recommendations # 2). Additionally, changes in the way that funding is allocated and changes in staffing structure/responsibilities would be essential to making this happen in practice. Advocacy will likely be required with donors to help them understand the need for this change. Current staff cannot be expected to add the provision of more community-based services on top of their existing responsibilities without sufficient support and infrastructure provided to facilitate this change. However, given that shelter facilities present their intended purpose as preparing clients for successful lives in the community, a reorientation of the way in which clients are prepared for life in the community and provided support through the transition process is vital (see recommendations 5, 6, 18 and 19). A gradual phase-out of services throughout the transition process is one key component of this re-orientation.

18. Provide emotional support to clients and their families through their transition into the community.

"I still feel that sometimes I am lacking warmth. I still need your encouragement/warm heart from the NGO. Although I have my husband now, it does not mean I am completely strong because of him. I used to see the other children. I think that I should not cut my relationship with the NGO/shelter."

(Dara, female, 2016)

"If they [staff] cannot go to visit directly [in the community], they can call them [clients] to let them know that there are many people who love and worry about them although they left there, so they are motivated... If they get love from people who used to give them assistance, as well as their family, they will stand stronger quickly."

(Dary, female, 2015)

"For me, I have relationship with shelter the least. I went there once a month in order to get money, but I could not go for visiting because when I arrived there, a minority of them talked to me. They just said 'hello!' and were gone. No one asked 'How are you? Do you have any problems?' No one asked me... I feel that I want them to consult with kids [in the community] two times per month... because when they have problems, they always want someone to help solve the problem."

(Linda, female, 2015)

"As we used to live together, they should ask about my situation [in the community] because we used to communicate with each other."

(Tola, female, 2016)

"For me, I want the shelter to provide more love to kids... When I stayed at the shelter, they provided lots of love, but when I left, the level of love has been cutting down... I left to my house and they did not about care us so much... They never called and visited."

(Maly, female, 2016)

Another very consistent point of feedback from BLR participants was the importance of emotional support during the process of transitioning to life in the community. Clients spoke about how they valued the emotional support and caregiving they received in the shelter context. When they returned to live in the community, many felt "dropped" or abandoned by staff. When the level of emotional support quickly declined, it was too abrupt for clients to cope and many began to doubt staff's care for them as people. Clients encountered many challenges in the re/integration process and they wanted to have safe, emotionally supportive people to talk to about their worries and difficulties.

The BLR participants experiences are echoed by existing research with trafficked and exploited persons which has shown that both male and female survivors want someone to ask about their feelings and listen to their difficulties – both in shelter and during the process of transitioning to life in the community (Dutta, 2017; Hilton, 2008; UNICEF, 2009; 2011). Although many services for male victims have neglected emotional support, it is critical to reiterate that ongoing emotional support is just as vital for male survivors as it is for female survivors (Hacker et al., 2015; Levine-Fraiman in Hacker & Cohen, 2012; Surtees, 2013). Although clients may have experienced a sense of “belonging” in the shelter environment, without continuity in relationships, this sense of belonging tends to dissipate in the community, leaving clients feeling alone. However, clients who are able to maintain relationships with shelter staff in the community expressed strong gratitude and a greater sense of comfort (Dutta, 2017).

The process of transitioning out of care is emotionally stressful and turbulent, involving excitement, freedom, fear, loss, loneliness, and anxiety (Dutta, 2017). Survivors face complex situations when they return home and are confronted with a range of psychosocial and economic challenges (Brunovskis & Surtees, 2012c; UNICEF, 2009). A strong social support network is one of the keys to successful re/integration (Dutta, 2017). People who have experienced trauma recover in the context of relationships, and “social support is the most powerful protection against becoming overwhelmed by stress and trauma” (van der Kolk, 2014, p. 81).

In addition to ensuring the survivors themselves receive social support during the transition process, social and emotional support must also be provided to families when the client is returning to live with his/her family. The re-entry process is a huge adjustment not only for the survivor him/herself, but also for the survivor’s family members who have been separated from the survivor, sometimes for years at a time. Both survivors and their family members report experiencing many difficulties coping with this change process (Erol et al., 2017). Conflicts, arguments, alienation, damaged relationships, and violence within the family are common (Dutta, 2017; Surtees, 2017b). Healthy engagement with the family is, however, critical to the success of the re/integration process (Brunovskis & Surtees, 2012c; ILO, 2009). Family mediation and counseling should be included within re/integration support services to help both survivors and family members navigate tensions and issues within the family during the transition process (Surtees, 2017a; 2017b). Both survivors and their family members benefit from emotionally safe and supportive environments in which they can work through family pressures and tensions following re/integration (Cordisco Tsai et al., 2017).

19. Provide more community-based services.

***“The ministry of taking care the children is good at the shelter. The social worker is also good, but I would like to suggest them to have better care when it comes to the case management. Even though they already sent the case out or did the reintegration, but it would be great if they can often follow up, especially related to their [clients’] family situation. It is not enough to let that child go because we just think that they can stand by themselves. They are stronger and they can just go anywhere by themselves. Maybe that child can be strong at first, but then there are problems happening in their family, they will go down again. That is why I want them to think more in this area and do more follow up. It doesn’t mean that they need to visit their house all the time, but they can just follow up and know what is going on with that case. And if there is anything that goes wrong, they still continue to help out with that case. It is not enough to just do the reintegration and buy something for them, but what happens after with that case? They didn’t really care or know about it. The survivor just solved it by themselves. We can just see them when the case was really serious or in trouble, then we called them and they came to see us. But it was so hard every time we suggested for this assistance... That is what I observed even they didn’t do the reintegration. When I just left from the center, they just helped me what they could during that month only. They didn’t care how it is going more with the*”**

case. Whatever they did, they just wanted to see that the case is finished, but they didn't really spend their time as what you have done with me here. I would like to suggest for the case worker to visit the survivor because it is not right to ask the survivor to go to their place instead."

(Dary, female, 2016)

"If they think the children seem not safe or not strong enough yet and the family has a lot of problems like that, they should visit them [clients] twice per month."

(Kravann, female, 2015)

"I think the shelter should have their hands on with the children until the children say it is enough for them."

(Linda, female, 2016)

In addition to phasing out support more incrementally for clients and providing more emotional support during the transition process, BLR participants also recommended that more services be provided to clients within the community. As referenced in the Findings section, numerous BLR participants had mixed feelings about the transition to life in the community and were worried about their capacity to transition successfully. At the same time, clients felt that shelters often left them without sufficient community-based services to successfully navigate the process. Prior research with trafficked persons in Asia has come to the same conclusions – that survivors often feel that they are pushed out of care without sufficient community-based services to succeed, leaving them angry at service providers (Dahal et al., 2015; Dutta, 2017).

Within the counter-trafficking sector as a whole, community-based services have been under-prioritized. The service delivery system for trafficked and exploited persons in the GMS is highly centralized within shelter facilities (Brunovskis & Surtees, 2012b; Huguet & Ramangkura, 2007; Surtees, 2013; Surtees & Brunovskis, 2016). Services outside of the shelter care context are limited (Brunovskis & Surtees, 2012a; Dutta, 2016; Surtees, 2017a). Service providers in Cambodia have themselves expressed concerns that trafficked and exploited persons do not receive sufficient community-based services (Reimer et al., 2007; UNICEF, 2009). Nonetheless, insufficient funding and staffing have been dedicated to community-based care (Dutta, 2016). As referenced earlier, skepticism and lack of awareness among donors may contribute to the limited funds available for community-based services (UNICEF, 2011).

MoSVY (2009) guidelines for providing care for trafficked persons reiterates that clients should be linked to services in their communities of origin (MoSVY, 2009). Clearly, one key challenge in this process is the limited availability of basic services, such as health care, education, and counseling, in the clients' home communities (Reimer et al., 2007; UNICEF, 2009). Enhancement of services at the village level and increasing the capacity of those working in social services at the local level is needed, requiring coordination with broader child protection and social service systems in Cambodia (see recommendation #22) (Andreatta et al., 2015; Huguet & Ramangkura, 2007; Surtees, 2017b). However, significant increases in community-based care from counter-trafficking organizations themselves will also be needed to ensure that proper supports are in place for clients.

A shelter-based social service system does not work for all survivors, some of whom need/want to return to the community to fulfill family responsibilities and/or maintain connection with their families (Arensen & Quinn, 2005; Brunovskis & Surtees, 2012a; Hacker et al., 2015; Huguet & Ramangkura, 2007; Surtees, 2013). Clients would greatly benefit from having a service system that includes shelter care, but also includes other models and mechanisms for accessing services. This would enable clients to receive the necessary supportive services in a way that is individualized to their needs, personal situations, and goals, consistent with their rights as service users (ILO, 2009; Lisborg, 2009; Surtees, 2013). As referenced earlier, advocacy will likely be required with donors to shift a focus toward more community-

based models of care. Sufficient support, training, and infrastructure are needed within service agencies themselves to ensure that staff are empowered and equipped to engage in community-based work.

20. Ensure that training programs equip clients with marketable skills sufficient to obtain employment. Prioritize employment-related assistance for clients.

"I don't know what they should do as the leaders don't even know what they should do too.... To me, I think that if they want to provide skills for women, they should allow us to study for the whole day. Please don't ask us to learn how to sew bags half-day and salon half-day. Time is quite short in a half day, as we just sit there, the time is over... To make the skill helpful, they should focus on the training skills and conduct specific trainings. They should provide certificates to the participants to make it easier for them when they open the shop. Participants should finish their course with good training skills no matter what they learn... I think outside [training] is better. They know more than the inside trainer. Moreover, they are more professional with salon skills. If we take an outside training, we get the certificate for this course, but if we take training inside the shelter, we get only certificate from the shelter (laugh)."

(Chea, female, 2015)

"[The most important assistance is] only the job skills because most of the people now even though they finished their study, but it is hard for them to find a job."

(Bormey, female, 2015)

"I think that after they could stand by themselves, they have a job; they have something they could manage themselves as we are living in the transitional home. As we finished school, we received the certificate, we had a skill, and we could change the job from one to another, even if we stayed outside the center, but we were not afraid. However, if they were transferred to home directly, they would face many circumstances, to live with their parents. Because sometimes they have not finished school yet, their family faces some problems. They need to change to work to the same work as before. They need the job that is able to earn more money to support their family, to help their parents and relatives."

(Phary, female, 2014)

Upon exiting shelters and returning to live in the community, BLR participants faced a multitude of financial pressures within their families and many struggled to sustain consistent, safe, living wage employment. Smith-Brake et al.'s (2015) analysis of the BLR data identified significant financial anxiety, financial instability, and feelings of financial responsibility and filial piety toward family members. These findings are consistent with the broader research which has shown that many survivors face considerable financial difficulties when re-entering the community, including a lack of access to safe employment, difficulties sustaining employment, lack of savings, debt, and family financial pressures (Cordisco Tsai, 2017a, 2017b; Cordisco Tsai et al., 2017; Jobe, 2010; Le, 2016; Lisborg, 2009; Richardson et al., 2009; Surtees, 2012). Survivors may become stuck in a cycle of financial crisis for years after their exit from care due to lack of educational/employment opportunities, lack of savings, unstable housing, and low wage work (Dutta, 2017).

In the midst of these difficulties, BLR participants expressed that access to stable employment was a high priority for them. Many participants talked about the importance of completing their education and their appreciation for shelters' educational support, as they believed that education would help equip them with the skills needed to secure employment and provide for their families. Prior research with trafficked and exploited persons in Asia has demonstrated that employment is often one of the highest, if not the highest, priority for many trafficked persons (Arensen & Quinn, 2005; Hacker et al., 2015;

Huguet & Ramangkura, 2007; Lisborg & Issara Institute, 2017; Mhongera, 2017; Surtees, 2017a; Surtees, 2013). As Hacker et al. (2015) write: “programs, for women as well as for men, which fail to provide a response to the need for victims of trafficking to earn an independent living are bound to fail” (p. 46). In addition to meeting financial needs, employment is vital for mental and emotional wellbeing, as well as dignity, freedom, and autonomy (Lisborg & Issara Institute, 2017; Surtees, 2017a). Without access to safe employment, survivors may have no other choice but to pursue risky employment opportunities, which can lead to re-trafficking or other forms of labor exploitation (Brunovskis & Surtees, 2012b; Cordisco Tsai, 2017c; Jobe, 2010; Smith-Brake et al., 2015; Surtees, 2013; UNICEF, 2009).

BLR participants suggested improvements to vocational services provided within the shelter context. Most suggestions came from adult women whose experiences were highlighted in the case study in this report. Participants in the BLR study reported diverse experiences with vocational training programs. In some shelters, clients felt that staff actively solicited their ideas about the kinds of training they were interested in and worked hard to facilitate connections for clients to community-based training programs that were consistent with the clients’ goals. In these cases, clients expressed appreciation to shelter staff for listening to them and supporting their goals. Some clients reported indecision regarding their own interests and said that they struggled considerably in trying to figure out what their own goals were. In these cases, the clients’ lack of readiness to make some decision complicated shelter staff’s efforts to provide individualized vocational services, as clients who were unsure of their own goals would often drop out of training programs.

In other shelters where a narrow set of options were offered, participants were more likely to feel forced into a training that was not useful for them. Adult women in particular shared that they felt that staff assumptions/biases about clients led them to be placed in training programs that were not a good fit for them – i.e. that some staff assumed that women who had previously engaged in sex work would be interested in cosmetology, etc. As highlighted in the above quotation, women also expressed concerns regarding the professionalism of training staff and the quality of business preparation/training that was provided in the shelter context. Numerous women shared that even though they completed shelter-based vocational training, they did not feel that they had sufficient technical skills at the end to actually run a successful business. BLR participants reported seeing their peers fail in running businesses upon graduating from training, making them hesitant to attempt to run a business themselves.

The experiences shared by BLR participants echo broader concerns in the research literature regarding the effectiveness of vocational trainings in helping clients obtain employment and/or run a successful business in the community (Dutta, 2017; Richardson et al., 2009; Surtees, 2017a; Surtees, 2013). Little evidence exists substantiating the effectiveness of shelter-based vocational training programs (Huguet & Ramangkura, 2007). Numerous scholars and practitioners have voiced concerns about the adequacy of vocational training programs in equipping clients with marketable skills (Derks, 1998; Lisborg, 2009; Richardson et al., 2009; Surtees, 2017a). Many programs lack a clear linkage to the private sector and there is often a disconnect between the skills taught in the shelter and market demands (ILO, 2009; Lisborg, 2009; Surtees, 2012; Surtees, 2013; Surtees, 2017a; UNICEF, 2011). Training programs commonly focus on a narrow set of options, such as cosmetology and tailoring/sewing, which are limited in their usefulness in rural Cambodia (Reimer et al., 2007; Richardson et al., 2009; UNICEF, 2009). Additionally, prior research has shown that vocational training programs may not sufficiently link with clients’ interests, goals, and aptitudes. A narrow set of often highly-gendered trainings (such as sewing, hairdressing, and jewelry making programs for women and girls) are often offered regardless of whether these programs align with the interests and goals of the clients themselves (Hacker et al., 2015; Lisborg, 2009; Surtees, 2012; Surtees, 2017a; Tran, Marschke, & Issara Institute, 2017; UNICEF, 2011). Further, a number of programs focus on preparing clients for self-employment regardless of whether or not the person sees him/herself as an entrepreneur (ILO, 2009). These dynamics can lead clients to describe

trainings as “useless,” to lose faith in service providers, and be less inclined to seek assistance in the future (Surtees, 2013, p. 151).

As discussed in the subsequent section, many BLR participants identified safe employment as a key priority for them and expressed a desire to participate in training that was useful in helping them acquire good employment in the community (Cordisco Tsai, 2017a; 2017b; Lisborg, 2009; Tran, Marschke, & Issara Institute, 2017). The process of preparing clients for employment is incredibly complex and challenging, particularly given the traumatized backgrounds of clients, clients’ desire to integrate into a diverse range of communities with different market needs, and high rates of unemployment in Cambodia. Key recommendations from BLR study participants themselves were to make sure that any training programs are professionally run and rigorous enough to actually teach marketable skills; participants expressed greater confidence in trainings run in a business context, not within the shelter itself. Additionally, BLR participants shared that they wanted their goals, interests, and aptitudes to be taken into consideration in determining an individualized plan to strengthen their employability skills and that they needed support/career counseling from staff in order to help them discern, in a collaborative manner, what vocational pathway would be the best course for them given their individual capabilities and circumstances. Participants also said that they wanted to engage with staff members who had specialized expertise in vocational development. When possible, it would be advisable to have separate staff with expertise in career counseling and business relations take responsibility for supporting clients with vocational/employment-related needs.

Additional recommendations

In addition to the suggestions provided by BLR participants themselves, several other recommendations have been identified based upon the shelter care experiences shared by BLR participants (see Table 16). While survivors themselves did not offer these recommendations, they are provided in the spirit of reflecting the experiences and narratives shared by survivors. Each recommendation is summarized separately below.

Table 16: Additional recommendations for strengthening shelter care

21	Provide support and training for shelter staff pertaining to secondary and vicarious trauma.
22	Integrate services for trafficked and exploited persons with broader social welfare and child protection systems. Ensure adherence to care standards.
23	Continue to assess and refine services to ensure that boys’ care needs are met.
24	Strengthen systems for communicating regarding confidentiality and maintaining confidentiality.
25	Strengthen systems pertaining to screening for, preventing, reporting, and responding to abuses in care.
26	Strengthen evidence-informed models for providing mental health services in the Khmer cultural context.
27	Implement culturally congruent client-centered and rights-based approaches to serving clients.

21. Provide support and training for shelter staff pertaining to secondary and vicarious trauma.

As referenced earlier, service providers who work with victims of trafficking and exploitation are at risk for experiencing burnout and secondary/vicarious trauma (Andreatta et al., 2015; Bjerkan et al., 2005; Surtees, 2008b). Secondary traumatic stress (STS) is a reaction to the emotional demands faced by human service professionals exposed to the stories, images, traumatic memories, and chaotic affect of trauma survivors (Jenkins & Baird, 2002). As a worker is exposed to traumatic material over time, the worker may experience vicarious traumatization (VT), or the gradual wearing down of a worker's identity, worldview, and spiritual beliefs (Clemans, 2004; Trippany, Kress & Wilcoxon, 2004). Symptoms of STS and VT mirror those experienced by people with PTSD (Sexton, 1999). Symptoms include anger, sadness, fearfulness, poor boundaries, self-doubt, inability to trust others, insomnia, difficulty maintaining relationships, difficulty concentrating, and intrusive thoughts and images of the client's trauma (Clemans, 2004; Salston & Figley, 2003; Trippany et al., 2004). Repeated exposure to clients' trauma can lead to a change in the worker's worldview over time, changing a worker's cognitive schemas in relation to trusting others, safety, intimacy, esteem for others, control, and access to power (Salston & Figley, 2003). Repeated exposure to trauma among workers can result in decreased energy, social withdrawal, diminished self-care, disconnection from loved ones, generalized despair, hopelessness, cynicism, and either increased or decreased sensitivity to violence, threat, or fear (Dane, 2000; Sexton, 1999).

Burnout refers to the emotional and physical exhaustion resulting from prolonged psychological strain and strenuous interpersonal situations. Though burnout is not exclusively related to trauma work, human service professionals with ST/VT can become burned out when lacking proper support (Jenkins & Baird, 2002). Burnout symptoms include emotional exhaustion, anxiety, depression, irritation, physical exhaustion, gastrointestinal problems, headaches, hypertension, diminished job performance, and decreased job satisfaction (Salston & Figley, 2003; Trippany et al., 2004; Wright & Hobfoll, 2004). Burnout and VT have a greater impact on younger, inexperienced social workers and overcommitted or over-dedicated workers (Bell, Kulkarni & Dalton, 2003; Dane, 2000).

MOLSAVLY guidelines (2009) highlight the importance of self-care and support for staff pertaining to VT. Nevertheless, proper support systems, training, and supervision may not be in place for shelter care staff to help them properly cope with ST/VT and burnout (Bjerkan et al., 2005). Research with social work and care staff in Cambodia has found that staff report feeling unsupported, stressed, overwhelmed, and isolated (Hilton, 2008). The impact of VT and burnout upon social service organizations can be significant. Burnout can result in poor service delivery, inappropriate boundaries/interactions with clients, diminished concern for clients, decreased organizational commitment, job dissatisfaction, feelings of professional inadequacy, and staff turnover (Andreatta et al., 2015; Surtees, 2008b; Trippany et al., 2004; Wright & Hobfoll, 2004). High staff turnover rates increase the costs of providing services, weaken agencies, and prevent organizations from developing a cohesive and high-performing work force (Conrad & Kellar-Guenther, 2006). As a result, organizational systems need to be in place in order to provide staff with the support needed to properly prevent and manage VT (Andreatta et al., 2015).

Shelters can adopt a range of strategies to support staff with VT and burnout. First, regular clinical supervision is critical to the prevention of VT (Salston & Figley, 2003; Sexton, 1999). Proper supervision allows workers to express their fears, concerns, and questions about their work and gives supervisors the opportunity to assess for VT symptoms in workers (Bell et al., 2003). Peer support systems are another commonly recommended strategy. Peer psycho-education programs can educate workers on trauma theory, help workers assess their own stress levels, reduce isolation inherent in VT, and provide a forum for mutual support (Clemans, 2004; Dane, 2000). While decreasing the negative impact of STS upon

social workers is important, the promotion of factors that increase job satisfaction is equally important. Ongoing professional development opportunities should also be provided (Sexton, 1999; Trippany et al., 2004). Continuing education not only develops the skills of employees but can also increase job satisfaction and help workers feel more competent (Bell et al., 2003).

A fourth strategy is to ensure that direct service workers maintain clear, manageable, and balanced caseloads (Bober & Regehr, 2006; Sexton, 1999). Although caseload management can be difficult in small social service agencies, supervisors nonetheless have a responsibility diversify their employees' trauma caseloads to the extent feasible (Trippany et al., 2004). Participation in social change activities, community outreach, and policy advocacy can neutralize some of the negative impact of trauma work (Bell et al., 2003). Shelters can also promote an organizational culture that allows for self-care amongst the work force. Management can ensure that workers are not stigmatized for experiencing VT and that employees take leave and make time for self-care as necessary (Bell et al., 2003; Sexton, 1999; Trippany et al., 2004). Finally, when financially viable, it is recommended that workers have access to benefits packages that provide for mental health resources (Bell et al., 2003; Trippany et al., 2004). In addition to these institutional level factors, it is important for workers themselves to engage in self-care activities, including leisure, realistic goal setting, appropriate use of supervision, and striving to achieve balance between home, work, self, and others (Bober & Regehr, 2006; Clemans, 2004; Salston & Figley, 2003). Though increased attention to STS and VT in the workforce requires financial and administrative resources, a healthier work environment for workers will ultimately lead to greater satisfaction and health among workers, a more stable work force, and enhanced service delivery to clients.

22. Integrate services for trafficked and exploited persons with broader social welfare and child protection systems. Ensure adherence to care standards.

In addition to MoSVY's *Minimum Standards for Protection of the Rights of Victims of Human Trafficking*, the Royal Government of Cambodia has adopted a variety of additional care standards, including A Policy on Alternative Care for Children, Minimum Standards on Residential Care for Children, and Minimum Standards on Alternative Care for Children in the Community. The Policy on Alternative Care has been strengthened by the addition of a Prakas on Procedures to Implementation the Policy on Alternative Care for Children. In these policies, MoSVY has taken a strong position that family- and community-based care should be preferred to residential care. Such policies have, however, not been consistently enforced. Shelters serving trafficked and exploited persons have tended to operate separately from broader social welfare systems in Cambodia. Many shelter facilities for trafficked and exploited persons have been started by Christian faith-based organizations and churches. Within the counter-trafficking sector as a whole, there is also a tendency for faith-based organizations, and especially evangelical organizations, to operate independently from non-faith-based organizations (Foot, 2016).

In order to ensure that clients' rights are protected, it is important that all shelter facilities comply with standards of care. Clients living in shelter facilities have the right to be cared for by skilled professionals who follow care standards (United Nations, 2010). Standards of care serve as a helpful guide for staff and can clarify expectations for care staff (Groza & Bunkers, 2017; Rus et al., 2017b). Additionally, when shelter facilities operate in isolation, they can exist as "closed systems," heightening the risk that abuse will take place within care undetected (Rus et al., 2017d). Accountability to external controls can also ensure that family- and community-based alternatives are properly considered and that clients are not kept in care unnecessarily (Groza & Bunkers, 2017). The development and implementation of care standards, accreditation of all residential care centers, planned and random inspections, systems for monitoring the quality of care, and systems for investigation and sanctions when clients are maltreated in residential care are all basic foundations to ensuring a proper quality of care (Groza & Bunkers, 2017).

Adherence to such standards requires coordination with existing social welfare systems (Clawson & Goldblatt Grace, 2007; Delap & Wedge, 2016; Huguet & Ramangkura, 2007; Surtees, 2013; Wedge et al., 2013).

Given the preference of some donors for shelter-based models of care and a lack of awareness among some donors of broader child protection and social welfare policies and standards, advocacy will likely be required among donors in the counter-trafficking community (UNICEF, 2011). Strengthening the integration and coordination between counter-trafficking organizations and the broader social welfare and child protection system provides an opportunity to improve the quality of care for trafficked and exploited persons. Additionally, it also may influence further resource allocation toward broader social protection systems, which have historically been lacking in Cambodia (UNICEF, 2011; UNICEF, 2009).

23. Continue to assess and refine services to ensure that boys' care needs are met.

Study findings revealed both similarities and differences in the experiences of boys and girls in shelter care. Both male and female participants talked about undergoing a challenging transition into life in the shelter. Both highlighted the value of education and material assistance, the importance of caregiving and emotional support inside the shelter, and the impact of financial resources on their experiences in shelter care. Both male and female participants described having little participation and decision-making power in planning their re/integration. Both expressed similar challenges upon transitioning to life in the community, including conflicted feelings about life in the community vs. shelter, difficulties completing school, experiences of violence, limited follow-up services from shelters, and unfulfilled expectations about the level of support they would receive in the community.

However, boys mentioned some experiences that were not raised by female participants. In particular, boys spoke extensively about experiences of emotional, physical, and sexual violence within the shelter.¹⁶ Boys also shared more extensively about the difficulties some staff members faced in managing the behavior of male residents in the shelter and responding to violence from clients. Additionally, boys talked more about the need for extracurricular activities outside the shelter to prevent clients from become bored and engaging in destructive behaviors in the shelter. Interestingly, while female participants provided a wide range of recommendations for how to improve shelter care, boys provided one recommendation – separating boys into smaller groups to protect the most vulnerable boys. It is unclear why boys provided fewer recommendations – whether it was due to the strong importance of this recommendation, the boys' comfort level in opening up and expressing their ideas, the smaller number of male participants in the study, or other reasons.

As discussed in the Introduction/Literature review section, fewer services are available for male survivors of trafficking/exploitation and less research exists regarding services for trafficked men and boys (Clawson & Goldblatt Grace, 2007; Hacker & Cohen, 2012). Services are at times provided in a gender-biased rather than gender-sensitive manner (Hacker et al., 2015). Services for male victims have been found to focus more heavily on immediate material needs and group recreational activities, while neglecting the emotional needs of male victims and the need for long-term needs for community-based support (Hacker et al., 2015; Levine-Fraiman in Hacker & Cohen, 2012; Surtees, 2013). Myths and stereotypes related to masculinity, victimization, power, and sexuality cloud the male victim's experiences (Hilton, 2008). In some cases, social work and care staff also mention not receiving enough training in working specifically with boys (Hilton, 2008). Staff biases about boys influence staff behaviors

¹⁶ Although female participants also spoke about violence, this largely happened with the tape recorder turned off.

and orientation toward working with boys. Prior research with abused and exploited boys in the Khmer context has shown that staff may misinterpret acting out behaviors – i.e. staff may see boys as “bad” rather than see any acting out behaviors as a cry for help (Hilton, 2008). Research has shown that staff may perceive that physical discipline as more effective in controlling boys’ behavior. (Attar-Schwartz, 2017; Attar-Schwartz, 2008). Similar to what was shared by BLR study participants, research has also indicated that boys report experiencing more physical abuse from peers and staff while in shelter care than girls, as well as more involvement in physical altercations with staff while in care (Attar-Schwartz, 2017; Hobbs et al., 1999; Rus et al., 2013). In light of all of these concerns, greater attention should be paid to the specific needs and priorities of sexually exploited boys, as well as further development of gender-sensitive models for providing services for trafficked and exploited boys (Hacker et al., 2015; Hilton, 2008; Hilton, Wedge et al., 2013).

24. Strengthen systems for communicating regarding confidentiality and maintaining confidentiality.

MoSVY’s *Minimum Standards for Protection of the Rights of Victims of Human Trafficking* (2009) notes clients’ right to privacy, confidentiality, and dignity. As referenced in the Findings section, some BLR participants raised concerns regarding confidentiality in the shelter. In some instances, the situations raised by clients were a clear violation of confidentiality guidelines (i.e. throwing client case files in the trash where other clients can read them). In other cases, there appeared to be confusion among clients and/or differences of opinion regarding the meaning of “confidentiality.” For instance, in one case, a participant said that staff violated her confidentiality by sharing details of her story with other staff members within the shelter, likely highlighting misunderstanding or miscommunication between the client and the staff person regarding the meaning and boundaries of confidentiality.

Clear guidelines regarding confidentiality are essential in all relationships with service providers (Andreatta et al., 2015). Detailed and careful communication must exist between service providers and clients themselves regarding the limits to confidentiality – i.e. under what specific circumstances and to whom details of the client’s case can be revealed (Macy & Johns, 2011). While the concept of confidentiality may appear simple, it can take time for traumatized clients to fully understand the meaning of confidentiality and trust the service provider’s commitment to adhering to confidentiality guidelines. In addition to discussing the nature and limits of confidentiality at the beginning of the worker’s relationship with clients, it is recommended that workers revisit the nature and limits of confidentiality repeatedly throughout the relationship with the client (Cordisco Tsai, 2017c). Clients should be offered the opportunity to continually ask questions about the boundaries of confidentiality if they have any concerns/apprehensions. To help facilitate greater understanding of the boundaries of confidentiality, it may be helpful to create frequently asked questions (FAQs) and/or examples/case studies for illustrative purposes for clients of when confidentiality would and would not be maintained and what that looks like in practice.

25. Strengthen systems pertaining to screening for, preventing, reporting, and responding to abuses in care.

Some BLR participants reported experiencing violence within the shelter. As discussed in the Introduction/Literature Review, individuals living in shelter care are often at risk for experiencing physical, sexual, and emotional violence from peers and from staff in shelters (Erol et al., 2017; Groza, 2017; Rus et al., 2017b; Rus et al., 2017c; Segura et al., 2017). Clients in shelter care are at risk for exposure to/witnessing violence while in care, which can lead to vicarious trauma (Moore et al., 2017a). As

discussed in the Introduction/ Literature Review, individuals in shelter care are highly vulnerable to experiencing violence from their peers while in care (Erol et al., 2017; Groza, 2017; Rus et al., 2017b; Rus et al., 2017c; Segura et al., 2017). Prior research with abused children in care has found that clients are vulnerable to abusive relationships within the shelter context due to a lack of understanding of what appropriate/inappropriate relationships look like (Moore et al., 2017a). However, as discussed in the Findings section, some BLR participants had the impression that shelter staff were not sufficiently trained/equipped to address such behaviors within the shelter. Shelter facilities should be safe places for clients where they are free from experiencing violence and other forms of harm (Delap & Wedge, 2016; Segura et al., 2017). Prior research has demonstrated that having clear, fair, and consistent policies and procedures regarding violence is associated with both lower reports of violence within care, as well as a heightened sense of safety among clients (Attar-Schwartz, 2017).

Many shelters, however, do not have adequate systems for preventing, monitoring, and responding to abuses in care, including shelters in Cambodia (Rus et al., 2017b; UNICEF, 2011). A variety of institutional features can enable a culture of violence to continue within residential care facilities – including improper hiring, training, and supervision of staff; absence of background checks; lack of internal reporting systems; insufficient systems for addressing disclosures of abuse; lack of resources; failure to identify abusive personnel; lack of responsiveness to client-on-client abuse; inadequate systems for separating clients from other clients who may abuse them; and prioritization of risks to staff/the organization over risks to clients, among others (Brunovskis & Surtees, 2012a; Colton, 2002; Moore et al., 2017b; Pinheiro, 2006; Rus et al., 2017b; Rus et al., 2017c; Rus et al., 2017d; UNICEF, 2011). Shelters can also be “closed systems,” missing accountability to external controls (Rassenhofer et al., 2017; Rus et al., 2017d). Policies regarding abuse may only be prioritized when extreme cases of abuses are uncovered (Pinheiro, 2006). Prior research with clients in shelter care has found that clients’ attempts to report violence can be met with indifference or even denial by staff in care settings, leading clients to feel betrayed and resigned to the need to protect themselves in care (Berelowitz et al., 2013; Moore et al., 2017b). Such experiences can perpetuate clients’ prior abuse histories, reinforcing that they will not be believed or protected. Given clients’ total dependence upon shelters for their material needs, clients whose abuse allegations are not taken seriously may feel that their livelihood may be in danger from disclosing, again potentially replicating prior abuse experiences.

To protect the safety of clients, proper systems and training should be in place to prevent, monitor, collect reports/complaints, and respond to violence in care. Specialized trainings should be conducted for staff regarding the background and experiences of clients coming into care, risks for abuse, warning signs, assessing risk, identifying victims/detecting abuse, appropriately responding to suspected abuse and allegations, and intervention strategies (Liebhardt et al., 2015; Meinck et al., 2015; Rus et al., 2017b; Rus et al., 2017d; Shuker, 2014). Strong client protection policies should be in place, including systems for screening staff and volunteers and overseeing the engagement of volunteers/visitors, including official background checks (Andreatta et al., 2015; Groza & Bunkers, 2017). Formal complaint systems in which incidents can be reported anonymously should be in place and clients should be informed of their rights and mechanisms for filing a complaint (Brunovskis & Surtees, 2012a; MoSVY, 2014). Independent representatives and contact persons should also be appointed outside of the institution to whom clients can report abuse (Rassenhofer et al., 2017). Additionally, an ongoing monitoring system is needed to ensure measures to protect clients from both peer and staff violence are effective (Attar-Schwartz, 2017; Segura et al., 2017).

26. Strengthen evidence-informed models for providing mental health services in the Khmer cultural context.

As noted in the Findings section, BLR participants shared mixed feedback regarding their experiences with counseling in shelter care. Some participants described counseling sessions as incredibly helpful in healing from prior traumas. Others characterized counseling in a neutral manner – saying that they “hung out” with the counselor and did not do much in the sessions. Others described counseling as stressful, indicating that they felt the counselors pressed them too hard to talk about topics they were not ready to discuss.

One of the primary challenges to providing counseling services is the lack of professionally trained social workers and psychologists within the GMS region. Psychological support and mental health services for trafficked persons are largely offered within shelter context in the GMS (Aberdein & Zimmerman, 2015; Surtees, 2017a). However, the level of professionalism of such services varies substantially across facilities (Hilton, 2008; Surtees, 2013). Limitations in funding and staffing create significant barriers to implementing professional mental health services within shelters (Bass, Bearup, Bolton, Murray, & Skavenski, 2011). At times, no proper distinction exists between professional counseling and more informal forms of support (Surtees, 2017a). In some cases, the persons providing counseling do not have professional training pertaining to working with traumatized people (Surtees, 2013; UNICEF, 2011).

Prior research has shown that trauma symptoms can manifest differently among Khmer victims of trauma. For example, psychological distress is often somatized into physical symptoms, as there is not a clear delineation between emotional and physical illness (Bit, 1991; Tor, 1996). Western models of mental health services are, however, increasingly being taught and implemented in Cambodia, including Eye Movement Desensitization and Reprocessing (EMDR) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Aberdein & Zimmerman, 2015). Insufficient attention has been paid to the cultural responsiveness of Western therapy models within the Cambodian context (Seponski, Lewis, & Megginson, 2014). Evaluations of Western-influenced mental health interventions in Cambodia have revealed mixed results.

For example, a small pilot study of a TF-CBT program for trafficked and exploited girls in Cambodia showed short-term improvements in trauma and shame symptoms; counselors in this study also responded favorably to the intervention (Bass et al., 2011). However, conflicting opinions exist among mental health professionals in Cambodia regarding the appropriateness of TF-CBT as a treatment for survivors of trafficking and exploitation in the Cambodian cultural context (Aberdein & Zimmerman, 2015). Another study in Cambodia found that while participation in EMDR led to a short-term decrease in mental health symptoms, long-term gains dissipated without attention to broader systemic issues, such as poverty, which greatly impact the psychological wellbeing of Cambodian clients (Seponski et al., 2014). Further research is needed to explore culturally appropriate models for providing mental health services in the Khmer context. Additionally, given the mixed feedback of BLR participants on their experiences in counseling, it is recommended that further research be conducted to understand the treatment modalities that survivors responded to positively and negatively.

27. Implement culturally congruent client-centered and rights-based approaches to serving clients.

The Ministry of Social Affairs, Veterans and Youth *Rehabilitation's Minimum Standards for Protection of the Rights of Victims of Human Trafficking* (2009) states that a victim-centered and rights-based approach

should be used when serving trafficked persons. Social work standards and ethics necessitate the use of client-centered, strengths-based, and rights-based approaches. Numerous practitioners and scholars have reiterated the importance of individualized client-centered and rights-based orientations toward service provision with trafficked and exploited persons (Andreatta et al., 2015; Bales & Choi-Fitzpatrick, 2012; Brysk, 2012; Delap & Wedge, 2016; Hilton, 2008; Groza & Bunkers, 2017; Lisborg, 2009; Lisborg & Issara Institute, 2017; UN OHCHR, 2014; Wedge et al., 2013). Human trafficking is a human rights violation that is fundamentally about losing control and autonomy over one's own life. Therefore, services for trafficked persons should prioritize survivors regaining autonomy and control (Andreatta et al., 2015; ILO, 2009). Implementing a client-centered and rights-based approach involves placing survivors at the center of decision-making about their own lives and respecting the voices and choices of clients (Andreatta et al., 2015; Brysk, 2012; Huguet & Ramangkura, 2007). This orientation requires recognizing that trafficked and exploited persons are individuals with their own goals and services should be individualized to the person's needs and priorities (Andreatta et al., 2015). Adopting rights-based approaches also involve making sure that clients' rights are not violated through the service provision process (Hacker et al., 2015; UNICEF, 2011; UNICEF, 2009).

Although many stakeholders agree with the concept of adopting client-centered and rights-based approaches, making this happen in practice will require changes within the counter-trafficking movement as a whole, not just in shelters. As Lisborg and Issara Institute (2017) write, "there is a wealth of evidence indicating that empowerment is often neglected at the expense of protectionism and paternalism, to the detriment of the recovery of the trafficked person" (p. 2). Implementing such approaches in practice within the counter-trafficking movement will require a reorientation from rescue to rights and from protection to empowerment (Bales & Choi-Fitzpatrick, 2012; Brysk & Choi-Fitzpatrick, 2012).

However, any efforts to implement rights-based and client-centered approaches in Cambodia should, of course, be congruent with the Khmer cultural context. Questions remain about how to do so in practice. As Bit (1991) writes:

"The principles of human rights have been largely unknown and unacknowledged in Cambodian history...Typically, 'rights' in Cambodian usage has more to do with a sense of obligation to fulfill the responsibilities of one's position or the divine right of the monarchy than it does with a concept of protection from the aggressiveness of one's fellow man. The little emphasis given to individualism in Cambodian society further inhibits the articulation of the rights of the individual" (p. 140).

Traditional Cambodian values prioritize a sense of self that cannot be separated from that of the family; traditionally there has been a strong emphasis on responsibilities to families over individual rights (Gourley, 2009). In this context, it is unclear how notions of empowerment and autonomy/independence (which tend to be framed in individualistic terms) contribute to survivors' success in the more collectivistic Khmer context, in which conformity with social roles and traditional cultural ideals is prioritized (Bearup, 2016). At the same time, Cambodian society is changing, and opinions differ across generations in regard to more "modern" concepts of social justice and individual rights (Gourley, 2009). Further attention should be directed toward how to implement client-centered, rights-based approaches within the Khmer cultural context, with Khmer leadership at the forefront of such efforts.

Conclusion

The provision of shelter-based services is an incredibly complicated and challenging endeavor. Research evidence regarding effective models of care for trafficked and exploited persons are still lacking (Hacker et al., 2015). Service providers involved with Chab Dai's collaborative work have expressed a desire to learn about how to strengthen their programs and position their clients for long-term success (Miles et al., 2014). Analysis for this paper was launched in direct response to this feedback from partner organizations. As referenced earlier, our goal in this report is to amplify the voices of survivors on their own experiences. The findings shared in this paper reflect the voices of study participants, not the perspective of Chab Dai as an organization. We would like to see the findings from this analysis promote reflection and dialogue within the counter-trafficking community around efforts to strengthen the social service system for trafficked and exploited persons, including shelter care. Ultimately, we hope that the study findings can be used constructively to uplift the voices of survivors and enhance the shelter care experience for both clients and shelter staff.

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Appendix I: Ministry of Health National Ethics Committee for Health Research 2018 Approval Letter

1



ក្រសួងសុខាភិបាល
MINISTRY OF HEALTH
គណៈកម្មាធិការជាតិរក្សាសីលធម៌
សម្រាប់ការស្រាវជ្រាវសុខភាពដែលទាក់ទងនឹងមនុស្ស
National Ethics Committee for Health Research

លេខ.....១១/NECHR.....

ព្រះរាជាណាចក្រកម្ពុជា
KINGDOM OF CAMBODIA
ជាតិ សាសនា ព្រះមហាក្សត្រ
NATION RELIGION KING

រាជធានីភ្នំពេញ, ថ្ងៃទី...០១...ខែ...១១...ឆ្នាំ២០១៧.....

Ms. Lim Vanntheary

Project: Request for amendment and continuing of the study protocol entitled “The Butterfly Longitudinal Research Project. Version N°6, dated 07th October 2016” to “The Butterfly Longitudinal Research Project. Version N°7, dated 02nd October 2017”

Reference: 31st October 2017 NECHR meeting minute

Dear Ms. Lim Vanntheary ,

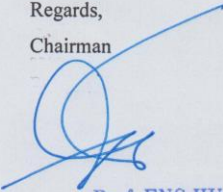
I am pleased to notify you that your request for amendment and continuing of the study protocol entitled “The Butterfly Longitudinal Research Project. Version N°6, dated 02nd October 2016” to “The Butterfly Longitudinal Research Project. Version N°7, dated 02nd October 2017” has been approved by National Ethics Committee for Health Research (NECHR) in the meeting 31st October 2017. 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 Boeungkok2, 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

ឡូតិ៍លេខ៨០ វិថីសង្កែប ប៉ែន ឌុក (២៨៩) សង្កាត់បឹងកក់២ ខណ្ឌ ទួលគោក រាជធានីភ្នំពេញ, ទូរស័ព្ទ (៨៥៥-២៣) ៨៨០ ៣៤៥, ទូរស័ព្ទដៃ (៨៥៥-១២) ២៨០ ៧៩០, (៨៥៥-១២) ៨៤២ ៤៤២
 Lot #80, Samdach Penn Nouth Blvd (289), Sangkat Boeungkok2, Khan Tuol Kork, Phnom Penh, Cambodia. Tel: (855-23) 880 345, Mobile Phone : (855-12) 280 790, (855-12) 842 442