# EXPERIENCES OF PROVIDING PSYCHOSOCIAL AFTERCARE SERVICES TO SURVIVORS OF HUMAN TRAFFICKING

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A mini-dissertation submitted in partial fulfilment of the requirements for the degree

**Magister Artium in Counselling Psychology**

In the

Faculty of Humanities

University of Pretoria

December 2018

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**Declaration**

I, Fran-mauré Webster (student number u17241482), hereby declare that this mini-dissertation, submitted for the partial fulfilment for the requirements of the degree Magister Artium in Counselling Psychology in the Faculty of Humanities at the University of Pretoria, is my own work and that it has not previously been submitted for assessment or completion of any postgraduate qualification to another University or for another qualification. I further declare that, as far as is known, all material has been recognised.

Fran-mauré Webster

December 2018

**Acknowledgements**

I thank the Universal energy that continually directs, supports, and protects my family and I, allowing me to finally reach this lifelong goal.

Thank you, Dr Amanda van der Westhuizen, for sharing your passion, honesty, kindness, humour, and experience with me. Despite the many painful challenges that you have faced, your bravery, authenticity, and strength have been an inspiration to me. It has been a privilege to have you guide me so patiently throughout this process and show me a world that not many dare to enter.

To my parents in heaven: Thank you Mommy for instilling such a love of knowledge in me, and teaching me what it means to have a strong work ethic. This entire journey has been dedicated to you and I know how much you would have loved to do the same. Thank you Daddy for teaching me that travelling is about discovering and learning about tolerance, culture, and human behaviour.

I am eternally grateful to my long-suffering husband, Phillip, who has successfully taken on many of my roles over the past two years, understood my absence on numerous occasions, and ensured that all our boys' needs were met. Your dedication to your profession has inspired me more than you know.

To my precious sons, Christopher and Matthew, thank you for allowing me to follow my passion that makes me a better woman and Mom. I am so proud of how you have both understood and supported my many absences over the past two years. This experience has highlighted what insightful young men you have become. Remember to always do what you love, and love what you do!

I have, for many years, been blessed and proud to have the following strong women in my life who have cheered me on and tolerated my disappearance with love, support, and understanding: Elizabeth (Nini), Siobhan, Amie, Ing, Gill, and Gilly. Thank you.

Experiencing the challenge and uniqueness of Masters with me, have been two women that have been an integral part of this incredible journey. Perishka and Sheri, I could not have chosen two more beautiful, strong, and loyal souls to share these past two years with.

I would like to thank the four exceptional women who continue to provide trafficked survivors with aftercare services, despite receiving little or no support themselves. Thank you for choosing to assist me with this study and for allowing me to let your voices be heard.

**Abstract**

Human trafficking is a global crime that is well known for its complexity and extreme forms of violence. The crime takes on many diverse forms and consequently the effects on survivors results in complex practical, physical, and mental health issues. As awareness of the crime of human trafficking is growing, more identified victims and survivors are requiring psychosocial aftercare assistance. Psychosocial aftercare service providers must manage the severity, extent, and complexity of the survivors' experiences, often with little resources or training. There is, however, limited literature regarding the experiences of psychosocial aftercare service providers to these survivors. This qualitative, phenomenological study is added to the understanding of the psychosocial aftercare service providers' unique experiences of providing psychosocial aftercare to trafficked survivors. This study made use of a purposive, homogeneous sampling method that resulted in four participants being included in this study. These experiences, as analysed through Interpretative Phenomenological Analysis, developed five interconnected superordinate themes. These are namely: *Boundaries and roles are complex, Making a difference, The role of knowledge, Consequences of aftercare service provision,* and *The importance of support.* In addition, the implications of these findings for policymakers, counter-trafficking stakeholders, and mental health professionals in South Africa are briefly explored.

Key words: Aftercare service providers, human trafficking, human trafficking survivors, Interpretative Phenomenological Analysis, psychosocial aftercare, qualitative approach.

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**Chapter One**

**Introduction**

Human trafficking is a multidimensional and global human rights violation that centres on the act of exploitation (Zimmerman & Kiss, 2017). Human beings are reduced to the level of objects to be bought and sold at huge profit by black market operators outside recognised legal systems (Ezeh, 2017). The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons (2000) [Palermo Protocol] defines human trafficking as the recruitment, transportation, transfer, harbouring or receipt of persons. Traffickers use threats, coercion, abduction, fraud, deception, and abuse of power to entrap and move victims (World Health Organization [WHO], 2012). Victims of this crime are exploited in many ways, for example, sex trafficking, forced labour, debt labour, organ trafficking, domestic servitude, and unlawful recruitment and use of child soldiers (Iroanya, 2014; United States Department of State Trafficking in Persons Report [TIP Report], 2018).

Despite increasing efforts by the South Africa government to prevent human trafficking, the country has, for the past six years, been defined by the 2017 TIP Report as a "source, transit, and destination country for men, women, and children subjected to forced labour and sex trafficking" (p. 5). The recent TIP Report (2018) suggested that the number of South African survivors requiring aftercare has more than doubled from 2016 to 2017; 399 trafficked victims were identified and referred to the non-governmental organisational (NGO) run multipurpose shelters in 2017, compared to 220 victims in 2016. South African NGO's estimated 10 to 15 victims of labour trafficking disembark each month in Cape Town, as well as an increase in number of Nigerian sex trafficking victims. It follows, therefore, that psychosocial aftercare services to trafficked survivors poses an increasingly complex challenge in order to attend to the complex needs of these survivors (Burke, 2013).

**Need for the Current Study.**

The quality and extent of South Africa's post-trafficking services has been criticised in recent years (Cho, 2015; United States Department of State, 2018). Systemic issues such as inadequate funding and a shortage of professionals such as social workers, combined with the extent, severity, and complexity of the psychosocial needs of human trafficking survivors (Curran, 2016; Curran, Naidoo & Mchunu, 2017; Emser & Francis, 2014; Hacker & Cohen,

2012; Macy & Johns, 2011; Mollema, 2014; Oram, et al., 2016) place high demands on psychosocial aftercare service providers. This is concerning, as Clawson, Small, Go, and Myles (2008) asserted that working and caring for trafficked survivors is considered to be more challenging than working with other trauma survivors. These psychosocial aftercare service providers are thus constantly confronted with traumatic and vivid images and narratives from the victims they are assisting (Macy & Johns, 2011; Strand, Abromovitz, Layne, Robinson, & Way, 2014; Sui & Padmanabhanunni, 2016; Zimmerman, Hossain, & Watts, 2011). Due to the complex needs of trafficked survivors, it is vital to offer quality and extensive psychosocial aftercare services offered to human trafficking survivors. Aftercare is undertaken to provide the trafficked survivor with the opportunity and resources to re-establish their agency. In addition, survivors require long-term psychosocial aftercare in terms of protection, rehabilitation, and reintegration (Asuelime & Francis, 2014). If this is not achieved, these survivors run the risk of being re-trafficked (Frankel, 2016; Wulfhorst, 2016).

The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, also known as the Palermo Protocol's (2000) framework for combating human trafficking, has been adopted by global legislatures. The United Nations Prevention and Combating of Trafficking in Persons Act (PACOTIP) (2013), South Africa's comprehensive counter-trafficking in persons act, also follows this framework (Mollema, 2014), while the United States Department of State monitors global trafficking by means of an annually updated Trafficking in Persons (TIP) report. This counter-trafficking framework consists of the "4P's", namely Prosecution, Protection, Prevention, and Partnership. The "3R's" of Rescue, Rehabilitation, and Reintegration of aftercare of survivors falls under the Protection function of the framework and begins immediately after rescue of a survivor takes place (US Department of State, 2018). Despite the mandated aftercare services required for these survivors (Mollema, 2014) and the critical function of post-trafficking care, there is a paucity of international and local research on the experiences of those individuals who provide psychosocial aftercare services and this highlights the inadequate knowledge of the experiences and needs of these aftercare providers (DeCapua, 2012; Domoney, Howard, Abas, Broadbent, & Oram, 2015; Oram et al., 2016; Strand, et al., 2014; Sui & Padmanabhanunni, 2016). Few South African studies (Curran, et al., 2017; Delport, Koen, & McKay, 2007; Nduna, 2014) include the experiences of those individuals providing psychosocial aftercare of human trafficked survivors, and no study was found that specifically explores the experiences of these psychosocial aftercare service providers in South Africa.

Although psychosocial aftercare is a fundamental component of aftercare for human trafficking survivors, paucity in research has left a relevant question as to how these aftercare providers actually experience providing psychosocial services to trafficked survivors. In addition, a large amount of trafficking research is focused on, and is conducted by European, North American, and Asian researchers (Okech, Choi, Elkins, & Burns, 2017). The lack of research is concerning as the training and supporting of psychosocial aftercare service providers can only be improved if the aftercare service providers directly provide information as to how they experience the phenomenon of supporting human trafficking survivors (Delport et al., 2007; Krisch, 2016). Such research has the potential to inform the development of evidence-based, best practice-focused education in human trafficking (Ahn, et al., 2013; Krisch, 2016). This knowledge may assist policy makers and other counter-human trafficking stakeholders to ensure that trafficked survivors are receiving effective services, whilst providing support for psychosocial aftercare service providers. Findings from this study might also assist in addressing the gap in literature by contributing knowledge regarding the experiences of psychosocial aftercare service providers to survivors of human trafficking.

**Research Question and Aim.**

The research question of the current study was: How do participants experience providing psychosocial aftercare to trafficked survivors in South African shelters? The aim of this study was to explore the lived experiences of aftercare service providers who deliver psychosocial services to survivors of human trafficking in South Africa. According to Pietkiewicz and Smith (2012), it is important that the paradigmatic approach and research methodology should be selected to best answer the research question and achieve its aims. The conceptual framework and methodology that guided the current study is briefly described next, as well as being discussed in more detail in chapter three.

**Conceptual Framework and Methodology.**

For this current study, I made use of a phenomenological paradigm and a qualitative approach. Qualitative researchers focus on the construction and negotiation of meaning, and the quality and texture of experience that is participant led, allowing the participant to generate meaning (Willig, 2013). The paradigm of phenomenology, as an eidetic method, is concerned with attending to the way things appear to individuals in experience; it aims at identifying the essential components of experience/phenomena which make them unique or

distinguishable from others (Pietkiewicz & Smith, 2012). The thickness of the data gathered using the qualitative approach, interconnects with the unique types of data that the phenomenological paradigm produces. Since phenomenology focuses on the meaning that certain lived experiences hold for participants (Kawulich & Holland, 2012) this paradigm is most appropriate to answer the research question and achieve the aims of this study. Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2007) is an approach to qualitative analysis with a particularly psychological interest in how people make sense of their experience (Larkin & Thompson, 2011). IPA required that I collect detailed, reflective, first-person accounts from research participants, whilst providing an established, phenomenologically focused approach to the interpretation of these accounts.

IPA is a qualitative methodological framework whose primary goal is to investigate how individuals make sense of their experiences (Henning, van Rensburg, & Smith, 2011; Pietkiewicz & Smith, 2012). IPA was selected for this study, as it is an approach to qualitative, experiential, and psychological research that is informed by concepts from three areas of the philosophy of knowledge. These three areas of knowledge are phenomenology, hermeneutics, and idiography (Smith, Flowers, & Larkin, 2017). The main characteristics of this methodology are a commitment to an in-depth understanding of the phenomena without disrupting the participants' context, a commitment to the participant's perceptions and views, and recording their experiences in authentic literary style which is rich in participant understanding (Vaismoradi, 2013). IPA is therefore a suitable methodology to gain a rich understanding of the experiences of psychosocial aftercare service providers assisting trafficked survivors.

This study made use of the IPA sampling method that dictated a small, purposive, and homogenous sampling technique that allowed for a richer understanding of the particular phenomena in their particular contexts (Pietkiewicz & Smith, 2012; Smith et al., 2017). The four participants' English transcripts were analysed using Smith's series of six detailed steps that provided direction for me. Language is a tool of thinking, and is used also to identify objects and phenomena. The functional vocabulary of a person indicates his or her capacity for thinking and attaining information, as well as measuring human perception (Bac & Hang, 2016). Certain essential meanings, therefore, which form part of the complexity of human trafficking aftercare services will be explained below in the definition of key concepts, to add a clearer and richer understanding of these psychosocial aftercare provider's experiences working with trafficked survivors.

**Definition of Key Concepts**

**Survivors, victims, girls, and ladies.**

Throughout this study participants referred to individuals who have been victims of human trafficking as "victims". These individuals have been victims of the crime of human trafficking, however they have also become survivors of the crime. Participants referred to their clients as "girls", "ladies", or "Trafficked in Persons (TIP) victims" and they explained that this was done out of respect for the victim that they were working with, as many have been dehumanised. The term survivor is used more often by myself as I kept the Cambridge Advanced Learner's Dictionary's (2013) description of a survivor in mind, as an individual who continues to stay alive, despite experiencing difficulties or nearly dying. In this context a trafficked survivor could be a man, woman, or child that has survived a variety of health, legal, and social complexities as a consequence of being trafficked. These individuals are alive despite being subjected to physical, psychological, and sexual abuse as well as physical violence while trafficked, and many do not consider themselves victims (Winterdyk, Perrin, & Reichel, 2012). During interpretation of the participants' transcripts, I therefore used the term "trafficked survivor". In contrast, my perception of a victim of human trafficking correlates with Winterdyk, et al.'s (2012) definition of a human being who is under the control of another person, in which violence or the threat of violence, whether physical or mental, prevents a person from exercising agency or her/his freedom of movement. I therefore refer to trafficked victims as those that are still in the trafficking situation.

**Safe houses and shelters.**

The Department of Social Development (DSD) (2006) defined safe houses as dwellings "offering temporary accommodation-length of stay not more than a week (a warm reception, and assessment of the nature of abuse)" (p 7), which includes counselling or support on admission. This support must include information of services available, as well as legal services. Fritz (2016) added to this and defined a safe house as a temporary facility that is designed for potential and current survivors who come directly from the street in order to provide immediate protection, shelter, and basic needs. Safe houses are often provided by trusted charities and religious organisations. Shelters on the other hand provide a place of short-term or long-term safety for trafficking in person (TIP) victims and provide them with protection. Some shelters are accredited by the DSD with a valid certificate of accreditation

that ensures that they receive assistance as per government funding (Chembe, 2016). DSD funds victims requiring rehabilitation for drug addiction at rehabilitation centres, and this is inclusive of a nine-week rehabilitation program run to address psychosocial needs of the victims. NGO's and churches also provide protection and safe care for survivors of human trafficking. Shelters may be open or closed. Trafficked survivors may move freely in and out of an open shelter, but may not leave a closed shelter for their own safety, and that of the staff. Frankel (2016) describes security at most shelters as being insufficient as perpetrators are able to penetrate them and remove their human "property". In the context of the current study, the word "shelter" will refer to the non-profit organisations in Gauteng, South Africa that offer psychosocial aftercare services to trafficked survivors within a shelter environment. These shelters are generally run by permanent and volunteer staff that shares a common mission to bring holistic aftercare to survivors of human trafficking. Physical, psychological, emotional, and often spiritual support is provided in these places of safety by pastors, psychologists, social workers, and lay volunteers.

**Traffickers, recruiters, pimps, and harbourers.**

Trafficking is a process, not an incident and many different individuals may be involved in the trafficking process, (Kruger & Oosthuizen, 2012) as traffickers assume many common roles, including that of transporters, pimps, recruiters, and harbourers. Burke (2013) described a recruiter as someone who identifies, makes contact with, and brings the victim into the first phase of the trafficking process by selling, leasing, or exchanging the victim directly to the trafficker who can be, for example, a labour broker or sex trafficker. One participant referred to sex traffickers as "pimps" who she regarded as men who directly or indirectly control a person who is prostituted. Pimps often have long-term and often lifetime relationships with their human investments (Burke, 2013). The terminology I use to refer to these men who traffic, is "traffickers" and I only refer to "pimp" when referring to a participant's choice of words.

**Sex trafficking and prostitution.**

Sex trafficking is an extremely traumatic form of the criminal offense of human trafficking. A commercial sex act is induced by force, fraud, or coercion, and the abuse of vulnerability, where control is enforced by confinement, physical abuse, rape, threats of violence to the victim's family, and forced drug use (Burke, 2013; United Nations, 2013).

Kiss, et al's. (2015) study found a very high level of trauma amongst sex trafficked victims. According to Osmanaj (2014) this form of trafficking provides huge profits, is considered less dangerous than weapon or narcotic smuggling, and is easy to carry out, as the victims are usually women with low levels of education that live in difficult economic conditions and can therefore be easily manipulated with the hope of a better life. Dempsey (2015) stated that while there are women, men, and transgendered persons who freely choose to sell sex, their choice is the reason why I refer therefore to these individuals as "voluntary prostituted persons". In writing this study, my understanding of women that chose to work in the sex industry and those that do not, comes from my awareness of the different ideologies and theories, definitions, and measurement protocols regarding these individuals. My voice will therefore be underpinned by the abolitionist ideology that is motivated by the mental and physical harm that occurs to those in the sex industry, whether they are there by choice or not. The abolitionist ideology dictates that slavery in any form is a sin and includes a movement to eradicate slavery in all of its forms. My justification for using the terminology that I use throughout this study is compounded by the understanding that many individuals are vulnerable to becoming part of the sex industry simply due to their circumstances. These individuals often realise that their bodies can be used as a commodity in their low-income communities, alleviating the poverty they experienced in war-ridden or underdeveloped countries (Wright, 2015). In my mind most of these individuals enter into the sex industry as their choice is made out of desperation. I will therefore refer to these individuals as experiencing "involuntary prostitution". The next section will provide an overview of the current study.

**An Overview of the Current Study**

Chapter two presents current global and South African literature on the topic of human trafficking, psychosocial aftercare for trafficked survivors, and those psychosocial aftercare providers who assist trafficked survivors. It begins by providing a brief definition of trafficked survivors, human trafficking in South Africa, and its psychological and physical consequences. The psychosocial aftercare services for human trafficked victims in South Africa is discussed which includes an explanation of who these aftercare providers are and the high demands placed on them. Included in this chapter is a discussion as to why human trafficked survivors require specialised aftercare services.

Chapter three is comprised of a discussion of the phenomenological paradigm and the qualitative approach, as well as an in depth explanation of why this approach is most suitable

for the current study. The sampling process of the current study, data collection procedure, data analysis, and trustworthiness is discussed, which includes my reflexive statement. Lastly this chapter focuses on ethical considerations.

Chapter four presents the findings in the format of an integrated discussion. The findings discussed in this chapter include how participants defined their role as psychosocial aftercare provider, the role of their relationships with the trafficked survivors, consequences and effectiveness of the aftercare they provide, as well as the support they receive, and how knowledge makes a difference to their experiences.

Chapter five presents conclusions to the study, the limitations of the study, as well as recommendations that developed during the course of the research.

**Chapter Two**

**Literature Review**

Human trafficking is a multidimensional and global human rights violation that centres on the act of exploitation (Zimmerman & Kiss, 2017). The complex dynamics of the crime of human trafficking is estimated to involve 20 to 35 million men, women, children, and babies each year (Frankel, 2016). Similarly, psychosocial aftercare services pose an especially complex challenge in order to attend to the complex needs of the survivors (Burke, 2013). This chapter defines human trafficking in order to provide an understanding of the crime, followed by a description of the various forms of trafficking in persons internationally, as well as in South Africa. Thereafter, a discussion of the consequences of exploitation of the victims of the crime is provided, focusing on the physical and psychological health effects to provide an understanding of the well-being needs of survivors. This includes the requirements of rehabilitation, reintegration, and restoration of victims of trafficking. This gives the reader clarity as to the need for the specialised care required, as well as how specialised aftercare services places a high demand on the psychosocial aftercare providers. Firstly, the crime of human trafficking, via legislation or legislative instruments, is defined below.

**Human Trafficking Legislation**

The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, also known as the Palermo Protocol (2000), was the first internationally agreed legal definition of human trafficking (Kruger & Oosthuizen, 2012). The Palermo Protocol's (2000) definition of human trafficking consists of three elements, namely (a) mobilisation, which refers to an act which consists of recruiting, transporting, harbouring, or receiving of people; (b) means, which are the methods used by traffickers to commit mobilisation acts such as, means of threat or use of force, coercion abduction, fraud, deception, abuse of power or position of vulnerability, giving or receiving payments or benefits to get consent of a person having control over another; and (c) the purpose which refers to the exploitative purpose of the trafficker such as the forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, organ removal (Kruger, 2016) and the use of child soldiers (Iroanya, 2014). In the case of child victims, the Palermo Protocol (2000) does not require means to be proven. Kruger and Oosthuizen (2012) highlight how the South African Children's Act 38 (2005) can prosecute strangers, parents,

and family members who are involved in child trafficking, as well as if during the trafficking process, children are exposed to the ill-treatment prohibited in section 305(3) of Act 38. This ill treatment includes, physical and sexual abuse, labour exploitation, and circumstances that are psychologically and emotionally harmful.

All other countries of the Southern African Development Community (SADC), signed the Palermo Protocol, with South Africa signing in 2000. The Protocol was ratified in South Africa in 2004. The Palermo Protocol (2000) established international minimum standards for combating and effectively prosecuting human trafficking. The Protocol, which states that parties to these treaties, including South Africa, must comply with the minimum standards in their domestic law (Kruger 2016).

In July 2013, President Zuma signed the United Nations Prevention and Combating of Trafficking in Persons Act (PACOTIP), which came into operation on 7 August, 2015 (Government Gazette, No. 39078). The PACOTIP (United Nations, 2013) was the first comprehensive piece of legislation that included aspects that took into account the South African context. For example, "muti" is included where PACOTIP (United Nations, 2013) describes organ trafficking. Not only did PACOTIP (2013) take into account the South African context, it was also victim-centered and included specific protection aspects that legislate specific services for victims. Between the signing of the Act in 2013, and its operationalisation, departments had to promulgate regulations to operationalise the South African legislative response. In line with this, the Department of Social Development (DSD), published regulations to oversee temporary-care safe houses and multipurpose shelters in South Africa. This will be discussed in detail when describing South African aftercare services.

In order to assess countries' compliance of these standards, the United States Department of State has been releasing an annual Trafficking in Persons (TIP) Report for the past 16 years. According to Chembe (2016) the main purpose of the TIP report was to place each of the 188 nations on one of three tiers, evaluating each country on its individual compliance with the minimum standards of the United States' Trafficking Victims Protection Act (TVPA) (2000). These minimum standards for the elimination of trafficking applicable to the government of a country of origin, transit, or destination for victims of severe forms of trafficking are as follows:

(1) The government of the country should prohibit severe forms of trafficking in persons and punish acts of such trafficking.

(2) For the knowing commission of any act of sex trafficking involving force, fraud, coercion, or in which the victim of sex trafficking is a child incapable of giving

meaningful consent, or of trafficking which includes rape or kidnapping or which causes a death, the government of the country should prescribe punishment commensurate with that for grave crimes, such as forcible sexual assault.

(3) For the knowing commission of any act of a severe form of trafficking in persons, the government of the country should prescribe punishment that is sufficiently stringent to deter and that adequately reflects the heinous nature of the offense.

(4) The government of the country should make serious and sustained efforts to eliminate severe forms of trafficking in persons (United States Department of State, 2018, p. 44). The tier evaluation includes four levels: Tier One, Tier Two, Tier Two Watch List, and Tier Three. Tier One refers to countries whose governments fully comply with the TVPA's minimum standards, while Tier Three indicates countries that show a lack of compliance in the bare minimum standards of prevention, protection, and prosecution.

According to the 2018 TIP Report, South Africa has been downgraded to a Tier Two Watchlist level from a Tier Two level. This means that the government has not yet fully complied with the TVPA standards for the elimination of human trafficking, but that it is making significant efforts to comply with those standards. The reasons for the downgrade were:

a) the absolute number of victims of severe forms of trafficking is very significant or is significantly increasing;

b) there is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year; or

c) the determination that a country is making significant efforts to bring itself into compliance with minimum standards was based on commitments by the country to take additional future steps over the next year (United States Department of State, 2018, p. 388).

Kruger (2016) and Curran (2016) described the South African response to human trafficking as fragmented and still not in full compliance with international standards. The following section will describe the international scope of human trafficking as well as the extent of the crime.

**Global Scope, Nature, and Extent of Human Trafficking**

Johnstone (2017) found that human traffickers operate the modern slave trade with an innate understanding of the political, social, economic, and cultural contours of a local community. The International Labour Organization's (ILO) Global Estimates of Modern

Slavery (2017) report calls for effective measures to end human trafficking and provides the following global figures for modern slavery-40 million people, forced labour-25 million people, debt bondage-eight million people, and forced marriage-15 million people. Researchers (Kruger & Oosthuizen, 2012; Zimmerman & Kiss, 2017) described exploitation to be at the heart of human trafficking. They report how traffickers primarily exploit individuals for profit using different forms of abuse, such as extensive hours, poor pay, extortionate debt, physical confinement, serious occupational hazards, violence, and threats. Exploitation mainly occurs at the place of destination, however it may occur from the initial stages of the trafficking process (Kruger & Oosthuizen, 2012). Burke (2013) reports forms of exploitation in terms of sex trafficking, forced labor, child trafficking, child soldiering, organ trafficking, debt bondage, chattel slavery, early and forced marriage, and involuntary domestic servitude. The Walk Free Foundation (2018) produced the Global Slavery Index (GSI) which reported that 15.4 million individuals were subjected to forced marriages.

Sex trafficking is described by Burke (2013) to be endless, brutal, often deadly, and that it is more dangerous to the victim than trafficking for labour. Victims of sex trafficking are exposed to physical violence, sexual violence, sexually transmitted diseases, and pregnancy whilst their mortality rate is 40 times higher than the national average. An estimated 3.8 million adults were victims of forced sexual exploitation and 1 million children were victims of sexual exploitation in 2016, with the majority being female (ILO, 2017).

The GSI (2018), reported that 24.9 million people were forced into labour, while the ILO highlighted that trafficking persons for labour exploitation is a widespread phenomenon and people are supplied by traffickers to numerous markets (Kruger, 2016). Labour exploitation includes domestic servitude, agricultural field laborers, construction laborers, fishing, mining, and other forms of physical labour referred to as the "3-D jobs"-dangerous, dirty, and degrading (Winterdyk, et al. 2012). Labour exploitation commonly consists of trafficking victims to another place by force, or under false pretences of well-paid employment. According to Burke the majority of globally trafficked victims find themselves exploited in agricultural fields, in the fishing industry, flower picking, and packing. The ILO reported that 14.2 million (68%) people are victims of forced labour exploitation and are found in economic activities, such as agriculture, construction, domestic work, or manufacturing.

Chronic poverty, lack of resources, and misguided governments fuel global child trafficking (Winterdyk et al. 2012). Many children, including those with disabilities, are exploited in forced begging. Children are most vulnerable to traffickers as they are impressionable, have limited agency, and thus are relatively disempowered. Another form of child trafficking is when healthy children are maimed to be beggars, in extreme cases having

their limbs surgically removed, whilst handicapped and orphaned children are further exploited to beg in conditions that further exacerbates their physical and mental health (Shelley, 2010). According to Winterdyk, et al. children may also be kidnapped, sold, or illegally adopted to be introduced to the labour industry.

Organ trafficking is a lucrative crime where the incentive to illegally harvest organs is high so as to meet the enormous demand. Leading countries actively involved in the sending of organs are Pakistan, India, China, Israel, Turkey, and Peru, whilst the leading receiving countries are the United States, Japan, Israel, Canada, and Saudi Arabia (Winterdyk, et al. 2012). Most often those whose organs are trafficked are poverty stricken usually women and orphans who suffer further from postoperative infections and serious psychological problems as they then become burdens to their communities (Shelley, 2010).

**Scope, Nature, and Extent of Human Trafficking in South Africa**

The scope, nature, and extent of human trafficking in South Africa is unclear. The GSI (2018) estimated that 248 700 trafficked victims are from South Africa. Frankel (2016) disputes this as he describes the GSI as having "highly questionable" (p. 163) methodologies and that very little can be described beyond the few criminal cases that become public having reached the courts. Frankel goes on to explain that there is a dissensus about the prevalence of human trafficking as it is an underground crime that is resistant to macro-statistical analysis. For example, in 2016 only 220 victims were identified in South Africa, 11 traffickers were convicted in 2017 with 10 cases receiving stringent sentences (United States Department of State, 2018). This questions the accuracy and discrepancy of available statistics, particularly the GSI's 248 700 South African trafficked victims. Gallagher (2016) supports this criticism and states that there is a lack of critical engagement with the GSI among those who have the responsibility and capacity to investigate the statistics carefully, honestly, and openly. As van der Watt (2015) explains, methodologies used to estimate the nature and extent of global human trafficking have been widely criticised as they are lacking in scientific rigour. Van der Watt further clarifies that the absence of reliable statistics means that there is no clarity as to the actual size and extent of the problem. Gallagher echoes this by stating that a universal, reliable calculation of the size of the human trafficking problem, whilst an important goal to strive for, is not yet possible. Although empirical research has increased in previous years, the issue of measurement is still a challenge in accurately representing the scope of the problem (Russell, 2018).

Corruption also influences statistics. For example, the fact that the South African government did not prosecute or convict immigration and law enforcement officials, despite a police station near Pretoria allegedly notifying traffickers to retrieve their victims when the victims sought help. Another example of corruption describes the South African Police Services (SAPS) officers reportedly using an official vehicle to transport victims to a brothel where they were exploited, and SAPS officers allegedly accepting bribes to not investigate sex trafficking (United States Department of State, 2018). In addition, the SAPS Crime Administration System (CAS) did not, for years, have a case code for reporting child trafficking, despite the Children's Act (2005) being operationalised.

As a transit and destination country for human trafficking, women and girls from Brazil, Eastern Europe, Asia, and neighbouring African countries are recruited for work in South Africa, but some are subjected to sex trafficking, domestic servitude, or forced labour in the service sector, while others are transported via South Africa to Europe for similar purposes. South African women are recruited by syndicates and forced into sex work, domestic servitude or drug smuggling, whilst Thai women remained the largest group of identified foreign victims (United States Department of State, 2018).

The 2018 TIP Report confirmed that South Africa is a source, transit, and destination country for men, women, and children subjected to forced labour and sex trafficking. The International Organisation for Migration's (IOM's) Southern African Counter-Trafficking Assistance Programme has found that human trafficking is thriving in South Africa, with its expanding sex industry being the main regional destination (Wynn, 2012).

Many forms of human trafficking have been reported in South Africa. Non Governmental Organisations (NGO's) in the Western Cape have reported an increased number of Nigerian sex trafficking victims, and more Nigerian foreign nationals in domestic servitude, whilst central African women are reportedly subjected to forced labour in hair salons. Van der Watt and Kruger's (2016) study found that Nigerian traffickers use juju rituals as an effective control mechanism and catalyst to instil fear in their victims. Baker (2017) explained that the power of the juju curse should not be underestimated as it makes the sex trade lucrative and almost impossible to prosecute. A "juju" priest conducts an oath-taking ceremony performed in front of a carved wooden idol, which is accompanied by animal sacrifice and incantations, for example a victim's pubic hair, fingernails, or underwear. These are bundled together by the priest and blessed. The victim is bound by the unbreakable oath as long as the bundle remains at the shrine, and breaking the oath results in a curse. Baker (2017) found that these oaths are usually to pay back a trafficker and never betray them. SAPS confirm that

traffickers often also employ forced substance abuse to coerce trafficked victims (United States Department of State, 2018).

Despite the prominence of sex trafficking, labour trafficking is emerging as the most prevalent form of trafficking in South Africa (Emser & Francis, 2014; United States Department of State, 2018). Men and women are lured into the country with the promise of jobs only to be trafficked to more rural areas for the purpose of forced labour in the agricultural sector (Frankel, 2016). Unsuspecting migrants fell into the clutches of traffickers through poverty and a lack of opportunity in their countries of origin. Allais (2013) found that young men and boys labour for months on South African farms without pay before "employers" have them arrested and deported as illegal immigrants. Frankel (2016) highlighted the plight of illegal miners ("zama-zamas") as the mining sector was fuelled by the migrant labour system, mining's short-term contracting trend, as well as endemic corruption. Stuckler, Steele, Lurie, and Basu (2013) reported that labour-brokering practices fostered human trafficking by exposing migrant men to lack of pay and exploitative conditions. Male forced adult labour victims were discovered aboard fishing vessels in South African territorial waters, whilst young migrant men and male minors are subject to forced labour in the agricultural sector. The non-consensual and illegal practice of ukuthwala (forced marriage of female adolescents to adult men) remains, and forced labour, as well as sex slavery is practiced in remote villages in the Eastern Cape (United States Department of State, 2018).

Frankel (2016) regarded trafficking in children for sex slavery, as "probably the most egregious form of human trade" (p. 55), and reported that human trade in Asia and Africa, South Africa included, was made up of a high proportion of those under sixteen years of age. These minors are trafficked for either sex, soldiers, cheap labour, or for begging (Frankel, 2016). The 2018 TIP Report confirms that South African children are recruited from poor rural areas to urban centres, girls are subjected to sex trafficking and domestic servitude, and boys are forced to work in street vending, food service, begging, criminal activities, and agriculture. Being the most susceptible individuals in overall populations, Frankel described children as a preferred group for traffickers. A proportion of children that are sexually exploited, mainly adolescents, are forced into the commercial sex industry and become targets for child pornographers who supply the paedophile market. Many children, mainly girls aged between twelve years and sixteen years old, are kidnapped from suburban streets, shopping malls, taxi ranks, and schools in South Africa. These children are trafficked across towns, provinces, and borders for commercial sex purposes. Frankel reported that abducting children for prostitution is often followed by systematic rape, beatings, and forced narcotic feeding.

Organ trafficking is another form of exploitation that reaps large rewards. Kriek and Becker (2017) estimated that the illicit organ trade in South Africa generates illegal profits of between eight billion and sixteen billion Rands each year, with a heart costing two million Rands on the black market. Fellows (2008) found that body parts are trafficked on a regular basis in South Africa and Mozambique, with body parts being taken from victims, either while they were still alive or directly after being murdered. PACOTIP (United Nations, 2013) included body parts, in addition to organs, as the Palermo Protocol (2000) included only organ trafficking. The addition of body parts was added to include local forms of human trafficking (Mollema, 2014). Alarmingly, Fellow's study revealed that 72 per cent of participants confirmed the commonly held belief in South Africa that when traditional medicine ("muti") contains body parts, it is more effective, more powerful, and can solve any problem. Muti is a word derived from medicinal plants and refers to traditionally sourced plants, minerals, and animal based medicines. Some witchdoctors actively seek human body parts, such as male and female genitalia, hands, heads, and lips from live victims, usually through a third party which fuels a complex supply and demand muti business (Fellows, 2008). Formal organ trafficking has also been exposed in South Africa. In 2007 a prominent private hospital in Kwazulu Natal, Netcare St Augustine's, was involved in over one hundred illegal transplants from lower social economic countries to two hundred people from Israel, five of those transplants involved removing organs from minors (Hassan & Sole, 2011; Kriek & Becker, 2017).

Research has shown that individual and contextual factors can make individuals more vulnerable to be trafficked. For example, Delport, et al. (2007) highlighted macro-level factors such as the feminisation of migration, globalisation, and supply and demand factors. Ezeh (2017) indicated that certain factors increases African individuals' vulnerability to be trafficked. These include having a history of child sexual abuse, family dysfunction, substance use, poverty, lack of education, cognitive or physical disabilities, homelessness, and runaways. Since South Africa's economy is one of the largest in Africa (Rossouw, 2016) desperate migrants travel to urban areas through permeable African borders seeking safety and employment (Delport et al., 2007). Victims of all forms of trafficking described above have been vulnerable to exploitation, profoundly traumatised, exposed to violence, ongoing manipulation, and substance abuse (Frankel, 2016). These consequences of trafficking will be discussed in the following section.

**Physical and psychological consequences of exploitation.**

Frankel (2016) stated that victims of human trafficking in South Africa suffer physical and psychological debasement, as their social stigma and personality are brutally changed by their exposure to this crime. Zimmerman and Kiss (2017) clarified that the health consequences of human trafficking are so widespread and severe that it should be addressed as a public problem of global magnitude. People who are trafficked experience health risks and consequences that may begin before they are recruited into the process, continue throughout their exploitation, and remain even after individuals are released. Survivors are often rendered with no home or shelter. They are left with no resources to rebuild their lives and are often stigmatised by their families and communities, which makes it impossible for them to return to their informal communities of origin and to receive support (Aronowitz, 2009). The physical consequences of exploitation are described next, followed by the psychological consequences.

*Physical consequences of labour trafficking.*

Human trafficking contributed to the global spread of infectious diseases prevalent within the labour trafficked populations. Disease and ill-health in this population may go untreated for long periods of time which causes great pain, life-long disabilities, infertility, as well as other chronic illnesses (Burke, 2013). Farrell (2011) indicated that trafficked survivors usually suffer from one or more infectious diseases, such as tuberculosis, some of which are potentially fatal. Farrel reported that individuals such as trafficked victims and survivors who are stressed, malnourished, or living and sleeping in crowded areas that many are not allowed to leave, are most susceptible to infectious diseases. For trafficked labourers, common occupational hazards have the most severe implications, exacerbated by violence and abusive working and living conditions (Kiss, et al., 2015). Kiss, et al. reported exploited labourers are unlikely to be adequately trained as they do not understand the language, have no protective equipment, work at heights or with hazardous chemicals, fish in dangerous waters, and do repetitive bending and lifting tasks which result in injury. Ladd and Weaver (2017) include consequences of physical violence inflicted upon trafficked victims to include broken bones, concussions, burns, bruising, and bite marks when describing physical injuries of survivors.

*Physical consequences of sex trafficking.*

Sex trafficked victims are exposed to sexually transmitted infections (STI). These infectious diseases are spread amongst individuals with infected body fluids and include syphilis, human papillomavirus (HPV), chlamydia, herpes simplex II, gonorrhea, hepatitis B, and Human Immunodeficiency Virus (HIV). These STI's are acquired primarily during sexual contact and since trafficked victims are enslaved they often have no access to condoms, no ability to refuse sex with infected individuals, or seek medical treatment for suspected STI's (Burke, 2013; McCabe & Manian, 2010). Eight percent of trafficked men and twenty three percent of sex trafficked women were diagnosed with STI's in England (Oram, et al., 2016). In addition, many victims of sex trafficking become pregnant and are forced by their traffickers to have abortions to continue serving clients without interruption (Shelley, 2010). These unsterile, illegal abortions exacerbate the trafficked victims' physical health and trauma (Burke, 2013).

*Psychological consequences.*

Hopper and Hidalgo (2006) reported that non violent forms of ill treatment often lead to long-term psychological effects, whilst Kiss, et al. (2015) found a strong association between abusive and exploitative conditions during trafficking and poor mental health outcomes. For example, many victims of trafficking are deprived of light by being locked in dark rooms, basements, or in the hulls of boats. Canazei (2013) found that when a person is deprived of light their natural circadian rhythms are affected and these are essential for modulating mood and cognition such as attention, alertness, and working memory. Verbal abuse, humiliations, and threats deliberately resulting in subjugation of the will result in a sense of helplessness which undermines their efforts to escape or resist (Hopper & Hidalgo, 2006).

Adding to the complexity of the consequences experienced by the survivor, is their mistrust in the authorities and aftercare providers, as well as their misunderstanding of the assistance and support that is being offered to them (Winterdyk, et al., 2012). Van der Westhuizen (2015) found that traffickers induce and cultivate distrust in their victims, particularly of the authorities. For example, traffickers paid police officers a bribe in front of the trafficked victim, in order for the trafficked victim to understand that if they attempt to escape, the very same police officer will return the victim to their trafficker. As a result, the trafficked victim does not trust the police. In addition, trafficked survivors may decline

psychosocial support due to a fear of being deported as well as being arrested, or a reluctance to return to their home countries. Scanlon and Krausa (2016) describe survivors refusing assistance as they wish to avoid the label of "victimhood" (p. 34) as well as often denying their victimisation. However the traumatisation of trafficked survivors occurs repetitively with unrelenting boundary violations, a loss of agency, self-regulation, and social support (Burke, 2013). As victims of trafficking have limited agency to protect themselves from the prolonged violence, torture, physical and sexual abuse inflicted upon them, many develop long-lasting emotional consequences that may meet the criteria of post traumatic stress disorder (PTSD) (American Psychiatric Association, 2013) as well as complex post traumatic stress disorder (CPTSD) (Herman, 1992). These are discussed next.

*Trauma and Complex Post-traumatic Stress Disorder.*

Men, women, and children exposed to abusive overtime, restricted freedom, bad living conditions, threats, or severe violence were more likely to report symptoms of depression, anxiety, dissociative disorders, and self-destructive behaviours including suicide and PTSD (Hopper, 2017; Kiss, et al. 2015; Ladd & Weaver, 2017; Zimmerman & Kiss, 2017). Oram, et al. (2016) confirmed this finding with seventy eight percent of trafficked women and forty percent of trafficked men in England reporting high levels of depression, anxiety, or PTSD. While research (Atwoli, et al., 2013) confirms that trauma exposure in South Africa highlighted the importance of political and social context in shaping the epidemiology of PTSD, trafficked persons are particularly vulnerable to trauma as their repeated experiences threaten their sense of safety and security when their coping mechanism are overwhelmed (Burke, 2013). According to Burke, 70 per cent of trafficked individuals experience traumatic and severe physical and sexual assaults which result in survivors most likely experiencing PTSD.

Herman (1992) described trauma as "an affliction of the powerless" (p. 33) that overwhelms an individual's sense of control, connection and meaning. Perpetrators are able to control individuals with systematic, repetitive psychological trauma used as techniques to disempower and disconnect their victims, and Herman reported that these methods of psychological control are designed to instil terror and helplessness in the trafficked individuals as well as to destroy their sense of self in relation to others. Herman (1992) therefore proposed a formulation of criteria for trauma victims which takes into account somatisation, dissociation, and pathological changes in the survivor's identity, which she called Complex Post-traumatic stress disorder (CPTSD). Brown's (2018) South African study

found that CPTSD adequately described the trauma manifestations of victims of trafficking in South Africa.  Herman (1992) argued that this new category for survivors of prolonged captivity or violence be created as this encompasses the type of trauma perpetrated by traffickers and other abusers (Ladd & Weaver, 2017). Burke added that trafficked persons that experience complex trauma are also at higher risk for self-destructive and risk-taking behaviours, as well as re-victimisation. Ladd and Weaver (2017) confirm that not all people who are exposed to trauma will experience life long adverse effects of the experience, as resiliency has been evident in the experiences of some human-trafficking survivors.

Risk factors for CPTSD are found in the human trafficking experience, and the protective factors of family and social support, are generally absent (Burke, 2013). Pandey, Tewari, and Bhowmick (2013) found that family is in fact part of a general pattern of vulnerability, for example, poverty, sexual abuse, becoming orphaned, and alcohol abuse by parents and guardians. Pandey et al., (2013) found that often family members were complicit in the trafficking process. Oram, et al. (2016) concluded that psychological interventions to support the aftercare recovery of this highly vulnerable population are urgently needed. This need for psychosocial aftercare services for trafficked survivors is discussed next.

**Psychosocial aftercare services**

As discussed in a previous chapter, the Palermo Protocol's (2000) framework for combating human trafficking has been adopted by global legislatures, including South Africa. Van der Westhuizen (2015) noted that ratifying the Palermo Protocol (2000) obliged countries to incorporate human trafficking into their own legislation and prosecute traffickers accordingly. The Protocol's framework consists of "3P's", namely Prosecution, Protection, and Prevention. The fourth "P", namely Partnership, was announced and added to the Protocol informally by Secretary of State Hillary Rodham Clinton in 2009. The PACOTIP follows the framework of the Palermo Protocol, and partnership therefore includes national and international coordination and cooperation. The 3R's of Rescue, Rehabilitation, and Reintegration of aftercare of survivors falls under the Protection function of the framework (United States Department of State, 2018). Rehabilitation and reintegration are both generally undertaken by countries of origin (Segrave, Milivojevic, & Pickering, 2017), in shelters that operate as a stepping stone towards reintegration, with rehabilitation being the psychological, economic, physical, and socio-cultural goal (Pandey, et al. 2013).

The global focus in these shelters remains on addressing traumatisation as well as attending to economic and social skills for economic support (Pandey, et al. 2013; Segrave, et

al. 2017). Segrave, et al. found that internationally, shelters offered rehabilitation programs that included educational workshops, information sessions, craft activities, and vocational training. Social workers are also available to take on a mentoring role which improves the trafficked person's mental health. Fomina (2015) described how countries applied the Protocol definitions in national legislation to match local conditions, and therefore definitions can alter between countries. In addition, when reintegrating trafficked survivors, the aim is to assure some minimum social acceptance and protection against social discrimination ensuring they have similar access and control over resources as other members of their respective society have (Pandey, et al. 2013).

Richards and Lynehan (2014) described reintegration of trafficked survivors as a long-term process by which a returning victim of human trafficking is reintroduced into the social and economic structure of their community or country of origin. The International Organisation of Migration's (IOM) World Migration report (IOM) (United Nations Migration Agency, 2018) described reintegration as completed when the returned survivor becomes an active member of the economic, cultural, civil, and political life of the country. Reintegration activities must aim to build protective mechanisms in the social interaction of the individual victim in such a way that the chances of being retrafficked are minimised (Chembe, 2016; Pandey, et al. 2013).

Despite this, Pandey, et al. (2013) state that minimum provisions must be made for treatment of trauma as well as alternative educational and vocational opportunities for the survivor. According to Frankel (2016), all trafficked survivors are left with mild to severe psychological injuries which inhibit their subsequent reintegration into their communities. In addition, when returning to their communities, trafficked survivors have to endure the experience of exploitation, and their community's perception of their experience (Segrave, et al., 2017). Considering the shame, guilt, mistrust, low self-esteem, life dissatisfaction, and physical consequences that a trafficked survivor faces, some find returning to normal life too difficult and they retreat back to their traffickers (Reda, 2012). Although suffering from severe trauma, some trafficked survivors become recruiters of other victims into the vicious cycle of trafficking (Pandey, et al. 2013).

The impact of human trafficking has therefore directed the global emphasis to attend to the victims' immediate practical and medical needs, and to later address the psychological damage that the trafficking can cause (Clay, 2011; Williamson, Dutch, & Clawson, 2010). Walker and Quraishi (2015) stated that in light of the prevalence of violence and control during experiences of human trafficking, it is critical for collaborative partners to understand

and implement trauma-informed care, as it emphasises the physical, psychological, and emotional safety for both aftercare providers and survivors.

The goals and content of aftercare services for human trafficked survivors are conceptualised in various ways by different researchers. For example, Van der Westhuizen, Alpaslan, and de Jager (2013) defined aftercare services on-going support of survivors to increase their recovery potential, while Curran (2016) highlighted the holistic nature of aftercare services with the ultimate goal of rehabilitating survivors from the effects of human trafficking and restoring their sense of well-being. Hacker and Cohen (2012) asserted that aftercare services should emphasise psychological rehabilitation and attitudinal empowerment, such as enhancing survivors' coping skills, gaining courage to reintegrate into society, and help them to re-empower their normative functioning and psychological abilities, namely: individual growth, trust, self-esteem, confidence, assertion, and responsibility. Another critical aspect of aftercare services highlighted by research (Banović & Bjelajac, 2012; Gallagher, 2016; Oram et al., 2016), is the need for comprehensive and culturally appropriate aftercare services to assist survivors who often have intense and acute trauma manifestations, with the ultimate aim of assisting human trafficking survivors to cope with the return to their communities (Ezeh, 2017; Powell, Asbill, Louis, & Stoklosa, 2018). Aftercare services in South Africa are discussed in the following section.

**Aftercare services in South Africa.**

The United Nations Prevention and Combating of Trafficking in Persons, Act 7 of 2013 (PACOTIP), dictates how South African authorities and local agencies are to assist with the psychosocial effects the human trafficking abuse has had on the survivors (Emser & Francis, 2017). Removing a trafficked individual from an exploitative situation in South Africa should be undertaken by border officials from the Department of Home Affairs (DHA), law enforcement officers from the SAPS, social service providers from the DSD, nurses from the Department of Health, as well as officials from the National Prosecuting Agency (NPA) and Department of Justice and Constitutional Development and Justice (DJCD), as well as the Directorate for Priority Crimes, known as the Hawks. In 2013, the NPA began an intensive cross-provincial staff training programme and trained 150 prosecutors, magistrates and investigative police officers assigned to various Hawks units in anti-trafficking activity (Frankel, 2016). The national network involving provincial groups composed of state officials and members of civil society is fairly successful, particularly in KwaZulu-Natal where the Hawks focus on raising public awareness.

The PACOTIP's (United Nations, 2013) legislation stipulated that adult victims are entitled to services provided by accredited organisations in terms of the mandatory services of screening, admission, care, and support of an adult trafficked person. Should funding and services be available, adult trafficked victims may request the mandated services of rehabilitation, therapeutic services, education, and skills development training (Mollema, 2014). Despite this, Kruger (2016) and Curran (2016) described the South African response to human trafficking as fragmented.

At present, the DSD oversees 17 NGO-run safe houses, provides a stipend on a per person per night basis to the safe houses, which temporarily shelter survivors before transfer to one of 14 accredited and funded multipurpose shelters mostly run by NGO's (United States Department of State, 2018). In addition, the DSD runs a nine-week rehabilitation program to address the psychosocial well-being of victims, and pays for survivors to receive residential drug rehabilitation treatment at local centres, when requested and where available (United States Department of State, 2018). Most assistance, support, and programmes for survivors are shelter based (Winterdyk, et al., 2012).

There was only one shelter, found in Gauteng, able to provide aftercare for trafficked males. Trafficked survivors usually stay in a shelter for three months, however this can be extended depending on the shelter. Dewhurst (2018) comments that there is a lack of designated shelters for trafficked victims, as many find themselves in multi-purpose shelters with other victims of domestic and substance abuse, and that this does not address the specialised support services that a trafficked survivor requires. Shelters in South Africa are manned by groups of permanent and volunteer staff that share a common mission to bring holistic restoration to victims of human trafficking.

Smith and Freyd (2013) described how it often takes many years to heal from the trauma of human trafficking, and that trauma-informed practices used to interact with human trafficked survivors may take time to develop (Ladd & Weaver, 2017). Taking into account the initial distrust victims have for aftercare workers (Hemmings, et al., 2016), the complex challenges of the victim's trauma, the length of time it takes to prosecute traffickers and support survivors through the legal case, and the time it takes for the survivor to feel safe and belong, a nine-week program may only assist in the initial stages of healing. Doering's (2012) study of 130 human trafficking survivors noted that the most critical themes for healing after human trafficking are safety, belonging, being treated as human, and self-determination (Ladd & Weaver, 2017). However, programs, such as the DSD nine week rehabilitation program, offer mandatory services and detains victims which negates the survivors self-determination (Gallagher, 2016; Ladd & Weaver, 2017). Survivors are detained as the DSD stipulates that

accredited shelters be closed to ensure the safety of staff and survivors. Powell, et, al. (2018) added that they found the pattern disproportionate, as long-term survivor needs were being met with a service delivery environment of short-term aftercare opportunities. In addition, Powell found that urgent medical care provision in a medical setting, left trafficked survivors with limited or non-existent follow-up for long-term medical issues. It is therefore clear that the consequences of being trafficked leaves the survivors requiring specialised psychosocial aftercare services.

Existing literature addressing the mental health needs of trafficked survivors remains limited, however, Litam (2017) found that trauma-sensitive interventions that are creatively and expressively based provide the survivor with choices and are therefore powerful. Supporting this, in a study using a narrative therapy approach, Countryman-Roswurm and DiLollo (2017) focussed on trafficked survivors' resilience, recovery, and prosperity that proved effective in their recovery process. Evidence (Hemmings, et al. 2016; Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016; Litam, 2017; Macy & Johns, 2011) confirmed that psychotherapy, such as Cognitive-behavioural Therapy (CBT) and Trauma-focussed Cognitive-behavioural Therapy (TF-CBT), can reduce psychological effects of trauma.  There is limited literature available regarding the experiences of trauma counselling in sub Saharan Africa (Liebling, Davidson, Akello, & Ochola, 2016), however CBT is recommended in treating trauma associated with trafficked persons. Adding to aftercare provider's frustrations is the fact that CBT is an intervention that can only be used by registered mental-healthcare professionals (Clawson, Salomon & Goldblatt, 2008; Macy & Johns, 2011). Haynes, et al. (2015) and Hickle and Roe-Sepowitz (2013) reported successful results working with trafficked survivors using group therapy interventions, particularly where shame can be reduced by prompting discussions about stigmatising topics. Litam (2017) suggested that group counselling for trafficked survivors is empowering as it gives the individual an opportunity to participate in a group where shared and similar lived experiences fulfil the need for support and community. Additional psychosocial aftercare service needs are discussed next.

**The need for specialised psychosocial aftercare services.**

Despite the complex physical and psychological consequences associated with human trafficking, there is a lack of evidence-based guidance available for aftercare providers on meeting the needs of trafficked survivors (Hemmings, et al. 2016; Russell, 2018).  The few studies that are available focus on, and reiterate, that these helpers are often the first to

interact with the trafficked victims whilst still in captivity. Their role is therefore significant, in being able to expertly assess and identify trafficked persons as well as be in a unique position to intervene. Burke (2013) describes social support and aftercare as mitigating factors that help prevent the potential long-term mental health consequences of human trafficking. In the aftermath of being trafficked a survivor is highly vulnerable and their sense of self can only be rebuilt in connecting with others (Herman, 2015). Herman explained that a primary task of aftercare providers is to rebuild trust, assure survivors of safety and protection, and offer human connection. Victims of human trafficking are generally exposed to prolonged, recurrent, and extreme complex physical and psychological trauma (Dovydaitis, 2010) with predictable psychological harm (Taycan & Yildirim, 2015). It follows that working and caring for trafficked survivors, is considered to be more complex and challenging than working with other victims of trauma (Clawson, et al., 2003). Supporting trafficked survivors requires that all psychosocial aftercare service providers be well trained and educated in their area of specialisation (Muraya & Fry, 2016) particularly in light of Jones, King, and Edwards (2017) study which confirms that psychosocial aftercare providers working at grass roots level with trafficked survivors hold the experience and first-hand knowledge of the situations that need assistance.

### Psychosocial aftercare service providers.

Given that the number of survivors increased annually, and that aftercare providers are expected to provide vital core service areas that universal trafficked persons require, including, mental health care, substance abuse services, basic necessities, and secure shelter, there is little written about this population (Macy & Johns, 2011). Whilst most international and national human trafficking NGO's are run by professionals, the bulk of the service provider workforce is made up of volunteers who are lay people with little, or no, knowledge regarding trauma and vicarious trauma.  In many cases, the core professional team similarly volunteer their time on a semi-permanent basis and are unable to provide constant supervision. There are few registered psychologists assisting human trafficking cases in South African courts (United States Department of State, 2018), and the majority of service providers that operate within NGO's are social workers, lay-counsellors, pastoral counsellors, and volunteers. These individuals have little or no expertise in human trafficking aftercare and have a large client load and little, or no, supervision (Dworkin & Allen, 2018). Aftercare service provision for trafficked survivors is an area that is not well documented and has a

small evidence base, yet these workers are increasingly required to offer vital psychosocial services (Muraya & Fry, 2016; Okech, Morreau & Benson, 2011).

Recent studies (Curran, 2016; Hodge, 2014; Macy & Johns, 2011) found that the main success in trafficked survivors' recovering and becoming independent, depended on their aftercare service needs being met. Despite this, Powell, et al. (2018) found that psychosocial aftercare providers were challenged by a lack of mental health professionals specifically trained and experienced in providing aftercare to trafficked survivors. In addition, Powell found that there were few specific therapeutic modalities for trafficked survivors. Psychosocial aftercare providers reported that there was a need for professionals able to provide a more specialised, intensive mental health trauma service unique to human trafficking survivors. In addition, these providers reported a need for training for mental health professionals regarding the relationship between trafficking-related trauma and substance abuse, as well as therapeutic interventions that are specifically tailored for trafficked survivors (Powell, et al., 2018).

It is evident throughout literature that aftercare service providers' are at greater risk for vicarious trauma and/or PTSD, since they are confronted on a daily basis with traumatic and vivid narratives from the victims that they are assisting (Macy & Johns, 2011; Strand, et al. 2014; Sui & Padmanabhanunni, 2016). Whilst little research could be found on how this exposure to trauma affects aftercare service providers working with trafficked survivors, there are many studies that confirmed that helpers in similar contexts, such as hospitals, rape and domestic violence centres, can be severely affected (Cocker & Joss, 2016; Coles, Astbury, Dartnall, Limjerwala, 2014; Cosden, Sanford, Kock, & Lepore, 2016; Haugen, Evces, & Weiss, 2012).  MacRitchie and Liebowitz (2010) and Smith and Stein (2017) revealed that counselling victims of violent crime may cause psychological symptoms in trauma workers, which may lead to vicarious trauma. In terms of working with victims of sexual violence and Human Immunodeficiency Virus (HIV) victims, Peltzer, Matseke and Louw (2014) and Coles, et al. found that exposure to accounts of violence and abuse may lead the aftercare service providers to be traumatised.

Complex relationship dynamics between survivors of trafficking and aftercare providers further complicate the tasks of psychosocial aftercare service providers. Where trauma has been repeated and prolonged, such as with human trafficking, the survivors have complex transference reactions, as well as often mistrust the motives of the psychosocial aftercare provider (Herman, 1992). Recruiters and traffickers are often known to, and are trusted by, the victim making it easier for the individual to be trafficked. This mistrust is often due to the survivor's history of betrayal by friends, family, service systems, law enforcement, and

governments (United States Department of Health and Human Services, 2008). Minor victims of human trafficking often misperceive relationships and develop a mistrust of professionals trying to help them, often lashing out and rejecting services until the provider can develop a healthy relationship with the aftercare provider where trust can be built (Tamir et al., 2015). This challenge faced by psychosocial aftercare providers may become frustrating as trust building takes time, and as many services available for trafficked survivors provide short stay aftercare this does not allow adequate time to establish trusting relationships needed in order for the survivor to address their trauma (United States Department of Health and Human Services, 2008). Contreras, Kallivayalil, and Herman (2016) and Pandey et al. (2013) confirmed that trust and shame are factors that complicate a trafficked survivor's readiness to benefit from services offered by providers.

**Summary**

This chapter highlighted the complex needs of trafficked survivors and described how their experiences of being trafficked resulted in complex and severe consequences. These consequences required specific psychosocial aftercare which led to a discussion highlighting how these complex consequences placed an increased demand on psychosocial aftercare service providers. The following chapter will describe the methodology used for this research study.

**Chapter Three**

**Methodology**

This chapter will discuss the qualitative approach and the phenomenological paradigm of this research study. Within this qualitative approach, Interpretative Phenomenological Analysis was used as a research design. I discuss the theoretical underpinnings of my chosen approach, paradigm, and research design, as well as justifications as to why these were most suitable to be used in conjunction with each other, as well as for this study of human phenomena.

**A Discussion of the Approach and Paradigm**

This study made use of a qualitative approach and a phenomenological paradigm. A qualitative approach is concerned with understanding the processes, social, and cultural contexts which shape various behavioural patterns by creating a narrative as it is seen through the eyes of those who are part of that story (Nieuwenhuis & Smit, 2012). In this way an understanding and representation of the participants' experiences, as they lived through situations, could be investigated. The qualitative approach of this study was based on the following assumptions: (a) human life can be understood only from within, (b) social life is a distinctly human product, (c) the human mind is the source of meaning, (d) human behaviour is affected by knowledge of the social world, and (e) the social world does not exist independently of human knowledge (Nieuwenhuis & Smit, 2012). I positioned this qualitative approach within a phenomenological paradigm. The phenomenological paradigm elucidates what appears and the manner in which it appears. It studies the participants' perspectives of their world, and attempts to describe the detail and structure of the participants' consciousness in order to grasp the qualitative diversity of their experiences while explicating their essential meaning (Willig, 2013). The qualitative approach and the phenomenological paradigm were therefore best suited for each other as well as this study, as their philosophical underpinnings are interlinked and focus on how participants' perceived, understood, and interpreted their lived experiences (Hood, 2015).

Within a qualitative and phenomenological approach, I chose to use the Interpretative Phenomenological Analysis (IPA) as a methodological framework. IPA provided guidelines for the research design, i.e. the sampling, the methods of data collection, as well as the analysis of data. An IPA approach to qualitative, experiential, and psychological research has

been informed by concepts from three areas of the philosophy of knowledge: phenomenology, hermeneutics, and idiography (Smith, et al., 2017). These are described next.

**Phenomenology.**

The paradigm of phenomenology is informed by philosophical assumptions about ontology, that is, what we believe constitutes social reality (Grix, 2002), as well as the origins, nature, methods, and limits of human knowledge. In addition, phenomenology was appropriate for this qualitative study as I was interested in the individual's personal perception of a phenomenon as opposed to producing an objective statement of the phenomenon itself (Smith, Jarman, & Osborn, 1999). Willig (2013) and Smith et al. (2017) highlighted that phenomenology is a philosophy focussed on the study of the human experience. Four major phenomenological philosophers, Husserl, Heidegger, Merleua-Ponty, and Sarte provided me with guidance as to how I examined and understood the lived experiences of the participants.

The German philosopher, Husserl, was the first to use the term 'phenomenology' and defined it as an interest in those things that can be directly understood through one's senses (Kawulich & Holland, 2012). Husserl, (as cited in Smith et al., 2017) focused on the content of the individual's conscious experience and was primarily concerned with individual psychological processes, such as perception, awareness, and consciousness. Martin Heidegger was a student of Husserl. Heidegger was more focused on the ontological question of existence itself, our relationships and activities, how we view the world, and its meaning. Heidegger's phenomenological approach provided me with guidance in seeking to explicate the lived experience of the four participants (Horrigan-Kelly, Millar, & Dowling, 2016) by viewing individuals in context, and focused on the shared, overlapping, and relational nature of how we engage in the world (intersubjectivity) (Smith, et al., 2017).  Horrigan-Kelly, et al. (2016) highlighted two of Heidegger's key IPA ideas; Firstly that the experiences of human beings must be conceived in context, and secondly that our perception and interpretation of our world is central to phenomenological investigation in psychology. Whilst sharing Husserl and Heidegger's commitment to understanding the person in context, another philosopher, Merleua-Ponty emphasised the contextual and interpretative quality of our knowledge about the world through our own embodied position in that world, namely axiology (Smith, et al., 2017). Merleau-Ponty's view is critical for qualitative and IPA researchers because it focuses on the preconditions for experience and the subjectivity of the being (Blair, 2018). Sartre,

having read Husserl and Heidegger (Flynn, 2013) stressed the individual's unique position as a self-determining agent that was responsible for the authenticity of his or her own choices.

**Hermeneutics.**

Sebold, et al. (2017) described hermeneutics as having the broad and continuous task of trying to understand and interpret a described thought in some form of language, by someone who lives or has lived a particular phenomenon. Heidegger's hermeneutic circle therefore projects the possibility of interpreting the phenomena of providing psychosocial aftercare services to TIP survivors, where the participants' positioning could be re-evaluated by myself at any time in the research process (Sebold, et al., 2017). For example, during the first step of data analysis, my notes reflected the descriptive comments made using Madi's language, and conceptual comments that came from my knowledge and life experience as it applies to Madi's words. Madi's use of the word "Ag" (para. 25) was used to express her frustration at always being needed somewhere in the shelter. I used Zalta, et al., (2016) to guide me in the process of developing the hermeneutic double layer. The first layer was produced by Madi as she tried to make sense of her experience. The second layer came about as I subjectively interpreted Madi's meaning making.

**Ideography.**

Ideography points to the sense of detail and depth of analysis and how particular experiential phenomena have been understood from the perspective of particular individuals, in a particular context (Smith, et al. 2017). The ontological and epistemological assumptions of the IPA framework influenced the methodology of this study, in that the participants' unique realities and ways in which they acquired knowledge were subjective and idiographic, and that a perceived reality with common features exists (De Lacerda Goncalves Massiere, 2015; Starks & Trinidad, 2007).

**IPA Methodology**

IPA is a qualitative methodological framework whose primary goal is to investigate how individuals make sense of their experiences (Henning, et al., 2011; Pietkiewicz & Smith, 2012). The key constituency for IPA can be described as "psychology in the real world" (Smith, et al., 2017 p. 5). The main characteristics of IPA methods, which include sampling,

data collection, and data analysis, offer a commitment to an in-depth understanding of the phenomena without disrupting the context, a commitment to the participants' perceptions and views, and recording their experiences in authentic literary style which is rich in participant understanding (Vaismoradi, 2013). The methods I used in this study are described next.

**Sampling.**

This study made use of the IPA sampling method that dictated a purposive, homogenous sampling technique that supported the research question (Smith, 2017). Since IPA's core interest group is that of people engaging with human predicament (Smith, et al., 2017), human trafficking aftercare service providers fit into this description as they are individuals engaging in the real difficulty and complexity of the human predicament of human trafficking. The IPA method of sampling was suitable for this study as the main aim was to find a defined group for whom the research problem had relevance and personal significance (Pietkiewicz & Smith, 2012). Samples in IPA studies are usually small to enable a detailed and time-consuming case-by-case analysis, and to understand particular phenomena in particular contexts (Smith et al., 2017). Hefferon and Gill-Rodriquez (2012), Pietkiewitz and Smith (2012), and Starks and Trinidad (2007) suggested small samples of between two to four participants for an IPA study at Masters level.

As I chose to use a purposive sampling method, only invited individuals that provided direct psychosocial aftercare services to survivors of human trafficking participated in the current study. Participants under the age of 18 were excluded, as were individuals who were not proficient enough in English and/or Afrikaans. Being proficient in English and/or Afrikaans was necessary in order to give a rich, detailed description of their experiences of providing psychosocial aftercare services to trafficked survivors as I am fluent in both English and Afrikaans. The sampling procedure through which I obtained participants is described next.

The current study had a sample size of four participants, each of whom had at least four years of experience working with human trafficking survivors. Two of the four participants were qualified social workers, two had teaching qualifications, and one was a Christian pastor. Within their shelters, two participants held the position of manager/director, one as house mother, and one as a social worker. One participant worked at an open shelter (S1) and the remaining three worked at a registered non-governmental organisation (NGO) multi purpose shelter (S2). Shelter 2 was accredited by the Department of Social Development (DSD) to house adult survivors of human trafficking. Shelter 1 served both men and women

of all ages, whilst S2 served women of all ages and male children under the age of twelve. Shelter 2 served survivors of domestic violence as well as trafficked survivors, while S1 served only survivors of human trafficking, specifically sex trafficking. Three participants working within S2 had received training on psychosocial aftercare requirements for trafficked survivors from DSD and the Salvation Army, whilst the participant from S1 had received no formal training on psychosocial aftercare required for working with trafficked survivors. Hays and Singh (2012) suggest that specific criteria be developed for the purposive sample of a study. The sample for this study comprised of four female participants, as shown in Table I.

Table 1.

*Demographics of participants used in the current study*

| Pseudonym | Age | Shelter DSD accredited | Shelter population at time of data coll. | Role | Number of years in psychosocial service | Training: DSD or Salvation Army |
|---|---|---|---|---|---|---|
| Madi | 56 | No | Seven | Manager, owner, and pastoral counsellor | 13 | N/A |
| Ali | 39 | Yes | 35 | Social worker | Four | DSD |
| Missy | 43 | Yes | 35 | Social worker, Teaching degree | Ten | DSD |
| Mona | 48 | Yes | 35 | House mother, Teacher's diploma | Five | S/Army DSD |

**Sampling procedure.**

The current study made use of a gatekeeper organisation to access potential participants. The organisation, the National Freedom Network (NFN), is a group of individuals and organisations in South Africa and certain South African Development Community (SADC) countries, who work together to counter human trafficking. This organisational system works to connect and interact with others to exchange information, share resources and best practices, as well as develop professional contacts in the counter-human trafficking field (National Freedom Network, 2018). I provided the NFN with an information letter (Appendix

I) requesting assistance in accessing potential participants, as well as details of the study. The NFN responded favourably, confirming that their assistance and their name can be used in this study (Appendix 1a). After I obtained ethical approval from the University of Pretoria's Faculty of Humanities Research Ethics Committee, the NFN then forwarded an information letter (Appendix II) to participants who met the inclusion criteria. These participants then contacted me directly to set up appointments to meet me at a time and place that suited the participants. In all four cases this was during working hours at the respective shelters, S1 and S2, where the participants provided psychosocial aftercare services. The data collection process will be discussed below.

**Data collection**

Written informed consent was obtained from all participants before data collection began. This will be discussed in further detail under ethical considerations. According to Smith (2017) semi-structured, in-depth, one-on-one interviews are the most efficient way to achieve rich, detailed first-person accounts of the participants' experiences. Interviews commenced once written informed consent was obtained. The participants were invited to ask questions at any stage before, during, and after the interview process. Biggerstaff and Thompson (2008) asserted that the IPA interview guide (Appendix III) is merely the basis for a conversation with the participant, as it is intended that the interviewee take the lead during the conversation. As such only a few questions were suggested as prompts. Each interview was approximately 60 to 90 minutes in length. In line with IPA, initial conversations were required to reduce the participant's anxiety, which allowed them to be ready to discuss more sensitive or personal issues (Pietkiewicz & Smith, 2012; Smith, 2008). For example, I thanked all the participants for taking time out of their busy days, and then I gave a brief background into why I was interested in their work. This served as an immediate connection between myself and the participants.

Interviews were audio recorded, and non-verbal communications were manually recorded during the interview in a research diary. Recorded interviews and qualitative observations were then transcribed to written form by myself for analysis.

**Data analysis**

An IPA data analysis procedure is concerned with a participant's perception of an event. Analysing this perception depends on, and is complicated by, the researcher's own

conceptions. These are required in order to make sense of the participant's world through an interpretative method (Smith, Jarman, & Osborn, 1999). Smith, et al. (2017) provided a series of six particular steps, which guided me as I examined, in detail, each interview transcript at a time. These steps are:

***Step one: Reading and re-reading the original data.*** This involved me actively engaging with the data by immersing myself in the first written transcript to ensure the participant's experience becomes the focus of analysis. I, for example, initially read each sentence of Madi's transcript aloud while keeping her personality, views, and culture in mind. In addition, I made notes in a different colour as to what I understood from my participant's choice of words.

***Step two: Initial noting of anything of interest.*** Items of interest within the transcript allowed for the examination and exploration of semantic content, or the meaning in language, and language use. This I did by listening to the recorded voices of each participant to gain a richer understanding of how and when they expressed particular words or phrases, and these linguistic comments were noted on the original transcript with different colour pens. For example, colloquial statements such as "Yoh", "Eish", and phrases such as "It is painful" were highlighted in the same colour as they were used to express the gravity of the participants' shock and/or frustration when hearing graphic narratives from trafficked survivors. This in turn began to identify specific ways in which the participant understood, spoke about, and thought about their experience providing psychosocial aftercare to trafficked survivors.

***Step three: Developing emerging themes.*** This step I did by chronologically mapping interrelationships, connections, and patterns between exploratory notes. These developing themes were identified by referring to the descriptive, linguistic, and conceptual comments mentioned above, for example, participants mentioning the phrase "Sjoe" to convey their shock when speaking about a survivor's traumatic narrative. Checking the linguistic and descriptive comments on the original transcripts, I developed emerging themes from my conceptual comments. These emerging themes can be seen in Figure 1 below, and were initially phrases or short sentences. For example, *Understanding knowledge* can be seen to be linked to *Frustration* as the participants' lack of training was one reason for the participants' experiencing frustration. During this process I wrote the research question on a Post-it on my laptop screen to check that these themes were in fact

answering the research question. The Post-it was a constant reminder to focus on the participant's expression of their subjective experiences, and not just the content of their experiences.

Figure 1.

*Step 3: Initial development of emerging themes*
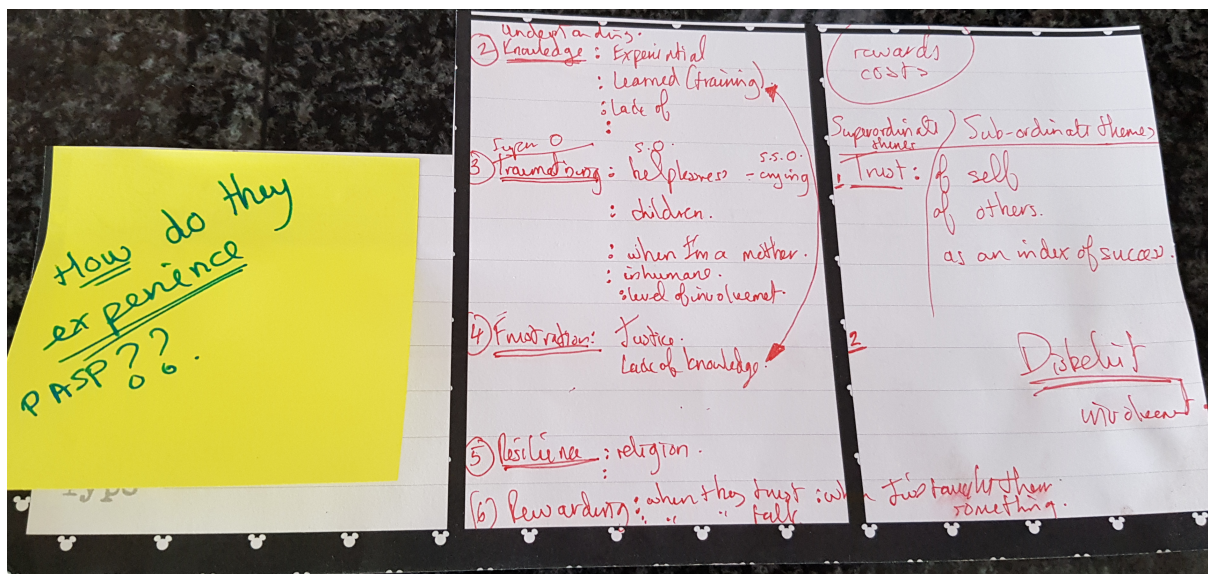


***Step four: Connecting the emergent themes.*** Emergent themes were divided into superordinate themes, subordinate themes, and sub-themes. Superordinate themes are themes found in all the participants' transcripts. Subordinate themes were found in the majority of participants and made up the superordinate themes. Sub-themes are themes that were not found in all four transcribed interviews, clearly showing that although experiences were shared, individual participants also had a unique expression of their experiences (Pietkiewicz & Smith, 2012). At this stage I looked for a way to draw together the emergent themes and produce a structure that allowed for the most interesting and important aspects of the participants' accounts to be highlighted. I did this by dividing the themes under the research question. For example, was the participants' experience of providing psychosocial aftercare to trafficked survivors expressed in a positive or negative manner? Groups of superordinate themes were created based on subordinate themes, and guided by theoretical knowledge. For example, the superordinate theme of *Making a difference* was created from the subordinate themes of trust, disclosure, ability to communicate, and remaining at the shelter. These themes were then placed in the form of a thematic chart with sub-themes underlying subordinate themes, and subordinate themes underlying superordinate themes. The connections between the

themes were indicated with lines. At this stage data that supported each theme was highlighted on the original transcript using coloured Post-its that represented different themes.

***Step five: Vertical analysis.*** Vertical analysis was used at this stage. This means that once the above four steps had been completed for Madi's transcript, I moved onto the next transcript and repeated the above process for Ali, Missy, and Mona's transcripts.

***Step six: Horizontal / trend analysis*** looks for connections and patterns across all cases. Initially a table of themes was created, but it failed to effectively represent the interconnectedness between superordinate, subordinate, and sub-themes in my participants' experiences of providing psychosocial aftercare to trafficked survivors. A chart (Figure 3, found in Chapter Four) proved to be a better representation of the participants' experiences. To conduct a horizontal analysis, common words or phrases used in all transcripts were colour coded. Each transcript was then placed alongside each other to see where and when particular colours were in each transcript. For example, Figure 2 shows where green was used to highlight phrases or words indicating the participants' emotions. These connections took the form of a chart of themes for the group, Figure 3 found in Chapter Four. A mind map was used to illustrate the complexity of the interconnecting themes that would not have been possible in a table format. This illustrates how themes were contained within greater themes. Superordinate themes were now shared across all four transcripts, and these were used to direct patterns of meaning that were common in all four transcripts. For example, *Boundaries and roles are complex*, superordinate theme one, was connected to the participants mentioning their experiences as maternal figures, a subordinate theme.  Themes that where only expressed by one participant were discarded, for example, only one participant described her family and friends understanding and supporting her work, thus this sub theme was not included in the chart. Assessing the quality of the current study will be discussed next.

Figure 2.

*Step six: Image of horizontal/trend analysis when looking for connections and patterns across all four cases.*
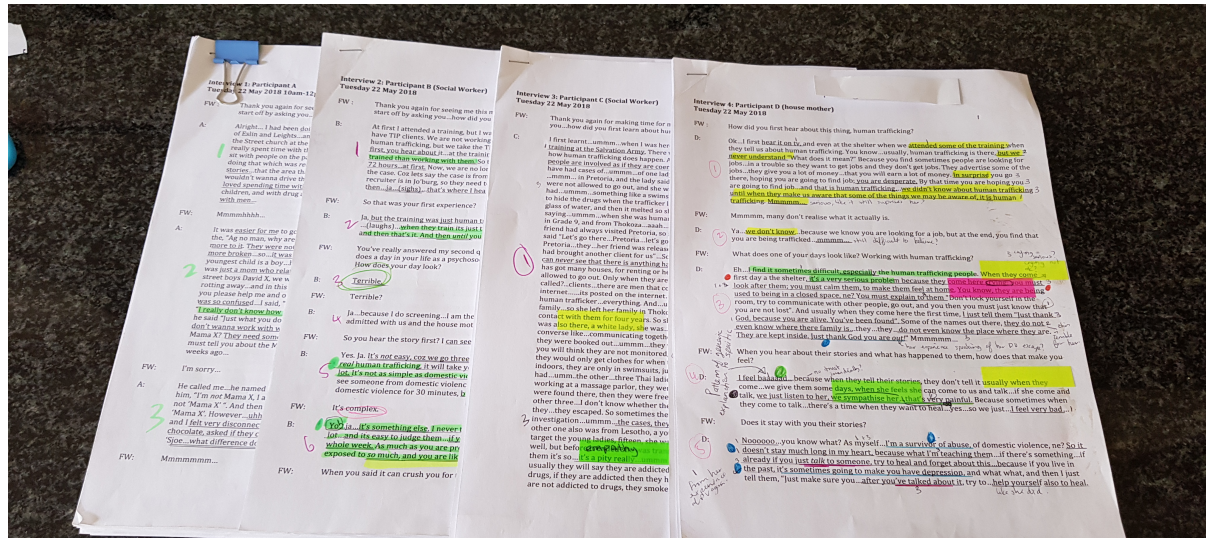


## Trustworthiness

Smith et al. (2017) suggested that Yardley's (2000) four principles for assessing the quality of qualitative research is applicable for research employing IPA methodology. These principles are (a) sensitivity to context, (b) commitment and rigour, (c) transparency and coherence, and (d) impact and importance. In the following sections I describe how I applied these four principles.

### Sensitivity to context.

DiCicco-Bloom and Crabtree (2006) described this principle as ensuring that the analysis and interpretation of data is sensitive, and that the researcher is mindful of the context and relationship between themselves and the participants. I demonstrated the application of this principle by conducting interviews empathically, putting the participant at ease, and being aware of being perceived to be intimidating as an intern psychologist. In addition, I ensured sensitivity by having an in-depth understanding of English and Afrikaans colloquial language that was used when describing psychosocial aftercare provision. All interviews were conducted in English, however when participants reverted to Afrikaans, I translated this into English in the transcript. My understanding of the participants' roles, and the manner in

which the shelters operated, added to my understanding of the participants' contexts and enriched my reflexive statement that can be found further on in this chapter when reflexivity is discussed.

**Commitment and rigour.**

Commitment can be defined as the degree of attention to the transcripts that is demonstrated during the data collection process, as well as the focus and conscientiousness applied during the analysis phase (Smith, et al. 2017). This principle was demonstrated by the understanding manner in which I arranged interview times and locations. Interviews were arranged with as little disruption as possible to the participants. I engaged in an empathic manner before, during, and after the interview process, constantly being aware of my participants' affective state. Data analysis was undertaken in a quiet room, where I was able to conscientiously focus my attention on the analytical process without interruption. Rigour refers to the thoroughness of the study (Smith, et al., 2017), and was demonstrated by the fact that my inclusion criteria was developed to ensure the sample answered the research question. The ensure that I was thorough, I explored the participants' narratives consistently and noticed important cues during the interview process. The interviews were recorded on my mobile telephone and immediately emailed to my secure email address. This allowed for the interpretation of the participants' meanings which was demonstrated by quoting directly from the transcripts, not only providing a description of what was said in the interview process (Smith et al., 2017). As suggested by Nieuwenhuis and Smit (2012) and Visser and Mabota (2015) my initial understanding of the participants' experiences was continually verified by myself during the interview by asking for a more detailed description of the participants' experiences if I was unclear or did not hear properly. In addition, where a translation from Afrikaans to English was required, I ensured the translations were accurate representations of the participants' words by consulting with two Afrikaans colleagues who both hold Doctorates in Psychology.

Birt, Scott, Cavers, Campbell and Walter (2016) suggest that member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results. Member checking in the current study involved emailing the transcriptions to each individual participant's private email address with the request that they read and respond via email with comments, changes, or feedback. Participants did not request changes or thought it necessary to add information. In addition, an independent research psychologist was collaborated with to ensure trustworthiness.

**Transparency and coherence.**

The clarity with which the research process is described in the written study is referred to as transparency. The manner in which the writer is able to convey a rich understanding of the research process in the write-up of the study, is described as coherence (Vaismoradi, 2013). Using quotes in discussions were used to convey a rich, thick description to enhance transparency, which enables the reader to understand the meaning of experiences within the context of each participant. Transparency and coherence were provided by describing carefully, clearly, and concisely how each step of the analysis process was undertaken. In addition I kept a research diary which was updated regularly. As suggested by Larkin and Thompson (2011), I endeavoured to produce an organised, plausible, and transparent meaning of the data. English language was checked using computerised spelling and grammar checks, and the contents of all chapters were read and re-read by my research supervisor who provided constant feedback.

**Impact and importance.**

The impact and importance of this study is achieved by informing the reader of important and useful information in a field where there is a great need for an increased knowledge base (Yardley, 2000). At present this study is the first in South Africa to explore this specific topic. I disseminated data through presenting the findings of the study at the 24th Annual Psychological Society of South Africa in September 2018 to psychologists who were interested and moved by the account of the participants' experiences. The questions and comments posed to me at this congress about this study, directed my focus whilst composing the final drafts of the discussion in an attempt to ensure clarity for the reader. Findings will also be submitted as an article to a peer-reviewed academic journal, as well as available in the form of an online mini-dissertation in the repository of the University of Pretoria.

**Reflexivity**

Reflexivity is an ongoing process and runs throughout an IPA study. Reflexivity can be defined as a phenomenological reflection when the researcher makes a deliberate mental replay of the sequence of events and conducts a formal analysis of the content of one's reflections (Smith et al., 2017). Shaw (2010) describes reflexivity as hermeneutic reflection and states that it is an integral part of IPA. The researcher's beliefs and perceptions are not

seen as biases, but rather as being necessary in an IPA study to make sense of the experiences of their participants.  In this way, my perceptions cannot be seen as bracketing, as suggested by hermeneutic phenomenology, but a way to acknowledge my personal beliefs and standpoints, as well as understanding and embracing the view that to understand one is required to interpret.

### Reflexivity statement.

Reflexivity refers to my ability to reflect on my own perspective as well as the motivations and interests that shaped the research process. Having grown up in the 1970's, the eldest daughter of English/Afrikaans mother and an English father, I led a sheltered life away from the reality of what life was like outside of my white middle-class suburb. I was always intrigued by human behaviours and had a yearning for knowledge which was instilled by my mother, a librarian. I recall an early memory in my conservative Afrikaans grandmother's house where I demanded to understand why her gardener, a gentle Malawian man, was not allowed to drink out of the glasses that we used. I was six years old at the time and could not accept that he could be treated this way because of the colour of his skin. This argument became a constant one between myself and my grandparents, particularly in my teenage years. I argued that they, as staunch Christians, were supposed to practice loving everyone, and their actions seemed unjust to me. Social justice and advocacy were concepts that held my interest from an early age.

I went to four primary schools and three high schools and being shy, the first few days at a new school was always terrifying for me. I believe these early experiences taught me to be resilient and confident in new situations. My first traumatic experience was when I was nine years old at my second school. I was repeatedly bullied, both physically and verbally, by a boy called Vincent for the entire school year. I still remember certain incidents clearly, but most concerning for me was that I did not understand why he only bullied me, and what I could have done to deserve being treated like that. Even then, it was important for me to be able to understand why people behave the way they do. Looking back now it is understandable that the trauma led to me almost failing the year, as I remember constant nightmares, anxiety, stomach aches, and an inability to focus in class as he sat behind me. Years later I read in the Sunday Times that Vincent was in a reform school, having being involved in crime since the age of thirteen. The article disclosed much about his childhood abuse at the hands of his parents and this made me realise the detrimental effects that trauma can have on a system, and how it can permeate into other areas of the victim's environment.

In the middle of 1984 my teenage years were disrupted by a move to Zimbabwe-Rhodesia, as it was called then. This experience had a profound effect on me and only fuelled my confusion and anger as to how much had been hidden from me about my own country and people. Following the British General Certificate of Education system, I was exposed to history classes where I learned the harsh reality of how my country, South Africa, had made apartheid law, who Nelson Mandela was, and why he had been incarcerated. I recall that my history text book had been banned in South Africa, and remember paging through it in disbelief. I was exposed for the first time to Shona, Zulu, Muslim, Islamic, Bulgarian, and Russian class mates who became firm friends. These experiences fuelled my desire to understand different cultures, particularly my own. I also came to realise that only a small proportion of my country's history had been accessible to me, and this made me aware that I should in future question more before just accepting information.

Being exposed to different races, cultures, beliefs, and religions was fascinating and fuelled my passion for exploring and understanding human behaviour. During this time, my family and I travelled extensively throughout Europe as my father was not able to bring his salary back to South Africa, and he used his income to take us overseas. He always believed that travelling was the greatest education you could give to your children. Our three-year stay in Zimbabwe came to an abrupt and unpleasant end when we were given forty-eight hours to leave the country. I was very upset that I would not be able to complete my A Levels in Zimbabwe with my friends. I still do not know the exact reasons for our expulsion, but I was very angry that I was being punished for being a South African, when I did not agree with my country's values and laws. Experiencing life in Zimbabwe at an impressionable age strengthened my beliefs and values about justice, and began to solidify my perception of what is humane and what is not.

Coming back to South Africa was very uncomfortable as I was placed in an elite private college that offered British A Levels. While this school was multi-racial, it was generally only accessible to extremely wealthy children. I did not come from a wealthy family and it was difficult for my parents to pay my fees. This highlighted for me the enormous class differences that existed in our South African populations, both black, white, Indian, and Chinese. Due to my father's financial situation, I was unable at the time to take the place at university that I had been offered to study psychology.

Many years later, when my youngest son was eight years old, I returned to university to study psychology. This was partly due to the fact that my young family and I had experienced four life-threatening traumatic events, and the assistance that we received from the Victim Empowerment Unit (VEU) at our local South African Police Service (SAPS) station renewed

my passion for understanding how experiences can effect human behaviour in different ways. My young children and I were extremely traumatised and I was referred to a psychologist who helped me to understand why my behaviours, thoughts, and emotions were so unlike my usual resilient self. This led me to read about how trauma affects human beings and I began doing various courses and workshops while doing my undergraduate psychology degrees through the University of South Africa. It was during this time that I began volunteering as a lay trauma counsellor for two of my local VEU units. Being exposed to trauma victims approximately twenty four to forty eight hours after a crime made me realise that I had found my niche in the psychological field. This work exposed me to individuals of all races, creeds, and cultures. I still feel humble when I observe the visible relief and positive changes individuals experience just from the small amount of knowledge that what they are experiencing, no matter how unpleasant, is normal. Working with members of the SAPS and observing their dedicated care towards victims of crime, also made me aware of how little understanding and support they receive for vicarious trauma. This valuable and enriching experience added to my understanding that trauma is inherent in all our communities, and that the effects can be destructive, no matter who you are, or where you come from. During this time, I used this experience to write my research for Bachelor of Arts (Honours) in Psychology which investigated why people volunteer and why certain individuals can work with trauma and others cannot. The findings fed into my beliefs and clarified that resilience often served as a protective mechanism in those volunteers who have experienced personal trauma.

I applied for Masters in Counselling Psychology as soon as my Bachelor of Arts (Honours) in Psychology was completed, and I was fortunate enough to be granted a place immediately at the University of Pretoria. Here I met Dr Amanda van der Westhuizen who introduced me to the complex trauma that human trafficking leaves in our communities. This led to my chosen topic for this study as I was surprised, given the enormity and complexity of the crime, that no studies had yet investigated how South African aftercare psychosocial aftercare providers experience their work with trafficked survivors. I am, as always, fascinated by the different ways that trauma manifests in individuals, and have been fortunate to witness this at my internship site where I have been exposed to severe Post-traumatic Stress Disorder, anxiety disorders, personality disorders, and academic difficulties all resulting from childhood trauma. Working with traumatised children at Itsoseng Clinic in Mamelodi, Jakaranda Children's Home in Pretoria, as well as in Dieplsloot, Sandton, has further highlighted my desire to alleviate trauma symptoms in children as this will have a profound effect on their adult lives as well as their future families and communities. Having always felt

that my ability to work with trauma came from the fact that I see the resilience in a trauma survivor, it was interesting to find literature to confirm this.

During the current study, I was aware of how quickly participants opened up during the interview process, and I felt that this may have to do with my age. Two participants assumed that age equated to experience. Having worked extensively with traumatised individuals, I was able to use this experience to build rapport and trust with ease while interacting with the participants. This was an advantage to me as participants trusted me enough to disclose their experiences early on in our conversations. I did get the impression that all four participants were eager to share their experiences, particularly when Madi and Mona commented on the fact that researchers are always asking to interview survivors, but never the aftercare workers themselves. This made me aware of the social injustice how society often focuses on the victims and survivors of violent crimes, but does not acknowledge the vital role that individuals providing psychosocial aftercare services play.

I recall being able to relate to Madi immediately, as we had both experienced personal trauma.  I felt that I could therefore understand her explanation of how her traumatic experiences have instilled resilience in her, allowing her to work with vivid trauma narratives and not get affected by them. Madi's interview ran over 90 minutes. As much as I was aware of this, I resonated with her passion for trauma work and it was encouraging to have her affirm the importance of our work. Travelling home afterwards I felt overwhelmed by my meeting with Madi and realised that I was angry that she was doing so much positive work in the human trafficking field and has amassed so much knowledge, yet she does not have the platform to share it. I felt the social worker's frustration regarding the legal system, their lack of support, as well as their lack of trauma knowledge. This social injustice frustrated me as these aftercare providers are expected to provide such a vital service, yet they are not acknowledged enough to be given the appropriate skills to deal with very challenging situations.

My theoretical knowledge of trauma symptoms acquired during my self-discovery, my personal trauma experiences, volunteering as a trauma counsellor, as well as my experiences with traumatised clients during my internship, aided me in the analysis of the participant's transcripts by assisting me in producing themes to aid the reader's understanding of the participants' experiences. Ethical considerations during the research process will be discussed next.

**Ethical Considerations**

Issues such as informed consent, confidentiality, and protection of participants were strictly observed. The participants were fully informed of the aim and methods of the study in an information letter (Appendix II) prior to contacting me in person, and this ensured that participation in the study was entirely voluntary. The informed consent form reiterated again that participation was entirely voluntary. Even though no foreseeable risks and discomforts were anticipated or experienced by participating in the study, participants could withdraw at any point during the study without any negative consequences. Written informed consent was obtained before any data was collected (Appendix III) and audio recordings were immediately transferred from my mobile telephone to my secure email address. Data was password protected on a computer immediately during the transcription process, and printed transcripts were secured in a locked cupboard when I was not working with them. The autonomy and respect for the dignity of persons was adhered to through the protection of participants by using pseudonyms, and the names and locations of shelters remained confidential. The National Freedom Network gave written permission to disclose their identity in this study (Appendix Ia).

As this study was concerned with significant existential issues, as most IPA studies are, it was crucial that I monitored how the interview was affecting the participants whilst being interviewed for signs of emotional distress (Pietkiewicz & Smith, 2012). In addition, in the information letter and informed consent, participants were informed that should they experience distress as a result of participation in the study, they could contact me and I would refer them for confidential debriefing. I requested Mrs Nicola Arend, a forensic psychologist's services should confidential debriefing be required by any of the participants (Appendix V). This was to be at no cost to the interviewee. Mrs Arend confirmed her assistance in this regard (Appendix Va), however none of the participants requested this service. Appendix VI, Request to conduct research at the shelter, and Appendix VIa, Shelter response to conduct research at the shelter, was not included. This is due to the fact that the two shelters' names, contact details, and locations remain confidential for security reasons.

Supervision was sought when I questioned my ethical responsibility in terms of the appropriateness of the minor child that was temporarily being housed at S1 alongside trafficked survivors and an ex-trafficker. It was confirmed that in my role as a researcher, I had fulfilled my professional and ethical responsibilities.

The transcribed data does not contain any information that could identify the participants in any way. Data will be stored in a secure location at the Department of Psychology,

University of Pretoria (i.e., HSB 11-24) for reuse and archiving for a minimum period of 15 years, until 2033. During this period other researchers may also have access to the anonymised data for further use. This information was provided in the participants' informed consent forms, which participants consented to.

**Summary**

Chapter three described how a qualitative approach, phenomenological paradigm, and interpretative phenomenological analysis, was employed to collect and analyse rich data. Working with the qualitative data, rigorous attention to detail accounted for the cultural variables and enabled analyses of themes (Winterdyk et al., 2012). As Larkin and Thompson (2011) found, a successful IPA study includes two elements of (a) "giving voice" (p. 101), or capturing and reflecting upon the principal claims and concerns of the research participants, and (b) "making sense" (p. 101) or offering an interpretation of the transcribed data. These two elements which are grounded in the participants' experiences, may however use psychological concepts to extend beyond them. These elements were employed to enhance and improve my methodology and findings. Chapter four contains the findings of the current study, integrated with a discussion of the research findings.

## Chapter Four

## Findings and Discussion

The findings of the current study are presented in this chapter. The presentation of the findings will be according to the detailed description of themes found in chapter three of the current study. The chapter will be structured as follows: Firstly, participants will be introduced. I chose to introduce each participant briefly as Tang and Dos Santos (2017) suggest that including this in an IPA study adds to the reader's understanding of the participants' perspectives and conceptions of cultural and behavioural activities. In addition, verbatim quotations are included to convey the participants' personalities and their lived experiences of providing psychosocial aftercare for trafficked survivors. This is followed by a thematic mind-map of the superordinate, subordinate, and sub-themes (Figure 3). Findings are structured according to superordinate, subordinate, and sub-themes. Superordinate themes, thus themes that were found in all four transcripts, will be presented in detail. Subordinate and subthemes will be used to illustrate ideographic findings, that is the illustrative quotes that are presented throughout to convey the rich meaning of each participant's unique experiences. A discussion of the findings are integrated with the findings to avoid unnecessary duplication in a separate discussion chapter. Lastly, the integrated discussion will be structured according to superordinate themes.

**The Participants**

**Madi: "I'm a Mom, not a police officer. I'm an embracer" (Paragraph 19).**

Madi is referred to by her clients and staff as "Mama", a name she was given whilst working on Pretoria's big city's inner streets when a trafficked sex worker asked her to be her mother. Trained as a pastor, this participant has worked with victims and survivors of human trafficking for over thirteen years. Madi is often shunned by many of her fellow psychosocial aftercare providers as they feel it is wrong to treat both traffickers and survivors in the same manner, as is Madi's practice. This does not perturb Madi as she believes that each human being has their own story, a desire to be part of a family, and importantly to have a mother. This, she believes, is true of both ex-traffickers and trafficked survivors. Madi has a biological daughter, a son, and one granddaughter. She immediately made me feel welcome as she exudes warmth and comfort. Her description of her experiences was done with passion,

dramatic hand gestures, and laughter. For example, when she expressed her passion for her involvement with human trafficking, she laughed and gestured "But it has captured me (pause), it has hooked me (smiling and animated), the hook has hooked me! (laughs)" (para. 9). The essence of her experience as a psychosocial aftercare provider lies in her belief that, like a mother with her child, the relationship she has with a survivor revolves around protection, limitless unconditional acceptance, and non-judgemental love. By doing this she believes that she affords her clients the experience of a mother's healing love. She perceives and defines her psychosocial aftercare role to trafficked survivors as a mother; a role which is enmeshed in her self-identity and self-worth. For this reason, Madi was the only participant who referred to her clients' by their names, or as "the girls" (para. 3), "my daughter" (para. 9), "my friend" (para. 12), and "the boys" (para. 20, 26).

**Ali : "It's something else…" (Paragraph 1, 2, 5, 6).**

Ali is a social worker at a shelter in a secluded Christian retreat on the outskirts of a large city in Gauteng. Security guards man the only entrance. The perimeter walls have no signage to indicate the existence of the multipurpose shelter. She has vast experience working with survivors of violent crimes, such as domestic violence, and has received the DSD's training for providing psychosocial aftercare for trafficked survivors. Ali is also a mother. Her primary interaction with trafficked survivors is during the screening and intake process. She is required to screen all clients that enter the shelter, and therefore does not have any choice in whether she wants to be exposed to trafficked survivors, or not. She mentioned that if there was anything she could change about her work, it would be that she did not have to screen trafficked survivors, only survivors of other crimes such as domestic violence or sexual assault. Ali's tone of voice, her facial expressions, and her colloquial expressions gave me a sense that screening, doing intakes, and counselling TIP survivors has left her disillusioned. The gravity of trafficking is manageable for Ali when it is theoretical. When she has to engage in-person with a trafficked survivor, however, she describes the experience as "terrible" (para. 3), and that you "don't get used to human trafficking" (para. 10). Despite perceiving herself as a professional who is able to offer psychosocial aftercare to traumatised victims, she continuously expressed her disbelief at the inhumanity of the stories she hears directly from trafficked survivors. Ali expressed being unable to prepare herself for the stories she hears at screening and intake, and she attributed her shock every time she does screening to this fact. Ali expressed how these inhuman narratives are "realistic. It's hard to hear" (para. 21) and a direct effect of being unprepared for the gravity and complexity of human

trafficking: "you are listening, at the same time you need to concentrate and you are hurting (pause) the things you are hearing (pause) you are in shock (pause) they are not easy" (para. 23). She expressed that the shock she experiences renders her helpless and ineffective in the service she provides her client "I'm like, yoh, yoh, yoh, and you are stuck, you don't even know what to say" (para. 15). Ali described how experiencing first hand the grave reality of what trafficked individual's experience, has left her seeking professional assistance from a medical doctor, as well as a psychologist in private practice.

### Missy: "It's not easy" (Paragraph 2, 4, 5).

Missy originally trained as a teacher and later studied to become a social worker. She exuded warmth, intelligence, and confidence and spoke honestly, often in a light-hearted manner. She works at the same multipurpose shelter in Gauteng as Ali and Mona do, working with survivors of violent crimes as well as trafficked survivors. Missy first came into contact with trafficked survivors at the shelter. She subsequently received training from the Salvation Army for the psychosocial aftercare services that trafficked survivors require. She interacts with trafficked survivors during individual counselling sessions which are longer than sessions with domestic violence victims, and affect her more: "Especially after having a session, because it will be a long session (pause) then after that you will feel, hey, it's sitting with you, it's what they felt, and what they went through that really hurts" (para. 4). Missy is a mother of an adult son and daughter and her interactions with survivors has changed her perception of her world in many ways. She described how her experience of her role as a social worker has changed since working with trafficked survivors. Initially she enjoyed the novelty and diversity of social work, however her work with trafficked survivors has changed her outlook towards her career and her world, leaving her with a negative perception.

### Mona: The Housemother.

Mona has a teacher's diploma that she received through the University of South Africa. Having being hospitalised for depression after enduring years of a physical and emotional abusive at the hand of her husband, she left her marriage. Mona was given refuge for herself and her children in the shelter (S2) where she is now a housemother. Her role at the shelter includes ensuring that her clients' physical needs are met, as well as making them feel safe, monitoring their emotional and behavioural symptoms, and including them in skill-based activities. Mona works with Ali and Missy, and is in regular contact with trafficked survivors

in the multipurpose shelter. Mona expressed that she understands trafficked survivor's needs as she sees similarities between their enslavement experiences and her experience of being trapped in an abusive marriage. Mona's experience resembles Van der Kolk's (1994) view that the human response to overwhelming and uncontrollable life events, such as entrapment, is remarkably consistent. For example, she describes the horror of a clients' trafficking experience, "Because when they are trafficked, it's better even in a prison" (para. 9). This powerful statement from Mona clarifies the gravity of being trafficked, as she describes the horror of being jailed as being preferable to being trafficked. These personal experiences form her perception of her role as a resilient mentor, mother, and teacher by giving the survivors hope that they can become as free and independent as she did after her escape. As such she placed a high value on her teaching abilities. She views educating survivors as meaningful as she equates skills to freedom and independence. Her personal experience of being empowered through speaking about her abuse is something she understands to be at the forefront of doing her job successfully. She placed much emphasis on the power of communication. The meaning she attaches to talking is that it leads to healing, as disclosing her experiences of violence enabled her to reempower herself after her escape. The findings of the current study are presented next.

**Findings**

Due to the complexity of trafficked survivors and aftercare services, clear-cut superordinate themes were not easily defined. As a result the integrated thematic chart (Figure 3) will be presented before the findings are discussed. Each of the five superordinate themes have interconnections between the subordinate and sub-themes, which are indicated with arrows and broken lines. The chart illustrates the five superordinate themes of the current study, namely:

a. Superordinate theme one: Boundaries and roles are complex
b. Superordinate theme two: Making a difference
c. Superordinate theme three: The role of knowledge
d. Superordinate theme four: Consequences of aftercare service provision
e. Superordinate theme five: The importance of support.

Figure 3.

*A thematic chart of Superordinate, Subordinate, and Sub-themes highlighting the complex inter-connections between them.*
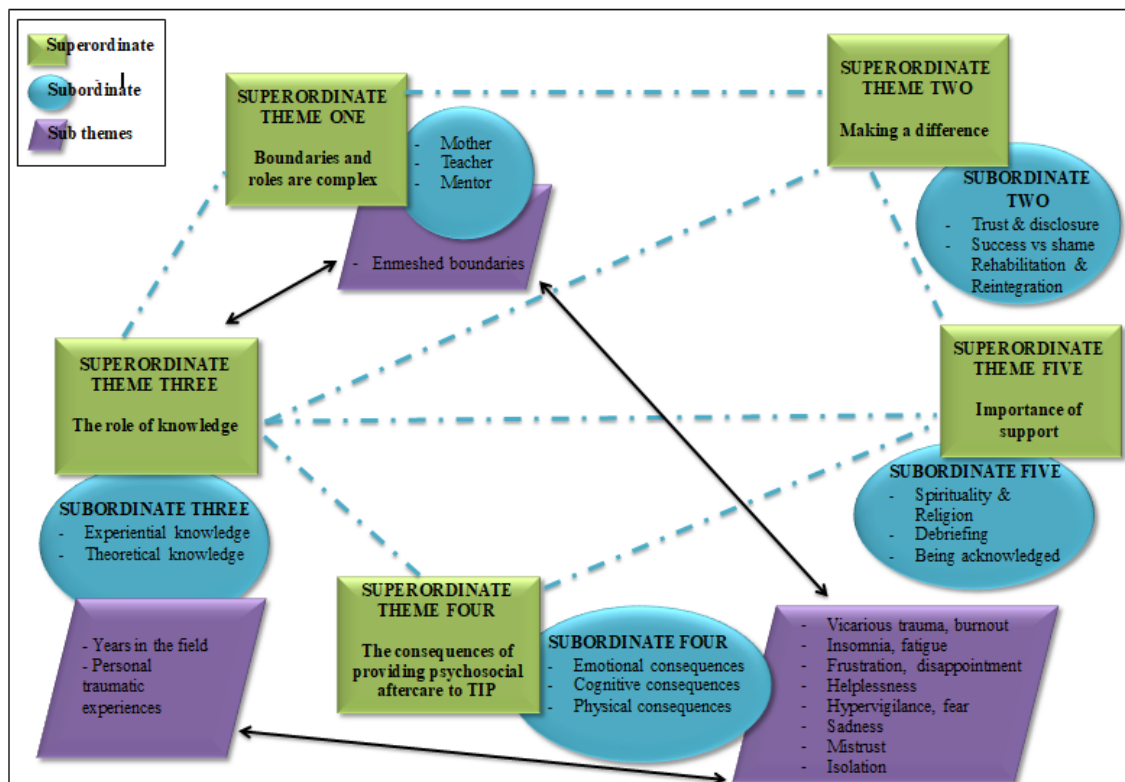


**Superordinate Theme One: Boundaries and roles are complex.**

All the participants are mothers. The experiences highlighted that they used this role, which they understand and have all experienced, as a template for how they conceptualised their roles as psychosocial aftercare providers when working with the challenges of trafficked survivors. They therefore placed importance on their ability to teach their clients values and skills, as they do with their own children. This was most clearly expressed by Madi and Mona. Madi reflected how personal the changes she observed in her clients were to her by describing the changes as "deeply fulfilling to me" (para. 33). At times, she was surprised at how much her mother-like affection can influence her clients: "loving them and seeing how they change (pause), sometimes I can't believe the changes I see in them" (para. 36).

Madi found that being accepted into the mother role by her clients as one of the more rewarding and mystical aspects of her role as psychosocial aftercare provider:

It's incredibly satisfying. She's now my daughter. It's incredibly satisfying when we go to the clinic together and they sit there and they say 'This is our mom, we are

her daughters', to them the pride of being a daughter to a mom. That to me is a mysterious thing that happens when they come in, they get delivered from the drugs, their need for belonging and attachment, their appreciation. It's very touching to me (para. 37).

Mona felt her mother role was to ensure that survivors experienced her presence as comforting and safe, "So when I go out with them, I explain to them that 'Don't feel as if I'm like the police, I am acting like your mother to you to make sure that you are safe'" (para. 9). She perceived her role to include being attentive, "I'll think about it like I'm a mother, the only thing that I'll do, I'll communicate with her in the morning, I'll check how is she, how is she doing" (para. 12). Mona placed importance on taking the time to teach survivors domestic skills, "And I usually teach them, so I teach them how to crochet, knitting, sewing, cooking, so I give them those skills" (para. 17). She appeared to teach these gendered domestic skills as this is her understanding of what women can do to reempower themselves.

The experiences of the participants closely relates to how motherhood is viewed in Africa. For example, Akujobi (2011) described motherhood in Africa as a God-given role and for this reason it is sacred. His study clarified how mothering and motherhood become intertwined with issues of a woman's identity, as shown by the current study's participants. In addition, in African communities, the boundaries distinguishing biological mothers of children and other women who care for children are often fluid and changing (Zinn, Hondagneu-Sotelo, Messner, & Denissen, 2015). These cultural values and natural instincts to care and protect form the foundation of the participants' experiences. This understanding of their mothering role is enhanced by the fact that all participants are practicing Christians. This religion dictates a particular view of motherhood. Research (Nortjé-Meyer, 2017; Webster, 2015) has found that black and white Christian women in Africa interpret communal deeds of compassion for those suffering from injustice as helping them to find peace, ensuring mutual respect, honour and care for life, looking for fairness, reciprocity, and inclusiveness. Nortjé-Meyer refers to this as "mutual-mothering" (p. 2) and "African mothering" (p. 2), which combines the powerful significance of the African woman and the spirit of "ubuntu" - I am because of who we all are.

The perception of themselves as maternal figures fulfilling maternal roles was expressed by all four participants. They also combined the mother role with their role as psychosocial aftercare provider.  Ubuntu contains the idea of interconnectedness, and this is embraced by all of the participants, particularly Madi. For example, Madi believed that even though she is not the survivor's biological mother, we are all connected and therefore she becomes the

survivor's mother. Since ubuntu relates to being human and a humanitarian, the participants' professional training as social workers, and as a pastor, instilled a similar view of relationships and ethics within those relationships. As such, the participants attested to the fact that they were able to provide psychosocial aftercare for trafficked survivors as it was encapsulated in their role as a nurturer, or a mother. They all understood this maternal role to include providing safety and containment. For example Madi explained: "So the girls come in, I don't even question them, I allow them to tell me what they want, when they want" (para. 19). She nurtures the new survivor when, for example, together with the other residents of the shelter they, "prepare a bath, a bubble bath, nice clothes, a bag full of toiletries. We give her tea and food. We don't (pause), we do searches, but not militant searches, so when you come in here, my role is to embrace you" (para. 19). All four participants placed high value on gaining the client's trust. Madi described this best when she tells the story of how a male survivor connected with her: "And he will tell you that this is his first home and a place where 'I'm a son'. They tell me everything. They tell me what they think" (para. 52). Ali describes practicing empathy as she would as a mother: "I know I cannot feel exactly what they are feeling, but to empathise, ja" (para. 29). Mona felt that her role was to be an understanding listener, as well as to re-empower and provide healing to trafficked survivors. For example, "When they come first day at the shelter, you must look after them, you must calm them, to make them feel at home" (para. 3). She expressed that "we just listen to her [the trafficked survivor], we sympathise her [sic]. Because sometimes when they come to talk, there's a time when they want to heal" (para. 4).

Herman (1992), Follette and Ruzek (2006), and Branson (2018) found that while this nurturing approach was reported to be most appropriate and effective when working with trauma survivors, this role also affects personal and professional boundaries. Branson (2018) described that this nurturing care can be hazardous for the aftercare service providers themselves as it exposes them to vicarious trauma. The participants' nurturing, mothering experiences are supported by existing research. For example, Thai (2017) found that experiencing interpersonal boundary issues was due to the fact that human trafficking survivors require more of the service provider's time, energy, and attention than working with other victims of violent crimes. This aspect of providing aftercare required the participants to be more flexible. The current study found that this ability to be flexible affected the participants' judgements regarding interpersonal boundaries that influenced their own well-being, as well as that of their loved ones. Madi expressed sadly how her strained relationship with her biological daughter is exacerbated by the fact that she has little understanding or tolerance for what her mother does. She described this in a softer voice, explaining that "I

have to break [intrapersonal] boundaries in my head all the time; I'm completely and utterly consumed by this home. My mom understands what I do, my [biological] daughter (pause), struggles with me (trails off)" (para. 39).

My perception of how Madi's difficulties with interpersonal boundaries can exacerbate other people not understanding her, was that she described the pimps as "friends" (para. 13, 40). I found it distressing that Madi's difficulty with distinguishing between appropriate and non-appropriate interpersonal boundaries was evident in the fact that, during the time of data collection, a male ex-trafficker was living at the shelter with her young granddaughter. Whilst this was a temporary living arrangement for a couple of months, Babrove (2015) emphasised that having boundaries in place is essential to being effective in helping to change and improve trafficked survivor's lives. Babrove also indicated, however, that the nature of the work made it easy to become too involved in the lives of clients. This lack of interpersonal and intrapersonal boundaries not only places the professional relationship at risk, but that of the aftercare provider's physical and emotional well-being as the participants do not prioritise their well-being. Madi described being "on 24 hour call" (para.50), and gave the following example of how her enmeshed boundaries with her clients affected her personal life. She was expected to be at her grand daughter's nursery school for grandmother and grandfather's day, but did not manage to get to her granddaughter in time as she was delayed at a clinic with a trafficked survivor. This resulted in her missing the entire event. Madi's tone, expression, and body language expressed anger and frustration when she said:

> I do get overwhelmed. I just even sat crying there at the clinic. It's just, sometimes I do feel like, 'I can't do this. It's too much'. Because of the prejudice and the non-appreciation [of the client]. And I'm looking and I think 'But why? She's just got an attitude…she doesn't understand, she doesn't value my time'. And I had to go and sit in a queue again because she [trafficked survivor] was not consulted. And I missed my Granny and Grandpa Day at L's [Madi's granddaughter) school, So this is what I do, and L did not know that I was supposed to be there [at school]. Well maybe she did, and yes, I paid for the stupid ouma [grandmother] and oupa [grandfather] day, and yes, it's important, and yes, I was mad that I didn't go, and I did feel this girl [trafficked survivor] was wrong. She had no appreciation of my time, but she doesn't understand that her actions (pause), what it caused me (para. 46).

My understanding of Madi attempting to rationalise her enmeshed boundaries by attempting to assist the trafficked survivor, unconsciously alleviated her survivor complex. By assisting trafficked victims, at the expense of her personal arrangements, she alleviated the unconscious survivor's guilt she felt that she had escaped her traumatic experiences before she too may have become a victim of human trafficking (Hutson, Hall, & Pack, 2015).

In order to manage her emotional and physical symptoms resulting from her experiences of providing psychosocial aftercare to trafficked survivors, Ali consulted with her medical doctor and her psychologist. These measures gave me an indication of how her intrapersonal boundaried relationship with herself has had an impact on the way that she is able to reflect upon and manage these symptoms. Poor interpersonal judgements relates to empathy and sympathy (Harrison, Timko, & Blonigen, 2017). Baron, Branscombe and Byrne, (2009) found that levels of empathy are greatest towards others with similar experiences. Identifying too much with vulnerable clients as victims and perceiving themselves [the participants] to be the strong, nurturing helpers led to the aftercare provider being overwhelmed by the victim's pain and despair (Wengraf, 2004). While all four participants understood the need for empathy, their enmeshed boundaries meant that they often found themselves sympathising with the trafficked survivors, as they identify with them because of their own history of victimisation. Affective empathy is influenced by sympathy, in that sympathy stems from the aftercare provider's own experiential world, rather than that of the client. Sinclair, et al. (2017) described sympathy as an emotional reaction of pity toward the misfortune of others, especially those who are perceived as suffering unfairly. Grobler, Schenk and Mbedzi (2013) explain empathy entailing the aftercare service provider stepping out of his/her comfort zone, or frames of reference, and into the experiential world of the client, without taking on their pain or emotion.

Mona describes feeling her client's pain and suffering clearly when she states, "I feel bad, if she come and talk, we just listen to her, we sympathise her [sic]. That's very painful" (para. 4). This failure to manage trafficked survivor-aftercare provider boundaries, clouds the participants awareness as to why perceiving their role as that of a mother-figure, threatened their capacity for resilience. Resilience is vital for the participants in order to guard against stress, physical and mental exhaustion, and vicarious trauma (Hernandes-Wolfe, Killian, Engstrom, & Gangsei, 2014). Herein lies the paradox of straddling the relationship boundaries. Being a mother is how they are able to provide psychosocial aftercare, but being a mother is what reinforces the unhealthy enmeshment with the survivor. Enmeshment boundaries describe the relationship between the participants and their clients, as their interpersonal boundaries are permeable, unclear, have no limits, and therefore unhealthy

(Minuchin, 1985). These enmeshed interpersonal boundaries occurred on an emotional level as the participants' involvement became emotional. For example, Missy expressed that "you feel hurt inside" (para. 3), particularly when hearing the narratives from trafficked children. Mona agreed, expressing how she felt after interacting with a trafficked survivor: "it's made me feel very bad, but I do understand that on their side, it's very, very bad, nè?" (para. 6). As Prior (2013) describes, when the participant's and the trafficked survivors' interpersonal boundaries become enmeshed, the participants are not able to separate their emotional experience from that of their clients.

The maternal nurturing, empathic, and protective role the participants employ with the trafficked survivors, leads to emotional involvement which threatens their decision objectivity and exposes them to symptoms of vicarious trauma (Crumpei & Dafinoiu, 2012). Vicarious trauma develops when aftercare providers repeatedly listen to the traumatic stories shared by their clients, and this permanently changes their view of others and their world (American Counselling Association, 2018). The participants' mothering role is also interconnected to vicarious trauma, and this will be discussed in more detail under superordinate theme three, *The role of knowledge.* These enmeshed interpersonal boundaries in turn affected the participants' view of how effective they are as psychosocial aftercare service providers, which is the second superordinate theme.

**Superordinate Theme Two: Making a difference.**

The reciprocal relationship between vicarious trauma, enmeshed boundaries, and sense of effectiveness emphasises the interconnection of themes, as does the circular cause and effect that results from feeding into one another. All four participants experienced their effectiveness at providing psychosocial aftercare services by their perception of trust that may be developed with survivors. This theme was strongly interlinked to superordinate theme one since much of the participants' self-identity as mothers was enmeshed in their professional lives. They placed a high value on the child-parent relationship, which they believed is based on unconditional trust. The child-parent relationship therefore links to the survivor-aftercare provider relationship as participants perceived survivor's hesitancy to disclose their experiences of being trafficked as a sign of failure on their part. This perception of failure appeared to be due to the participants' belief that they were only successful if a survivor trusted them enough to talk about their experiences with the participants. This is linked to superordinate them one, *Boundaries and roles are complex* as a mother perceives her child's trust to be unconditional. When the trafficked survivor does not trust the aftercare service

provider, the participants perceived this to be their inability to feel effective and this leads to vulnerability. The importance of trust as an experience of effectiveness was described by Ali when she stated that "at the end of the day, I didn't help [the trafficked survivor]" (para. 32). She experienced interacting with trafficked survivors as challenging and said that, "you know the challenge with them? They don't even trust you" (pause), whether you are a social worker or whatever, that's one thing I've learnt" (para. 16). I interpreted Ali's perception of being unhelpful as a coping mechanism, in that she blamed the client for not trusting her. This meant that she was not at fault if she did not help her client, and this protected her from her feelings of ineffectiveness.

In a similar manner, Missy spoke of how she measured her success as a psychosocial aftercare provider by the increasing trust and personal disclosure by survivors. She experienced fulfilment as follows:

For me, you are helping out people, it's good, like, ummm, like I said, when they come you can see they are all emotional, and some of them at first, they are not willing, they don't want to disclose. But then they trust you, they end up trusting you, you become like (pause), your friend, they end up saying everything to you. At the beginning its like they are hiding some things, but in the end, they end up disclosing and that's fulfilment. But they really do appreciate and even their body structure, their faces, the way they will be dressing, you will say that 'Ja, I've done something; I've made a change (para. 9).

Missy's experience above is an effective illustration of how she only feels that she has made a difference in the trafficked survivor's life if the survivor is able to trust Missy enough to tell her the traumatic stories of their trafficked experiences. DeSteno, Li, Dickens, and Learner (2014) highlighted how the human mind's propensity to trust and be trusted influences individuals on all levels. He states that this propensity occupies an enormous amount of our mental energy and influences, directly or indirectly, our risk taking. DeSteno continues by explaining that trust defines human relationships, and the participants' feeling that they are not being trusted by their clients, makes them feel vulnerable as they feel ineffective as aftercare service providers.

Feeling worthy is imperative for an effective professional relationship, and therefore feeling ineffective can damage the aftercare providers' perception of themselves and their abilities (Visser & Mabota, 2015). In addition, Peters, Sawyer and Willis (2017) highlighted that high levels of self-efficacy are especially required when working with clients who have

experienced trauma, such as trafficked survivors. The trafficked survivor is unable to take the risk to trust the aftercare service provider (Frankel, 2016). Participants' vulnerability stems from their perception that they have not made a difference to their client, and this exacerbates their feelings of ineffectiveness. Despite the participants' training and experience with working with human trafficking survivors, this was a surprising finding, as the nature of a traumatised client, particularly a trafficked survivor, is to demonstrate little trust after their traumatic experience, hence creating a barrier to disclosure (Contreras, et al., 2016; Scanlon & Krausa, 2016; United States Department of Health and Human Services, 2018; Wulfhorst, 2016). It appeared that participants were not aware that a lack of trust from trafficked survivors is to be expected.

Participants also conveyed that a lack of aftercare service providers who assist trafficked survivors, added to them feeling overwhelmed. Peters, Sawyer, and Willis, 2017 highlighted the fact that aftercare providers working with a high caseload of trauma clients had an increased risk for developing vicarious trauma, which in turn could influence their self-efficacy. Halpern (2016), however, found that aftercare service providers assisting trauma survivors often experience a sense of reward and privilege from providing psychosocial aftercare services in unique circumstances when they are sorely needed.

Whilst providing aftercare for traumatised trafficked survivors, two of the four participants experienced feelings of success as aftercare providers if survivors did not abscond from the shelter to return to the trafficking situation, which Van der Westhuizen (2015) found to be a common occurrence. Madi expressed her pride and sense of achievement when she told the story of meeting X and Y who were two well-known international counter-trafficking authors. Madi described how it was "an interesting thing that both X and Y were surprised that girls stayed with us for a year, because it's uncommon" (para. 16). This sense of worthiness and pride was expressed excitedly by Madi when she described how providing aftercare for trafficked survivors motivates her: "It excites me, something changed in her [the trafficked survivor] that could never be lost" (para. 51). She emphasised her enjoyment at being an effective aftercare service provider when she said "Oh, its wonderful! Ummmm, Fran, this is why I do this (smiles), because (pause) she's [the trafficked survivor] learnt things. Something inside of them has changed" (para. 32). It seems that Madi found existential meaning when realising that she makes her life meaningful by helping others. This in turn defines her self-identity as a helper, and "an embracer" (para.19). This meaning and purpose in her life was also conveyed by her confident demeanour and the way in which she passionately expressed herself during the interview. On the other hand, Madi related a sense of shame when she referred to unsuccessful rehabilitation and reintegration of survivors as a

personal failure: "My daughter left (pause), humiliation. Failure" (para. 51). Clawson, et al. (2008) found that a sense of shame may develop when the sources of strength, or the aftercare service providers' efforts, may no longer be effective for the trafficked survivor. The role that knowledge plays in the aftercare service providers' experiences is discussed next.

**Superordinate Theme Three: The role of knowledge.**

Two subordinate themes were connected with superordinate theme three, which describes the role of knowledge in the participants' experiences. These subordinate themes are experiential knowledge and formal theoretical knowledge. It was evident that the participants who had personal experiences of trauma were more resilient and less overwhelmed by their experiences of working with trafficked survivors. Madi had over 13 years experience working with trafficked survivors, while Ali, Missy, and Mona had 4, 10, and 5 years of experience respectively. In addition, having experiential knowledge from the field added to this resilience.

*Experiential knowledge.*

The aftercare service providers' experiential knowledge, personality, personal history, and coping strategies all interact with their work situations, and this gave rise to individualised expressions of their experiences. Sui and Padmanabhanunni (2016) described this expression of experiences as individual responses and adaptations to the traumatic material individuals are constantly exposed to. Thompson, Amatea, and Thompson (2014), and Thai's (2017) studies supported this finding and suggested that having many more years of experience in the field of trauma serves as a protective factor. This applied to both Madi and Mona.

Madi spent over 13 years walking around the urban streets of Pretoria, initially in church groups, and later on her own. She spoke and prayed with trafficked victims and survivors that she met during this period, often building relationships with victims and traffickers alike. Madi's experience of her work with trafficked survivors was more positive than the other three participants, possibly due to her many years of "working the streets" (para. 9), the existential meaning she attaches to her work, as well as her spirituality and training as a pastor. Madi said passionately, "Experiential knowledge is about all that I can offer" (para. 19). Madi's personal experiences with trauma and poverty gave her a sense of suffering and equality, rather than a feeling superiority. She went on further to explain that, "I also come

from a place of dysfunctional upbringing and I lived in townships and I've got a story where I think, 'Maybe I would have been where the girls are if there were Nigerians [involved in sex trafficking] in my time?' And that's why I can go [to the trafficked survivors]" (para 19). Madi expressed how her experiential knowledge from her own experiences on the streets allowed her to understand the trafficked survivors experience: "And I understand" (para. 32). Madi understood that her own traumatic experiences contributed to her ability to listen to, and contain survivors' strong emotions and traumatic experiences:

It makes it easy for them [trafficked survivors] to feel whatever they gonna [sic] tell me, it's gonna [going to] be ok because I can deal with it. I don't get shocked and feel, 'Ooooh, this is too much'. This is their story. Someone must listen to it. And I think that's another aspect that's important to them is they've never had anybody where they can trauma debrief. I don't have any training in what I'm doing except for experiential life training (para. 30).

Madi believed that her personal experiences had provided her with a richer understanding of what trafficked survivors' needs are and this may be why her clients remain in her shelter for over six months at a time. Madi uses her experiential knowledge to guide her as a psychosocial aftercare provider, as her experiences allow her to know what is effective, and what is not. She understands that an effective aftercare provider must have "a committed heart to embrace people, as people, not as case studies" (para. 19). Madi feels that the Department of Social Development (DSD) categorises trafficked survivors in an impersonal way, by treating them as case studies, and not individuals with unique experiences. She continued by explaining why her shelter is not accredited by the DSD as "This is one reason why I don't wanna [sic] be part of the DSD system" (para. 18). She expressed that her experiences of DSD expecting survivors to testify against their traffickers, led her to say emphatically, " I do not believe these girls should ever be subjected to court cases. I don't" (para. 12). Madi then described her vast knowledge of her experiences of human trafficking:

I believe there are different types of human trafficking victims. Girls who've been trafficked six months or years ago, they become embedded in the [trafficking] system and they can't [give evidence in court against their traffickers]. They've been tortured and brainwashed. You never go against your pimp, you can't. I know that you [Fran] know everything about the juju and the ritual abuse that they [victims of

trafficking] undergo, the threats they have, but she's [the trafficked survivor] a drug addict, she's completely submissive, she lives in fear (para. 19).

Because of her experiences with trafficked survivors, Madi uses her knowledge in an atypical manner. She said proudly that her screening and intake process is a process where "I allow them [the survivors] to tell me what they want, when they want it. We don't have the typical intake sessions with girls" (para. 19). DSD require a trafficked victim to be certified as such in order to be admitted into a DSD accredited shelter. Certification is done by asking the victim in-depth and lengthy questions about elements of their trafficking experience. All elements have to be present at a DSD intake in order to certify that the individual was indeed trafficked. Madi does not need certification from DSD and as such she does not need to force a trafficked survivor to divulge details of their traumatic experience.

Similarly, Mona taps experiential knowledge from her own traumatic experiences to increase her resilience. Mona described how her trafficking client's stories do not affect her: "Noooooooo. You know what? As myself, I'm a survivor of abuse, domestic violence, nè?" (para. 5). Mona describes herself as a survivor, not a victim of abuse, and therefore she identifies with the trafficked survivor as a survivor, not as a victim. She feels that this is why hearing traumatic narratives from trafficked survivors "doesn't stay much long in my heart" (para. 5).

The participants with experiential knowledge of both their own traumatic experiences and their years in the field, also appeared to have a more positive experience of the provision of aftercare. This positivity gave then a more optimistic attitude towards their work. This was due to their perception and understanding of how their traumatic experiences led to their resilience and transformation and this is what they saw in many of their clients. As Mona, a survivor of domestic violence, described: "That's when I'm explaining to other women, I usually explain to them, 'This made me strong, so I also want you to be strong'" (para. 21). Literature confirms that previous life events contribute to inducing a resilient stress response to trauma (Musazzi, Tornese, Sala, & Popoli, 2018).

Besides their experiential knowledge, participants also expressed the role of theoretical knowledge in their experiences of aftercare provision. This is described in the next subordinate theme.

*Theoretical knowledge.*

Ali, Missy, and Mona had gained theoretical knowledge from training received by DSD and the Salvation Army. They, however, expressed dissatisfaction as they found that the limited training left them feeling unprepared for the gravity, complexity, and effects of human trafficking. They all expressed how their previous perception of human trafficking was inadequate, as they understood it only in terms of sex-trafficking and kidnapping. The participants spoke of how their formal training as social workers, and their limited theoretical knowledge was insufficient compared to the realities of the inhumanity of the crime and its effect on the survivors that they were confronted. Ali did not feel that her training prepared her for the face-to-face interactions with trafficked survivors. She expressed this by saying that "when they train it's just talking about that [human trafficking] is the thing, that is human trafficking, and then that's it. And then until you meet the victim (pause), it's something else" (para. 2). Ali went on to tell me that her theoretical training was not sufficient when counselling survivors:

> If you are hearing it from the horse's mouth [the trafficked survivor], it's better if you've been trained, but then it's [human trafficking] a factual thing, but when you are hearing it from the horse's mouth (pause), you are just a thinker [you only know the theory]. There is nothing you can do, but sjoe (sighs), what a thing (para. 14).

Ali spoke of her frustration at how the training she received did not give her an indication of how explicit and shocking a client's human trafficking story can be when she said "They trained us, but it's [human trafficking] something else, being trained than working with them [trafficked survivors] (para. 1). She described the difference between her knowledge and her experiences of human trafficking as "a different story. Human trafficking is something else" (para. 5). Ali gave me a sense of the shock she experiences each time she screens a trafficked survivor saying that "it's always (pause), it's like for the first time you've heard about it. You don't get used to human trafficking" (para. 10). Mona expressed similar sentiments of being unprepared by theoretical knowledge, saying that "I first hear it [human trafficking] on TV, and even at the shelter when we attended some of the training when they tell us about human trafficking" (para. 10). She later stated that despite this training, "we never understand it [human trafficking]" (para. 1).

The participants found that, when working with trafficked survivors, theoretical knowledge is not sufficient. These findings reflect the reality of the participants, as in the

United States of America, 62% of mental health professionals felt that their graduate institutions did not prepare them sufficiently for working with traumatised populations (Peters, Sawyer, & Willis, 2017). Sartor's (2016) study found that there was an assumption that mental health professionals are emotionally prepared to work with trauma clients because they have received training. It was evident by their reported experiences that the training three participants had received had not improved their skills regarding working with trafficked survivors. They also felt that their training was neither effective nor useful in understanding the complexities facing their clients during the aftercare process. Ali was particularly frustrated, as she highlighted how the lack of formal training influences her self-perceived effectiveness, "It's [human trafficking] complicated, it's everything, its addiction, it's trauma, it's everything. And we aren't trained for it" (para.32). She expressed a desire for in-depth training, "so I think if you can be trained how to deal with it (tapers off)" (para 32). Ali expressed that the lack of comprehensive training leaves her thinking "What must I do? What must I do?" (para 32). She spoke in a defeated tone when she said that "At the end of the day, it's the truth, you can lie and say anything, but at the end of the day, you don't help them" (para. 32). Ali felt that "because maybe if you are trained you will have that understanding. It's [human trafficking] a difficult, complicated thing" (para. 33), and she described how "Awareness [training] is for thirty minutes to an hour, but if you train a person for the whole day, she will understand. But they don't" (para. 33).

Ali emphasised that formal knowledge should also enable aftercare providers to take an empathic stance beyond a one-dimensional view of the effects of human trafficking on its victims. She felt that, due to a lack of training, she is just "listening" in sessions instead of counselling survivors, and "maybe even our staff they need to be trained, just to understand, what is human trafficking? Not just a word (pause), to understand (pause), to feel what they are feeling" (para. 29), while psychologists who have an in-depth knowledge of complex trauma are "people who will understand our clients, what they are going through" (para. 28). She understood that psychologists are trained to be able to actively listen and effect change. She expressed her need for the shelter, saying that "We do need a psychologist. Someone who understands what it is [human trafficking], exactly what it is. Not just to do your sessions for the sake of finishing them, but to understand what it is" (para. 31).

The participants lack of trauma knowledge, as well as an in-depth knowledge of the complexity of human trafficking, became evident in the participants' narratives. The fact that the participants' interpreted trauma symptoms such as selective mutism, aggression, nightmares and flashbacks, distrust, and insomnia as their clients being uncooperative, insolent, disrespectful, and negative, highlight this lack of trauma knowledge. For example,

Madi describes a particular client as being "extremely stubborn. Like aggressively stubborn" (para. 21), when the client was manifesting a lack of emotional regulation, and shame manifesting as anger. Madi did not understand the psychological origin of trafficked survivors' trauma behaviours, so she described them as physical symptoms. For example, she described another adolescent survivor's symptoms of selective mutism and mistrust as follows: "When she came to us, she couldn't talk. She lost her voice for three months" (para. 35). The trafficked survivor's exaggerated startle response was also misunderstood by Madi, as she as she described how "One day T [a rehabilited trafficker living and working at the shelter] wanted to give her a high-five in the kitchen and as he lifted his hand up, she cried and cowered and was screaming as she expected a smack" (para. 36). Participants expressed that teaching domestic skills, getting an education, or returning to their families will enable their clients to return to normality and regain their mental health. This illustrates a lack of understanding of the gravity and complexity of the trauma the trafficked survivor has experienced, as well as a lack of understanding that reintegration into home communities becomes difficult for the survivor (Frankel, 2016).

Had participants been sufficiently prepared with an in-depth knowledge of the consequences of human trafficking on the individual, the participants would understand that not being trusted by their clients is not related to their effectiveness as aftercare service providers. Instead they would understand that mistrust is a manifestation of the trauma the trafficked survivor has experienced. The participants' insufficient training and lack of knowledge about human trafficking was also evident in their perception that females are more vulnerable to trafficking than men. This perception may also be due to the fact that Ali, Missy, and Mona were working in a multipurpose shelter that houses only female sex trafficked survivors. Missy warns her friends and family to "Please be careful, especially with girls" (para 7), adding "If you have a girl you don't have any trust at all" (para. 7). She tells her son about his sister, "You must take her to the bus; she must not travel alone" (para. 7). Similarly, Mona said the "We can't let our girls go out looking for jobs alone, I feel very, very protective of my girl" (para. 14). In fact, none of the participants even mentioned males being vulnerable to human trafficking. This is surprising in light of the fact that of the 399 trafficked survivors identified in 2017 in South Africa, 305 were victims of forced labour (United States Department of States, 2018).

The current subordinate theme is also linked to superordinate theme four, as more knowledge in terms of training regarding manifestations of vicarious trauma symptoms, would make the participants more able to recognise symptoms of vicarious trauma within themselves and in each other. Education on vicarious trauma is a key area for aftercare

providers, with an emphasis on the importance of raising awareness about how working with trauma clients can affect mental health (Peters, Sawyer, & Willis, 2017). The consequences of providing psychosocial aftercare, from the perspectives of the current study's participants, is discussed in the next superordinate theme.

**Superordinate Theme Four: Consequences of aftercare service provision.**

Superordinate theme four consisted of three subordinate themes of consequences of providing aftercare. These subordinate themes are emotional, physical, and cognitive consequences. It was evident from the participants interviewed that the most intense effect of their work was experienced emotionally. All participants described negative emotional effects such as frustration, demotivation, helplessness, disappointment, fear, sadness, and often feeling overwhelmed. They spoke of being reduced to tears which, for all participants, is a manifestation of the severity of the emotions they felt. They all frequently expressed their emotional experiences in terms of the trafficked survivors' crying or not crying, and it was used when attempting to express how they experienced the situation. Sometimes the participant's experienced intense emotion due to their client's lack of crying. Ali describes this best when she said, "And what will shook [sic] you the most?! They don't cry. They will speak this thing [their traumatic trafficking experience] without crying (pause), yoooo (pause), like they no longer have feelings, they no longer care (pause), yoh" (para. 22). Ali found it shocking that her client could be so traumatised that she could not feel emotion, while Ali believed trauma is be expressed through crying.

At other times the participants were emotionally impacted by the length of time survivors' cried, as this was perceived as a manifestation of the gravity of their traumatic trafficking experience. For example, Mona experienced intense emotion when trafficked survivors first arrived at the shelter. "I think the worst part is when they arrive. Ja, when they arrive it's not easy. They are crying the whole day (pause), ja (pause), that's the worst part" (para. 10). Mona's interpreted the fact that a woman can cry for that length of time due to her trafficking experience, as the most painful part of the aftercare process as this was perceived to be when her client was in the most pain. Initially, Mona used to experience similar emotions to her clients. "The first time when they arrive when someone was crying, I also used to cry, ne?" (para. 11). Madi appeared to feel emotionally drained and desperate when she told me that "one night I cried and I was lying on the floor (pause), crying (pause), and I just felt so (pause), eehhmm (sighs) demotivated and hopeless (pause), and in my crying state

I ended so exhausted" that she turned in desperation to her faith, "I remember just going 'Vader, Vader' (Father, Father) [a simple Afrikaans prayer]" (para. 9).

All four participants expressed feeling helpless and shocked when hearing narratives from trafficked survivors that involve babies, children, and adolescents. Mona expressed how the emotional impact of working with an adolescent survivor was worse then even her own experience of domestic violence. She was emotionally affected by this case as it "made me feel very bad, but I do understand that on their side, it's [the human trafficking experience] very, very bad, nè?" Mona's experience of being entrapped in an abusive relationship allowed her to understand the severe trauma her clients experience. She stated that "Because they [trafficked victims] are being kept somewhere, so (pause), for myself as a survivor of domestic violence, I can say its better than them". When Mona felt disbelief for the shocking narratives that she heard, she tried to make meaning of how much worse the client's trafficking experience was than her own domestic violence. She explained trafficked victims "being kept, raped (pause), different things (pause), that is not good for a human being. So its very difficult [for the trafficked survivors], it's very bad for them" (para. 6). Mona said in a soft tone that "Because when they are trafficked, it's better even in prison" (para. 9), intimating the gravity of how it feels to be entrapped, and that being imprisoned is preferable to being trafficked.

Madi shared that the only time she was shocked and traumatised by a survivor's story was when she heard a story from a young trafficked female who had resorted to strangling her own baby. Madi appeared shocked when she expressed how she had reacted to the story: "And I was thinking about what state must you be in, to do something like that?! Some of the stories you can take, but then some just borders on insanity" (para. 36).

These narratives may have elicited a more intense response from the participants as their cultural and spiritual beliefs, as well as their personal values influenced their perceptions of human trafficking. As religious South African women, a principle value of "Ubuntu" or humanity, is that each community provides support for the vulnerable. An African mother and a Christian mother is not merely a mother to her own biological children (Mugumbate & Nyanguru, 2013), but a mother to her community's children. These internalised cultural and religious values held by the four participants clarify why they are more affected by inhumane acts towards children and babies, than any other. As Ali expressed in disbelief, "Because you will find an eighteen year girl being exposed to so much, and you are like, 'Is this the real world or what?! What is happening?!'" (para. 6). She was distressed when she said in disbelief that "if they [traffickers] can take a pregnant woman, nothing is safe" (para. 34).

This notion is foreign to her, which is why she found it so shocking, as her cultural values and beliefs dictate that motherhood is sacred.

One of the emotional consequences of the participants' work is dealing with the frustration with the slow criminal justice system, which may take years to bring the perpetrators to justice. Ali sounded demotivated when she said that "Because on a long run [sic], they [the criminal justice system] fail us" (para 15). She feels that the trafficked survivors "really need assistance" (para. 15) and that "a detective or whatever will bring the client here. And then drop the client and go (pause), go for six months" (para 15). Her frustration with the status quo was expressed as she said "We are the ones who keep calling for follow up. If that detective takes six months not coming to see her, just to (pause), to (pause), motivate her [the trafficked client], at least we are going somewhere" (para 16). She continued in a disappointed tone saying that "Instead of that I'll hear 'No, I'm no longer with this case, someone else is working with this case'" (para. 16). She expressed how this frustrated her: "I'm like 'Yoh, yoh, yoh' (pause), and you are stuck (pause), there's nothing I can do" (para. 15). This frustration at not being able to actively assist the trafficked survivor, leaves her feeling despondent as she has no answers for her client who asks 'When am I going [leaving the shelter]? When is the court date?" (para. 16) and she feels helpless when she has to say, "I don't know" (para. 15).

Missy echoed these sentiments when she described trafficked survivors absconding from closed shelters as they became impatient waiting for the court cases. She described how her clients wanted to go back to school, or to return home and she had to explain to the survivor that her hands were tied regarding the legalities of her client's case. Missy found that "The hardest part is usually they [the trafficked survivors] work with the investigators and they [SAPS] promise them they will do this [move the case forward]" (para. 10). She expressed frustration because she had "to tell them [the trafficked survivors] that the case still has to go on" (para. 10), and "the investigator is telling you the case is going to take long. It's frustrating. It's so frustrating (sighs)" (para. 10).

Ali experienced frustration too around the misunderstanding of the trafficked survivor's traumatic experience. She was vocal about working within the confines of "the system" (para. 15), as she regarded the closed shelter system as replicating trafficking situations and thus retraumatising the survivor. Ali said with disbelief, that the trafficked survivor "must not go to town, she must not go to church, but unfortunately I'm working in a system. For me, its secondary victimisation" (para. 15). Ali expressed disappointment at the lack of funding to facilitate successful rehabilitation and reintegration of survivors which often results in the re-victimisation, retrafficking, and recidivism of survivors. This disappointment was clear when

Ali said that "we also need longer aftercare. And not for a month, for a year. Long-term, not forever, but (pause), we need something like longer aftercare" (para. 34). She expressed her disillusionment with the system, saying "That's where we fail our victims. There's no long aftercare. After the person [trafficker] has been arrested, you [the survivor] are out there (pause) alone" (para. 34). She described frustration with the system, as she knows "it's easy for her [the survivor] to go back, mmmm, that's what they know, so we also need proper aftercare" (para. 34). Whilst the victim-centered PACOTIP (2013) states that a certified victim of trafficking is allowed a recovery period of not more than three months, this may be extended to six months if the investigation is not completed within the initially allocated time period. Mollema's (2014) study highlighted the fact that if a certified trafficked victim has suffered more trauma than others and may not be willing or able to suffer again by exposing their experiences by co-operating in a case to prosecute their trafficker, they are repatriated. The real life experiences of the participants points to the fact that implementing the PACOTIP (United Nations 2013) is therefore in fact, not as victim-centered as it claims to be. Traffickers are rarely prosecuted within six months and the severity of the trafficked survivors trauma requires long-term support.

Vicarious trauma and burnout are both consequences of providing aftercare to trafficked survivors. Huggard, Law, and Newcombe (2017) defined vicarious trauma as a "cumulative undesirable transformation" (p. 67) in the aftercare provider who engages empathically with a traumatised survivor's life story. This transformation includes physical, behavioural, psychological, and spiritual aspects that affects the way the aftercare provider views themselves, the world, as well as their views and beliefs (Huggard, Law, & Newcombe, 2017). Over time the aftercare provider's cognitive schemas may be changed in a negative way. Burnout is a syndrome that results from chronic stress at work, with several consequences to workers' well-being and health (Salvagioni, et al. 2017). Ali, who screens the survivors when they first arrive at the shelter, expresses how she experiences screening to be "Terrible" (para. 3). She explains that she means "the real human trafficking, it's a lot, yoh (pause), ja, it's something else" (para 5). Ali screens trafficked survivors soon after they have been rescued and as such the survivor's trauma volume is high. These trafficked survivors are therefore either shutdown or are uncontrollable and this is difficult for Ali to experience. These surreal experiences are due to Ali never thinking that a human being can be exposed to so much trauma. She said in a demotivated tone, that the gravity of hearing the inhumane details of a trafficked survivors story "will crush you. For the whole week. As much as you are a professional" (para. 6). Even though Ali is a trained social worker, she dreads the gravity of human trafficking. "Like (pause), you'll be (pause), be traumatised, yourself.

You'll be traumatised (said in almost a whisper)" (para. 7). Her grave expression when telling me about this, emphasised how much of what she experiences in her work, leaves her feeling disbelief. These experiences are worse for her when she screens a trafficked survivor on arrival at the shelter. She experiences fatigue after screening, and is left feeling "Drained, (said very quietly), ja, (pause), drained" (para. 19). She finds this part of her work the most overwhelming, and expressed how after a screening she experiences symptoms of vicarious trauma in that "you just need someone to leave you. You just sit. You feel like packing your bags and going. You don't want to see anyone" (para. 19). This avoidance of others was due to her feeling emotionally exhausted, and by being alone, she did not have to expend any further mental or emotional energy on anyone but herself. Ali expresses this emotional drain as "you just feel like sleeping, but it's not helping (pause), you just want to shut down, ja, from everything" (para. 19). The emotional consequences experienced by the participants are symptoms of burnout (James & Gilligan, 2013; Salvagioni, et al, 2017), which are common amongst aftercare workers who provide psychosocial services to trafficked survivors.

All participants experienced symptoms of vicarious trauma. These manifested as disruptions in cognitive schemas (unfairness, mistrust of others, feeling the world is unsafe), intrusive memories, and alterations in arousal and reactivity (hyper-vigilance, anger, and sleep disturbances). It became evident from three participants that their perception of their worlds had been negatively affected by the stories they had heard from trafficked survivors. Their experiences have made them "too much distrusting [sic]" (Missy, para. 7) as well as hypervigilant, not only when escorting trafficked survivors to clinics, church, or court but also when they are at home with their family and friends. Missy said that her knowledge of what survivors experience in the trafficking situation has "opened up my mind" (para. 7) in that she now realises that hidden phenomena like human trafficking truly exist and that life and the world is not as benign as she thought before: "what you see out there is not what's really happening" (para. 3). Ali's experience of mistrust is similar: "It's changed my perception of the world. It's not what it seems" (para. 18).

According to Missy, she regularly experiences hypervigalance regarding the safety of people she knows, "not only to my family, even those whom I talk to, children, to my friends, even my sister. I always tell her 'Please be careful, especially with girls'"(para. 7). Missy's experiences with trafficked survivors have left her feeling unsafe, "So you end up being unsafe, you feel that, eh, it's not a safe environment, it's not a safe place" (para. 8). She later went on to state that her negative perceptions extend into her mistrust of the future, and her fear and concern for future generations: "Out there, you feel hurt, what's going to happen to the children?! You don't feel safe, they [the traffickers] want the young ones" (para. 8).

Ali disclosed having to see a medical doctor and a psychologist to manage her emotional well-being, and Mona disclosed her previous hospitalisation for depression resulting from her own traumatic experiences. Corey (2013) suggested that the emotional wellbeing of aftercare providers is important as it directly influences their ability to provide effective counselling. Burnout, frustration, and vicarious trauma negatively effects the quality of aftercare a service provider is able to provide. Visser and Mabota's (2015) study supported this and confirmed the relationship between effective psychosocial aftercare service delivery and levels of emotional wellbeing, level of burnout, and depression.

Literature highlights that aftercare service providers' are at greater risk for vicarious trauma as they hear inhumane stories of violence from the victims that they are assisting (Macy & Johns, 2011; Strand, et al. 2014; Sui & Padmanabhanunni, 2016). Aftercare service providers in similar contexts to the four participants in the current study, such as hospitals, and rape and domestic violence centres, can be severely affected (Cocker & Joss, 2016; Coles, et al., 2014; Cosden, et al., 2016; Haugen, Evces, & Weiss, 2012), MacRitchie and Liebowitz (2010) revealed that counselling victims of violent crime may cause psychological symptoms in trauma workers, which may lead to vicarious trauma. Since all participants experienced symptoms of vicarious trauma, this finding emphasised the concern regarding the participants' well-being when providing psychosocial aftercare for a challenging population.

Another one of the consequences of the participants' experiences of providing psychosocial aftercare to trafficked survivors, was often experiencing excessive fatigue as well as difficulty sleeping. Insomnia was a common complaint; "It's insomnia (pause), like (pause,) I can't sleep, ja" (Ali, para. 27). Madi described a few hours of sleep a night as a norm. Sui and Padmanabhanunni's (2016) South African study produced similar results among aftercare providers working with victims of trauma.

It is interesting to note, that while Ali showed the most resilience as an aftercare provider who hears the initial and most severe narratives from trafficked victims, this did not totally protect her against vicarious trauma. She experienced severe symptoms of vicarious trauma which required professional medical and psychological assistance. As the first psychosocial aftercare service provider to have contact with a trafficked survivor in the shelter, her symptoms are the most severe. This correlates with literature that found first responders' duties routinely entail confrontation with traumatic stressors and are at greater risk for symptoms of vicarious trauma (Haugen, Evces, & Weiss, 2012).

All four participants experienced somatisation as a result of hearing survivors' stories. To emphasise how much of an impact her experiences had on her, Missy repeatedly said that this work is "not easy. It's not easy at all because it sits with you here, in the heart (gestures to her

chest), and then with social work, it, ummm, it affects you emotionally" (para. 5). She reiterated the gravity of her emotional pain by saying "eish (pause), it's a heavy burden here (gestures to her chest), but you feel bad, oooh it really leaves you to feel (pause), your heart is here [gestured to her chest] too much" (para. 17). Severe emotional, cognitive, and physical consequences highlighted above, link to Superordinate theme five, *The importance of support.*

### Superordinate Theme Five: The Importance of Support

Superordinate theme five consists of three subordinate aspects of support, these being spirituality and religion, debriefing, and being acknowledged. Prior research (Coles, et al., 2014) has emphasised the importance of emotional support and self-care as protective factors in working with trauma survivors. Madi, Ali, Missy, and Mona frequently referenced the importance of emotional and spiritual support in the form of religion, talking to someone, and being acknowledged by peers and superiors. Madi, as a pastor, described how she often makes use of her spiritual coping method, "but then I've got God if I do feel it gets too much. I can pray, I can talk to X [a colleague]" (para. 40). She emphasised her reliance on her faith by saying "I guess I pray a lot" (para. 40). Ali likens her experience of her spirituality, and its empowering strength, as a necessary support in her daily experiences at the shelter. She feels that "myself, personally, I get my strength from God. Because even before I do intake, I'll have to pray. It's my refilling (pause), it's my psychologist" (para. 26). Mona expressed the importance of her faith when she said, "Yoh (sigh), I pray. I'm praying. Without God, I won't be here" (para. 21). Reynolds (2015) found that engaging in spiritual practices that reconnect the aftercare service provider to their personal ethics, beliefs, and values is important as it sustains them in the workplace.

Talking about their experiences with others who had an understanding of human trafficking, either via supervision, informal debriefing with colleagues, or with a psychologist, also emerged as an important source of support to the participants. Madi experiences support by talking to a colleague (X) who shares similar experiences in the shelter, and describes this as her debriefing. She said that "I do have days where, if I didn't have X (trails off). So (pause), I can go and tell X a story for an hour and she just sits and listens to me. It's like (pause), I think I trauma debrief to X" (para. 33). Similarly, Missy experienced support in talking to her colleagues at the shelter. She explained how working within a multidisciplinary team reduces the stress she experiences during sessions with survivors:

Usually, ummm, after the session, ummm, even as a professional when the client is crying, you cannot also cry, you just have to stay calm and strong by talking to others (pause), other staff members as well about the stories (pause) and then we also discuss what can we do about it [the symptoms of vicarious trauma] (para. 5).

Missy experienced talking to her manager and colleagues as supportive, and she felt that "through talking to colleagues, especially after a session with those girls [trafficked survivors], you call others. You go there and then you talk about it" (para. 14). Missy also experienced that sharing her own emotional pain with empathic peers provided emotional support, and "if something is hurting inside, I'm emotional (pause), and if I share it with someone, it really helps" (para. 15). Missy and Madi both feel appreciated when they are acknowledged by empathic peers for assisting trafficked survivors. Missy feels that "it really helps (pause), to feel appreciated [for her work at the shelter]" (para. 15). Madi said sadly that "we all have a need for acceptance. I would very much have liked people [peers] to say, 'Oh wow, this [psychosocial aftercare service] is amazing what you do!'" (para. 46). Being shunned by South African colleagues in the human trafficking field, leaves Madi feeling unsupported and misunderstood.

Srdanovic (2007) found that connection to ourselves, to others, and to something greater, for example spirituality, can assist in addressing symptoms of vicarious trauma, as well as prevent it. Mac Ritchie and Leibowitz (2010) found a significant relationship between trauma workers' exposure to traumatic material and empathy, as empathy from peers emerged as a consistent moderator of vicarious trauma symptoms. Professional support is also known to reduce a sense of isolation and increase feelings of efficacy that support the emotional needs of the aftercare service providers (Thai, 2017). Similarly, a recent study by Finkelstein, Stein, Greene, Bronstein, and Solomon, (2015) emphasised appropriate professional support, interventions to increase personal self-efficacy, and opportunities for respite to buffer the effects of concurrent exposure to primary trauma. Shakespeare-Finch, Rees, and Armstrong (2015) found that professional support within a population of helpers, proved to optimises mental health, while Gilbert, Gilbert, and Gilbert's (20157) study reported that peer support alone is not sufficient to guard against symptoms of vicarious trauma. It is therefore concerning that none of the participants reported professional supervision.

**Summary**

This chapter attempted to convey the lived experiences of the participants who provide psychosocial aftercare services to trafficked survivors in Gauteng. The interconnectedness of the five superordinate themes and their respective subordinate and sub-themes were illustrated using a thematic chart. The discussion, supported by relevant and current literature, was enriched with the participants' narratives. The Superordinate themes revealed in the current study were (a) *Boundaries and roles are complex,* (b) *Making a difference,* (c) *The role of knowledge,* (d) *Consequences of aftercare service provision,* and (e) *The importance of support.* Bearing the integrated findings and discussion above in mind, chapter five presents a conclusion to this study, the limitations of the research, as well as recommendations for future research.

**Chapter Five**

**Conclusions, Limitations, and Recommendations.**

**Conclusions**

The aim of this research study was to explore the lived experiences of providing psychosocial aftercare services to survivors of human trafficking using a qualitative approach, a phenomenological paradigm, and IPA. Themes were developed from each participant's report of their lived experiences and were divided into superordinate, subordinate, and sub-themes. Five interconnected superordinate themes developed, namely (a) *Boundaries and roles are complex,* (b) *Making a difference,* (c) *The role of knowledge,* (d) *Consequences of aftercare service provision,* and (e) *The importance of support.*

a. *Boundaries and roles are complex* highlighted that participants conceptualise their roles as psychosocial aftercare service providers with motherhood, and the ability to teach values and skills to their clients.

b. Superordinate theme two, *Making a difference,* revealed that participants felt that they had only made a positive difference in the trafficked survivors life if open communication and trust had developed in their relationship.

c. *The role of knowledge* highlights the participants' lack of theoretical knowledge of trauma, despite the varied training they received. This theme also revealed the impact that experiential knowledge of trauma had on their work as psychosocial aftercare service providers.

d. Superordinate theme five, *Consequences of aftercare service provision,* highlighted emotional, cognitive, and physical consequences that the four participants experienced as a result of the aftercare they provided to trafficked survivors.

e. Superordinate theme five, *The importance of support* revealed the importance all participants placed on support, particularly from debriefing with colleagues, their religious beliefs, as well as being acknowledged by superiors and peers.

Superordinate theme one, *Boundaries and roles are complex,* was linked to superordinate theme three, *The role of knowledge*, in that a lack of theoretical knowledge led boundaries becoming enmeshed, which left the participants vulnerable to vicarious trauma. In addition, it was difficult for them to recognise trauma symptoms in the trafficked survivors, particularly the survivors' inability to trust, and this mistrust connected to superordinate theme two, *Making a difference.* This link was seen in how the survivors' mistrust was often perceived

by the participants as a failure on their parts to provide efficient psychosocial aftercare services, as they placed a high importance on trust and open communication. *The role of knowledge* was linked to superordinate them four, *Consequences of aftercare service provision.* These consequences included vicarious trauma, burnout, depression, frustration, and feeling overwhelmed. Sufficient theoretical knowledge would have provided the participants with an understanding of how complex trauma manifests in trafficked survivors and themselves. Superordinate theme five, *The importance of support,* was interconnected with superordinate theme three, *The role of knowledge,* as increased knowledge would have emphasised that support may be experienced as a protective measure for the consequences of work with traumatised trafficked survivors.

In conclusion, I found that despite being overwhelmed and frustrated by their experiences, three of the four participants understood that the psychosocial aftercare services that they provided had a positive impact on the lives of their clients. This positive impact showed that participants found their roles as meaningful and satisfying. Their experiences as psychosocial aftercare service providers, however, proved to be fraught with adversities such as single-handedly managing difficult case loads, unsupported physical and emotional symptoms of vicarious trauma, and a lack of knowledge making the participants feel ineffective and powerless. Despite a lack of training and support, participants revealed resourcefulness by accessing the mother-role as well as experiential knowledge of trauma to provide psychosocial aftercare services to damaged trafficked survivors.

This being the only study in South Africa that has investigated the experiences of providing psychosocial aftercare services to trafficked survivors, the findings are significant. The strength of this study has significant policy and training implications in the discipline of psychology, as well as other disciplines.

**Limitations.**

One of the main limitations encountered during this study was the limited South African literature on the experiences of psychosocial aftercare service providers to trafficked survivors. Very few international research studies have focused on the experiences of this group of aftercare workers, and as a result there was little academic peer-reviewed literature to compare this study to. No local studies were found on the topic of this current study.

It is important to note that all participants that took part in this study described their experiences working with female sex-trafficked survivors. The participants' experiences were also limited to multi purpose shelters which not only housed sex trafficked survivors, but

female victims of violent crimes, including domestic violence and sexual violence cases. Further research with psychosocial aftercare service providers who work in shelters that cater only for trafficked survivors will assist in understanding the experiences of psychosocial aftercare service providers to trafficked survivors only.

The participants in the current study only provided psychosocial aftercare services to female survivors who were sex trafficked. Further research in shelters housing only survivors of trafficking will highlight the fact that labour trafficking produces more victims and survivors in South Africa at present than sex trafficking does. In addition, more understanding as to how psychosocial aftercare service providers experience working with labour trafficked survivors is required in order to highlight the similarities and differences between aftercare experiences for female sex trafficked survivors and male labour trafficked survivors. This lack of awareness is evidenced by the fact that there is only one accredited male shelter in South Africa. Although women trafficked into the sex trade have dominated media reports on trafficking in South Africa, Van der Watt (2018) said that labour trafficking is probably the most common form of trafficking. Van der Westhuizen (2015) supports this, stating that ideology has focused much human trafficking research on sexual exploitation ignoring other types of trafficking such as male and child labour trafficking.

A further limitation of this study was the lack of response from potential participants, which is why three participants that offered psychosocial aftercare services to trafficked survivors were interviewed in the same shelter. Pascoal's (2017) study found that while qualitative research has the ability to delve deeply into the subject of human trafficking, research on human trafficking is known to lack from direct sources, since researchers tend to be confronted with the lack of access to the target group. Pascoal suggested that this may be due to the fact that potential participants are "afraid of menaces from the traffickers, or to their families" (p. 81). Purposive sampling was therefore used in which particular settings and persons were deliberately selected for the information that I required, and since purposive sampling was encouraged by Smith, et al. (2017) this limitation is within acceptable boundaries.

Lastly, findings from the current study were limited to participants providing psychosocial aftercare to trafficked survivors in Gauteng shelters only.

**Recommendations for future research.**

In light of the findings of this research study, the following recommendations are made:

Further research to understand the experiences of psychosocial aftercare service providers working with trafficked survivors, both internationally and locally, is recommended.

The current study found that the participants suffered emotional, cognitive, and physical consequences of providing psychosocial aftercare to trafficked survivors. Future research on the need and benefits of psychological support required by psychosocial aftercare service providers working with trafficked survivors is recommended.

It is recommended that further research be undertaken to investigate the repercussions that legal delays have on psychosocial aftercare service providers, trafficked survivors, and the rehabilitation and reintegration process of human trafficking.

Investigating the experiences of psychosocial aftercare service providers in a variety of South African provinces, is recommended.

Finally, it is recommended that future research be undertaken in shelters housing human trafficking survivors of different forms, for example labour trafficking.

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**APPENDIX I: RESEARCH REQUEST LETTER**

DATE

Ms. Diane Wilkinson
National Network Coordinator
National Freedom Network
Gauteng.

Dear Ms Wilkinson

**Request to act as gatekeeper for the research project involving experiences of human trafficking**

Thank you for the opportunity to introduce my research study to you. I plan to conduct this research project in partial fulfilment of the degree Master of Counselling Psychology at the University of Pretoria. This research is to be conducted under the supervision of Dr Amanda van der Westhuizen (contact details hereunder).

I am interested in exploring the experiences of service providers that offer psychosocial services to survivors of human trafficking in South African shelters. I would be grateful for your assistance in this regard. This entails you forwarding an information letter to aftercare service providers that directly provide psychosocial services to survivors of human trafficking in South African shelters. Potential participants must be over the age of 18, and proficient enough in English and/or Afrikaans to give a rich, detailed description of their experiences. Should they be willing to assist me by way of being interviewed, potential participants can then email me directly.

Humanities Building, Room 12-28    Tel:  +27 12 420 5206    www.up.ac.za
Lynnwood Road, PRETORIA, 0002
Amanda.vanderwesthuizen@up.ac.za
Republic of South Africa

Participation is voluntary and confidentiality will be guaranteed as no names or identifying information will be used in this study. Pseudonyms will replace participants' names.

All communications will be confidential and participants can withdraw their participation at any time without negative consequences.  Audio recorded interviews will be approximately 60 to 90 minutes in duration and will be conducted in a private location and setting of their choice.

The data (containing no identifiable information) will be stored in a secure location at the Department of Psychology, University of Pretoria for 15 years.

Finally, can you advise me whether you prefer that the NFN remain anonymous or whether I may refer to the NFN by name in my research report, journal article, and conference papers?

Many thanks for your assistance.

Yours sincerely

Fran Webster
Researcher
Email address: fwebster@global.co.za
Cellular number : 082 804 3466

Dr Amanda van der Westhuizen
Supervisor
Email address: Amanda.vanderwesthuizen@up.ac.za
Phone: 012-420 5206

**APPENDIX Ia: NATIONAL FREEDOM NETWORK'S RESPONSE TO APPENDIX I**

# NationalFreedomNetwork

12 February 2018

Prof. Maxi Schoeman

Deputy Dean: Postgraduate studies and Ethics

Faculty of Humanities

University of Pretoria

Dear Professor

The National Freedom Network (NFN) hereby agree to act as gatekeeper for Mrs F. Webster's study *Experiences of providing psychosocial aftercare services to survivors of human trafficking.*

In our capacity as gatekeeper, we will initiate contact with potential participants from our partner database by sending them an information letter, provided by Mrs. Webster, on which her contact details are stated. Thereafter, individuals that wish to participate in this study can contact her directly. In this manner, we will protect the confidentiality of potential participants and their participation will be on a voluntary basis. The National Freedom Network may be identified in the dissemination of Mrs. Webster's research.

Sincerely,

Mrs. Diane Wilkinson

Coordinator: National Freedom Network

Cell phone: 073 773 1709

Email: diane@nfn.org.za

# APPENDIX II: INFORMATION FOR PARTICIPANTS

**Faculty of Humanities**
**Department of Psychology**
UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Day Month 2018

Dear Psychosocial Aftercare Service Provider,

**You are invited to participate in the following research project:**
**Experiences of providing psychosocial aftercare services to survivors of human trafficking.**

My name is Fran-Maure Webster and this study forms part of my Master's in Counselling Psychology degree. The study aims to gain an understanding of the lived experiences of those individuals who provide direct psychosocial aftercare services to human trafficking survivors in accredited shelters. Your personal account of how you experience providing psychosocial aftercare to these survivors is vital to this study. Although you will not receive direct benefits as a result of your participation, your participation may be meaningful to you as you will be:

1.      Contributing to the knowledge of how aftercare service providers experience offering psychosocial services to human trafficking survivors;

2.      Contributing to the knowledge, which might inform policy makers towards improving support for the provision of psychosocial aftercare services for trafficked survivors;

3.      Contributing to the knowledge, which might inform policy makers towards improving support for psychosocial aftercare service providers assisting human trafficking survivors.

You are not obliged to answer questions or disclose information that you do not wish to. Furthermore, you are entitled to withdraw from the study at any time without providing reasons. This withdrawal will not result in any negative repercussions towards you. Your identity and the name of your organisation/affiliation will be kept confidential, and a pseudonym will be used replacing your name. Should you experience any psychological discomfort by participating in this study, I will arrange for you to receive counselling at no financial cost to yourself.

ResCom Chair: Dr Amanda van der Westhuizen
Humanities Building, 12th Floor, Room 12 - 28
University of Pretoria, Private Bag X20, Hatfield 0028, South Africa
Tel:      +27 (0)12 420 5206
Email:   amanda.vanderwesthuizen@up.ac.za
Web:     www.up.ac.za/psychology

**Fakulteit Geesteswetenskappe**
Departement Sielkunde

**Lefapha la Bomotho**
Kgoro ya Saekolotši

The process of data gathering entails one personal face-to-face interview that will last for approximately one and a half hours. The interview will take place in a private and comfortable setting of your choice. The interview will be audio recorded and the recording will be transcribed. The transcription, with identifying information replaced by pseudonyms, will be kept confidential for the next 15 years in a secure location in the Department of Psychology and may be used for other research, and then it will be destroyed.

You are encouraged to ask any questions that you might have in connection with this research study at any stage. I will gladly answer your question(s). Should you at any stage feel unhappy, uncomfortable, or concerned about the research, please contact me on 082 804 3466 or fran.webster@up.ac.za or my study supervisor (Dr. Amanda van der Westhuizen) at the University of Pretoria on 012 420 5206 or Amanda.vanderwesthuizen@up.ac.za.


Regards,



**Researcher:** Mrs. Fran Webster          **Supervisor:** Dr. Amanda van der Westhuizen
Email: fran.webster@up.ac.za              Email: Amanda.vanderwesthuizen@up.ac.za
Cellular number: 082 804 3466             Telephone number: 012 420 5206

Faculty of Humanities
Department of Psychology

**APPENDIX III: INFORMED CONSENT LETTER**

**I, ███████, voluntarily agree to participate in the research project of Fran Webster, which explores the**
**EXPERIENCES OF PROVIDING PSYCHOSOCIAL AFTERCARE SERVICES TO SURVIVORS OF HUMAN TRAFFICKING.**

I understand that:

1. The researcher, Fran Webster is a Master's Counselling Psychology student conducting research as part of the requirements for a Master's degree in Counselling Psychology at the University of Pretoria. The researcher may be contacted on 082 804 3466 or fwebster@global.co.za. The research is under the supervision of Dr. Amanda van der Westhuizen of the Department of Psychology of the University of Pretoria who may be contacted at amanda.vanderwesthuizen@up.ac.za or on 012- 420 5206.

2. The researcher is interested in the experiences of providing psychosocial aftercare services for human trafficking survivors.

3. The confidentiality of all participants will be maintained. This means that the identity of the participants and their affiliations/organisations will not be disclosed. Pseudonyms will be used throughout the research process.

4. The data (containing no identifiable information) will be securely stored at the Department of Psychology's storage room (HSB 11 - 23) for a minimum period of 15 years for archiving and reuse. During this time the data, which will contain no identifying information, might also be used for further research by other researchers.

5. The results and findings of this research will be used for dissemination in the researcher's Master's mini-dissertation, scientific journals, and conferences.

6.  Should participants be affected by their participation in the study, confidential and free counselling will be arranged for the participants by contacting Fran Webster on 082 804 3466.

7.  The interviews will be conducted in English or Afrikaans.

8.  The research is conducted to understand the experiences of aftercare service providers to gain knowledge about the field of human trafficking research. It is not carried out for remuneration purposes.

9.  Your participation will involve attending an audio recorded interview session in which you will discuss your views and accounts of how you experience assisting survivors of human trafficking with psychosocial aftercare. A copy of the transcribed interview will then be emailed to you in order for you to confirm that it is a true reflection of your experiences of providing psychosocial aftercare to human trafficked survivors.

10. You are invited to voice to the researcher any concerns that you may have about your participation in the study, or consequences that you may experience as a result of your participation, and to have these addressed to your satisfaction.

11. You are free to withdraw from the study at any time. If you choose to withdraw from the study, there will be no negative repercussions towards you.

Signed on : 22 May 2018

Participant: _____          Researcher:

_____

Ms ███████                                                    Mrs Fran Webster

**APPENDIX IV: INTERVIEW GUIDE**

- **Introduction.**

- **Questions:**

1. How did you first learn of human trafficking?

2. Can you tell me how you became involved in providing psychosocial services to trafficked survivors?

3. Please can you tell me what a day in your life as a psychosocial aftercare provider looks like?

4. What feelings or thoughts do you experience about your psychosocial aftercare work with survivors of human trafficking? (follow up with thoughts or emotions as per participant's answer).

5. What do you experience as positive in the process of providing psychosocial aftercare services to trafficked survivors? (Prompts: What motivates you to continue? Most satisfying about assisting TIP survivors?)

6. How does providing aftercare to trafficked survivors affect your everyday life outside the shelter? (Prompt : relationships? roles? fear of retribution from traffickers?)

7. How do you feel at the end of a day working here? (Prompts: Physically, emotionally, mentally?)

8. Would you say that you experience trauma reactions resulting from exposure to trafficked survivors' traumatic experiences? (Prompt: emotional numbing, social withdrawal, work-related nightmares, feelings of hopelessness, a negative view of the world, loss of enjoyment, irritability, changes in appetite, changes in sleep patterns?)

9. What for you is the hardest part of assisting TIP survivors?

10. What aspects of your day would you change / not change? (why change / not change this aspect?)

Thank you for your time. As soon as this interview has been transcribed verbatim, I will set up another appointment with you in order for you to it read it and advise if it is a true account of your experiences, or if you feel changes need to be made.

# APPENDIX V: RESEARCH REQUEST LETTER

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Psychology

DATE 2018

Ms Nicola Arend

Midrand Victim Empowerment Centre

Smuts Drive and Oracle Close

Midrand

1682

Dear Ms Arend

**Request to assist with debriefing of research participants.**

Thank you for the opportunity to introduce my research study to you. This research project is for the partial fulfilment of the degree Master of Counselling Psychology at the University of Pretoria and is to be conducted under the supervision of Dr Amanda van der Westhuizen (contact details hereunder).

I am interested in exploring the experiences of service providers that offer psychosocial services to survivors of human trafficking in accredited shelters. I would be grateful for your assistance in this regard as there is a possibility that participants may experience some distress during the interview process. Should this occur, you have agreed to my request to refer participants to you for confidential debriefing that will be at no cost to the participant.  After I have referred the person to you, you have agreed to arrange for a debriefing that would suit the participants' needs best within your national network of Victim Support and Empowerment Programmes.

Many thanks for your assistance.

Yours sincerely

Fran Webster

Researcher

Email address: fwebster@global.co.za

Cellular number : 082 804 3466




Dr Amanda van der Westhuizen

Supervisor

Email address:  Amanda.vanderwesthuizen@up.ac.za

Work phone:  012-4205206

## APPENDIX Va: MRS NICOLA AREND'S RESPONSE TO APPENDIX V



PARTNERS ON PANORAMA

*FAMILY PROFESSIONALS*

Partners on Panorama, 93 Panorama Road, Rooihuiskraal, Centurion ★ (+2712) 661 2447
Nicola Arend ★ +2784 454 4411 ★ nicola@partnerson.co.za

| PARTICIPANT DEBRIEFING | 20 MARCH 2018 |
|---|---|

Dear Fran,

Thank you for contacting me regarding the Midrand Victim Empowerment Centre offering a service of debriefing to research participants in a study you are conducting through the University of Pretoria, supervised by Dr Amanda van der Westhuizen.

I am the unit supervisor of the Midrand Victim Empowerment Centre, a volunteer organisation based at the Midrand police station. I have attached a short overview of my background for your records.

This is to confirm that I have agreed to your request for you to refer participants in your research study to me for confidential debriefing at the Midrand Victim Empowerment Centre, should they require the services. This debriefing will be at no cost to the participant seeking debriefing and will be facilitated, if possible, at a Victim Empowerment Centre closest to where the participant lives or works.

Referrals can be made telephonically, either directly by the research participant requiring debriefing or by a member of the research team, to **072 4452 451** or via email **nicola@partnerson.co.za**

Kind regards,

Nicola Arend
*MSc Forensic Psychology*
HPCSA Reg: PRC 0011223