Trauma Manifestations of Human Trafficking Survivors: Aftercare Service Providers' Perspectives

by

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

MA (Clinical Psychology)

in the

Department of Psychology

Faculty of Humanities

at the

UNIVERSITY OF PRETORIA

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OCTOBER 2018

UNIVERSITEIT VAN PRETORIA
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I declare that this mini-dissertation is my own original work. Where secondary material is used, this has been carefully acknowledged and referenced in accordance with university requirements.

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Acknowledgements

In acknowledgement of their support, I would like to thank the following people:

My fiancée, Jorina Lombaard, for her unwavering support, love, and belief in me. I was able to feed off your strength and admire you for putting up with me for so long.

My supervisor, Dr Amanda Van der Westhuizen. Thank you for teaching me perseverance, not to settle for mediocrity, and showing me that I am capable of much more than I thought.

My mother, Magda Crous, for initially instilling the burning desire to become a psychologist in the first place, and for always encouraging me to carry on with my studies no matter how discouraged I became.

My hero and best friend, Juan-Pierre Carstens. Thank you for being my companion on this long walk in our quest to become the best versions of ourselves.

My sister, Jen Uys, and brother in-law Thys Uys, who have always believed in me and supported me throughout this journey.

Dr Elsje Cronje, for her support in ensuring accurate referencing throughout this mini-dissertation.

Lastly, my editor, Sandra Baker. Your gentle yet rapid process of editing made the last step of this journey a pleasant and unforgettable one.

Abstract

Human trafficking is a hidden criminal deed that has plagued society for thousands of years. As a result of human trafficking's clandestine nature, studies which explore and describe the trauma manifestations of survivors are underrepresented globally and in South Africa. The current qualitative study uses Judith Herman's complex post-traumatic stress disorder (CPTSD) theory as theoretical lens to explore and describe the trauma manifestations of trafficking survivors. The study used purposive and snowball sampling methods. Data was collected via semi-structured interviews from five participants, who are actively involved in counter human trafficking. By means of Braun and Clarke's inductive thematic analysis, three main themes were developed. These are *A new normal, The great escape,* and *Brokenness attracts brokenness.* The findings of the study closely correlated with symptoms associated with compromised interpersonal relationships, experiences of being trapped, and the prolonged enduring of chronic and repeated trauma as proposed by Judith Herman's CPTSD theory. This knowledge can assist policy makers and service providers to develop assistance and interventions tailored to the needs of trafficking survivors, and enable service providers to respond appropriately.

Key words: Aftercare service providers, complex post-traumatic stress disorder, human trafficking, human trafficking survivors, trauma manifestations.

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Chapter One

Introduction

This qualitative study explores and describes the trauma manifestations of human trafficking survivors. Chapter one commences with a problem statement, evaluating up-to-date research in the field of human trafficking. Thereafter the justification for the study and its aims are discussed. This chapter provides an overview of the structure of the study and discusses the definitions of the terms used.

Problem Statement

Human trafficking is an unseen criminal deed that has plagued society for thousands of years (Koricanac, 2013, p. 39; Nichol & Skipper, 2013, p. 89; Van der Watt, 2018, p. 9). The most challenging aspects of human trafficking research is to study this hidden, elusive, and changeable phenomenon (Tyldum, 2010, p. 4). As a result of human trafficking's clandestine nature, studies which investigate the trauma manifestations of survivors are underrepresented both globally (Hom & Woods, 2013, p. 75) and in South Africa (Human Sciences Research Council (HSRC), 2010, p. 170).

Research studies in the United States of America, South East Asia, and India revealed that survivors of trafficking showed extensive and severe manifestations of trauma (Clawson, Dutch, Solomon, & Goldblatt-Grace, 2009; Roujavanong, 2011; Srivastava, 2005). Even though the number of theoretical studies in South Africa increased in recent years (Van der Westhuizen, 2015, p. 9), only a few studies have exclusively focused on the psychological consequences of human trafficking on its survivors. Amongst these studies are Carstens (2014), Curran (2016), Everitt (2013), Nabo (2013), Sambo (2009), and Warria (2014). Further South African research (Curran, 2016, p. vi) identified a lack of knowledge in the manner in which survivors navigate towards healing.

The lack of research on the psychological consequences of exploitation on its victims is problematic (Clawson et al., 2009, p. 36). Consequently survivors are left without the particular care they need, allowing challenges caused by the violence and trauma of the trafficking experience to persist. Such a lack of research is concerning, as an understanding and awareness of human trafficking survivors' psychological experiences is essential to develop culturally appropriate services for these individuals (Hom & Woods, 2013, p. 78; Sprang & Cole, 2018, p. 192).

Even though measures are taken to combat trafficking, there is still a lack of mental health services to manage the aftermath of human trafficking on its victims. The following South African studies identified an inability to support and understand trafficked survivors' psychological symptoms (Carstens 2014; Curran 2016; HSRC, 2010; Warria, 2014). Consequently, survivors are left without the specialised care they need, leaving them with a significant psychological impact (Hom & Woods, 2013, p. 75; Hopper, 2017, p. 15). Justification for the need of the current study and the aim of the current study are discussed next.

Justification and Aim of Study

There is surprisingly little known about the mental health of survivors of trafficking, and almost nothing is known about how to treat these survivors (Levine, 2017, p. 1). Consequently, there is a need for research on the trauma manifestations of human trafficking survivors. Similarly, there is very little research-based information about the emotional needs of trafficking survivors (Everitt, 2013, p. 27; Hossain, Zimmerman, Abas, Light, & Watts, 2010, p. 2442). Therefore, it is essential to improve the understanding, awareness of human trafficking, its manifestations, and consequences, and to evaluate the efficacy of post-trafficking interventions (HSRC, 2010, p. 170). Researchers have called for the urgently needed mental health service providers to understand the manifestations of trauma shown by

survivors of human trafficking (Hom & Woods, 2013, p. 81; Hopper, 2017, p. 19). An understanding and awareness of these trauma manifestations has the potential to contribute to more effective strategies to improve trafficking survivors' chances of recovering (Hossain et al., 2010, p. 2443; Shu-Acquaye, 2013, p. 12).

More specifically, such knowledge can assist policy makers and service providers to develop assistance and interventions tailored to the needs of this population and enable service providers to respond appropriately (Sprang & Cole, 2018, p. 190; Richards & Lyneham, 2014, p. 8). Research on the impact of trauma and sexual abuse on survivors of trafficking will enhance the ability of stakeholders, who provide services to trafficking survivors, to have empathy for the survivors and their capacity to tolerate particularly difficult behaviours (Gimson & Trewhella, 2014, p. 14). The current study aims to explore and describe the trauma manifestations of human trafficking survivors, through the accounts of service providers who provide psychosocial services to these survivors.

Structure of the Study

The current chapter is followed by chapter two, the literature review. The literature review chapter illustrates relevant literature in the field of human trafficking, trauma manifestations of human trafficking, and the concepts used throughout the mini-dissertation.

Chapter three provides a theoretical lens through which trauma manifestations of trafficking survivors will be viewed, namely Judith Herman's complex post-traumatic stress disorder (CPTSD) theory (Herman, 2001, p. 81). This chapter also provides a description of post-traumatic stress disorder (PTSD) according to the *Diagnostic Statistical Manual for Mental Disorders* (DSM-5) (American Psychiatric Association, 2013). Chapter four describes the qualitative research methodology used in the current study. Interpretivism as a paradigm is used to conceptualise the methodology, findings, and analysis of the current study.

Then, chapter five provides the findings of this study. It depicts ideographic (individual participant) themes and main (pooled perspective) themes, firstly by using visual illustrations and then by interpreting the narrative description, and discussing these themes in terms of applicable theory and literature. Themes are considered in terms of the chosen theoretical paradigm, named Judith Herman's CPTSD theory (Herman, 2001, p. 81). Lastly, chapter six provides the conclusions, contributions, limitations, and recommendations of this study.

Terminology Used in the Current Study

Grix (2002, p. 175) stated that there is a need to clarify terminology of the social sciences across different fields, as researchers argue "past each other", using identical terms but ascribing different meanings to them. The current study makes use of a qualitative paradigm, using words and language to give depth and breadth of understanding of the topic *trauma manifestations of human trafficking survivors*. Language conveys meaning (Krauss & Chiu, 1996, p. 42). Consequently, in the following section, the researcher clarifies why certain terms or words are used, as certain words are value laden and can be interpreted in many different ways.

Victim and survivor.

Participants in the current study used the terms "victims" and "survivors" of human trafficking interchangeably to refer to persons who were removed from a trafficking situation or who find themselves within a trafficking situation. Skjelsbaek (2006, p. 396) argued that by positioning persons as either victims or survivors have different impacts on their intrapersonal, interpersonal, and societal relations.

Similarly, Swart (2014, para. 22) claimed that a "victim" is usually seen as someone without agency, unable to help themselves: a pitiful type of person. Therefore, Swart does not agree with the term "victim" being used for human trafficking survivors, as it limits

individual self-agency and identity. On the other hand, Swart (2014, para. 24) warned that referring to people as survivors before they have had the chance to deal with their trauma might undermine their traumatic experience – leading to depression, PTSD, and anxiety.

By being aware of the implicit meanings of the terms "victims" and "survivors", the researcher will, for the sake of clarity for the reader, refer to individuals who have been removed from trafficking situations as survivors, and for persons who find themselves within a trafficking situation as victims.

Pimp, trafficker, and perpetrator.

According to Davis (2013, p. 3) the word "pimp" has various meanings, depending how and in which context it is used. As an adjective the word "pimp" can be used to describe something that is fashionable or extravagant for example "pimp my ride". As a noun the word pimp refers to a man or woman who controls prostitutes, arranges clients for them, and takes part of their earnings. In the current study participants referred to persons who traffic women for sexual exploitation as a "pimp".

In the current study, the researcher adheres to the consistency of participants' rhetoric, by referring to traffickers who traffic persons for sexual purposes as pimps. The term trafficker is used for a person who exploits individuals for any other means of trafficking such as forced labour and domestic servitude. The term perpetrator is used as an umbrella term to describe a person who abuses or exploits others sexually, physically, financially, verbally, or emotionally.

Rescue, rehabilitation, restoration, and reintegration.

When terms such as rescue, rehabilitation, restoration, and reintegration are used in the current study, the following contexts and meanings explained will apply. The rescue of a person from an exploitative situation usually involves the removal of said person from the site and is usually done by law enforcement (Pandey, Tewari, & Bhowmick 2013, p. 53).

Removal of these persons can take place in three ways namely: raids, purchases, and escapes (Pullins, 2016, p. 2). Raids usually involve the police and are conducted as a sting or the use of a warrant to rescue a person in a trafficking situation. A sting, for example, would be an undercover person pretending to be a customer of a trafficker.

Purchasing as a form of rescuing trafficking victims entails exchanging money for the individual (Pullins, 2016, p. 12). This is usually done by a family member who does not want to involve the police. Lastly, escape as a form of rescue takes place when a victim escapes from their trafficked site and may or may not be facilitated by the help of other individuals.

A different view of the word "rescue" implies that victims are rescued by a saviour and ignores the limited agentic power of victims. Nevertheless, the word "rescue" is used, to describe the removal of trafficking victims from exploitative situations as this is consistent with the participants' use of the word.

According to Chakraborty and Schweiz (2009, p. 11) rehabilitation refers to restoration to a previous state, enabling the survivor to be free from the physical, psychological, and social impact that was inflicted on them. Restoration therefore means restoring a person to a previous state of well-being before the trafficking process occurred. Services to reintegrate survivors of trafficking include provision of accommodation, counselling and every day-skills development so they can be reintegrated in to their families and communities.

Girls.

In the current study, the researcher uses the word "girl" to refer to a female person younger than 18 years old and woman/women when referring to an adult. Participants in the present study use the term "girls" and "women" interchangeably to refer to women older than 18 years being in the trafficking situation. Traffickers often refer to women being in the trafficking situation as their "girls", regardless of their age. The following excerpt of an

interview with a trafficker, illustrates the language used by traffickers to refer to women in the trafficking situation, "Then if the girls run, it gets back to the girls' families and they go back and threaten to kill their family. The girls do anything the pimps ask" (Troshynski & Blank, 2014, p. 18).

Health care service provider.

In the current study, the participants use words such as "health care practitioner", "service provider", and "counsellor" to refer to people who offer post-trafficking services to trafficking survivors. The researcher will use the word health care service provider as an umbrella term to refer to people who provide any service in post-trafficking aftercare.

Non-government organisations (NGOs) and civil society organisations (CSOs).

In the current study, non-government organisations, which are organisations that operate independently of any government are referred to as NGOs. Civil Society Organisations (CSOs) are an aggregate of NGOs and refer to institutions that manifest the interests and will of citizens. The term, is used as an umbrella term for non-profit organisations (NPOs), faith-based organisations (FBOs) and community-based organisations (CBOs) (HSRC, 2010, p. 166). The literature review of the study is provided next.

Chapter Two

Literature Review

"A freed mind is one that can understand a safe place and the truth that danger is gone forever." (Jones, 2009, p. 38)

Human trafficking is a hidden criminal deed that has plagued society for thousands of years (Koricanac, 2013, p. 39; Nichol & Skipper, 2013, p. 89; Van der Watt, 2018, p. 9). According to Araujo (2011, p. 3), human trafficking is defined as a complex phenomenon due to its varying nature of criminal acts. Laws, legislations, conventions, and legal instruments all contribute to defining this complex phenomenon.

This chapter will commence by giving a brief overview of the multidimensional definition of human trafficking in the international context in terms of the Palermo protocol. The Palermo protocol is a convention and an instrument used to define human trafficking around the world (United Nations, 2000, p. 1).

This overview is followed by a detailed description of the South African legislative definitional requirements for human trafficking. In South Africa, the Prevention and Combating of Trafficking in Person Act (2013) (also known as PACOTIP) defines human trafficking and illustrates trafficking in persons (TIP) as it occurs in the South African context (Mollema, 2014, p. 247). Since human trafficking is a complex phenomenon, it is crucial to have a comprehensive understanding of what constitutes human trafficking. It is equally important to recognise the definitional criteria of what constitutes human trafficking in South Africa, compared to the international context.

Different forms of human trafficking are discussed in the international context, followed by a detailed discussion of forms of trafficking in the South African context. This discussion illustrates the variations of the crime and sheds light on how human trafficking

manifests in the South African context. The factors that facilitate human trafficking, and how these factors inform governments to shape strategic prevention efforts (United States Department of State, 2016, p. 38) are then considered. In the discussion of the problem of human trafficking, an attempt is made to ascertain the magnitude of the problem, while briefly describing counter TIP strategies. Subsequently, the impact TIP has on its survivors, families, communities, and society at large is briefly reviewed.

The current study mainly concerns the trauma manifestations of human trafficking survivors. Consequently, trauma manifestations of human trafficking survivors are discussed in-depth, in relation to possible causes of PTSD or complex PTSD (CPTSD). A discussion of a literature review reveals trauma symptoms that survivors manifest and illustrates the complexity and uniqueness of this population. Lastly, there is an examination of the services provided to trafficking survivors to determine which services are currently available for human trafficking survivors.

Defining Human Trafficking

Various international and national legal instruments define human trafficking as a crime (King, 2013, p. 88). Internationally, the Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations convention against transnational organised crime, is known as the Palermo protocol (UN, 2000, p. 1). According to Kreston (2007, p. 35), the Palermo protocol defined trafficking to involve the recruitment, transportation, transfer, harbouring, or receipt of persons by means of threat or coercion.

Kruger and Oosthuizen (2011, p. 47) provide a more comprehensive definition of the Palermo protocol (UN, 2000, p. 1) and define human trafficking according to three constituent parts, namely: i) the act, for example recruitment, transport, transfer, and/or harbour of persons; ii) the method, referring to threat, force, coercion, abduction, fraud,

deception, and/or abuse of power; and iii) the purpose, such as the prostitution of others, sexual exploitation, forced labour, and domestic servitude. The method, however, does not apply to individuals younger than 18 years. This means that threat, force, coercion, abduction, and/or abuse of power does not need to be proved to indicate that trafficking in persons has occurred in minors (Kruger, 2012, p. 2; Child Welfare Information Gateway, 2017, p. 2).

In order to meet the minimum definitional criteria of the Palermo protocol (UN, 2000, p. 1), a national law named the Trafficking In Persons Act (TIP) (2013), was the first statute in South Africa that holistically and comprehensively addressed trafficking in persons. The TIP Act (2013) deals with the offence of trafficking, creates penalties, protects survivors of trafficking, and recognises the role played by organised crime networks in child trafficking (Dafel, 2014, p. 2). It further criminalises all forms of human trafficking, mandates a coordinated government programme to prevent and combat trafficking, requires consolidated reporting of trafficking statistics, and outlines victim assistance measures (USDS, 2016, p. 345).

In South Africa, the TIP Act (2013) draws from international practices and as mentioned meets the definitional requirements of the Palermo protocol (UN, 2000, p. 1), but it also extends these requirements to include the delivery, sale, exchange, and lease of persons (Mollema, 2014, p. 248). The TIP Act (2013) also includes legislation on the adoption of a child, secured through legal or illegal means. It further includes laws on cultural practices such as forced marriage, known as “ukuthwala” with another person within or across the border of South Africa (Goliath, 2016, para. 12). The TIP Act (2013) provides a relevant and tailored definition of human trafficking in the South African context. Different forms of human trafficking are discussed next.

Forms of Human Trafficking in the South African Context

According to the TIP Act (2013, p. 10) forms of exploitation in South Africa may include but are not restricted to debt bondage, forced marriage, sexual exploitation, domestic servitude, forced labour or services. Debt bondage is the practice of "lending" money to the trafficked victims in exchange for their labour. The debts that these victims owe are inflated and held over them for as long as possible, to the point where it is impossible for them to repay this debt (Fowler, Che, & Fowler, 2010, p. 1347).

Another form of human trafficking is the removal of body parts for distribution purposes used in a medication called "muti" (Fellows, 2008, p. 26). "Muti" refers to a potion that is made from herbs, but can also include body parts. It is believed that "muti" can improve fertility and guarantee economic growth (Bermudez, 2008, p. 6). Additional forms of trafficking encountered by counter human trafficking practitioners in South Africa include forced child labour, criminal activities such as forcing children to steal, and forced labour on farms (Cluver, Bray, & Dawes, 2007, p. 253; USDS, 2016, p. 343). Forced labour is reportedly used in fruit and vegetable farms throughout South Africa and in vineyards in the Western Cape. According to USDS (2017, p. 364) many children with disabilities are exploited through forced begging.

South Africa is an origin, destination, and transit country for trafficking (Araujo, 2011, p. 4). South African children and adults are typically recruited from low social economic areas to urban centres, such as Johannesburg, Cape Town, Durban, and Bloemfontein (USDS, 2016, p. 344). Non-consensual and illegal "ukuthwala", the forced marriage of girls as young as 12 years old to adult men, is practised in some remote villages in Eastern Cape province (HSRC, 2010, p. xvi; Van der Watt, 2018, p. 1).

The South African context includes perpetrators from multi-national locations around the world. Asian (Thai and Chinese) nationals organise the sex trafficking of Asian men and

women. Russian and Bulgarian crime syndicates facilitate trafficking in the Cape Town commercial sex industry. Asian nationals furthermore organise sex trafficking of Asian men and women and Nigerian syndicates dominate the commercial sex industry in various provinces such as Gauteng and Western Cape (USDS, 2017, p. 364). In other instances, South African women are recruited to Europe and Asia. Once they arrive, they are forced into prostitution, domestic service, or drug smuggling. (USDS, 2016, p. 342).

South African children are mainly trafficked for sexual purposes and to serve as domestic workers (End Child Prostitution and Trafficking (ECPAT), 2009, p. 3). South Africans are trafficked to Ireland, Middle East and United States for domestic servitude. Thai, Filipino, Chinese, and Eastern European women are trafficked to South Africa for debt bonded commercial sexual exploitation.

Furthermore, low socio-economic areas in Malawi often leave children vulnerable to be trafficked. For example, long distance truck drivers deceive children along the roads by promising to marry them or providing them with educational opportunities if they agree to go to South Africa. Once in Johannesburg, the victim is handed over to a perpetrator who uses the child as a sex slave in a flat in the central business district, where other perpetrators are brought to have sex with the child (ECPAT, 2009, p. 4). Other individual experiences include family participation in the sale of their children to traffickers and pressure to support the family economically (HSRC, 2010, p. xiv). Factors that facilitate the trafficking of victims are discussed next.

Factors That Facilitate TIP

Gender inequality.

A number of factors facilitate the occurrence of TIP, such as gender inequality (Aurojo, 2011, p. 3). The Palermo protocol (UN, 2000, p. 1) specifically stated “women and children”, as these groups are vulnerable to be trafficked, often stigmatised and/or

marginalised (Araujo, 2011, p. 6). Women tend to be trafficked into gender specific types of labour, for example prostitution, sex tourism, or domestic work. As mentioned above, in the South African context girls are trafficked into forced commercial marriages referred to as "ukuthwala" (HSRC, 2010, p. xvi).

Moreover, the South African context of gender inequality is further perpetuated by the poverty, discrimination, and vulnerability of females. Gender based discrimination negatively impacts access to education, public participation, property, credit, resources, which increases women's chances of being trafficked (Araujo, 2011, p. 6).

Push and pull factors.

HSRC (2010, p. 152) mentioned that cheap low skilled labour can be a pull factor which creates a demand for people to be trafficked to that country. Further pull factors include the devaluation of women's rights. Push factors include a decline in the traditional industry, a loss of agricultural competitiveness, and a shortage of jobs, which is most certainly the case in South Africa (Mateus, Allen-lle, & Iwu, 2014, p. 69). The lack of legitimate and fulfilling employment can also be a factor that pushes women towards being trafficked.

International context.

Internationally, several factors increase the vulnerability of victims to be trafficked. For example, Srivastava (2005, p. 35) highlighted the salience of inequality, low economic status, and discrimination as vulnerability factors in India. In Thailand, Roujavanong (2011, p. 137) discovered that low socio-economic factors led to people being trafficked into the sex trade, fishing, garment production, and domestic work industries. In many European countries, gender inequality might be the reason for forced labour and forced prostitution (Organization for Security and Co-operation in Europe, 2009, p. 60).

African context.

Within some contexts of African culture, the propensity to migration and the phenomenon of child placement play big roles in human trafficking (Shu-Acquaye, 2013, p. 14). Culturally, African families are used to migrating and positively view the possibility of sending their children away to work, learn a trade or study, a cultural factor that traffickers often exploit (Shu-Acquaye, 2013, p. 14). This means that parents might be sending their children away in the hope for a better future, not knowing their children are being trafficked.

Due to the high prevalence of HIV/AIDS, many children are orphaned; resulting in increased poverty and increasing their vulnerability to exploitation. Internal trafficking occurs in South Africa because of high unemployment or poverty. Many families are pushed into letting children move from rural to urban areas, believing the promises of education, care or job opportunities (ECPAT, 2009, p. 3).

Individual factors.

Individual experiences, such as childhood sexual abuse, are a central risk factor for later vulnerability to sex trafficking. Factors that affect an individual's self-esteem, such as cultural aspects where the objectification of women and girls are prevalent are further risk factors to be trafficked. Stressors such as poverty and lack of economic opportunity compound individual vulnerabilities. Civil unrest and political uncertainty may make people vulnerable.

Contextual factors.

Contextual stressors such as localities with high rates of organised crime, patriarchy, and pimping culture also lead to vulnerability (United Nations Educational Scientific and Cultural Organization (UNESCO), 2007, p. 23). According to Kaylor (2016, p. 2), people that are vulnerable to be trafficked include:

i) undocumented immigrants

ii) runaway and homeless youths

iii) victims of trauma and abuse

iv) refugees

v) impoverished individuals

Traffickers target people in these groups because they have few resources and work options. Lastly, South Africa's permeable borders is another factor facilitating human trafficking. The magnitude of human trafficking is provided next.

Magnitude of Human Trafficking

Even though Gallagher and Skrivankova (2015, p. 74) argued that human trafficking cannot be accurately understood through statistics due to its complex and clandestine nature, various attempts have been made to estimate the magnitude of the crime. For example, USDS (2004, p. 7) used data from the United States government that estimated 600 000 to 800 000 people are trafficked globally each year, contradicting the 44 462 victims that were identified worldwide in 2014 as reported by another study (Gallagher & Skrivankova, 2015, p. 21).

A study by international experts (United Nations Office on Drugs and Crime (UNODC), 2007, para. 4) estimated that 2.5 million people were trafficked across the world at any given time. Another estimation by the International Labour Organization (ILO) (2012, p. 13) indicated that 20.9 million people were in forced labour, which included sexual exploitation, between 2002 and 2011. Additional statistics from the ILO (2012, p. 13) estimated there are approximately 21 million victims of forced labour and forced prostitution globally, including 5.5 million children.

In South Africa, CSOs and NPOs estimated that since 2014 there was an increase of 10 to 15 victims of labour trafficking each month who disembarked from Cape Town's shores (USDS, 2015, p. 309). To date, these statistics remain unchanged (USDS, 2016, p.

340; USDS, 2017, p. 364). Further statistics from USDS (2017, p. 364) suggested that, during 2016, 53 Thuthuzela Care Centres (TCC's) reportedly assisted five survivors of trafficking. In 2015, the Department of Social Development (DSD) continued its oversight of survivor shelters, which assisted 103 victims, a significant increase compared to 41 during the previous reporting year (USDS, 2017, p. 364).

In 2016, the government identified victims of trafficking in eight provinces in South Africa, of which the majority were in Gauteng. In a specific forced labour case, in January 2017, the South African Police Service (SAPS) and Directorate for Priority Crime Investigation (DPCI) identified 72 possible victims of labour trafficking in a factory in the Kwazulu Natal province (USDS, 2017, p. 363). Nevertheless, Horne (2014, p. 108) argued that most trafficking cases remain unreported and are thus not included in official crime statistics, contributing to inaccurate statistics.

Until recently, reasons for inaccurate trafficking statistics in South Africa were due to trafficking being misclassified as crimes of abduction, kidnapping or charges of rape (Van Zyl & Horne, 2009, p. 16), and was due to the lack of a centralised database (Horne, 2011, p. 26; Van der Watt, 2015, p. 2). Currently, there is still no central organisation to collect, analyse, and interpret the trafficking statistics, and different government departments have different classification systems (Hosken, 2015, para. 6). There were also no crime codes for TIP in the central administration system (CAS) of SAPS, which capture the complexities of each reported incident. Recently, however, a CAS code system was implemented which enabled SAPS to record TIP cases reported from 2017 ("Number of persons identified as victims of human trafficking", 2017, p. 1).

In South Africa, anti-trafficking campaigners and CSOs claimed that 30 000 children are trafficked into the country annually as part of the sex trade. The same figure has been used by the Department of Home Affairs. However, this number has been discredited as

exaggerated and unsubstantiated (Wilkinson & Chiumia, 2013, para. 42). The number of trafficking survivors presented in the reports were not based on rigorous quantitative research, but on estimates, which are inflated based on anecdotal evidence (Gould, 2010, p. 40).

As mentioned some sources argue that it is impossible to accurately understand human trafficking through statistics (Gallagher & Skrivankova 2015, p. 21). Others argue that estimates are not rigorous quantitative reliable research (Gould, 2010, p. 40). A third viewpoint from the African Centre for Migration Society (ACMS) (2014, p. 6) claimed that the attention human trafficking receives in policy prioritisation and media reporting makes trafficking seem more problematic than it is. They argue that human rights abuses such as rape and gender violence, which are well documented and prevalent in South Africa, receive less attention and resources by welfare and advocacy organisations, the media and government (ACMS, 2014, p. 6).

Furthermore, the ACMS (2014, p. 6) asserts that sensationalised reporting of TIP diverts attention from less sensational aspects of labour exploitation, such as exploitation of undocumented migrants and vulnerable workers in largely unregulated or unmonitored sectors such as domestic work, farm labour and forms of casual construction work (ACMS, 2014, p. 6). Despite these assertions, the Global Slavery Index (2016) estimated that 248 700 people live in modern slavery.

Hence, to accurately grasp the full scale of human trafficking is a challenge. What matters is that human trafficking is immense, and the problem seems to be getting bigger (UN Chronicle, 2010, para. 1). The attempts to combat this crime are discussed next.

Combating Human Trafficking

The USDS (2012, p. 11) utilises the framework of the Palermo protocol (UN, 2000, p. 1), known as the "3P" paradigm to combat trafficking, prevention, protection and

prosecution. This is a fundamental framework used internationally to fight trafficking. The fourth "P", namely partnership serves as a pathway to progress in the effort against modern slavery.

Prevention refers to the rectification and awareness of laws, strengthening the 4th "P" namely, partnerships between law enforcement and civil organisations worldwide (USDS, 2017, p. 54) and collaborating, and communicating effectively. Protection includes the "3 Rs" namely, rescue, rehabilitation, and reintegration. Prosecution includes criminal penalties for perpetrators, and significant prosecution. Partnerships also include multi-agency cooperation, which suggests the collaboration of federal, state, country, and local law enforcement entities in solving trafficking cases (Farrel, McDevitt, & Fahy, 2008, p. 8).

In South Africa, the motivation behind the TIP Act (2013) was to link gaps caused by common law and statutory provisions (Mollema, 2014, p. 247). The legislation on trafficking in persons also gave domestic legal effect to South Africa's international obligations under the Palermo protocol (TIP Act, 2013, p. 13).

President Zuma signed the TIP Act (2013) into law on 29 July 2013. However, during that period the final implementation of the Act, the combating of human trafficking in South Africa was still reliant on fragmented auxiliary laws as well as specific transitional legislation against trafficking in persons, such as fines, imprisonment, or both (TIP, 2013, p. 20).

In August 2015, the government promulgated the TIP Act (2013) (USDS, 2016, p. 343). Consequently, today all forms of human trafficking are criminalised in South Africa. The government was obliged to utilise programmes to prevent and combat trafficking and is required to report consolidated trafficking statistics and outline victim assistance measures (USDS, 2017, p. 364). But the government severely under-budgeted for funds to implement the law which has left certain components of TIP Act (2013) non-operational (USDS, 2017, p. 362).

Annually a global TIP report is released, wherein countries' adherence to the United States law known as the Trafficking in Victims Protection Act (TVPA), is measured. This Act describes to what extent a government has addressed the relevant minimum standards of prosecution, protection, and prevention. South Africa is currently a Tier-two country with regards to the TVPA (USDS, 2017, p. 362). According to USDS (2017, p. 362), South Africa's government does not fully meet the TVPA's minimum standards, but is making significant efforts to meet those standards, hence the Tier-two rating.

Olutola (2016, p. 4) further argued the point that crime prevention by the criminal justice system in South Africa is a "hopeless case". Confusion existed in the South African criminal justice system where most officials did not really comprehend what human trafficking was (HSRC, 2010, p. 139; Mofokeng & Olutola, 2014, p. 126). As a result, legal measures were not adequate to combat the scourge of human trafficking. Yet, despite the ranking in the 2017 TIP Report, South Africa seems to know what constitutes human trafficking and is committed to combating trafficking as demonstrated by the implementation of the legislation, and the priority assigned to creating and passing legislation (USDS, 2017, p. 362).

Counter-trafficking activities in South Africa have increased in recent years. For example, the USDS (2016, p. 345) indicated that the South African government increased law enforcement efforts by convicting 11 traffickers and initiating prosecution of five sex traffickers in 2015 in comparison to three convictions and 19 prosecutions in 2014. In 2017, the government convicted a Nigerian trafficker under the TIP Act (2013) to a 20-year prison sentence for child sex trafficking. In 2017, the Durban regional court sentenced three perpetrators to respectively, 254, 304, and 315 years imprisonment for sex trafficking (USDS, 2017, p. 363).

Despite the successful convictions in 2017, the South African government still fails to prosecute traffickers connected to international syndicates consisting of Nigerian, Thai, Chinese, Russian, and Bulgarian traffickers who dominate the sex trafficking industry (USDS, 2017, p. 363). This suggests that even though significant efforts are made to combat human trafficking, the impact on society is substantial (Koricanac, 2013, p. 16). How TIP impacts on society is discussed next.

Impact of Human Trafficking on Society

Human trafficking impacts not only on the persons who survived it, but also on society at large (Koricanac, 2013, p. 16). Even though it is difficult to quantify the impact of human trafficking, because of its secretive nature (ACMS, 2014, p. 7), it impacts on several aspects of society. Amongst these aspects are the survivors' families, gender inequality, women's rights, law enforcement, and the health system (Government and Social Development Resource Centre, 2011, p. 3).

In many cases when women are trafficked, the absence of those women often leads to a breakdown of the family and the neglect of children or the elderly who form part of that family (Danailova-Trainor, & Laczko, 2010, p. 58). Survivors who return to their families are often stigmatised or rejected and are likely to become involved in substance abuse or criminal activity (USDS, 2004, p. 13).

Human trafficking also particularly impacts on gender inequality and women's rights (Araujo, 2011, p. 6). Governments and society often label women who get caught up in the commercial sex trade as prostitutes. The prejudicial label of being a prostitute allows the people who exploit children and women, along with the rest of society, to see these particular women in a bad light – discriminating against them (Soroptimist International of the Americas, 2007, p. 2). Thus, doing nothing and discriminating against women, perpetuates the chronic indignity of the crime committed against them (Jones, 2009, p. 353).

Furthermore, governments and law enforcement are not always able to protect women and children from being trafficked. The bribes paid by traffickers to members of law enforcement, obstruct a government's ability to battle corruption amongst the law, immigration, and judicial officers (USDS, 2004, p. 16). Nevertheless, government and law enforcement also form part of corruption in human trafficking (USDS, 2017, p. 363). For example, in South Africa during 2016, the government did not prosecute or convict any law enforcement officials involved in trafficking offences, despite allegations.

Furthermore, SAPS proved to be uncooperative as NGOs and CSOs conducted initial screenings to determine if persons were a victim of trafficking even though these NGOs and CSOs conducted these screenings, SAPS were still not able to identify victims (USDS, 2017, p. 362). Hence, law enforcement not being able to assist victims of trafficking, leaves these victims without the particular care they need amplifying the impact of human trafficking on society.

Trafficked victims get exposed to injuries and even death while being in overcrowded and unsanitary conditions. The shortage of food and water can also increase the chances of infectious diseases (Todres, 2011, p. 466). Whereas trafficked victims are often physically, sexually, and mentally abused, they are also often exposed to health and environmental hazards (Todres, 2011, p. 463).

If rescued, these survivors are often abandoned and left to their own devices to reintegrate back into their families and communities. This leads to the aforementioned consequences of suffering that are devastating for survivors, the broader community, and society at large (Jones, 2009, p. 334). Principles of democratic freedom suffer, as do the principles of democratic society, rule of law and human rights (Roy & Chaman, 2017, p. 162). Therefore, society faces these dangers when there is a possibility that thousands of

people are suffering from untreated, human trafficking induced trauma. These trauma manifestations are discussed next.

Trauma Manifestations of Human Trafficking Survivors

Defining trauma.

Although, trauma has been defined in various ways, Burke (2013, p. 72) defines it as an experience that threatens a person's sense of safety and security and may or may not involve physical harm. Koricanac (2013, p. 22) defined trauma as a specific life event that sets a task in front of a person, which at that point cannot be cognitively or emotionally processed with that person's current set of coping mechanisms. The American Psychological Association (APA) (2018, para. 1) defines trauma as an emotional response to a traumatic event.

Trauma is experienced as either a single or repeating event that overwhelms an individual's coping mechanisms and interferes with that person's ability to integrate and make sense of emotions and thoughts related to the experience (Burke, 2013, p. 72). When it comes to human trafficking, it is usually repeated traumatic events that subsequently define the victims' trauma (Koricanac, 2013, p. 22).

Psychological trauma manifestations.

Research has shown that survivors of trafficking experience severe psychological trauma while being exploited (Jones, 2009, p. 334; Robjant, Roberts, & Katona, 2017, p. 2). Survivors in post-trafficking care show high symptom levels of panic, suicidal ideation, Stockholm syndrome, substance abuse, dissociating, loss of empathy, and splitting (Kaylor, 2016, p. 3; USDS, 2016, p. 349).

In a study done in South Africa, Everitt (2013, p. 96) found the following emotional trauma manifestations present in child survivors of trafficking: self-isolation, hostility towards others, living with contradictory feelings towards themselves, depression, anxiety,

and internal conflicts. In the case of sex trafficking, survivors may be devoid of emotions and burdened with disjointed thoughts and feelings of anger (USDS, 2002, p. 3).

Shame.

Furthermore, trafficking survivors are deprived of their liberty, and of their bodily functions. For example, a woman may not even decide when she should go to the bathroom (USDS, 2007, p. 13). Thus, traffickers often shame their victims, which affects the ability of trafficking survivors to benefit from services offered by multidisciplinary practitioners. Shame is understood as one of the consequences of the trafficker's coercion. Experiences of coercion resulting in shame can later cause trust issues between survivors and therapists (Contreras, Kallivayalil, & Herman, 2017, p. 42).

Physical trauma manifestations.

Trauma manifestations can result in physical damage (Zimmerman et al., 2006, p. 2442). Physical health problems found amongst trafficked persons include psychosomatic reactions such as headaches, stomach pains, and back aches (Oram, Stöckl, Busza, Howard, & Zimmerman, 2012, p. 9).

Interrelational trauma manifestations.

Abu-Ali and Al-Bahar (2011, p. 794) established that survivors of human trafficking, who experienced trauma, also suffer from other complications in addition to psychological and emotional symptoms. These may include physical, educational, intellectual, cultural, and spiritual deprivation. Their lives are also affected interpersonally (Clawson et al., 2009, p. 11) which hinders their ability to integrate into their new settings or reintegrate into their former settings (Hossain et al., 2010, p. 2447).

On an interpersonal level, the trauma that impacts on the survivor has its origins in human relationships. Drug traffickers do not need to build a relationship with narcotics to control or transport it, but human traffickers need to build a relationship with human cargo to

transport it. The trauma experienced by the survivor of human trafficking is rooted in betrayal of this relationship (Korzinski, 2013, p. 44). Above-mentioned trauma manifestations are often associated with a psychiatric diagnosis of PTSD, which is discussed next.

PTSD and CPTSD amongst TIP survivors.

Hossain et al. (2010, p. 2442) indicate that survivors of human trafficking manifest symptoms associated with PTSD. Reliving trauma in the mind, having flashbacks, evasion of places that remind the person of the violence, feelings of being numb, inability to sleep, hyper-activeness and chronic bad temper are all symptoms of PTSD (National Alliance on Mental Illness, 2018, para. 4). A study by Jones (2009, p. 328) demonstrated a common comorbidity between depression, PTSD and anxiety, suggesting PTSD can occur on its own, but it's commonly mixed with depression, in which case the individual is likely to experience more distress.

Unpredictability of traumatic events are theorised to be predictive of more intense or prolonged psychological reactions to abuse (Hossain et al., 2010, p. 2442). When traffickers use different methods of torture at different times victims are traumatised and do not have control of when these events occur (Dandurand, 2014, p. 9). The association between these erratic experiences and the increased risk of PTSD and depression has been identified in situations of trauma amongst victims of trafficking (Burke, 2013, p. 73).

Hossain et al., (2010, p. 2446) indicated that the length of time since trafficking had ended was associated with reduced risk of anxiety and depression, but not with any reduction in risk of PTSD symptoms. Girls and women who were in trafficking circumstances for longer periods of time, may be exposed to a greater number of abusive episodes and more sustained feelings of entrapment, alienation, loss of control, humiliation, and hopelessness, which all have been associated with PTSD. These women and girls who have been exposed to longer periods of trafficking may need greater time for post-trafficking care (Hossain et al.,

2010, p. 2446). Clawson et al., (2009, p. 13) indicated that PTSD symptoms are also present in prostituted males.

It frequently happens that survivors of human trafficking experienced pre-trafficking trauma that was not psychologically processed before the person became a trafficking victim (Burke, 2013, p. 72). Unprocessed trauma often builds on trauma experienced during the trafficking process. When trauma is compounded in this way, it indicates the possible development of complex trauma (Koricanac, 2013, p. 22). Therefore, persons who experienced abuse, neglect, or torture during their developmental years and then became victims of trafficking, may be at risk to develop complex trauma (Korzinski, 2013, p. 56).

Clawson, Salomon, and Goldblatt-Grace (2008, p. 1) agreed that there might be a bigger impact on survivors with histories of multiple victimisation than on survivors with a history of singular forms of trauma. The authors further explained that in instances where trafficking occurs continuously from childhood, the symptoms become more complex and intertwined. For example, a study involving 204 child and adult survivors, who prior to trafficking experienced trauma, revealed that the exposure to sexual violence and injuries during captivity was related to a more complex form of trauma (Hossain et al., 2010, p. 2442). An in-depth discussion on PTSD and CPTSD is provided in the following chapter. A discussion on service provision to TIP survivors is provided next.

Service Provision to TIP Survivors in South Africa

According to the TIP Act (2013, p. 36), survivors of human trafficking are entitled to a range of services to aid their rehabilitation and reintegration. Rehabilitation services include providing a safe environment, especially those that are at risk of harming themselves or others. Other rehabilitation services include access to and provision of adequate health care, hygienic toilet facilities, and a safe environment and proper care for sick children (TIP Act, 2013, p. 34). As mentioned in the introduction, rehabilitation refers to restoring the survivors

to a previous state, enabling the survivor to be free from the physical, psychological, and social impact that was inflicted on them (Chakraborty & Schweiz, 2009, p. 11).

Services to reintegrate survivors of trafficking include provision of accommodation and counselling. These survivors may be referred to organisations that offer therapeutic services, or skills development so they can be reintegrated into their families and communities. In South Africa, services to survivors are rendered by government agencies and civil society (TIP Act, 2013, p. 36), which are discussed next.

Services provided by government.

In 2015, the South African government operationalised the TIP Act (2013). Officials were trained to operationalise the act, which included identification and referral of relevant trafficking survivors (USDS, 2016, p. 341). According to the TIP Act (2013), the following government departments and agencies are tasked with combating human trafficking and assisting survivors of the crime:

- Department of Home Affairs (DHA) is responsible for immigration issues of trafficked persons
- Department of Health (DOH) assists trafficked persons in rehabilitation and reintegration back into society
- Department of Social Development (DSD) is responsible for coordinating survivor assistance

DSD accredited shelters, which predominantly consist of NGOs, run a rehabilitation programme to address the psychosocial well-being of survivors. This programme is funded by the DSD for the first nine weeks. After the initial nine weeks, the rehabilitation programmes continue at NGOs, further facilitating the rehabilitation process. Furthermore, DSD also paid for survivors to receive residential treatment at rehabilitation centres to overcome addiction if necessary (USDS, 2016, p. 341). Reacting to human trafficking also

requires cooperation between government agencies such as law enforcement, judiciary agencies, the aforementioned government departments (Van der Westhuizen, 2015, p. 151; World Bank, 2009, p. 9), NGOs and CSOs.

NGOs and CSOs.

Despite efforts from government departments and agencies to assist survivors of human trafficking, Shabangu (2010, p. 16) warned that survivors of human trafficking are hesitant to trust these organisations due to fear of deportation, fear of traffickers, fear of being pressured to testify, or involvement of corrupt police or government. This suggests that NGOs and CSOs are best suited to assist trafficked survivors (HSRC, 2010, p. 166).

NGOs and CSOs have made copious contributions towards the fight against human trafficking in South Africa but still face challenges that include, fragmented knowledge and research on trafficking, weak social institutions with logistical problems, and inadequate professional capability to lend support to trafficked persons (Mollema, 2013, p. 500).

Even though the TIP Act (2013) stipulates that adult survivors of trafficking are entitled to services provided to them by certified organisations and even though non-accredited shelters provide services, there seems to be insufficient assistance available. The Act requires that these organisations must be accredited, must comply with certain norms and standards, and must offer specific programmes to survivors of human trafficking. These mandatory services include accommodation, medical care, counselling, and reintegration into their families and communities (Mollema, 2014, p. 257).

Rescuing victims is not enough to restore their personal sense of security. The South African anti-trafficking legislation still needs to acknowledge specific vulnerability factors, such as being re-trafficked and provide more effective victim assistance. Furthermore, a collaborative effort from NGOs and CSOs together with the effective implementation of the

TIP Act (2013) must take the lead to increase the awareness and combat trafficking from "grass roots" level, to ensure progress (Olutola, 2016, p. 19).

The TIP Act (2013, p. 22) allows a recovery or reflection period of not more than three months for foreign nationals, which may be extended to six months if the investigation is not completed within the initially allocated time. This period allows survivors to reflect on their current position and to make informed decisions as to whether they want to assist in the investigation and prosecution of their trafficker. Temporary residence may be issued to these foreign national trafficked survivors if they are cooperative, and if their continued presence in South Africa is essential for the successful prosecution of the alleged trafficker (Mollema, 2014, p. 255).

During this time, NGO and CSO workers should offer culturally sensitive outreach to these foreign TIP survivors, informing them of safe houses and improving access to mental health services. The TIP Act (2013) stipulates that these safe houses need to be accredited and service providers need to be trained to treat survivors' symptoms. Service provision to these survivors needs to consider the survivors' cultural, linguistic, and religious contexts (USDS, 2017, p. 363). Mental health care services for TIP is discussed next.

Mental health aftercare.

Kaylor (2016, p. 5) stated that the mental health necessities of survivors of sex trafficking are amongst the most complex of crime survivors. These survivors, however, can and do heal physically and psychologically if they are able to access appropriate and culturally sensitive services and resources. To provide appropriate services, various role players such as UN officials, government leaders, mental health professionals, and NGO workers need to collaborate. Mentioned role players need to include the voices of survivors (Curran, 2016, p. 2) in the crafting of mental health, social support and outreach services.

The survivor, who, before, was considered a passive victim of their life circumstances and in need of therapeutic intervention, is now seen as a survivor and having an active role in their recovery (Hacker & Cohen, 2012, p. 16). Curran (2016, p. 230) argued that authoritarian control by aftercare providers where aftercare providers patronise or infantilise the survivors and deny them any agency of decision making or movement hinders the survivors' ability to heal psychologically. It mimics the behaviour of the perpetrator, and possibly re-traumatises the survivors.

Awaking the autonomy of the survivor is the first step in helping the survivor to emerge from the numbed state and develop the ability to objectify realities. Health care service providers should facilitate the survivors' agency, survivor-acceptance, and make the most of the opportunities to enable healing towards a renewed self. Another role of the health care service provider is liberating the survivor to find the path towards healing by providing counselling and psychotherapy (Contreras et al., 2017, p. 46). Building a long-term, trusting relationship is an integral part of the therapeutic work, which requires time and flexible models of engagement and treatment, including group therapy with peers (Contreras et al., 2017, p. 39).

According to Hacker and Cohen (2012, p. 123) psychological health care service providers need to be attentive and legitimise the survivor's difficulties, especially when the survivors are vulnerable. It is solely in a safe environment that it is possible to build a relationship of trust, address the body, build the client's complete life story, link dissociated thoughts and feelings, integrate traumatic experience into the person's entire life experience, and support the client during the change, and define new life goals (Koricanac, 2013, p. 27).

Doctors, attorneys, prosecutors, and social workers should understand trauma and its consequences, since a better understanding might influence the way they interact with survivors of human trafficking, giving them the ability to work empathically and without re-

traumatising survivors (United States Department of Health and Human Services, 2014, pp. 31-32). When this is the case, and the system is functioning well, the survivor receives a message that the support they are getting is stronger than what they had with the trafficker. When this realisation dawns on the survivor, they begin to regain the power that they have lost.

Therapists should give adequate information, not promise the impossible, and not judge and stigmatise. The empathic or sensitive therapist should also show the survivor that they are with them in the "sad space" and communicate to them that they are not alone because for the survivor to be able to trust again is for the survivor to heal (Contreras et al., 2017, p. 44). Another aspect that should be considered is that sensitive therapists need to be aware of their own values, born out of their own upbringing, culture, and professionalism to the process. Whether one is a police officer, immigration official, lawyer, judge, feminist, psychologist, NGO specialist or social worker, the caregiver brings who they are to the problem including their own problems (Korzinski, 2013, p. 61; Vezmar, 2013, p. 103).

Summary

The complex definition of human trafficking, its secretive nature, and all the different forms, make TIP a near impossible phenomenon to fully grasp (ACMS, 2014, p. 7). Human trafficking is an immense problem in the modern world, and in South Africa. The magnitude of this crime is beyond comprehension due to the dearth and legitimacy of statistics available on human trafficking (USDS, 2015, p. 13). Even though the impact of human trafficking is palpable, combating it is difficult when considering its growing nature (Europol, 2017, p. 25). In South Africa, the TIP Act (2013) is used as legislation to combat TIP.

Survivors of human trafficking manifest physical, psychological, interrelational trauma manifestations, including PTSD symptoms and other complex forms of trauma (Kiss, Yun, Pocock, & Zimmerman, 2015, p. 1). The nature of trauma amongst trafficking survivors

seem complicated and healthcare practitioners must tread carefully so as not to re-traumatise survivors (Curran, 2016, p. 230).

Although, governments, CSOs, NGOs, and service providers are working together to combat trafficking a more comprehensive approach is needed. Factors that facilitate human trafficking are more than often due to countries not being able to adhere to the TVPA standards set by the Palermo protocol (UN, 2000, p. 1) and this makes vulnerable people targets for traffickers (USDS, 2016, p. 418). This chapter discussed the research on the physical, psychological, and interrelational consequences of TIP. The following chapter will discuss the theoretical framework of this study with which these consequences can be understood.

Chapter Three

Complex Post-Traumatic Stress Disorder (CPTSD) as a Theoretical Framework

According to Abend (2008, p. 178) scientific studies use theoretical paradigms to explain social phenomena. Different paradigms can offer different interpretations of a specific part of an observed phenomenon (Van Merriënboer & de Bruin, 2014, p. 21). In this chapter, CPTSD (Herman, 1992, p. 381) is used as a theoretical framework to explore and describe trauma manifestations.

As researchers define trauma in various ways, this chapter will first consider a broad introduction to trauma, definitions of trauma, and how trauma impacts on humanity. Thereafter there will be an in-depth discussion on the DSM-5 criteria of PTSD to illuminate how trauma manifests in victims of abuse. Researchers claimed that individuals experiencing repeated trauma that alters the interpersonal structures of the self, indicate a form of trauma more complex than PTSD, namely complex trauma (Burke, 2013, p. 72; Van der Kolk, 2005, p. 2).

A discussion on developmental trauma introduces the notion of how trauma during childhood can be a precursor for CPTSD in adulthood. Judith Herman's CPTSD diagnostic criteria (Herman, 1992, p. 121; 2001, p. 81) follows with an emphasis on CPTSD theory. This section highlights the relationship between compromised interpersonal relationships, experiences of being trapped, and the prolonged enduring effects of chronic and repeated trauma. These circumstances are like those subjected to domestic violence (Koricanac, 2013, p. 22).

Differences between the DSM-5 diagnosis of PTSD and Herman's CPTSD theory (Herman, 1992, p. 121; 2001, p. 81) are considered and are followed by a description of CPTSD manifestations of dissociation, alterations of memory, trauma re-enactment, flashbacks, learned helplessness (Bloom, 1999, p. 4), Stockholm syndrome (HSRC, 2010, p. 90), and traumatic

bonding (Herman, 1992, p. 67). Individuals who suffer from CPTSD exhibit typical coping responses, which are briefly described. Finally, a summary of Herman's (1992) stages of recovery from CPTSD are outlined.

An Introduction to Trauma

Trauma can be understood as a response to a stressful event (Giller, 1999, para. 3). According to Taylor and Roberts (as cited in Dulmus & Hilarski, 2003, p. 28), stress is defined as the relationship between an environmental demand and the ability to meet that demand. Dirckx explained (as cited in Dulmus & Hilarski, 2003, p. 28) that when these demands are overwhelmed, or not met, this perceived stressful event will develop into a perception of trauma. A person's reaction to their perception of trauma can trigger a mammalian response which takes place on a physiological level (Taylor et al., 2000, p. 413)

A psychological reaction to the perception of the traumatic event is proportional to the degree of the traumatic experience (Thomas & Wilson, 2004, p. 223). Each person experiences trauma differently, according to their unique subjective experience, influenced by factors such as previous traumatic experiences, personality (Korzinski, 2013, p. 23) and resilience (Alayarian, 2007, p. 320). Therefore, it is the internalised subjective experience and interpretation of the external objective event that constitutes the trauma (Bloom, 1999, p. 1).

Traumatic life events are external but they can quickly become internalised in the mind and body (Terr, 1990, p. 8; Van Lelyveld, 2008, p. 27; Van der Kolk, 1994). Trauma can affect individuals cognitively (Hayes, van Elzakker, & Shin, 2012, p. 1), emotionally, and impact on the interpersonal aspects of relationships between individuals (Lamagna & Gleiser, 2007, p. 3). Trauma can also affect an individual's family, occur in a group context, community, or within a certain culture. The impact might lead to individuals and families experiencing shame following the traumatic experience (Substance Abuse and Mental Health Services Administration, 2014, p. 36).

Trauma can result after natural disasters, "acts of God", or man-made traumas (Hamaoka, Kilgore, Carlton, Benedek, & Ursano, 2010, p. 32). Trauma can also be experienced as either a single or repeating event. If prolonged trauma is inflicted in the context of a relationship by a person on whom the victim is dependent, psychological consequences are more complex (Giller, 1999, para. 14).

Mankind has been affected by significant traumatic events, such as the massacres of the Holocaust and the Rwandan genocide (Van Haperen et al., 2012, p. 8). During World War I (1914-1918) the terms "shell shocked", "thousand-yard stare", and "war neurosis" were used to describe symptoms amongst soldiers. These soldiers experienced sleeplessness, not being able to experience any pleasure, and certain soldiers went blind despite not having any physical injuries (Stein, 2015, p. 7). However, it was only at the time of the Vietnam War (1955-1975) that the impact of PTSD on human beings gained the world's attention (Stein, 2015, p. 8).

PTSD

The diagnosis of PTSD entered the Diagnostic Statistical Manual for Mental Disorders, 3rd edition, (DSM-III), published by the APA in 1980 (Stein, 2015, p. 17). Development of the PTSD diagnosis was based on the symptoms experienced by the Vietnam War veterans. The PTSD diagnosis was construed as a stress and anxiety based disorder and symptoms were limited to and consistent with fear reactions, consequent avoidance, and hypervigilance (Tanielian & Jayvox, 2008, p. 5). The present understanding of PTSD has grown in the past half century (Stein, 2015, p. 8), and currently DSM-5 describes PTSD as a trauma and stressor related disorder (United States Department of Veteran Affairs[USDVA], 2017, para. 7). The PTSD diagnosis in the DSM-5 consists of the following eight criteria (A-H), which are identified by the International Classification of Disease (ICD) 10 code of F.43.12 (American Psychological Association, 2013). According to USDVA (2017, para. 7) the following requirements provided

in the table below are necessary to be diagnosed with PTSD in adults and children six years and younger.

Table 1. A summary of the requirements for PTSD diagnosis in Adults and children

Requirement	In Adults	In Children
Criterion A: The person was exposed to death	√	X
Criterion B: The traumatic event is persistently re-experienced	√	√
Criterion C: Avoidance of trauma-related stimuli after the trauma	√	√
Criterion D: Negative thoughts or feelings that began or worsened after the trauma	√	√
Criterion E: Trauma-related arousal and reactivity that began worsened after the trauma	√	√
Criterion F: Symptoms last for more than 1 month	√	√
Criterion G: Symptoms create distress or functional Impairment	√	√
Crtierion H: Symptoms are not due to medication, substance, or illness	√	X

The development of the PTSD diagnosis has not been without scrutiny. From its origin, PTSD has been criticised for only capturing a limited aspect of post-traumatic psychopathology (Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005, p. 390). Cornelius (2013, p. 2) indicated that the DSM-5 model has problems with which symptoms to include in the criteria of the disorder and it is described as "very conservative" (Pai, Suris, & North, 2017, p. 5). A significant shortcoming of the PTSD diagnosis in the DSM-5 is that chronic interpersonal trauma

is not captured in the PTSD diagnosis, particularly when children experience such trauma (Bremness & Polzin, 2014, p. 142).

Therefore, the term complex trauma (Van der Kolk, 2005, p. 2) is a more holistic description of the experience of traumatic events that are repetitive, prolonged, involving harm or abandonment by a caregiver or other interpersonal relationships with an uneven power dynamic (Lamagna & Gleiser, 2007, p. 3).

Complex Trauma

The term complex trauma describes people's exposure to multiple traumatic events, often of an invasive interpersonal nature that include loss of self-regulation capacities. It refers to the wide-range, long term, and multi-layered impact of this exposure. These events are severe, pervasive, and include abuse or profound neglect (Cook et al., 2005, p. 390).

Some of the most prominent researchers on complex trauma are Judith Herman, who coined the term CPTSD (Herman, 1992, p. 387), and Bessel Van der Kolk who used terminology such as developmental trauma (Van der Kolk, 2005, p. 2), complex trauma (Van der Kolk, 2001, p. 24), and disorder of extreme stress not otherwise specified (DESNOS) (Van der Kolk, 2001, p. 8). Van der Kolk (2005, p. 2) conceptualised complex trauma as the result of multiple and ongoing traumatic events, most often occurring interpersonally and during the early years of development.

Developmental trauma.

According to Van der Kolk (2005, p. 2), childhood trauma, including abuse and neglect is known as developmental trauma. During a child's early development, their essential purpose is maintaining the primary attachment to their parents (Herman, 1992, p. 74). To achieve this, the child needs to rely on various defences. Henceforth, when the primary caregiver is the abuser, these defences prohibit the abuse from entering the conscious awareness and memory of the child, which means that the abuse did not occur in the reality of the child. The child thus denies

occurrence of the trauma and suppresses these thoughts (Herman, 1992, p. 74). In the case of singular traumatic events, the parent-child with a healthy sense of attachment mitigates the damage caused.

The Adverse Childhood Experience (ACE) study by Kaiser Permanente and the Centers for Disease Control investigated adverse childhood experiences (Felitti et al., 1998). These adverse childhood experiences included childhood abuse, neglect, and family dysfunction experienced during the early years of developmental phase of life. The mentioned study confirmed the relationships between ACE and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexual transmitted diseases. Therefore, the trauma experienced during the early developmental phases serve as a platform to develop complex trauma manifestations later in life.

Van der Kolk (2005, p. 14) explained that when children are exposed to ACEs, they experience patterns of repeated emotional dysregulation, with altered attributions, and functional impairment, which constitutes Developmental Trauma Disorder. Burke (2013, p. 72) claimed that individuals experiencing these repeated traumas that alters interpersonal structures of the self, especially during the developmental phases, indicate a form of complex trauma, and if these persons endure further repeated trauma, it can lead to a diagnosis of CPTSD (Herman, 1992, p. 88).

Bloom (1999, p. 6) explained that children who experience trauma early in their lives, learn to numb their emotions. For example, a child who expresses anger when getting beaten in an environment where expressing anger is not tolerated learns to numb anger. In this way children from destructive situations learn how not to feel; they learn to dissociate their emotions from their conscious experience and their non-verbal expression of that emotion. By so doing, they may be safer than if they do not express their feelings (Bloom, 1999, p. 9).

That being said, it does not indicate an absence of sadness, the sadness and anger is still subconsciously present.

According to Burke (2013, p. 74) prerequisites for the development of complex trauma, as opposed to PTSD firstly include: i) bad object relations during childhood, referring to an unhealthy relationship the infant has with their primary caregiver, diminishing a person's ability to build relationships. Thus, the person will have an attachment model that prevents them from establishing a close relationship with another person. An attachment model refers to the type of emotional bond that connects one person to another (Bowlby, 1958).

Secondly, ii) long-term exposure to traumatic events, especially when it relates to trauma stemming from interpersonal relationships, particularly if the traumatic event lasts long and is repeated, leads to complex trauma (Burke, 2013, p. 74). The development of complex trauma usually starts in early years of the developmental phase. In conclusion, children who are dissociated from an early age and unable to express emotion can develop a form of tertiary dissociation, leaving their self-representational systems fragmented. If they encounter continuous trauma, it can possibly lead to aforementioned diagnoses of DTD (Van der Kolk, 2005, p. 14), consequently forming the foundation of CPTSD later in life (Herman, 1992, p. 88).

The Theory of CPTSD

Before the proposed diagnosis of CPTSD, the diagnosis of DESNOS was used to explain abuse that occurred interpersonally over a long period of time (Herman, 1992; Van der Kolk, 1994). Currently, the CPTSD diagnosis according to Herman (1992, p. 121; 2001, p. 81) includes a history of subjection to totalitarian control over a prolonged period, ranging from months to years. Examples of these situations include hostage situations, prisoners of war, survivors of concentration camps, and survivors of religious cults. Other examples include survivors of sexual abuse in domestic life, survivors of domestic battering, childhood physical or

sexual abuse, and organised sexual exploitation. The following symptoms need to be present for a diagnosis of CPTSD (Herman 1992, p. 121; Herman 2001, p. 81):

i) Alteration in affect regulation: persistent sadness, suicidal thoughts, self-injury explosive anger, or inhibited anger, and compulsive or extreme inhibited sexuality.

ii) Variations in consciousness: forgetting traumatic events, reliving traumatic events in the form of PTSD symptoms in the form of rumination, or having episodes of brief dissociation, depersonalisation or derealisation.

iii) Changes in self-perception: a sense of helplessness, shame, guilt, self-blame, sense of defilement or stigma, and a sense of being different to other people. This feeling of being different to other people may include a sense of specialness, complete aloneness, a belief that no other person could understand them, or a non-human identity.

iv) Varied changes in the perception of the perpetrator: attributing complete power to the perpetrator, or being pre-occupied with revenge, idealisation or paradoxical gratitude to perpetrator, a sense of supernatural relationship, an acceptance of belief system of perpetrator.

v) Alterations in relationships with others: isolation and withdrawal, disruption in intimate relationships, distrust, repeated search for a rescuer, repeated failures of self-protection.

vi) Loss of or change in a person's system of meanings: including loss of faith, or a sense of hopelessness or despair.

Herman (2001, p. 34) argued that when a person endures chronic abuse, the human system of self-defence becomes overwhelmed and disorganised. This results in symptoms of deep and lasting modifications in physiological arousal, memory, cognition, and emotion, possibly leading to CPTSD. The symptoms of CPTSD are often disguised as chronic pain, insomnia, anxiety, depression, or problematic relationships (Herman, 1992, p. 111).

However, not all traumatic events lead to CPTSD (Herman, 2001, p. 37). As mentioned singular traumatic events can to lead to a diagnosis of PTSD (Van der Kolk, 2000, p. 9). According to Finch (2017, para. 1), during the PTSD trials for DSM IV in 1997, researchers Roth, Newman, Pelcovitz, Van der Kolk, and Mandel discovered that 92% of persons who were diagnosed with CPTSD, met the criteria for PTSD. CPTSD is therefore not included in the DSM-5 and individuals cannot be formally diagnosed with this disorder. Nevertheless, CPTSD is expected to be a new diagnosis in the ICD 11th edition (Matheson, 2016, p. 329). Van der Kolk (2001, p. 9) and Herman (1992, p. 86) differentiate between PTSD and CPTSD.

Differences between PTSD and CPTSD.

A notable difference between PTSD and CPTSD is that exposure to complex trauma results in changes of personality such as deformation of the attachment model. Changes in the above-mentioned attachment model characterise CPTSD, and not PTSD (Koricanac, 2013, p. 28). CPTSD influences a person's ability to form a connection with others, impairs affect regulation, includes somatisation, and a loss of sustaining beliefs. These consequences rather relate to CPTSD than PTSD (Van der Kolk, 2001, p. 9).

Furthermore, chronic interpersonal trauma is not captured in the PTSD diagnosis (Van der Kolk, 2005, p. 5). Victims of interpersonal trauma present with a more complex picture, as the nature of the traumatic experience is profoundly different to single event traumas (Van der Kolk, 2005, p. 3). Interpersonal trauma, for example rape or intrafamilial abuse and neglect can have long-lasting impact on subsequent development and psychological functioning (Herman,

1992, p. 171). Therefore, CPTSD as an alternative, more completely accounts for the experience of a person's suffering from a wider range of chronic symptom clusters that are considered more complicated than those in PTSD (Burke, 2013, p. 72).

CPTSD includes not only the symptoms of PTSD but also disturbances in self-organisation reflected in emotion regulation, self-concept, and relational difficulties (Cloitre, Garvert, Weiss, Carlson, & Bryant, 2014, p. 2). Unmodulated aggression, impulse control, and attentional and dissociative symptoms are amongst the symptoms not accounted for in PTSD (Van der Kolk et al., 2005, p. 390).

Van der Kolk (2000, p. 10) argued that even though it is possible to diagnose victims who have endured multiple traumatic events with PTSD, this diagnosis only covers certain symptoms experienced by these victims. Survivors of prolonged repeated trauma, present with a more complex depiction. They develop personality changes, including distortion of relatedness and identity (Herman, 1992, p. 86).

Herman (1992, p. 91) further argued that a CPTSD diagnosis will make it possible to account for the neurosis of PTSD, the disturbance in identity and relationship in borderline personality disorder (BPD), and the distortion of consciousness in multiple personality disorder (MPD) (currently known in DSM-5 as dissociative identity disorder). CPTSD can be considered as an overarching interconnection between the three disorders. In the following sections, trauma manifestations related to CPTSD are discussed. The first trauma manifestation to be discussed is dissociation.

Manifestations of CPTSD

Herman (1992, p. 121; 2001, p. 81) noted that there are several manifestations of CPTSD. These include a) dissociation; b) alterations of memory and trauma re-enactment; c) flashbacks; and d) learned helplessness, Stockholm syndrome, and traumatic bonding which are all discussed next.

Dissociation.

When neither escape nor fighting back is possible during a traumatic event, an inherent safety mechanism causes the body and mind to "shut down". This process of "shutting down" is also known as dissociation and according to Koricanac (2013, p. 25) enables the body and mind to survive. When the brain is "attacked" in this way, the hippocampus shrinks, which causes numbing and shutting down normal emotional responses (Van der Kolk, 2000, p. 17). This dissociative response is functional in protecting a person against experienced trauma (Burke, 2013, p. 75). It allows that person to disconnect from their emotions in extreme cases of repetitive and almost unbearable trauma (Perry, Pollard, Blakely, Baker, & Vigilante, 1995, p. 275).

Herman (1992, p. 172) described the findings of a study conducted by the APA in which they found that dissociative symptoms were linked with somatic symptoms, for which no physical explanation was plausible. This study indicated that victims relive these traumatic memories through their bodies (Van der Kolk, 1994, p. 253), which they could not describe verbally (Herman, 1992, p. 172), and therefore engaged in destructive behaviour on themselves. Herman (1992, p. 172) postulated that sensory and emotional trauma are disconnected from language and memory. Accordingly, dissociation is an internal mechanism that may result in an inability to talk about the trauma.

McNally, Clancy, Barrett, and Parker (2005, p. 817) theorised that the first stage, primary dissociation, is related to repressed memory and traumatic amnesia. They explain that the more dreadful and prolonged the trauma, the more the subject tends to dissociate and therefore have no conscious memory of the traumatic event.

Numbing as a secondary form of dissociation happens at a conscious level and involves people disconnecting from thoughts and feelings that they experienced during their traumatic event, consequently remembering only fragments of the traumatic event. Observing people who

are numbing their emotions, might lead to assumptions that they have processed their trauma, when they are numbing their emotions. They are dissociated from their emotions and their capacity for normal affect regulation may be consequently diminished (Steele, Van der Hart, & Nijenhuis, 2005, p. 3).

Signs of a tertiary form of dissociation like dissociative identity disorder (DID), frequently indicate earlier trauma especially if the trauma is not remembered by the person. The person "splits" off part of the self from the experience, producing multiple personalities with exclusive identities. This leaves the person with more than one dissociated identity or personality state (Schmidt, 2007, p. 2).

As the process of dissociation unfolds certain alterations in identity occur. A person's sense of self, their world views, relating to other people, and their purpose in life can become significantly narrow in scope. Consequently, this can cause low self-esteem, thoughts of not fitting in, and inability to relate to people. Alterations in these views, as they occur, are likely to lead to depression and feelings of anger (Herman, 2001, p. 81; Herman, 1992, p. 121). It is not surprising then, that slow self-destruction through addictions, or fast self-destruction through suicide, is often the outcome of these depressive symptoms (Center for Substance Abuse Treatment, 2009, p. 47).

Further consequences of dissociation include disruption in the usually integrated functions of consciousness, identity, or perception of the environment. It leads to numbed feelings, an inability to sleep, hyper-activeness, and chronic inability to regulate emotions (Korzinski, 2013, p. 61). Furthermore, dissociation can also impact on their memory systems, which is discussed next.

Alterations of memory and trauma re-enactment.

According to Herman's (2001, p. 81; 1992, p. 121) conceptualisation of CPTSD, variations of consciousness, including alterations of memory and trauma re-enactment, occur.

According to Korzinski (2013, p. 57) inhibited memory recall is one of the consequences of complex trauma. During a traumatic event, the experience can be so unbearable that the person cannot encounter the memory directly. They either actively forget the traumatic memory or the memory is subject to a process of delayed response. This causes a disturbance in laying down memory and results in recall of fragmented parts of the traumatic experience (Koricanac, 2013, p. 25).

The way of remembering, processing new memories, and accessing old memories is also dramatically changed when a person experiences something traumatic. There is a growing body of evidence indicating that there are two different memory systems in the brain, one for normal learning and remembering that is verbal and another that is mainly non-verbal (Van der Kolk & Fisler, 1995, p. 8). When a person is overwhelmed with fear he or she loses the capacity for speech, and therefore the ability to connect words to their experience. They consequently access the non-verbal memory system. Without words, the mind shifts to a sensorium mode that is characterised by visual, auditory, olfactory, and kinaesthetic images, physical sensations, and strong feelings related to the traumatic events (Bloom & Farragher, 2010, p. 104). These powerful images, feelings, and sensations do not just disappear. They are deeply imprinted, more strongly in fact, than normal everyday memories. Hence, traumatised people might experience emotions without clear memories of the traumatic event or remember the event without any affect expression (Herman, 1992, p. 2).

Memories of past traumatic events are sometimes re-enacted by the victim. According to Freud, we are destined to re-enact what we cannot remember. He referred to it as the repetition compulsion and explained that a person reproduces the event not as a memory but as an action, thus the person unknowingly repeats it (Bloom, 2010, p. 1). The person repeating the event cannot escape from this compulsion to repeat and this is an indication of how survivors of trauma remember (van der Kolk & Ducey, 1989, p. 271). This may manifest as staying in

abusive relationships. Herman (1992, p. 30) conceptualised re-enactment as an attempt to integrate the trauma; a way to undo the trauma (Herman 1992, p. 28). When the memory of a traumatic event is suddenly and unexpectedly revisited, this is known as a flashback (Rong, 2011, p. 3). Flashbacks as trauma manifestations of CPTSD is discussed next.

Flashbacks.

A flashback is a sudden, fragmented re-experiencing of a traumatic, non-verbalised memory, and can be fleeting or lasting up to a few minutes. When triggered, people become overwhelmed with the same emotions that they felt at the time of the trauma. Flashbacks are likely to occur when people are upset, stressed, frightened, aroused, or when triggered by any association of the event (Brewin, 2015, pp. 1-2).

Bourne, Mackay, and Holmes (2013, p. 1521) cautioned against considering flashbacks as merely recalling a memory. During a flashback, the person relives fragments of the traumatising event. Considering flashbacks as memories is misleading, because when someone experiences a flashback they are not remembering the event, they are reliving it (Brewin, 2015, p. 2). During a flashback, a person may become numb to all emotions, feel depressed, alienated, and empty. In this state it takes greater stimulation to feel a sense of "being alive" and victims will often engage in all kinds of risk taking behaviours. Examples of risk taking behaviours include unprotected sexual activities, dangerous driving, and fighting (Bloom, 1999, p. 7).

According to Bloom (1999, p. 7) if a person is unable to remember an experience they cannot learn from it. This is one of the most alarming aspects of prolonged post-traumatic stress. The functioning of the brain, life-saving under immediate conditions of danger, is compromised when the internal fragmentation that is the normal response to overwhelming trauma, is not preserved. Thus, the flashback protects the person from re-experiencing the entire event, but if not later integrated into the memory system it might have detrimental consequences. However, flashbacks can also be an access route to memory, enabling a person to remember things of the

past that was outside conscious memory (Herman, 1992, p. 132), providing an opportunity to reintegrate traumatic memories from the past.

Evading these flashbacks as a defence mechanism is characterised by attempts to avoid places that remind a person of the violence, numbing themselves to feelings, inability to sleep, hyper-activeness and chronic bad temper. Jones (2009) described it as "the mind is trapped in enslavement and feelings of fear and pain are the traumatised person's companions" (p. 341). When the mind is trapped in constant feelings of fear and pain, a person might lose their sense of control and autonomy, which renders them helpless. Examples of how helplessness manifests in victims of trauma, along with other trauma manifestations that affect autonomy are discussed next.

Learned helplessness, Stockholm syndrome, and traumatic bonding.

If a person is subjected to enough experiences teaching them that nothing they do will affect the outcome, they give up trying to change their circumstances (Hopper, 2004, p. 130). This sense of helplessness is intolerable for humans, as it contradicts instinct for survival (Bloom, 1999, p. 3).

Victims of abuse often suffer from Stockholm syndrome (Burke, 2013, p. 70). When the perception of control is relinquished, and they see no way out of the abusive situation due to the perpetrator's constant threats, it often leads to victims identifying with the perpetrator, and becoming over-dependent on them. The occasional acts of kindness from the perpetrator disrupts the victim's sense of control, and when this interpersonal schema of the victim is disrupted, it consequently leads to dependency on the perpetrator (Dandurand, 2014, p. 11).

The victim learns that every action is observed by the abuser, and most actions are punished (Herman, 1992, p. 66). The repeated experience of torture and pardon of the victim may lead to traumatic bonding to the abuser. This causes the victim to feel an intense, "worshipful" dependence, attributing an omnipotent godlike authority to the abuser. Therefore,

they find themselves part of a delusional world, embracing their belief system, suppressing their own doubts to prove their loyalty to the abuser (Herman, 1992, p. 67).

Perpetrator-victim relationships are exemplified by the perpetrator's control, isolation, intimidation, and violence they use towards victims. It often occurs in domestic violence (Verhoefen, van Gestel, de Jong, & Kleemans, 2013, p. 15). Conditions of domestic violence can possibly result in complex trauma, as it is ongoing repeated exposure to abuse (Herman, 1992, p. 98). Characteristics of these relationships are fear, love, attachment, and dependency, of which fear causes the relationship to persist (Verhoefen et al., 2013, p. 17).

Given the above-mentioned context of ambivalent feelings the victims feel towards the perpetrators, the helplessness, lack of control and ongoing repeated trauma, the victim begins to distrust others, and their interpersonal relationships are affected (Alho, 2015, p. 87).

Coping with Trauma Manifestations of CPTSD

Forms of coping include self-mutilation, including self-harm, scratching, risk taking behaviour, compulsive sexual activity, and involvement in violent activities such as, starving, bingeing, or purging. Some survivors of trauma inflict harm on their bodies which releases endorphins that provide temporary comfort (Briere & Gil, 1998, p. 610). Herman (1992, p. 79) mentioned that self-mutilation as a coping behaviour can also be due to being ashamed and feeling guilt.

Research (Institution of social sciences, 2005, p. 10) illustrated that normalisation is a common coping mechanism amongst victims of sexual exploitation. Survival means that they have to regard their new coercive environment as a normal (Djuranovic, 2009, p. 27). Other victims run away, hide, stand still in one place, crouch, roll up into a ball, or keep their faces expressionless (Herman, 1992, p. 72)

In conclusion, traumatised people look at the world in a totally different way to other people (van der Kolk, 2014, p. 17). The imprints of traumatic experiences are not organised in

logical, coherent narratives but as fragmented sensory and emotional traces. This means that traumatised people have a unique way of interacting with others, mentalising and forming ideas of self-perception. They might have a different perception of themselves, not be able to conceptualise their own and others' emotions and doubt their own purpose in life. It is, however, possible for victims to recover from complex trauma. Recovery of victims is discussed in the final section.

Recovery After Complex Trauma

According to Herman (1992, p. 110) recovery takes place during the three stages. Firstly, the victims need to feel safe, and the space wherein victim recovers needs to be one that make them feel they can trust. Secondly, through counselling and psychotherapy the victim needs to be drawn out of dissociation, so that they can remember and mourn their experience. The third and final stage is rehabilitation, restoration, and reintegration to reconnect with ordinary life.

Summary

This chapter commenced with a broad introduction to trauma and was followed by a detailed discussion, and the diagnostic criteria of PTSD (American Psychological Association, 2013). Certain symptoms of persons who endure chronic trauma are not covered by the PTSD diagnosis, therefore complex trauma was considered as a more holistic approach to evaluate these trauma manifestations.

Developmental trauma was introduced as a precursor for CPTSD, thereafter CPTSD was highlighted in terms of Judith Herman's CPTSD theory (Herman, 2001, p. 81). Differences between PTSD and CPTSD were highlighted and followed by discussions on trauma manifestations linked to complex trauma. These included, dissociation, alterations of memory, trauma re-enactment, flashbacks, learned helplessness, Stockholm syndrome, and traumatic bonding. Finally, the coping styles of victims of complex trauma were discussed, followed by a

brief description of what recovery conditions need to adhere to for the optimal recovery of the above-mentioned victims.

Chapter Four

Research Methodology

The current study utilised a qualitative approach and used interpretivism as a paradigm to conceptualise the methodology, findings, and analysis of this study. Therefore, the chapter commences with a description of the interpretivism paradigm and qualitative approach followed in this study, and why these approaches are suited for this study. Hereafter the research design and methodology in the current study are considered and are followed by a discussion on trustworthiness as it applies to the current study. According to Denzin (1978, p. 239), trustworthiness eliminates bias and increases the researcher's truthfulness, therefore techniques used in the current study to attain trustworthiness are explained. Reflexivity is discussed, and lastly ethical considerations are debated to explain how the best interest, protection, and confidential aspects of participants were maintained.

Paradigm and Approach Followed in the Current Study

According to Grix (2002, p. 179), all research is guided by a person's view of the world, also known as a paradigm. The current study was guided by the interpretivism paradigm and qualitative approach. Epistemology is defined by what can be viewed as knowledge, and how these claims are justified (Creswell, 2012, p. 19). According to interpretivism knowledge is created from the subjective experiences of individuals. Similarly, the qualitative approach to knowledge construction is that rich descriptions of phenomena, rather than quantitative data, creates knowledge that is rich and in-depth.

According to Grix (2002), ontology is defined as "what is out there to know about" (p. 175), or what can be known about reality. According to the interpretive paradigm more than one truth exists, and therein exists an internal reality of the subjective experience (Terre Blanche & Durrheim, 2006, p. 6). Similarly, ontological beliefs of the qualitative researcher is

that they do not try to unearth single truths from their participants, nor do they try to obtain outside verification of their analysis (Ponterotto, 2005, p. 130). A qualitative approach assumes that there is more than one correct version of reality (Braun & Clarke, 2013, p. 6).

Creswell (2012, p. 19) stated that axiology refers to the role of values in research. In contrast to positivists, who believe that there is no place for values in the research process, interpretivists believe that the researcher cannot be separated from their value system, thereby influencing the research process. Qualitative research uses descriptive language to describe the in-depth researcher-participant relationship and embraces the interdependence of a researcher-participant relationship (Ponterotto, 2005, p. 131). Such a belief relies on the subjective relationship between the researcher and the participant (Terre Blanche & Durrheim, 2006, p. 7).

An interpretivist paradigm is congruent with a qualitative approach and is suitable to answer questions about trauma manifestations of human trafficking survivors. In the current study, the interpretivism paradigm and qualitative approach informed the research design and methodology, which is discussed next.

Research Design and Methodology

According to Polit and Beck (2004, p. 49), a research design addresses the planning of a scientific study and how it is conducted. In the current study, the research design refers to methodology – containing methods suitable to answer questions about trauma manifestations of human trafficking survivors.

The current study used a qualitative research design. This research design allowed the researcher to use methods related to exploring, interpreting, developing, and creating ideas (Johnson & Christensen, 2008, p. 34) concerning trauma manifestations amongst survivors of human trafficking, The method of in-depth interviewing of health care service providers,

assisted the researcher in exploring the trauma manifestations of survivors of human trafficking, and achieving depth and breadth of understanding (Palinkas et al., 2013, p. 533).

Qualitative research uses a naturalistic approach that aims to understand a phenomenon in context-specific settings where the researcher does not attempt to manipulate the phenomenon of interest (Patton, 2002, p. 39): in this study – trauma manifestations of human trafficking survivors. Unlike quantitative research which seeks causal determination, prediction, and generalisation of findings, "qualitative research designs perceive illumination, understanding and interpretation of findings as valuable concepts" (Hoepfl, 1997, p. 13).

Trauma manifestations in human trafficking survivors is a complex phenomenon (Jones, 2009, p. 319). Quantitative methods might not be ideal when trying to describe the complexity of these trauma manifestations as they rely on comparing data and making generalisations (Polit & Beck, 2010, p. 1451). By using a qualitative research design as an exploratory method, the researcher obtained rich information on the trauma manifestations of trafficking survivors. Lastly, the attempt to gather the above-mentioned rich information was obtained by employing methods that are in line with the interpretivist paradigm and qualitative approach, which are discussed in the following sections. The method of sampling and selection of these participants is discussed first.

Selection and sampling of research participants.

Sampling and selection are principles and procedures used to identify, choose, and gain access to the relevant data sources from which the data is generated by using chosen methods (Mason, 2002, p. 120). Through tapping into appropriate data sources, the sample should provide useful contexts, illustrations, or scenarios. Therefore, what is useful and meaningful needs to be seen in the context of how well it allows the researcher to generate relevant data (Mason, 2002, p. 121). In qualitative research, sampling strategies are focused on specific

individuals who are experienced in a certain fields and situations that are designed for in-depth perspectives (Patton, 2002, p. 46; Palinkas et al., 2013, p. 534).

This study employed purposive and snowball sampling. Purposive sampling refers to selecting groups or categories to study on the basis of their relevance to the research question (Mason, 2002, p. 124). Through purposive sampling, a diverse range of perspectives could be sampled on the trauma manifestations of TIP survivors. Snowball sampling refers to gradually accumulating samples through contacts and referencing (Durrheim, & Painter, 2006, p. 139). Snowball sampling enabled the researcher to obtain sources with similar characteristics to those identified via purposive sampling.

In the current study, Annabella and Nadia were identified and found through purposive sampling. These participants referred the researcher to their contacts namely Ryno, Tessa, and Janice – an example of snowball sampling. These sampling methods allow for the selection of information rich sources (Palinkas et al., 2013, p. 533). Potential participants had to meet the following inclusion criteria:

- Individuals who have interacted directly with victims and survivors of TIP
- Psychosocial health service providers, for example, social workers, lay-counsellors, safe house administrators
- Staff of DSD accredited shelters
- Staff of NGOs
- Staff of CSOs that either manage these shelters, or operate rehabilitative programmes for human trafficking survivors at non-accredited shelters
- Potential participants were able to express themselves fluently in either Afrikaans or English

Below, *Table* 1 provides a summary of characteristics and sampling methods employed in the current study.

Table 2.

Summary of participant characteristics and sampling methods used in current study

Pseudonym	Approximate Age	Gender	Years of experience in trafficking aftercare	Service provided to TIP	Sampling method
Ryno	Late twenties	M	Six	Assisting in removal process	Snowball
Annabella	Early forties	F	Eight	Counselling	Purposive
Nadia	Mid-fifties	F	Ten	Counselling	Purposive
Janice	Early thirties	F	Three	Counselling	Snowball
Tessa	Mid-thirties	F	Five	Counselling	Snowball

Human trafficking survivors were excluded from the sample for two reasons. Firstly, this population is difficult to access due to the hidden nature of the crime, and secondly, to protect potentially vulnerable individuals from being re-traumatised by speaking about their trauma manifestations or the trauma manifestations of other trafficked individuals.

According to Mason (2010, p. 1), qualitative sample sizes are typically smaller than sample sizes in quantitative studies. Sample sizes in qualitative research need to be large enough to encapsulate most of the perceptions of participants, and small enough to avoid repetitive findings. After five participants were interviewed, a data saturation point was reached and the interview process was terminated (Mason, 2010, p. 2).

Data collection procedure.

Once ethical approval was obtained from the Humanities Research Ethics Committee, an information letter (See Appendix 1) was sent to Mrs Dianne Wilkinson, coordinator of the National Freedom Network (NFN), who acted as a gatekeeper. A gatekeeper is a person who

controls the processes between the data collector and the potential participant. The NFN is an NPO that partners with other organisations and individuals, both nationally and internationally, who work together to combat human trafficking and provide post-trafficking services to human trafficking survivors (National Freedom Network, 2018.). Furthermore, the NFN is a hub for resources and information sharing to their counter human trafficking partners.

Mrs Wilkinson distributed the information letter via email to NFN partners who are located in South Africa and who meet the inclusion criteria, asking them to contact the researcher via email or phone if they were willing to participate in the study (D. Wilkinson, personal communication, March 2017). The researcher's research supervisor, Dr Van der Westhuizen, who is an active member in the counter TIP field also contacted people in the field who fit the inclusion criteria, and who could provide data-rich information. These people were given the researcher's telephone number to contact if they were willing to participate in the study. These participants contacted the researcher to schedule appointments. The researcher obtained informed consent prior to the data collection interviews (See Appendix 2).

Once appointments were scheduled, the researcher met with the service providers to conduct the data collection interview at a place of their choice. Each location was quiet to facilitate an uninterrupted interview. Interviews that were arranged in locations outside of Gauteng were done via an online internet communication software program named Skype (Skype version 1.107.13, 2017). Even though online interviewing is commonly regarded as part of the new method of data collection (Deakin & Wakefield, 2013, p. 605), co-present, face-to-face interviewing is generally still regarded as the "gold standard" (p. 422) of qualitative research as it produces thicker information (Rettie, 2009). Due to financial and time constraints the researcher after consultation with his research supervisor, who resides in Gauteng, decided to use Skype (Skype version 1.107.13, 2017) as an alternative measure to communicate.

Even though online interviews may provide pitfalls such as poor online connections leading to dropped calls and pauses which hinder the interview process (Seitz, 2015, p.), there are potential reasons for Skype to be a valid means of interviewing. For example, Weller (2015, p. 7) explained that less pressure is felt because the recording equipment of the researcher is not visible which leads to a more relaxed environment.

In the current study, a strong secure internet connection made it possible to have mostly uninterrupted communication during the Skype interviews held with participants. Two Skype interviews were conducted, the first with Nadia, a participant living in a coastal town in South Africa, and the second with Janice also from a coastal town in South Africa. During instances where communication was lost, interruptions in the flow of the interview were negated by backtracking on questions when the communication line was re-established; re-establishing rapport and ensuring information was not lost. DVD Videosoft's video call recorder for Skype (Free Video Call Recorder for Skype version 1.2.69.1027, 2017) was used to audio record the interview.

Data collection was conducted through a semi-structured interview guide (See Appendix 3). This type of interview allowed the participants to express their views in their own terms, while simultaneously enabling the researcher to gain depth of understanding (Cohen & Crabtree, 2006). The researcher provided the participants with a number of open-ended questions and probes focused on how trauma manifests in survivors of human trafficking. Questions in this study were informed by the aims of the study, the research question, the literature review, the research supervisor who is an expert in the TIP field, and the chosen theoretical approach, as per Judith Herman's CPTSD theory (Herman, 2001).

After the interview was audio recorded, it was transcribed verbatim by Outrospection Research Consultancy (Pty) Ltd. to optimise time. Reasons for outsourcing the transcription

are discussed in the last section of this chapter. The transcribed information referred to as the dataset was used by the researcher for analysis and will be discussed next.

Data analysis.

Data analysis in the proposed study was conducted according to Braun and Clarke's inductive thematic analysis method (Braun & Clarke, 2006, p. 10). Inductive analysis is a process of coding the data without trying to fit it into pre-existing coding frames. Braun and Clarke (2006, p. 11) described thematic analysis as a method used to identify, analyse, and describe patterns, called themes, found in the data.

In the current study two types of themes were developed. Firstly, themes that developed from individual participants were named ideographic themes. Secondly, themes that were developed across the entire dataset were named main themes. Sub themes were used during the development of the main themes, and assisted in illustrating sub divisions of relevant data. Development of themes involved hermeneutical circularity, where the researcher constantly moved back and forth between concepts, continuously analysing data in a non-linear approach (Durrheim, & Painter, 2006, p. 560). In certain instances, ideographic themes contributed to main themes, and in other instances main themes influenced ideographic themes.

The process of how main themes and ideographic themes were developed will be discussed systematically in the following section according to Braun and Clarke's six step thematic analysis (Braun & Clarke, 2006, p. 15).

Braun and Clarke (2006, p. 15) listed the following six steps to conduct a thematic analysis:

1. The researcher familiarised himself with the data

This step involved the researcher immersing himself in the data, which involved repeated reading of the data. The researcher needed to actively search for meanings and patterns to conceptualise the breadth and depth of the content (Braun & Clarke, 2006, p. 16). This step

involved transcription of the data. In this study, the transcription was not performed by the researcher due to time constraints. The researcher made use of transcription services, which allowed the researcher to have the time to actively the check transcriptions against the original audio recordings for accuracy. During this step the researcher became aware of possible codes both in individual transcripts and in others across the entire dataset. This step was a rigorous and thorough orthographic process where a verbatim account of all the verbal and non-verbal utterances were noted down such as:

> Researcher: Have you ever encountered any strange behaviour amongst survivors of trafficking?
>
> Annabella: (Deep sigh) Very strange is that you take them to a safe house that you would feel is safe, but they would feel that they are being contained (para. 57).

An interpretation of the "deep sigh" was that the participant was possibly reminded of an actual case that she was dealing with. This non-verbal utterance is an example of communication.

2. Initial codes were generated

According to Boyatzis (1998, p. 63), this step involves identifying the most basic segment or element of the raw data or information that can be assessed in a meaningful way regarding the phenomenon, which in the current study refers to trauma manifestations of trafficking survivors. During the coding process each meaningful segment was indicated by using a specific colour. The example below (Figure 1), shows that some segments were coded three times in different colours (purple, orange, and yellow) as they were relevant to more than one trauma manifestation.

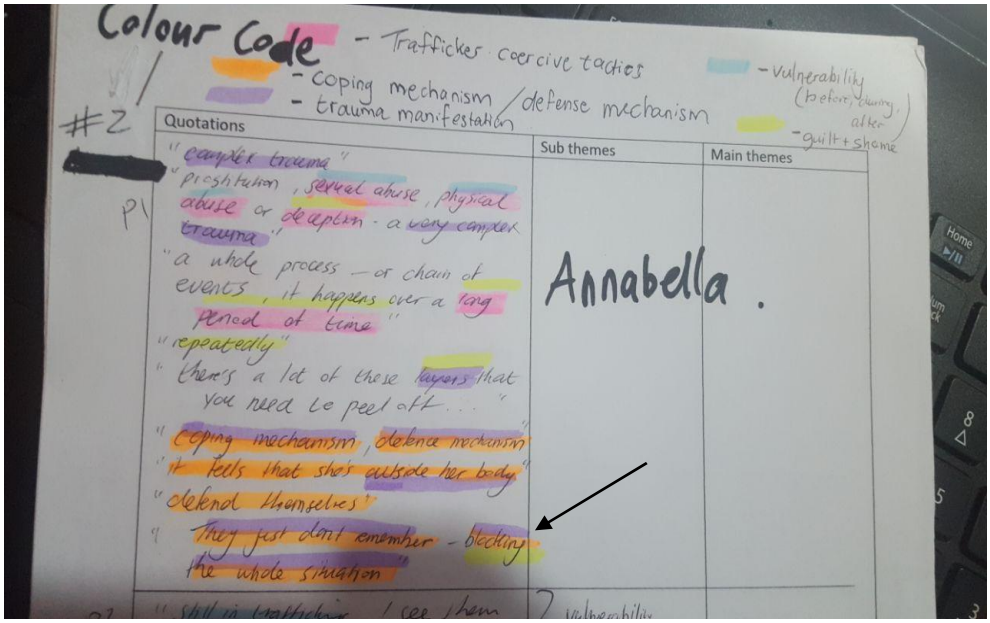


Figure 1. A picture of the transcribed interview of one participant, Annabella, to illustrate the use of multiple colours to mark meaningful segments.

3. Thereafter different codes were sorted into potential themes

In this step the researcher started to analyse the codes, and considered how different codes may combine to form overlapping themes. Visual representations like tables, mind maps, and writing down the names of the different codes were used to sort different codes into themes. During this step the relationship between the codes, themes, and sub themes was studied (Braun & Clarke, 2006, p. 20). Codes that did not seemed to belong anywhere were coded as "miscellaneous". Nothing was abandoned during this stage because some codes and themes were later combined, refined, separated or discarded.

Even though the coding process of ideographic themes and main themes overlapped, each individual participant's extracts were coded separately until an ideographic theme developed. During the coding process of the main themes, the researcher considered ideographic codes that overlapped to collectively form a main theme, for example, trafficker

tactics. In the example below, trafficker tactics are coded in three different participants namely: Tessa, Annabella, and Janice.

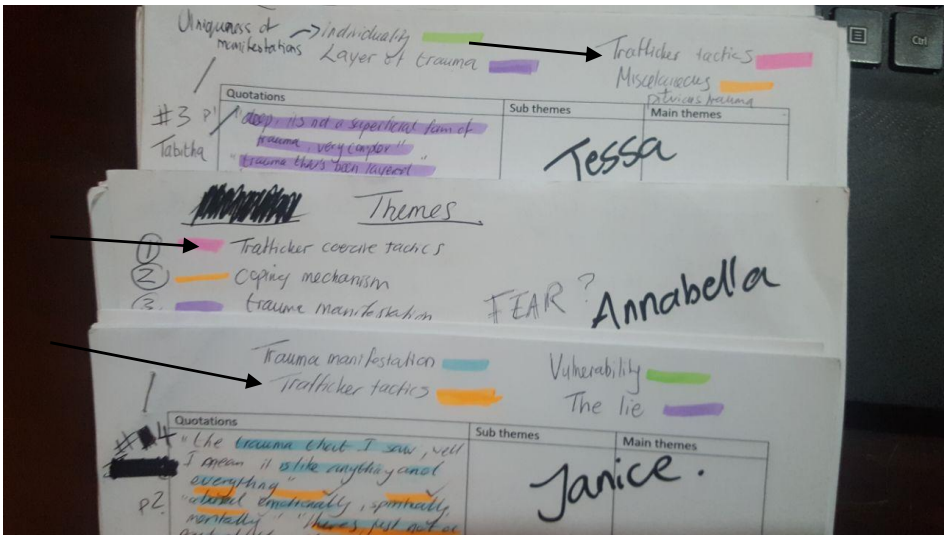


Figure 2. A picture of three participants' transcripts, Tessa, Annabella, and Janice. This picture illustrates the participant's contribution to developing main themes.

Constantly moving between ideographic themes and main themes, the researcher later decided to discard trafficker tactics as a main theme as it was predominantly an ideographic theme. Furthermore, the theme "trafficker tactics" was changed to "It takes a slave to catch a slave" as it was a more accurate reflection of the theme's content. Braun and Clarke (2006, p. 19) indicate that it is useful to code as many potential themes as possible because the researcher never knows what might be interesting later.

In the current study, the researcher coded for latent and semantic themes across the dataset. Semantic themes are descriptive in nature, whereas latent themes go beyond the explicit content of the data, invoking the researcher's conceptual and theoretical frameworks (Braun & Clarke, 2013). The notion of the latent themes directed the researcher to look deeper into the dataset and move beyond the mere words of the dataset to determine the meaning behind the spoken words. In the example below, an ideographic theme "coping mechanisms" in Ryno's transcript (coded yellow), "coping mechanism" in Annabella's transcript (coded

orange), and "the lie" in Janice's transcript (coded purple) were interpreted as a form of dissociation to form a main theme called "The great escape".

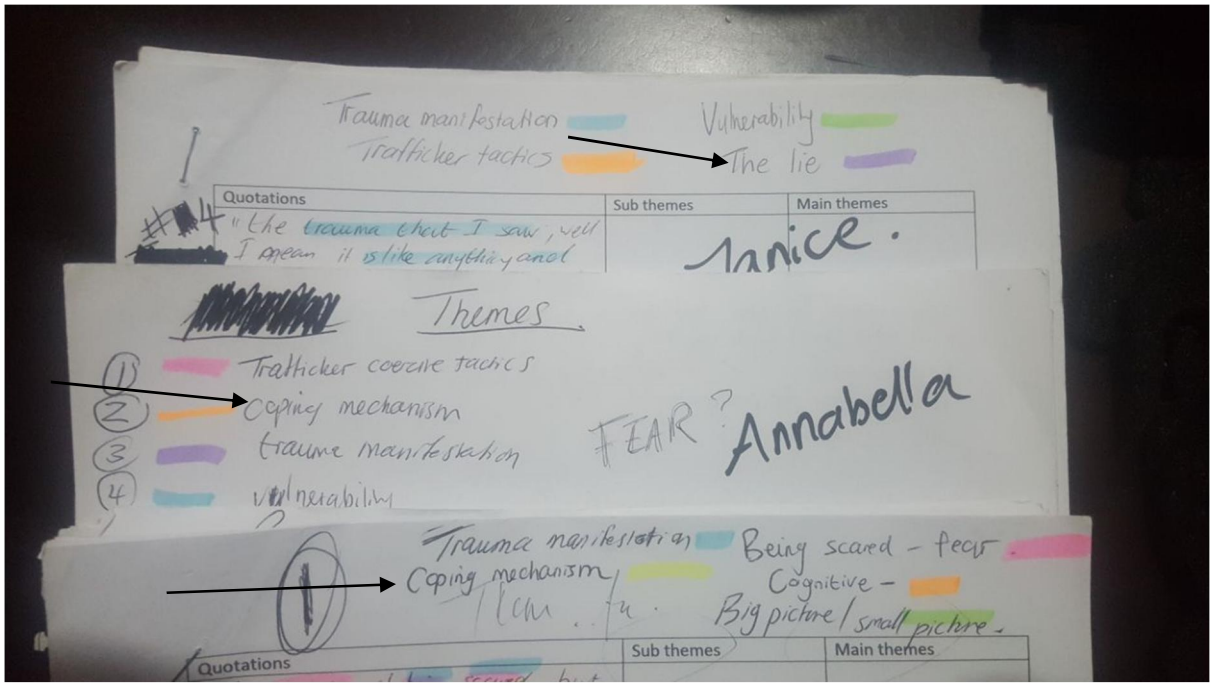


Figure 3. A picture of three ideographic themes "The lie", "Coping mechanisms", and "Coping mechanisms" contributing to the development of the main theme later named "The great escape"

4. The researcher reviewed the themes

This phase involved two levels of reviewing and refining themes. Firstly, coding at the level of coded data extracts (Braun & Clarke, 2006, p. 20). This first phase entailed reading all the collated extracts for each theme and considering whether they appeared to form a coherent pattern within the individual's transcript to form an ideographic theme. If the candidate themes did not fit, the researcher considered whether the theme itself was problematic or whether some of the data extracts within it simply did not fit there, in which case the theme was reworked

(Braun & Clarke, 2006, p. 20). Then, the researcher sorted those extracts that did not work into an already existing theme, otherwise it was discarded from the analysis.

Secondly, the phase of reviewing and refining themes involved a similar method of coding but across the entire data set to constitute main themes. A thematic map, which is a schematic illustration of the overall conceptualisation of the data patterns, was used to accurately reflect the meanings evident in the data set as a whole. It is presented in the findings and discussion chapter (p. 73). The thematic map illustrates main themes (red circles), ideographic themes (green rectangles), sub themes (purple rectangles), and linking concepts (cloud shapes). The cloud shapes illustrate overlapping themes, and represent linking concepts between themes. Furthermore, red lines indicate main themes, the green lines indicate ideographic themes, the purple lines indicate the sub themes, and the blue lines indicate connections between themes.

Lastly, data within themes "fitted" together coherently, whereas identifiable distinctions between themes were made clear. Some candidate themes which were not really themes collapsed into each other. When the refinement was not adding anything substantial, the researcher stopped the data analysis. At the end of this phase the themes that were present both in ideographic themes and in main themes became evident to the researcher.

5. Themes were defined and named to identify the essence of each theme

This step began when the researcher had a satisfactory thematic map of the data. Defining and refining involved identifying the "essence" of each theme, and the overarching themes; determining what aspect of the data each theme captured. During this stage it was vital that the researcher did not just paraphrase the content of the data extracts presented but identified what was significant about them and why (Braun & Clarke, 2006, p. 22).

For each individual theme, the researcher conducted and wrote an analysis and identified the "story" that each theme told (Braun & Clarke, 2006, p. 22). Sub themes were

identified during this step to organise themes and to make sure there was no overlapping between themes. The researcher attempted to describe the scope of each theme, and related the themes to the research question. In cases where this was challenging, further refinement of that theme was done.

6. A findings and discussion chapter was compiled telling the complicated story in a way which convinces the reader of the merit and validity of the analysis

The goal of thematic analysis is to relay the narrative of the data in a convincing way to substantiate the validity of the analysis (Braun & Clarke, 2006, p. 23). The researcher attempted to provide an analysis that was concise, coherent, logical, non-repetitive, and interesting across the dataset. Vivid examples illustrated in the findings chapter were chosen which captured the essence of the point that was co-constructed by the participants and researcher – making an argument in relation to the research question. An attempt was made to reveal the rich themes in both the ideographic and the main themes, and illustrated trustworthiness through transparency by rigorously adopting these aforementioned analytical principles. Trustworthiness is discussed next.

Trustworthiness

Reliability and validity as used in quantitative research is conceptualised as trustworthiness in qualitative research. The aim of establishing trustworthiness is to highlight the researcher's truthfulness of a proposition about a certain social phenomenon (Denzin, 1978). Trustworthiness, according to Shenton (2004, p. 64), consists of four elements namely, (a) credibility, (b) transferability, (c) dependability, and (d) confirmability.

Credibility.

The credibility of a study refers to how congruent the findings of the study are with participant's original data (Shenton, 2004, p. 64). The current study used concepts such as thick descriptions, multivocality, and member reflections to attain credibility (Tracy, 2010, p. 843).

Thick descriptions of participants' accounts were obtained via in-depth interviews. Multivocality was attempted by providing more than one voice to the reader, therefore it was not the researcher telling the reader what to think, but rather "showing" what methods were used (Tracy, 2010, p. 844). Member reflections enabled the researcher to validate whether findings were accurate according to what the participant meant by sending a copy of an individual theme to the participant and seeing if they agreed on the theme that was extracted.

In the current study, the researcher sent a copy of the written theme named "It takes a slave to catch a slave" that was discovered in Annabella's dataset to her via email six months after she completed the interview with the researcher. The researcher also sent her the transcript of her interview for her to assess the accuracy of the transcription. Annabella then agreed to evaluate the theme "It takes a slave to catch a slave" and consider the accuracy of how her data was interpreted within its context. Annabella e-mailed her response back one week later with the only comment "Hi James, everything is 100%". Further attempts to achieve credibility meant evaluating the accuracy of transcripts, and adhering to the concept of reflexivity, which is discussed later in this chapter.

According to Shenton (2004, p. 69), describing the phenomenon at hand in detail can be helpful in ensuring credibility, as it assists in creating a clear picture of what the participants aim to communicate. In the current study, the researcher attempted to describe the accounts of participants in rich detail without losing any of the context or deeper meaning illustrated by them. In the proposed study, credibility was ensured by using "thick", content-rich descriptions to present participant perspectives (Shenton, 2004, p. 64). Transferability of findings, is the second element to achieve trustworthiness and is discussed next.

Transferability of findings.

This is the degree to which research findings can be applicable in other contexts. Demonstrating that the results of the work at hand can be applied to a wider population is

indicative of a transferable study. Since the findings of a qualitative project are specific to a small number of particular environments and individuals, it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations (Shenton, 2004, p. 64).

A contrasting view is offered by Stake (1995, p. 236) who suggested that, although each case may be quite unique, it is also an example within a broader group and as a result the prospect of transferability should not be discarded immediately. Contextual information is provided about the characteristics of the organisations, focus of organisation and geographical information. Contextual information sheds light on whether findings might be true of studies in other similar settings therefore illustrating a level of transferability to the reader of the study or to researchers trying to emulate the study (Shenton, 2004, p. 70).

The researcher attempted to attain transferability by providing sufficient contextual information about the participants from specific service providers (Guba & Lincoln, 1994, p. 106) in the findings and discussion chapter. The third element of trustworthiness according to Shenton (2004, p. 64) is dependability, which is discussed next.

Dependability of the study.

The dependability of a study is the extent to which the research process is consistent and reasonably stable over time and across different researchers and methods (Miles & Huberman, 1994, p. 296). The dependability of the study relies on the research design and its implementation. This means describing what was planned and executed on a strategic level. Dependability is also influenced by the operational detail of data gathering; addressing the intricacies of what was done in the field by using an audit trail and research diary (Shenton, 2004, p. 72). The reflective assessment of the project and the evaluation of the effectiveness of the process of the undertaken enquiry are significant elements in achieving dependability.

This research project relied on a qualitative research design which enabled the researcher to obtain rich information. It was implemented rigorously, describing what was planned and executed using an audit trail in a coherent manner. A detailed description of the methodology and a step-by-step procedure documented in the researcher's diary, ensured the data collection could be tracked –making it dependable. The fourth element of trustworthiness, according to Shenton (2004, p. 64), is the confirmability of a data and is presented next.

Confirmability of data.

Confirmability of data refers to the extent to which the researcher's study findings are congruent with the data collected from the participants, and are not skewed by researcher bias, motivations and preferences. The concept of confirmability is the qualitative investigator's awareness of their own personal influences that can taint the research process.

Steps must be taken to help ensure as far as possible that the work's findings are the result of the experience and ideas of the research participants, rather than the characteristics and preferences, and predispositions of the researcher (Miles & Huberman, 1994, p. 10). Confirmability was achieved when member reflections were implemented as discussed in credibility section. Further attempts to ensure confirmability were keeping an audit trail and a research diary. A research journal ensured that the researcher could work reflexively.

Reflexivity in the Current Study

When a qualitative researcher is intricately immersed in the findings of the study, a reflexive approach is needed (Nor & Fakri, 2014, p. 8). Reflexivity refers to a reflection on the researcher's part of the impact on the studied phenomenon. The quality of the research must involve a self-critical approach, emphasising reflexive practice, rather than a de-contextualised application of so-called universal methodological rules as found in quantitative research (Darlington & Scott, 2002, p. 18).

Willig (2001, p. 10) explained that reflexivity requires an awareness on the researcher's part of their contributions to the interpretations of meanings throughout the research process. In practical terms, such a contribution was made possible by keeping a research journal, which meant the researcher kept a systematic record of the research process and work reflexively throughout the research process. A research diary was kept to ensure the researcher's awareness of his values, interpretations, impressions, emotions, biases and emotional transferences throughout the process. Further measures to ensure the researcher's reflexivity included supervision with his research supervisor to discuss possible vicarious trauma and reflecting on interviews with participants by noting impressions made on the researcher by participants (Severinsson, 2015, p. 195). Being reflexive, meant that the researcher needed to be attentive to the language he used as words inevitably formed part of the phenomenon that was studied. This meant that the researcher needed to become aware of his dual identity (Berger, 2013, p. 4) as an active participant and researcher in this study.

Linked to this reflexivity was a responsibility for the consequences of a specific way of representing the words and practices of other people; a responsibility to recognise the complexity and differences, rather than hiding them underneath a cloak of homogeneity and generalisation (Mason, 2018, p. 242). It meant that the researcher sought to truly understand what participants were communicating: complete immersion during the interviews was necessary. For example, during the interviews, the researcher would ask for clarification of what participants were communicating ensuring that he truly understood what they were communicating. For example:

> Researcher: What do you mean, when you refer to madams?
>
> Annabella: Madams are the women who becomes (*sic*) traffickers, and look after the other girls.
>
> Researcher: Girls?

Annabella: Yes, traffickers refer to trafficked women as girls, regardless of their age (para. 87)

In the following section the researcher will present a reflexive statement of himself in a narrative form.

A reflexive statement from the researcher in relation to the current study.

I am a white South African, Afrikaans speaking male, and was born in 1983 in Pretoria. I was raised in the northern suburbs of Pretoria by both parents and had a relatively happy childhood. My parents divorced when I was five-years-old, thereafter my mother and step-father raised me. I was a balanced child who enjoyed sports. I became interested and curious about psychology quite early in my life when I noticed that the national cricket team were unable to win world cups due to apparent allegations of them being "chokers". My motorcycle accident, my mother's second divorce, and being the victim of bullying during high school had a negative impact on my self-image during my teenager years. It was the first time in my life I felt victimised.

My experience of being victimised resulted in me becoming insecure and introverted, perhaps suppressing my curious personality. It was not until my first year at Potchefstroom Universiteit vir Christelike Hoër Onderwys (PU vir CHO), as it was then known, as an undergraduate psychology student that I developed confidence and reignited my curiosity. After completing my undergraduate degree in BSc Psychology and Physiology at PU vir CHO, I moved to South Korea where I taught English as a foreign language. Here I realised the vastness of the world, cultural uniqueness, and impacts of war on society.

After returning from South Korea to South Africa, I worked as a trauma counsellor at the Steve Biko Academic Hospital. The hospital was a site that, under supervision, allowed psychology students to gain experience in the field of trauma counselling. While at the Steve Biko Academic Hospital, I realised my interest in community health and completed a two year

volunteer course with an NGO named Hospivision. It was during this time that my interest in the effects of trauma on people was ignited. After completing the volunteer course, I taught English at a primary school in Pretoria West. During this time, I matured into a person who realised that the suffering I endured was relative to my personal experience. I developed deep empathy for the children I was teaching as some of the children in the primary school were black children from previously disadvantaged groups due to apartheid. White children in this school were from a poor socio-economic class in the area. I formed a connection with both these groups of children, connecting with the "child" in me, perhaps identifying with the pain that some of them were dealing with.

During this time my mother, who was also working at the school, educated me about South Africa's past in terms of racism and the struggle against apartheid. I felt ashamed, guilty, and fragmented because of my place in history. I felt conflicted about my family members supporting apartheid, and me rejecting it, and also coming to realise what white privilege meant.

After teaching at the primary school for four years, I was accepted into the Master's Clinical Psychology programme at the University of Pretoria, where I experienced more personal growth. During this time, my interest in trauma grew further. Working at practical sites such as Weskoppies Psychiatric Hospital, Itsoseng Clinic in Mamelodi and One Military Hospital, I realised that people carry their pain with them, and that people who experience similar type of traumas can manifest them differently. During this time, I formed a connection with a research supervisor who is an expert in human trafficking. I chose to do a study of the trauma manifestations of human trafficking survivors as the mandatory research project as part of my Master's study.

It was only after reading many scholarly articles about human trafficking that I started to understand the clandestine nature of human trafficking. I realised that all elements of counter

human trafficking were complex. This complexity is illustrated in many aspects of human trafficking like the legislation to combat human trafficking, statistics on how much human trafficking takes place, what human trafficking really is, and the trauma manifestations of human trafficking. I had predispositions about the trauma manifestations of human trafficking survivors, believing that a specific diagnoses was warranted to survivors of human trafficking. This notion was fuelled by films and narratives influencing me prior to the current study. It meant that I had to be conscious of the emerging themes, which would be the "actual" themes and characteristics of the participants, and not themes that were discovered due to certain interests or beliefs that I had.

During my initial literature search for my research proposal, I reflected on my specific interest in trauma and the relation of trauma with human trafficking. I realised that people very close to me were abused during their developmental years and doing research about trauma might be my attempt at getting social justice for them. Even though social justice might not be achieved, I gained a better understanding of how trauma can manifest in people. This understanding can be seen as a tool to be used in my future clinical psychology practice. I also reflected on my experiences during the data collection phase of this study. I realised that some of the interviews made me feel anxious. A possible reason for this was because some of the questions provoked answers that were of a sensitive nature. When participants were asked questions about trauma, they would seemingly "go" to the painful memories that they had of certain cases. Their reactions affected me; I felt empathy for these participants and admired them for the work they did. Being part of those moments made me feel gratitude towards these participants. It triggered the reason why I wanted to become a psychologist in the first place – to assist people who think that there is no help for them.

Ethical Considerations

Informed consent and confidentiality.

The protection of the individual and institutional confidentiality ensured the autonomy and protection of participants and respect for the dignity of persons (Wassenaar, 2006, p. 67). Confidentiality of participants was guaranteed by using pseudonyms throughout the research process, including the transcription phase. It included protecting the identity of the survivors.

The informed consent form was sent to the participants, they signed it and sent it back to the researcher. Before the interview commenced, the informed consent was discussed with participants to eradicate any doubts or uncertainties that they might have had about the form. They were given opportunity to ask questions about any uncertainties that they might have had. All participants were informed that their involvement in this study was entirely voluntary and that they could withdraw their participation without any negative consequences.

Protection of participants from harm.

During the interview process, the researcher anticipated that his research participants might have experienced stress, anxiety, guilt, and experienced possible vicarious trauma due to working with traumatised trafficking survivors. Any participant who experienced some distress because of completing the interview was referred to Life-Line for debriefing at no cost to them. No form of remuneration for participation in this study was offered. Data is stored in a password protected computer that is locked in a cupboard. Anonymised raw data will be securely stored at the Department of Psychology, University of Pretoria (i.e., HSB 11-23) for reuse and archiving for a minimum period of 15 years until 2033. During this period, other researchers may also have access to the data for further use.

Summary

The researcher used a qualitative design to conduct this research process. Such design enabled the researcher to use interviews to gain an in-depth understanding of what trauma manifestations were observed by the service providers. Using an interpretivist approach meant that the researcher intended to understand the multiple realities which are co-constructed between the researcher and the participants (Denzin & Lincoln, 2011). It further allows for individual values to be recognised which are negotiated between the researcher and the researched (Creswell, 2012, p. 33).

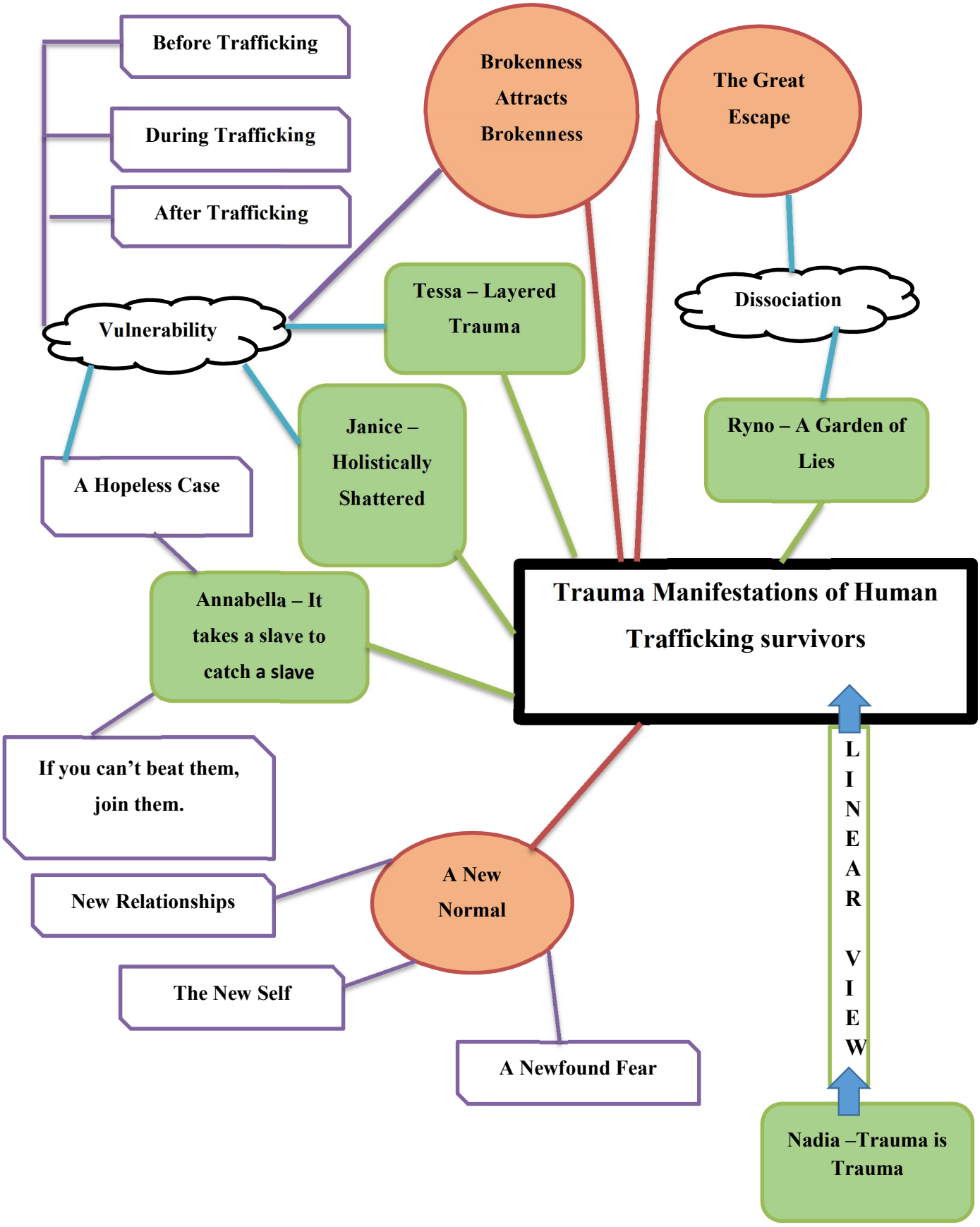
In the current study, the researcher combined snowball and purposive sampling in unison to select participants, and used semi-structured interviews for data collection. Trustworthiness was attained in the study by employing ideas such as credibility, transferability, dependability, and confirmability. Thematic analysis made it possible to gain an understanding of what the main themes were across the entire data set.

The researcher worked reflexively, aware of potential biases that influenced the research process, made interpretations and attempted to make sense of these interpretations. A personal reflexive account illustrates how the researcher attempted to be aware of his own values, biases, and preconceived ideas. Lastly, ethical considerations were considered to ensure protection of participants from harm.

Chapter Five

Findings and Discussion

The aim of the current study is to explore and describe trauma manifestations of human trafficking survivors. The chapter commences with a thematic map illustrating the hierarchy and interrelations of ideographic and main themes. In this chapter, each individual participant's ideographic perspective of trauma manifestations of human trafficking survivors is presented. Thereafter each participant is introduced with a short synopsis of how they are involved in healthcare service provision of survivors of human trafficking. The synopsis of each participant contributes to the understanding of the context wherein each participant works. The ideographic themes are discussed in terms of literature and theory to demonstrate the richness, and thickness of this unknown aspect of research. Thereafter the main themes of the pooled perspectives of the current study's participants are presented and discussed in terms of literature and theory to further explicate the aim of the study. During the chapter visual representations are used to emphasise key points, support the narrative and simplify the data. Each visual representation is followed by a description of the theme. Annabella's perspective of the trauma manifestations of human trafficking survivors is discussed first.


Before Trafficking
During Trafficking
After Trafficking
Brokenness Attracts Brokenness
The Great Escape
Vulnerability
Tessa – Layered Trauma
Dissociation
Janice – Holistically Shattered
Ryno – A Garden of Lies
A Hopeless Case
Annabella – It takes a slave to catch a slave
Trauma Manifestations of Human Trafficking survivors
If you can't beat them, join them.
New Relationships
A New Normal
The New Self
A Newfound Fear
LINEAR VIEW
Nadia –Trauma is Trauma

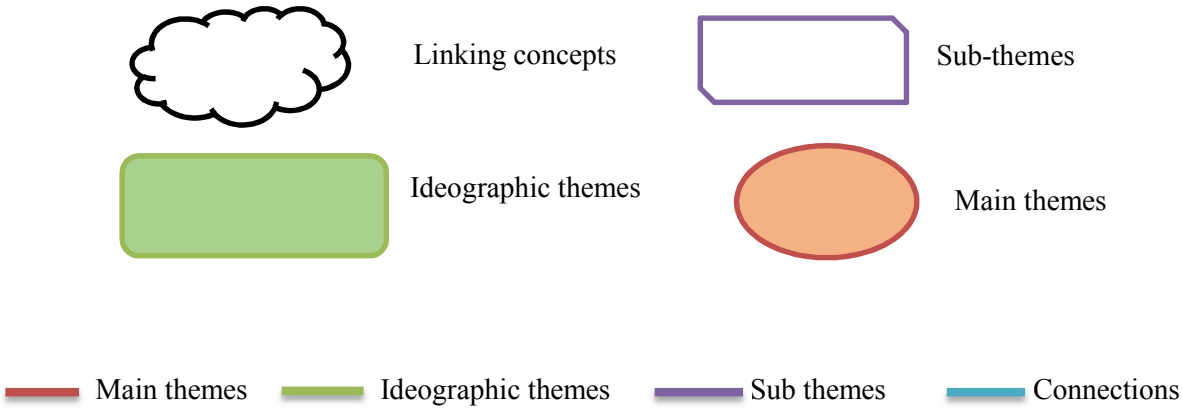


Figure 4. A thematic map and legend. A schematic illustration of how ideographic themes and main themes were developed. Red lines indicate the main themes, green lines indicate ideographic themes, and purple lines indicate sub themes. The blue lines link overlapping themes and indicate the connections amongst ideographic themes and main themes to form a holistic representation of themes. Vulnerability and dissociation (in cloud shapes) are concepts that further link themes.

Ideographic Themes

As noted in chapter four, ideographic themes were developed for each individual participant's perspective. The ideographic themes are "It takes a slave to catch a slave", "A garden of lies", "Trauma is trauma", "Holistically shattered", and "Layered trauma". Annabella's main theme of "It takes a slave to catch a slave" with sub themes "A hopeless case" and "If you can't beat them join them" is discussed first.

Introducing Annabella.

Annabella is a compassionate women in her mid-forties who used to work for the South African Police Service as a social worker. Her work exposed her to cases where people experienced trauma. Her interest in trauma was driven by her curiosity about the impact that trauma had on police officers and their families.

She is currently working with an NGO in Gauteng that aims to educate the public on awareness of the inner workings of the trafficking industry. She also assists in human trafficking prevention programmes – arming people with knowledge that can protect them from this fate, and attempting to dismantle the systems that drive trafficking. She is involved in a restoration programme that includes utilising therapeutic crafts at safe houses to address skills development. She provides counselling to survivors of human trafficking. Her role also involves mentoring volunteers who provide services to survivors of trafficking and who assist with the trauma management of caregivers. The NGO enables her to assist the safe houses by providing practical support and resources and to develop the personnel who work in the safe houses. Also, she counsels women in prostitution.

The overarching theme that developed during Annabella's interview was: "It takes a slave to catch a slave" with subordinate themes named "A hopeless case" and "If you can't beat them join them". A diagram illustrating the integration of the overarching and subordinate themes is seen below.

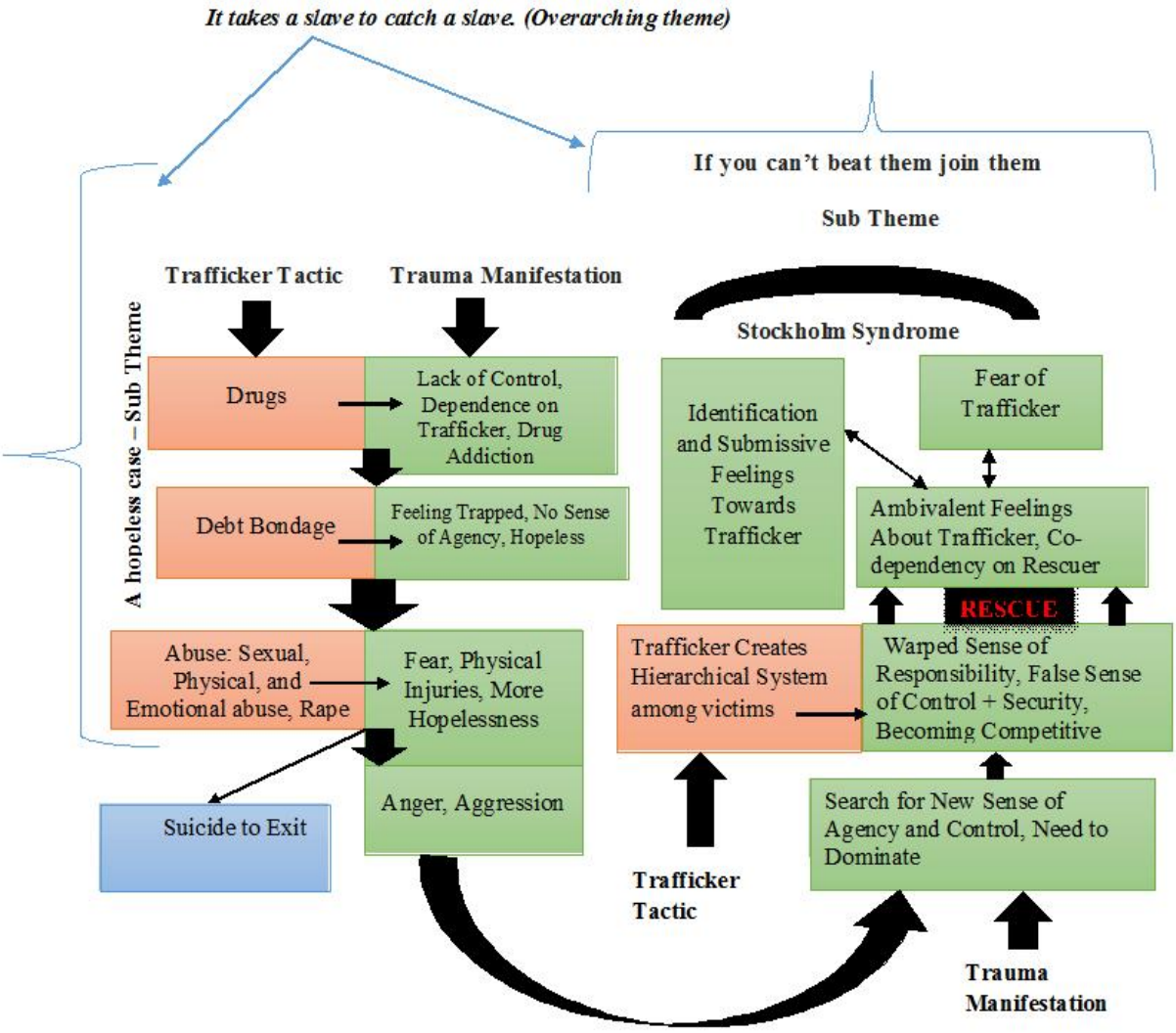


Figure 5. A diagram that illustrates the overarching theme of "It takes a slave to catch a slave". The diagram illustrates the sub themes, "A hopeless case" and "If you can't beat them join them". The diagram further demonstrates the systematic trafficker tactics that result in trauma manifestations in human trafficking victims and survivors – contributing to the manifestation of Stockholm syndrome as described by Annabella.

A hopeless case.

According to Anabella, traffickers' tactics are designed to trap the victims of trafficking into a seemingly hopeless situation in which they feel they have no other choice but to remain in the trafficking situation. A common strategy used by traffickers is the forced use of drugs to

exert control over their victims. This tactic results in victims becoming addicted to drugs, and then becoming dependent on traffickers for survival. Once the victim is addicted, there is little hope of becoming independent again. The victim is likened to a hooked fish, struggling and fighting for survival. This comparison truly reflects how powerless these trapped victims are:

> Because that is one of the hooks that the trafficker uses to keep them in trafficking. So, I'm supplying you drugs, you need to pay me back, and when they are hooked on it, you know the process is that they need the drugs, they become dependent on the trafficker. (para. 21)

Litam (2017, p. 47) agreed that forced substance use and deprivation of movement are some of the known tactics used by traffickers. Dandurand (2014, p. 11) continued that when victims see no way out of the abusive situation and lose their sense of agency, they often become dependent on the trafficker.

Annabella elaborated that the trafficker uses another tactic known as debt bondage to make it impossible for the victims to repay their debt "you are always in debt bondage" (para. 49). This tactic exacerbates the feelings of being hopelessly trapped "they really feel they have nowhere to go, they have no hope" (para. 27). Consequently these victims of trafficking are forever locked into a powerless and unsafe environment with a seemingly omnipotent person, who drains their hope. Herman (1992, p. 98) explained that these constant feelings of being trapped are often indicators of victims experiencing complex trauma. Hopelessness, therefore emerges when a person is subjected to a sufficient number of experiences that make them realise that nothing they do will affect the outcome (Hopper, 2004, p. 130).

Once traffickers achieve this physical and financial control over their victims, they use extremely violent methods to keep victims submissive and in the exploitative situation. These particular forms of violence result in intense fear of the trafficker. Annabella explained, "there is always physical and emotional abuse" (para. 57). She highlighted that traffickers' tactics also

include sexual violence which is achieved by repeatedly raping the victim – keeping the victim in a situation of hopelessness and submission, "in sexual exploitation there is always rape" (para. 57). Therefore, victims who are exploited for sexual purposes always experience rape. Rape is a continuous tactic and victims are frequently raped by their trafficker. Their fate is that they are definitely going to be raped because they know that is how the trafficker operates. Knowing that they will "always" (para. 57) be raped further depletes their hope. After physical violence victims are often left with "broken bones and bruises" (para. 23), thereby instilling fear in them. This intense manifestation of fear coupled with the hopelessness that manifests in the victims, deepens their hopelessness and strengthens the traffickers grip on the situation. Annabella believed that these forms of abuse can lead to a deeper level of hopelessness amongst victims of trafficking, "there is another level of hopelessness" (para. 27).

Victims of trafficking can be so intensely affected by their feelings of intense helplessness that they may attempt to end their lives to escape their pain and current hopelessness, "some of them might use suicide to exit, and just end it all" (para. 38). Jones (2009, p. 334) resonated with this notion by stating that suicidal thoughts may be the victim's only steady companions.

In other victims, feelings of hopelessness can result in "aggression, abnormal aggression" (para. 39) which Annabella interpreted as a coping response to the traumatic situation: "it's like they are continuously in a state of aggression and ready to fight sort of mode" (para. 18). When victims experience these feelings of lack of agency, being dependent on the trafficker, feeling trapped, and feelings of intense hopelessness, the victims often respond by exerting limited agentic power through reverting to other desperate measures. Certain victims identify with the power of the trafficker, as becoming an exploiter is the only way they can regain their agency and sense of control "they become the madams in the brothel,

so they take care of the women, it makes them feel responsible" (para. 50). Other victims revert to becoming traffickers as this is the only way to avoid intense and constant abuse.

When these victims of trafficking get removed from the trafficking situation, there are further alterations to how trauma experienced in the trafficking situation manifests in survivors. Victims of trafficking do not believe that they have any sense of agency, or perhaps forget that they have agentic power. As mentioned, during the trafficking phase the victims "become dependent on the trafficker" (para. 21), however, when the victims are "rescued" (para. 46), this dependence is transferred to the person who supports them in the reintegration process. Therefore, the victims are not really "rescued" (para. 46), because they are still enslaved by the dependency; the dependency is just shifted to the person they place in a position of superiority – the health care service provider. The victims are thus "rescued" (para. 46) when they develop a sense of independence. However, the victims do not have any sense of agency, and therefore it is not surprising that they become dependent on the health care service providers "it sometimes makes them co-dependent on their rescuers." (para. 46). Annabella believed a co-dependent relationship might indicate that the victims harbour and nurture their trauma manifestations to keep them feeling the same way they did in the trafficking situation. She elaborated by saying:

> So, it does happen that because of, say for example you rescue a woman out of prostitution then she will become totally dependent on you, because you are the person who took them out of there, so now you are supposed to care for them, you know (para. 46).

In this case Annabella might have been referring to someone who was forced into involuntary prostitution, which is different to voluntary prostitution. Annabella explained that survivors, despite the violence they suffered, develop feelings of needing to see the trafficker again "maybe wanting to see the trafficker again, remember this person gave them security"

(para. 25). Annabella mentioned that this is false security "What they doing is they are giving them a sense of security, but it's like a false security" (para. 25). The false sense of security is the victim's belief of being safe with the trafficker, when in fact they are not. It is therefore not a secure environment, however, the victim experiences that environment as secure as a trauma manifestation and prefers it to any other unpredictable environment.

According to Annabella, these feelings experienced by survivors of trafficking wanting to reunite with the trafficker as a trauma manifestation of trafficker tactics is closely linked to Stockholm syndrome "the whole coercion, the blackmail, the Stockholm syndrome" (para. 79). Therefore, when Annabella explained that survivors sometimes experience ambivalent feelings of "that constant fear about meeting the trafficker" (para. 76) and feelings of "wanting to see the trafficker again" (para. 25) it indicates that the survivor might experience varied changes in the perception of the perpetrator. These varied changes in the perception of the perpetrator closely relate to CPTSD theory, which states that victims often idealise or have paradoxical feelings towards the perpetrator (Herman, 1992, p. 121; Herman, 2001, p. 81). The traumatic experiences create a sense of ambivalence in the victim, where she realises she has a deep fear for the trafficker, but something else in her feels a sense of belonging with the trafficker.

Verhoefen et al. (2013, p. 17) alluded to this complex relationship the victim has with the trafficker and similarly blames fear for causing the relationship to persist. Ultimately, ambivalence towards the trafficker, fear, coercive tactics, and victims feeling helpless contribute to development of Stockholm syndrome (Burke, 2013, p. 70). Korzinski (2013, p. 30) similarly stated that when the victim has no power over the situation, attributing all power to the trafficker, the victim becomes hopeless, which is another contributing factor to the development of Stockholm syndrome. Traffickers often utilise this abuse of power by turning victims into traffickers, which is discussed next.

If you can't beat them join them.

Victims of trafficking find a way to cope and show limited agency while being exploited. They are manipulated by traffickers by "being used now as traffickers" (para. 43). Annabella's view is that this phenomenon is increasing, and that this is another way that traffickers perpetuate and reinforce the exploitation of their victims, "more and more women are being used, and it's just part of the process" (para. 43). She sadly added that "It takes a slave to catch a slave" (para. 43), emphasising that traffickers rely on traumatised women to become traffickers because they realise that these traumatised women know which vulnerabilities to look for in other women, making them effective traffickers to scout for potential victims.

Annabella hypothesised that dominating and exploiting others could be a victim's attempt at agentic behaviour "because it is dominance for them, for the first time in their lives they have control over people" (para. 91). Victims of trafficking who also traffic others experience guilt and displeasure before they derive a sense of pleasure and accomplishment from their seemingly more powerful role as fellow-traffickers in that "they actually become very good with it and they go through a stage where it is a pleasure for them, and then they practice their trade and they look how they can improve" (para. 91).

Therefore, these victims experience a change in self-perception, with feelings of guilt as described in CPTSD theory (Herman, 2001, p. 81). These victims create a fantasy world that they can escape to as part of their environment to perhaps be able to cope with the guilt of becoming a trafficker "they have to create fantasies" (para. 92). Becoming traffickers thus suggests a new-found purpose in their lives. The trafficker manipulates these victims when they create a hierarchical system between victims, establishing a power struggle between all victims. The hierarchical system involves victims who obtain higher status than others in the trafficking situation, and they also are appointed to take care of victims, "[the victims] become

the madams in the brothel, so they take care of the women, it makes them feel responsible" (para. 50). This, once again makes them feel in control, "it's their piece of control that they have" (para. 92).

Therefore, extreme powerlessness during trauma manifests as a struggle to regain some agentic power. This fight for control can translate into traumatising others. The transformation from victim into trafficker consequently make victims feel that they have regained limited agency, and a false sense of control, and seem to develop a sense of responsibility. This sense of responsibility might be something that they aspire to, so that they feel the trafficker trusts them. Their identification with the trafficker as part of Stockholm syndrome, might make them want to feel that they can look after other trafficked women, and in so doing please the trafficker that they are trying to satisfy.

According to Annabella, trafficker tactics that result in victims becoming traffickers, can motivate victims to achieve higher status levels within the trafficking hierarchy, "Yes so I think if they are in a situation where they are the traffickers then it's a bit of a promotion and I am a bit better than you type of thing" (para. 99). Another aspect of becoming a trafficker is that these women can then dominate other victims as they were dominated before. Dominating other victims is perhaps a way of maintaining the level of control they have, mimicking trafficker behaviour, "And then they enjoy that dominance and control which they have over the women they are managing at that stage" (para. 99).

These victims thus develop a warped sense of competitiveness and achievement. They are motivated to become traffickers, perhaps to impress the trafficker out of fear that they will have to go back to being a victim who is seen as being weak. However, Annabella mentioned that she did not think that the victims made these decisions at will, indicating that these victims manifest a profound sense of powerlessness and helplessness, making them do things that they would not do under circumstances outside the trafficking situation, "it's not done on purpose I

think, yes they can't help it, it's just part of who they are" (para. 45). Therefore, it is not who the victims are, Annabella suggested that the victims become someone who they are not due to experiencing the trauma. These victims experience a change in their sense of meaning; changes in self- perception, and a sense of being different to other people as stated in CPTSD theory (Herman 1992, p. 121; Herman 2001, p. 81). Ryno's perspective of how trauma manifests in survivors of trafficking is described next.

Introducing Ryno.

Ryno is a spirited man in his late twenties. He started working in the anti-trafficking field in 2011. He has six years working experience in the field of trauma with trafficking survivors, amongst other organisations, he has worked in conjunction with the SAPS.

In 2017, he started working for an NPO in Gauteng that focusses on the restoration process and holistically assisting survivors of human trafficking. He is especially interested in the sophistication and complexity of trafficking syndicates. This means he attempts to combat the buying and kidnapping of persons and oversees the rescue and restoration of persons.

Ryno mentioned that one of the reasons he works with traumatised people is, "to see a life change from the most horrific abuse to a life of living out a purpose or a calling that once was but just a thought" (Ryno, personal communication, 24 June 2017). Ryno's main theme, "A garden of lies", is illustrated in *Figure* 6 below.

A Garden of lies.

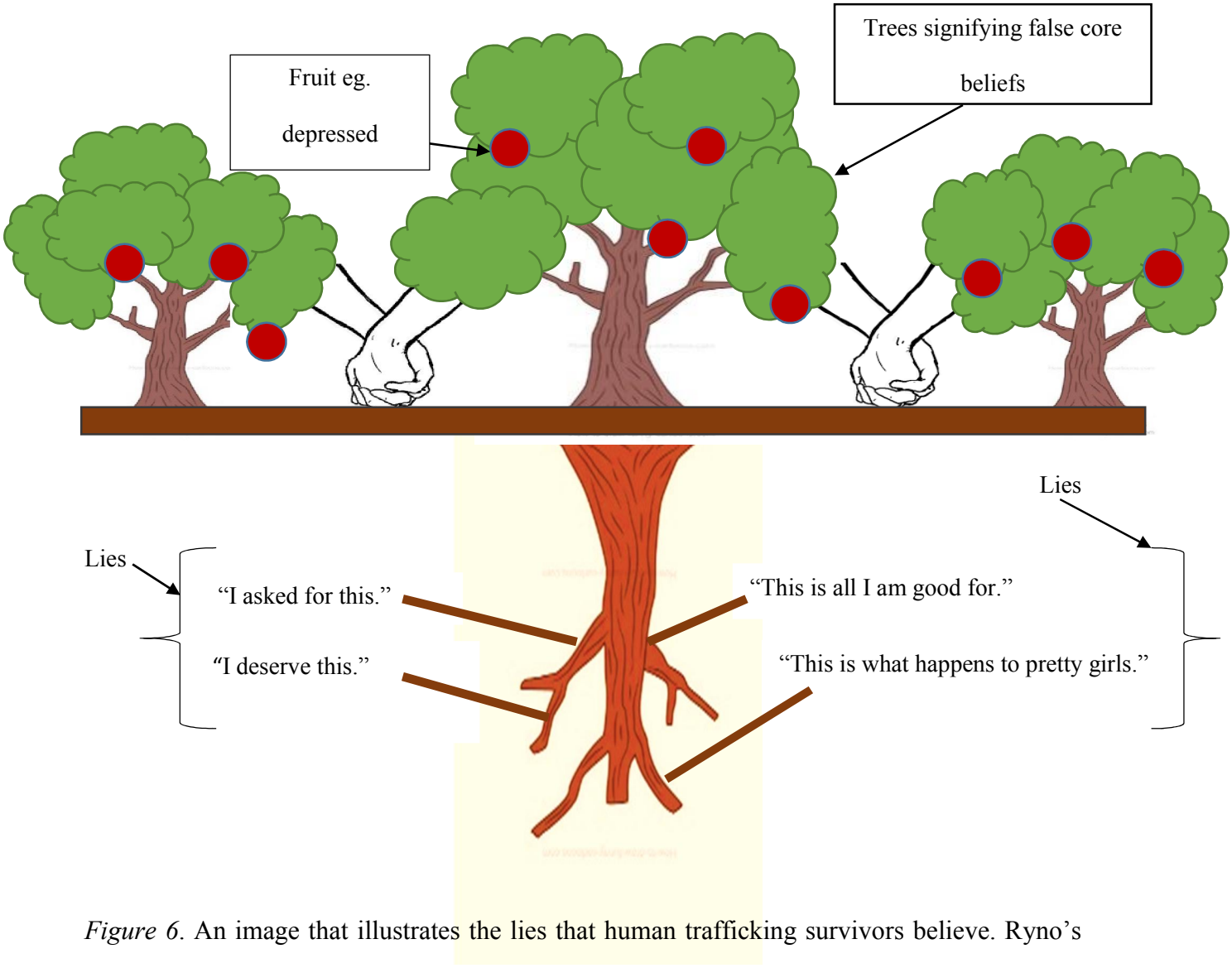


Figure 6. An image that illustrates the lies that human trafficking survivors believe. Ryno's view was that there are lies that trafficking survivors believe. These lies are illustrated by the roots of the Figure. If these lies are not dealt with, they add to more complications in the survivor's life as illustrated by the trees (false core beliefs) and fruit (feelings) above ground.

Ryno used the word "root" to illustrate that lies are deeply embedded in the trafficking survivor and not easily uprooted. Ryno stated, "There is always a lie connected to trauma, that's something that I'm 110% convinced of." (para. 185). He argued that when trafficking survivors believe these lies (as illustrated by roots in Figure 6) about themselves, they form certain core

beliefs (as illustrated by trees in Figure 6) about themselves. Herman (1992, p. 121; 2001, p. 81) explained that victims of complex trauma often experience changes in self-perception. These changes in self-perception involve beliefs that are not true about themselves, beliefs of being different to other people, a belief that no other person can understand them, or a non-human identity.

Ryno highlighted that these lies keep the trauma embedded in the mind of the trafficking survivor, until it is dealt with through, for example counselling or therapy. The vulnerability of victims of trafficking results in them forming false core beliefs, "If that [the lies] becomes the root, because you see once I believe that lie, I am susceptible to so many other lies" (para. 186). He described the process of false core beliefs linking to each other by using a metaphor of trees in a garden, "So, attaching one tree to another tree to another tree now you've got this garden full of trees" (para. 188). Therefore, it becomes a garden of trauma.

He explained that if these lies are not dealt with or worked through, the survivor will have to bear the evolving consequences of those lies, which manifest as false core beliefs and feelings associated with depression (as illustrated by the fruit in Figure 6) "I asked for this…I deserve this" (para. 199). The garden that keeps on growing suggests that the trauma victims' trauma is exacerbated by false core beliefs and it is a continuing process, perhaps an evil cycle.

> If I don't remove that tree I am always going to deal with fruit, but this is the thing that's making it grow all the time, so if I don't pull this out, whatever that lie or misconception, whatever it is, this garden will always grow (para. 188).

Ryno referred to traumatic experiences that have not been processed as "big picture" (para. 52) trauma that defines the identity of the survivor and it relates to Herman's CPTSD theory (1992, p. 121; 2001, p. 81) regarding altered self-perception. Consequently, the lie that the survivor believes is internalised, and the survivor believes these lies as being part of who they have now become – redefining themselves, "There's a big picture that has never been dealt

with and that big picture is still a big picture and it still defines her" (para. 71). He explained that trauma is processed by being deconstructed into smaller parts. The roots of the trees should be removed, piece by piece, slowly, systematically; deconstructing the garden, little by little. This means trauma should be processed at the pace the survivor can tolerate.

> You need to take that and make it small because when it's small you can move on, and you can process it but if it stays big and if you look at trauma as a whole that traumatic experience, if it's not dealt with it stays big. (para. 64).

According to Ryno, many survivors of human trafficking seem to manifest "big picture" (para. 52) trauma, indicating that they have trauma that is unprocessed. Ryno strongly believed that the trafficking survivor's self-image needs to be renewed. He repeatedly uses the word "regenerated" (para. 58) to emphasise that processing trauma is a long term, continuous process "Okay, so that whole image needs to be regenerated, regenerated and, and put into true perspective of who I really am" (para. 58).

Ryno explained that the victim needs to move from "big picture" trauma which is the false self-image (para. 58) to "small picture" (para. 58) trauma, which can be viewed as the true identity. Ryno passionately emphasised that the victims need to go through a process where they rediscover their identity. Consequently, they need to move away from a false identity and get to a realisation that the false core beliefs, the trees, are not who they really are.

> I have to understand what my real identity is, so understand that this [big picture] doesn't define me. This moment in my life does not define me, it's a moment. So, taking the big picture, making that small picture" (para. 58).

The consequences of dissociation disrupt the usual integrated functions of consciousness and identity (Korzinski, 2013, p. 61).

Furthermore, Ryno mentioned that when a trafficking survivor reacts according to unprocessed trauma, in other words "big picture" (para. 52) trauma, they react instinctually,

and behave impulsively "because its big picture, she can't switch over to her thinking mode so she's on primal survival mode" (para. 69). This behaviour has previously been linked to literature on CPTSD where victims are unable to process trauma cognitively or emotionally with their set of coping mechanisms (Herman 2001, p. 81; Koricanac, 2013, p. 22;). The instinctual behaviour that Ryno referred to suggests that when an individual is confronted with a traumatic event, information bypasses the cortex "a stream of thoughts" and is processed in the limbic system "a stream of emotions" (Van der Kolk, 1994, p. 260).

He gave an example of when he tried to interact with a trafficking survivor during a rescue process and she reacted in an aggressive manner:

> She got so physically violent at one time that we had to actually take her outside and pushed her down on the ground; what was interesting when we put her down, that, reindeer in the headlight the buck in the headlights look, totally bewildered, out of her mind (para. 67).

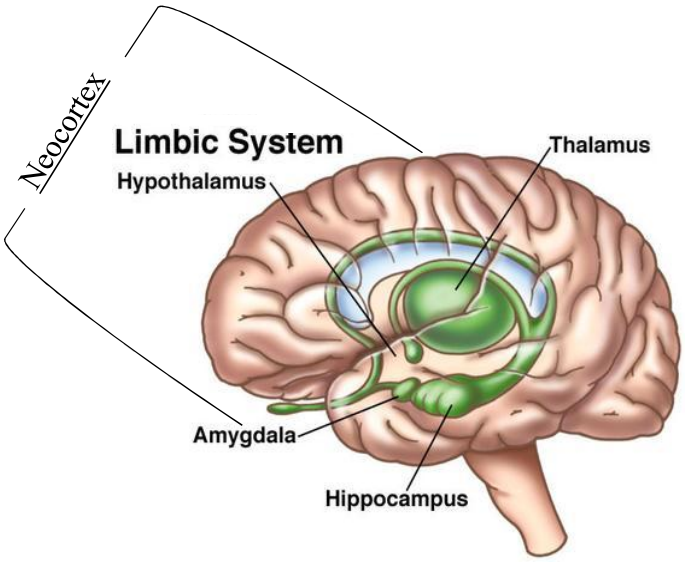
This example demonstrated that victims experience an exaggerated startle response directly after being rescued as a raw traumatic response. Literature indicates that heightened startle responses are amongst symptoms accounted for in PTSD (Burke, 2013, p. 73). Ryno's view of trauma manifestations of survivors reiterates the point that when the trauma of survivors of human trafficking is triggered, they react instinctually. Ryno's view agreed with the third participant, Nadia, that "trauma is trauma". Nadia's perspective of how trauma manifests in trafficking survivors is discussed next.

Introducing Nadia.

Nadia is a jovial, self-assured woman in her early fifties, with a passion for the study of trauma. She is a qualified social worker and has worked in a variety of settings and areas, amongst these are the National Defence Force, Cape Town Child Welfare Society, and Pollsmoor Prison in Cape Town and in other areas up the west coast of South Africa. She also

managed a child and youth care centre for abused girls, and is currently the programme director of an NPO in Cape Town and surrounding areas. The NPO aims to combat all forms of exploitation of children as occurs in human trafficking. Her work mainly focusses on training on human trafficking from a trauma informed care perspective. She gives talks on healthy relationships, talks on human trafficking awareness, talks on trauma, talks on empowerment of women, counselling, trauma debriefing, and divorce recovery. She described herself as a survivor of domestic violence. She has two daughters in their twenties and refers to them as the blessings in her life.

Trauma is trauma.



Brain Structure	Trauma Manifestation
Neocortex + Prefrontal cortex	Fragmented memory + Difficulties with sustained attention
Hypothalamus	Toxic Stress, leading to loss of appetite,
Amygdala	Fight, Flight or Freeze + Constant fight against control

Figure 7. A schematic depiction (Enkiverywell, 2018) and table outlining the functions of the brain structures involved in trauma manifestations as described by Nadia.

Nadia is confident and direct in her approach of how she conceptualises trauma. She stated, “Trauma is trauma” (para. 12), and elaborated with, “Victims of violence is victims of violence whether it’s now trafficking or domestic violence or a prostitute on the street” (para.

12). She described trauma as manifesting uniquely in individuals but processed similarly in the brain.

She argued that similar features of control and violence occur in domestic violence, prostitution and human trafficking. She continued that individuals who experience controlling and violent type traumas can manifest the trauma uniquely, and the trauma they manifest should not be associated with a specific crime, "It might manifest something differently but what they've been exposed to in terms of control and violence is actually not a matter of what kind of crime it is" (para. 14). Nadia postulated that relational trauma manifested in a similar way in people regardless of what type of traumatic event it was. Being a survivor of domestic violence might have enabled Nadia to develop a linear view of trauma, generalising trauma manifestations.

Nadia clarified her argument of "trauma being trauma" when she explained how the brain processes trauma, "The brain works through that [traumatic experience] in a similar pattern even though cultures may differ, the brain formalise that the same and stores that the same" (para. 14). Nadia suggested that trauma results in neurobiological changes in the brain, which seems to be similar across traumatic experiences and cultures.

Nadia spoke of fragmented memory as a specific neurobiological change after the traumatic event. She highlighted that the neocortex and prefrontal cortex play a significant part in laying down non-traumatic memory. The neocortex and prefrontal cortex are areas in the brain responsible for higher cognitive functions such as planning and behaviour modulation. She further explained that "Trauma is not stored in a logical part of the brain, because the neocortex goes offline when people experience trauma, so trauma doesn't have a language" (para. 27). She elaborated by saying, "Trauma is stored in the part of the brain that's got to do with your emotions, and your senses, your five senses" (para. 31).

Literature on how trauma is stored showed that when traumatised people are overwhelmed with fear, the capacity for speech is lost, and the non-verbal memory system is activated. Without words, the mind shifts to a sensorial mode that characterises visual, auditory, olfactory, and kinaesthetic images, physical sensations, and strong feelings (Bloom & Farragher, 2010, p. 104).

Nadia explained that the SAPS often perceive survivors of human trafficking to be lying about what they can remember, "Because the Hawks said to me that she's lying she's had three different versions [statements] already." (para. 33). However, Nadia explained that a possible reason for this is that traumatic memories are encoded and recalled in a fragmented manner, "The trauma is stored fragmented, it's not something that is filed linear and chronologically" (para. 34). Van der Kolk (2014, p. 17) similarly argued that the imprints of traumatised peoples' traumatic experiences are not organised in logical, coherent narratives but as fragmented sensory and emotional traces. Therefore, as the prefrontal cortex and neocortex "go offline" (para. 35) during trauma, it is difficult for survivors of human trafficking to remember the events that happened to them in a coherent manner. It suggests that survivors might seemingly be lying, but they have fragmented memories of traumatic events, and recall memory as they remember it, "So, the one day she will say she wore a pink panty and the next day it's a red one" (para. 35).

Another neurobiological trauma manifestation that Nadia described was attentional difficulties amongst survivors of trafficking. Attentional difficulties influence the coherence of their memory recall during forensic interviews, especially when they grow tired:

> In the initial stages you can't interview them for very long, they go from the one [point] to the other [point], I think it's got to do with the fact that your prefrontal cortex and your neocortex shuts down when you've experienced trauma (para. 98).

Hayes, Van Elzakker, and Shin (2012, p. 1) resonated with this point, stating that trauma can affect a person cognitively, for example memory and attention.

Nadia spoke of toxic stress as a psycho-physiological trauma manifestation of trafficking survivors. Toxic stress is the body's way of manifesting psychological trauma, "When you have toxic stress and your body wants to sort of just protect itself the whole time there's an excess of cortisol that gets secreted and cortisol suppresses your immune system" (para. 119). She explained that the suppression of the immune system can lead to various physiological ailments in the body, such as "Like, they've got flu or flu like symptoms" (para. 120) and said, "They feel like they don't have appetite but a lot of this in my view can be drawn back to the fact that they've been exposed to stress for such a long amount of time." (para. 120). Similarly, Jones (2009, p. 328) stated that a loss of appetite can be symptoms to violent trauma. Therefore, toxic stress is a contributing factor to physiological trauma manifestations, but can also manifest as a trauma manifestation in itself. Consequently, trauma also manifests physiologically. Zimmerman and Watts (2003, p. 31) resonated with this point when stating that trauma can have impacts on health, including physical ailments such as chronic pain, gastrointestinal problems, and other negative health problems.

Nadia mentioned, "The [victim of trafficking's] inherent fight against control" (para. 226) as a trauma manifestation of human trafficking survivors. In her experience, many trafficking victims have an automatic neurobiological response to perceived control and it manifests in behaviour such as becoming violent, rebellious, or trying to escape, "I've seen it, how they, there's different reactions to the, to the control, they either try to escape or they get violent, and rebellious or they completely shut down" (para. 227). This account illustrates the fight, flight or freeze reactions when confronted with trauma, "The amygdala is now saying, 'I am in danger. I need to get out. I am in danger I need to get out'" (para. 154). Taylor et al. (2000, p. 413) stated that when a person is threatened with survival, a mammalian response is

triggered in the form of fight or flight. This response takes place on a physiological level, such are the bodily responses to stress.

Nadia explained, "You are in a situation again where you are not consulted about when the phone is going to be used, you are not consulted about who you in the room with, you have to follow the shelters rules" (para. 227). In South Africa, when survivors are removed from trafficking situations, they are placed in shelters for the first nine weeks of rehabilitation. Even though this process is voluntary, there are strict rules and survivors do not necessarily have freedom of movement outside the shelters (Curran, 2016, p. 7). Most shelters are closed, others are open for survivors to come and go as they please.

In conclusion, Nadia described fragmented memory, difficulties with sustained attention, and lying about certain events as trauma manifestations of trafficking survivors. These trauma manifestations closely relate to symptoms such as forgetting traumatic events and episodes of brief dissociation associated with variations in consciousness, as per Judith Herman's CPTSD theory (Herman, 1992, p. 121; Herman 2001, p. 81). The next participant's theme to be discussed is Janice.

Introducing Janice.

Janice is a woman in her early thirties and described herself as someone with a sense of discernment. On a visit to Kenya, she met a boy who survived human trafficking. This experience made her ask questions about human trafficking, and sparked her interest to get involved with human trafficking health service provision. After researching the topic of human trafficking, she realised that human trafficking was a big problem but there were few people doing anything about it. She then looked for places to get involved so she could assist with the problem. She eventually joined an NGO which combatted human trafficking where she started as a personal assistant, and later managed as a safe house, which temporarily houses TIP survivors.

She currently works as a lay counsellor and assistant director for an NPO in the Western Cape. She has four years' experience in human trafficking service provision that involves providing safe residences for survivors, the restoration process, equipping survivors with necessary skills such adaptive skills, and ability to perform daily tasks that assist the reintegration phase, and empowering survivors, from rescue until full reintegration. She said that ever since she started working as a service provider to trafficking survivors she has been "a voice for the voiceless" (para. 3). She explained that she would like to study counselling in order to enhance her counselling skills, as she truly values the impact of counselling on survivors of human trafficking. A visual presentation of Janice's theme "holistically shattered" can be seen below.

Holistically shattered.

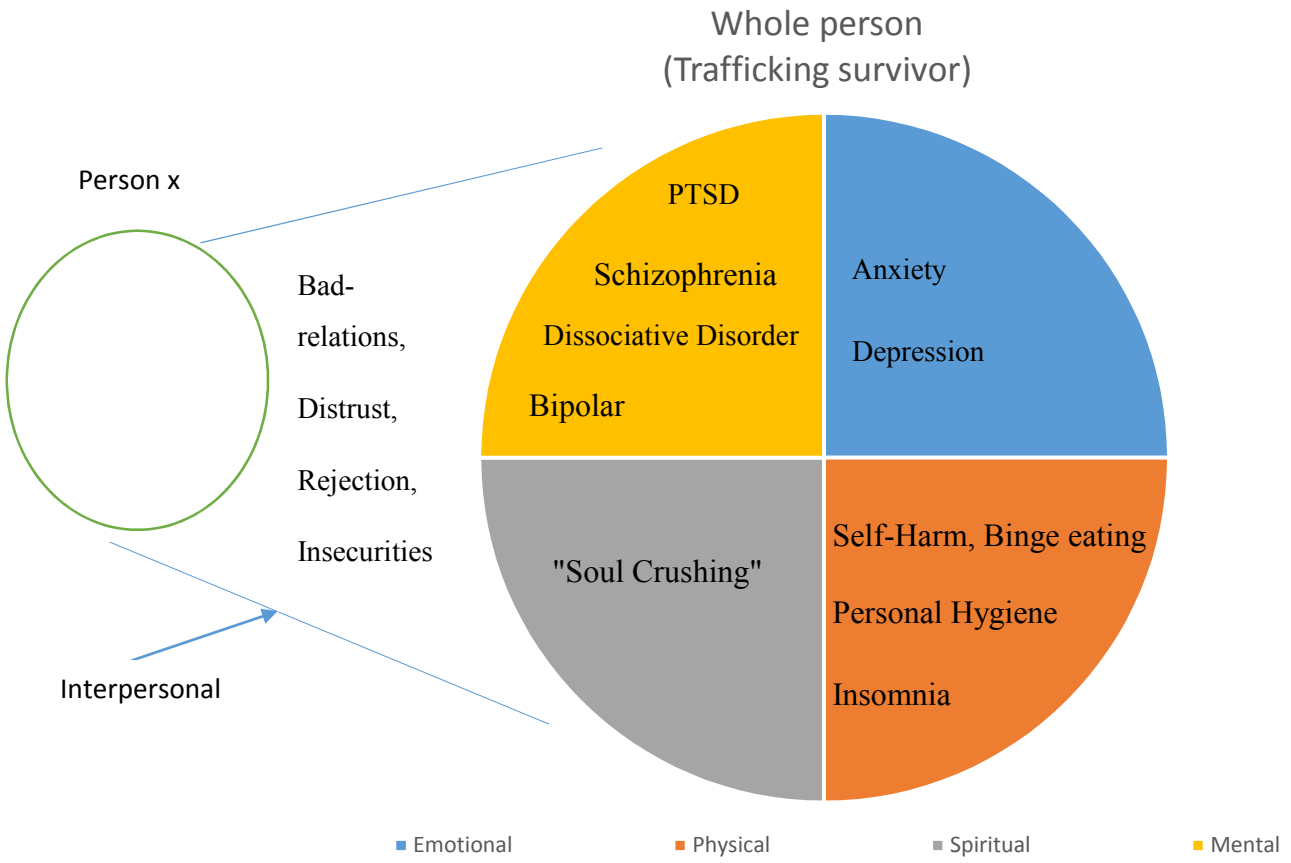


Figure 8. A schematic illustration of Janice's main theme which shows the holistic manifestations of trauma in TIP survivors. The interpersonal trauma manifestations are illustrated as manifestations involving person x, who can be a friend, health care service provider, or family member.

When asked about the type of trauma manifestations she has encountered amongst trafficking survivors, Janice stated that she was deeply affected by the sheer range of traumatic experiences trafficked persons endure, and gave a deep sigh. She described her view of the overwhelming nature of traumatic experiences by indicating that, "There's nothing that these girls have not been through" (para. 9). She explained the comprehensive nature of trauma these women and/or girls endure, "Any kind of [abuse], like physically, they've been abused emotionally, spiritually, mentally" (para. 9). Thus, emphasising the whole-person effect of trauma in the trafficking situation, "There's just not a part of them that hasn't been messed up and messed with" (para. 9). When Janice mentioned "messed up, and messed with" (para. 9) she highlighted how these victims endure trauma that leave them completely broken, and stressed the point that there is no aspect of these survivors that is not affected.

Janice stated that survivors of human trafficking manifest a range of psychological disorders, "Anything from bipolar to schizophrenia to dissociative disorder to PTSD." (para. 11). She added, "Depression, anxiety definitely in almost all of them" (para. 43). Janice emphasised the severity of depression trafficking survivors manifest, "When they do get depressed they get very depressed" (para. 43). Literature confirmed the presence of several psychological disorders amongst TIP survivors such as depression- and anxiety related disorders (Kaylor, 2016; Zimmerman et al., 2006;). Banović and Bjelajac (2012, p. 95) declared that survivors of human trafficking often experience symptoms of flashbacks, over-carefulness, numbness, insomnia, hyper-activeness, anger outbursts, and other PTSD related symptoms.

Van der Kolk (2005, p. 390), however, argued that unmodulated aggression, impulse control, attentional, and dissociative symptoms are amongst the symptoms not accounted for in PTSD. Van der Hart, Nijenhuis, and Solomon (2010, p. 77) agreed that the dissociative identity disorder does form part of trafficking survivors' psychological disorders.

Janice noted that trauma amongst TIP survivors often manifests in interpersonal difficulties. She gave examples of interpersonal trauma manifestations, "Bad relations to people, a lot of mistrust, rejection, insecurities, that kind of stuff" (para. 10). Clawson et al. (2008, p. 6) confirmed that trafficking survivors' lives are also affected interpersonally. These mentioned interpersonal trauma manifestations are rooted in the betrayal within the trafficker-victim relationship (Korzinski, 2013, p. 44). Furthermore, survivors experiencing coercion resulting in shame can later cause trust issues in survivors (Contreras, Kallivayalil, & Herman, 2017, p. 42), and survivors who return to their families are often stigmatised or rejected (USDS, 2004, p. 13).

Janice noted trauma manifestations in the appetite and eating behaviours of trafficking survivors. For example, she observes irregular eating patterns that include, "Eating a lot, like a lot of like, sweet cravings and like, eating like they all admit like I cannot stop eating." (para. 32). According to Janice, these eating behaviours originate from experiences during captivity. Firstly, food is used as a control mechanism when victims are starved and malnourished during the trafficking stage, "A lot of times the food is kept away". (para. 34). Secondly, food has the purpose of filling an internal void, "There's just this big huge like hole in their souls that they want to fill" (para. 36), which signifies a spiritual emptiness amongst victims of trafficking. Chisolm-Straker and Stoklosa (2017, p. 162) noted that survivors of trafficking binge eat to comfort themselves – making it a coping mechanism. Therefore, from Janice's perspective, it seems as if a part of the trafficking survivor is lost, or destroyed, and they are trying to regain it by excessive eating.

Janice identified sleeping disturbances as another trauma manifestation she has observed amongst survivors of trafficking, "Sleeping is definitely a big one, not being able to sleep" (para. 40). She argued that the survivors' sleeping patterns are disrupted because during the trafficking phase, "Their day and nights are turned around so and a lot of times they were locked up in places that didn't have any windows so they don't know if its day or night" (para. 41). This point proves that trafficking victims' lives are completely disoriented. Hom and Woods (2013, p. 75) specified insomnia as a trauma manifestation of trafficking survivors. Hossain et al. (2010, p. 2442) theorised that it is the unpredictability of traumatic events and the uncontrollability of when these events occur that cause more intense or prolonged psychological reactions to abuse, as in this case the inability to sleep.

Furthermore, Janice observed that the survivors manifest extreme self-care patterns. For example, she mentioned that when survivors of human trafficking are in the restoration phase, some women neglect their personal hygiene, "Not caring about themselves or refusing to shower" (para. 52). Other women overcompensate by, "Showering like five times a day" (para. 52). She justified their behaviour by saying that, "If you had that kinda stuff happen to your body against your will you would want to wash that off you, you would feel dirty" (para. 54). The "kinda stuff" (para. 54) that she referred to are the deeds that traffickers do to women, that seemingly was too upsetting for Janice to talk about. She described traffickers using knives to rape women and other sadistic and masochistic (S&M) methods, "Like S&M stuff, and they would like rape her with a knife" para. 24) These deeds, lead to self-care manifestations of trafficking survivors.

A notable trauma manifestation that Janice observed in shelters relates to the survivors' use of manipulative tactics to get what they want. Janice believed this behaviour has its origins in the trafficking situation, "A lot of times the pimps also teach them to manipulate" (para. 57). This learned behaviour then manifests in other contexts, often without intent to manipulate,

"They also manipulate because they were manipulated it just becomes the norm then they would manipulate the other residents in the house for instance without knowing it". (para. 57).

Furthermore, Janice compared the changes that a traumatised woman experiences to a woman who has given birth. She compared the birth process, which signifies hope and a new beginning to the pain of trafficking which has a negative outcome, "I always say [it is] almost like a woman giving birth in terms of like your body" (para. 64). She continued by explaining the permanence of the pain that trafficking survivors endure, and the scars that they will forever carry with them, "Your whole body, the marks will always be there, you might look as if you were healed but your body will never be the same again and the same with your heart and your soul" (para. 64), indicating holistic damage. Lastly, she described how deeply the trauma was affecting the survivors. She explained that the trauma "crushes" (para. 66) the victims who experience it. It "crushes" (para. 66) various parts of the person namely the physical, emotional, mental, and spiritual.

In conclusion, Janice wanting to be a voice for the voiceless suggested that survivors of trafficking are voiceless. Furthermore, she seemed to be a person who wants justice for survivors of trafficking, and for their pain to be heard. Being a voice for the voiceless also indicated Janice's need to help or be heard. Janice described trauma manifestations of depression and interpersonal challenges which again relate to Herman's CPTSD theory of persistent sadness and alterations in relationships with others (Herman, 1992, p. 121: Herman 2001, p. 81). The next participant whose perspective of trauma manifestations of TIP survivors is presented, is Tessa.

Introducing Tessa.

Tessa is woman in her late thirties and has ten years' experience in human trafficking service provision. She is a soft-spoken, articulate woman, who throughout the interview explained how the well-being of each individual trafficking survivor is essential. In her earlier

career she held strategic leadership positions in human resources and communication that have driven transformation and development in organisations across Africa.

She is the founder and CEO of an NGO in Gauteng. She explained that at this NGO they focus on the holistic restoration of the trafficking survivors. She stated that the NGO educates, equips, and empowers the nation against the threats of human trafficking, exploitation, and pornography. A schematic depiction of Tessa's theme "layered trauma" is illustrated below.

Layered Trauma.

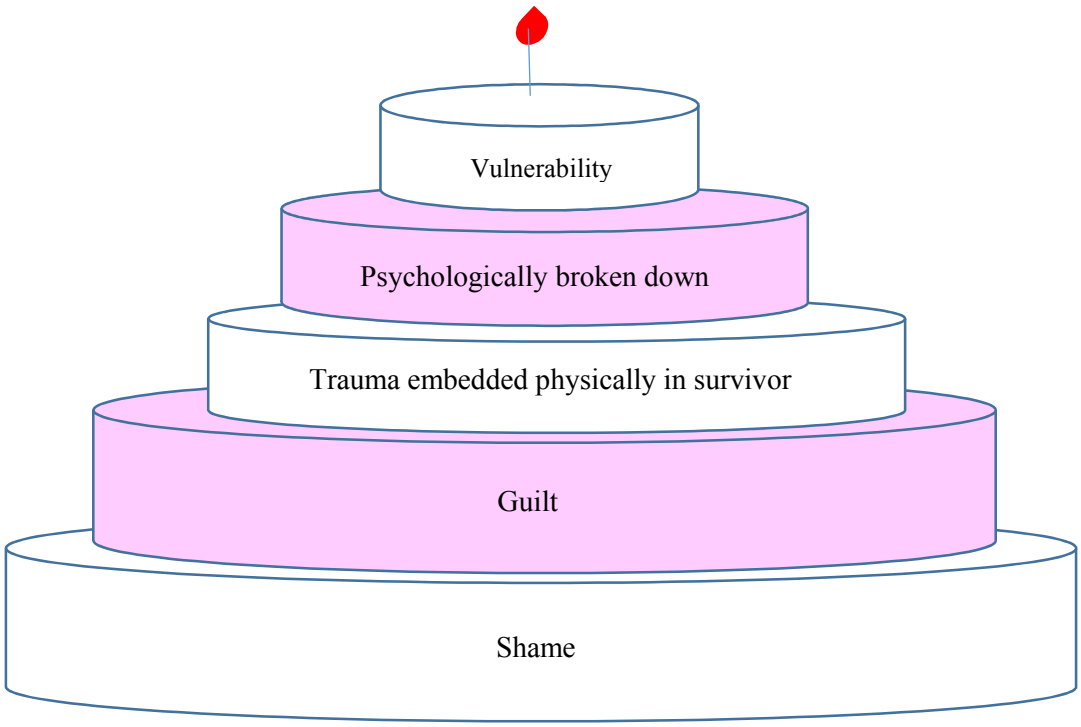


Figure 9. A schematic illustration of what Tessa termed "layered trauma" that is unique to each individual. The different layers namely vulnerability, psychological brokenness, physical embedding of trauma, guilt, and shame is illustrated by means of a cake.

Tessa described trauma as being layered within survivors of trafficking. She draws a correlation between the length of captivity and the severity of trauma, suggesting the longer a

person is trafficked the more layers of trauma that individual manifests, "Trauma that's been layered, depending on the amount of time that that survivor has been trafficked" (para. 1). She also highlighted the complex nature of trauma manifested by survivors, "It's deep, it's not a superficial form of trauma, it's very complex" (para. 1). She believed that the trauma of human trafficking survivors is more intricate than other forms of trauma, "The trauma is way more complex, than forms of domestic violence" (para. 44).

Tessa emphasised the necessity of acknowledging that each trafficking survivor manifests their layers of trauma differently, "It could be easy for me to generalise, but I try not to because every single survivor is different" (para. 2). The uniqueness of each survivor influences the aftercare service needs of each previously trafficked person; Tessa believed that "We have to look at it individually, because everyone is different, some restore way quicker than others" (para. 69). According to literature, each person experiences trauma differently, according to their unique subjective experience, influenced by factors such as previous traumatic experiences, personality (Korzinski, 2013, p. 23) and resilience (Alayrian, 2007, p. 135).

Despite her experience that trauma may manifest in different ways in different survivors, Tessa had noticed that survivors share similar manifestations of trauma, which she conceptualised as layers of trauma. The first or top layer referred to the vulnerability of trafficking survivors that result in victims being more prone to develop complex trauma because of previously experienced repeated trauma,

> So, you've got that trauma which has never been dealt with, which brings them to a place of being extremely vulnerable, leading them into another form of very complex deep trauma, which is very much part of being trafficked. (para. 1).

Herman (1992, p. 171) believed that previous abuse in the form of interpersonal trauma, rape, or interfamilial abuse can have a long-lasting impact on development and psychological

functioning. Van der Kolk (2005, p. 14) further postulated that trauma experienced during the early developmental years can result in the foundation of CPTSD later in life (Herman, 1992, p. 88).

In describing the second layer, Tessa said, "You've got a massive psychological break down that starts to happen, mentally" (para. 4), during the trafficking experience. Murray (2003, p. 493) indicated traffickers will rape, beat, and isolate a victim to wipe out any form of resistance as part of the breaking down process. This process further involves the trafficker manipulating their victims, to the extent where the victim believes that they want to be there in the abusive situation. The psychological coercion manifests as victims believing that they want to be in the abusive situation. Tessa explained that the reason for the psychological breakdown is that traffickers, "Get their victims to believe that they want to be there" (para. 7).

The third layer that Tessa spoke about was the embedding of trauma, "When they go through trauma it does embed physically and within our cells" (para. 41). Jones (2009, p. 327) argued that the trauma experienced by survivors of human trafficking causes permanent damage to the body and mind. Van der Kolk (1994, p. 1) concurred with this notion, stating that trauma is stored in somatic memory and conveyed as changes in the biological body responses. This layer of trauma proposes that the trauma that the survivors experienced is physically part of them for the rest of their lives. Therefore, it is not something that these survivors can change or be unfettered from. It becomes neurobiologically part of who they are.

The fourth layer that Tessa described was the feelings of guilt. She said that when survivors remember any events recurring during the trafficking stage they often experience survivors' guilt, "So they've been rescued, now they start to feel responsible for the ones that haven't [been rescued] or perhaps for the ones that we were too late for" (para. 77). Wilson, Harel, and Kahana (1988, p. 27) stated that traumatic experiences that were close to death can

cause these individuals to develop an inability to move beyond images of death, and guilt about having survived while others died – linking with Tessa's idea of survivor's guilt.

The fifth and final layer Tessa discussed was shame. "Despite that it wasn't their fault that they had to service x amount of men every day, there's still that element of feeling shameful" (para. 162). Jones (2009, p. 353) argued that shame and mistrust are consequences of trafficker tactics. Hom and Woods (2013, p. 78) stated that certain women who were trafficked, experienced shame for being prostitutes or being trafficked.

In conclusion, the gentle way Tessa speaks when describing trauma manifestations of survivors of trafficking, signifies how sensitively each individual trafficking survivor should be treated, and how fragile these survivors are. Furthermore, Tessa's accounts about shame and guilt resonated with Herman's CPTSD theory which postulates that shame and guilt are symptoms associated with complex trauma. The main themes that were developed from the pooled perspectives are discussed next.

Main Themes

As noted in chapter four and illustrated in Figure 10, three main themes across pooled perspectives of participants were developed in the current study. The first main theme is "A new normal", with sub themes, "The new self", "New relationships", and "A new-found fear", shown in Figure 10. The second main theme is "The great escape" and the third main theme is "Brokenness attracts brokenness". "A new normal" is discussed next.

A new normal.

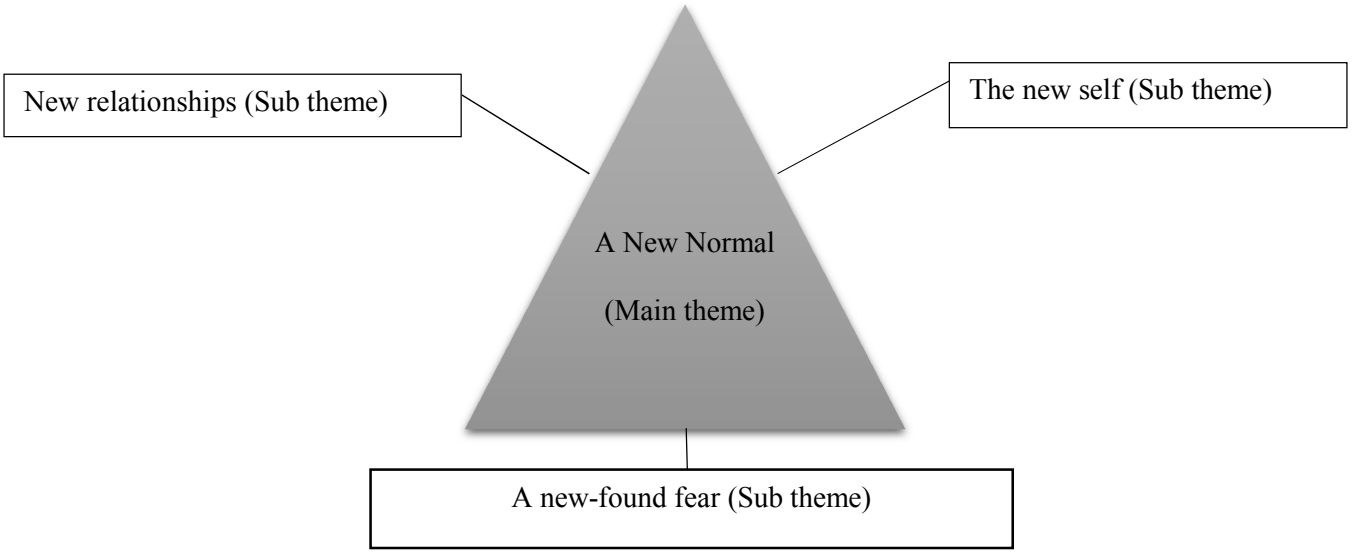


Figure 10. A schematic illustration of the changes that occur in trafficking survivors that constitutes their new normal. These changes include the development of an intense fear, a new identity, and new way of interaction in relationships.

The new self.

Certain participants attributed the mentioned change in identity of survivors to the traumatic experiences these persons endure during captivity. Janice said that survivors of human trafficking get to a point where they minimise their trauma, and experience trauma as normal. She narrated a survivor's words, "I was beaten like four to five times a day like its normal" (para. 63). This new way of being is something that is bestowed onto survivors by the trafficker, as Tessa mentioned, "It's what they've been programmed to believe" (para. 122). Trafficking survivors are programmed into becoming new people; People who accept being abused, a robot-like person that accepts every-day-pain as their fate. Ryno explained that these beliefs eventually form part of their new normal:

> She doesn't even always understand what's happening to her. She just knows it's wrong, but now after a while this is my life this is normal this is what's been expected. This is what I am created for, it's like a slave (para. 125).

Djuranovic (2009, p. 27) concurred with the idea of normalisation as a coping mechanism in victims of human trafficking. Survival means that they regard their new coercive environment as the norm. Charron (2007, p. 10) further added that normalisation is a common coping mechanism amongst victims of sexual exploitation.

Janice explained that feelings of low self-confidence, unworthiness, and self-harm, were part of "the new self" of trafficking survivors when she said, "No self-confidence, where it's like they so unworthy, they feel so unworthy that they will even harm themselves. That is normal if they don't have that when they arrive by us than something is wrong basically" (para. 30). Janice added that during the trafficking phase, the concept of the "new self" is further developed by the complete control the trafficker exerts over the victim:

> In their case there is no sense of normality whatsoever, there's not even meal time. The pimps tell them when to go to the bathroom. They may not brush their teeth, they may not do that, whatever. So, I think it's just every single area that, that they can just completely have control over so I mean it's so hard to imagine that you can ever be the same. (para. 64).

Thus, the "new self" for trafficked individuals refer to "new people", with new self-concepts, who abide by any rules set out by the trafficker, and accepts their new fate unconditionally. The second aspect of "A new normal" refers to "New relationships" and is discussed next. Herman (1992, p. 121; 2001, p. 81) resonated with this notion, that a change in self-perception is a common symptom in the formation of CPTSD.

New relationships.

Janice argued that after being trafficked, survivors of human trafficking "are never the same again" (para. 64) and said that, "Their reality is different from ours" (para. 46). Van der Kolk (2014, p. 17) echoed this notion stating that traumatised people have altered world views. The American Psychiatric Association (2013) included the experience of unreality as a specification type for a DSM-5 PTSD diagnosis, illustrating that certain survivors of trafficking manifest this PTSD symptom. Ryno explained how this altered reality also manifests systemically in the family context, "Now you have to go back to your kids you have to go back to your old life remember now your kids' perspective is mommy is home so everything is normal but everything is not normal" (para. 159). Therefore, the way a mother interacts with her children, and husband is forever altered. Herman's CPTSD theory (1992, p. 121; 2001, p. 81) postulated that alterations in relationships with others, for example, isolation and withdrawal, were significant indicators of CPTSD.

Ryno argues that a survivor's way of conceptualising love is altered during the trafficking phase. "The aggressive nature that you got happening with [have sex] becomes normal, now somebody is tender and loving and kind and there's that complete disconnect because all you know is this [being violated during sex]" (para. 164). Ryno argues that being violated during sex is experienced as normal intimacy for the trafficking survivor, "The wife would feel but there's no love there's no connection now she starts crying because she doesn't feel violated during the act" (para. 164). A survivor's way of conceptualising love is thus transformed into a new understanding of what love is, and therefore changes the way love is expressed intimately with their partners. Herman (1992, p. 121; 2001, p. 81) designated a change in person's system of meanings as an indicator of CPTSD.

Tessa concurred with Ryno's idea of trafficking survivors feeling an absence of love. She spoke about survivors of trafficking feeling worthless and being undeserving of love

"Who's gonna love me now with everything that I've been through? How am I gonna learn to love me?" (para. 72). Van der Kolk (2014, p. 17) argued that traumatised people have a unique way of interacting with others, mentalising, and forming ideas of self-perception. Tessa emphasised that beliefs of being incapable of experiencing love is normal, "It's good they have to go through [feeling unworthy of love] it and its normal" (para. 72), considering the context.

Janice stated that part of the concept of "New relationships" is "I think they have a lot of distrust about other people. I think they also wonder if they'll ever fit in again if they'll ever be able to be normal again, if they will ever be able to hold down a job" (para. 94). Consequently, they have no hope of having good relationships, and no hope of having good careers outside of the trafficking context. They see others as a threat and they have difficulty in trusting others, resonating with distrust as a symptom of CPTSD (Herman, 1992, p. 121; Herman, 2001, p. 81).

Nadia warns that one needs to be careful before diagnosing survivors of human trafficking, because a lot of their behaviour is adaptive:

> I think that one must be very careful that we don't want to overanalyse and overcomplicate this and, and also want to diagnose people with all kinds of pathological behaviour. It's actually just your body's normal way of responding to trauma. (para. 167).

Nadia continues that the survivors experience their environment after being rescued as abnormal:

> For instance, they can only use the phone once a week. They can only do this at this time, they need to take part in this programme which is not a normalised environment considering where they are going back to (para. 135).

Nadia's comments suggest that the environment these survivors go back to is not strict on rules. To conclude, their relationship with their new environment is changed, they also have a new

relationship with their new formed selves who experience "A new-found fear", which is discussed next.

A new-found fear.

During the interviews, participants emphasisd the presence of fear as a trauma manifestation amongst trafficking survivors. Tessa referred to the magnitude of fear experienced by trafficking survivors, "There's a huge amount of fear" (para. 61) she elaborated by saying "A lot of fear, a lot of fear" (para. 44). Ryno similarly mentioned, "The sensation of being scared, but like very scared has always been the one [trauma manifestation] that stands out" (para. 1). The participants emphasise the magnitude of fear amongst victims of trafficking, suggesting it is an intense fear, something that they [victims] have not experienced before.

Even after trafficking victims were rescued from the trafficking environment, fear still manifests in these survivors of trafficking. Ryno mentioned one of these fears, "The fear of being dominated again in any way or form" (para. 129). The National Sexual Violence Resource Center (NSVRC) (2012, p. 3) explained that human trafficking survivors often live in fear of being re-victimised. Demir (2003, p. ii) elaborated that trafficking survivors experience fear of being persecuted again.

Nadia spoke about "A new-found fear" also having cognitive effects on the survivor, "Ja, the thing with concentration but I think that's fear based" (para. 85). Tessa illustrated how the fear can manifest as avoidance behaviour, "I mean getting in a car for some women is very scary because they were transported, some of them, from one brothel to the next so getting in a car, is extremely frightening, it's like very scary" (para. 63). Studies by Oram et al. (2012); Kiss et al., (2015); Zimmerman et al., (2006) found that survivors of human trafficking manifest anxiety, adjustment disorder, and hypervigilance indicating that trafficking survivors might have difficulty continuing with day to day living. This is an example of trauma manifesting as avoidance behaviour.

Janice said that survivors have fears about their future working environments, "Will I ever be able to hold down a job without fear of the guy showing up?" (para. 94). Annabella stated that the fear can also manifest physically, "Heart palpitations when they are in counselling, and when they are in group settings, I think its fear" (para. 24). Janice mentioned that fear can influence survivors of trafficking ability to sleep:

> Not being able to sleep, it takes them a very long time I think also because their day and nights are turned around. So, and a lot of times they were locked up in places that didn't have any windows so they don't know if its day or night and the fear I think fear is the biggest part of it all. (para. 41).

She gave further examples of fear affecting sleep when she mentioned, "Fear that someone will come to their bed, that someone will hurt them, someone that they can't trust because they're too afraid to fall asleep because they have to protect themselves" (para. 43). Levine (2017, p. 4) stated that survivors of trafficking often have trouble sleeping due to nightmares.

Annabella noted that survivors manifest a general state of fear during the rehabilitation and integration phase:

> Fear of sharing, fear of when they get to the stage where they recognise that their lifestyle was not healthy. Fear of the criminal, you know, side of it, which they actually should not be afraid of, because they were forced into that lifestyle, that whole fear of sharing. (para. 25).

Ioannou and Oostinga (2015, p. 35) echoed the above-mentioned point of trafficking survivors' fears including fear of being deported, fear of legal aspects, and a lack of trust in legal processes, leading to a general state of fear.

Annabella described a case where living in a constant state of fear was overwhelming and led to suicide, "Ja, and then suicide might form part of that. When you think that they're ok, and ready to join the community, then there's that fear again that might lead to a suicide,

which happened in this case" (para. 39). Kaylor (2016, p. 3) similarly indicated that anxiety, panic disorder, and suicidal ideation are amongst the manifestations of trafficking survivors, of which anxiety and suicidal ideation were symptoms strongly associated with suicidal behaviour (Kiss et al., 2015, p. 1).

Tessa mentioned that fear existed amongst survivors of human trafficking, when they need to be accepted back into their communities:

> Because you've got the dealings of them being totally unaccepted back into their community and so sometimes they don't want to be truthful about their form of trauma and what they've been through for fear that they will not be able to go back to where they come from. (para. 141).

They therefore hide their trauma manifestations due to fear of being ostracised and shame. Demir (2003, p. 34) agreed that community- and family ostracism is likely for survivors that return to their families.

Janice speaks of the fear experienced by the victims of trafficking of what traffickers might do to them if they tried to escape, "To keep you there its fear, is the biggest one fear" (para. 79). Tessa exclaimed that the victims were also afraid of never being rescued, "They often tell us that was their biggest fear, is that this is what life is gonna be like" (para. 47). Ryno stated that if trafficking victims wanted to create the hope of being rescued, the solution would be to engage their cognition, "They kept their cognitive side so it's from the primal fear side switching into the thinking that and saying no, no, no. I am going to get out, that instils hope" (para. 18).

The next main theme that is discussed is "The great escape", which refers to dissociative behaviours manifested by human trafficking victims and survivors.

The great escape.

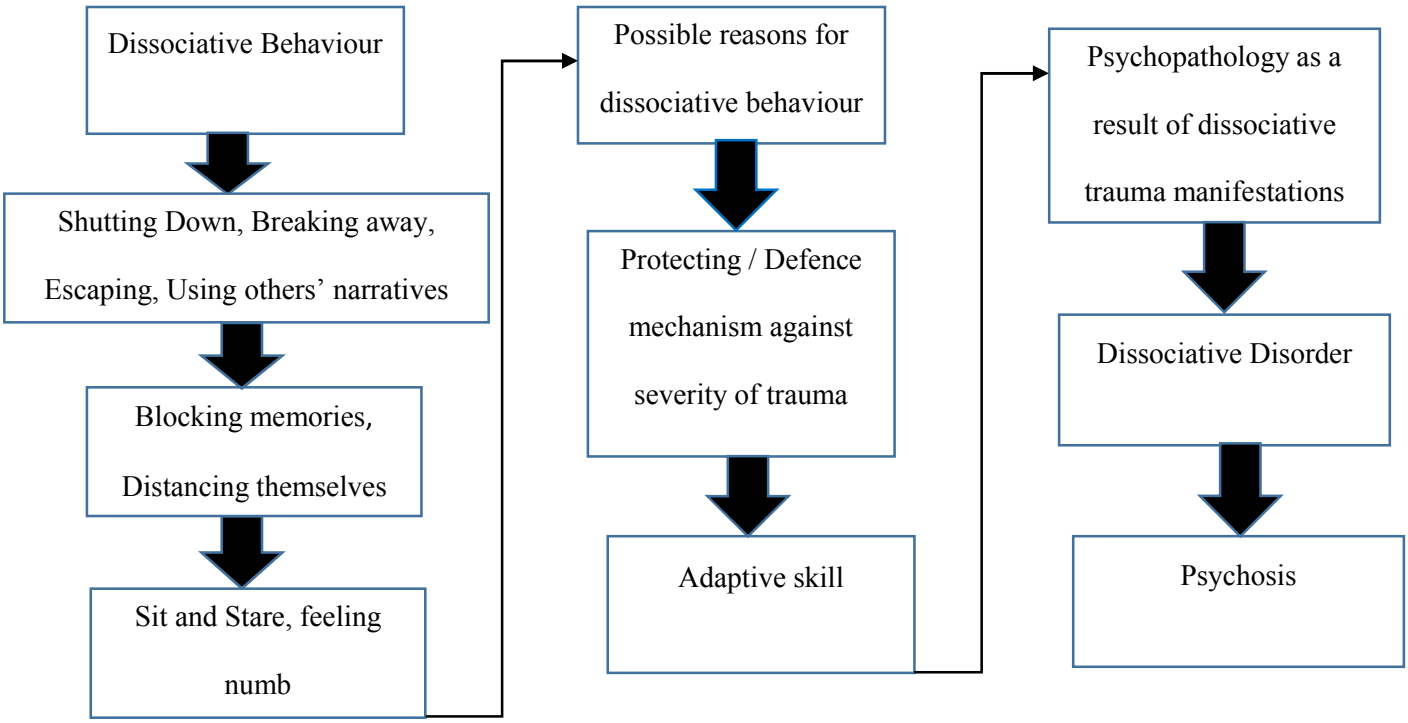


Figure 11. A schematic illustration of dissociative behaviour as trauma manifestations, possible reasons for dissociation and psychopathology as a result of dissociation

Janice described traumatic events experienced by trafficking victims, "Rape her with all sorts of objects or like rape her with a knife or like put food in there or all sorts of stuff like that" (para. 24). She believed that the only way a victim of trafficking can deal with these events is through dissociative behaviour, "The only way is to disconnect from reality completely and try and break away" (para. 26). Janice explained that after being rescued, survivors of human trafficking remain dissociated, "everything shuts down and you can't get through to them for a very long time" (para. 43). Ryno reiterated that there is a "complete shutdown, no talking, no interaction, nothing, just internalising the world, like the weight of the world have you completely consumed" (para. 119).

Tessa described an instance where trafficking survivors use narratives of other survivors as their own, to dissociate:

> They start to build their story and that's sometimes not built on what the reality of what they've gone through. It's built on what they've seen what they've been forced to witness. So, if another girl has been killed in front of them suddenly that's their reality and they take that story. The dissociation which I haven't mentioned, they take that story, and it becomes theirs. (para. 15).

Van der Hart, Nijenhuis, and Solomon (1998, p. 77) argued that secondary dissociation involves a lack of association with memory, for example a distorted version of the memory.

Ryno postulated that certain memories are blocked out by survivors of trafficking, "Ja, blackout, like you can't remember anything, certain events, they'll remember how they arrived but then they break in part of when they get broken in" (para. 73). Ryno gives another example of dissociative behaviour, where a survivor of human trafficking was seemingly numb, "What are you feeling now? Nothing!" (para. 122). Nadia agreed that during interviews with survivors of trafficking a form of numbing occurs, "So, when your interview goes too deep you can see when they when they leave the room" (para. 91). She described dissociative behaviour as "they just sit and they stare" (para. 85). Steele, Van der Hart, and Nijenhuis (2005, p. 3) explained numbing as a secondary form of dissociation, occurring at a conscious level and involve people cutting off thoughts and feelings that they experienced during their traumatic event, while still remembering everything. As opposed to secondary dissociation, McNally et al. (2005, p. 817) theorised that primary dissociation is related to repressed memory and traumatic amnesia. Ryno explained that the more dreadful and prolonged the trauma, the more the subject tends to dissociate and therefore has no conscious memory of the traumatic event.

Annabella explained that survivors distance themselves from the trauma as a defence mechanism, "I just think it's a defence mechanism, they will even talk about it in the third person, which is very strange for people, it's like they're distancing" (para. 56). Nadia described dissociation as a coping mechanism, and used the case of a well know counter-

trafficking activist and survivor to illustrate her argument, "Now how she explained that she, she almost felt like she left her body, that's something that they, that they've learned to do in the process of the trafficking" (para. 91). Schauer and Elbert (2010, p. 109) argued that when neither escape nor fighting back is possible during a traumatic event, an inherent safety mechanism causes the body and mind to shut down. This enables the body and mind to survive, and is known as dissociation (Calvo, 2014, p. 16; Koricanac, 2013, p. 25).

Ryno's reason for this breaking away from reality was, "Cause its painful" (para. 88). Janice agreed with Ryno and indicated that dissociation is adaptive in the trafficking situation, as it allows the individual to "check out" (para. 48) during traumatic events. Nadia concurred by saying "Well, it's an escape from the amount of feelings" (para. 105). Ryno adds, "You need to remember if you get broken in you get raped every time, who wants to remember that?" (para. 76). Annabella agreed that some trafficking survivors do not remember events, since most of the time they dissociate, "They just don't remember, but most of the time it's just blocking the whole situation" (para. 6), as the pain is overbearing. Nadia reiterated that blocking out is a form of escaping when she mentioned, "To block she actually said to me that's she's blocking stuff that she doesn't want to remember" (para. 78). Literature agrees that dissociation allows a person to block painful emotions, which happens in extreme cases of repetitive and almost unbearable trauma (Perry, Pollard, Blackley, Baker, & Vigilante, 1995, p. 275).

Janice narrated the words of a survivor who was in the trafficking environment for a long period of time to illustrate that psychopathology can develop as form of dissociation, "I am really convinced sometimes that there's a couple of people within me, it's not just me, hey" (para. 46). She elaborated by saying, "There is one person and you will really not have a clue about the other person" (para. 47). As mentioned above, Schmidt (2007, p. 2) claimed that dissociative identity disorder is a tertiary form of dissociation and indicates that the individual might have experienced

earlier trauma in their lives. Tessa elaborated on psychopathology as a trauma manifestation that complicates the rehabilitation and reintegration process:

> Psychosis happens if we are dealing with someone with severe split personalities from experience so if we've identified or the psychologist has identified that we are dealing with the numerous amount of personalities then we know we are up for a challenge. (para. 84).

She further described a psychotic episode of one of the survivors dissociating from reality. Hallucination becomes a mechanism to avoid reality, "Monsters were coming out the cupboard and she would see these monsters and it was just ridiculous you know, and so, they start to partner with these things and it becomes incredibly you know difficult" (para. 89). Cary, Oram, Howard, Trevillion, and Byford (2016, p. 6) included psychosis as one of the mental health emergencies of trafficking survivors. In conclusion, victims of trafficking escape by using the protective psychological mechanism of dissociation. At times, they escape by merely switching off, drug addiction, or other times they construct new realities, and lastly, they escape by developing hallucinations and dissociative identity disorder. These symptoms closely correlate with having episodes of brief dissociation, depersonalisation or derealisation as described in Herman's CPTSD theory (Herman, 1991, p. 121; Herman, 2001, p. 81). The final main theme that is discussed is "Brokenness attracts brokenness" with sub themes, "vulnerability before trafficking", "vulnerability during trafficking", and "vulnerability after trafficking".

Brokenness attracts brokenness. (Main theme).

Vulnerability before trafficking, during-, and after-. (Sub themes)

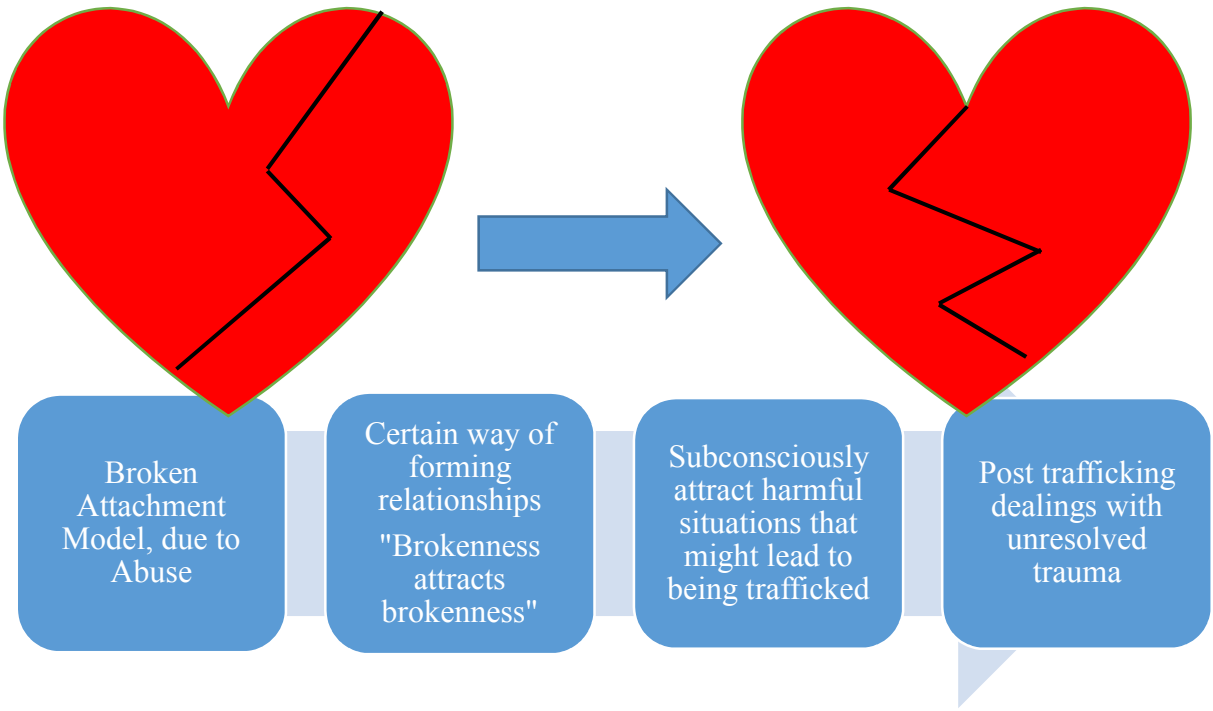


Figure 12. A Schematic illustration of how an unhealthy attachment model can eventually lead to trafficking survivors manifesting previous unresolved trauma.

Vulnerability before trafficking.

Nadia explained that each person growing up forms a certain kind of bond with their primary caregivers. She elaborated that this parental bond determines how future relationships will be formed, “The fact we all have an internal working model, that we get from our parents or primary caregivers in which we form our relationships” (para. 45). She further explained that children either form a secure bond with their primary caregiver, or they do not, “Safety in attachment and what secure attachment looks like, you either get it or you don’t get it from your primary caregiver” (para. 59). Nadia explained that many trafficking victims experienced previous abuse, before being trafficked, therefore shaping the way they interact with society:

> But if you grow up in a home where there's been a lot of violence or where you have been sexually molested that becomes your blueprint. That is how you deal with the rest of the world, now I have seen that in many trafficking victims. (para. 48).

Herman (1992, p. 106) concurred with this notion stating that "Children who grow up in unfavourable conditions, will seek these conditions in adulthood". Burke (2013, p. 74) similarly stated that "children with bad object relations during childhood, will have challenges in forming healthy future relationships with others". These disruptions in intimate relationships correlate with Herman's CPTD-theory of interpersonal difficulties (Herman, 1992, p. 121; Herman 2001, p. 81). Janice resonated with this argument by saying, "The kind of brokenness that you have is the kind of brokenness that you attract even as a grown person" (para. 66).

Benson (2016) explained, "We are attracted to those who confirm the beliefs we hold about ourselves" (para. 2). This attraction can be explained in terms of an insecure attachment formed during the early years of the child, leading to future preferences in relationship choices (Fonagy & Bateman, 2006, p. 418). Janice resonated with this point and suggested it might be possible that persons who were previously abused subconsciously attract situations that might be harmful:

> It's kinda like then once it's happened, there is an opportunity that it could happen again and a lot of the times the very thing that you fear, that you are so obsessed with it that that's the very thing that happens. A lot of times people make it happen without realising that they make it happen, I am not saying that girls go out looking for it but… (para. 73).

Janice cautiously intimated that the internal working model developed during early developmental phases, does not "warn" the victim against predatory relationships:

> Well, if it happened once then you like well it happened, a lot of times like I said it makes them feel worthless so they will feel like ag well, it's been done to me before, my body is broken anyway so what if it happened again (para. 74).

Nadia emphasised the importance of determining what kind of previous abuse was endured by a trafficking survivor, as this history will inform the health care service provider of the internal working model of the trafficking survivor:

> They actually come from very abusive backgrounds and that's why it's so important that one has to do a trauma history with them but because they come from abused backgrounds. Err, and there's been sexual abuse and maybe even some promiscuity. (para. 48).

Tessa agreed that knowing about trafficking survivors' previous trauma, can be informative about their current trauma manifestations:

> History of the survivor before they were even trafficked, and very often, especially in your more vulnerable areas of where trafficking is happening we have identified that most often the survivors have had a lot of abuse previous abuse in their family and so you've got that trauma which has never been dealt with (para. 1).

Therefore, service providers do not only deal with the trauma that occurred during trafficking, but also with the trauma that occurred earlier in the life of the survivor, all of which contribute to the level of brokenness of the trafficking survivor before they were trafficked. These levels of brokenness start during early developmental years with which seems to be a "broken attachment model" (Hazan & Shaver, 1992, p. 90).

Annabella described the South African context as another factor that contributes to victims being vulnerable to be trafficked, "Social environment, especially the townships contribute" (para. 66). Nadia reiterated this point by saying "Eighty-five per cent of our population are born into trauma and violence" (para. 21). The literature review shows that South African children and adults are typically recruited from low social economic areas to urban centres, such as Johannesburg, Cape Town, Durban, and Bloemfontein (USDS, 2016, p. 344). South African children are mainly trafficked for sexual purposes and to serve as domestic

workers (ECPAT, 2009, p. 3). Therefore, poverty stricken areas that are prone to violence increase the likelihood of victims being vulnerable to be trafficked, and suggests that they are born into a "broken system".

Vulnerability during trafficking.

Tessa stated that victims are exposed to horrific scenes, "What they've been forced to witness, if another girl is killed in front of them" (para. 15) and said that these victims are in "constant trauma, because there's no release" (para. 41). Literature indicated that trauma worsens during the trafficking stage, and can be long lasting (UNODC, 2009, p. 9). Traffickers identify the victim's needs and vulnerabilities: being able to exploit this enables the trafficker to succeed (Williamson & Cluse-Tolar, 2002, p. 11). Being exposed to these scenes can be severely upsetting for victims, as there is the likelihood that it might also happen to them. The constant trauma is also a continuous form of breaking them down; altogether alluding to a picture of a dilapidated victim, during the trafficking process. (Korzinski, 2013, p. 40).

Vulnerability after trafficking.

Annabella mentioned a possible reason survivors felt vulnerable at the safe house, is that they were "outside of their comfort zone" (para. 17). Therefore, they perceived their environment during the trafficking process as their safe environment. She continued that, "Things they lost, family they lost, a husband they lost, children they lost, some of them actually need abortions" (para. 33). Kaylor (2016, p. 4) stated that if these experiences are not addressed, it can lead to further vulnerability of survivors. These losses can possibly contribute to their vulnerability, even after they have left the trafficking situation, further contributing to their existing "brokenness".

Summary

This chapter commenced with a thematic map, visually illustrating ideographic and main themes developed in the current study. Thereafter ideographic themes were discussed

namely: “It takes a slave to catch a slave”, “A garden of lies”, “Trauma is trauma”, “Holistically shattered”, and “Layered trauma”. This was followed by a discussion on the main themes namely: “A new normal”, “The great escape”, and “Brokenness attracts brokenness”.

This chapter utilised relevant theory and literature to illustrate the differences and similarities of manifestations that were evident in the accounts of participants. It was evident that Herman’s CPTSD theory conceptualisation is reflected in ideographic and main themes and is a fitting theory with which to conceptualise trauma manifestations of human trafficking survivors. The following chapter concludes this study by discussing conclusions, limitations, and recommendations of this study.

Chapter Six

Conclusion, Limitations, and Recommendations of the Study

In this chapter, the conclusions of the current study will be discussed and followed by a brief discussion on limitations and recommendations of the study.

Conclusions of the Current Study

In the current study, the aim was to explore and describe trauma manifestations of human trafficking survivors, as perceived by health care service providers. Firstly, ideographic themes were developed from individual participant perspectives to explore and describe these trauma manifestations. The first ideographic theme namely Annabella's "It takes a slave to catch a slave" contained two sub themes "A hopeless case" and "If you can't beat them join them" and described trauma manifestations related to varied changes in the perception of the perpetrator as per Judith Herman's CPTSD theory (Herman, 1992, p. 121; Herman, 2001, p. 81). The second ideographic theme was what Ryno, named "A garden of lies" and related to CPTSD symptoms of persistent sadness, a sense of helplessness, and self-blame (Herman, 1992, p. 121; Herman, 2001, p. 81).

The third ideographic theme developed was what Nadia called "Trauma is trauma" which delivered concepts such as fragmented memory (Van der Kolk, 2014, p. 17), toxic stress (Zimmerman & Watts, 2003, p. 31), and fight, flight, or freeze reactions (Taylor et al., 2000, p. 413). The fourth ideographic theme of Janice named "Holistically shattered" revealed psychological disorders such as feelings of depression and anxiety based disorders, relating to current literature (Banović & Bjelajac, 2012, p. 95; Kaylor, 2016; Zimmerman et al., 2006) and similarly relating to CPTSD symptoms (Herman, 1992, p. 121; Herman, 2001, p. 81). The fifth ideographic theme of Tessa "Layered trauma" consisted of trauma manifestations related to CPTSD theory, amongst these manifestations were shame and guilt (Herman, 1992, p. 121; Herman, 2001, p. 81).

Secondly, themes developed from participant pooled perspectives revealed three main themes. The first main theme was “A new normal” and contained three sub themes namely “The new self”, “New relationships”, and “A new-found fear”. These themes closely correlate with symptoms of changes in self-perception as illustrated in Herman’s CPTSD theory (Herman, 1992, p. 121; Herman, 2001, p. 81). The second main theme “The great escape” related to dissociative aspects of CPTSD (Herman, 1992, p. 121; Herman, 2001, p. 81), and the third and final main theme “Brokenness attracts brokenness” with sub themes “Vulnerability before-, during-, and after trafficking linked with Bowlby’s attachment theory (Bowlby, 1958).

Thus, participants’ ideographic and pooled perspectives reveal that the traumas manifesting in human trafficking survivors were of a complex nature. Therefore, Judith Herman’s CPTSD theory was a more useful perspective to conceptualise trauma manifestations of human trafficking survivors, than PTSD in the DSM-5. Thus, diagnosing trafficking survivors with PTSD rather than CPTSD might hold implications for trauma in terms of care for trafficking survivors. Hence, if trauma is conceptualised through CPTSD, it might be possible to develop appropriate trauma informed care models.

In conclusion the study highlighted trauma manifestations such as Stockholm syndrome, altered self-concepts, psycho-physiological processes occurring in the brain, inter- and intrapersonal trauma manifestations, and layered trauma as trauma manifestations of human trafficking survivors. Furthermore, the researcher recognised that trafficking survivors develop an altered view of their inner and outside “worlds” following their experienced trauma, consequently leading to conscious and sub-conscious dissociation. Lastly, survivors of human trafficking often experience early developmental trauma, adding another layer to existing trauma. Therefore, the study achieved its aim of exploring and describing trauma manifestations of human trafficking survivors.

Limitations of the Current Study

The dearth of research regarding theoretical studies conducted in South Africa on TIP and TIP survivor trauma manifestations, was a limitation for the current study. The reason it limited the researcher, was that little is known about trauma manifestations of trafficking survivors in South Africa. It was difficult to compare or find literature about trauma manifestations in the South African context.

Limited theories have been developed regarding complex trauma, especially in the South African context. The theory applied in the current study is based on research conducted in Europe and The United States of America.

Another limitation was the small sample size due to the scope of the mini-dissertation. The sample size limited the amount of data gathered and richness of descriptions.

Recommendations for Future Research

Recommendations for future research include the need for more qualitative and quantitative research on trauma manifestations of victims of trafficking to inform trauma focused care of TIP survivors.

Future research can include a grounded theory methodology in research on trauma manifestations of TIP survivors in South Africa to build trauma theory that is contextually specific to South Africa.

A last recommendation is that a larger study with more participants, possibly including human trafficking survivors, will enable richer, more in-depth descriptions of trauma manifestations of human trafficking survivors.

References

Abend, G. (2008). *The meaning of theory. Sociological theory*. IL: Northwestern University

Abu-Ali, A., & Al-Bahar, M. (2011). Understanding child survivors of human trafficking: A micro and macro level analysis. *Procedia Social and Behavioural Sciences, 30*, 791-796.

African Centre for Migration and Society (ACMS). (2014, May 01). *Understanding human trafficking*. ACMS Issue Brief #10. African Centre for Migration & Society, Wits. Africa Check. Institute for Security Studies. Centre for Applied Legal Studies, Wits. Retrieved from https://www.africaportal.org/publications/understanding-human-trafficking/

Alayarian, A. (2007) Trauma, resilience and creativity: Examining our therapeutic approach in working with refugees, *European Journal of Psychotherapy & Counselling, 9*(3), 313-324. doi: 10.1080/13642530701571682

Alho, C.M. (2015). *The social effects of the exposure to domestic violence during childhood: a socio-educational perspective*. Unpublished Master's dissertation. University of South Africa, Pretoria.

American Psychological Association. (2018). Trauma. Retrieved from http://www.apa.org/topics/trauma/

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Araujo, E. (2011, February). *The need for human trafficking policy*. AISA Policy Brief, 37, 1-10. Retrieved from http://www.ai.org.za/wp-content/uploads/downloads/2011/11/No-37.-The-need-for-Human-Trafficking-Policy.pdf

Banović, B., & Bjelajac Z. (2012). Traumatic experiences, psychophysical consequences and needs of human trafficking victims. *Vojnosanit Pregl, 69*(1), 94–97.

Benson, K. (2016). Attachment theory explains why your relationships fail. Retrieved from https://kylebenson.net/attachment-theory/

Berger, R. (2013). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Sage Journals*. doi oi/10.1177/1468794112468475

Bermudez, L. (2008). *"No experience necessary"*: *The internal trafficking of persons in South Africa*. Pretoria, RSA: IOM.

Bloom, S.L. (1999). *Trauma theory abbreviated. From the final action plan. A coordinated community response to family violence.* Chair, Family Violence Task Force Office of the Attorney General Commonwealth of Pennsylvania. Retrieved from: http://sanctuaryweb.com/Portals/0/Bloom%20Pubs/1999%20Bloom%20Trauma%20Theory%20Abbreviated.pdf

Bloom, S. L., & Farragher, B. (2010). *Destroying sanctuary: The crisis in human service delivery systems*. Oxford University Press. Retrieved from http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780195374803.001.0001/acprof-9780195374803 doi:10.1093/acprof/9780195374803.001.0001

Bourne, C., Mackay, C. E., & Holmes, E. A. (2013). The neural basis of flashback formation: the impact of viewing trauma. *Psychological Medicine*, *43*(7), 1521–1532. Retrieved from http://doi.org/10.1017/S0033291712002358

Bowlby, J. (1958). The nature of the child's tie to this mother. *International Journal of Psycho-Analysis, 39*, 350-373.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* Thousand Oaks, CA: Sage Publications.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London, England, Sage.

Bremness, A., & Polzin, W. (2014). Commentary: Developmental Trauma Disorder: A Missed Opportunity in DSM V. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *23*(2), 142–145.

Brewin, C.R. (2015). Re-experiencing traumatic events in PTSD: New avenues in research on intrusive memories and flashbacks. *European Journal of Psychotraumatology, 6*, 27180. Retrieved from http://dx.doi.org/10.3402/ejpt.v6.27180

Briere, J., & Gil, E. (1998) Self-mutilation in a clinical and general population samples: Prevalence, correlates and functions. *American Journal of Orthopsychiatry, 68*, 609-620.

Burke, M.C. (2013). *Complex trauma and severe forms of human trafficking: Implications for practice*. Belgrade, Serbia: Astra. Retrieved from http://resourcecentre.savethechildren.se/library/human-trafficking-trauma-and-psychotherapy-collection-papers

Calvo, K. (2014). *The psychological effects of human trafficking on the second generation*. FL: Florida State University Libraries, United States of America.

Carstens, L. A (2014). *Human trafficking and psychosocial protective factors: The experiences of female victims of involuntary prostitution* (Unpublished master's dissertation). University of the Free State, Bloemfontein.

Cary, M., Oram, S., Howard, L.M., Trevillion, K., & Byford, S. (2016). Human trafficking and severe mental illness: an economic analysis of survivors' use of psychiatric services. *BMC Health Services Research,* 16, 284. doi 10.1186/s12913-016-1541-0

Center for Substance Abuse Treatment. (2009) *Addressing suicidal thoughts and behaviors in substance abuse treatment. Treatment improvement protocol (TIP) Series 50*. HHS Publication No. (SMA) 09-4381. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Chakraborty, I., & Schweiz, T. (2009). *Real lives, real options: A study exploring the livelihood options for trafficked survivors in rural and urban areas*. Kolkata, India: Sanlaap. Retrieved from http://www.worldcat.org/title/real-lives-real-options-a-study-exploring-the-livelihood-options-for-trafficked-survivors-in-rural-and-urban-areas/oclc/607340152

Charron, T. J. (2007). Victim responses to sexual assault: Counter intuitive or simply adaptive? *Office on Violence Against Women*. National District Attorneys Association. American Prosecutors Research Institute.

Child Welfare Information Gateway. (2017). *Human trafficking and child welfare: A guide for child welfare agencies*. Retrieved from https://www.childwelfare.gov/pubs/trafficking-agencies/

Chisolm-Straker, M., & Stoklosa, H. (Eds.) (2017). *Human trafficking is a public health issue. A paradigm expansion in the United States*. Boston, MA, United States of America: Springer. DOI 10.1007/978-3-319-47824-1

Clawson, H.J., Dutch, N., Solomon, A., & Goldblatt Grace, L. (2009). *Human trafficking into and within the United States: A review of literature.* Washington DC, United States of America: Department of Health & Human Services. Retrieved from https://aspe.hhs.gov/basic-report/human-trafficking-and-within-united-statesreview-literature

Clawson, H.J., Salomon, A., & Goldblatt-Grace, L. (2008). Treating the hidden wounds: *Trauma treatment and mental health recovery for victims of human trafficking*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

Cloitre, M., Garvert, D. W., Weiss, B., Carlson, E.B., & Bryant, R.A. (2014). Distinguishing PTSD, complex PTSD, and borderline personality disorder: A latent class analysis. *European Journal of Psychotraumatology, 5*(2). Retrieved from http://www.ejpt.net/index.php/ejpt/article/view/25097

Cluver, L., Bray, R., & Dawes, A. (2007). Monitoring the worst forms of child labour, trafficking and child commercial sexual exploitation. In A. Dawes, R. Bray, & A. van der Merwe (Eds.), *Monitoring Child Rights and Well-Being: A South African Approach* (pp. 247-267). Cape Town, RSA: HSRC Press.

Cohen, D. & Crabtree, B. (2006). Qualitative Research Guidelines Project. *Robert Wood Johnson Foundation.* Retrieved from, http://www.qualres.org/index.html

Contreras, P. M., Kallivayalil, D., & Herman, J. L. (2017) Psychotherapy in the aftermath of human trafficking: Working through the consequences of psychological coercion, *Women & Therapy 40*(1-2), 31-54. doi: 10.1080/02703149.2016.1205908

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & Van der Kolk, B. A. (2005). Complex trauma in children and adolescents. *Psychiatric annals 35*(5), 390-398.

Cornelius, J.R. (2013). *Editorial Regarding the New DSM-5 Diagnosis of PTSD in Veterans and Non-veterans. J Depress Anxiety*. The University of Pittsburgh School of Medicine, Western Psychiatric Institute, Pittsburgh, USA; 2(3): 139–141. doi:10.4172/2167-1044.1000139

Curran, R. L. (2016). *A theory of aftercare for human trafficking survivors: A grounded theory analysis of survivors and aftercare providers in South Africa* (Unpublished doctoral thesis). University of Kwazulu Natal, Durban, RSA.

Creswell, J. W. (2012). Qualitative inquiry & research design: Choosing among five approaches. Thousand Oaks: Sage Publications.

Darlington, Y., & Scott, D. (2002). *Qualitative Research in Practice: Stories from the field.*

Deakin, H., & Wakefield, K. (2013). Skype interviewing: *Reflections of two PHD researchers. Vol 14(5)*, pp. 603 – 616. Retrieved from https://doi.org/10.1177/1468794113488126

Demir, J.S. (2003). Trafficking of women for sexual exploitation. A gender-based well-founded fear. An examination of refugee status determination for trafficked prostituted women from CEE/CIS countries to Western Europe.

Dafel, V. (2014). *The prevention and combating of trafficking in persons act 7 of 2013: A critical analysis of its potential impact on child trafficking prosecutions in South Africa* (Unpublished master's dissertation). University of KwaZulu-Natal, Durban, RSA.

Danailova-Trainor, G., & Laczko, F. (2010). *Trafficking in persons and development. Towards greater policy coherence.* doi.org/10.1111/j.1468-2435.2010.00625.x Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-2435.2010.00625.x#references-section

Dandurand, Y. (2014). *Human trafficking for domestic servitude: Patterns of deception and coercion and their impact of victims*. Research note submitted to The Office to Combat Trafficking in Persons, British Columbia. Retrieved from https://www2.gov.bc.ca/assets/gov/law-crime-and-justice/criminal-justice/victims-of-crime/human-trafficking/resources/human_trafficking_for_domestic_servitude.pdf

Davis, H. (2013). Defining 'pimp': Working towards a definition in social research. *Sociological Research Online, 18*(1), 1-15. Retrieved from http://www.socresonline.org.uk/18/1/11/11.pdf

Denzin, N. K. (1978). The research act: A theoretical introduction to sociological methods. NY, United States of America.

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research* (4th ed.). Thousand Oaks: Sage Publications.

Dulmus, C.M., & Hilarski, C. (2003). When stress constitutes trauma and trauma constitutes crisis: The stress-trauma continuum. Brief treatment and crisis intervention. doi:10.1093/brief-treatment/mhg008.

Djuranovic, I. (2009). Trauma and coping A study of women that were trafficked for the purpose of sexual exploitation in India. Goteborgs University, Sweden. Institution of Social Work.

Durrheim, K., & Painter, D. (2006). Collecting quantitative data: Sampling and measuring. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 132-159). Cape Town, RSA: University of Cape Town Press

End Child Prostitution and Trafficking (ECPAT). (2009). The Body Shop. Retrieved from http://www.ecpat.org/wp-content/uploads/legacy/Factsheet_South_Africa.pdf

Europol (2017). Europol Review. European Union Law Enforcement. The Hague, The Netherlands. Retrieved from https://www.europol.europa.eu/activities-services/main-reports/europol-review-2016-2017

Everitt, D. (2013). *Locked in transit: Girls inside the gates of child sex trafficking in South Africa* (Unpublished master's dissertation). University of South Africa, Pretoria, RSA.

Farrell, A., McDevitt, J., & Fahy., S. (2008). *Understanding and improving law enforcement responses to human trafficking*. North Eastern University. Institute on Race and Justice. Retrieved from https://centerforimprovinginvestigations.org/wp-content/uploads/2017/07/UnderstandingImprovingLEResponses-toHT-FinalRep2008.pdf

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. *Am J Prev Med*, *14*(4), 245-58.

Fellows, S. (2008). *Trafficking body parts in Mozambique and South Africa*. Maputo, Mozambique: Liga Moçambicana Direitos Humanos. Retrieved from http://www.iese.ac.mz/lib/PPI/IESEPPI/pastas/governacao/justica/artigos_cientificos_imprensa/trafficking_body_africa.pdf

Finch, J. (2017). *Complex PTSD, it's not a diagnosis…yet*. Psychology services. Retrieved from http://psychologyservices.net.au/complex-ptsd-not-diagnosisyet/

Fonagy, P., Bateman, A.W. (2006). Mechanisms of Change in Mentalization-Based Treatment of BPD. *Journal of Clinical Psychology. 62(*4), 411–430 (2006)

Fowler, J., Che, N., & Fowler, L. (2010). Innocence lost: The rights of human trafficking victims. *Procedia Social and Behavioral Sciences (2)*, 1345–1349. doi:10.1016/j.sbspro.2010.03.198

Gallagher, A., & Skrivankova, K. (2015). Human rights and trafficking in persons. 15th informal ASEM seminar on human rights. Background paper. Retrieved from https://www.asef.org/images/docs/Background%20Paper%20-%2015th%20Seminar%20(Final).pdf

Giller, E. (1999). *What is psychological trauma*. Sidran Institute. Passages to Prevention: Prevention across Life's Spectrum

Gimson, K., & Trewhella, A. (2014). *Developing a trauma-informed therapeutic service in the Australian Capital Territory for children and young people affected by abuse and neglect*. ACT, Australia: ACT Government Community Services.

Grix, J. (2002). Introducing students to the generic terminology of social research. *Politics, 22*(3), 175-186.

Global Slavery Index. (2016). *How many people are in modern slavery in South Africa?* Retrieved from https://www.globalslaveryinderx.org/country/sputh-africa

Goliath, P. (2016). Protecting victims of human trafficking – is South Africa doing enough? *De Rebus, DR22.* Retrieved from http://www.derebus.org.za/protecting-victims-human-trafficking-south-africa-enough/

Gould, C. (2010). Moral panic, human trafficking and the 2010 Soccer World Cup. *Agenda: Empowering women for gender equity, 24*(85), 31-44.

Government and Social Development Resource Centre. (2011). *The impact of human trafficking on people and countries*. Retrieved from http://www.gsdrc.org/docs/open/hd780.pdf

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp.105-117). Thousand Oaks, CA: Sage Publications.

Hacker, D., & Cohen, O. (2012). *The shelters in Israel for the survivors of human trafficking.* Research Report. Tel Aviv University. Submitted to the United States Department of State. Retrieved from https://hotline.org.il/wp-content/uploads/202508941-The-Shelters-in-Israel-for-Survivors-of-Human-Trafficking.pdf

Hamaoka, D.A., Kilgore, J.A., Carlton, J., Benedek, D.M, & Ursano, R, J. (2010). Military and civilian disaster response and resilience: From gene to policy. *Military Medicine*, *175(*7), 32.

Hayes J. P., Van Elzakker, M. B., & Shin L. M (2012). Emotion and cognition interactions in PTSD: A review of neurocognitive and neuroimaging studies. doi: 10.3389/fnint.2012.00089

Hazan C., Shaver P.R. (1992) Broken Attachments: Relationship Loss From the Perspective of Attachment Theory. In Orbuch, T.L. (Eds) *Close Relationship Loss*. New York, NY: Springer.

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress, 5*(3), 377-391.

Herman, J. L. (2001). *Trauma and recovery*. New York, NY: Basic Books.

Hoepfl, M. C. (1997). Choosing qualitative research: A primer for technology education researchers. *Journal of Technology Education, 9*(1), 88-101

Hom, K. A., & Woods, S. J. (2013). Trauma and its aftermath for commercially sexually exploited women as told by front-lines service providers. *Issues in Mental Health Nursing, 34*, 74-81. doi: 10.3109/01612840.2012.723300

Hopper, E. K. (2004). Under identification of human trafficking victims in the United States. *Journal of Social Work Research and Evaluation, 5*(2), 125 -136.

Hopper, E. K. (2017) Trauma-informed psychological assessment of human trafficking survivors, *Women & Therapy, 40*(1-2), 12-30, doi: 10.1080/02703149.2016.1205905. Retrieved from http://dx.doi.org/10.1080/02703149.2016.1205905

Horne, J. (2011). The investigation of human trafficking: An impossible mission without elemental identification of the crime. *Acta Criminological, 24*(3), 20-30.

Horne, J. S. (2014). *A critical analysis of human trafficking for sexual exploitation* (Unpublished doctoral thesis). University of South Africa, Pretoria, RSA.

Hosken, G. (2015). *SA is a major highway for human trafficking*. Times LIVE. Retrieved from http://www.timeslive.co.za/thetimes/2013/11/06/sa-is-a-major-highway-for-human-trafficking

Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health, 100*(12), 2442-2449. doi: 10.2015/AJPH.2009.173229.

Human Sciences Research Council (HSRC). (2010). *Tsiriledzani: Understanding the dimensions of human trafficking in South-Africa* (Research No. ISBN: 978-0-621-

39231-9). Pretoria, RSA: National Prosecuting Authority. Retrieved from http://www.hsrc.ac.za/en/research-data/view/4940

International Labour Organization (ILO). (2012). *ILO global estimate of forced labour: Results and methodology*. Geneva, Switzerland: ILO. Retrieved from http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@declaration/documents/publication/wcms_182004.pdf

Institution of social sciences. (2005). Trafficking in women and children in India. New Delhi, India: Orient Longman.

Ioannou, M., & Oostinga, M.S.D. (2015) An empirical framework of control methods of victims of human trafficking for sexual exploitation. *Global Crime, 16(1)* 34-49, DOI: 10.1080/17440572.2014.979915

Johnson, B., & Christensen, L. (2008). Educational research: Quantitative, qualitative, and mixed approaches (pp. 34-52). Thousand Oaks, CA: Sage Publications.

Jones, A. A. (2009). Post-traumatic stress disorder and victims of human trafficking: A perpetuation of chronic indignity. 4-17 JONES 06-15-09doc.docm. Retrieved from https://www.stu.edu/Portals/Law/docs/human-rights/ihrlr/volumes/4/317-354-AngelaAJones-PostTraumaticStressDisorderandVictimsofHumanSexTraffickingAPerpetuationofChronicIndignityHumanTraffickingGlobalandLocalPerspectives.pdf

King, L. (2013). International law and human trafficking. *Topical research digest: Human rights and human trafficking.*, 88-103. Retrieved from https://www.du.edu/korbel/hrhw/researchdigest/trafficking/InternationalLaw.pdf

Kaylor, L. (2016). *Psychological impact of human trafficking and sex slavery worldwide: Empowerment and intervention*. Retrieved from https://www.apa.org/international/pi/2015/09/leah-kaylor.pdf

Koricanac, I. (2013). *Human trafficking, trauma and psychotherapy: A collection of papers*. Belgrade: Astra. Retrieved from http://resourcecentre.savethechildren.se/library/human-trafficking-trauma-and-psychotherapy-collection-papers

Krauss, R. M., & Chiu, C. (1996). Language and social behavior. In D. Gilbert, S. Fiske & g. Lindsey (Eds.), *Handbook of social psychology* (4th ed.), (pp. 41-88). Boston, MA, United States of America: McGraw-Hill.

Kreston, S.S. (2007). Trafficking in children in South Africa: An analysis of pending legislation. *Child Abuse Research in South Africa, 8*(1), 35-50.

Kruger, B. (2012). *Combating human trafficking: The South African legal context.* Center on Democracy, Development, and the Rule of Law. Working Papers No. 002. Retrieved from http://cddrl.fsi.stanford.edu/sites/default/files/Kruger_Combating_Human_Trafficking_06_12.pdf

Kruger, B., & Oosthuizen, H. (2011). Looking behind the mask of confusion: towards a better understanding of human trafficking. *Child Abuse Research: A South African Journal, 12*(2), 46-66.

Kiss, L., Yun, K., Pocock, N., & Zimmerman, C. (2015). Exploitation, violence and suicide risk among child and adolescent survivors of human trafficking in the greater Mekong sub region. *Jama Pediatrics, 169*(9), 1-8.

Korzinski, M. (2013). Identifying and treating trauma in victims of trafficking and exploitation. Belgrade: Astra. Retrieved from http://resourcecentre.savethechildren.se/library/human-trafficking-trauma-and-psychotherapy-collection-papers

Lamagna, J., & Gleiser, K. (2007). Building a secure internal attachment: An interrelational approach to ego strengthening and emotional processing with chronically traumatized clients. *Journal of Trauma and Dissociation, 8*(1), 25-52.

Levine, J. A. (2017). Mental health issues in survivors of sex trafficking, *Cogent Medicine 4,* 1-13. doi: 10.1080/2331205X.2017.1278841

Litam, S. D. A. (2017). Human sex trafficking in America: What counsellors need to know. *The Professional Counselor, 7(*1), 45–61. Retrieved from http://tpcjournal.nbcc.org

Mateus, A. A., Allen-lle, C., & Iwu, C. G. (2014). Skills shortage in South Africa: Interrogating the repertoire of discussions. *Mediterranean Journal of Social Sciences, 5*(6), 63-73. doi:10.5901/mjss.2014.v5n6p63

Mason, J. (2002). *Qualitative researching* (2nd ed). Thousand Oaks:, CA: Sage Publications.

Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews [63 paragraphs]. *Qualitative Social Research, 11*(3), http://nbn-resolving.de/urn:nbn:de:0114-fqs100387.

Matheson, C. (2016). A new diagnosis of complex Post-traumatic Stress Disorder, PTSD a window of opportunity for the treatment of patients in the NHS?, *Psychoanalytic Psychotherapy, 30*(4), 329-344, doi: 10.1080/02668734.2016.1252943

McNally, R.J., Clancy, S.A., Barrett, H. M., & Parker, H. A. (2005). Reality monitoring in adults reporting repressed, recovered, or continuous memories of childhood sexual abuse. *Journal of Abnormal Psychology, 114*(1), 147-152.

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Mofokeng, J, & Olutola, A. A. (2014). Expert reflections on challenges experienced to address human trafficking in South Africa prior to the implementation of the Prevention and Combating of Trafficking in Persons Act 7 of 2013. *Acta*

Criminologica: Southern African Journal of Criminology Special Edition, 1, 114–135.

Mollema, N. (2013). Combating human trafficking in South Africa: A comparative legal study (Unpublished doctoral thesis). University of South Africa, Pretoria, RSA. Retrieved from http://uir.unisa.ac.za/bitstream/handle/10500/10189/thesis_mollema_n.pdf?sequence=1&isAllowed=y

Mollema, N. (2014). Combating human trafficking in South Africa: A critical evaluation of the Prevention and Combating of Trafficking in Persons Act 7 of 2013. *Journal of Contemporary Roman-Dutch Law/Tydskrif vir Hedendaagse Romeins-Hollandse Reg, 77*, 246-262.

Murray, J. (2003). Who will police the peace builders? The failure to Establish Accountability for the Participation of United Nations Civilian Police in the Trafficking of Women in Post-Conflict Bosnia and Herzegovina, 34 COLUM. HUM. RTS. L. REV. 475, 476-77

National Alliance on Mental Illness (2018). *Posttraumatic stress disorder*. Retrieved from https://www.nami.org/learn-more/mental-health-conditions/posttraumatic-stress-disorder

Nabo, S.S. (2013). *Human trafficking: Narratives of non-governmental organization caregivers in the Eastern Cape* (Unpublished Masters Dissertation). University of Fort Hare, Eastern Cape, RSA.

National Freedom Network. (2018). Retrieved from http://nationalfreedomnetwork.co.za/about-us/

Nichol, S., & Skipper S. (2013). Child trafficking for sexual exploitation within the United Kingdom: A north western perspective. *Journal of Public Administration, 48*(1), 89-101.

Nor, M. Z. M., & Fakri, N. R. M. (2014). *The role of problem-based learning approach in professional identity development of medical undergraduate students in university Sains Malaysia*. Department of Medical Education, School of Medical Sciences, Universiti Sains Malaysia, Health Campus, Kubang Kerian Kelantan, Malaysia.

Number of persons identified as victims of trafficking (2017). Retrieved from http://pmg-assets.s3-website-eu-west-1.amazonaws.com/RNW2946-2017-11-27-Anex_A.pdf

Olutola, A. A. (2016). *Combating human trafficking in South Africa: beyond legal arsenal*. International Police Executive Symposium. Working paper no 56. Retrieved from http://www.ipes.info/WPS/WPS_No_56.pdf

Oram, S., Stöckl, H., Busza, J., Howard, L.M., & Zimmerman, C. (2012). Prevalence and risk of violence and the physical, mental, and sexual health problems associated with

human trafficking: Systematic review. *Plos Medicine, 9*(5), 1-13. doi:10.1371/journal.pmed.1001224.

Organization for Security and Co-Operation in Europe. (2009). *A summary of challenges on addressing human trafficking for labour exploitation in the agricultural sector in the OSCE region*. Vienna, Austria. Occasional Paper Series no. 3. Retrieved from https://www.osce.org/cthb/37937?download=true

Pai, A., Suris, A. M., North, C. S. (2017). Posttraumatic Stress Disorder in the DSM-5: Controversy, change, and conceptual considerations. Behavioural Sciences, 7(7). doi:10.3390/bs7010007

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2013). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Adm Policy Ment Health doi 10.1007/s10488-013-0528-y

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks: Sage Publications.

Pandey, S., Tewari, H. R., & Bhowmick, P. K. (2013). Antecedents and reintegration of sex trafficked victims in India: A conceptual framework. *International Journal of Criminal Justice Sciences*, *8*(1), 47-62. Retrieved from http://www.sascv.org/ijcjs/pdfs/pandeyetaliijcjs2013istissue.pdf

Perry, B. D., Pollard, R., Blakely, T., Baker, W., & Vigilante, D. (1995). *Childhood trauma, the neurobiology of adaptation and "use-dependent" development of the brain: How "states" become "traits"*. Retrieved from http://www.childtrauma.org/ctamaterials/states_traits.asp

Polit, D.F., & Beck, C.T. 2004. *Nursing Research: principles and methods*. 7th edition. Lippincott: Williams & Wilkins.

Polit, D., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies, 8,*. doi: 10.1016/j.ijnurstu.2010.06.004

Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52* (2), 126 –136. doi 10.1037/0022-0167.52.2.126

Pullins, A. J., (2016). *Rescuing Victims of Human Trafficking*: Strategies and Solutions. Honors Theses. 346, pp. 2-24. Retrieved from https://encompass.eku.edu/honors_theses/346

Rettie, R. (2009). Mobile phone communication: extending Goffman to mediated interaction, *Sociology, 43*(3), 421-38.

Richards, K., & Lyneham, S. (2014). Help-seeking strategies of victim/ survivors of human trafficking involving partner migration. *Trends & Issues in Crime & Criminal Justice, 468*, 1–10. Retrieved from https://aic.gov.au/publications/tandi/tandi468

Robjant K, Roberts J. & Katona, C.(2017). Treating posttraumatic stress disorder in female victims of trafficking using narrative exposure therapy: A retrospective audit. *Front Psychiatry 8*, 63. doi: 10.3389/fpsyt.2017.00063

Rong, R. (2011). Contextual frame theory and monitoring flashbacks, Online Proceedings of the Annual Conference of the Poetics and Linguistics Association (PALA).

Roy, S., & Chaman C. (2017). Human rights and trafficking in women and children in India. *Journal of Historical Archaeological & Anthropological Sciences, 1*(5), 162-170. doi: 10.15406/jhaas.2017.01.00027

Roujavanong, W. (2011). *Human trafficking: A challenge of Thailand and the world community*. Resource material series No. 87. Retrieved from http://www.unafei.or.jp/english/pages/RMS/No87.htm

Sambo, J. (2009). *The role of the Social Worker in the prevention of child trafficking in South Africa* (Unpublished Masters Dissertation). University of Pretoria, Pretoria, RSA. Retrieved from https://repository.up.ac.za/bitstream/handle/2263/27072/dissertation.pdf;sequence=1

Schmidt, T. (2007). Integrative Research Paper: Dissociative Identity Disorder Tom Schmidt Abnormal Psychology.

Seitz, S. (2015). Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: A research note. *Qualitative Research*, 1-7. doi: 10.1177/1468794115577011

Severinsson, E. (2015). Rights and responsibilities in research supervision: *Nursing and Health Sciences, 17*, 195–200.

Shabangu, T. (2010). *Human trafficking. Multidisciplinary measures to address the problem of human trafficking* (Workshop Report). Pretoria, RSA: Idasa and the African-Asian Society.

Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress: Etiology and treatment. Department of Psychology, University of Konstanz, Germany

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(3), 63-75.

Shu-Acquaye, F. (2013). Human trafficking: Trends in Africa. *Gonzaga Journal of African Law, 16*(1), 1-32.

Skjelsbaek, I. (2006). Victim and survivor: Narrated social identities of women who experienced rape during the war in Bosnia-Herzegovina. *Feminism & Psychology, 16*(4), 373- 403. doi:10.1177/0959353506068746

Soroptimist International of the Americas. (2007). *The new face of slavery*. Retrieved from https://www.soroptimist.org/whitepapers/whitepaperdocs/wpnewfaceslavery.pdf

Sprang, G., & Cole, J. (2018). Familial sex trafficking of minors: Trafficking conditions, clinical presentation and system involvement. *Journal of Family Violence, 33*(3), 185-195. Retrieved from https://doi.org/10.1007/s10896-018-9950-y

Srivastava, R. S. (2005). *Bonded labour in India: Its incidence and pattern*. Jawaharlal Nehru University, New Delhi, India: International Labour Office. Retrieved from https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1017&context=forcedlabor

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications.

Stein, J. L. (2015) Examining post-traumatic stress disorder and the plight of Vietnam veterans. *Iowa Historical Review, 5*(1), 7-22. https://doi.org/10.17077/2373-1842.1028

Steele, K., Van Der Hart, O., & Nijenhuis, E. R. S. (2005). Phase oriented treatment of structural dissociation in complex traumatisation: Overcoming trauma-related phobias. *Journal of Trauma and Dissociation, 6*, 11-53. https://doi.org/10.1300/J229v06n03_02

Substance Abuse and Mental Health Services Administration (2014). Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series 57. HHS

Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Swart, H. (2014, August 27). Of victims and victimhood. *The Daily Maverick.* Retrieved from https://www.dailymaverick.co.za/opinionista/2014-08-27-of-victims-and-victimhood/#.WwZ_hWfebIU

Tanielian, T. & Jaycox, L. H. (Eds.) (2008*). Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND MG-720.

Taylor, S.E., Klein, L.C., Lewis, B.P., Gruenewald, T.L., Gurung, R.A.R, & Updergraff, J.A. (2000). Biobehavioural response to stress in females: Tend-and-befriend, not fight or flight. *Psychological Review, 107*(3), 411-429.

Terr, L. (1990). *Too scared to cry: Psychic trauma in childhood*. NY, United States of America: Harper & Row.

Terre Blanche, K., & Durrheim, D. (2006). Collecting quantitative data: Sampling and measuring. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 132-159). Cape Town, RSA: University of Cape Town Press

Thomas, R. B., & Wilson, J. P. (2004). Issues and controversies in the understanding and diagnosis of compassion fatigue, vicarious traumatization, and secondary traumatic stress disorder. *International Journal of Emergency Mental Health, 6*(2), 1-12.

Todres, J. (2011). Moving upstream: The merits of a public health law approach to human trafficking. *North Carolina Law Review, 89*(2), 447-506. Retrieved from https://www.researchgate.net/publication/228123988_Moving_Upstream_The_Merits_of_a_Public_Health_Law_Approach_to_Human_Trafficking

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16*, 837–851. doi:10.1177/1077800410383121

Troshynski, E. I., & Blank, J. K. (2014). *Interviews with human traffickers: Perceptions of sex and violence.* Durham, NC: Carolina Academic Press. Retrieved from https://cap-press.com/pdf/heil%20nichols%20online%20chapter%2001%20Troshynski.pdf

Tyldum, G. (2010). Limitations in research on human trafficking. *International Migration, 48*(5), 1-13. doi.org/10.1111/j.1468-2435.2009.00597

United Nations Office on Drugs and Crime UNODC (2007). UNODC launches global initiative to fight human trafficking. Retrieved from https://www.unodc.org/unodc/en/press/releases/2007-03-26.html

United Nations Office on Drugs and Crime (UNODC) (2009). *People vulnerable to human trafficking.* Retrieved from: http://www.unodc.org/unodc/en/hiv-aids/people-vulnerable-to-human-trafficking.html.

United Nations Educational Scientific and Cultural Organization (UNESCO). (2007). *Human trafficking in South Africa: Root causes and recommendations*. Intersectoral Programme. Poverty Eradication. Retrieved from http://unesdoc.unesco.org/images/0015/001528/152823e.pdf

United States Department of Health and Human Services (2014). *A treatment improved protocol (TIP) no 57: Trauma-informed care in behavioural health services*. U.S. Department of health and Human Services. Rockville, MD. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK207201/pdf/Bookshelf_NBK207201.pdf

United States Department of State. (2012). *Trafficking in persons report 2012*. Retrieved from United States Department of State: http://www.state.gov/j/tip/rls/tiprpt/2012/192368.htm

United States Department of State (2015). *Trafficking in persons report 2015*. United States Department of State. Retrieved from https://www.state.gov/documents/organization/245365.pdf

United States Department of State (2016). *Trafficking in persons report 2016*. Office to monitor and combat trafficking in persons. United States Department of State. Retrieved from www.state.gov/j/tip/

United States Department of State (2017). *Trafficking in persons report 2017*. United States Department of State. Retrieved from https://www.state.gov/documents/organization/271339.pdf

United States Department of State. (2007) Trafficking in persons report 2007. United States Department of State. Retrieved from https://www.state.gov/documents/organization/82902.pdf

United States Department of State (2004). *Trafficking in persons report 2004*. United States Department of State. Retrieved from https://www.state.gov/documents/organization/34158.pdf

United States Department of State (2002). *Trafficking in persons report 2002*. United States Department of State. Retrieved from https://www.state.gov/documents/organization/10815.pdf

Unite States Department of Veteran Affairs. (2017). *PTSD: National Center for PTSD*. Retrieved from https://www.ptsd.va.gov/professional/PTSD-overview/ptsd_children_6_and_younger.asp

UN Chronicle (2010). Prevention prosecution protection

Van der Hart, O., Nijenhuis, E.R.S., & Solomon, R. (2010). Dissociation of the personality in complex trauma-related disorders and EMDR: Theoretical Considerations. *Journal of EMDR Practice and Research, 4*(2), 77.

Van der Kolk, B.A. (1987). *Psychological trauma*. American Psychiatric publishing, Inc. Massachusetts Mental Health Centre, Harvard Medical School. Boston Massachusetts.

Van der Kolk, B.A. (1994). The body keeps the score: Memory and the evolving psychobiology of post-traumatic stress. Harvard Rev Psychiatry.

Van der Kolk, B.A. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience 2*(1), 7-22. Boston University School of Medicine, Boston, Massachusetts, USA.

Van der Kolk, B.A. (2001). The assessment and treatment of complex PTSD. In R Yehuda (Ed.), *Traumatic stress*. American Psychiatric Press.

Van der Kolk, B.A. (2005). *Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories*. USA LLC: Viking Penguin.

Van der Kolk, B.A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY, US: Viking.

Van der Kolk, B.A., & Ducey, C. (1989). Post-Traumatic Stress Disorder: psychological and biological sequelae. *Journal of? Traumatic Stress, 2*, 259-274.

Van der Kolk, B.A., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. Trauma Information Pages, Articles: van der Kolk & Fisler. Brooklyn, MA and Harvard Medical School. USA

Van der Kolk B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola J. (2005). Disorders of extreme stress: The Empirical Foundation of a Complex Adaptation to Trauma. *Journal of Traumatic Stress, 18*(5), 389–399.

Van der Watt, M. (2015). *Human trafficking in South Africa: An elusive statistical nightmare.* Retrieved from https://theconversation.com/human-trafficking-in-south-africa-an-elusive-statistical-nightmare-43949

Van der Watt, M. (2018). *Serious concerns regarding the decriminalisation of adult prostitution South Africa.* Retrieved from http://pmg-assets.s3-website-eu-west-1.amazonaws.com/180305UNISA_Marcel_vd_Watt.pdf

Van der Westhuizen, A. (2015). *Co-mapping the maze: A complex systems view of human trafficking in the Eastern Cape* (Unpublished doctoral thesis). Mandela Metropolitan University, Nelson Mandela Bay, RSA.

Van Haperen, M., Ten Have, W., Kiernan, B., Mennecke, M., Ungur, U. U., & Zwaan, T. (2012). *Holocaust and other genocides: An introduction*. NIOD Institute for War, Holocaust and Genocide Studies: Amsterdam University Press.

Van Lelyveld, C. R. (2008). *The experience of vicarious trauma by the police officers within the South African Police Service in the Limpopo Province*. University of Limpopo

Van Merriënboer, J. J. G., & De Bruin, A. B. H. (2014). Research Paradigms and Perspectives on learning

Van Zyl, M., & Horne, J. (2009). A policing perspective on the investigation challenges of child trafficking in South Africa. *Child Abuse Research, 10*(2), 10-24.

Verhoefen, M., Van Gestel, B., de Jong, D., & Kleemans, E. (2013). Victims of sex trafficking: Exploitation of prostitutes and domestic violence parallels in Dutch trafficking cases. *European Journal on Criminal Policy and Research*. doi 10.1007/s10610-013-9226-2

Vezmar, M. (2013). *Trauma – psychoanalytic perspective*. Belgrade: Astra. Retrieved from http://resourcecentre.savethechildren.se/library/human-trafficking-trauma-andpsychotherapy-collection-papers

Warria, A. R. (2014). *Development of psychosocial intervention guidelines for transnational trafficked children* (Unpublished doctoral thesis). University of Johannesburg,

Johannesburg, RSA. Retrieved from https://ujcontent.uj.ac.za/vital/access/manager/Index?site_name=Research%20Output

Wassenaar, D. R. 2006. Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (pp. 60-79). Cape Town, RSA: University of Cape Town Press.

Weller, S. (2015). *The potentials and pitfalls of using Skype for qualitative (longitudinal) interviews*: National Centre for Research Methods. Economic and Social Research Council.

Wilkinson, K., & Chiumia, S. (2013, October 18). Human trafficking: Sensationalist and unsubstantiated reporting. *The Daily Maverick.* Retrieved from https://www.dailymaverick.co.za/article/2013-10-18-human-trafficking-sensationalist-and-unsubstantiated-reporting/#.WwcOwGfebIU

Williamson, C., & Cluse-Tolar, T. (2002). Pimp-Controlled Prostitution: Still an Integral Part of Street Life. *Violence Against Women, 8*(9) 1074-1092

Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method.* Buckingham, UK: Open University Press.

Wilson, Z., Harel, Z., & Kahana. (1988). Coping with extreme trauma. In J. P. Wilson, Z. Harel, & B. Kahana (Eds.), *The Plenum series on stress and coping. Human*

adaptation to extreme stress: From the Holocaust to Vietnam (pp. 55-79). New York, NY, US: Plenum Press.

World Bank. (2009). *Social development notes: Conflict, crime and violence* (No 122). Washington, DC, USA: Wold Bank. Retrieved from http://siteresources.worldbank.org/EXTSOCIALDEVELOPMENT/Resources/244362

Zimmerman, C., & Watts, C. (2003). WHO Ethical and Safety Recommendations for Interviewing Trafficked Women. World Health Organization (2003). ISBN 92 4 154625 5

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). *Stolen smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe*. London, UK: The London School of Hygiene & Tropical Medicine. Retrieved from www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf

Statutes

South Africa. Combating and Prevention of Trafficking in Persons Act, 7, 2013. Retrieved from http://www.justice.gov.za/legislation/acts/2013-007.pdf

United Nations (2000). Protocol to prevent, suppress, and punish trafficking in persons, especially women and children, supplementing the United Nations convention against transnational organised crime. Retrieved from http://www.ohchr.org/Documents/ProfessionalInterest/ProtocolonTrafficking.pdf

Appendix 1 Information Letter

Dear Participant,

You are invited to participate in the following research project: **Trauma manifestations of human trafficking survivors**

This study will aim to explore and describe the trauma manifestations of survivors of human trafficking, through your personal account as a service provider to trafficked victims. It is possible that you might not personally experience any advantages during the research study. However, the information gathered will be meaningful as you will be contributing to knowledge of trauma manifestations of survivors of human trafficking, your contribution might create awareness amongst members of the psychology community, inform policy makers to create better laws to benefit survivors of human trafficking, and inform the efficacy of therapeutic interventions for survivors of human trafficking.

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 have any negative repercussions for you. The process of data gathering that you are involved in, entails one interview session that will last for approximately one hour. The interview will occur in a private and comfortable setting of your choice. The interview will be audio recorded and the recording will be transcribed. Confidentiality will be maintained and your identity and that of your organisation you belong to will not be disclosed. The transcription will be kept for the next 15 years in the Department of Psychology. During this time it might be used for future 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 073-051 9697 or my study supervisor (Dr Van der Westhuizen) at the University of Pretoria on 012 420 5206

Regards,

_____	_____
James Brown (Researcher)	Dr A Van der Westhuizen (Research Supervisor)

Appendix 2 (Informed Consent Form)

Study Title: Trauma manifestations of human trafficking survivors.

I, (participant's name) _____, voluntarily agree to participate in the research project of James Brown, which explores and describes the perspectives of service providers on trauma manifestations of human trafficking survivors.

I understand that:

1. The researcher is a Master's Clinical Psychology student conducting research as part of the requirements for a Master's degree in Clinical Psychology at the University of Pretoria. The researcher may be contacted on 073 0519697 or jamesbrownsa@gmail.com. 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 exploring and describing the trauma manifestations of human trafficking survivors, through the accounts of the post-trafficking service provider.

3. Confidentiality will be maintained and the identity of the participant and the organisation they belong to will not be disclosed.

4. The raw data 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 period the raw data 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. No harm will befall research participants as a direct or indirect consequence of the research. Any participant who experiences some distress as a result of completing the interview will be referred to Life-Line for debriefing at no cost to them.

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

8. The research is conducted to enhance the awareness of human trafficking and to gain knowledge in the field of research. It is not carried out for remuneration purposes.

9. My participation will involve attending an audio recorded interview session in which I will discuss my views and accounts of how trauma manifests in survivors of human trafficking.

10. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction.

11. I am free to withdraw from the study at any time; however, I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally participate. If I choose to withdraw from the study, I will not be subjected to any negative repercussions.

Signed on (date): _____

Participant: _____ Researcher: _____

Appendix 3 (Interview Guide)

- What kind of trauma have you encountered when assisting human trafficking survivors?
    - Probe: Any memory problems amongst survivors?
    - Probe: Any problems with concentration, thinking or strange behaviours.
    - Probe: Any physiological problems, for example, changes in appetite, heart palpitations, headaches?
    - Probe: Any feelings of hopelessness, persistent sadness, suicidal thoughts or psychosis?
- Can you tell me if you have seen any other ways that trauma can manifest in survivors of human trafficking?
- What examples do you have of how you perceived trauma differently, in different survivors of human trafficking?
    - Probe: Differences in, for example, gender, age?
    - Problem: Differences in type of exploitation, for example, labour, sex trafficking?
- Can you tell me about cases where human trafficking survivors have experienced repeated trauma?
    - Probes: Trauma in childhood or adolescence, for example, child sexual abuse, domestic violence, community violence, child sexual exploitation, gender based violence (e.g., rape), emotional or physical neglect, single event trauma (e.g., car accident, natural disaster).
    - Probes: Repeated trauma while in trafficking situation, for example, coercion by traffickers to maintain control over person, violence experienced by users of the services of trafficked persons.
- What have survivors of human trafficking told you about feeling different from other people?

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Editor's Statement

31 South Portferry Rd,
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24 July 2018

Editor's Statement

To Whom It May Concern

I, Sandra Baker, associate member of the Professional Editors' Guild of South Africa, member number BAK002, have edited the mini-dissertation *Trauma Manifestations of Human Trafficking Survivors* by Philip James Brown, student number 22039946, for consistency of style, grammar and punctuation.

Yours sincerely,
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