

# The Whole Person, The Whole Family, The Whole Society

A study on the impact of services and the success of  
reintegration for clients of service providers to victims of  
trafficking, exploitation and migration



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## List of Acronyms

CETHCam	Creating a Legal and Sustainable Environment for Trafficked Human Beings from and in Cambodia
COMMIT	Coordinated Mekong Ministerial Initiative against Trafficking
COSECAM	NGO Coalition to Address Sexual Exploitation of Children in Cambodia
DoSAVY	Department of Social Affairs, Veterans and Youth Rehabilitation
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes
ILO	International Labour Organisation
NGO	Non-government organisation
IOM	International Organisation for Migration
MoSAVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NGO	Non government organisation
TPO	Transcultural Psycho-social Organisation
UNIAP	United Nations Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-region

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## Definitions

These definitions have been included in order to highlight the fact that there are for certain terms accepted definitions. Some have their grounding in the legal environment and therefore are very specific about what comprises a particular case. The definition of “human trafficking” is an example of this. Other terminology or definitions are loose, not fully accepted and certainly understood and applied differently by different service providers and sectors. In almost all cases however the actual application and use of terminology is as individual as the service provider, therefore making it difficult to compare like with like.

### *Human Trafficking*

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

This definition is used in Cambodia and is cited in the Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2009, referred to hereafter as MoSAVY).

<i><b>Act</b></i>	<i><b>Means</b></i>	<i><b>Purpose</b></i>
Recruitment	Threat or use of	Sexual Exploitation
Transfer	force	Forced Labour
Harbouring	deception	Slavery
Receipt of Persons	coercion	Begging
	abuse of power	Removal of organs

For children only the Act and Purpose are required for it to be considered trafficking

### *Migration*

“The movement of a person or a group of persons, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, economic migrants and persons moving for other purposes, including family reunification.” (International Organisation for Migration, undated)

**Recovery** as defined in the Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking (MoSAVY, 2009) is

‘the process of healing from an experience which has been physically or mentally traumatising that incapacitates a person from adequately functioning within her/his environment and also includes the process of developing the person’s capacity, self esteem, skills and behaviours necessary to function effectively in society”

in addition

“ Every victim of trafficking has a unique experience and therefore every person’s recovery from human trafficking will also be unique. Service providers shall ensure that the recovery process is tailored to a victim’s individual needs. Activities of recovery include counselling, life skills, medical assistance and vocational skills training and so on.”

and

“Shall be empowered and their capacity built throughout the recovery process and have the right to make informed decisions about which services will be most helpful or appropriate for them and when they want to engage in these activities.”

Included in this is that the victims

“shall be supported in re-establishing healthy relationships with their family and former community based on assessment and resolution to the challenges faced by the victims” and “service providers shall work on restoring a victim’s self-esteem by identifying their strengths and validating their feelings”.

**Reintegration** as defined in the Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking (MoSAVY, 2009) is

“the process of a victim’s return and resettlement into their family and community based on their personal decision. Successful reintegration shall be the ultimate goal when providing assistance to victims of human trafficking.”

Derks (1998) suggests that reintegration is more than the “geographic movement of a child or woman back home or to any other selected place.”

Integration is

“to bring together or incorporate (parts) into a whole” (Random House, 2011).

This implies that many aspects of the client’s life need to be addressed in order to make up the “whole”. For the purposes of this study it is recommended that reintegration also include the following so that the process

“allows the individual to be actively engaged in sustainable socio-economic, cultural and social activities and that they feel oriented and accepted (Arensen and Quinn; 2005; Zimmerman, 2003)

#### **Victim Identification**

“is the process of determining if an individual or group or individuals’ experience/s are consistent with being trafficked as outlined in the Palermo Protocol”

(MoSAVY, 2009)

The origin of quotations will be identified to the extent that they are from a non-migrant or migrant client, residential client for service provider. In some cases the age or gender is not clear and has therefore not been stated.

# Executive Summary

## Introduction

This study aims to explore the impact that services provided by CETHCam partners, referred to as service providers, have had on non-migrant and *migrant* clients. The focus of the study is the successful reintegration of these clients. Therefore, an emphasis has been placed on the preparation and process of reintegration and the sustainability of such efforts post reintegration. Sustainable livelihoods, derived from decent work, that do not require family members to leave one another or their communities, as well as physical and psycho-social wellbeing and socio-economic security will be examined.

## Sample and Methodology

The study sample, comprising of reintegrated non-migrants (n=39), *migrants* (n=14 plus n=18 in focus groups), residential non-migrants (n=73) and family members of reintegrated non migrants (n=22) from 15 service providers and one partner. The study sample is deemed to be a fair representation of the CETHCam target group in terms of non-migrant to *migrant* ratio, age and gender. The specific findings about family background and quality of life are also a fair representation of the CETHCam target group, with a few exceptions. The exceptions are largely due to the fact that the study sample allows for multiple category descriptors to classify clients, whereas the CETHCam target group receive only one classification. Individual interviews with non-migrant and *migrant* clients, family members and staff of service providers were complimented by focus group discussions with residential non-migrant clients and reintegrated *migrants* and all participants were voluntary.

## Findings

The CETHCam project and the service providers have worked with Government and Non-Government structures in order to protect and reintegrate victims of trafficking, exploitation and irregular migration. Some service providers have developed good relationships with external agencies that have allowed for better assessment and follow up. Most of the non-migrant and *migrant* clients in the study are characterised as victims through obligation to family or by force of poverty, and thus exposed to work and life conditions that placed them at risk. All non-migrants from the study sample were previously in residential care and those who stayed for the longest periods were at residential centres for younger children. *Migrants* in the study sample were returnees from Thailand, Vietnam and Malaysia. Non-migrant clients were more often classified as poor, trafficked, orphans, victim of domestic violence, sexual abuse and rape, trafficking or exploitation for labour and begging. *Migrant* clients were more aware (92.9%) of the issue of human trafficking, whereas there were fewer non-migrants (58.9%) with this knowledge.

All non-migrant and *migrant* clients in the study sample received services aimed at facilitating recovery and reintegration. Formal schooling was provided to individuals who were able to benefit from this, otherwise vocational training and literacy education was commenced. Some service providers focused more on the whole person rather than on just their economic wellbeing and offered life-skills training, counselling and extra mural activities.

As a result of receiving the services, 79% of non-migrants reported increased quality of life. The improvements in the quality of their life were attributed to possessing a skill that enabled them to work and have some standing in their communities and to having a better understanding about the world. Improved social networks, confidence and problem solving skills have contributed to a desire to engage in less risky work closer to home. Non-migrant and *migrant* clients are better equipped to understand of what is required to sustain the whole family since their involvement with the CETHCam project. Clients and family members were able to identify the immediate improvements in their quality of life and these included better quality and more regular food, paid work and an ability to send their children to school. Increased quality of life was also reported by 79% of all *migrants* and was accounted for not only by work, but by improved health status and increased skills that contributed to being able to generate safe and legal incomes.

Service providers do not have strong enough systems, nor have they embraced the changes needed to ensure that recovery and reintegration are a process rather than just the provision of vocational training and accommodation. The options for vocational training remain limited and dressmaking is the training most offered to female clients, even when there is not a good market for the goods or it is not a sustainable livelihood. Unless the client works in a garment factory, the low income earned, the current financial downturn and the recent border disputes have reportedly made dressmaking less viable. In addition, a lack of capital to begin or sustain income generation initiatives, including

dressmaking, has resulted in a number non-migrant and *migrant* clients not using their skills or working away from their families and communities.

Assistance to one family member, although helpful, has limited impact in the light of the family context. Non-migrant and *migrant* clients are part of larger families and are often the primary income earner. The sustainability of this improved quality of life is tenuous. Some *migrants* reported that their newly acquired skills did not always provide the level of income required to support their families.

Project requirements, the limited capacity of some service provider staff and the narrow view service providers have of reintegration means that the approach is generic rather than taking into consideration the whole person, whole family and whole community. There is scope for development and service providers have expressed a desire to gain more skills and increase the quality of their work by reducing the quantity.

Based on the findings in this study sample, it is seldom one factor that has contributed to the client's vulnerability. Rushing (2004, cited in Derks, Henke and Vanna, 2006, pg 35) says it is not the level of poverty, individual characteristics, economic or community factors that create risk but rather a specific interplay between these factors. It is suggested that the multiple internal and external factors in the client's life, family and community will contribute to the success of reintegration.

### **Conclusions and Recommendations**

The process of recovery is influenced by the culture of the service provider and staff attitudes to their charges. More focus on the whole person in terms of child friendly environments, where the voices of clients, especially children, are heard is encouraged. If the changes that have been seen in this study sample are to be sustainable, then more attention needs to be paid to recognising multiple life experiences, personal characteristics and external factors that comprise the risk for human trafficking and impact on the success of reintegration. This will require working with the whole family and understanding the community context to which the client returns, if the successful reintegration is to occur.

Vocational training needs to be based on client desires and community need. It needs to be supported by the market and generate enough income for clients to enable them to contribute to the family income. For this to occur, project cycles need to take into consideration the needs of the client in terms of the following

- The need to work with the whole person and the whole family will necessitate enabling the client to complete education to a certain level so that their educational advancement does not place the family in a worse situation
- The need to follow families for the whole project term, thus allowing for follow up and to enable clients to build on lessons learned
- Increased contact with community based organisations and local authorities to better understand and address issues at a community level

Service providers will need support to improve how they address the recovery and reintegration process. More preparation is required and preparation for reintegration needs to be structured and involve multiple stakeholders. Life-skills training, counselling and extra mural activities should be considered part of the preparation for reintegration and should include conflict resolution, problem solving and confidence building. Naro (2009) recommends that trade and business management, as well as access to new technologies be part of the preparation for reintegration. *Migrants* in this study sample who have been taught how to budget, use mobile phones and banking systems have benefited from this training.

Access to counselling has been valuable to some clients and staff have expressed a desire to receive training on how to work with the whole client, improve communication skills and give clients a strong voice. This was also a recommendation in the Boyle (2009) study. A previous study conducted by Boyle on behalf of the International Organisation for Migration (Boyle, 2006) made a recommendation that "efforts should be made to support both immediate and extended families to care for their children in the home environment as the study has established that most children do not come from indigent families. More emphasis should be placed on providing services such as micro-credit lending and other income generation programmes, scholarships to support education of children, counselling etc....". This approach is recommended but it is recognised that there are times when residential care is the only way to realistically provide services in Cambodia. However, the possibility of involving family more, should the client desire this, could be achieved by structuring training to allow clients to access training and residential care in blocks of time, thus allowing the client, family and community to better prepare for reintegration.





Billboard in Poipet

# 1. Introduction

The project for Creating a Legal and Sustainable Environment for Trafficked Human Beings from and in Cambodia (CETHCam) is a 3-year project that began in January 2008, with a 6-month extension recently granted. The project is funded through the European Commissions' Aeneas grant (Euro 2 000 000), with support for 7% of the project coming from ICCO and the remaining 13% from Partners. The services are delivered through 15 Service Providers, one partner, Ockenden and the EDVP project of COSECAM. The overall objective of the CETHCam project is to:

*Stem irregular immigration and reduce human trafficking in Cambodia and in the region, in particular for children and youths by establishing a comprehensive approach amongst government and civil society key-stakeholders to address the problems*

This is to be achieved through the specific objective of:

*Strengthen institutions, procedures and systems to reduce trafficking in, and smuggling of human beings, in particular children and youths, in order to protect and enable trafficked and migrated individuals and families to return to their homes; generate sustainable income through decent work; and reintegrate fully in to their community*

## 1.1 Research aim and objectives

The study sample, like the CETHCam target group has been selected on the basis of their vulnerability or experience of exploitation, trafficking and insecure livelihoods.

The study has two primary objectives:

### 1.1.1 *Objective One: To determine the impact of services on all clients*

In exploring this objective an attempt has been made to establish the following:

- Clear identification of risk and assessment of whether the client is a victim of trafficking or exploitation
- Whether the expressed needs of the client were taken into consideration for the purpose of rehabilitation and whether services were tailored to the client's needs
- How the process of determining the type of residential care is determined and how reintegration is managed.

### 1.1.2 *Objective Two: To determine whether the reintegration process was successful and there have been sustainable changes to the quality of life of the clients once reintegrated*

In exploring this objective the following were explored:

- Evidence of sustainable changes in the socio economic circumstances of the client and their family
- Improvement in quality of life as of the client as measured by social networks within the community and family
- Improvement in physical and emotional wellbeing as reported by clients and their families
- Increased resilience and reduced risk for future trafficking as reported by clients and their families

## 1.2 Literature Review and Terminology

The literature refers to "victims" of trafficking, however for the purposes of this study the it is more practical to refer to the individual clients of the service providers as "clients" or "participants" and these terms will be used interchangeably depending on the context. As this study explored the experiences of both *migrant* and non-migrant populations, in the presentation of the results a differentiation will be made and issues pertaining to *migrants* and the word will be italicised for ease of reading. It has not been possible to differentiate between those *migrants* who may well be irregular *migrants* and are smuggled and then on arrival in Thailand or Vietnam are exploited and those who are trafficked directly from Cambodia. Horsley (2003 cited in Kavoukis and Horsley, 2004) reported that between 2% and 40.7% of women and children deported from Thailand and Vietnam

between 2000 and 2003, would be classified as *migrants*, but were in fact victims of trafficking. Despite reporting on *migrants* separately some of the *migrants* in the study sample were exploited upon arrival in Thailand or Vietnam or have experienced similar life circumstances to non-migrants.

A range of literature was reviewed but Derks, Henke and Vanna's (2006) "Review of a decade of trafficking in persons, Cambodia" was most helpful. This review suggested that caution be used when interpreting research conducted in Cambodia as many of the articles available on the subject have been commissioned by non-government organisations (NGOs), often under tight timeframes with project oriented objectives. This study will provide information for the purpose of monitoring for the CETHCam project, with a specific focus on the impact of services on non-migrant and *migrant* clients. Any extrapolations from this study need to take into consideration the relatively small sample size and purpose of the study.

The CETHCam project has guidelines for the classification of clients but these are not always strictly adhered to by service providers. All service providers have their own interpretations of the different classifications. For the purposes of the CETHCam target group records, clients receive a primary classification or category descriptor that best describes their life circumstance. For the purposes of this study, clients attracted more than one classification because this added to an understanding of the multiple issues clients facing non-migrant and *migrant* clients.



Poipet Transit Centre manager feeding child whose mother had tried to sell her

## 1.3 Research Methodology

### 1.3.1 Methodology

This study was commissioned in order to document the impact and effect of the intervention activities of the CETHCAM project on the current living conditions and emotional status of beneficiaries (hereafter referred to as clients) from 15 service providers and a partner (Ockenden) organisation, and a COSECAM project whose classifications include trafficking, exploitation, migration and risk of trafficking among many others. A study based on observation, individual interviews, focus group discussions and case file reviews was conducted over a 33-day period.

The primary focus of the study was the impact of services on clients. A quantitative and qualitative approach was taken in the collection and analysis of data. Individual clients and families are seen as unique and not as interchangeable, therefore the information gathered is about personal experiences of the services as well as about the experiences of particular groups. The findings therefore provide a snapshot of individual experiences rather than being representative of all people who have been trafficked or are returned migrants. The study is both descriptive and exploratory.

The explored how this was being achieved through the following specific services:

- Protection in the form of shelter, alternative care accommodation and legal assistance and to this end, shelter staff were interviewed and focus groups with residents were conducted
- Preparation for income generation through vocational training and grants and information about the way in which the client selects, undergoes and is supported in the process of vocational training

- Preparation for reintegration through rehabilitation and counselling is explored in terms of the way in which the client and his/her family and community are prepared for the reintegration process, with particular focus on rehabilitation and counselling

The study was tasked with interviewing clients from 16 service providers based in Svay Rieng, Prey Veng, Kampong Cham, Pursat, Phnom Penh, Poipet, Banteay Meanchey and Battambang. As several service providers are represented in more than one province, a decision was taken to only visit service provider in one location. This study did not include Legal Support to Children and Women (LSCW) and Cambodian Defenders Project (CDP) as their reintegrated clients were too widespread to be interviewed in the time available. Destiny Rescue was also excluded as they were unable to accommodate the study having recently had clients interviewed for another study and it was felt that this would not be beneficial to the clients. See Appendices for complete list of service providers.

The research team comprised of a female international lead researcher with functional spoken Khmer language skills, the Cambodian CETHCam Technical Coordinator who assisted with translation, managed all the logistics and provided background technical knowledge, a female Cambodian researcher and a male Cambodian researcher.

Residential clients were also interviewed in order to explore the situation of clients still in residential centres. This was to establish an of understanding of how service providers go about selecting the specific services for their clients, preparing them for reintegration and how the process of reintegration is supported. This necessitated interviewing staff, conducting focus groups with residents of all the service providers and making observations whilst visiting the various residential centres. The environment created by the service providers and they way they deliver services will have an impact on how successful reintegration is likely to be.

### 1.3.2 Sampling Methods

Reintegrated clients can live far from the service providers. They can live in other provinces and far from one another. For the purpose of this study, clients were selected by service providers based on proximity and availability. Clients within an hour's drive of the service provider and from one another were selected for individual interviews. Selecting clients in this way did not bias the sample as only about 10% of all CETHCam target group live far from service providers. The few clients who lived in other provinces were interviewed when in that province, whilst visiting another service provider, therefore there is unlikely to be any significant bias due to this method of sampling. All clients selected were those willing to participate in individual interviews and focus group discussions.

### 1.3.3 Sample selection and sample size

A total of 166 victims and their family members participated in this study along with staff from 11 service providers. In order to address the study objectives it was decided to stratify the study as follows:

#### Study Sample

Reintegrated non-migrant clients (n=39)

- Classified by service provider as a victim of trafficking, exploitation and at risk for a variety of reasons
- Individual interviews conducted in Khmer by the Cambodian researchers
- Total of 39 non migrants
  - 12 women and 9 men over the age of 18 years
  - 16 girls and 2 boys under the age of 18 years

*Returned Migrants (n=14)*

- Classified by the service provider as a *migrant* or returnee
- Individual interviews conducted by Cambodian researchers in Khmer
- Total of 14 *migrants*
  - 9 women and 2 men over the age of 18 years
  - 3 girls under the age of 18 years
- Due to the small number of male migrants, data for male migrants will not be presented

*Focus Group Discussions with Returned Migrants (n=18)*

- 4 Focus group discussions with migrants
- Total of 18
  - 9 Women and 9 men all over the age of 18 years

Family members of reintegrated non-migrant clients (n=22)

- Individual interviews conducted by Cambodian researchers in Khmer
- Total of 22 family member interviews

Residential non-migrant clients (n=73)

- Current residential non-migrant clients classified by service providers as victims of trafficking and exploitation or considered at risk and resident in shelters or alternative care were invited to participate in focus group discussions conducted by Cambodian researchers in Khmer
- 12 Focus group discussions conducted by Cambodian researchers in Khmer
- Total of 73 participants
  - 51 female clients and 22 male residential non migrant
    - 10 clients were over the age of 18 years
    - 44 of the participants were between 12 and 17 years old.
    - 19 clients were under the age of 12 years.

Service provider staff (n=11 service providers)

- Management and/or project staff at all service providers were interviewed individually and/or in groups
- Interviews were conducted in English and Khmer, mostly with the benefit of translation when conducted in Khmer
- Total of 11 service providers were interviewed

### 1.3.4 Consent, Confidentiality and Ethics

Service providers were instructed only to select clients who were willing to participate in the interviews and focus groups. However it is not certain what was told to the clients prior to the interview. It was therefore deemed important at the commencement of each interview and focus group that the Cambodian researchers explained the purpose of the interview and stated very clearly that it was voluntary and the interview could be ceased at any time. Consent was obtained from all involved in the study and no respondents withdrew from the interviews or focus groups.

Researchers were instructed in United Nations Inter-Agency Project on Human Trafficking (UNIAP) "Guiding Principles on Ethics and Human Rights in Counter-Trafficking" (UNIAP, 2008) and adhered to these principles in their work. The confidentiality of the information is respected and service provider specific safety and security protocols were observed and respected whilst conducting this study. Interview forms and database information only contain a number and all photographs of clients have been taken to obscure faces or alterations have been made.

Where possible a female researcher was used to interview women and on the few occasions that the male researcher needed to interview women, the client was given the option of not engaging in the interview but this did not occur. A female staff member from the service provider accompanied the male researcher to all such interviews if deemed appropriate to have a woman present. These female staff sat out of earshot unless the client requested otherwise. Aside from this, service provider staff were not present at any of the interviews or focus group discussions, all of which were held in locations that allowed the participants to speak freely and privately.

### 1.3.5 Tools for conducting the study

All the tools were designed in order to obtain an increased understanding about:

- The client's perception of their life circumstances prior to engagement with the service provider
- The client's perception of their life circumstances since reintegration in their community or since engagement with the service provider
- The client's perception of how useful the services received from the service provider were in improving their life situation
- Client's resilience as established by social networks, ability to sustain livelihood and ability to deal with external factors

#### Semi Structured Interviews

All questionnaires were written in English and then translated into Khmer. The questionnaires used in this study were largely based on questionnaires developed for studies conducted in Cambodia by the International Organisation for Migration in 2006, (Keo, 2006) and 2009 (Boyle, 2009) for use with residential clients. Adaptations were made to the questionnaires recognising that this study sample

comprised reintegrated non-migrants and returned *migrants* who live in the community and not in a residential centres.

### Focus Group Discussions

Focus group discussions were informed by a set of thematic questions (Clawson, Small, Go and Myles, 2003) and were used with residential clients and adapted for returned migrants.

## 1.4 Representation of the Study Sample to the CETHCam target group

The larger CETHCam target group from which this smaller sample was drawn comprises of a total of 4846 CETHCam clients. Due to missing data, comparisons to the study sample could be made for gender using 4818 individuals (n= 3252 non-migrants and n=1566 migrants) and 4172 with respect to age group (n= 2616 non-migrants and n=1556 migrants).

### Non Migrants

Reintegrated non-migrants comprise 68% of the CETHCam target group and this is comparable to 74% in the study sample. In terms of age, 26% of the study sample and 29% of the CETHCam target group are under the age of 18 years, making the sample representative. Men are under represented in the study sample with 28% of reintegrated non-migrants as opposed to 35% of the CETHCam target group and representation but the difference is not so great and it is considered a fair representation.

The classification of non-migrant clients is more complex. The CETHCam target group attract one category descriptor (e.g.: trafficked) whereas the study sample clients attracted up to four different category descriptors. In most cases the study sample provides additional information but is comparable to the CETHCam target population and for the most part are representative. The study sample, which allowed for multiple category descriptors attracted many more clients with the classification of "poor family, orphan, people living with HIV, rape, labour exploitation and begging". It is acknowledged that multiple category descriptors may confuse the data but it is suggested that the study sample classifications more accurately capture the client's actual circumstances.

### Migrants

*Migrants* comprise 32% of the CETHCam target group whilst only 26% of the study sample are classified as migrants. The sample size is small for the individual interviews (n=14) and there were only 2 men, thus making the male migrants that were interviewed individually not a representative sample. For this reason, results for male *migrants* will not be presented. Women comprise 55% of the CETHCam target group, whereas they comprise 86% of the individuals interviewed in the study sample, this over representation needs to be taken into consideration, however when compared to the results from the focus groups which were representative, there are few differences. The two focus groups conducted with 18 *migrants* from the study sample had more male participants (50%) and are thus more representative of the CETHCam target group and where relevant comments and information from the male focus group participants will be included in this study. The small number of individuals interviewed (n=14) also makes it difficult to comment on those *migrants* under the age of 18 years, 14% of the study sample as opposed to 2.5% of the CETHCam target group.

*Migrants* from the CETHCam target group only attracted only one classification and the category descriptors included " *migrant*, *migrant* from Thailand, *migrant* from Vietnam or returnee family". *Migrants* from the study sample were classified using more than one category descriptor as this information was gained from the CETHCam documentation, the service provider documentation and client self report and included " *migrant*, trafficked, vulnerable, poor family, people living with HIV, rape, labour exploitation and begging". Such an example is a 24-year old woman, classified as a *migrant* in the CETHCam documentation and was classified in the study sample as a *migrant* but was also classified to reflect that she had been raped, was involved in dangerous work and came from a poor family.

## 1.5 Constraints

The accepted definitions for trafficking, exploitation and vulnerability in Cambodia, some of which are defined in the Policy and Minimum Standards for Protection of the Rights of Victims of Human Trafficking (MoSAVY, 2009) are generally accepted and understood. In practice however, these terms appear to be interpreted very loosely and clients are classified in a very broad fashion.

The definitions of rehabilitation, reintegration and reintegration assistance do not appear to have a common understanding in Cambodia, nor is there a universally accepted definition. The view of what comprises rehabilitation or recovery and reintegration remains narrow in service providers. Rehabilitation is still limited to the completion of a vocational training course and reintegration comprises the return to family or alternative accommodation and employment.

## 1.6 Limitations

Aside from the issue of classification, information about clients was not always available on file or were incomplete or incorrect upon interviewing the client or staff member. Researchers obtained demographic and background information in the first instance from the client file. This was supplemented by a discussion with a staff member in order to provide additional background information. In some cases staff were new and could not provide any information, so the client was asked directly.

Working in two languages and using translation always has the potential to create bias and confusion. A brief check for meaning, cultural and gender sensitivity, appropriateness and comprehension was conducted in the first three days of the study. Khmer translations were checked for meaning and cultural context, adjusted and reviewed again. This resulted in the structure of questions being altered to increase understanding, especially among people with less education.



Focus Group with residential centre children

## 2. Study Findings

In presenting of the findings, reintegrated non-migrant clients and *migrant* clients will be reported separately unless stated otherwise. Some findings will only apply to non-migrant clients who were previously in residential care and others are only relevant to the *migrant* experience and in this case only this data will be presented. In most instances data is stratified by gender and where percentages are used they are presented as the percentage of women in the study sample and the percentage of men in the study sample unless indicated otherwise. Where findings are stratified by age the results will indicate a percentage of those clients under or over 18 years of age. The reader is reminded that the sample size is small and therefore percentages are more to give an indication of how prevalent an issue is in this particular study sample. Extrapolation from these statistics needs to take into consideration the small sample size.

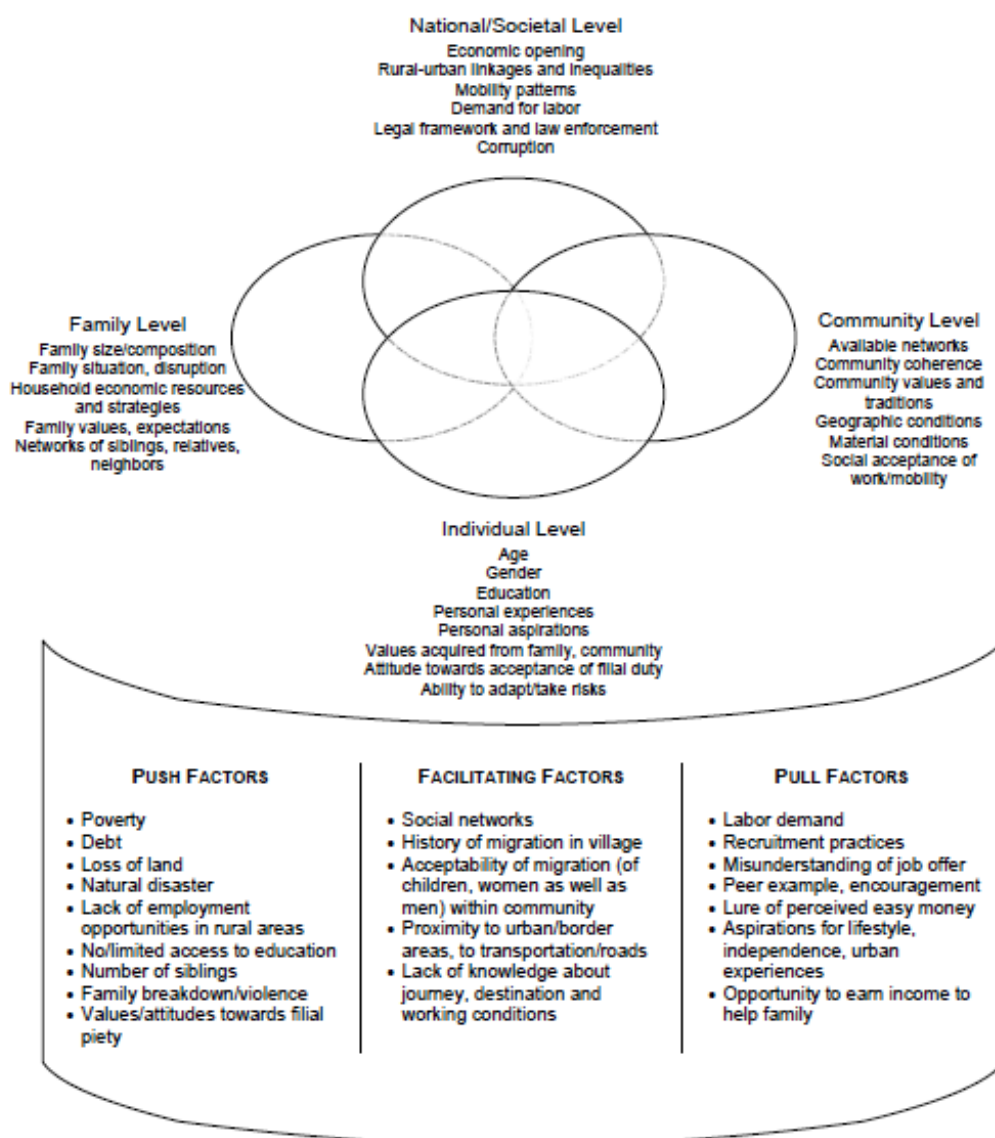
The questionnaires comprised of qualitative and quantitative responses and clients could give multiple responses. Qualitative responses were translated and examined for thematic content. Quantitative responses were coded and additional coding was developed to accommodate the range of explanations offered by clients in these semi-structured interviews. All data that could be coded was entered into Excel and thereafter converted into SPSS. The analysis was limited to the following:

- Examining any potential differences between age groups and gender
- Exploring the risk factors and reasons given by non-migrant and *migrant* clients for their difficult lives prior to contact with the service providers. This included exploring their family background, socio-economic status and support systems
- Examining the client's current needs as well as desires and wishes for the future
- Establishing the level of preparedness for post shelter / assistance life and how sustainable this had been

It is not only the individual characteristics of a client that make them vulnerable for trafficking or migration, but the interplay of these on an intra and interpersonal level. and an attempt has been made to explore these multiple factors. These factors include the family and community to which the client is reintegrated, the infrastructure and willingness of others at a village, commune and government level to support the client through the process of reintegration and the ability to access meaningful work to sustain family life. Rushing (2004, pg39, cited in Derks, Henke and Vanna, 2006) proposed a conceptual framework for the dynamics of trafficking in persons that was useful and relevant to this study. The findings will therefore be discussed in the light of this framework as it certainly speaks to the need to consider the whole person, the whole family and indeed the whole society.



## Dynamics of Trafficking in Persons: A Conceptual Framework



Source: Rushing (2004: 39)

Dynamics of Trafficking in Persons: A Conceptual Framework (Rushing, 2004, pg 39, cited in Derks, Henke and Vanna, 2006, pg 36)

## 2.1 National and Societal Level

Cambodia is seen as a source, destination and transit country for men, women and children who are victims of trafficking for forced labour and sex. In addition many Cambodian men, women and children migrate to Thailand, Vietnam, Malaysia and other countries in search of work.

### 2.1.1 Cambodian Government

The Government of Cambodia is a signatory to many instruments aimed at reducing human trafficking and has indeed introduced laws and bodies to address the issue. The range of instruments includes Memoranda of Understanding with neighbouring countries, the initiation of the Coordinated Mekong Ministerial Initiative Against Trafficking in 2003 and the formation of the National Task Force, later renamed National Committee to Lead the Suppression of Human Trafficking, Smuggling, Labour Exploitation and Sexual Exploitation in Women and Children, that comprises of 11 ministries. These include the of Interior, Justice, Women's Affairs, Social Affairs, Education, Economy and Finance, Foreign Affairs, Defence, Information, Labour and Tourism. Therefore there is at least on paper some attention being paid to the issues of human trafficking in Cambodia. The coordination body that is most relevant to this study is the Working Group on Protection, Recovery and Reintegration, of which COSECAM held the Vice-Chair until 2010.

International agencies have also contributed to the protection, recovery and reintegration of victims of trafficking and these include the following:

- United Nations Inter-Agency Project on Human Trafficking in the Greater Mekong Sub-region (UNIAP) which was established in 2000
- International Organisation for Migration (IOM) whose work in protection has included support to the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY), the Poipet Transit Centre operated by MoSAVY, The Anti-Trafficking and Reintegration Office and the long-term recovery and reintegration project of MoSAVY
- The numerous legal instruments that inform all work involving the trafficking of human beings

Despite these efforts, the Government of Cambodia does not comply completely with the minimum standards for the elimination of trafficking and remains at Tier 2, indicating that the Cambodian government does "not fully comply with the Trafficking Victims Protection Act minimum standards, but are making significant efforts to bring themselves into compliance with those standards" (United States Department of State, 2011). The recent report published by the United States Department of State (2011) raises the ongoing issue of corruption and impunity at all levels that impedes progress. Service providers and clients that were interviewed in this study also reported corruption affected their lives. There are multiple issues and these examples explain but a few.

*"Migrants returning from Thailand have reportedly also been subjected to acts of corruption at the hand of the authorities. Thai and Cambodian Police routinely ask returning migrants for 200BHT and if they cannot pay this they confiscate their valuables or make them do manual labour. "*

(Service Provider)

This is of course very concerning as those charged with upholding the law are compounding the exploitation of the people they are charged to protect.

*"Law enforcement is an issue, especially in rape cases. There is exploitation"*

(Service provider)

Although there has been progress in the prosecution of sex trafficking cases, last year saw a decrease in the number of convictions, falling from 36 to 20 (United States Department of State, 2011).

*" The village chief, commune and police and local authority ignored things on the side of the perpetrator and since seeing the strength of organisations joining together, health, human rights etc, they are more aware of the need to focus on the victim. We should continue to talk with legal organisations and human rights organisations to follow up at the local level. Therefore if we get together as a group the local authority cannot hide from the truth"*

(Service provider)

The protection of victims of trafficking remains an issue as “Cambodia’s weak and corrupt judicial and law enforcement systems, the lengthy legal processes, credible fears of retaliation, and the lack of witness protection continued to hinder victims’ willingness to cooperate in cases and impeded their access to legal redress.” (United States Department of State, 2011).

The Police know that they need to report cases to the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSAVY) however,

“There is a conflict of interest. They reconcile to get more money from the victim. For example if there is a rape case. After reconciliation the perpetrator agrees to give the victim 6 million Riel but the Police keep 3 million Riel and 1 million Riel goes to the Local Authority. That is why they do not inform.”

(Service provider)

The key agency involved in the process of reintegration and follow up is the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) and in spite of some committed social workers, they lack resources and as a result rely on external agencies to facilitate their work through incentives. Service providers report that under the circumstance they enjoy a reasonable level of cooperation with the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSAVY) and this is vital as they rely on their assistance with family tracing, family assessments and follow up after re-integration has taken place. Working with local authorities is however for the most part not very satisfactory.

“Collaboration with Local Authorities is a challenge. It depends on money. You know the price of petrol. If the Local Authorities come along with us they need payment for petrol and if they come a few times without money they tell me later to go alone and they will sign, they pretend to be busy.”

(Service provider)

In particular, the Department of Social Affairs, Veterans and Youth Rehabilitation (DoSAVY) are charged in most cases with assisting service providers follow up on their clients once they have been reintegrated. A large proportion of service providers say that the distances they need to travel in order to follow up on clients does not allow them to do so using their own resources as some clients are in provinces across the country, therefore they have to rely on DoSAVY. Service providers know that if they do not have funds to support DoSAVY or are not permitted to do so as a requirement from the donor, then follow up of their clients is minimal.

“Working with Government is a challenge. The culture is so different, they do not help with their heart. They want something. The low salary is the key problem and this is why they have these habits. Corruption is slightly improved but they don’t work if we don’t give money.”

(Service provider)

## **2.1.2 Non-Government Responses to Re-integration**

Fourteen of the CETHCam partners were involved in this study and comprise only a few of the many organisations providing reintegration services to trafficked women and children and in a few cases men. Arensen and Quinn in a report for The Asia Foundation (2005) suggest that service providers should meet the following minimum criteria:

1. The provision of temporary accommodation for a minimum of 3 months with extension if necessary
2. The service provider is recognised within informal and formal referral mechanisms
3. The provision of medical, psycho-social, legal, socio-educational, vocational, job finding and housing finding assistance to be done either on site or through referral to other agencies
4. The service provider has provided accommodation to at least two victims of trafficking in the last 6 months

All of the service providers in this study sample offering residential and alternative care to non-migrant clients met criteria 1, 2 and 4. Not all service providers were able to provide the range of services described in point 3.

Each service provider has a different target group, approach and definition of what reintegration comprises. The services received on contact with the service provider and in preparation for reintegration included all or most of the following the following:

1. Risk assessment
2. Family tracing and reconciliation
3. Social work services and psychosocial counselling
4. Access to health care
5. Education in the form of literacy and numeracy training, life-skills, information of human trafficking, access public school or vocational training
6. Market analysis to determine viability of vocational training
7. Job placement
8. Establishment of small scale income generation through micro-credit or grants
9. Follow up that varies from 3 months to 2 years

### Non-Migrants

Service providers were interviewed and focus group discussions held with current residents to gain a better understanding of the processes prior to reintegration. The information that follows refers to reintegrated non-migrant clients.

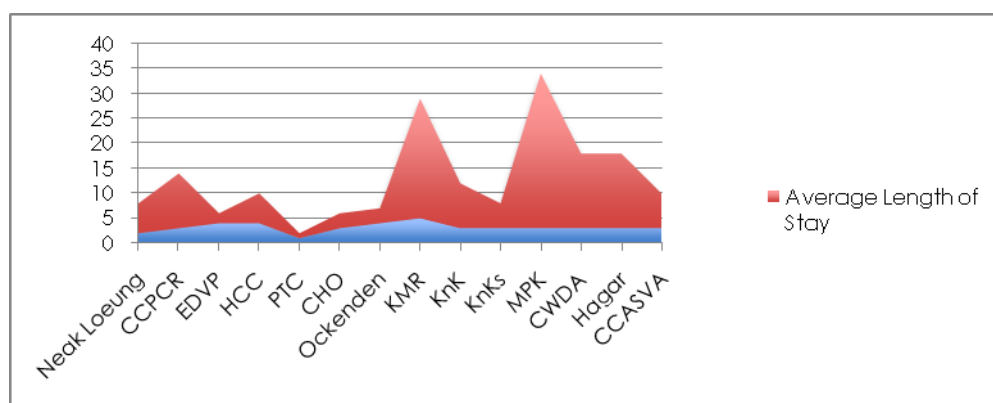
Service providers were able to identify risk to the client and take this into consideration when deciding whether it was possible for the client to be reintegrated into their home environment. Service providers try where possible to provide the opportunity for reconciliation between the client and family members where required. This usually takes the form of one or two contacts with family members.

Access to education and vocational training seems to vary from service provider to service provider with some service providers clearly meeting the needs of the client, whereas others appear to offer dressmaking to all women, irrespective of their desires, skills or the sustainability of this skill in her home village.

Some service providers did offer a larger range of services in an attempt to assist the whole person and the whole family. In some cases information sessions about human trafficking, child rights and gender-based violence were offered to the families of clients. Two organisations offered vocational training for the family members, usually women, in order to increase the possibility of successful reintegration.

Although the focus of this study was not on the type of care received from the service provider, it is useful to comment on the Policy for Alternative Care of Children that advocates family and community care as the best option, citing institutional care as a “last resort and a temporary solution” (MoSAVY, 2006). The majority of the non-migrant clients of service providers in this study were in residential care for far longer than can be considered temporary. There has been advancement through the creation of group homes, rather than large institutions and referring clients after a short stay back to their communities does occur. Challenges in achieving successful outcomes through alternative care are well documented in the Policy for Alternative Care and these are reported as barriers to the client receiving support in their families and communities by service provider staff and the client’s themselves. The lack of access to education, vocational training and ongoing support and follow up by social workers was often cited as a reason for clients remaining in residential centres rather than being referred home

**Chart 1 Average length of stay in residential centres in months**



The average length of stay for non-migrant clients was 18 months, with stays ranging from 6 months to 5 years. This figure excludes one client who stayed 8 years. There was a reasonably even distribution between younger (36% of total) and older (26% of total) non-migrants in terms of their length of stay.



Group Homes in Residential Centre

### Migrants

*Migrants* are not in receipt of residential care but can sometimes spend time in transit centres awaiting arrangements prior to returning to their homes. In this study sample 28% (n=4) migrants spent between 3 and 15 days in temporary residential centres. *Migrants* have benefited from opportunities for micro-credit that are offered by service providers such as Ockenden, who use their own funds, thus not compromising European Union rules that do not permit the provision of micro credit.

## 2.2 Individual and Family Level

### 2.2.1 Determination of risk and classification of clients

Information from the semi-structured interviews would indicate that the current sample comprise mostly of "B, C, D, E and F" in the adapted diagram below from Derks, Henke and Vanna (2006). Service providers do not have sufficient resources to offer tailor made services to accommodate the different levels of exposure to human trafficking and the risk or to address all the individual, family and community factors that affect their clients. This raises the question as to how receiving as standard package of care will impact on the success of reintegration.



- |   |   |   |
|---|---|---|
| A | = | Victims are forced and/or kidnapped   |
| B | = | Victims are lied to and coerced by family, neighbours or known members in their community and end up in circumstances they did not expect               |
| C | = | Victims are through obligation to family or by force of poverty exposed to life and work conditions that place them at risk                             |
| D | = | Victims are given false information and trafficked into types of businesses other than promised   |
| E | = | Victims are aware of the kind of work but not the work conditions   |
| F | = | Victims are aware of the kind of work and work conditions / risk but are not aware and/or unable to foresee the difficult situations they may encounter |
| G | = | Workers (who may have been trafficking victims before) are aware of the kind  |

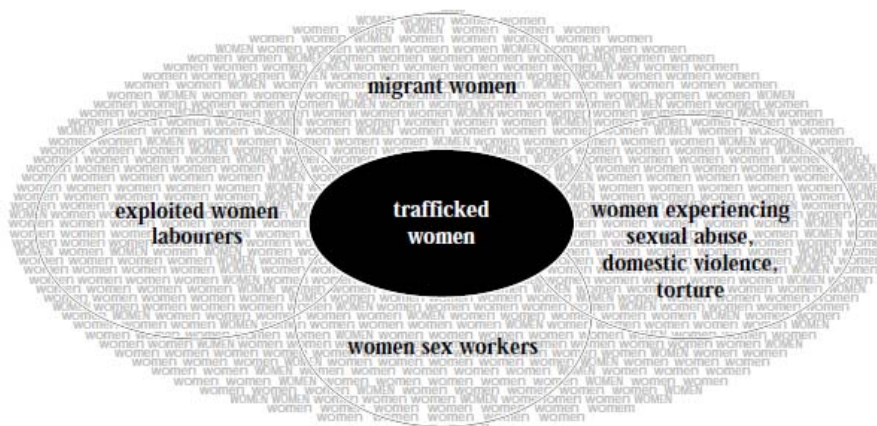
- of work and work conditions but are not given an alternative worksite (cannot chose where to work)
- H = Workers (who may have been trafficking victims before) are aware of the kind of work and work conditions and are able to select their worksite

The terminology used by different service providers and their subsequent classification of clients has resulted in a range of client profiles that are not as clear cut as they may appear.

## Non-Migrants

Based on the interviews with non-migrant clients, those classified as “trafficked” in the study sample fall into category “C”. In terms of victim identification, the purpose is quite clear, clients are exposed to risk through family obligation and can involve risks such as begging or labour. The act of trafficking and means of trafficking are not always so clear, especially where family members are involved. Many of the study sample clients were deemed “at risk of trafficking or migration”, primarily because they were poor, had large families or had few options for sustaining a livelihood. Zimmerman et al. (2003) suggests that women trafficked, especially into sex work, share the vulnerabilities of the marginalised or socially excluded groups of women depicted in the diagram below. Viewing women in this light highlights the fact that not all vulnerable women are trafficked but they are certainly at risk. Some women would be represented in all the areas below, increasing their risk.

**Diagram 1 Spheres of Marginalisation and Vulnerability and Human Trafficking**



Zimmerman et al , 2003 pg22.

Service providers appear to be making attempts to provide individualised care to clients in the form of counselling but this is occurring at a very low level and is conducted by staff acknowledging that their level of skill is insufficient to deal with the range and depth of difficulties encountered. Zimmerman et al. (2003) suggest that each group of women experience different levels of risk, all of which impact on their health status and their ability to access services. The health status of this sample will be discussed in the following section. All services are providing the basics of accommodation, nutrition and vocational training.

## 2.2.2 Human Trafficking Knowledge

### Non-Migrants

Only 59% (33% of <18 years and 26% of > 18 years) of all non-migrants had “ever heard of human trafficking”. It is clear that the term used was understood, as those who responded positively were able to give examples.

“I heard from a seminar at school and in the centre” (non-migrant)

“I used to hear from radio and TV.” (non-migrant)

The non-migrant clients who had not heard of human trafficking had previously been resident in one of three service providers. All of the reintegrated non-migrant clients interviewed from one service provider had no knowledge. The service provider offered life-skills training that was quite detailed but did not include information on human trafficking, despite their proximity to the border with Vietnam.

Two other services providers had a smaller proportion of the clients who had not heard of human trafficking. All of these service providers reported offering training and information to clients and in some cases to parents about human trafficking, so it is unclear as to why these non-migrant clients responded not to have heard of human trafficking.

Clients were asked if they knew anyone who had been a victim of human trafficking. This question was asked to gain insight into whether they perceived themselves or others as victims of trafficking and the nature of the trafficking.

"I heard from people from Thailand that someone who went to work in Thailand were checked by Thai Police. They forced Khmer people to beg money and then they send them to Cambodia." (non-migrant)

### Migrants

Almost all *migrants* (93%) had "ever heard of human trafficking" and seemed to have more first hand knowledge or experience of the risks of trafficking. Some 23% of all *migrants* had heard about others being exploited and an additional 23% of *migrants* knew family who had been exploited for labour. Women tended to report the trafficking experiences of others and stories included knowing people that were missing and negative perceptions of Thai police. *Migrant* men tended to relate stories about their own exploitation.

"A neighbour saw a case of trafficking. I heard also from people in Thailand. I feel afraid of the coast of Thailand. Someone used to urge me to work as a waitress but I did not agree" (female *migrant*)

"I heard the Thai people are not good. They use medicine to make us faint and sell us to do every thing. My mother was scared and told me to come back home." (female *migrant*)

"My sister in law went to work in Malaysia. She went with a villager by illegal crossing but was cheated so she got less income for her family. She was arrested in the house." (male *migrant*)

"My niece was raped and she had a small child. She then sold the child for 20 000 BHT" (female *migrant*)

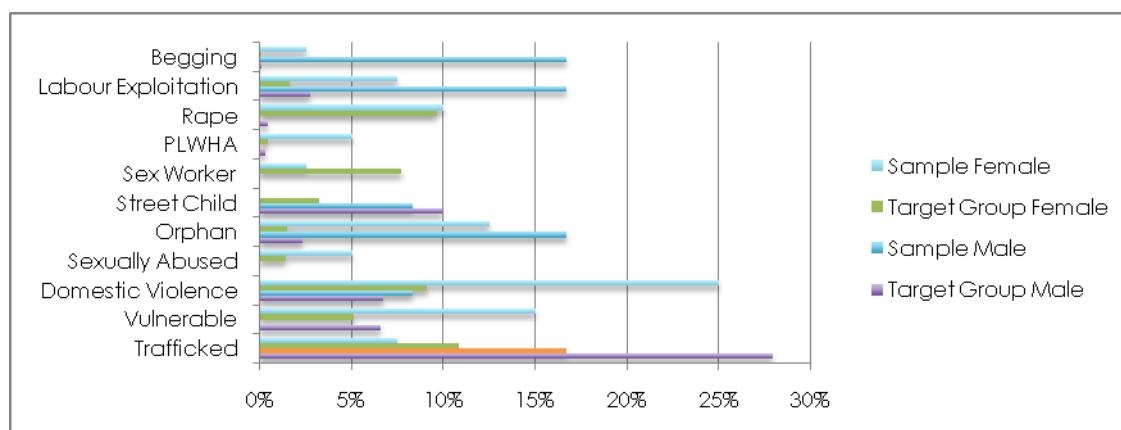
### 2.2.3 Risk factors and the classification of the study sample

The figures below exclude "poverty", as many non-migrant and *migrant* clients were identified by the service provider or they described themselves as poor. The reader is reminded of the small sample sizes for the non-migrants (n=39) and most particularly the migrants (n=14). A discussion about the prevalence in this study sample in the particular areas of classification will follow.

#### Non-migrants

Participants in the study sample but most particularly re-integrated non-migrant clients may have attracted more than one category descriptor and therefore may be represented in the data for "trafficked, rape, poor " whereas the CETHCam target group classification is a unique classification.

**Chart 2 Classification for Non-migrants ("Poor family" excluded)**

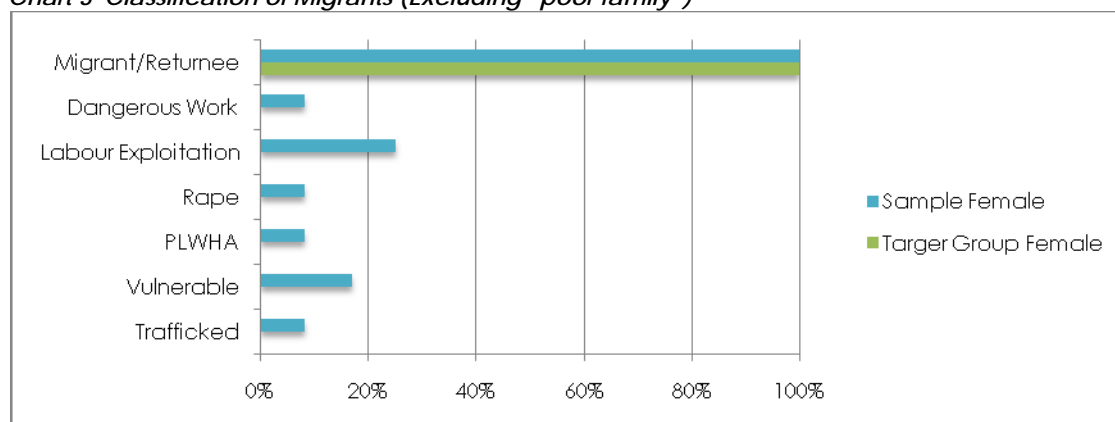




## Migrants

The *migrants* that participated in the study sample were classified in terms of their migration status as well as other category descriptors. The CETHCam target group classified *migrants* in terms of their country of migration, however the chart below does not break this down.

**Chart 3 Classification of Migrants (Excluding “poor family”)**



### 2.2.3.1 Trafficked

#### Non-Migrants

Of all the non-migrants, 10% of the study were classified as trafficked as opposed to 15% in the CETHCam target group. The higher percentage for the target group could be accounted for by the single classifier. An additional 10% in the study sample classified as vulnerable or at risk as opposed to 8% in the CETHCam target group. Those that were classified as trafficked did for the most part appear to fall under the definition of trafficking, especially with respect to the means and the purpose and for children this is sufficient for someone to be considered trafficked. In most cases the person benefiting from the trafficking were family members and examples of this are demonstrated by the experiences of current residential clients who participated in the focus group discussions.

“My mother forced her to live with a foreigner and sold me for \$500 and she sold me 3 times for this amount. If I did not go with the foreigner my mother beat me with a broom and sometimes threw the chair at me and lock me in the room. My mother forced me to be a sex worker by selling me to the foreigner for \$500”.  
(Residential female focus group participant)

“My Grandmother sold me to the teacher for \$200 when I was 10 years old”  
(Residential female focus group participant)

### 2.2.3.2 Poor family

The issue of poverty and how it relates to vulnerability is certainly up for debate and several researchers have not found any significant links to poverty alone (Steinfatt, 2003 in Derks, Henke and Vanna, 2006). Self-reports from clients in this study sample suggest that clients do attribute many of their difficulties to poverty and describe poverty as a cause, as well as a consequence of a difficult life.

“I did not go to school because I have a poor family. My father died and my family is in debt and are looked down on by others”  
(non-migrant girl, aged 16)

“No money for health care so the children are employed by adults to sell shoes, so do not go to school “ (Residential focus group participant)

“When my parents divorced we had no house to live in, no money for study and living” (Residential focus group participant)





**Migrant's house**

### **2.2.3.3 Orphans**

#### *Non-migrants*

There was an over representation of orphans in the study sample (18%) as compared to the target group (2%) and this is possibly due to the multiple classifications used for study sample clients. It is also possible that reintegrated clients living with extended family or foster parents may have more available for interview therefore were more often included in the sample. The orphans in the study sample include children and young people who had previously been living with extended family after the death of their parents or abandonment by them. Mistreatment resulted in some non-migrant client running away and living on the street and thus attracted a classification of orphan and street child.

" My grandmother made me work very hard. I ran away from her to live in the pagoda or on the street in front of the shop that sells porridge. Sometimes I had food to eat and sometimes did not have – mostly did not have food to eat".

(Residential male focus group participant)

### **2.2.3.4 Domestic violence**

#### *Non-migrants*

Domestic violence was reported by 28% of all non-migrant clients. This figure is considerably higher than the figures for the larger CETHCam target group (8%). This could be because of the way in which the sample was selected but may also be because this information has not been disclosed to the service provider or has not been recorded on file. Two non-migrant clients, both of whom reported domestic violence in the interview, had been classified in CETHCam reporting as "trafficked for labour" and "child labour", thus not reflecting the additional category descriptor of domestic violence. Domestic violence was largely perpetrated by the father of the house and often accompanied by alcohol abuse. This will be discussed in more detail further on in the report.

"I did not go to school because we are a poor family. There is domestic violence and drinking and a lack of warmth. My father is uneducated."

(non-migrant, boy, 16 years old)

### **2.2.3.5 Sexual abuse and rape**

Based on discussions with service provider staff, *migrant* and non-migrant clients who have been sexually abused or raped are viewed by staff only in the light of their rape of sexual abuse. Little attention is paid to other risk factors that could compromise successful reintegration however in the case above these risk factors were taken into consideration. It is recognized that the loss of virginity for a woman has serious consequences for her future, especially in Cambodia. However, these clients do not seem to be considered for alternative care that could provide the necessary services because police and social services refer these clients directly to residential shelters, as they are considered "serious cases" and this equates to residential care. Therefore, in these circumstances residential care is used as the first choice, whether or not there was any sexual abuse in the form of commercial exploitation, something that was not evident in most of these cases.

#### *Non-migrants*

Some service providers report rape and sexual abuse as separate classifications, whereas others use one to describe either rape or sexual abuse. For the purposes of the study sample both classifications

were used. More non-migrant clients in the study sample reported sexual abuse (5%) compared to the CETHCam target group (1%) and can be accounted for by the issue of classification. A primary classification of trafficking in the CETHCam target group records would not necessarily identify someone who was trafficked and sexually abused. The figures for rape in the study sample were only slightly higher (8%) as compared to the CETHCam target group (6%).

"My father died from an illness when I was 3 years old. My mother is poor. She works as a beer promoter. She could not afford for me to study so I reached Grade 7. The authorities sent me to *this service provider* because my neighbour raped me. My family did not file a complaint against him so he is still free. I had to go and live with my grandmother." (Non-migrant, 17 year old girl)

#### *Migrants*

*Migrant* women are exposed to situations that escalate risk and could potentially make returning to Cambodia more difficult. Prior to going to Thailand to beg, Miss C was helping her family to sell vegetables.

"My parents allowed me to go to Thailand to beg for money when I was 14. I stayed with a group of people and one of them raped me. I have a child. He was not prosecuted and he was not responsible." (Migrant, 24 year old woman)

### **2.2.3.6 Exploitation for labour**

#### *Non-migrants*

In the study sample, the majority of clients who were exploited for labour, were exploited by their family members as a means of contributing to the family livelihood and clients often worked alongside their parents for many years. Miss S, a 20 year old, is an example of such a case. She had worked with her mother since she was about 5 years old and now has a Grade 4 education. She is the youngest of three children. Her father died and her mother was unemployed. The family moved to another province in search of work and because her family was poor she had worked with her mother at a brick factory for about 5000 Riel a day. She was referred to the service provider by the commune authorities and the DoSAVY social worker because she had been "trafficked for labour". She currently works as a dressmaker at home and can make 3000 Riel a day. She supplements this income by raising chickens and doing farm work for others and can earn up to 12 000 Riel a day for her other work.

#### *Migrants*

Working to contribute to the family income can include travelling across the borders. Miss K is a 14 year old girl whose parents are divorced. When she was 11 years old she went to Thailand with her mother and siblings in order to sell flowers, lighters and candy, for which she earned up to 100 BHT per day. Their neighbour was the broker for their journey to Thailand and he received 3000 BHT commission. She was separated from her family at the time of her arrest and spent 7 days in a centre in Thailand before arriving at Poipet Transit Centre.

There are *migrant* clients who are "cheated" and are classified as exploited.

"My husband took a second wife and then he died of AIDS. My second son's wife is in love with an uncle and my son got so angry he killed himself. I needed money so I went to Thailand for 7 months. It was very difficult, we sat for 3 hours one on top of each other and we tried to hide in the rear of the car. We crossed a papaya farm and hid waiting for another truck to deliver us. I worked and I should have received 20 000 Baht and I was told to wait. They did not pay. I accepted to lose the money and came back to Cambodia." (Migrant, 52 year old woman)

### **2.2.3.7 Begging**

Begging and scavenging should probably fall under the category of "exploitation for labour", however those families involved in begging appeared to be a separate group. A total of 5% of the study sample (non-migrant and *migrant* clients) were classified as begging and in most cases this was done with family members or at the request of parents.

"Before my father died, I used to go begging with him. He lost a leg because he was a soldier and was shot. Begging gave us 20 000 to 30 000 Riel a day. My father was married before and had 2 sons. My

father beat my mother and sometimes beat us. My mother also had another marriage but got divorced because he had another wife and lots of children." (Non-migrant, 21year old woman who has been begging since 5 years old)

Miss O is a 9 year old *migrant* girl who had been back and forth to Long Keur Market with her family before she was arrested. Her mother and father are waste pickers and when not in Thailand begging, she worked alongside her father picking waste. When in Thailand she worked as a beggar and earned up to 200 BHT per day. She speaks Thai. She spent 7 months a Thai centre before returning home.

"I go as a waste-picker with my father at night from 10pm to 1am. I do not go to school. I pick waste near the Casino. My father drinks because he feels ashamed because of his low occupation. He used to sniff glue and take amphetamines but now has stopped since he has a wife. My mother also drinks because she thinks a lot. " (*Migrant, 9 year old girl*)



Young waste picker in Phnom Penh

## 2.2.4 Individual and Family Characteristics

It is usually to the family that the client returns when reintegrated. Multiple factors are likely to contribute to the family's ability to reunite and support their family member in their endeavours. If the client has learnt new skills, any economic gains from these are likely to be used to contribute to the family livelihood and shared by all family members. Whilst the study sample is a reasonable representation of the target group, the reader is urged to remember that the sample size is small for the non-migrants (n=39) and even smaller for the migrants (n=14).

### 2.2.4.1 Family size and composition

The Cambodia Demographic Health Survey (National Institute of Public Health and National Institute of Statistics (Cambodia) and ORC Macro, 2005) found the average household to comprise of 5 people, with only 15% and 10% having 6 or 7 family members, the latter reflecting this sample.

The size of the family, how intact it is, what the disruptions are to family unity and the economic resources of the family will undoubtedly have an impact on how successful the reintegration process is. Some of the families in this sample had extremely complex family dynamics. Absent parents, multiple marriages and extra marital partners and the abandonment of children were not uncommon and seemed to be among the primary reasons for acceptance into service providers. Many families reported socio economic problems and it appeared that the family and social networks were not always supportive.

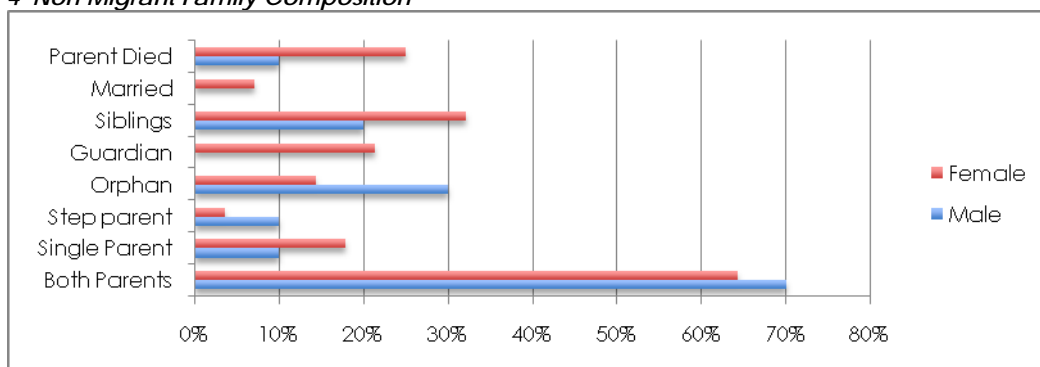
"The failure of re-integration is the problems in the family. They sell land or their situation changes, child not at school or no job, divorce"  
(Service provider)

#### Non-migrants

Male and female non-migrants in the study sample came from families ranging in size from one to nine children. Age did not appear to be a factor in family size. These figures suggest that non-migrant clients in the study sample come from families that are larger than the average household. In non-migrant families with more than 4 children there is a tendency that the client is one of the younger children but not necessarily the youngest. This was not as evident in the *migrant* population.

Non-migrants who have been reintegrated account for 68% of the study sample and is comparable to 74% of the CETHCam target group. The study sample was primarily comprised of female clients (72%), somewhat higher than the CETHCam target group (65%). A large proportion (64%) of non-migrant clients reported that both parents were alive, with a relatively even distribution between age and gender. If one or both parents were deceased (21%), the client was more often female. This accounts for the number of orphans, particularly young male orphans. It is important however not to assume that being an orphan alone is sufficient to place an individual at risk for trafficking, exploitation or migration.

**Chart 4 Non Migrant Family Composition**

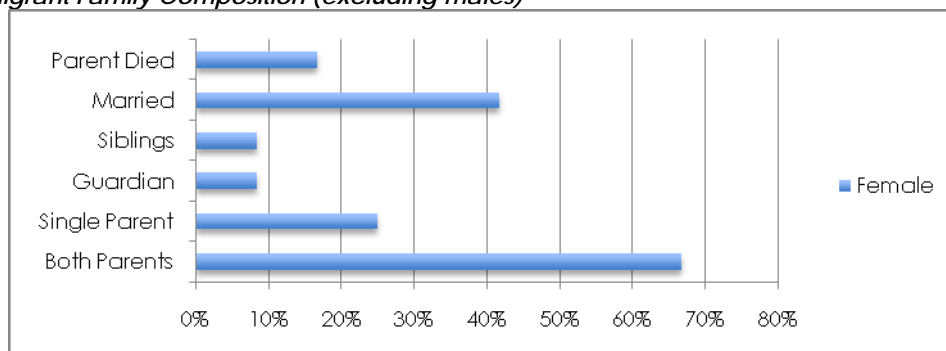


#### Migrant

The study sample for migrants has a higher number of female clients (86%) than the CETHCAM target group (55%). Similar to the non-migrant study sample, 64.3% of the *migrant* study sample reported that both parents were living. Female *migrants* tended to come from larger families with an average number of 6 children, the smallest family had 3 children and the largest had 9 children. There was also not that much difference in the wealth status of *migrant* families in terms of the number of children or step-children. Those families that described themselves as having an "average" income tended to have more children on average (mean of 6 compared to 5 of the poorest in the neighbourhood). The small sample size of the male *migrants* may skew this data so will be considered an exception.

Most *migrant* (65%) clients reported that both parents were alive, with a relatively even distribution between age and gender. 14.3% of female *migrants* reported that one or both of their parents were deceased.

**Chart 5 Migrant Family Composition (excluding males)**



#### **2.2.4.2 Psycho-social issues**

The psycho-social problems experienced by this sample were significant, with 23% coming from a family where divorce had occurred. Keo (2006) also reported about a sample of children from “fragile, dysfunctional families” where almost half of the children have parents who are divorced, died or have disappeared for unknown reasons. The children ended up living either with mothers who have second husbands or single mothers with several children to care for. (Keo, 2006, pg 10)



**Residential and drop in centre children playing**

#### ***Non-migrants***

Divorce was more common in non-migrants under the age of 18 (67%) and in female clients (78%). In addition to family breakdown through divorce, 13% of all non-migrants reported that they had lost contact with a parent. These respondents were all under 18 years old at the time of the interview. This was not the case with the *migrants*.

Family stability and vulnerability in the study sample were influenced by the presence of domestic violence and alcohol abuse.

“Drinking and domestic violence are the causes for problems in the families.”  
(Service Provider)

Domestic violence was present in 38% of all female non-migrants and 10% of all male non-migrant families from the study sample. This is considerably higher than the CETHCam target group (8%), classification issues could account for some of the difference. Alcohol abuse was not specifically asked about but there were opportunities for clients to identify difficulties in their families and some reported problems with alcohol. A sizeable proportion of non-migrant clients, younger and older (both 10%) stated that their father’s had problems with alcohol and 3% of older non-migrants stated that their mother drank.

“My Father committed violence, drinking and beats his wife and children and breaks things in the house. When he does not have alcohol to drink he beat the family” (Non-migrant, 16 year old girl)

#### ***Migrants***

*Migrant* women also stated that 36% were either divorced themselves, their husband had another wife and was absent from the family or had come from families of divorce. Domestic violence and alcohol abuse were not raised as issues in the *migrants* interviewed.

#### **2.2.4.3 Physical and Emotional Wellbeing**

Health status not only affects one’s ability to generate income but it can be a potential drain on income. Physical health is of course not the only factor in good health. Emotional well-being and the ability to cope with difficult circumstances will have an effect on the client’s ability to work and relate with others in a productive manner.

“Our life is now worse because I have to take care of my daughter. She cannot earn money and I cannot earn money. She does not speak and she is nervous. I am afraid I will lose my daughter” (Family member of migrant to Malaysia)

The majority of responses to the question about what made both non-migrants and *migrants* happy tended to only yield responses about money and work. This may have been due to the way in which the questionnaire was structured or the interviewing skill of the researcher that prevented broader responses. However it is also possible that the need to focus on basic needs is so great that happiness will ultimately be derived from an ability to sustain one’s family. The responses refer to general unhappiness and not how the client felt at the particular time of the interview.

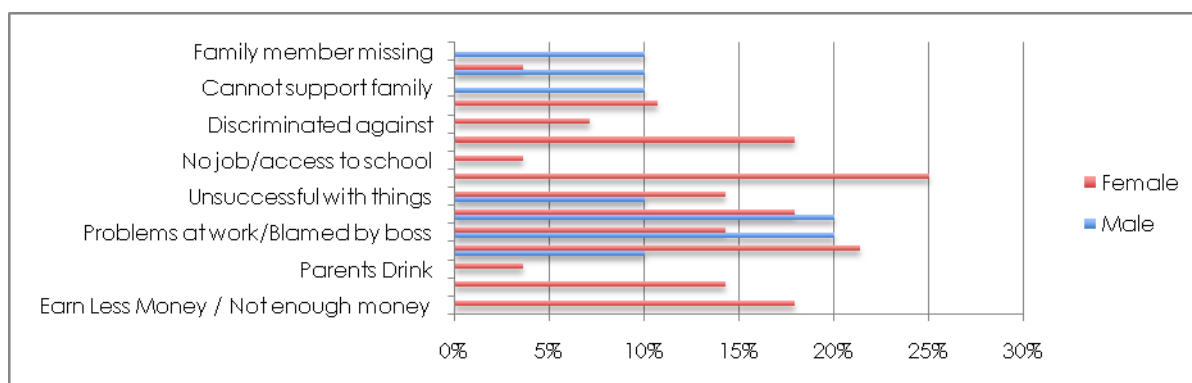
The role of family and broader society in the overall well-being of clients should not be underestimated and therefore needs to be taken into consideration when providing recovery and reintegration services.

### Non Migrants

Prior to coming into contact with the service provider non-migrants did not experience significant difficulties with ill health with 28% of non-migrants in the study sample reporting being sick often and 28% sick sometimes. The current health status of non-migrants in the study sample does not appear to have changed much with 18% reporting being sick very often and 8% being sick often, but 13% never being sick. In addition, 15% of non-migrants have sick parents or children.

Non-migrants tended to worry mostly about their family (57%), and/or money (41%) and/or their future (41%), and/or their health (25%). The interviews allowed for multiple responses and some non-migrants had several worries. Many of the non-migrants believed that their social networks and self-confidence had improved, with 49% of non-migrants responding that they had more friends. Non-migrants were able to identify a range of issues that contributed to their unhappiness. The chart below demonstrates that it is not only issues related to family livelihood that cause unhappiness but psycho-social and psychological concerns are quite significant.

**Chart 6 Causes of unhappiness for non-migrants**

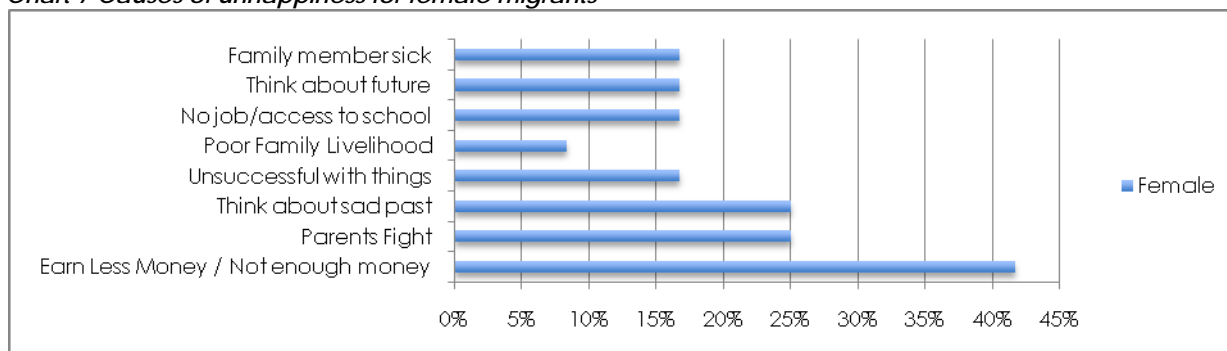


### Migrants

Prior to coming into contact with the service provider it is clear that *migrants* experienced more ill health with 64% of *migrants* reporting being sick often and 28% were sick sometimes. Since contact with the service provider there appears to be an overall improvement in the health status of *migrants*, even though *migrants* get sick more often, there are fewer people experiencing ill health.

*Migrants* tended to worry mostly about their family (71%), and/or money (57%) and/or their future (57%), and/or their health (29%). Financial concerns and their consequences create the most unhappiness for *migrants* but they also expressed concern about psycho-social problems.

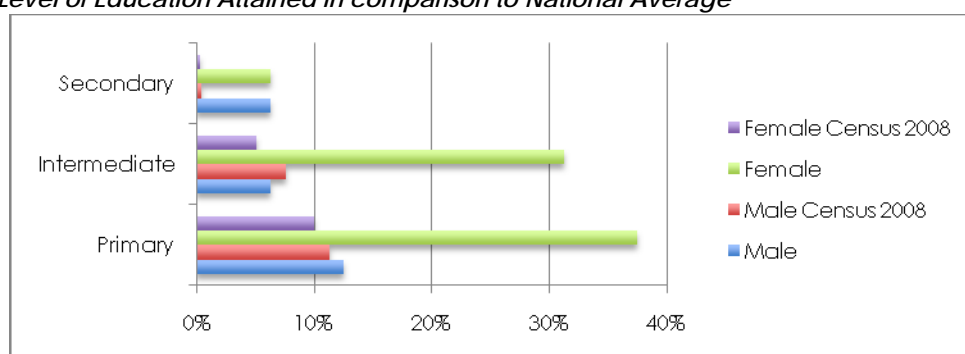
**Chart 7 Causes of unhappiness for female migrants**



#### **2.2.4.5 Level of Education**

Arensen (2004, cited in Derks, Henke and Vanna, 2006) did not find levels of education to be conclusive in terms of vulnerability, however it is a factor in successful reintegration (Arensen, 2005). It is therefore worth addressing. Due to increased access to education, this study sample has higher levels of education than the national average. The level of education reported for the study sample is influenced by education attained prior to accessing the service provider as well as supplementary education on contact with the service provider. For younger clients it represents a continuation of their education once reintegrated into the community as this study was conducted with reintegrated non-migrants and returnee migrants.

**Chart 8 Level of Education Attained in comparison to National Average**



#### **Non-migrant**

Non-migrant males from the study sample reflect the national averages from the Cambodian General Population Census 2008 at the lower levels of education but have achieved higher levels of secondary education than the national average. Although female non-migrant clients from the study sample have better access to primary education, they are no better than the national statistics for intermediate levels of education but have increased access to secondary schooling. The reason for this is possibly because clients who are too old to continue in public schools are given a basic primary education and literacy classes followed by vocational training. The study sample comprised of clients over the age of 14, therefore those who had little or no basic education would have received a basic education, increasing the primary school figures and those who already had a good educational grounding would continue into secondary school with the support of the service providers, thus increasing secondary school figures.

Non-migrant males from the study sample attained an average education to Grade 8 with the lowest being Grade 3 and the highest Grade 12. Non-migrant women from the study sample attained an average level of education at Grade 6 with the lowest at Grade 1 and highest at Grade 10. In the study sample, 12% of all female non-migrant clients were at public schools and as many male non-migrants were in public school as were studying literacy (38%). The fact that most clients have only achieved a primary or lower secondary/intermediate level school education would indeed limit their opportunities for income generation.

"The organisation sent me to a public school because I wanted to study there because at a public school you can have a better future."

(Residential focus group participant, Boy, 15 years old)



### *Migrant*

The average level of educational attainment for migrant women was lower than non-migrants, with an average education to Grade 5, with the lowest at Grade 2 and the highest Grade 8.



**The Whole Person and The Whole Family**

#### **2.2.4.6 Family relationships and networks**

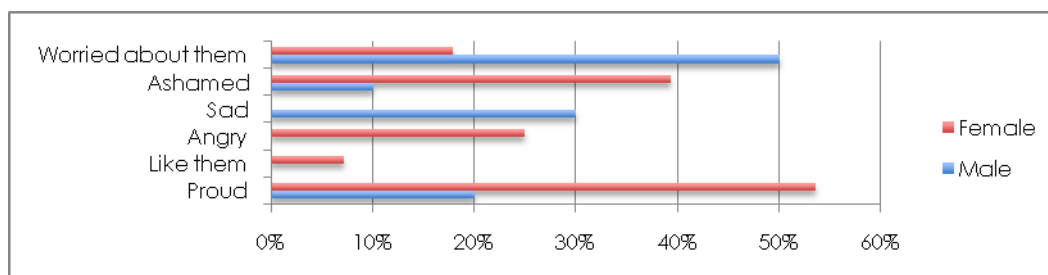
The environment to which the client returns extend beyond the family and this will be discussed in more detail later on. The success of reintegration will rely on all the factors mentioned above but will also be influenced by the relationships within the family. There is seldom only one factor responsible for trafficking, exploitation or migration (Margallo and Lath, 2002 cited in Derks, Henke and Vanna, 2006). The expectations of family and the extent of their social networks and supports will contribute to the vulnerability or success of reintegration. Service providers are aware that the lack of social networks and stability contribute to the lack of success with former street children, many of who return to the street after reintegration.

“With 50% of street children we are not so successful. Their family have no land or job and they live on the street. They are never stable. After they are re-integrated they go back to the street.” (Service Provider)

### *Non-migrants*

Most of the non-migrants spend up to 18 months in residential care, only visiting family for celebrations (maximum of three times a year), and their expectations about family will be influenced by this. Family member also have expectations about how their family member will be after reintegration but most importantly about how the client will be able to contribute to the family. Non-migrants were very ambivalent about they felt about their family and it was not unusual for the same non-migrant client to feel an equal number of positive and negative emotions toward their family and these were expressed in their multiple responses.

**Chart 9 Feelings about their family for non-migrant**



A notable number of non-migrants (26%) were angry with their families and/or worried (23%) about them. It would appear that clients younger than 18 years tended to feel more positively toward their



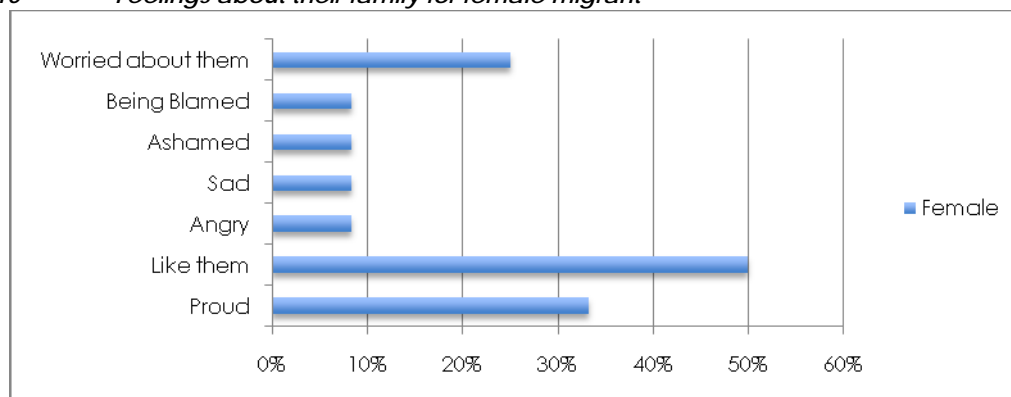
family, reporting that they like them (52%) and/or felt sad (38%). Female clients were more likely to express both strong negative and positive emotions toward their families.

It is proposed that the success of reintegration will also be affected by the client's perceived support from family. Non-migrants felt cared for (36%) and reported having someone who checked up on them, worried about them, pitied them and encouraged them.

#### *Migrants*

*Migrants* tended to experience less ambivalence toward their family members with female *migrants* feeling pride (33%) and warmth (50%) and worry (25%).

**Chart 10** *Feelings about their family for female migrant*



#### **2.2.4.7 Family responsibility and the generation of income to sustain the whole family**

Service providers suggest that poverty and an inability to generate income contribute to the vulnerability of their client group and the success of reintegration.

"The economic situation of the family sometimes does not improve and this is the root cause. The Government and donor community need to focus more on intervening and providing more, especially for countryside children".

(Service Provider)

"It is easier to live than before because she can earn money. But now she is sick a lot and her income is not enough because when she is sick she can't earn money." (Family member of female migrant)

The burden of family responsibility often falls to children when a parent is deceased or where there is family discord, therefore clients who are reintegrated into families are likely to need increased support. Family members of reintegrated non-migrant clients reported that many of the clients were the sole provider for the family or were a significant contributor.

"Life is the same. We are both sick so only our child can earn money" (Family member)

"It is best if the family are supported. We only provide grants or loans to support the client but it is not successful because they use this to help the whole family. It is hard to help the poor. If they find a job they seem to have a more sustainable life."

(Service Provider)

There does not appear to be an assessment of how the multiple factors within the client, their family, community and larger environment may either escalate or minimise this risk.

"My daughter can earn money and make family honour. I do not really want my daughter to continue to feed the family like this. I feel pitiful of her and I want her father to take responsibility. My husband does not understand about family responsibilities, he just lets the children feed the family. Also there is not fighting when her father is drunk." (Family member)

The family's ability to access networks beyond the family and the way they view themselves in their community will be influenced by a number of factors.

"I want to work for a company because I don't want to be looked down on. When I lived with the foster family they looked down on me and I don't want to experience that again." (Residential focus group participant)

"I wanted to have money to buy a TV so my family could watch. We can watch the neighbours TV but others look down on us. .... The neighbours used to go to Malaysia and I was invited to go and have a salary of USD180 per month so my mother allowed me to go." (Migrant, Girl 17 years old)

There is some debate as to whether poverty is a factor in people being more at risk for trafficking, exploitation or migration (Derks, Henke and Vanna, 2006). Most research conducted is based on self-report and the informant's own perception of how poor they are in comparison to others and this study is no different. It is however proposed that people will make decisions based on their own perceptions of their socio-economic status and this will include determining whether children need to contribute to the family income and spending money on children's education among other things. The amount of money earned by children for their families, even though very low is still reason to keep them out of school as is illustrated below.

"I got 3 000 Riel a day to wash dishes and clothes from the neighbour so I did not go to school" (Residential focus group participant)

"My father is in prison and now my mother has a new husband and she lives with him. So they left children in the centre and another one with the grandmother and because of poverty and we did not have enough to eat my grandmother told me to go and pick the waste" (Residential focus group participant)

#### **2.2.4.8 Vocational Training**

One of the primary measures employed by service providers to reduce the risk of trafficking, exploitation and migration and as preparation for reintegration, is to provide education and training to clients. It is assumed that having more skills will allow clients to have a sustainable livelihood. Generating an income that has long-term sustainability was a point of discussion with all clients in this study sample.

The feedback from reintegrated non-migrants and *migrants* appears to be somewhat contradictory. Although study sample clients report that having skills has contributed to an increased quality of life, their families report that these skills cannot be used because of lack of capital or the job brings in insufficient income to sustain the family.

"Her father missed her so much that he brought her back from the centre to live at home but life is worse than before. We have more family members than before and some are sick. She got skill from the centre but she cannot use them because she has no capital." (Family member)



**Researcher in barber training school**

#### ***Non-migrants***

One of the key features of reintegration is to enable the client to return to their families and communities. Service providers conduct a market analysis to determine whether the client can

generate an income in their own communities but the options for vocational training are limited. The majority of female non-migrants in the sample study reported learning sewing, cooking and weaving whereas male non-migrants learnt carpentry and motorcycle repair. The skills obtained whilst engaged with service providers were used in daily life by 51% of non-migrants.

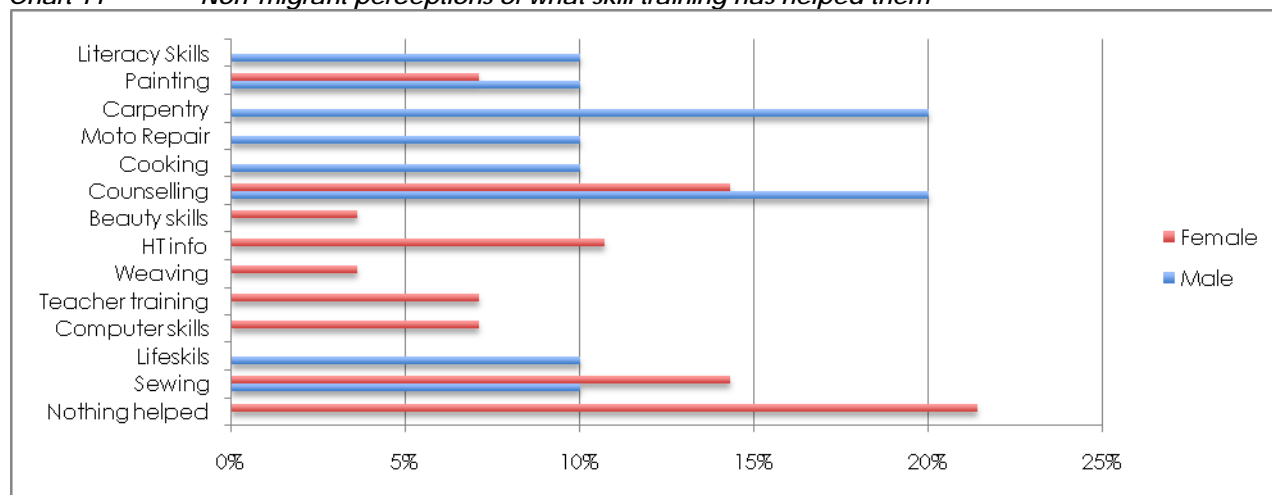
The skills that all clients referred to learning were interestingly not always those skills responsible for directly generating an income. Counselling, literacy, painting and life-skills training were reported as helpful. Once reintegrated, non-migrants were working in factories (15%) away from home, working back in agriculture (15%), animal husbandry (8%) and selling goods (8%). A small proportion of female non-migrants have their own businesses (5%) or work in shops in their community (5%). Some 26% of non-migrants seldom or never use the skills learnt through the service provider and most of the respondents were female non-migrants.

"I don't have the money to buy sewing material so I cannot work".

### Migrants

Almost all *migrant* women (66%) learnt dressmaking and although all report working as dressmakers from their own homes, some state that they are not earning enough money to support their families. The only *migrant* not working reported that she found it difficult to work as she has developed a "nervous disease" after returning from Malaysia. She is not well but has returned to her family without support

**Chart 11** *Non-migrant perceptions of what skill training has helped them*



### 2.2.4.9 Preparation for Reintegration

In order for re-integration to be successful, the environment to which the client returns will need to be prepared and supportive of the changes. This may require that the client continue to attend public school upon returning to their families. There is an appreciation by many service providers that the whole person and the whole family need to be supported for reintegration to be successful.

"We need the family to be supported. Small training skills for parents, like income generation to improve financial situation of family prior to reintegration and ask them to prepare child to accept child back. They need this stability."  
(Service provider)

"Parents and children do not get good information – how to do a business – what to do to better their life. They are not knowledgeable about life, they do not know."  
(Service Provider)

The lack of resources and an inability to secure sufficient funding to work with families rather than individuals has resulted in service providers offering generic services, especially in the case of non-migrants. In some cases having the reintegrated client back in the family but not contributing to the family income was seen as more of a burden than an asset to the family. Keo (2006) also found this with many reintegrated clients who continued to study but the family did not receive support to keep the client in school.

"Life is more difficult because she is going to teacher training school. We have to pay this money and it is a burden and we have more mouths to feed."

"Fishing nets etc don't cost much but they cannot buy them and we have no budget to help, so they cannot feed their children. When there is no job there is often violence. If we had the budget maybe we could help reduce the problem" (Service provider)

The lack of funding or rules about how funding is to be used has limited the interventions that can be made with family members. This has resulted in very little actual preparation for reintegration and what is done only involves the family or community in a very marginal way. There is little scope to actually address any risk factors within the family due to time and funding constraints. Indeed it would seem that the approach thus far has been to reintegrate clients by focusing mostly on their own progress and to some extent on the stability of the family. Family assessments are conducted prior to reintegration using the DoSAVY process to compliment their own assessments but contact with family is minimal, up to three times a year and these meetings are not for specific purpose of preparing the family but rather to allow for reconciliation or visiting. There is little or no involvement from the community other than advising village chiefs of the client's return. When considering the individual and family factors it would be important to place these in the context of the community in which the client lives and the values, traditions and available networks.

DoSAVY social workers sometimes assist the service providers and delays are not uncommon. This involved exploring the absence or reduction of domestic violence and alcohol abuse as well as establishing the whereabouts of perpetrators of sexual assaults if relevant. Some service providers and DoSAVY social workers require parents or family members to enter into a contract stating that they will support their child's ongoing education and in the case of *migrant* families not allow their children to return to Thailand or Vietnam.

Aside from a lack of funding, few service providers have systems in place for a structured preparation for reintegration. Those service providers who have systems report that they only get to work about 20% of all families due to funding shortfalls.

"It is best is if the family is well supported. Before reintegration we do a needs assessment, reconciliation, income assessment and assess the community. We teach them (family) how to depend on themselves and not on the child. We try to mobilise resources to assist." (Service Provider)

Short project cycles and the need to demonstrate the delivery of services to new clients in each year of the project was raised by service providers as significantly hampering efforts at successful reintegration.

"We should be able to follow up families for all 3 years of the project not just for one. If we have one family who learns a skill and they are not successful or they cannot do this in the off-season, then they may fail. If we can work with them for all the 3 years then we can help them to learn from their mistake and also to offer them new skills for the off season."

(Service provider)

Naro (2009) suggests that reintegration "would be of real benefit to trafficked victims if it includes assistance to the victim's families who play a central role in the lives of the victims". Using their limited resources, service providers have attempted to provide this support in the following ways:

"The family gets some support and some food, education or medical care. If they understand issues then vulnerability reduces. We have a community workshop for parents, mostly the mothers join, it is about unsafe migration, child rights, domestic violence."

(Service Provider)

#### 2.2.4.10 Quality of Life

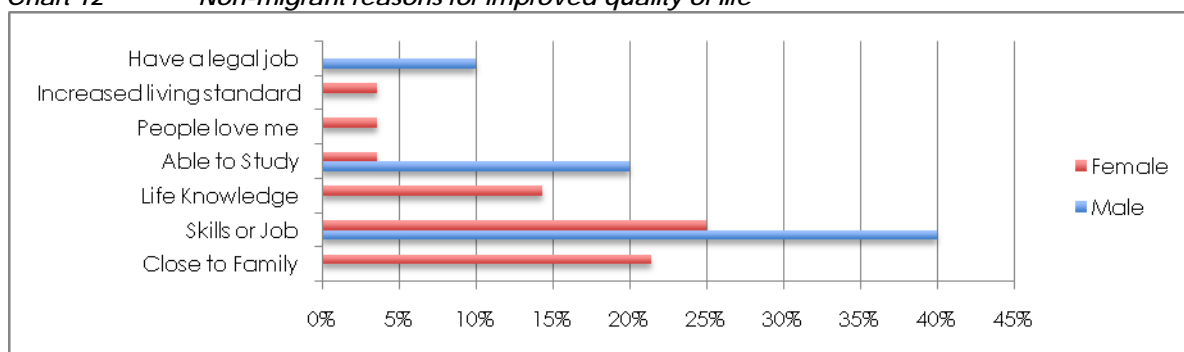
Improvements in quality of life are attributed to improved physical and emotional well-being. Of those study sample clients who reported improved quality of life, the ability to contribute to family income and improved confidence had increased their social networks and community links.

### Non-migrants

Many non-migrants described themselves as the “poorest in the neighbourhood” (43%) but there were still 31% of non-migrants that described themselves as currently having an “average” income. Non-migrants who use their skills to support their families, or continue their education, reported an improvement in the quality of their life. Some 46% described their quality of life as “much better than before” contact with the service provider and an additional 33% reported a slightly improved quality of life. Life skills training was memorable for many non-migrants with 24% of female non-migrants and 13% of male non-migrants talking about how it had helped their relationships and improved their confidence.

The increased quality of life is not due to an improved standard of living alone because only 36% of non-migrants described their homes as much better than prior to contact with the service provider. The reasons given for their improved quality of life were primarily related to money or the ability to generate income as a result of having skills or a job. Non-migrant clients also reported an improvement in their physical and emotional well-being. They described enjoying improved social networks and community links because of their ability to contribute to family income and confidence gained whilst engaged with the service provider.

**Chart 12** *Non-migrant reasons for improved quality of life*



Not all non-migrants reported an improved quality of life. Some 31% described their lives as equally as difficult as prior to contact with the service provider. These non-migrants had stopped studying, had no land, job or skills and some continued to work scavengers. A lack of materials, funds or available customers has resulted in many non-migrants not using their learnt skills to generate income.

### Migrant

Of all *migrants*, 29% described themselves as currently having an “average” income but most migrants described themselves as the “poorest in the neighbourhood” (23%) or “poorer than most in the neighbourhood” (28%). Although a slightly higher number of *migrants* (57%) described themselves in this way, many more than the non-migrants themselves as Those describing themselves as “poorer than most in the neighbourhood” (14%) were comprised entirely of female *migrants*.



**Rattan workshop**

Many *migrants* (58%) described their quality of life as “much better than before” contact with the service provider with an additional 21% of *migrants* reporting a slightly improved quality of life. A sizeable 50% of migrants described their homes as much better than prior to contact with the service provider. The reasons given for their improved quality of life were primarily related to money or the

ability to generate income as a result of having skills or a job with *migrants* stating their current employment was much better than in the past (36%) or slightly better (43%).

Migrants offered fewer reasons for their improved quality of life, however the ability to earn a daily income and having skills or a job were the most significant reasons for both male and female migrants reporting an improved quality of life. *Migrant* women spoke about how improved hygiene in the home, motivation, the value of sending one's children to school and knowing how to deal with conflict has contributed to a better quality of life.

As with the non-migrant clients in the study sample some migrants (14%) said their means of generating an income was worse or much worse (7%). Female *migrants* reported that one of the biggest difficulties they had faced on returning home was insufficient income (26%), with followed by insufficient funds for materials (7%), debt to brokers (7%) and less income in the rainy season (7%).

#### 2.2.4.11 Sustainability

Many family members of non-migrant clients appeared concerned about how tenuous the income stream was, especially when the whole family depended on the client's income. Several family members spoke of their worries should the client be prevented from working.

"Life is better than before. She is stronger, can stand on her feet, is grown up and can think. She is helping her younger siblings for their education. I worry about her getting sick because she is tired and is working far away. I worry she will be cheated and deceived" (Family member)

Although both non-migrant and *migrant* clients and their families may indicate that their lives are better than before it seems that sustainability is an issue. There is little focus on the issue of sustainable livelihoods in the preparation for reintegration. There were several reports from non-migrant and *migrant* clients from the study sample of the need to seek alternative or additional work, sometimes far from home, because a lack of capital has prevented them from using their skills or the earning are insufficient.

"Life is better than before as my child can earn money and get better food. Before we used to borrow money from someone for food. Before we only ate rice with salt and *prahoc*. We still lack. It is difficult to be a tailor at home and work in the rice field. There is no capital for the tailor business."

(Family member)

### 2.3 Community Factors and Characteristics

The following chapter will focus primarily on the non-migrant study sample as this chapter deals with how residential and alternative care influence successful reintegration. Difficulties experienced prior to coming into contact with the service provider and whilst resident with a service provide comprise of multiple factors and can influence the client's ability to utilise available resources in their communities once they are reintegrated. An example of a residential client who would struggle to access resources and a family member talking about reintegrated client who is more resilient

"Lack of clothes, lack of food and looked down on by everyone so there is no bravery or encouragement (confidence, self esteem) when I meet other people I do not feel brave enough to talk to them." (Residential focus group participant)

"He understands more about the social environment. I don't worry so much about him." (Family member)

#### 2.3.1 Residential care as an environment for recovery and reintegration

The residential centres are in themselves communities and it is useful to explore the type of environment the service providers try to create. A modelling of good citizenship, justice and care would be expected if the client is to benefit from the process of recovery and rehabilitation. Prior to reintegration, clients in residential care should be given the opportunity to "recover" and in some cases the environment created by the residential shelter is indeed conducive to recovery. Most service providers do try to create environments where there is care, concern and an opportunity to learn new social skills and to rebuild trust in oneself, others and the world.



**Bathroom facilities at residential centre**

A safe environment is not only for the protection of victims of trafficking and exploitation but it also facilitates recovery. Reports from residential clients obtained through the focus group discussions demonstrate the value of a positive environment.

"The place we stay is comfortable and hygienic and makes us feel healthy."  
(Residential focus group participant, Boy)

If the residential care centre is not able to consider the best interests of the client, then recovery and reintegration are compromised.

"Some guardians use improper words, rude and impolite and threaten to tell children to leave the centre. They also tell us about Internal affairs of the organisation. One staff told us that they have run out of money, so we have to be careful - you behave yourself or you will have to pack your bags and go home. Only one staff tells us this" (Residential focus group participant, Girl)

Beyond physical security, food and shelter, several clients in residential centres spoke about the need for support from staff and peers.

"We get warmth from the staff.....feeling about my bad history affects my feeling, getting problems when I think about my past history"  
(Residential focus group participant, boy)

"They teach us to know how to live independently and how to speak when speaking with people in and outside centre"  
(Residential focus group participant, boy)

The ability to deal with conflict and the right to express an opinion were raised as important, particularly by younger clients in residential centres.

"We know how to solve problems when facing problems"  
(Residential focus group participant, girl)

"We have the right to have a say and speak out"  
(Residential focus group participant, girl)

Residential clients who had a clear sense of justice, of their own worth and how they believe staff should behave toward them were not always complimentary about staff. The opportunity for residential clients and staff to deal appropriately with difficult situations will determine how successfully the client manages similar situations on reintegration.

"No encouragement (from staff) so when the children make mistakes they will be blamed instead of encouraged. They find fault. When someone makes a mistake or they are not satisfied with him or her, he/she always finds faults and this is not reasonable. He/She has no constructive opinion. They do not listen to us. When children say something right, he/she always takes his/her idea first. They think they know better than us."



**Suggestion box for children at residential centre**

The reports of inappropriate behaviour by staff were service provider specific. These few service providers have cultures that do not nurture recovery or reintegration but rather view the client as deviant in some way. Residential clients from these residential centres that participated in focus group discussions were less confident and had fewer aspirations for the future despite being very vocal about how this treatment had a negative effect on them.

The inappropriate behaviour by staff and is discriminatory and abusive and includes:

- Physical abuse of children by pinching children
- Perceived discrimination by staff by treating former street children and orphans differently and discrimination by ethnicity (Vietnamese/Khmer) or religion (Christian/ Buddhist)
- Emotional abuse by the use of derogatory names,

"Sometimes I do not want to listen to what the staff say because they use bad words with the children and also do not want to meet some of the staff. I want some staff in the centre to use polite words with us"

(Residential focus group participant, girl)

Feeling unsupported by staff and the presence of un-harmonious relationships and lack of respect between peers and between residents and staff will hinder the recovery and reintegration process.

"The children steal each other's belongings and the smaller children do not listen to the older children".

(Residential focus group participant, boy)

"Staff do not often talk to the children"

(Residential focus group participant, girl)

The culture of a service provider and their attitude to the residents has a significant impact on the motivation of clients. The confidence of residents and how this shaped their dreams and ambitions was different between service providers. When asked about what they hoped to achieve once they left the residential centre the responses demonstrated that some residents were aspiring to reach way above their current circumstances whereas others could not see beyond the vocational training that they were currently engaged in.

In these few service providers where there was a lack of care from some staff, the clients were less able to imagine a better life, or to have the confidence to think of a job outside of the skill they were currently learning.

"I want to open a *krama* weaving or handcraft shop"

(Residential focus group participant, girl)

"I want to work as an organisational staff"

(Residential focus group participant, girl)

"I want to be a teacher of tailoring"

(Residential focus group participant, girl)



"Before I learned about the preparation of wedding skills but later on I changed and moved to cooking skills but now I came back to wedding skills. I want to get money faster and also want to be a trainer."

(Residential focus group participant, girl)

Other service providers have provided their clients with a clear sense of self belief and their aspirations for the future were not only ambitious but were mature in their rationale, if not a little idealistic. What is notable is how justice, dignity and compassion appear to be common to all these aspirations. Many of the residential clients quoted below were in public schools and had a little more education whereas the clients above were only in receipt of vocational training.

"I want to be a translator or interpreter because I want the foreigners to know about the culture, the traditions of our country clearly and also know about the value of Khmer"

(Residential focus group participant, girl)

"I want to be a construction engineer. I want the country to have as much progress as other countries in the world. I want to see high buildings like other countries. I want to have a good lifestyle and have dignity"

(Residential focus group participant, boy)

"I want to become a football coach because I want to open a place to train football for the younger generation so that they can be prevented from using drugs and for their health."

(Residential focus group participant, boy)

"I want to be a lawyer because I want to provide justice to the poor people and I want to stop rich people exploiting or treating poor people unfairly and suppress us."

(Residential focus group participant, boy)

"I want to be a business person. I want to encourage the economy of the nation and earn more money to help my family who face difficulties"

(Residential focus group participant, girl)

Without family support and a real understanding of how to improve the protective factors and reduce the risk factors, some of these aspirations are likely remain in the realm of dreams. The preparation for reintegration is not only about the client learning skills, but also about increasing confidence and self worth. Without the involvement of the family or an assessment of the community to which the client will return, time spent learning a skill or attending school may not lead to successful reintegration if the community cannot support the client.



Training for family members

### 2.3.2 Community Supports

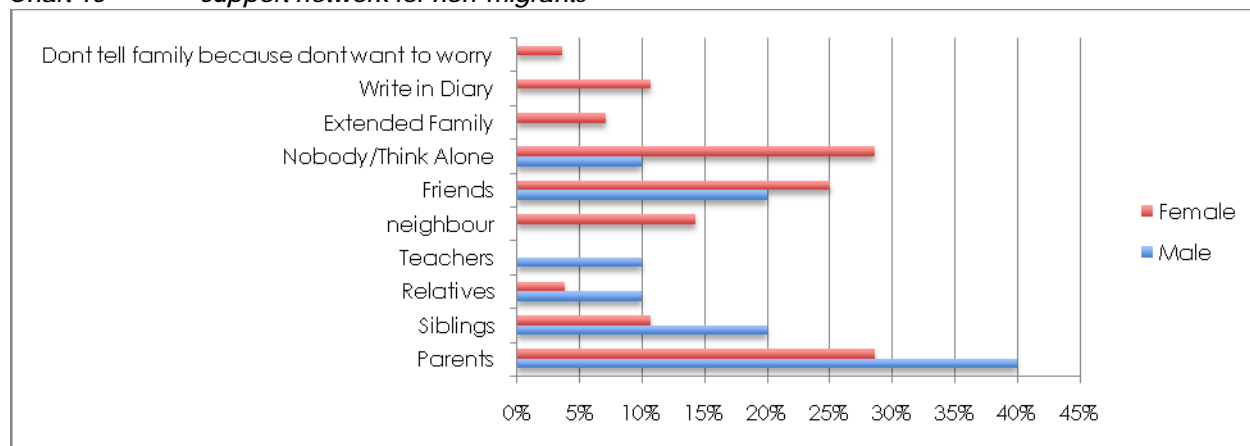
Many service providers provide life-skills training and are seen as an important part of preparation for reintegration. Clients returning to their communities will not be without worries or difficulties and the ability to cope and gain support is therefore important. Follow up from most service providers is limited to monthly visits for a year at best and three visits in total at worst. The visits that rely on DoSAVY occur less frequently.

There is not any formal system or standard for assessing the success of reintegration, nor does there appear to be any budget to provide additional support if required. Clients are therefore “on their own” once they have been reintegrated. Some service providers provide life-skills training and counselling but on reintegration all study sample clients needed to rely on their own networks.

#### *Non-migrants*

The majority of non-migrants sought support from their immediate and extended family but up to 30% of all non-migrants do not talk to anyone about their problems.

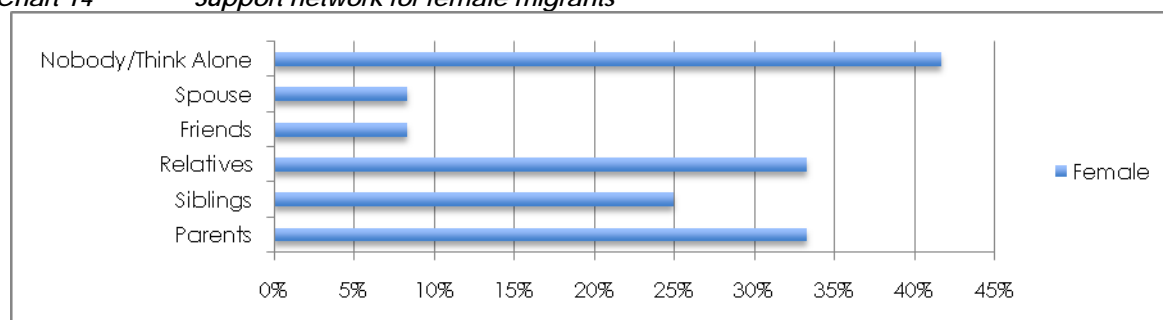
**Chart 13** *Support network for non-migrants*



#### *Migrants*

The study sample *migrant* population was older and married. *Migrants* use their family members and spouse as a source of support but tend to talk to neighbours rather than friends for external help. A larger number of *migrants* also do not seek the counsel of others.

**Chart 14** *Support network for female migrants*



### 2.3.4 The role of Local Authorities and the broader community

The role played by external agencies, such as community based organisations and local authorities in successful reintegration should not be underestimated. Reintegrated non-migrant clients and returnee *migrants* most often return to their communities. Some service providers are trying to involve local authorities at the commune level and to make them more responsible as key points of contact.

“We want a system to involve the Village Chief, NGO and have a key person to allow the client to be independent when they return to community. We want a way to mobilise stakeholders in the community so that when client goes back all contact numbers from commune and organisation are in guidelines.”  
(Service Provider)

“The goal is for the community to understand that the client is not just the NGO responsibility but also the community responsibility.”  
(Service Provider)

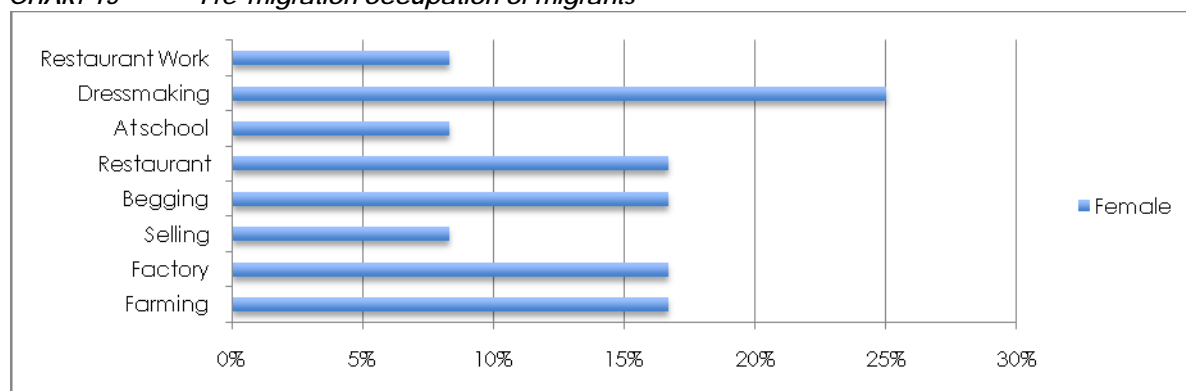
If the local authorities and individual community members are not supportive or are openly discriminatory, then reintegration has less chance of being successful. Some service providers recognise the need to work closely with local authorities and individual community members that

have influence. Working with local authorities remains a challenge and most service providers have insufficient financial and human resources to work closely with community members.

### 3. Migration Issues

Although not reintegrated in the same way that non-migrant clients are, *migrant* clients do often return to their pre-migration communities. In order to establish what changes had actually occurred in the lives of *migrants* it was thought useful to know what *migrants* were doing prior to migrating and what factors contributed to push, pull or facilitate their migration to Thailand or Vietnam. Readers are reminded of the small sample for the *migrant* population (n=14). *Migrants* were employed in occupations detailed in the chart below prior to migration. It is interesting to note the number of women engaged in dressmaking prior to migration.:

**CHART 15** Pre-migration occupation of migrants



A sizeable number of migrants (29%) reported changing their place of residence “very often”, however an equal number had never changed their place of residence and the latter tended to be people whose primary occupation was farming their own land. The remaining *migrants* changed their place of residence reasonably often. A service provider stated that reintegration of *migrants* is

“65% successful if children go to school, have enough food, good health, accommodation or land of their own. If they cannot go to school then the child will have a job, and maybe they do not go back to Thailand.”

(Service Provider)

#### 3.1 Pull Factors

The vast majority of *migrants* appeared to be pulled into migration with the promise or expectation of higher earnings (71% of total) in Thailand or Vietnam, along with a promise of work (7%) making it attractive to migrate.

#### 3.2 Push Factors

Emmers, Greener-Barham & Thomas (2006, cited in Naro, 2009) discuss how such supply or “push” factors influence the flow of *migrants*. Many of these involve economic hardship, environmental conditions and personal insecurity. The level of vulnerability experienced is highlighted by the fact that 14% of all *migrants* cited a “lack of food” or a “very difficult life”, family reasons (21%) and a lack of work (14%) pushing them to migrate.

As in this study, Vijghen and Jeronimus (2007) found low levels of education, family debt and unsustainable employment in the off-season significant push factors for migration. Baseline studies conducted in Svay Rieng and Prey Veng by End Child Prostitution Abuse and Trafficking in Cambodia (ECPAT, 2008) showed that poverty (30%), unemployment and debt (both 18%) as well as food shortages in 24% of families were the primary factors for migration.

“Some people come back from Thailand and get sick so go into debt and this puts them or their family at risk again”

(Service Provider)



Selling clothing

### 3.3 Facilitating Factors

The NGO, Ockenden Cambodia (OC), a partner of the CETHCam project, states that other factors have also contributed to the difficulties experienced by migrants. Many of the migrants that receive assistance from OC come from newer villages, many of which are in the border area. In some cases these villages are not recognised as villages and therefore have no real infrastructure or local authority. This makes it

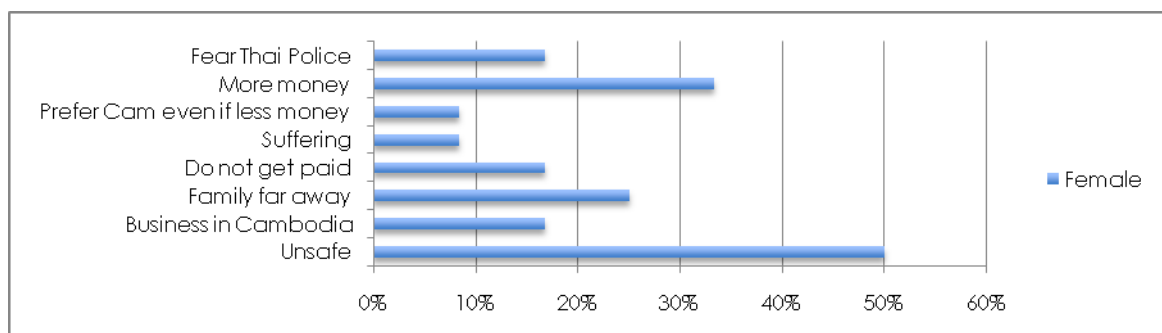
“ ..harder for clients to use their skills and seed money but it also makes it difficult for government infrastructure to reach them” (OC, personal communication July 2011).

Adding to the instability of these communities is the fact that they have an over representation of de-militarised soldiers. Some soldiers move to these communities themselves and others are relocated there by government. Many of the migrants interviewed lived in border villages or not far from the border and crossing over the border for daily or long-term work is not uncommon in some of their communities. These facilitating factors need to be taken into consideration in the preparation for reintegration and service providers working with *migrants* have attempted to do so.

The majority of *migrants* (93%) reported no wish to re-migrate. The reasons *migrants* gave for not wanting to re-migrate seem to reflect their previous negative experiences of migration. It would appear that having a business in Cambodia would be the most protective factor, with 36% of all *migrants* stating this followed by a fear of the Thai Police (29%), the reality of not getting paid or “cheated” and safety (both 21%). The few migrants who would consider re-migrating would only do so if there were better opportunities.

Many of the *migrants* either followed family members or went as family groups. However most *migrants* (79%) reported that they would prefer that their children not migrate in the future. The reasons for not wishing their children to migrate were slightly different to their own reasons. Safety being the primary reason given by female *migrants* and that their children should study and that their child is needed to help the family with farming or business. The NGO service provider Komar Rik Reay reports that although they have agreements with parents that they will not allow their child to re-migrate, it is estimated that at least 50% of the children do go back to Thailand due to the impoverished situation of the family. This highlights the need to support the whole family and not just the child.

**Chart 15** Reasons not to re-migrate given by female migrants



## 4. Conclusions

A lack of reliable statistics contributes to the difficulty of determining the extent of the problem of human trafficking and exploitation. Service providers classify their clients using different classifications and category descriptors, making it difficult to compare across service providers. This study sample was however a reasonable representation of the CETHCam target group and therefore some conclusions can be drawn despite the relatively small sample size. The findings from this study demonstrate that the CETHCam project has for the most part enabled trafficked and migrated individual and their families to return to their homes, to reintegrate into their communities and to generate an income through decent work. Migrants report that they have no wish to re-migrate.

The majority of the non-migrant clients in the study sample were referred to residential care rather than alternative care. Despite attempts to provide more alternative care and to use residential care as a last option, the challenges of accessing the necessary supports and services within the community make this difficult in practice. Support from local authorities is limited and access to educational and vocational training opportunities are seldom found within the community, hence the need for residential care. Service providers also face pressure from families who are unable to care for their children and these children are often taken into care and provided the opportunities that are not available in their own communities.

Residential care is the first stage of the reintegration for non-migrant clients and the services provided need to facilitate recovery and improve opportunities for the future. Most service providers in this study sample are using their limited resources to good effect but there are opportunities for growth. Most of the service providers provided safe, well maintained, clean and comfortable residential care facilities with purpose built places for sleeping, often in a group home setting. Residents all received nourishing meals and clothing. Access to health care services, including counselling was available onsite or through public and private services. Literacy, basic education, access to public schooling and the ability to learn a skill either onsite or in the community was also provided in most residential centres. Family tracing and job market analysis was offered by most service providers or in conjunction with other government agencies. Access to such services increased levels of education and skill and contributed to the recovery and reintegration process for the clients in this study sample.

Some service providers were able to offer additional services, thus increasing the likelihood of successful recovery and reintegration. Access to recreational facilities in the form of sport, entertainment and outings, resident suggestion boxes and client meetings in residential centres all increase confidence and coping skills that build resilience and reduce vulnerability. Life-skills training, counselling, the opportunity to play sport, experience the world and enjoy entertainment were all valued by clients. Having a skill or an education provided practical and psychological benefit to client but did not ensure that their livelihoods will be sustainable. Many clients and family members reported being unable to start or sustain a business due to lack of capital and service providers that have provided grants or micro-credit are reporting more sustainable results.

Some service providers work with private enterprises or community based organisations to expand the number of services they can offer clients and have tried to be innovative in their business models but many still focus on a narrow definition of vocational training as the key to reintegration. Based on the findings, it seems that many service providers do what they have always done. There has been progress to move toward alternative care and more client centred, child friendly service delivery. However, the needs assessments are constrained by the limited number of options available in the residential centres. For example most female non-migrants will have the option to train to be a dressmaker despite this not being a suitable career for all women. Observations from this study and reports from non-migrant clients demonstrated that outside of working in a garment factory, there are few options to generate a sustainable income from dressmaking, yet it continues to be offered. The options available to men are broader.

Service providers do not have the necessary funding and are constrained by short project cycles and donor rules about how services are to be delivered and what assistance is permissible. Staff require capacity building, especially with respect to needs assessment. Several service providers reported that they would prefer to focus on increasing the quality of service by working with fewer people but providing more services, rather than the quantity of service, that requires them to assist new clients each year.

*Migrant* service providers try to work with the whole family and report more success when they have been able to do so. The majority of *migrants* expressed no wish to re-migrate and gave compelling reasons as to why they had made this decision. Both non-migrant (79%) and *migrant* clients (79%) from the study sample reported that their quality of life had improved. In the case of non-migrants their physical living circumstances had necessarily changed. However, they have more reliable access to food because of having a job, they feel more confident about themselves and their place in their communities and they are more able to solve their problems when they arise.

Responses from non-migrant clients and their family members were somewhat contradictory in that the clients reported an improved quality of life but their family members did not necessarily agree. The non-migrant's improved confidence, knowledge about the world and ability to deal with relationships, along with the ability to work appears to have contributed to this belief. The benefits experience by the client will be shared with family members and therefore diluted. The anxiety expressed by some family members about the sustainability of the means to generate income is because the client is often the primary income earner. Reintegration has been easier and more successful where service providers have been able to work with the whole person, the whole family and involve the community.

## 5. Recommendations

- 5.1 Reunification with family and reintegration is more successful when clients are not only formally and vocationally educated but learn how to make good choices. A nurturing environment whilst preparing for reintegration reduces vulnerability for future trafficking or exploitation. Residential centres where clients feel respected and cared for, have the ability to speak out and make some of their own decisions will equip clients with skills beyond those focused primarily on economic wellbeing and it is in this area that some service providers have done well and project impact is positive. It is recommended that staff capacity be built in order to recognise the client's multiple needs can be met through a broader variety of services, some of which would be considered "soft" skills and more child and client centred approaches.
- 5.2 There is recognition by some service providers that reintegration is a process but few service providers have formal structures or systems to facilitate the process of reintegration and involve all the necessary stakeholders. It is recommended that funders consider longer project cycles to allow families rather than individuals to be assisted. It is expected that there be family and community engagement throughout the residential stay, increased follow up with the family after reintegration and the possibility of mechanisms, such as micro-credit, to enhance sustainability. If economic support is considered, it should be for the entire family through a system of grants or loans. A renegotiation with donors to permit the provision of micro-credit facilities is recommended.
- 5.3 Working with the whole person requires providing a broader range of options in terms of vocational training. It also requires focusing on the soft skills mentioned above. Service providers are unlikely to be able to provide all these services themselves and it is therefore recommended that there be more focus on conducting client centred assessments of need that take into consideration the family circumstances as well as those of the individual. Increased collaboration with community-based organisations is recommended as a way to offer more services.
- 5.4 The current process of reintegration attempts to manage the client's expectations about the future but does not currently manage expectations the family may have about how the client's income, skill or ongoing study will affect the family. If service providers work with families they are able to deal with unrealistic expectations and also adjust the services provided if needed. Future planning that involves family members is recommended if the client wishes to have ongoing contact with their family.
- 5.5 *Migrant* families have benefited from agricultural extension programmes and these should be considered for non-migrants, especially if their family's livelihood depends on agriculture.
- 5.6 If clients are offered educational opportunities then they need to be able to complete their education without placing their family in a worse situation.



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Selling goods

## 7. Appendices

### 7.1 Appendix One Terms of Reference

*“The study aims to document the effect and impact on beneficiaries of the intervention activities of the project, in particular the services delivered to victims and migrants. Baseline data has been collected of each beneficiary; the study will compare the current living conditions and emotional status of the beneficiaries with the baseline so that improvements can be measured. Representative samples will be selected from the case load of each of the 16 service providers and one partner (Ockenden). Field visits will be made to meet the beneficiaries, family members and others to assess their situation and recovery. Tools will be needed to measure the improvement to which the project has contributed (comparing to the baseline data). The consultant will prior to the field work prepare an inception report with the methodological approach, work plan, sample selection method, expected expenditures, logistical requirements and report outline. Only after acceptance of the proposed methodology the research team can commence with the field work.”*

### 7.2 Appendix Two Service Providers

Service Provider	Location	Client Description
Damnok Toek Cambodia Neak Loeung (NL)	Prey Veng	Trafficking and Exploitation
Economic Empowerment to Vulnerable and Trafficked Persons Project (EDVP)	Svay Rieng	Migrants
Cambodian Centre for Protection (CCPCR)	Svay Rieng	Trafficking and Exploitation
Healthcare Centre for Children (HCC)	Phnom Penh	Trafficking and Exploitation
Poipet Transit Centre (PTC)	Poipet	Transit for Migrants and Trafficking and Exploitation
Cambodian Hope Organisation (CHO)	Poipet	Trafficking and Exploitation
Ockenden	Banteay Meanchey	Migrants
Komar Rik Reay (KMR)	Battambang	Trafficking and Exploitation
Bandanh Komar Etprumden Kampuchea (KnK)	Battambang	Trafficking and Exploitation
Meahto Phum Ko'mah (MPK)	Battambang	Trafficking and Exploitation
Kumar Ney Kdey Sangkheum (KnKS)	Pursat	Trafficking and Exploitation
Cambodian Women's Development Agency (CWDA)	Phnom Penh	Trafficking and Exploitation
Cambodian Children Against Starvation (CCASVA)	Phnom Penh	Trafficking and Exploitation
Hagar Cambodia Women's Department (Hagar)	Phnom Penh	Trafficking and Exploitation

### 7.3 Appendix Three Non-Migrant Classification Differences

CETHCam Target Group	Study Sample
At risk of Trafficking	Vulnerable and Poor
Migrant worker to Thailand	Migrant, Poor, Raped and Begging
At risk of Trafficking	Poor
Rape case	Poor and Rape
Domestic Violence	Domestic Violence
Trafficking for sex exploitation	Trafficked, sexually abused and sex worker
Trafficking for sex exploitation	Migrant and Poor
Trafficked for labour	Migrant and dangerous work
At risk of Trafficking	Migrant, Vulnerable and Poor
Domestic Violence	Domestic Violence
Domestic Violence	Domestic Violence
Domestic Violence	Domestic Violence and Poor
Orphan	Orphan
Orphan	Orphan and Trafficked
Orphan	Orphan and Poor
Orphan	Orphan and Poor
Trafficked for labour	Vulnerable, Domestic Violence and Poor
Family at risk of Migration, trafficking,	Orphan and Poor
Family at risk of Migration, trafficking,	Poor
Trafficked for labour	Poor
Trafficked for labour	Trafficked, Poor , HIV
Trafficked for labour	Domestic Violence and Dangerous Work
Trafficked for labour	Migrant, Labour, Trafficked and Poor
Abandon	Street Child and Poor
HIV	Orphan, Poor and HIV
Child labour	Domestic violence
Migrant worker to Thailand	Migrant
Migrant worker to Thailand	Migrant, Labour and Poor
Migrant worker to Thailand	Migrant and Poor
Migrant worker to Thailand	Migrant and Poor
Neglected Child	Poor
Domestic Violence	Poor and Domestic Violence
Exploitation	Poor
Exploitation	Vulnerable and Sexual Abuse
Sexual abuse	Vulnerable, Orphan and Poor
Returnee family from Thailand	Migrant, Begging and Poor
Returnee family from Vietnam	Migrant and Poor
Returnee family from Thailand	Migrant, poor and HIV
Returnee family from Vietnam	Migrant and Poor