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NGO ATTITUDES TOWARD COMMUNITY-BASED CARE MODELS FOR SURVIVORS OF HUMAN TRAFFICKING IN CAMBODIA!

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NGO ATTITUDES TOWARD COMMUNITY-BASED CARE MODELS FOR SURVIVORS OF HUMAN TRAFFICKING IN CAMBODIA

Tania DoCarmo, Chab Dai / U North Texas
UNL Human Trafficking Conference, 2012

About

- **Chab Dai Coalition** founded in 2005 to increase collaboration between anti-TIP organizations
 - Founded in Cambodia
 - Now additional offices in USA, Canada and UK
- Study done in collaboration with Department of Anthropology at **University of North Texas**
- Data collected May to September 2012
- Currently in **analysis** stage
 - Presentation today based on *initial* findings
- **Final report** due to be released Jan 2013

Terms

- Residential Care
 - Shelter, Recovery center, orphanage, etc.
 - Group living arrangement, care is provided remunerated adults
 - Care in an institutionalized setting
- Community Based Care
 - Kinship care, foster care, etc.
 - Parents, caregivers are consistent, usually not remunerated
 - Family based setting

Background

- Cambodia is a *source*, *transit*, and *destination* country for men, women, children trafficked for sex, labor
- Cambodia historically in the spotlight, especially for CSEC
 - Influx of anti-TIP programming since Palermo Protocol and more so since int'l funding (i.e. USAID)
- Historical reliance on residential care, orphanages
- Shift in alt care government policy since 2006
 - Strong push toward community-based care alternatives, family preservation, residential care as "last resort"
 - Residential 'recovery centers' placed under same alternative care policy as orphanages, etc.
- Understanding, training and implementation of emerging alt care policies is slow, as is "buy-in" from stakeholders

Alternative Care Policy

- Item 14: *When there is danger that a child will be separated from his/her family due to a situation of risk, it shall be a **priority to prevent such separation through supportive services to the family***
- Item 16(5): *While the child is in temporary alternative care, the **child and family shall be provided reunification and family preservation services***
- Item 22(2): *Alternative care placements shall be implemented in the following order of preference:*
 - Placement with relatives; Placement with community-based family foster care, Placement with community-based care such as Group Care and Pagoda Care (in their home community); placement in **residential care**
 - Each option shall be **fully explored** before considering the next level of alternative care for children

Research Questions

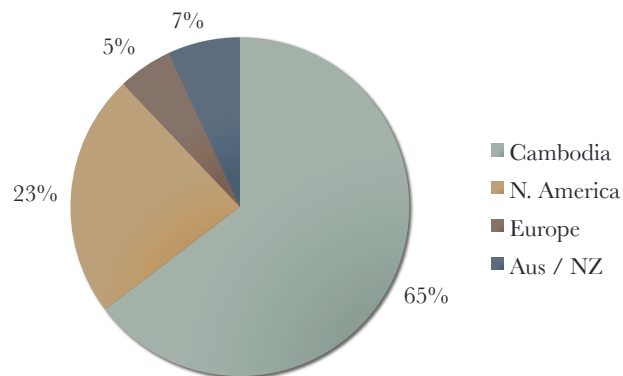
- **What are attitudes and perceptions of NGO stakeholders toward community based care for survivors of TIP in Cambodia?**
 - How does this impact programming in practice?
- **How well does the community based paradigm “fit” in Cambodia?**
 - Are there political, sociocultural, practical, or other barriers to implementation?
- **Who are the perceived stakeholders determining this structural shift in policy?**

Methodology

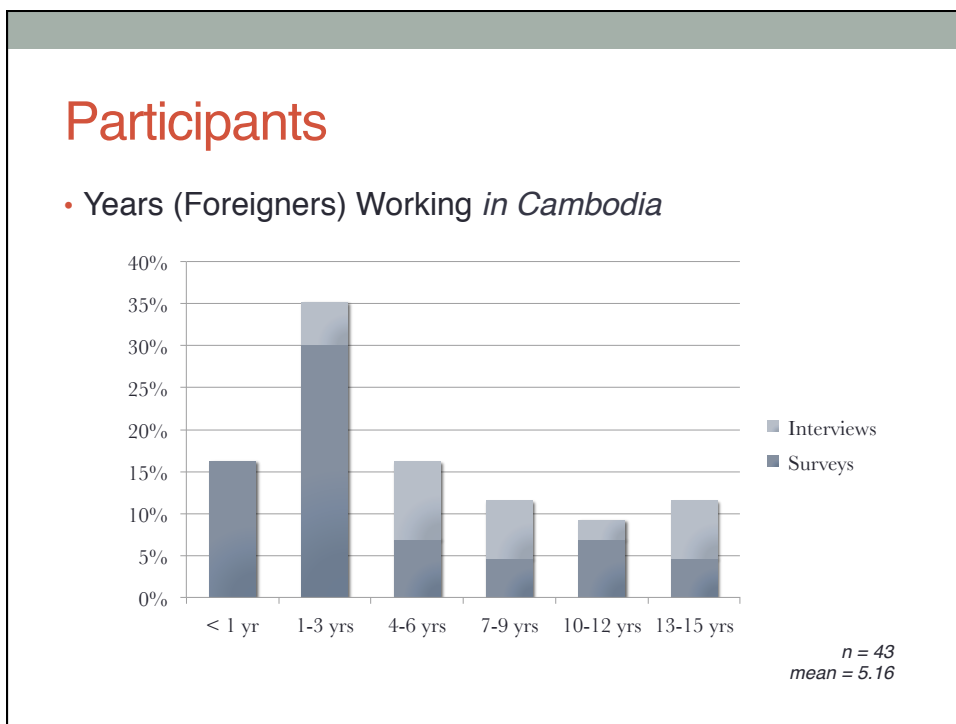
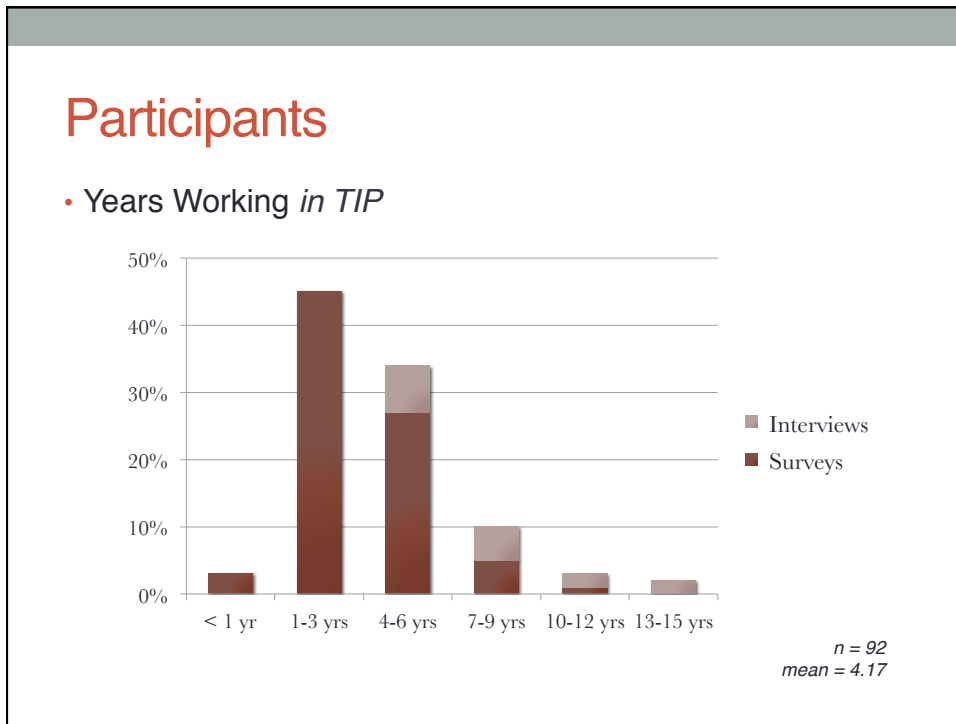
- **Mixed Methods (Qualitative + Quantitative)**
- **Surveys**
 - 110 surveys from NGO representatives
 - Representing estimated 35 anti-TIP NGOs in Cambodia
 - Available in English and Khmer
- **In-Depth Interviews**
 - 18 in-depth interviews with NGO leaders
 - Representing 16 anti-TIP NGOs in Cambodia
 - Field experience in TIP and/or child protection between 4-15 years (mean = 7.7)
- **Ethics**
 - UNT IRB Approved
 - Survey participants anonymous
 - Interview participants confidential

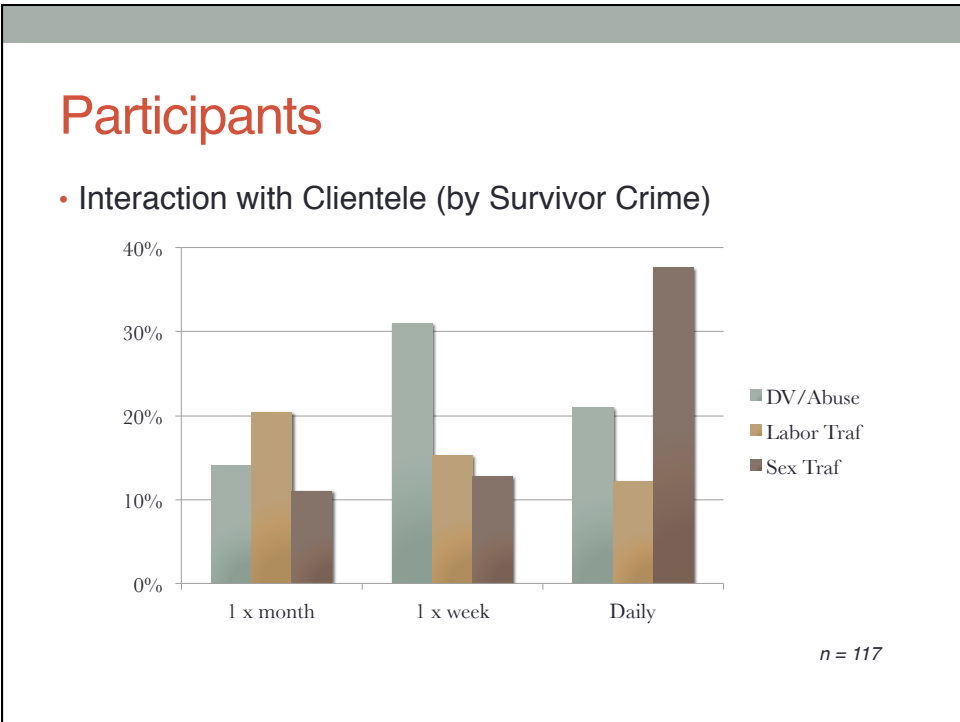
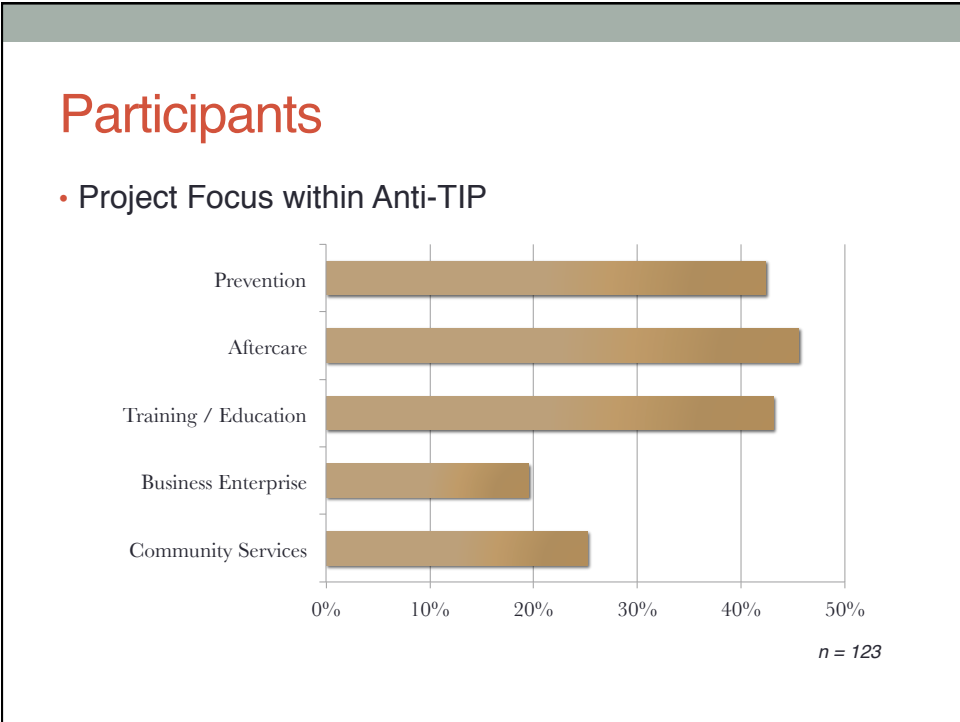
Participants

- **Nationality**



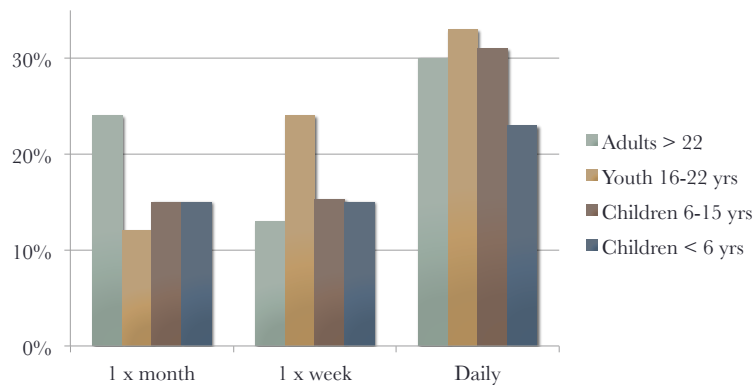
n = 116





Participants

- Interaction with Clientele (by Age Group)



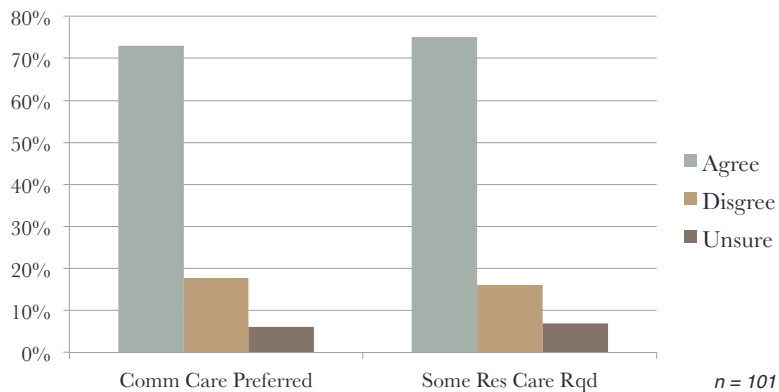
n = 98

Themes

- Diversity (& Contradiction) Surrounding
 - Necessity for Residential Care
 - Time Requirements for Residential Care
 - Views on Family
 - Risks of Recovery Care Models
- Agreement *but Uncertainty* with Emerging Policies

Residential vs. Community Care

- “Survivors have specific needs **requiring** some residential care” vs. “Care in community or family is **preferred** to placement in a shelter”

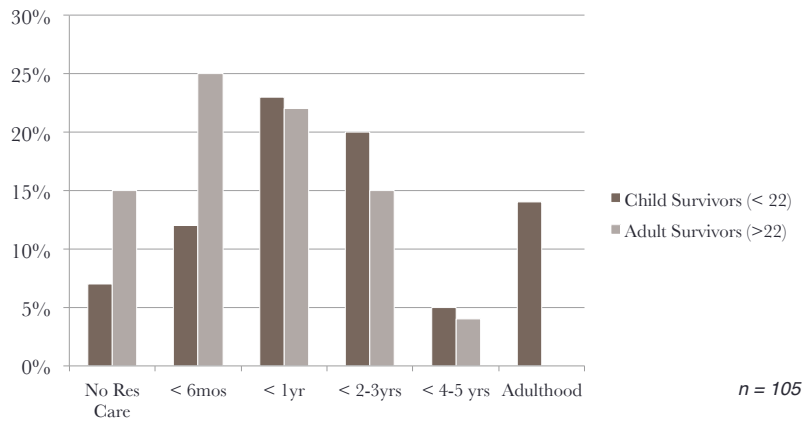


Residential vs. Community Care

- “[Clients] need love, safe, and quiet surroundings so they can relax, talk about what they need to talk about... and get their sense of self back. That’s really the purpose of the [shelter].”
Leader of Shelter Program
- “A loving, stable family environment provides a sense of security that [clients] need to work on their issues... Just in a very relaxed way. They’re not in a clinical setting, they’re in a home. They can start feeling normal again, and it’s really healing for them.” *Leader of Community Program*

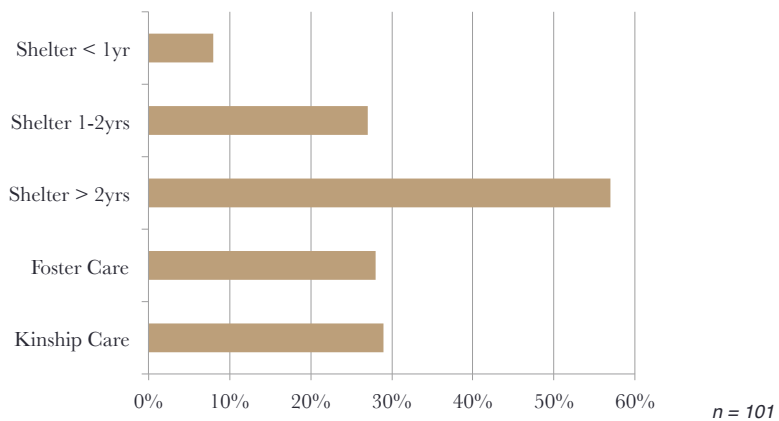
Views on Care

- What is the maximum amount of time a survivor (child, adult) should be placed in residential care?



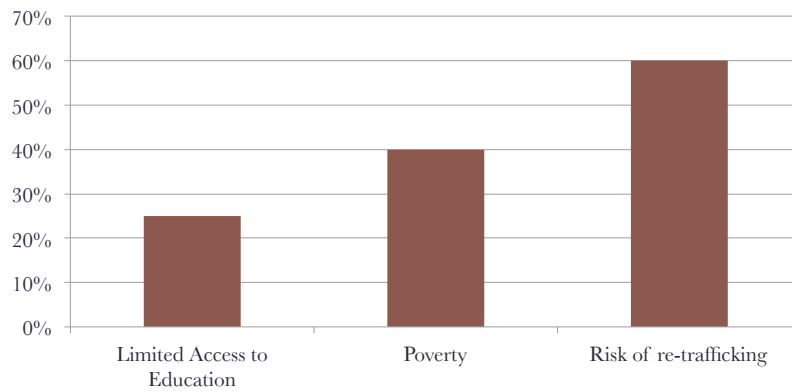
Risk within Care Models

- Poses **significant risk** to wellbeing of survivor during recovery



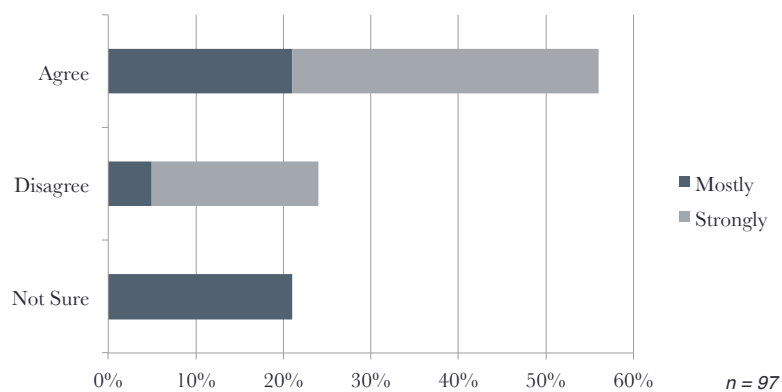
Potential Risks

- Survivors *should not* be (re-)integrated or placed in a community where there is:



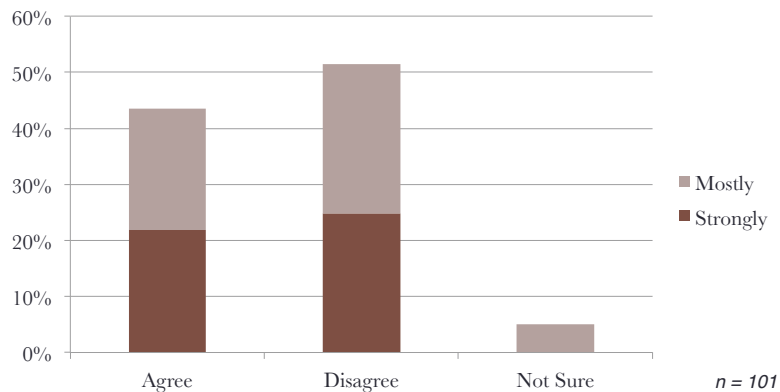
Potential Risks

- “Benefits of community-based services outweigh risks associated with re-trafficking, poverty or lack of education”**



Views on Family

- **“Family reunification should be encouraged as soon as possible, even if a family member was an offender”**

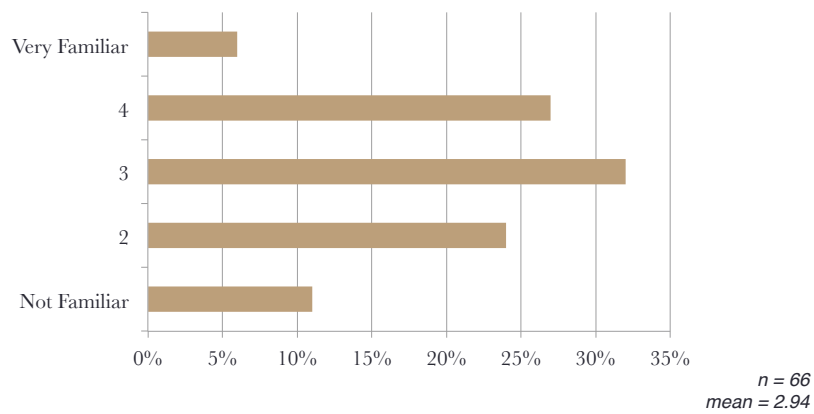


Views on Family

- “You can’t integrate a child into community if they haven’t had a reconnection with relatives – they are still family. **And it won’t be everybody in the family who abused them or trafficked them.**” *Leader of Community Program*
- “The problem is when you get parents that **don’t care anything about their kids, which sadly is a high percentage...** Their family can’t be trusted with them.” *Leader of Shelter Program*
- “[Prior to reintegration] the family will say they will take care of the child... of course they will **because she’s worth \$3-4000 to them.** Would they be better off staying a couple more years in residential care **and not go back to their family?** I think yes.” *Leader of Shelter Program*
- “People say [families] don’t care, they’re incapable of care, they can’t protect the children... and there may be situations where that’s difficult to achieve, but it **shouldn’t stop us from trying to achieve it.**” *Leader of Community Program*

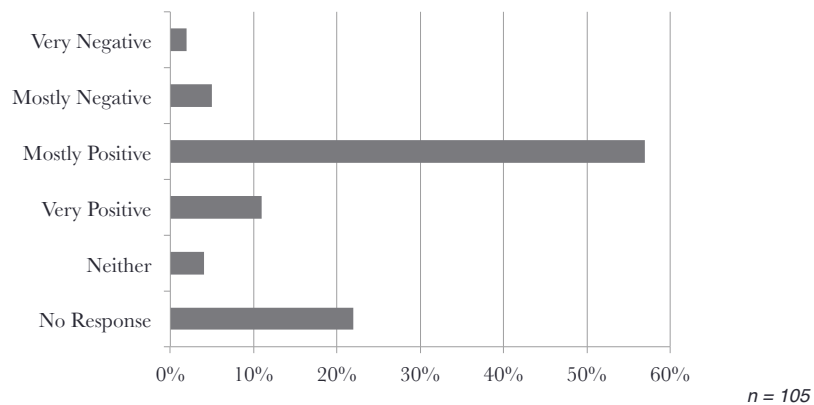
Familiarity with Policy

- How familiar do you feel with recent policy changes surrounding alternative care, reintegration and community-based models of care?



Views on Policy

- Do you see the policy shifts toward community-based care models as positive or negative?



Views on Policy

- “Whether or not it’s going to improve for survivors is **purely based on how services shift to respond**, and already I’m seeing positive things. But if it happens too quickly, and without a shift in community services, it’s **going to put [clients] at greater risk** because they’re sent home too soon.” *Social Worker*
- “I find [the policy] worrisome because services like ours, which I think is necessary for the reasons I’ve talked about, **they’re going to lump us into the same category as a run of the mill orphanage or boarding school** when it’s not.” *Leader of Shelter Program*
- “Everything that MoSVY has done is really excellent and the shift toward community based services is great, **but what I haven’t seen is if it’s actually happening in practice**. So I really support the government shift but I don’t think it’s actually being followed by [local government] offices.” *Social Worker*

Recommendations

- Practice
 - Stakeholders with opposing viewpoints should discuss differences more openly and be willing to dialogue about concerns
- Research
 - Implications of community based care models in Cambodia
 - Community services available in rural areas of Cambodia
 - Cost-benefit analysis of community based care models

THANK YOU

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www.chabdai.org

NOTE: Final report will be available Jan 2014 at chabdai.org.