

Experiences in Shelter Care

Perspectives from Participants in the Butterfly Longitudinal Study

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

2018
Executive Summary



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



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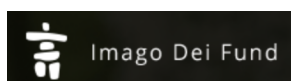
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Cover Photo: Sreang Phaly

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About the Butterfly Longitudinal Re/integration Research Project

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

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

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

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Executive Summary

Introduction

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

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

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

Over the years, agencies involved with Chab Dai's collaborative work have shared a desire to learn about the strengths and weakness of their programs and to understand survivors' long-term re/integration trajectories (Miles, Heng, Lim, Nhanh, & Sreang, 2014). We wrote this paper in direct response to this feedback from Chab Dai partner organizations. Providing shelter-based services for trafficked and exploited persons is incredibly complex. Service providers who do this work face a huge number of

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

challenges. We hope that the study findings can be used in a positive way to uplift the voices of survivors and improve the shelter care experience for everyone – including both clients and shelter staff.

Methodology

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

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

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

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

Findings: Which themes were mentioned the most?

Table 1 is a list of all themes mentioned by BLR participants organized by the frequency they were mentioned throughout the interviews over the years. Divided into 3 categories, of: high, medium, and low, all themes mentioned in the “high” category were described

as being of high importance to participants (see Table 1). Following this Table 1, we will summarize each of the themes briefly along with providing direct quotations from the cohort.

Table 1: Frequency in which themes are mentioned by participants

HIGH
<p>Appreciation for education and provision for basic needs Importance of caregiving and emotional support Lacking freedom and feeling trapped by many rules within the shelter Limited engagement with family while in the shelter Uncertainty about readiness to survive in the community Minimal involvement in decision making and planning regarding re/integration Conflicted feelings about life in the community compared to life in the shelter Limited follow-up and supportive services in the community Feeling loved like a family member in the shelter, but abandoned in the community Vulnerability in the community due to dramatic difference between shelter and community life</p>
MEDIUM
<p>Adjusting to the shelter environment over time Decision making regarding shelter transfer Staff speaking harshly and insulting clients Not believing clients Difficulties completing school after leaving the shelter Limitations in vocational training and business development services Client engagement in decision making regarding skills training Violence (emotional, physical, and/or sexual) in the shelter Staff difficulties managing boys' behavior and responding to violence Requesting to / desire to leave the shelter Violence in the community Unfulfilled expectations</p>
LOW
<p>Personal growth and maturation Feeling privileged to live in a shelter Delay in the provision of medical care Lack of professionalism among shelter staff Disempowerment in the shelter environment Mixed experiences with counseling in the shelter Violations of client confidentiality and lack of trust Influence of management on client experiences Impact of financial resources on shelter experiences Running away from the shelter Desire to return to the shelter Varied experiences with case closure</p>

Findings – Male Participants and the Majority of Female Participants

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

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

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

(Dara², female, 2016)

1. Shelter Intake

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

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

Experiencing emotional distress upon initial shelter intake

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

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

another key reason for their emotional distress upon shelter intake was that they missed their families.

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

(Sothy, female, 2016)

Adjusting to the shelter environment over time

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

Decision making regarding shelter transfer

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

(Khema, female, 2016)

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

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

(Rachana, female, 2016)

2. Life in the Shelter

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

Table 2: Life in the shelter

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

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

Appreciation for education and provision for basic needs

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

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

(Veha, male, 2016)

Feeling privileged to live in a shelter

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

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

(Sim, female, 2016)

Personal growth and maturation

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

“At first I got short courses training and I thought they were too easy. I didn’t see the advantage of it. I learned all the time and I didn’t see any growth in myself. In fact, I was wrong to think like that. Those short course trainings made me as strong as I am nowadays. I can learn leadership traits. The trainer taught me the tips of success and I

apply it in my work. I really appreciate the shelter's work – that's why I learn from them... I learned how to face problems and engage in problem solving. Face the problem and solve it by ourselves. Learn to set a specific plan. Learn about self-trust. Though we have little hope, but we have to trust ourselves. We have to work harder. Though we don't know whether we will succeed or not, we must try to overcome it and taste it."

(Dary, female, 2015)

Importance of caregiving and emotional support

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

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

(Dary, female, 2015)

Staff speaking harshly and insulting clients

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

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

(Nary, female, 2016)

Not believing clients

Some described shelter staff as being biased against clients. Numerous participants stated that when disagreements arose between housemothers and clients, shelter staff tended to favor the perspective of housemothers. Clients felt that shelter staff did not exert enough effort to understand the clients' perspectives, but rather assumed that their fellow staff members were correct. Participants expressed concern that sometimes shelter staff were biased in believing some clients over others. Others described instances in which they felt that staff made false assumptions about them. For example, when certain clients broke rules, staff would make an assumption that all clients were likely to engage in similar behavior. Although participants acknowledged that shelter staff worked hard to provide opportunities for them, many felt that shelter staff did not trust them, which made them feel stressed.

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

(Nary, female, 2015)

Lacking freedom and feeling trapped by many rules within the shelter

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

(Sokchea, female, 2015)

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

applied for all clients. Participants shared that many clients broke shelter rules but kept it a secret from shelter staff.

Limited engagement with family while in the shelter

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

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

(Dara, female, 2016)

Mixed experiences with counseling in the shelter

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

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

(Dary, female, 2015)

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

(Kesor, female, 2015)

Client engagement in decision making regarding skills training

Many participants reported participating in vocational training while living in the shelter context. Clients often described decision-making regarding skills training as a collaborative decision between shelter staff and clients. Participants said that they were often asked for their preferences in the type of skills they wanted to study prior to training. For some clients, this process was very positive. Others found the decision-making process challenging, as they had a hard time understanding their own vocational goals and tended to lose interest in training. Some clients saw shelter staff working hard to encourage clients to take specific steps toward training that the clients themselves did not want. Therefore, according to participants, while staff were motivated by a desire to help clients succeed in their vocational pursuits, these efforts were ultimately not successful if the clients themselves were unsure about their own goals or if the clients’ priorities significantly differed from those of the staff.

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

(Naravy, female, 2015)

Delay in the provision of medical care

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

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

(Kesor, female, 2016)

Violations of client confidentiality and lack of trust

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

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

(Naravy, female, 2016)

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

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

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

(Veha, male, narrative summary, 2011)

Staff difficulties managing boys' behavior and responding to violence

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

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

(Phearun, male, 2015)

Influence of management on client experiences

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

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

(Sean, female, 2016)

Impact of financial resources on shelter experiences

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

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

(Suon, female, 2015)

3. Discharge/Leaving the Shelter

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

Table 3: Discharge / Leaving the shelter

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

Uncertainty about readiness to survive in the community

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

“It [school fee] is really little now. If the organization pays for it, school director will discount some percentage for them. It is just about how much we pay for it. However, if I pay for it myself, school fees will increase strongly. It is really hard for me because I have no ability

to pay for it... As I know, my case is going to close, so they do not want to help me anymore when I have reintegrated to community. So, my family has to support me. However, they will consider my family situation too. If the organization does not support me anymore, I will drop out of school because my family cannot support me. In short, it is based on my situation. They will not be happy if I give up school because they have supported me so far. My teacher tried to tell them that if the shelter does not help me, I will drop out of school because my family's income is just enough for one day. It seems like they are trying to help me. They help me as much as they can. I know that they will not announce it now, but the [school] teacher also tried to help me. She tried to persuade them."

(Kravann, female, 2014)

Minimal involvement in decision making and planning about re/integration

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

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

(Achariya, female, 2015)

Requesting to leave the shelter

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

"I asked to leave, but the duration of approving was so long. It was over a half year before I could leave... I was still asked and clarified the reasons. It did not mean that I asked to leave and then I was approved to leave suddenly. I was asked in case I might change to not leave or something like that. But it was still difficult for me. It was not easy like what

they said. It was difficult in my family like what I told you... It was like they [staff] had no more patience for me because it was so often [that I asked to leave]. They had no more patience. I just let my mum pick me up from the shelter and we would be paid back for the expenses.”

(Leng, female, 2016)

Running away from the shelter

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

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

(Kakada, female, 2016)

4. Life in the Community and Community-Based Services

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

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

Conflicted feelings about life in the community compared to life in the shelter	Feeling loved like a family member in the shelter, but abandoned in the community
Difficulties completing school and securing employment after leaving the shelter	Vulnerability in the community due to dramatic difference between shelter and community life

Violence in the community	Desire to return to the shelter
Limited follow-up and supportive services in the community	Varied experiences with case closure
Unfulfilled expectations	

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

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

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

(Dary, female, 2015)

Difficulties completing school and securing employment after leaving the shelter

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

“I don’t have enough money for family spending: no food, not enough for morning, not enough for dinner. So I was often absent from class. I was able to go to school only 2

times per week. Therefore, I informed the teacher that I will stop. I cannot go to school anymore.”

(Chivy, female, 2015)

Violence in the community

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

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

(Botum, female, 2016)

Limited follow-up and supportive services in the community

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

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

(Sean, female, 2015)

Unfulfilled expectations

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

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

(Keo, female, 2016)

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

Many participants described their relationships with shelter staff as akin to family relationships instead of professional relationships. While clients greatly valued the love they had received from staff while in the shelter, when they returned home to live in the community, they felt as if they lost a member of their family. Clients expected their relationships with shelter staff to continue in a similar manner after they returned to live in the community. In practice, clients shared that shelter staff rarely came to visit them in the community, leaving the clients to feel as if the people whom they had previously viewed as family members had abandoned them. Clients described these changes in their relationships with staff as painful, saying that it made them doubt whether staff had ever really cared for them.

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

(Bormey, female, 2015)

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

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

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

(Nimul, female, 2016)

Desire to return to the shelter

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

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

(Atith, male, 2015)

Varied experiences with case closure

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

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

(Suon, female, 2016)

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

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

Table 5: Case Study Findings

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

Feeling forced to live in a shelter

Women in this group overwhelmingly contested their classifications as “victims” by police and shelters. Adult women who were not trafficked expressed strong concerns about being placed in shelters for exploited persons, stating that they were forced to stay in a shelter against their will. Clients felt that they were brought to a shelter in order to “correct” their behavior. Decisions to keep women in a shelter against their wishes caused stress for women and interfered with their ability to care for their dependents, such as their children. Women’s experiences of being forced to stay in shelters led them to distrust shelters and other service providers, as they felt they had been deceived and that staff did not listen to them.

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

(Da, female, 2016)

Disempowerment in the shelter environment

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

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

(Da, female, 2014)

Lack of professionalism among shelter staff

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

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

(Kanya, female, 2015)

Limitations in vocational training and business development services

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

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

(Chea, female, 2015)

Desire to leave the shelter

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

“When they brought us [to the first shelter] from the police station... they only told us that they will send us to sleep at their place for a night and they will send us back home in the morning of the next day. We stayed there from that time on when we arrived.... I don’t really remember how long I stayed there... It was about 1-2 months, I think, as I remembered. After that, they allowed the adult women to choose if they wanted to change their job/career. If we wanted to change, they sent us to the shelter to join vocational training. When I arrived at the shelter for 2 nights, we ran away. We secretly prepared the plan and ran away from the organization... There I had an opportunity to learn a skill and

plus I also got a salary. However, when my friend asked me to run away with them, I just followed them... They [the other residents] did not like to stay there. For me, it was fine to stay there because I wanted to learn the skill, but when my friends ran away from there, I would be alone. So I decided to leave with them. If I continued staying there, I would get my salary and I would be able to learn a skill too...I feel regret about it.”

(Nearidei, female, 2016)

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

Women in this group provided very little feedback on how shelters facilitated the community re/integration process. Many women said that they did not want to have contact with the shelter after returning home. Women shared concerns that if shelter staff accompanied them to their homes, community members would judge them for being associated with a counter-trafficking NGO. Although a few participants mentioned receiving helpful community-based financial support, most participants in this group shared that after they returned to live in the community, the shelter provided very little to no follow-up support.

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

(Da, female, 2016)

Twenty Recommendations from Participants

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

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

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

THEMATIC GROUP #1: PROMOTE CLIENT AGENCY AND ADOPT AN EMPOWERMENT-BASED APPROACH.

- 1. *Listen to clients and be receptive to their input. Ask for their ideas and act on them:*** Participants wanted to speak more openly with shelter staff about their experiences, concerns, and recommendations for improving care. They wanted shelter staff to understand that their viewpoints were valid and put their ideas into action.
- 2. *Facilitate client participation in decision making and planning about their own lives:*** BLR participants shared that they wanted to participate in decision making about their own experiences in care. They said that clients have different needs, priorities, and interests and that clients should have the opportunity to make decisions about what is best for them.
- 3. *Be careful about classifying clients as “trafficked” or “exploited” if clients assert that they were not exploited:*** Participants requested that staff listen to clients regarding their own characterization of their experiences and not let their assumptions regarding the clients' situations bias them toward a specific interpretation of clients' experiences that may not be accurate.
- 4. *Don't force clients to stay in a shelter:*** Participants shared that they believe that shelters should not force clients to stay against their will. If clients want to leave, they should be allowed to do so – leaving space in the shelter for those who genuinely want to be there.
- 5. *Provide services individualized to the person:*** Participants wanted services to be individualized to the interests, capabilities, and goals of each client. Clients did not want to be boxed into a narrow set of options that others assumed would be best for them. They wanted services to be sensitive to their own wishes and priorities.

THEMATIC GROUP #2: ENSURE THAT THE SHELTER ENVIRONMENT IS RESPONSIVE TO THE NEEDS AND PRIORITIES OF CLIENTS

- 6. *Bridge the gap between the shelter and the outside world. Ensure that clients' participation in care equips them with the skills needed to live outside of the shelter:*** Clients recommended that shelters focus more on preparing them to live in the community. Some recommended that life in the shelter should not be too “easy” for clients – i.e. it should mimic real life more. Participants suggested that staff equip clients with more knowledge/skills that are needed to engage in the real world and that

re/integration planning start from the beginning. Clients suggested that more transitional facilities be available.

7. **Strengthen engagement with families while clients are in shelter care:** Participants suggested that clients be able to maintain relationships with their family members while in care. Clients wanted to feel that shelter staff members genuinely cared about their families and cared about the clients' desire to have greater contact with their families. When the ultimate objective is re/unification, greater engagement with families throughout the process and greater support in the community are needed.
8. **Reconsider rules within the shelter context:** Given the cost to victims themselves, clients wanted shelters to re-evaluate the necessity of certain rules. It is suggested that shelters reflect on which rules are effective in facilitating healthy recovery and re/integration, and which rules undermine the autonomy of trafficked persons and therefore hinder the recovery process. Clients want the opportunity to participate in developing rules and systems within the institutions in which they are living.
9. **Separate boys into smaller groups to protect the vulnerable:** Interestingly, boys provided only one recommendation. Boys suggested that shelters separate boys into smaller groups to protect the most vulnerable boys in care. When all boys were placed together, clients felt that younger and more defenseless boys were victimized by older and more aggressive boys in care. They wanted staff to think carefully about which boys could live together in a healthy way and they wanted staff to protect them from violence in care.

THEMATIC GROUP #3: FOSTER HEALTHY ENGAGEMENT BETWEEN STAFF AND CLIENTS

10. **Trust clients more:** Clients expressed that it was important for them to trust staff, but they said that they wanted staff to extend more trust back to clients as well. Participants wanted to know that staff members would believe them and take their words seriously. Clients did not want staff members' lack of trust in clients to lead shelters to adopt rules that were not proportional to the actual level of risk.
11. **Don't speak harshly or talk down to clients:** Participants expressed that they wanted staff to speak gently and kindly to them and wanted staff to act as positive role models instead of tearing them down. They wanted staff not to humiliate or shame them.
12. **Don't take out your stress or negative emotions on clients:** While participants did not fault staff for struggling with the pressures of their work, they asked that shelter staff stop taking out their own problems on clients, such as venting their anger/frustration on clients or blaming clients for problems.
13. **Don't punish or threaten clients when they make mistakes:** While participants admitted that clients made mistakes, they wanted staff members to help motivate them to improve without threatening them or punishing them harshly for their mistakes. They felt that harsh punishment only demotivated and hurt clients rather than helping them grow.
14. **Be mindful of clients' trauma histories and engage with clients in a trauma-informed manner:** Participants wanted staff to exhibit sensitivity to the clients'

victimization histories and “difficult” pasts. They wanted staff to understand their backgrounds and adapt their approaches to working with clients to show extra sensitivity when interacting with them. Further training and clinical supervision regarding trauma and trauma-informed approaches to care are recommended.

- 15. *Provide services in a consistent and fair manner to all clients:*** Participants requested that shelter staff be consistent in providing services equitably with all clients. Clients suggested that favoritism not lead to differential treatment between clients. Training, monitoring, and clinical supervision are recommended to ensure consistent adherence to care standards.

THEMATIC GROUP #4: STRENGTHEN RE/INTEGRATION SUPPORT AND COMMUNITY-BASED SERVICES

- 16. *Provide support and services to family members:*** One of the most consistent recommendations from participants was that clients wanted shelters to provide services and support directly to their family, not just to the clients themselves. Participants expressed that the provision of community-based support for their families would benefit the family and would also be beneficial in the client’s own recovery and re/integration process.
- 17. *Phase out support more incrementally:*** While participants appreciated the care they received in the shelter, many described the re/integration and/or repatriation process as rushed and not thoroughly thought through. Many said they were not involved in the re/integration planning process and shelters made decisions on their behalf. They described life in the shelter as easy and said they had limited contact with their families in care. The transition “home” was simply too abrupt for many survivors. It is strongly recommended that shelters phase out services more gradually. Clients need more transitional support throughout the process of re-entering the community that gradually declines over time.
- 18. *Provide emotional support to clients and their families through their transition into the community:*** Another very consistent point of feedback from participants was the importance of emotional support during the process of transitioning to life in the community. When the level of emotional support quickly declined upon re/integration, it was too abrupt for clients to cope. Social and emotional support must be provided to both the client and their family, as re-entry is an enormous adjustment for the entire family.
- 19. *Provide more community-based services:*** Participants recommended that more services be provided to clients in the community. Clients would greatly benefit from having a service system that includes shelter care, but also includes other models and mechanisms for accessing services that are individualized to their needs and personal situations. Advocacy will likely be required with donors to increase resources for community-based care.
- 20. *Ensure that training programs equip clients with marketable skills sufficient to obtain employment. Prioritize employment-related assistance for clients:*** Access to stable employment was a high priority for clients. Participants suggested improvements to vocational services– i.e. not forcing clients into training that is not useful/of interest, improving the quality of training, and ensuring that any training equips them with marketable skills and connects them to viable opportunities in the market. Participants

wanted their goals, interests, and aptitudes to be taken into consideration in determining an individualized plan to strengthen their employability skills and wanted support from staff with specialized expertise in vocational development.

Additional Recommendations

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

- 21. *Provide support and training for shelter staff pertaining to secondary and vicarious trauma:*** Service providers who work with victims of trafficking and exploitation are at risk for experiencing burnout and secondary/vicarious trauma. Research suggests that regular clinical supervision, peer support systems, continuing education/professional development, caseload management, diversification of staff responsibilities to minimize trauma exposure, and access to mental health resources are helpful strategies for addressing burnout and secondary trauma among staff. A healthy and supportive work environment leads to greater satisfaction and health among workers and enhanced service delivery to clients.
- 22. *Integrate services for trafficked and exploited persons with broader social welfare and child protection systems. Ensure adherence to care standards:*** The Royal Government of Cambodia has issued numerous standards for residential care, including a preference for family- and community-based care. The development and implementation of care standards, accreditation of all residential care centers, planned and random inspections, and systems for monitoring the quality of care are basic foundations to care. Adherence to standards will require coordination and collaboration between shelters and existing social welfare systems.
- 23. *Continue to assess and refine services to ensure that boys' care needs are met:*** Study findings revealed both similarities and differences in the experiences of boys and girls in shelter care. Fewer services are, however, available for male survivors of trafficking/exploitation, less research exists regarding services for trafficked men and boys, and research has revealed concerns about gender bias in care. Greater attention should be paid to the specific needs and priorities of sexually exploited boys, as well as the development of gender-sensitive models for providing services for trafficked and exploited boys.
- 24. *Strengthen systems for communicating regarding confidentiality and maintaining confidentiality:*** BLR participants raised concerns regarding confidentiality – including violations of confidentiality, as well as confusion among clients about the meaning of confidentiality. Detailed and careful communication must exist between service providers and clients regarding the meaning of and limits to confidentiality. It is recommended that workers revisit the nature and limits of confidentiality repeatedly throughout the relationship with the client and that clients be offered the opportunity to continually ask questions about the boundaries of confidentiality if they have concerns.
- 25. *Strengthen systems pertaining to screening for, preventing, reporting, and responding to abuses in care:*** Proper systems and training should be in place to prevent, monitor, collect reports/complaints, and respond to violence in care. Specialized

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

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

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

Conclusion

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

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