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## “You Have to Be Strong and Struggle”: Stigmas as a Determinants of Inequality for Female Survivors of Sex Trafficking in Cambodia

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# “You Have to Be Strong and Struggle”: Stigmas as a Determinants of Inequality for Female Survivors of Sex Trafficking in Cambodia

## Abstract

Across the globe, human trafficking survivors have reported facing stigma and discrimination after reintegrating into communities. What makes stigma particularly dangerous is that it threatens what is “most at stake” in our lives, our close personal relationships and our personal life values. This paper explores longitudinal data from the Chab Dai Butterfly Longitudinal Research Project to document and describe forms of stigma and discrimination faced by survivors of sexual exploitation and trafficking living in Cambodian communities. Our research suggests stigmas associated with sex trafficking are a “fundamental determinant” of social inequality for many female survivors following reintegration. In this study, 56 women survivors discussed their encounters with stigma and discrimination interspersed with coping strategies and resilience attributes used to navigate life experiences. The majority (70%) spoke about contending with cultural stigma together with stigma from human trafficking experiences. Four main stigma causes dominated survivor narratives: gender, sex work, socioeconomic status, and marriageability. We use these causes, in combination with the voices of survivors, to develop a conceptual model of cohort experiences with stigma in Cambodia. Many survivors are conscious of negative stereotypes in their home communities before trafficking and discuss their struggles with self-stigmatizing thoughts and labels as they reintegrate back into their communities. Survivor discussions regarding stigmas associated with sex work show intense and persistent stigma layered over existing cultural stigmas and connected with a wide variety of societal discrimination and negative outcomes. This assessment identifies multiple disadvantaged outcomes for survivors in education, relationships, marital rights, and gender-based violence. We argue that these outcomes impact survivors' access/ barriers to resources and life conditions related to job skills, employment opportunities, improving their socioeconomic status, mental and physical health, and other perceptions of family harmony, societal honor, and personal well-being.

## Keywords

Cambodia, stigma, human trafficking, sexual exploitation, coping strategies, reintegration

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**“YOU HAVE TO BE STRONG AND STRUGGLE”:** STIGMAS  
AS DETERMINANTS OF INEQUALITY FOR FEMALE  
SURVIVORS OF SEX TRAFFICKING IN CAMBODIA

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**ABSTRACT**

Across the globe, human trafficking survivors have reported facing stigma and discrimination after reintegrating into communities. What makes stigma particularly dangerous is that it threatens what is “most at stake” in our lives, our close personal relationships and our personal life values. This paper explores longitudinal data from the Chab Dai Butterfly Longitudinal Research Project to document and describe forms of stigma and discrimination faced by survivors of sexual exploitation and trafficking living in Cambodian communities. Our research suggests stigmas associated with sex trafficking are a “fundamental determinant” of social inequality for many female survivors following reintegration. In this study, 56 women survivors discussed their encounters with stigma and discrimination interspersed with coping strategies and resilience attributes used to navigate life experiences. The majority (70%) spoke about contending with cultural stigma together with stigma from human trafficking experiences. Four main stigma causes dominated survivor narratives: gender, sex work, socioeconomic status, and marriageability. We use these causes, in combination with the voices of survivors, to develop a conceptual model of cohort experiences with stigma in Cambodia. Many survivors are conscious of negative stereotypes in their home communities before trafficking and discuss their struggles with self-stigmatizing thoughts and labels as they reintegrate back into their communities. Survivor discussions regarding stigmas associated with sex work show intense and persistent stigma layered over existing cultural stigmas and connected with a wide variety of societal discrimination and negative outcomes. This assessment identifies multiple disadvantaged outcomes for survivors in education, relationships, marital rights, and gender-based violence. We argue that these outcomes impact survivors' access/barriers to resources and life conditions related to job skills, employment opportunities, improving their socioeconomic status, mental and physical health, and other perceptions of family harmony, societal honor, and personal well-being.

## KEYWORDS

Cambodia, human trafficking, sexual exploitation, stigma, coping strategies, reintegration

**S**TIGMA AND DISCRIMINATION ARE POTENT societal forces that marginalize and devalue people. In this article we explore longitudinal data from the Chab Dai Butterfly Longitudinal Research Project to develop a conceptual understanding of the causes and mechanisms of stigma and discrimination that survivors of sexual exploitation and trafficking cope with when living in Cambodian communities. In order to develop these conceptual understandings, we examine the well-developed body of literature encompassing stigma theory, the roots of stigma in Cambodian society, and the growing field of research evaluating stigmas directed toward survivors of human trafficking across the globe.

## STIGMA THEORY

Discourse about stigma spans an array of situations from conceptual understandings, to clinical observations, scaling, and linkages with mental and physical health. Stigma is well researched with respect to topics such as: ethnic minorities (James et al., 1984; Major & O'Brien, 2005; Steele & Aronson, 1995), gender inequality (Heise et al., 2019), gender and commercial sex (Basnyat, 2020; Benoit et al., 2018; Fick, 2005; Koken, 2012; Lasater et al., 2019; Rebhun, 2004; Shewly et al., 2020; Tomura, 2009), and health related topics such as mental illness, addiction, and HIV (Hatzenbuehler et al., 2013; Link et al., 1989, 1997; Link & Phelan, 2013; van Brakel, 2006; Yang et al., 2007). As with many fields of study in social science, stigma research is broadly represented and established in many western cultures, while selectively represented and slowly developing in other regions such as South East Asia.

Erving Goffman's (1963) book *Stigma: Notes on the Management of Spoiled* is largely seen as the inspiration for much of the present-day field of stigma research. Conceptually, recent literature has focused on stigma as a sum of its components. Link and Phelan (2001) expanded on Goffman's work by suggesting that stigma is comprised of the co-occurrence of negative labels and stereotypes, separation (us and them), loss of status, and discrimination. Stigma exists if all four components are present and grounded in a situation of power inequality. Power inequality exists when one group has less access to resources, less influence over others, and less control over their own destinies (Link & Phelan, 2001, 2014).

Stigma is focused around two main constructs; social stigma (also termed public stigma) and self-stigma (Corrigan et al., 2009). These stigmatizing constructs encompass physical, emotional, social and cultural domains (Hatzenbuehler et al., 2013; Link & Phelan, 2001; Yang et al., 2007). In this way, stigma not only impacts a person's emotional states, it also impacts their physical states (Yang et al., 2007). What makes stigma particularly dangerous is that it threatens, "what is most at stake" (Yang et al., 2007, p. 1525) in an individual's life, their close personal relationships, personal life values and personal/social identity (Major & O'Brien, 2005).

Further, stigma is persistent because the mechanisms of discrimination that reinforce it are adaptable and extensive (Link & Phelan, 2014; Phelan & Link, 2015). Link and Phelan described four structural mechanisms of discrimination: direct person-to-person discrimination, interactional discrimination, systemic/structural discrimination, and forms of self-discrimination originating from a person's thoughts, beliefs, and behavior (Link & Phelan, 2001, 2014). The authors write:

There are many ways to achieve structural discrimination, many ways to directly discriminate, and many ways in which stigmatized persons can be encouraged to believe that they should not enjoy full and equal participation in social and economic life (Link & Phelan, 2001, pp. 379-380).

Various scholars have advanced theories that structural stigmas associated with race, gender, and socioeconomic level are fundamental determinants of social inequality in stigmatized people groups (Hatzenbuehler et al., 2013; Heise et al., 2019; Johnson, 2009; Link & Hatzenbuehler, 2016; Link & Phelan, 2006; Phelan & Link, 2015). A growing body of work postulates that stigma against prostituted people should be included as a fundamental determinant of social inequality for them (Benoit et al., 2018; Hatzenbuehler et al., 2013; Link & Hatzenbuehler, 2016). Benoit et al. (2018) described these types of determinants as:

The 'causes of the causes' that are buried beneath dominant cultural norms and distal social structures and affect not only various aspects of identity formation and social interaction but also access to a range of resources and opportunities, including judicial and health care services (p. 459).

Link and Phelan (2014) describe stigma linked to these causes as originating in perceived threats to social norms and hierarchical order ("*keeping people in*"), survival instincts within the population ("*keeping people away*"), and the outcome of power and wealth struggles between people groups ("*keeping people down*"; Link & Phelan, 2014, p. 25). These root stigmas, then, as expressed through various mechanisms of discrimination along multiple societal levels, are largely responsible for entrenching adverse impacts on health, well-being, and behavior outcomes in stigmatized people groups (Link & Phelan, 2014; Pescosolido et al., 2008).

Stigma researchers have developed various frameworks to evaluate and explain the complex conditions that arise from interactions between stigma, people groups, and social interactions at micro, meso, and macro levels of society (Benoit et al., 2018; Kennedy & Prock, 2018; Link et al., 2014; Pescosolido et al., 2008). While it is important to identify and understand the causes and mechanisms connecting stigma and discrimination to all levels of society, scholars suggest that it is the diversity and flexibility of resources interacting with these causes and mechanisms that largely determines the differences in health, well-being, and behavior outcomes in stigmatized people groups (Pescosolido et al., 2008; Phelan & Link, 2015). This approach, known as *fundamental cause theory* (Link & Phelan, 1995), embodies a set of flexible resources that determine the extent to which people are able to avoid risks and negative outcomes. Social and economic resources are employed by people interacting with mechanisms of stigma and discrimination. These resources are flexible and can be used in different ways, in different situations, thereby impacting outcomes (Phelan & Link, 2015). Flexible resources may include a wide variety of assets or strategies to navigate stigmatizing situations or cope with discriminating conditions. Examples of flexible resources are diverse but include: money, access to quality food and medicine, access to mental and physical health services, access to electricity and clean water, interconnectedness in the family and community, other forms of social capital, power and influence in various levels of government and society (including with police and community leaders), occupational power, and knowledge through formal education (Benoit et al., 2018; Johnson, 2009; Kennedy & Prock, 2018; Phelan & Link, 2015).

## ROOTS OF STIGMA IN CAMBODIAN SOCIETY

Researchers suggest that studies regarding stigma must consider cultural aspects of high value because these aspects most often embody what matters most in an individual's life and therefore, are under the greatest threat from stigma (Major & O'Brien, 2005; Yang et al., 2007). In Cambodian society, relationships are organized in a hierarchical configuration (Gorman et al., 1999; Ministry of Women's Affairs, 2008; UNIFEM et al., 2004). The concept of status and honor are cultural aspects of high value and central to this hierarchy. Importantly, they are applied across relationships, positions in a family, and a family's position in the community (Gorman et al., 1999; UNIFEM et al., 2004). Many societal components determine hierarchy, the main one being gender. Other components include age, financial resources, marital status, whether a family has children, family reputation, individual character, political position, education, employment, and religious beliefs (Gorman et al., 1999; UNIFEM et al., 2004). In practice, the group or community determines the social status or position of an individual or family. This position is not static and, therefore, concepts such as codes of conduct and 'saving face' are necessary to gain or preserve honor and status among individuals and families within the community. Reimer et al. (2007) points out that even children understand the importance of honor and clearly consider it an enabling or disabling factor for future life.

Historically, traditional codes of conduct in Cambodian society prescribed women a lower status than men (Brickell, 2011; Eisenbruch, 2018; Gorman et al., 1999; Khun, 2006). These traditional power differences between men and women have resulted in deeply ingrained perceptions of gender, status, and cultural norms. *Chbab Srei* (ច្បាប់ស្រី), or 'The Rules of the Lady,' is a historically important Khmer poem that describes a traditionally followed code of conduct for Cambodian women. It was taught in public schools until 2007, where students were expected to memorize the entire poem (Anderson & Grace, 2018). After 2007, revisions were made to the national school curriculum and only portions of the poem deemed important continued to be taught to Cambodian girls in grades 8 and 9 (Anderson & Grace, 2018). The poem touches on many aspects of how a *virtuous* woman looks and acts in society, including how to dress, how to act, how to speak, what work she should or should not do, and how she should address and respond to others, particularly her husband (Amratisha, 2007).

Further, there are varying degrees of societal stigma when an individual's behavior or situation deviates from cultural norms and affects multiple determinants of hierarchy in a community. For example, a women's loss of virginity before marriage (whether by choice or sexual abuse/exploitation) impacts societal components such as individual character, family reputation, and marital status in the community (Amratisha, 2007; Gorman et al., 1999). These perceptions regarding gender roles and power are seen as primary factors contributing to domestic violence (Brickell, 2014; Eng et al., 2010; Ministry of Women's Affairs, 2015; Yount & Carrera, 2006) and multiple forms of systemic stigma and discrimination in the legal system towards women regarding marriage and divorce in Cambodia (van der Keur, 2014).

## STIGMA AND SURVIVORS OF HUMAN TRAFFICKING

Cultures rooted in patriarchal hierarchy and/or religious value systems that include family honor and/or sexual purity before marriage have embedded frameworks in place that create stigmatizing conditions for survivors of sex trafficking. Zimmerman et al. (2014) reported that 75% of female survivors who experienced sexual violence while in a trafficking situation in the greater Mekong Subregion also indicated that they were worried about how they would be treated by people upon arriving home. A survey of trafficked children aged 10-19 years old from the same data set

showed that 57.3% of girls returning home were already concerned with feelings of guilt and shame (Nodzinski et al., 2020). Consequently, many survivors of human sex trafficking have described stigmatizing situations following reintegration due to their involvement, or perceived involvement, in the sex industry.

Studies throughout Asia have identified stigma as a continuing problem for female survivors returning home in Azerbaijan (McCarthy, 2018), Cambodia (Derks, 1998), Indonesia (Surtees, 2017), Nepal (Chaulagai, 2009; Crawford & Kaufman, 2008; Laurie & Richardson, 2020; Ong et al., 2019; Richardson et al., 2009; Simkhada, 2008), Pakistan (Safdar & Khan, 2020) and Vietnam (Vijayarasa, 2010). In Nepal, reintegrating female survivors of sexual exploitation often face severe public stigma due to perceptions of lost family honor among families and even the community itself. Family repudiation leaves them with “no hope for a dignified life” (Simkhada, 2008, pp. 243-246), especially when they return home indebted, sick, or without money to help their family. Crawford and Kaufman (2008) have described the stigma surrounding sex work in Nepal being so strong that the presence of a survivor in the community is perceived as bringing shame not only upon her family, but also the whole community. Gjermania et al. (2008), based in Eastern Europe, concluded that male-dominated societies have little understanding of trafficking or the view that women and girls are *victims* rather than *prostitutes*. Derks (1998) suggested that, in Cambodia, stigma is related to departures from norms of social behavioral in situations where young women migrate from their village, work in the sex industry (either by choice or through exploitation) and provide little or no financial support to their family (negative family contribution).

Recent studies have broadened the knowledge and scope of stigma associated with survivors of human trafficking, identifying causes such as perceptions of failed migration (Brunovskis & Surtees, 2013; Surtees, 2017); mental and physical health needs (Beyrer & Stachowiak, 2003; Choi et al., 2020; Hossain et al., 2010; Oram et al., 2012; Safdar & Khan, 2020; Suwetty et al., 2019; Tsutsumi et al., 2008; Zimmerman & Kiss, 2017); gender inequality, pregnancy outside marriage, and divorce (Ong et al., 2019; Surtees, 2017); criminal records (Fukushima et al., 2020; Surtees, 2017); perceived *unacceptable* offenses (Surtees, 2017 p. 131); and multifaceted stigma in responses from anti trafficking stakeholders (Fukushima et al., 2020). As well, geographical components to stigma create further complexities between stigma sources and trafficked people groups (Laurie & Richardson, 2020). Researchers have identified multiple stigmatizing behaviors that contribute to individual and systemic barriers for survivors interacting with potential resources and services in healthcare, social services, and justice systems (Choi et al., 2020; Cunningham & Cromer, 2016; Fukushima et al., 2020). These behaviors include bias, disbelief, victim blaming, shunning, othering, and mislabeling.

Our paper builds on these findings by providing a conceptual understanding of stigma, persistent discrimination, stigma related outcomes, and strategies survivors employ to contend with stigma in positive ways. We develop a conceptual model of stigmas toward cohort respondents and provide qualitative evidence and first-hand accounts from survivors suggesting that stigma is a fundamental determinant of inequality for female survivors of sex trafficking. The longitudinal component of this study allowed us to follow outcomes in the lives of survivors over time in the community, addressing a significant limitation in cross sectional studies involving survivor reintegration both in Cambodia and globally (Derks et al., 2006; Reimer et al., 2007; Surtees, 2017).

## METHODS

This paper is a part of the Butterfly Longitudinal Re/integration Research Project, a 10- year study of 128 survivors of human trafficking, sexual exploitation and abuse in Cambodia. The Butterfly Project commenced in 2010 seeking to understand the lifecycle of needs among survivors in various life situations as they went through aftercare, vocational training, and employment programs run by organizations and re-integrated back into the community. The project is unique in that participants in the study are survivors themselves, describing their perceptions and experiences of life in real time. This paper is one of a series of articles focusing on particular themes arising from the Butterfly Project data, in this case stigma.

### DATA COLLECTION

The Butterfly Project incorporated a prospective panel design and collected longitudinal data from a cohort group composed of 128 individuals between 2010-2019. These survivors were all recruited through NGO partner programs who were providing aftercare. Participants were selected if they fulfilled the criteria of being a sex trafficking survivor defined by the 2000 Palermo Protocol (United Nations Office of the High Commissioner on Human Rights, 1990).

The sensitivity of research topics and the vulnerability of the study participants was appreciated and every effort was made to abide by strict ethical standards, as found in Ethical Guidelines for Reaching Children and Vulnerable People (Beazley et al., 2009) and Human Rights Counter Trafficking Research and Programming (United Nations Inter-Agency Project on Human Trafficking, 2008). In addition, the National Ethics Committee of the Royal Government of Cambodia Ministry of Health granted annual approval for research and data collection. Additional details regarding Butterfly Project study formation, including the cohort selection process, methodologies, ethical standards followed, data collection tools and techniques, and strengths and weaknesses of the methodologies chosen are outlined in Miles et al. (2021).

Data collection followed a mixed method approach to understand as much as possible about participants' lives as they reintegrate. The research team used a number of quantitative and qualitative data collecting activities such as open and closed questionnaires, focus group discussions, in-depth interviews, informal interviews, play, phone interviews for clients that move to inaccessible locations, art projects, and participant observation. The field research team was composed of Cambodian staff and all meetings, surveys, and interviews were conducted by these staff in the Khmer language. The term for stigma in Khmer used by the team was កាម៉ាតក្រែយ (*ka maik gney*), which was easily understood by the Butterfly Project participants because it was a common cultural concept. In 2014, the team conducted a baseline case study analysis on each participant. Four-plus years of quantitative and qualitative data were compiled and summarized to document what was known, contradictory, and missing from each participant's story. The mixed-method approach of the Butterfly Project allowed the research team to build a substantial data set and a detailed narrative summary for each participant.

### THEMATIC ASSESSMENT SCOPE

In 2015, a thematic assessment of stigma was conducted as part of a technical report series for the Butterfly Project (Morrison et al., 2015). That technical report broadly evaluated stigma experiences for female cohort groups both living in shelter-based programs and reintegrated from 2011 to 2014. This paper used these data



collected from 2011-2014 to evaluate the following research question: What are the experiences, perceptions, and responses of female survivors of sexual exploitation and trafficking to stigma in the community following reintegration in Cambodia? In this way, our assessment focused on the causes and mechanisms of stigma and discrimination as identified by survivors, post-reintegration.

The current paper includes females from Butterfly Project who reintegrated from 2011-2014 and were available during this timeframe. Males were excluded from this analysis, but attention was paid to their particular challenges in a separate paper (Davis et al., 2016). The assessment did not directly evaluate survivor stigma from personnel in shelter-based programs, however, this topic was generally explored using Butterfly Project data by Cordisco Tsai et al. (2020). In addition, we limited the assessment to females who identified ethnically as Khmer or part Khmer, as this group was seen as actively part of Cambodian society and directly impacted by culturally germane concepts of honor and stigma. This sub-group amounted to 56 female participants within the larger Butterfly Project group and formed the study cohort used in the thematic assessment for this paper.

In-depth interviews and other narrative responses from individual participants were evaluated chronologically and combined into the year that the interview was conducted. In this way, individual assessment years were constructed for participants over four calendar years in which data were collected (2011-2014). These yearly data sets were, then, used in the thematic assessment. Altogether, the thematic assessment evaluated 169 individual years of narrative data from multiple interviews and data sources for 56 study participants.

The thematic analysis was conducted by our team of researchers following procedures outlined by Braun and Clarke (2012). Relevant longitudinal data was compiled and independently read and reread for each participant's responses, taking notes on common themes. These included participants' responses regarding, attitudes, perceptions, and experiences relating to stigma, stigmatizing groups, discrimination practices, and survivor responses and coping strategies to stigma. Qualitative data were coded using inductive methods combined with theory and research regarding stigma (Corrigan et al., 2009; Link & Phelan, 2014; Major & O'Brien, 2005; Phelan & Link, 2015). Examples of negative labels were developed based on conversations with survivors and our team's knowledge and understanding of culturally relevant slang, curses, insults, and negative phrases in Cambodian society. We reviewed data separately to collectively identify specific situations, key words, and phrases involving stigma and its components (e.g. ដើរលេងរង្កេសផ្កាស “*Deur leng yub pdes pdas*” and ដើរហាច់ “*Deur hach*”—insulting terms meaning you go out and walk at night to have sex. ស្រីខ្ចីច “*Srey kouch*”, ស្រីរកស៊ី “*Srey roks,i*” and ស្រីសំផឹង “*Srey sampeung*” are insulting terms for prostituted women).

## STUDY LIMITATIONS

There were several strengths and limitations in this assessment. The most prominent strength was the high levels of *trust* participants expressed towards our research team. Whilst this trust was welcomed and appreciated as a data asset, it was also challenging when some participants later contradicted their earlier accounts. These situations were mainly encountered when participants discussed family ethnicity, age, and education levels. In addition, assessment years had unequal sample sizes and numbers of visits because not all participants were accessible every year. Further, the participants sometimes provided inconsistent responses due to emotional states on different interview days, sexual trauma and its negative effect on

memory, second guessing responses already given, and wishing to provide responses they thought would make the interviewers *happy*, regardless of their truthfulness. This phenomenon is described in Dockett and Perry (2007).

The loss of data integrity during translation and cultural appropriate interpretation of data were also two potential limitations. This assessment evaluated a compilation of surveys collected over four years throughout Cambodia. Transcript data were first collected in Khmer and later translated into English. All records were cross-checked to ensure translation accuracy. Data analysis and preliminary findings were reviewed as a team to avoid cultural bias in translation and ensure that cultural perspectives were retained in data evaluations.

Stigma and discrimination are sensitive to recall and discussing these situations were, in some ways, counter-cultural (Gorman et al., 1999). Further, persistent stigma offered many ways to discriminate against a survivor, both overtly and covertly, sometimes targeting, sometimes excluding a person and/or their children and family members. The scope of this paper was to understand stigma against Khmer female survivors of sex trafficking, rather than other stigmas, such as stigma against: boys and men (Davis et al., 2016); stigma against other faiths and religious practices (Miles, 2020) and; stigma against ethnicity (Reimer et al., 2007; Sperfelt, 2020). Based on these lines of evidence, it is likely that our assessment underestimated the multiple roles that stigma plays in the lives of survivors.

This assessment did not capture every way that stigma impacts the lives of survivors, whether it was the number of choices a survivor makes to limit potential stigma, the total number of times family members choose to remind survivors of their past, or the role that stigma and discrimination played in re-traumatizing experiences, stress, and mental and physical health. Nevertheless, this assessment sought to define the depth and breadth of the problem. It also functioned as a much-needed outlet for survivors to voice their concerns and self-understandings of stigma and discrimination.

## RESULTS

The cohort's narrative data was evaluated to determine stigmatizing situations and these were compiled into categories that best described stigma, discrimination, and the strategies that survivors used to contend with these experiences. Individual quotes and phrases were also drawn out of the data around the stigmatizing situations survivors discussed. We chose to present these personal quotes later in the Discussion section, in order to connect the voices of survivors with the causes and mechanisms of stigma and discrimination that impacted their lives most while living in the community.

## DEMOGRAPHICS

The thematic assessment included 56 female participants. Of these, 27 reintegrated in 2011, 18 in 2012, ten in 2013, and one in 2014. The participants' average age at reintegration was 21.5 years old. Age ranges at reintegration included 5% under 14 years old, 27% between 15-18 years old, 43% between 19-24 years old, 20% between 25-30 years old, and 5% over 30 years old. Most participants described their ethnicity as Khmer (44 out of 56 total individuals) and the remaining identified Khmer mixed with other ethnic backgrounds such as Khmer/Chinese (3), Khmer/Vietnamese (7), and Khmer/Thai (2).

Within the group, 98% of the respondents (55 of 56 individuals) either had never attended school or had dropped out before graduating from secondary school (i.e. completed grade 12 and passed the graduate exam). At the end of 2014, seven respondents (11%) were still in school.

Subsequent Butterfly Project interviews from 2015 to 2018 with these seven cohort members confirmed that six of the seven respondents had dropped out, while the remaining participant was lost from the Butterfly Project study after 2014 (her status in school unknown). Education levels ranged among the respondents that dropped out of school with; 38% (21 of 56 individuals) either never attending or dropping out before completing primary school (grade 6); 50% (28 of 56 individuals) dropping out before completing grades 7-9 in secondary school and; 11% (6 of 56 individuals) dropping out in secondary school grades 10-12 and/or failing to pass the exams required to graduate.

The participants' marital status often changed through the assessment time period as individuals married, found partners, divorced, and remarried. Some cohort members described celebrating a traditional Buddhist marriage ceremony, considered by society/friends/family to represent the act of marriage (van der Keur, 2014). Couples must then register their marriage with the government to be considered legally married or obtain a legal divorce. Among the married participants, only one respondent and their spouse legally registered their marriage. Therefore, discussions and references to marriage and divorce among the cohort were interpreted as a relationship decision between partners and not a legally obtained marriage or divorce.

Most survivors reintegrated when they were single and remained single for the first year following reintegration, 49 participants were single with only seven indicating they were married/with partners (see Table 1). By the second year, only 29 participants were single and 24 were married / with partners. That trend continued, with the majority of the cohort married or with partners by their third year following reintegration. Altogether, during the four years assessed, 36 participants married/found partners and 11 (31%) divorced or were separated from their husbands or partners.

*Table 1: Statistics for Cohort Group Included in the Assessment, 2011-2014*

		Years After Reintegration			
		1	2	3	4
End of Year Count of individuals	Single	49	29	17	7
	Partner / Married	7	24	23	13
	Cohort Data Set	56	53	40	20

## **TYPES, SOURCES AND FREQUENCY OF STIGMA AND DISCRIMINATION**

The survivors contended with a diversity of stigma throughout the longitudinal assessment. The majority (39 of 56 or 70%) contended with some form of public

stigma at least once during the four-year assessment. Overall, 52% of survivors talked about experiencing multiple forms of stigma and discrimination (29 individuals;  $n = 56$ ). Of these, 19 individuals described multiple forms of discrimination over multiple years (34%;  $n = 56$ ). The survivors also showed stigma consciousness and described self-stigmatizing thoughts, often stating that their lives had “no value” and that other people would think of them as a “bad person.” During interviews, 23% of survivors described self-stigmatizing thoughts in combination with public forms of stigma and discrimination.

The participants spoke more frequently about stigma related to gender inequality in marriage (27% of all respondents), current or past work in the sex industry (25% of all respondents), and lower socioeconomic levels (25% of all respondents; see Figure 1). These three categories also included the highest number of participants that reported multiple years of stigma.

Male partners, husbands and the parents of the survivor’s husband or partner played a substantial role in the long-term stigmatizing of the respondents. In the assessment, 53% of survivors who were married/with partners contended with stigma from their husband/partner and/or parents-in-law (19 of 36 married respondents). Twelve of 19 participants identified stigma and discrimination from partners, husbands and parents-in-law over multiple years.

The survivors discussed many forms of public discrimination during the four-year assessment (see Figure 1). The discrimination practices that the respondents discussed most included: emotional violence identified by 39% of individuals (22 individuals;  $n = 56$ ); social isolation from the community and/or family identified by 32% of individuals (18 individuals from two categories combined;  $n = 56$ ) and; domestic violence/ gossip (18% of respondents). Physical and/or sexual violence in the home or workplace were reported by 29% of the cohort (combined categories domestic violence, sexual violence, and workplace/community violence).

Most respondents (66%) who described stigmatizing experiences also identified the person or groups of people involved (see Figure 1). Overall, 38% of survivors contended with social stigma from neighbors in their community, making up the largest percentage of the cohort ( $n = 56$ ). However, stigmatization towards survivors was more frequent from family and family-in-laws. Collectively, 61% of the total observations of stigmatization received by the cohort were perpetuated by family members and/or in-laws (see Figure 1).

Within the cohort, divorced survivors reported the highest frequency of stigma and discrimination (92% within 12 of 13 divorced respondents). Of the ten divorced survivors who chose to remarry, 60% (6 of 10 individuals) contended with multiple years of domestic violence, emotional violence, isolation and, in some cases, abandonment by their new husbands and parents-in-law.

## **COPING MECHANISMS**

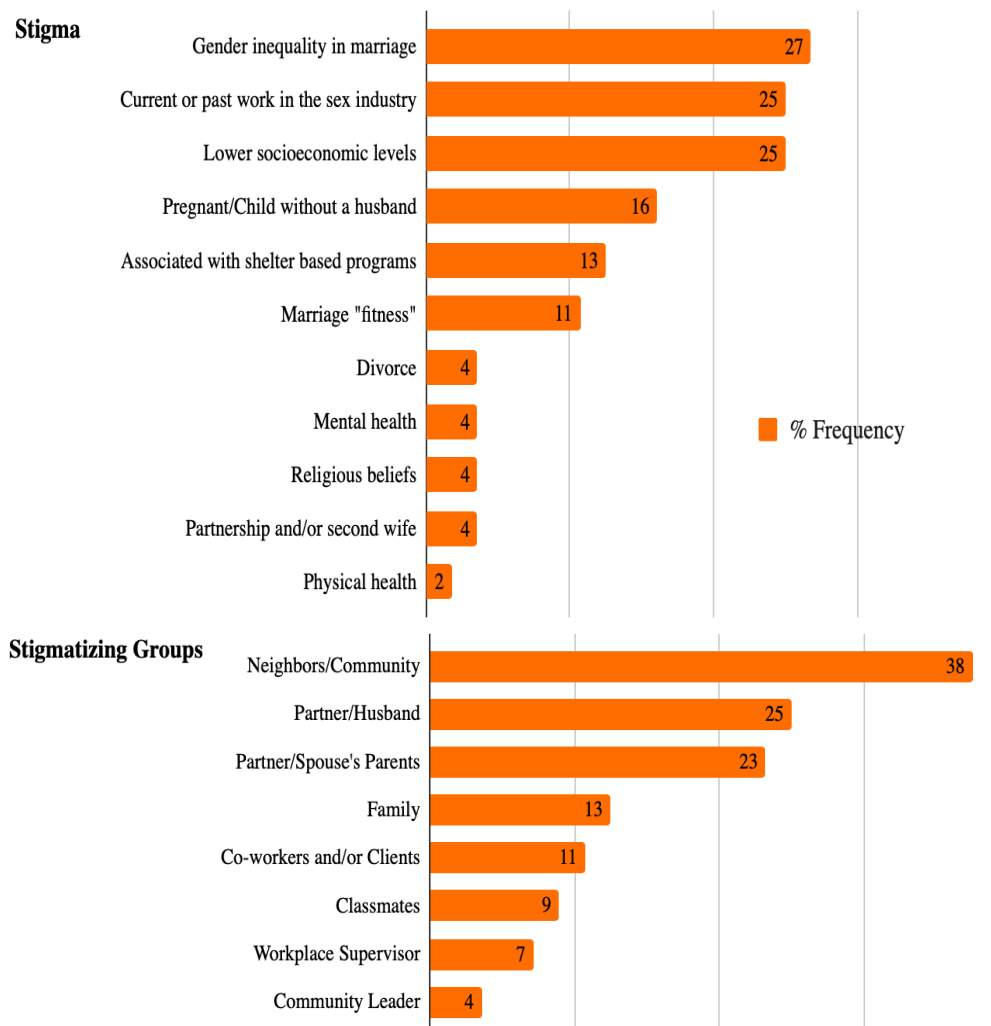
The majority of survivors (79%) reported having at least one strategy or coping mechanism to contend with stigma and discrimination (see Figure 2). The strategy of “keeping the past a secret” was most often identified (20/56 individuals; 36%), followed by “patience and endurance.” Over multiple years of data collection, the participants used “keeping the past a secret,” “anger/fighting,” and “using alcohol/drugs” as among their most frequent mechanisms for coping with stigma and discrimination.

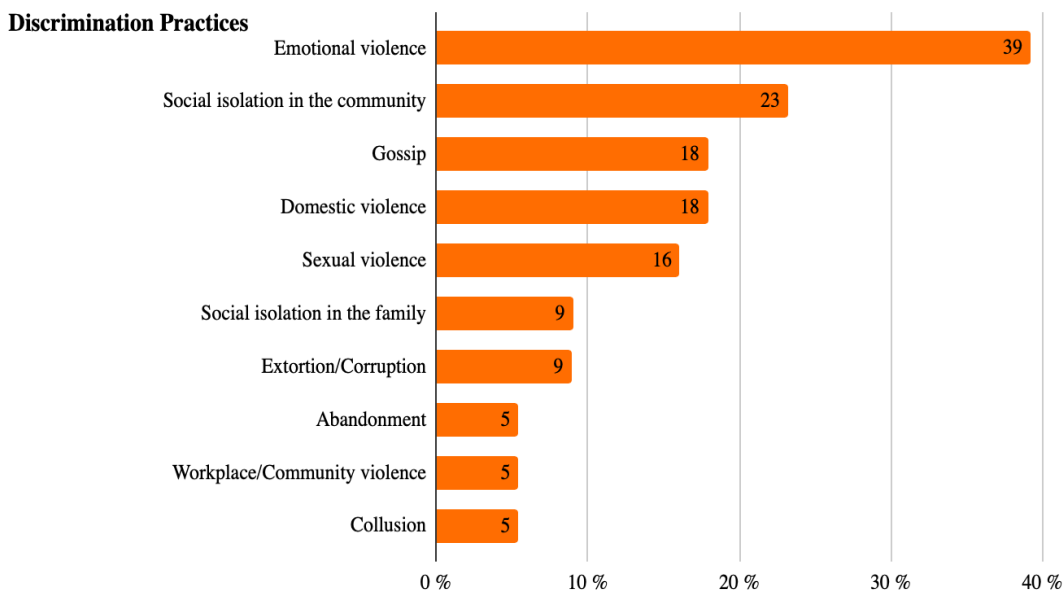
The survivors employed positive coping strategies such as being careful to confide their exploitation history with friends, family, and potential spouses or remaining

emotionally and mentally equanimous as they navigated stigma and potentially stigmatizing situations. Other survivors chose to make a deliberate break from their past and found they were able to move on regardless of people around them. Conversely, sharing with trusted friends, family, or a potential spouse/partner were helpful for some respondents. Some survivors saw their religious faith as a positive coping strategy to address stigma.

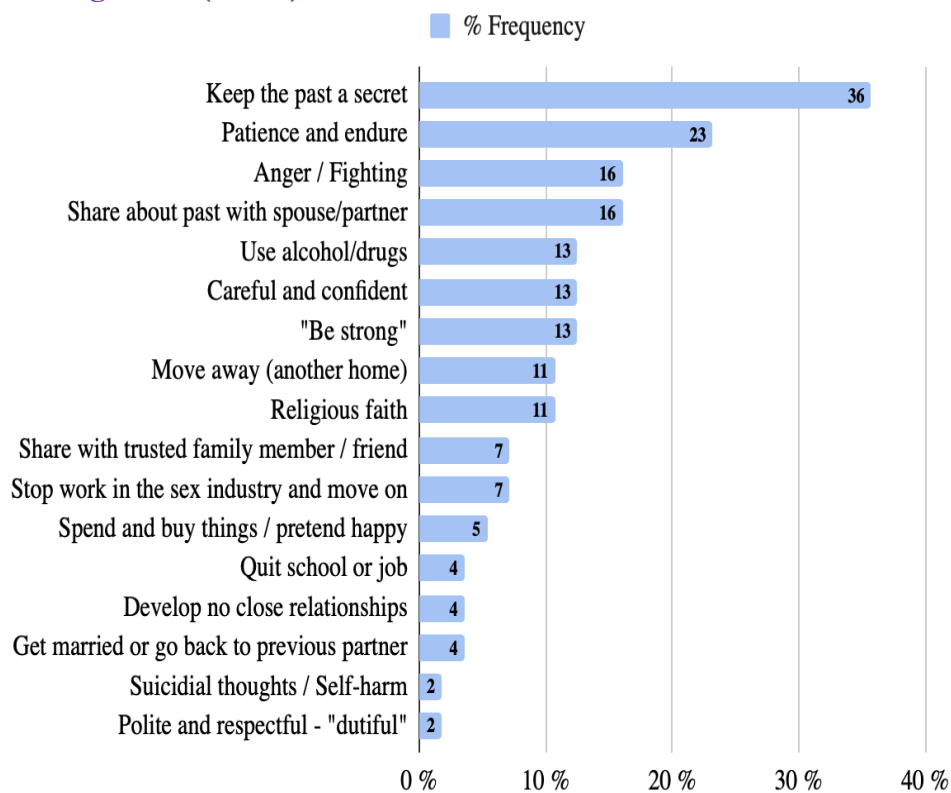
Not all coping mechanisms employed to contend with stigma were helpful and constructive, however. Some respondents used alcohol and drugs, anger and fighting, or self-harm practices (e. g. *cutting*) to cope with stigma and discrimination. Others chose not to develop close friendships or left school or well-paying jobs, all in hopes of avoiding stigma. Some respondents contended with stigma by trying to change their appearance by purchasing beauty items such as clothes and jewelry. Patience and endurance was often talked about in marriages and partnerships when respondents chose to remain in the relationship for multiple years and contended with verbal abuse and domestic violence.

**Figure 1: Prevalence of Stigma, Stigmatizing Groups, and Discrimination Practices Discussed by Survivors After Reintegration, 2011-2014 (N=56)**





**Figure 2: Survivor Strategies for Coping with Stigma and Discrimination After Reintegration (n= 56), 2011-2014**

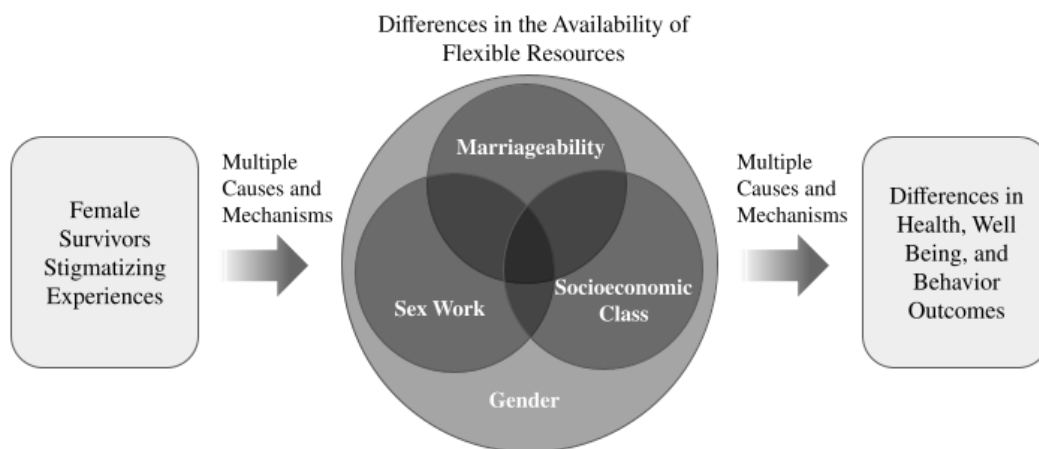


## DISCUSSION

This longitudinal study evaluated perceptions, experiences, and responses of female survivors of sexual exploitation and trafficking to stigma in the community following reintegration in Cambodia. The thematic assessment includes 169 individual

years of narrative data for 56 study participants from 2011-2014. In combination with a growing body of research, the study results suggest that stigmas associated with sex trafficking are a *fundamental determinant* of societal inequality for many female survivors following reintegration (Benoit et al., 2018; Fukushima et al., 2020; Hatzenbuehler et al., 2013; Link & Hatzenbuehler, 2016; Link & Phelan, 2006; Ong et al., 2019). Four core themes: gender, sex work, marriageability, and socioeconomic status underlie the majority of the stigma causes identified by the survivors. A conceptual model of cohort experiences with stigma in Cambodia was constructed using these themes and concepts from Phelan and Link (2015; See Figure 3).

We use this model, in combination with the voices of survivors, to discuss the multiple causes and mechanisms contributing to stigma and discrimination at various levels of Cambodian society. The cohort survivors discussed a variety of stigmatizing situations and negative outcomes unique to each of their lives. These stigmatizing situations and outcomes are complex and impacted through micro, meso, and macro levels of society. As such, we focus on several main themes within micro and meso levels of society including stigma consciousness and self-stigma, the persistence and intensity of sex work stigma, and stigmas surrounding gender and marriage in the lives of cohort survivors. We also discuss stigma-related outcomes in the cohort group, briefly addressing several macro level stigmas and providing comparative evidence suggesting that these situations further inequality for survivors. Finally, we consider resources and positive coping strategies identified by survivors that led to positive outcomes for this group living in the community.



**Figure 3: Conceptual Model of Cohort Experiences with Stigma in Cambodia**

### UNDERSTANDING STIGMA IN CAMBODIA

Research in Cambodia demonstrates strong linkages between gender, hierarchical order in society, and ethnic Khmer people (Brickell, 2014; Gorman et al., 1999; Ministry of Women's Affairs, 2008; Surtees, 2003). Certain aspects of gender identity are considered core tenets in traditional Khmer social culture: the higher ranking of a man relative to a woman and the proper behavior of a virtuous woman (Amratisha, 2007; Gorman et al., 1999). The ability to increase an individual's socioeconomic status and therefore, the family's status is also a valued social norm that can and does affect gender equality and marriageability. Conversely, highly stigmatizing situations arise when a woman perceives the loss of personal self-worth and family honor in

marriageability and/or when she is seen by others as without virtue or as ineffective/unable to financially contribute to a family's socioeconomic status (Amratisha, 2007; Derks, 1998). These root causes and potentially stigmatizing situations are at work in Cambodian society and not exclusive to survivors in this study. Instead, stigmas and discrimination stemming from trafficking experiences are layered into the lives of survivors and the stigmas causes already present (Choi et al., 2020; Safdar & Khan, 2020; Surtees, 2017).

Mealea<sup>1</sup> described contending with these themes and her sense of honor and value:

I decided to marry my husband because I do not want other men to look down on me anymore. My husband proposed to marry me but I knew that he had many girls after he was engaged with me. I am a strong person, but I still think that my life has no value; sometimes I think that I still have half value. That's why I never told my husband about my past experiences, because he would look down on me more than now (Mealea - 2013).

### STIGMA CONSCIOUSNESS AND SELF-STIGMA

Foreknowledge of cultural stereotypes, stigma realization, and self-stigmatizing thoughts are often found in the cohort responses as they share their stories and trafficking experiences. Self-discrimination arises when an individual is aware of the negative labels and stereotypes, is in general agreement with these negative beliefs and attitudes and chooses to apply these negative labels and stereotypes to themselves, thereby impacting thought processes and decision-making (Inzlicht & Kang, 2010; Link & Phelan, 2001, 2013). The subconscious realization of stigma can and does trigger powerful self-discriminating thoughts, including expectations of rejection and shame (Kennedy & Prock, 2018; Link et al., 1997; Nodzenski et al., 2020; Zimmerman et al., 2014). At some point in time, the survivors realized that their life situations had changed and now fit within a different social construct, a construct containing negative labels and stereotypes associated with trafficking experiences.

Dary and Chea reflected on their trafficking experiences and shared how it impacted their decisions and thinking about themselves. Dary stated, "*I felt empty with myself because they already abused me one time. That is why I agreed with this person to go to work [in a brothel] after they abused me.*" Chea shared, "*I got involved in a bad job and became a bad person.*"

Aka talked about coping with shame and the decisions she made after returning home from bride trafficking:

After I divorced and returned to Cambodia the neighbors looked down on me because of my failed marriage and because I returned poor. I had no money at all. Before I married, I was a virgin and I hated the Karaoke girls. Then, after my divorce, I didn't care anymore. I thought I should work as a Karaoke girl because I was no longer a virgin and everyone already blamed me because I was divorced... I already felt so ashamed of my neighbors for my divorce and because I was poor I decided to add to my shame by going to work in Karaoke (Aka - 2011).

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<sup>1</sup> All names have been changed to protect their identities.



Phalin and Tevy described their struggles with self-discrimination:

I felt discouraged and it broke my heart because my relatives look down on me because I used to have many men and got pregnant; I used to have abortions many times. Moreover, I have a husband but we did not get married. Therefore, all my relatives discriminate and look down on me and the family of my husband does not accept me as well. It breaks my heart and makes me feel disappointed with myself very much. I feel like I have no value (Phalin - 2012).

When I faced that problem, I never thought to rescue myself to be better. In the past, I never thought about how to make my life better. I always think that I am bad like other people said and even if I try to do good, other people will still think bad of me (Tevy - 2014).

### SEX WORK STIGMA PERSISTENCE AND INTENSITY

Cambodian cultural gender norms propound the idea that the stigma surrounding sex work can “never” be removed from a woman (Amratisha, 2007; Derks, 1998; Gorman et al., 1999). Derks describes the cultural stigma around working in the sex industry by quoting a traditional Khmer saying that translates to “don't bend the sroleuw (ស្រឡៅ) tree, don't advise a bad woman.” There is “uselessness of trying to convert a prostitute into a ‘respectable’ woman” since “prostitutes are as intractable as the sroleuw tree” (Derks, 1998, p. 4). Amratisha (2007) also illustrates this point by reflecting on the binary nature and significance of maintaining *proper* sexual behavior stating that this, “is part of being a Khmer woman. If she is not sexually proper, then she ceases not only to be a proper woman but can be seen as less than a full human being” (Amratisha, 2007, p. 80).

Similar beliefs regarding sexually proper behavior still permeate Cambodian society. A recent nationwide survey throughout Cambodia of 1,600 individuals shows that 87% of women and 85% of men in the survey (youth and adults combined) disapproved of intimate relationships before marriage (Eng et al., 2019). At first glance, these survey results would suggest that disapproval of sex before marriage would be reflected toward both genders (i. e. men and women), however, when considering sexuality and gender norms, the disapproval and resulting stigma of sex outside of marriage rests almost exclusively on women (Amratisha, 2007; Brickell, 2014; Gorman et al., 1999; Ledgerwood, 1996).

There are direct examples of a woman’s loss of honor and social status in Cambodia as a result of working in the sex industry. It is culturally accepted practice to exclude women, and in some cases her children, who are: involved or allegedly were involved in sex work (including survivors of sexual exploitation), divorced or from a divorced family, from taking part in certain blessing ceremonies at a traditional Cambodian wedding. These include:

1. ពិធីហែរជំនួន "*Pi Ti Hae Chum noun*" - Fruits ceremony in the front of the line
2. ពិធីកាត់សក់ "*Pi Ti kat sok*" - Blessing by cutting hair for groom and bride
3. ពិធីបង្ហូរពពិល "*Pi Ti bang vil po pil*" - Candle blessing
4. ធ្វើជាអ្នកកំជំរកូនកម្លោះកូនក្រមុំ "*Nak Kam dor Koun Kam laos neung Koun Kra mum*" - To be the groom or bride's mate of honor

In many countries, stigma from working in the sex industry can elicit intense discrimination by individuals, families, and communities as these groups link expected or perceived behaviors by survivors to culturally expected gender norms and the consequences of lost honor and value in the community/society (Crawford & Kaufman, 2008; McCarthy, 2018; Safdar & Khan, 2020; Simkhada, 2008). This study identifies a group of survivors that discuss being continually blamed for, and harassed about, their past involvement in the sex industry. These persistent reminders target personal honor and the family's honor. They are public forms of discrimination that act to increase stigma intensity by creating recurring conflict, separation, and loss of honor in relationships among coworkers, neighbors, family members, husbands, and parents-in-law.

Mealea shared her experiences with stigma from working in the sex trade that she had hoped to keep secret from her husband and his family.

My mother-in-law and I always fight. I remember one time she cursed me and called me a prostitute girl and later she called my daughter the same name. When I heard what she said, it was so painful... I cried, there was (so much) pain in my heart and I almost could not walk. I wanted to kill myself by hitting my head against the wall (Mealea - 2014).

Champa and Aka described the persistence of this stigma and being continually reminded of their past by family members and co-workers:

I feel like my cousin discriminates against me because she does not allow her daughter to have a relationship with me. Sometimes she insults me, which hurts me the most. For the past 4 months, I think my cousin discriminated against me because she does not talk to me. She hates me and doesn't get along with me. She often teases me [about working in the sex industry in the past] and hurts my feelings. They [Champa's coworkers] begin to stop talking with me when they know my story. They start to re-evaluate and think that I am not a good person. They consider me a simple person who is not in their group/level. Yes, they do not give me value. They also looked down on me because they knew my story... I realized when they heard my story, they started not to have a close relationship with me anymore... After they knew my story, they started to tell new people who come to work here. They told all my stories to them (Champa - 2013).

They [Aka's family] stopped looking down badly like they did before; just sometimes they recall my bad background, which then hurts my feelings, when my sister blames me for going out at night....but in my mind I'm afraid of my brother-in-law who looks down on me, even now.... He blames me and looks down on me most of the time. Whenever he has a problem with my sister he blames me for being a prostitute and calls our family 'prostitute family'. Because when we have arguments he [my husband] always blames me and brings up the secrets about my family (Aka - 2014).

A short case study provides additional insight into the complexity, layering, and persistence of stigma from working in the sex trade and the varying intensity of stigma and discrimination a survivor confronts from one year to the next. In the case study, Bormey speaks about her experiences after reintegrating back to her family in 2011 at 16 years old. During 2011, she did not discuss stigma or discrimination following reintegration. In 2012, she and her family attended a wedding celebration of a

relative near her home. Whilst the reception was proceeding, her older unmarried aunt arrived late, accompanied by two men, all intoxicated with alcohol. According to Bormey, the aunt and the two men were loud and physically affectionate in public. The grandfather took offense to the aunt's behavior and publicly accused her of *flirting* and not acting in an honorable way for an unmarried woman. A loud argument ensued between the aunt and the grandfather. Bormey relayed she did not enter into the debate, yet found herself the center of attention when her aunt turned toward her, and publicly accused her of dishonoring the whole family because of her former experiences in the sex industry. "Everyone knows she was a sex worker" Bormey reported her aunt saying loudly. Following her aunt's public accusation, a number of uncles turned their attention toward her and threatened to kill her if she returned home. They did not want her to live in the village anymore because she had dishonored their entire extended family.

Following that incident, Bormey lived with a number of different family members and moved to another part of the country. She stated, "*I am afraid to sleep at my house because my aunt and uncles promise to kill me in my sleep.*"

In 2012, Bormey discussed experiences with stigma related to her low socioeconomic status, marriageability, and past connections with the sex industry. In 2013 and, again, in 2014, she spoke about persistent stigma and discrimination from family members because of her past connection with sex work. In a later interview in 2015, she described her recent marriage and her excitement in being able to celebrate the '*fruits ceremony*'. She described her promotion at work that helped her gain in status in the family as a wife and a leader of the household, explaining that, "*When my mom doesn't have money, she calls to borrow from me.*"

However, these gains in social status in the family were tempered by Bormey's subsequent discussion with research staff early in 2015:

Actually he [my husband] discriminated against me. He didn't know that I lived in the organization until after we got married. Now it feels like he doesn't like me. He said, 'Erh! If I had known that you were an organization child, I would not have married you.' When he said that I felt very hurt (Bormey - 2015).

## STIGMAS RELATED TO MARRIAGEABILITY

The majority of survivors wrestled with stigma related to marriageability at some time during the assessment. Marriage and family are highly valued institutional norms in Cambodian society (Amratisha, 2007; Gorman et al., 1999; Ledgerwood, 1996; Surtees, 2003). The importance of these values are further underscored in a recent survey throughout Cambodia, where family was ranked as the most important life value by 78% of youth ages 16-30 years old (Eng et al., 2019). Gaining or losing status in marriageability is of great importance not only among single and married individuals but also among their families (including extended family). Stigma surrounding marriageability is not exclusively limited to situations before marriage; instead it carries through married couples and partner relationships as a persistent stigma. Marriageability stigma connects with many causes in Cambodian society including whether a woman is still single and reaching 30 years in age, single and from low socioeconomic status, single and from a divorced family, single and pregnant, single with children, married and contending with gender norms and violence, divorced with children, divorced and single, or divorced and remarried. As such, most survivors

are highly stigma-conscious regarding their 'ability' to get married, be married, divorced, or for some, remarried.

Tevy described her struggles and concerns with marriageability and divorce:

She gossiped about me. The villagers felt very sorry for me [that I was "unfit" for marriage] and said to me if I didn't get married [to a particular person] there was no way another man would ask to marry me (Tevy - 2014).

Champa shared similar struggles with Tevy and, upon her divorce, began selling sexual services in a Karaoke Television (KTV) nightclub:

I thought I didn't have value anymore. I didn't care about my body. My husband can have a lot of girlfriends and so I have a lot of boyfriends. (Champa - 2012)

### STIGMA-RELATED OUTCOMES IN EDUCATION

Studies in Cambodia document persistent forms of family discrimination toward female children in education (Booth, 2014; Khun, 2006; United States Agency for International Development, 2010). Female students often face multiple structural and systemic obstacles in finishing high school in Cambodia, obstacles such as: poverty, distances to high school, safety concerns for female students, family gender bias, and family conflicts (Booth, 2014; Gorman et al., 1999; Khun, 2006; United States Agency for International Development, 2010). Survivors in the current study who chose to go back to school contended with many of these challenges in addition to stigmas from trafficking experiences. The survivors described the "lost time" during trafficking that left them with too much education to make-up. Others dropped out due to the public stigma they received from fellow students for being too old for the grade in which they were enrolled. Others described being harassed because of stigma associated with organizations that work with survivors of human sexual trafficking. Vanna described her interactions with stigma from peers in school:

Friends at school made me feel unhappy because they mocked me and said bad words about me. I felt they were discriminating against me because they know that I used to live in a shelter. They say that shelter children were sexually exploited and raped until they got pregnant without a husband (Vanna - 2012).

Our findings confirm that at least 98% of this cohort dropped out of school before completing their education. These facts are disturbing but not completely unexpected given the challenging life histories pre-trafficking, time spent in trafficking experiences, and barriers survivors faced continuing school following reintegration in the community. Literature searches revealed no known data collected or published regarding the number of children and adolescent survivors of human trafficking that complete secondary level education following reintegration. Regardless, the current results clearly represent a disadvantaged outcome for survivors in Cambodia. Without a primary or secondary level education, survivors will persistently face limited resources and opportunities to access job training programs and skilled jobs, difficulties gaining greater gender equality through education/employment, and barriers to achieving higher socioeconomic status.

Nearidei reflected on the challenges she faces being illiterate and having to work to support herself and her family:

I am illiterate. My brother told me to study but how can I do this? My brother laughs at me. Everyone will curse and blame me because I am an adult and cannot read or write. Now I have given up trying to learn to read and write (Nearidei - 2011).

Consider the following story from Phalin, who had vocational skills training but did not complete primary school and struggled for gender equality with her husband who graduated from a university and worked as a loan manager in a microfinance company:

I asked him how and if he considered me. I asked him if he thinks that I have no heart, no ideas, and no brain and that is why I am able to receive whatever he does. Nowadays, does he know how I feel? I asked if he knew about how I got sick and how our son got sick. Did he understand how I survived? He said nothing. Then he said with rude words that I did not have a brain, I didn't know anything. He told me not to talk to him because I do not have a brain, I am like a dog, I do not know how to think (Phalin - 2014).

### **STIGMA RELATED OUTCOMES IN MARRIAGEABILITY**

Research supports the premise that self-stigma affects decision-making and alters life chances and outcomes (Inzlicht & Kang, 2010; Kennedy & Prock, 2018; Link et al., 1989, 1997; Link & Phelan, 2001). In the current study, the survivors described instances when marriageability stigmas impacted their thinking and decision-making regarding relationships. The degree to which the respondents modified their behavior consciously and subconsciously when seeking relationships was beyond the scope of this paper. However, it was clear that they believed that they had fewer opportunities and, at times, declined to pursue relationships because of the stigma associated with their past experiences.

Mealea had turned down a relationship because of stigma concerns, despite feeling loved. She later decided to marry a different man that she knew would not be faithful. She went on to discuss stigma and discrimination from his family:

Another man that I knew was from a wealthy family. He loved me and wanted me to meet his parents, but I denied him because I was afraid they would look down on me as my background was not good (Mealea - 2013).

Phana turned down a marriage proposal because of stigma concerns regarding her HIV status:

There was one young man that came who wanted to propose to share life with me [get married]. However, I could not do this because I am HIV positive; I am afraid to destroy his future (Phana - 2012).

A number of survivors disclosed making risky relationship decisions after reintegration. Several started relationships with men they had met by chance, then moved quickly to get married, despite spending little time getting to know their future spouse. One woman started a relationship with a man after she noticed him on the street during an excursion from the shelter in which she was residing at the time.

Another started a relationship with a man to whom she had spoken on the phone after becoming intoxicated and calling the wrong number. Yet another respondent entered into a long-term relationship with a man she met while living with a stranger, and despite being physically abused by him before the relationship even began. In each situation, the survivors exhibited risky decision-making about relationships and, eventually, all found themselves in emotionally and physically violent marriages/partnerships.

### **REGISTERED MARRIAGES AND DIVORCE**

Most of the cohort survivors that married chose not to legally register their marriages. Only 3% of the married respondents (1 of 36 individuals) legally registered their marriage compared to a national statistic of 33.5% (Ministry of Women's Affairs, 2015). While survivors indicated many reasons for not registering their marriages, the overarching causes were rooted in divorce laws in the justice system (van der Keur, 2014). Cambodian divorce law reflects the high cultural value given to marriage as well as the stigma surrounding failed marriages by including numerous steps and obstacles to obtain a divorce judgment (Brickell, 2016; Naren & Melamed, 2005; van der Keur, 2014). These steps are cost prohibitive for most lower income women, especially women that have just separated (or been abandoned) and are financially cut off from support by their husbands (Brickell, 2015).

To avoid these obstacles, costs and systemic stigmas associated with divorce, most respondents chose not to register their marriages. This trend is problematic for married respondents because women that do not obtain legally registered marriages are not assured rights to marital assets: property acquired during marriage and registered in the name of their partner, partner alimony, and child support (Naren & Melamed, 2005; van der Keur, 2014). This puts the overwhelming majority of married survivors at a legal disadvantage should they choose to separate from their husbands. They effectively have no power to negotiate conflict and separation in the marriage without fear of discrimination and reprisal such as physical violence, financial violence, physical abandonment, and forced eviction; tactics survivors described perpetrated by their husbands and parents-in-law throughout the four-year study (see Figure 1).

Unlike many western cultures, divorce is highly stigmatized among women in Cambodia (Brickell, 2014; Eng et al., 2020; Ledgerwood, 1996; van der Keur, 2014). Stigma around divorce is linked to gender norms in *Chbab Srei* (ច្បាប់ស្រី) suggesting a divorced woman has fallen short as a wife and a mother and in some sense, is socially incomplete as a woman because she no longer has a husband (Amratisha, 2007; Eng et al., 2020; Gorman et al., 1999; Ledgerwood, 1996). Unfortunately, a divorced woman is perceived as having lost honor and social status in society even if her husband abandoned her or if his behavior was violent or unfaithful in any way (Ledgerwood, 1996). Local reporters investigating marriage and divorce in Cambodia have reported strong community stigma toward divorce with women even being forbidden to remarry by village leaders in their community as a punishment for choosing divorce (Naren & Melamed, 2005). The decision to separate from a relationship involving domestic violence for even a short period can be stigmatizing given the vast majority of Cambodians (75%) believe wives should be patient and endure domestic violence in order to keep a family together (Ministry of Women's Affairs, 2015; van der Keur, 2014 p. 15).

Mony discussed her struggles with domestic violence while living with her husband and his family. Although not discussed directly, her husband's family has

threatened her by saying she would not be allowed to take the children with her if she decided to leave the house:

My husband hurts my feelings a lot. He often hits me. I am not so happy about it. Sometimes I want to run away from him but I have to be patient because I am thinking of my children's future (Mony - 2013).

Remarriage after divorce is seen as a path to regaining some lost honor and status in the community, although circumstances and choices around second partnerships may lead divorced women to accept partners deemed *undesirable* as a first option in marriage (Brickell, 2014; Eng et al., 2020). Recent research in Cambodia backs up these claims, demonstrating that divorced women who remarry have a statistically higher risk of experiencing domestic violence from their partner compared to women in their first marriage (Eng et al., 2020). The cohort group in our study supports this where six of the 10 participants who remarried described instances of domestic violence and abuse from within their second marriage.

In the current study, 31% of partnered respondents (11 of 36 individuals) spoke about divorcing (dissolving their partnership/marriage) their husbands. National statistics for divorce are difficult to assess because of stigma, but census data in 2013 suggested 7% of all marriages ended in divorce (National Institute of Statistics, 2014). While the cohort in this study was relatively small (36 partnered individuals by 2014), divorce rates were substantially higher than the national statistic and more comparable to divorce rates reported for female entertainment workers in Cambodia (29.5%; Wieten et al., 2020). Further, divorced survivors reported the highest overall frequency of stigma at 91% (10 of 11 respondents) and the highest frequency of physical and emotional violence, 64% (7 of 11 individuals). Collectively, these findings suggested that female survivors were prone to struggling with relationship choices, and reported stigmas surrounding marriageability, and the negative outcomes associated with unregistered marriages and divorce.

## INTIMATE PARTNER VIOLENCE

Cambodian studies identify multiple persistent underlying factors and attitudes contributing to widespread intimate partner violence against women (Amnesty International, 2010; Brickell, 2008, 2014; Eng et al., 2010; Ministry of Women's Affairs, 2015; Yount & Carrera, 2006). The frequencies of physical and emotional violence among the participants who were partnered were among the highest reported for women in Cambodia. A Cambodia demographic and health survey data concluded that 37.1% of the participating women reported at least one form of physical, sexual, or emotional violence from an intimate partner in their lifetime; and, 11% reported at least one form of violence in the last 12-months (spousal violence data taken for women age 15-49 from the lowest socioeconomic quintile throughout Cambodia in 2014; National Institute of Statistics, 2015). Over the four years of the Butterfly Project study, 53% of survivors (19 of 36 respondents) contended with at least one form of physical or emotional violence from their husband/partner and 33% (12 of 36 respondents) discussed contending with repeated patterns of intimate partner physical and emotional violence for consecutive years.

Phalin shared a story about emotional and physical violence from her husband just before giving birth to her son:

I was trying to work hard, to save money, and sell hair salon products to customers just before I gave birth to my child. He [my husband/partner] was cruel; he took all of my money that I saved for the birth and delivery and gave it to his mother to buy a motorbike for his brother. This happened just two days before I gave birth. On the night of the birth and delivery, I had only 10 thousand riels [about \$2.50 USD]. I begged the doctors to wait for tomorrow morning and I would pay them for the delivery fees. It was a really difficult birth because my child's head was big but my hips were small. If I could not give birth naturally, I would die because I did not have the money to pay for an operation (Phalin - 2014).

Physical and emotional violence are not just disadvantaged outcomes for survivors, they have deleterious effects on the mental and physical health of victims and the well-being of children witnessing the violence (Aizer, 2011; Campbell, 2002; Ellsberg et al., 2008; Kennedy & Prock, 2018; Kieselbach et al., 2021; Loxton et al., 2017; Ministry of Women's Affairs, 2010, 2015). National data in Cambodia, collected within the same timeframe as the Butterfly Project, concluded that almost half of the women reporting physical and sexual violence (48%) had also sustained a wide range of physical injuries from the violence inflicted by their spouse (National Institute of Statistics, 2015). The report findings suggest that Cambodian women, "who experienced intimate partner violence were significantly more likely to have health problems, emotional distress and suicidal thoughts and tendencies than women who had not experienced intimate partner violence" (Ministry of Women's Affairs, 2015 p. 75).

Other Cambodia research documents additional negative outcomes from intimate partner violence such as lost salaries and work time, discrimination and barriers in local healthcare, lost school time for children, increased anxiety in children, and chronic mental and physical health problems (Kieselbach et al., 2021; Ministry of Women's Affairs, 2010, 2015). Intimate partner violence in Cambodia is often unreported due to cultural pressures to keep family life private (Brickell, 2014; Surtees, 2003). It may be accepted by women as a consequence for not conforming well enough to gendered roles (Brickell, 2014, 2015; Ministry of Women's Affairs, 2015) and inflicted by spouses and their family members with high levels of impunity from the law (Brickell, 2016, 2017; Ministry of Women's Affairs, 2010, 2015). Even though situations surrounding discrimination and violence can change rapidly, the impacts on mental and physical health do not dissipate quickly (Kennedy & Prock, 2018; Ministry of Women's Affairs, 2015). These negative impacts can be heard in the voices of survivors. Pich shared a difficult story about her experiences with intimate partner violence from her first marriage:

It was difficult when my family-in-law mistreated me like this. When I made a mistake during the daytime, he [my husband] blamed me in front of everyone but when night-time came, he beat me and mistreated me. He beat me until my eyes became black and blue; he broke my tooth and gave me bruises. There were bruises on my leg and all over my body because of his violence. It felt very painful but I thought I must bear/endure it because I am staying here (with her parents-in-law) in this city alone; my parents don't live here. I do not have my own house (Pich - 2013).

Mealea, who was divorced and remarried, mentioned her mental health and how she coped with violence from her husband.



Every night I cannot sleep unless I drink alcohol because I feel depressed with my husband, as he often does not come home and when he does, he is violent towards me (2012).

## POSITIVE OUTCOMES, RESOURCES, COPING STRATEGIES FOR STIGMA

It was clear that the survivors challenged stigma through various resources, strategies, and mechanisms. No one strategy was more effective; interestingly however, the survivors that chose to “think through situations more” often found effective ways to deal with stigma.

“Keeping the past a secret” was deemed beneficial in many survivors’ stories (36%) and, logically, this strategy was used by all survivors at some point as they lived in the community and met new people. However, this strategy was also linked with concerns by survivors that “there was no one they could trust” in their life to share about their past. The survivors using this coping mechanism often expressed feeling socially isolated. Further, keeping the past a secret can have been significant strains mentally and physically. The survivors were concerned that someone might recognize them or that friends or family might decide to look on the internet for the organization where they once lived or worked. In one example, a highly stigma-conscious survivor described linking health problems with the stresses of navigating various forms of stigma. After getting married, Bormey was relieved from stigma-induced stressors by no longer having to answer her family’s questions about her marriageability. However, she then feared that her parents-in-law might discover her past history (and decide she is unfit to be married to their son). Her husband knew about her past but she did not fully trust him to keep it a secret. She described this stress as a health problem and the greatest worry in her life at the time:

I think the most about this issue; I really focus on it. I don’t know what to do if my parents-in-law know my story. [When asked if it affects her health?] - Yes! I can’t sleep well, can’t eat much and feel exhausted, as you have seen now (Bormey - 2015).

One of the more difficult aspects of stigmatizing situations is the separation it causes between people, a version of *us vs. them*. People with strong social support (i. e. encouraging and trusting relationships) are not *separated* to the same degree by the stigma they experience as compared to people who feel socially isolated (Hatzenbuehler et al., 2009; Surtees, 2017). Cambodia, like many other Southeast Asian cultures, is considered a *collectivist culture* where families are the most important support network for people when they experience trauma and health problems (Gray et al., 2012; Nodzinski et al., 2020). Cross-referencing results for the individuals in this assessment with resilience attributes assessed in previous Butterfly Project reports suggests that the survivors who overcame stigmatizing situations also mentioned having encouraging and trusting relationship(s) with their husbands and/or family member(s) (Morrison et al., 2015). These survivors experienced safe, trusting relationships and were not continually reminded of their past experiences and difficulties. Gray et al. (2012) identified “family and community support” and, “connection and support” as important components of resilience that are culturally distinct within Cambodian society. These aspects of resilience are embedded in society and considered appropriate ways of coping with adversity. Survivors who are accepted by family members regardless of trafficking experiences find that stigma cannot threaten these

supportive relationships (resources), one of the most important cultural values in their lives.

Several survivors described a process of changing to healthy patterns of thinking that facilitated interconnections and carried over into other aspects of their lives in the community. Ratanak described how her thinking had changed. *“I feel that I am becoming a strong person now. I think deeply before doing things and I am independent and can take care of myself”* (2012).

Another survivor, Dara, talked about the impact her faith had made in her life. *“My faith really changed me, and I became more courageous. When I encountered obstacles, I prayed to God, and He answered me”* (2014). Further, Pidor shared her mental strength in overcoming trauma. *“I am changing myself a lot. I am strong and I don't cry easily like before. I try to make myself strong so that people won't look down on me”* (2013). Chenly reflected on advice from her mother. *“My mom knows me. She said I should be strong. I didn't listen to her but now I know”* (2014).

Chouma described her mental resilience as she confronted stigma:

Everybody has value even if they worked in Karaoke for like 5 years, 10 years but they are still alive and they still have value. They are not from the dirt like people say. That is not true. There are many people that say, you know now that I have worked in Karaoke, I cannot find the right guy. It is not true. If you believe in yourself and you can be strong, you can still find many people that want to see you grow (Chouma - 2014).

Kravann explained the need to work hard while she struggled with stigma in the following way:

I want to tell them to keep going forward although we had this problem, but we have to struggle more. Our future is not finished yet because we still have life. We have to try and have hope. Believe and strengthen yourself to a good future. Although we had problems, we have crossed it already. Sometimes we feel depressed, but we must remember that we have crossed it. It has gone, so please try harder again for your future (Kravann - 2014).

Cambodian culture honors people that are married, those with financial means, and those who are educated/skilled (Gorman et al., 1999). These aspects were among the most important motivations or characteristics survivors talked about in overcoming stigma. Of equal importance, these perceived gains in honor were made through, or because of, a survivor's life choices. These situations focused around three core themes of gender equality, marriageability, and socioeconomic status. The survivors who overcame stigma discussed a process of learning or training in a job skill, finding a “good job”, and continuing to learn new skills. When survivors moved from no job or the “bad job” to a “good job,” they also received greater respect in the family and achieved a higher community status. In other situations, they recounted getting married as attaining the “ability to be married” and the honor that it brought.

Survivors of all ages and marital status talked about these concepts. Champa stated, *“Before I felt valueless and always upset but now after I got a job here, I felt I have value”* (2012) and Bormey spoke about the honor of earning the most money in the family, *“Now I become a household head [the most important financial earner in the marriage]... when my mom doesn't have money, she calls to borrow from me”* (2015).

Two other survivors discussed the importance of their life plans and choices in education and employment:

I plan to stay in school and graduate from college so that I can have a bright future and a good job. Then nobody will look down on /underestimate me. And when I get married and have a family, I will feel proud of myself (Linda - 2014).

Honestly, the most significant thing that has changed is that I am working in a place that does not affect my relationships with the people around me. I work in a good job. And that's the most important thing. That we work in a good place (Mlis - 2014).

The survivors who overcame stigma described the process by which they believe that they have "earned honor" through the choices they have made.

## CONCLUSION

In this longitudinal study, survivors encountered stigma and discrimination throughout the many challenges they experienced in life. They lent their voices not only in protest to the stigma and inequality that they so often confronted but also to encourage others to contend with these and to overcome adversity in life. Perhaps Tevy said this best:

Frankly speaking, if the young girls have any problems like me, I want them to be strong and calm. If you have problems don't be too afraid. If you face any problems, you have to be strong and struggle. When you face that problem don't think that your life is over and that you cannot improve it. Our life is longer than this so don't finish it there or destroy it more and more. I always think positive like that (Tevy - 2014).

This qualitative study builds on existing research demonstrating that survivors contend with various cultural stigmas as well as the stigma from their human trafficking experiences after reintegration. The narratives regarding stigmas are complex, multifaceted, and layered in the lives of survivors. Many survivors are conscious of stigmatizing labels in their home culture before trafficking and, thereby, struggle with self-stigmatizing thoughts and stereotypes as they are repatriated and/or reintegrated into communities.

Researchers have shown that survivor's experiences with organizations and government, social, and healthcare systems after trafficking can further self-stigmatize and prevent them from seeking resources that might address their needs and improve life outcomes (Choi et al., 2020; Cunningham & Cromer, 2016; Fukushima et al., 2020). Along with other studies, this research documented that stigmas associated with sex work are particularly intense and persistent because they are layered over existing stigmas, connected with discrimination, and lead to a wide variety of negative outcomes in gender equality, relationships, socioeconomic status, and health (Benoit et al., 2018; Ong et al., 2019; Safdar & Khan, 2020). This study documents gender, sex work, socioeconomic status, and marriageability as four main causes and mechanisms for stigma resulting in disadvantaged outcomes for survivors in education, relationships, marital rights, and gender-based violence. These outcomes impact a host of resources and life conditions including access to skilled jobs, ability to further

socioeconomic status, mental and physical health, and other perceptions of family harmony, societal honor, and personal well-being. The weight of evidence presented in this study, along with research in stigma theory and human trafficking, suggest stigmas associated with human sexual trafficking are a fundamental determinant of social inequality for many survivors in Cambodia and around the world.

This research has implications in Cambodia and regions, particularly to other ethnic groups in Southeast Asia that have similar cultural norms in gender hierarchy and patriarchal honor/shame societies. Multiple forms of stigma in the lives of survivors can have profound effects on a wide range of choices regarding relationships, education, vocation, and health. Researchers have demonstrated that human trafficking is a determinant of mental and physical health problems during and immediately following trafficking experiences, but little is known about health problems following reintegration (Suwetty et al., 2019; Zimmerman & Kiss, 2017). Further study examining stigmas and mental and physical health indicators in survivors during the years following reintegration would facilitate understanding the interactions not addressed in the current study. Cooperation between researchers who focus on resilience in children and young adults, stigma theory, and mental and physical health would allow for the exchange of concepts and a discussion of priorities for early interventions and important resources in the lives of survivors post trafficking.

Additional research is also needed to better understand: the diversity of stigmas associated with survivors of various gender and human trafficking situations across cultural contexts and diverse people groups; the role of media and social media in influencing structural stigma, public perceptions, and myths toward survivors of human trafficking and; key learnings and concepts from other disciplines of stigma research regarding best practices for anti-stigma interventions. These types of studies would benefit a range of stakeholders, not least of which, survivors themselves.

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