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A report on a study project presented to

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ABSTRACT

Human trafficking is an international crime notorious for the extreme forms of violence and oppression against women, children, and men. Traffickers prey on the vulnerable and rob them of their fundamental human rights. Whilst human trafficking within the social, psychological, and legal aspect has been researched in-depth, the health risks and needs of victims of human trafficking have been neglected, especially within a South African context. This study will attempt to explore the health care needs of victims of trafficking, to ensure holistic healing, recovery, and functioning within the social work service provision. The research will be a qualitative approach, using a case study design. Purposive sampling will be applied to select eight psychosocial practitioners working within this field for interviews. A semi-structured interview schedule will be used to collect data. The data will be transcribed verbatim and thematic analysis used. The findings from the proposed study hope to enrich debates on holistic care and protection practices in social work with victims and survivors of trafficking in South Africa.

Key terms: Health Care; Psychosocial Assistance; Social Work; South Africa; Trafficking in Persons; Victims

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

Trafficking in Persons (TIP), also commonly known as human trafficking, is the recruitment and movement of women, children and men across and within borders for the purpose of sexual, labour, and other forms of exploitation (Oram et al., 2016). It is a human rights violation. Victims of human trafficking endure high levels of abuse, including physical, sexual, psychological and spiritual (Ross et al., 2015). Zimmerman et al. (2003) conducted a study in a European setting identifying the health risks for women associated with trafficking, which included psychological trauma, injuries from violence, sexually transmitted infections and other reproductive health outcomes.

South Africa has been identified as a source, transit and destination country for trafficking in persons (Azionya, 2016). South Africa is one of the countries that signed the Palermo Protocol, which aims to develop legislation and other rights-based interventions to fight trafficking in persons (Oram et al., 2016). Through this, it is important to ensure that professionals are well-trained and able to identify, refer, support and provide the necessary assistance to victims of trafficking. These aspects of service provision also include healthcare-related services (Zimmerman et al., 2003). This study is an attempt to understand the healthcare needs of victims of trafficking in the South African context. In order to ensure holistic healing, recovery and functioning for the victims to have better support.

1.2 STATEMENT OF THE PROBLEM AND RATIONALE FOR THE STUDY

South Africa is one of the 117 countries to have signed the Palermo Protocol, which aims to develop legislation to combat Trafficking (Pharoah, 2016). Due to South Africa being a country that experiences high volumes of human trafficking, it is essential that professionals are able to identify, refer, support and provide trauma-related health care for these victims. The global agenda to fight human trafficking has mainly been driven by activists, capturing the attention of the media and politicians, pushing the politicians to create policies for change (Tyldum, 2010). Goździak and Bump (2008) looked at the current data and research available on the subject of human trafficking as well as the different disciplines that the majority of research on human trafficking focuses on. Considering the disciplines namely; social sciences, law and criminal justice and medicine and epidemiology; the most researched was law/ criminal justice

and the least researched was medicine and epidemiology (Goździak & Bump, 2008). Looking at trafficking types and related disciplines, only sex trafficking was looked at from a medical perspective (Goździak & Bump, 2008). Considering the evidence, and knowing that victims of human trafficking experience multiple physical and psychological health consequences, light is shared on the limited research available in this area (Hemmings et al., 2016).

It is therefore necessary to consider other studies on the same subject matter from an international perspective. Perry and McEwing (2013) study in Southeast Asia considered the different social determinants such as gender, citizenship, education and training, ethnicity and lack of policy that facilitate and mitigate the trafficking of women and children. They considered how this knowledge could be used to combat trafficking. In another study, also conducted in Asia, the range of health threats and prevention challenges was also assessed for victims of human trafficking (Beyrer & Stachowiak, 2003). The study focused predominately on the HIV epidemic and the influence of the trafficking industry in intensifying these numbers (Beyrer & Stachowiak, 2003). The study found that the health needs of trafficked women depended on the different stages of the trafficking processes and the types of exploitation experienced. These included pre-departure, travel and transit, destination, deportation and integration stages (Zimmerman et al., 2003). With many physical health issues that arise in trafficking victims at various stages of the trafficking process, the social workers, in conjunction with the health sector, need to provide services that are easily accessible in safe and appropriate ways. By overcoming language or cultural barriers, creating a space of trust and support and meeting victims multi-dimensional service needs (Zimmerman et al., 2003). Currently, according to Pharoah (2016), there are no official statistics on human trafficking in South Africa, with the majority of research being focused on Europe and Asia. The reason for this is because the South Africa Police Service does not categorise trafficking related incidents as such but rather identifies them as separate incidences such as kidnapping, abduction, rape, assault, soliciting and immigration-related offences (Pharoah, 2016). Furthermore, other research specific to South Africa has found to be mostly focused on examining the trafficking of women and children in sexual exploitation (Adepoju, 2005). It is important to note, that a handful of studies does exist that provide data on possible trends and patterns, a few reports on the trade, and multiple reports on sexual exploitation (Pharoah, 2016).

Sambo and Spies (2020) looked at the consequences of trafficking for women survivors in South Africa and their findings indicated that all survivors experienced trauma and unbearable consequences as a direct result of their trafficking experience. According to Botha and Warria (2021) the risk factors and psychological/mental health consequences of trafficking highlights

how crucial it is for victims of trafficking to receive professional psychosocial care and support. Botha and Warria's (2021) recommendations were focused on education, policy change and future research. It is evident that there is a clear gap in the research, predominantly within the health care sector. Hence, the importance of researching the specific health care needs of victims of human trafficking.

According to Hemmings et al. (2016) human trafficking survivors require healthcare that is trauma-informed care and culturally sensitive to very specific needs. This research looks at the gaps within the health care systems that creates barriers for victims to ask for help. Trauma care and trauma-informed approaches (with a victim-centred focus) prevents the person working with victims to endure secondary victimization or re-traumatisation (Sweeney et al, 2016). The South African Council for Social Service Professions has a policy and guideline for the code of ethics that social workers abide by such as social justice, dignity and worth of the individual, importance of human relationship and integrity (SACSSP, 2019). Therefore, social workers have a responsibility to pursue social change and human rights, specifically on behalf of vulnerable and oppressed people, and towards the liberation of all people (Okech et al., 2018). A social worker's role when combating the issue of human trafficking is critical. This is due to the holistic nature of social work interventions and the professional principles and values that come with their professional involvement (Okech et al., 2018). Furthermore, social workers play instrumental roles in the areas of identification, exit from trafficking and restoration (Hodge, 2014). Social workers in direct practise can assist in identifying victims in settings such as hospital emergency rooms, health clinics and shelters (Alvarez & Alessi, 2012). A social worker who is able to educate themselves and the victim around their legal statutes, available resources and future options in a knowledgeable and sensitively manner is instrumental to the victim's decision to seek an alternative life (Aron et al., 2006). Social workers also play a critical role in helping survivors move towards psychological wellness. This can be done by using the code of ethics and principles social workers abide by (Okech et al., 2018).

The results of the study aims to contribute towards creating a better understanding of the needs these victims face, how to better equip our services and resources to be able to meet their needs and factors that could help in the prevention of human trafficking. Therefore contributing to better knowledge around human trafficking, placing certain policies in place to help with the identification of victims of human trafficking and having services up to standard to assist these individuals.

1.3 DEFINITION OF KEY CONCEPTS

The following key concepts have been defined in the way that they will be applied to this proposed study.

Exploitation: This includes, but not limited to, all forms of slavery or practices similar to slavery; sexual exploitation; servitude; forced labour; child labour; removal of body parts; or the impregnation of a female person against her will (The Presidency, 2013). In this study, exploitation specifically refers to forms of human trafficking.

Health care: The organized provision of medical care to individuals and communities (The Presidency, 2013). This study uses health care in relation to the basic needs that victims of human trafficking experience.

Human trafficking: Known as modern-day slavery, is defined as the recruitment, harbouring, transporting, supplying or obtaining a person for labour or services through the use of force, fraud or coercing for the purpose of involuntary servitude or slavery, including sex trafficking (Logan et al., 2009). Trafficking in persons and human trafficking are the same, in this proposal both will be used interchangeably.

Psychosocial Assistance: Giving assistance and support focusing on the mental, emotional, social, and spiritual needs of individuals and communities (Harris & White, 2013). This is used to describe the psychosocial practitioners who are dealing with the victims of human trafficking and their mental, emotional and social needs.

Psychosocial practitioners: Are well trained, registered, practitioners who have been trained to provide treatment, assess, support and rehabilitate people with common mental health problems (NHS, 2021).

Social Work: means a practice based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people underpinned by theories of social work, social science, humanities and indigenous knowledge (Social Service Professions Act 110, 1978).

Trauma related health care: Trauma related health care refers to a victim-centred approach in health care that creates space in health care to specifically acknowledge trauma and the effects it has on an individual (Sweeney et al, 2016). This study emphasizes the importance of this kind of health care when it comes to victims of human trafficking.

Victim: According to the National Policy Guidelines for Victim Empowerment (2021, p.2) defines a victim as ‘any person who has suffered harm; including physical and mental injury; emotional suffering; economic loss or substantial impairment of his or her fundamental rights,

through acts or omissions that violate criminal law'. In this study, the term victim will mean a person who has been harmed as a result of being in a trafficking situation.

1.4 RESEARCH QUESTION

What are the health care needs of victims of human trafficking towards ensuring holistic healing, recovery and functioning?

1.5 AIM AND OBJECTIVES OF THE STUDY

The study aims to explore psychosocial practitioners' views about the health care needs of victims of human trafficking in an organisational setting. To achieve this aim, the following objectives have been formulated:

- i. To examine the understanding of psychosocial practitioners on what trafficking of persons is;
- ii. To identify the health care needs of victims of human trafficking from the perspective of psychosocial practitioners;
- iii. To examine the role of psychosocial practitioners when intervening with the health needs of victims of human trafficking.

CHAPTER TWO:

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

Human trafficking is a social issue across the globe. Trafficking in persons, modern slavery and human trafficking are terms often used interchangeably to refer to a crime whereby traffickers exploit and profit at the expense of another (Trafficking in Persons, 2020). As human trafficking continues to grow at an extraordinary rate, becoming more frequently documented by academics, non-governmental organisations, and social activists worldwide (Shelley, 2010), so does the need for correct intervention. Human trafficking itself involves the use of force, fraud, or coercion to obtain some type of labour or commercial sex act (Shelley, 2010). Human trafficking has been described as modern-day slavery which includes labour exploitation, debt bondage and sexual exploitation (Logan et al, 2009). Human trafficking can take on many different forms, including diverse people who may be moved within or between countries for various purposes, including sexual exploitation, organ harvesting, domestic servitude and exploitation in numerous labour markets (Cockbain & Bowers, 2019). It becomes clear that human trafficking belongs on a broader spectrum of exploitation, coercion and consent. It is noted that the health needs of this population are similar to those of marginalized groups (Williamson, Dutch & Clawson, 2008). The focus of this paper is to examine current literature to determine the health care needs of human trafficking victims in South Africa.

2.2 Trafficking in persons

2.2.1 Process

Types of exploitation

When it comes to human trafficking the main form of exploitation consists of sexual exploitation, which makes up around 50% of the type of human trafficking that victims experience. Following closely behind this is forced labour, which makes up 38% (UNODC, 2020). The risk factors are based on the vulnerability condition of the victim, which is directly related to economic need, whether the victim is a child within a dysfunctional family, intimate partner as a trafficker and immigration status (UNODC, 2020). Coercion by economic means is a prominent recruitment strategy as the risk of being unemployed is

directly related to a higher risk of being trafficked. Children are seen as the most vulnerable targets to child trafficking, with one in every three victims detected as a child (UNODC, 2020). Victims of human trafficking are sometimes forced to commit criminal acts (prostitution), illegal activities (drugs) or using false documents (fraud) (Logan et al., 2009). Victims of human trafficking can be of any age, gender or from anywhere in the world. According to the UNODC's 2020 Global Report on Trafficking in Persons, female victims continue to be the primary targets. Individuals undergoing difficult circumstances are often targeted, including undocumented persons or those in desperate need of employment.

To fully understand the psychological effects associated with trafficking, it is important to understand the cycle of harm and trauma exposure that these victims/survivors endure. For a lot of the survivors the fear, abuse and exploitation experienced occurs at different stages of the larger cycle of harm (Zimmerman & Pocock, 2013). The cycle of harm and trauma begins at recruitment. This is usually related to a history of abuse or deprivation, socio-environmental influence and health behaviours. Travel and transit also can cause risk of abuse or trauma through high-risk transportation or initiation violence. Transit is not always part of the cycle of abuse due to some trafficking occurring domestically (Zimmerman & Pocock, 2013). The next stage of the cycle that is known to cause majority of the violence is detention, exploitation and re-trafficking. This includes deprived, insanitary conditions, stress-filled conditions and poor health services. Exploitation depends on the type of trafficking, both sexual and labour trafficking have different effects physically and mentally on the victim. Post trafficking, such as re-trafficking, integration and re-integration causes great risk for victims mental health. The stigma and shame attached to human trafficking, including cultural adaptation can be difficult for the survivors of human trafficking (Zimmerman & Pocock, 2013). It is important for health care professionals to understand that trauma and abuse still occurs post capture and needs to be accounted for when dealing with victims of human trafficking. To fully understand the extent of human trafficking it is vital to look into the statistics

Statistics

The International Labour Organization (ILO) latest's report (2017), shows that over 40 million individuals are victims of modern-day slavery practices. Of these individuals, 24.9 million are exploited for labour and 15.4 million are forced into marriage (Stop the Traffik, 2020). Upon further inspection, the ILO reported that 71% of these trafficking victims

worldwide are women and girls, whilst 29% are men and boys. Furthermore, 75% of these individuals are 18 years or older, and 25% are 18 years and younger (Stop the Traffik, 2020). The United Nations released a global report on trafficking in persons in 2020 and more recently released a report around the effects of the COVID-19 pandemic on human trafficking which focuses on updated data around human trafficking in the world. These reports by the United Nations (2020) estimated that the majority of exploitation in a South African context is forced labour around women and children. These reports, focus on global statistics, prevention methods, and moving forward and aim to keep up to date with trafficking trends- holding countries accountable for their part in this human rights violation. The number of detected victims in the world reported from 2018 to date is 49 032 people (UNODC, 2020). According to the UNODC's 2020 Global Report on Trafficking in Persons, it showed that almost two-thirds of the individuals convicted of human trafficking offences in 2018 were male, mostly under the age of 18. Altogether, the 2020 Global Report on Trafficking in Persons showed that in 2018 about 50,000 human trafficking victims were detected and reported by 148 countries. As stated above, any individual regardless of their gender, age or race can be a victim of human trafficking, which forces us to look at the risks of being trafficked.

What puts people at risk of being trafficked

Being vulnerable means being exposed to the possibility of being attacked or harmed, either physically or emotionally (Gift, 2008). A lot of the time poverty is often a leading cause of trafficking. Factors that influence the vulnerability of an individual include individual factors, relationship factors, community factors and societal factors. The United Nations goes into more detail around these factors. Individually, factors that affect the individual are variables such as being a child, as children physically are unable to protect themselves, they also are easily suggestible and manipulated (Gift, 2008). Gender is another factor that makes individuals vulnerable, this specifically speaks to women as women are vulnerable to rape, domestic violence, harmful traditional practices and trafficking (Gift, 2008). Many of these gender-based conditions of vulnerability are also linked to social and cultural constructs. A history of sexual violence, homelessness, untreated mental health issues, substance misuse and being a member of a marginalized group. Relationship factors such as intimate partner and family violence, gender bias, family crisis, forced migration, LGBTQ status and family dysfunction. Community factors such as lack of resources, high crime rates, lack of awareness regarding trafficking and adult sex work. Poverty can play a huge role in making

an individual vulnerable to human trafficking, including looking for a better life, debt bondage or lack of education (Gift, 2008). It is not uncommon for victims of human trafficking to find themselves trapped against their will, unable to escape (Sharshenkulov, 2012). There are situations where traffickers will pay parents for taking their child, therefore praying on desperate families to get what they want. The United Nations provides pre-existing factors that traffickers may take advantage of, this includes economic needs, children with a dysfunctional family, having an intimate partner who is the trafficker, having a mental or neurological disorder, the individual's immigration status and having a limited education or knowledge of the native language (Stop the Traffik, 2020). Lastly societal factors such as cultural attitudes, gender-based violence, political upheaval, myths about HIV and sex with children, corruption and limited awareness of trafficking signs and risks (Greenbaum & Albright, 2018).

Although the practice of human trafficking spans all demographics, there are some circumstances or vulnerabilities that may lead to a higher susceptibility to victimization (National Human Trafficking, 2021). This includes those who are runaways and homeless youth. A study in Chicago found that 56% of prostituted women were initially runaway youths. Human traffickers prey on those who lack a support system (National Human Trafficking, 2021). Individuals who have experienced violence or trauma in their past are more susceptible to future exploitation due to their psychological trauma. Research does suggest that people of colour and LGBTQAI+ people are more likely to be trafficked than other demographic groups (Polaris, 2021).

On top of the above risk factors, in 2020 the COVID-19 pandemic swept across the world, causing an increase in human trafficking numbers. The United Nations Office published a global study on the effects of the COVID-19 pandemic on trafficking and the responses to those challenges (2021). This study identified that victims of human trafficking experienced a heightened risk of exposure due to the virus, abandonment by traffickers during lockdown, and reduced access to services (including shelter health and psychosocial services, legal aid and justice and basic needs) (UNODC, 2021). The pandemic exacerbated the already limited access of victims to healthcare resources, and research indicated that some victims were reluctant to even seek COVID-19 testing and medical support due to the fear that they would be detained and deported (UNODC, 2021). The report concluded that the pandemic had a range of negative effects on victims and survivors, with some victims experiencing

heightened violence and abuse at the hands of their traffickers who were making less profit from them due to labour market disruptions (UNODC, 2021).

With the increased use of technology and online interaction, human traffickers used devices and online platforms as a means to gain the trust of their victims. And although human trafficking has been around long before the internet, human traffickers have used the internet as a tool to attract children and vulnerable people (UNODC, 2021). With the COVID-19 pandemic devastating human lives, the global economy, and educational systems (Bain, 2020), criminal organizations have evolved despite lockdowns, travel bans and drastic changes in the world of work (Bain, 2020). Indeed, with an economic crisis accompanying the pandemic, individuals were now more vulnerable to trafficking. Altogether, it was easier for traffickers to prey on their victims, using online platforms as a way to continue their exploitation (Bain, 2020) and leaving many children vulnerable to sexual predators (Matekaire, 2020). These prevalent factors are to be considered when looking at the resources needed to combat human trafficking and in building awareness campaigns. Vulnerability indicators need to be acknowledged and broadcasted; including the excessive use of mobile phones, leaving home without explanation, skipping school, a breakdown of relationships, problems with sleeping or eating or even changes in temperament (A21, 2021).

Another risk factor that arises is the lack of understanding of human trafficking in a domestic sense. There is a lack of education and knowledge around this topic, which affects how people can help prevent and identify trafficking (Clawson & Goldblatt Grace, 2007).

Inadequate services contribute to secondary victimization for these victims, as some shelters are not equipped to deal with victims of human trafficking. More so, there is a breach of safety for the staff and the victims within these shelters (Clawson & Goldblatt Grace, 2007). There is also a concern around the safety of the victim and ensuring the trafficker does not know the individual's whereabouts. In South Africa, there are multiple safe homes for victims of human trafficking which are protected and where locations are not disclosed to the public (S-cape, 2014).

Abuse

Abuse is something that every victim of human trafficking experiences, including psychological, sexual and physical abuse. Understanding the abuse that these individuals experience helps professionals understand the types of care and resources needed to be made

available to them. Victims of human trafficking experience high levels of abuse (Ross et al., 2015). Survivors of human trafficking have support structures in place by the government, however, even with this the majority of survivors succumb to their illnesses. This is because there are many health consequences that victims of human trafficking experience, as they are physically, mentally and emotionally devastated by the crime (Lederer & Wetzel, 2014). They have injuries, illnesses and impairments which continue for decades (Lederer & Wetzel, 2014). Lederer and Wetzel (2014) researched the different aspects relating to trauma and health that the victims experiences during and after human trafficking. These experiences include health conditions, psychological disorders, reproductive issues, violence and abuse and substance abuse.

From the above study by Lederer and Wetzel (2014) out of the 106 survivors interviewed at least one physical health problem was reported during trafficking. The most frequently reported being neurological symptoms (Lederer & Wetzel, 2014). Physical injuries and sexual injuries accounted for 70% of participants' answers. Jeffery Barrows and Reginal Finger (2008) looked at infectious diseases and non-infectious diseases that affected and impacted the victims of human trafficking. The violence and unsafe abortions that are common among women can result in a deterioration of reproductive health (Barrows & Finger, 2008). Substance abuse disorders were common in survivors of human trafficking, causing different sorts of physical damage to the individual. Torture is a form of abuse that these individuals endure, in the forms of cigarette burns, withholding medical care, sleep or food deprivation, physical confinement or restraint (Zimmerman et al., 2011). Trauma related reproductive issues including sexually transmitted disease, some sort of pain during sex, urinary tract infections and pregnancy complications were predominant for individuals being trafficked at the time (Lederer & Wetzel, 2014). Such trauma included: forced sex, being beaten, kicked, threatened and strangled (Lederer & Wetzel, 2014). Directly relating to these traumas 84% of the participants reported using substances

Psychological symptoms included: depression, flashbacks, shame and guilt, PTSD and attempted suicide. Violence, abuse and humiliation was commonly experienced.. Unsafe abortions and the violence leading to this causes great psychological trauma to the individual. Mental health deterioration, including posttraumatic stress disorder or depression are a major health concern in victims of human trafficking (Barrows & Finger, 2008). Intimidation of individuals and threats against their loved ones caused stress for these individuals and

allowed them to be stuck in the cycle of trauma for fear of their family being affected. These individuals are placed in unpredictable and unsafe environments where traffickers used psychological manipulation and fear to maintain control (Hopper & Hidalgo, 2006). The traffickers utilize high levels of control, exposure to chronic stress, threat, isolation, provocation of fear and creating a sense of helplessness in their victims to inflict psychological trauma (Hopper & Hidalgo, 2006).

Social determinants can play a role on mitigating or facilitating trafficking, such as poverty, gender, lack of policy and enforcement and lack of formal education (Perry & McEwing, 2013). Poverty plays a significant role in trafficking vulnerability and contributes to many other determinants. Both male and female children are vulnerable to trafficking, however low value of women and girls in societies and family can influence this. Illiteracy and low levels of education are common characteristics of potential victims.

Despite their abusive situations, most survivors did seek and receive medical treatment, with the most frequently reported treatment site being a hospital's emergency room. Physical, sexual and psychological abuse from human trafficking can cause potential health consequences (Shandro et al., 2016). Such health consequences range from poor nutrition, sexually transmitted infections, substance dependence or depression and disassociation (Shandro et al., 2016). Wendy Macias-Konstantopoulos (2016), looked at the importance of medicine when mitigating the devastating effects of human trafficking on individuals. Specifically looking at emergency medical treatment that these individuals get and the unique opportunity that health care professionals have when it comes to recognizing the signs and symptoms of trafficking and therefore providing trauma-informed care to this vulnerable population (Macias-Konstantopoulos, 2016). More often than not these victims of human trafficking have a combination of diseases (Patel, Ahn et al., 2010). Baldwin et al., (2011) found that the emergency department was one of the most commonly cited health care access points that the survivors reported receiving care there but not being identified as a victim. Whereas with the correct interventions these visits could provide a small window of opportunity for this trafficked victim to get help. Therefore this shows the importance of understanding the healthcare needs of these individuals. With all of this being said, it is clear that human trafficking has important health implications for many communicable disease, the spread in HIV transmissions, serious mental illness and the rise in substance use disorders

(Macias-Konstantopoulos, 2016). Causing it to be a public health concern and needs to be looked at in more depth.

Consequences

Trafficked individuals are frequently exposed to multiple traumatic events, including during their recruitment, transit, and exploitation stages. Such exposures can lead to the development of very complex posttraumatic stress disorders (PTSD) (Ottisova et al., 2018). Individuals are caught up in an cycle of abuse and exploitative labour that negatively impact healthy development and the wellbeing of the victim. Whilst it is straight forward to understand and treat the physical implications and consequences of human trafficking on an individual, the psychological, emotional, economic impact is less likely to be focused on. Mental health disorders were studied in survivors of human trafficking in Moldova, with results indicating that 35.8% of women suffered from PTSD, whilst 12.5% of women had depression (Abas et al., 2013). The study concluded that the assessment of mental disorders should be part of the re-integration and follow up care for survivors of human trafficking. Severe stressful life experiences are known to adversely affect the development of children's stress response system and cause long-lasting ill health, causing a trauma response (Ottisova et al., 2018). The core PTSD symptoms that these individuals experience can range from affect regulation, self-destruction, attention and consciousness issues, feelings of shame or guilt, dissociation and difficulty with relationships. It is important when looking at the range of mental health issues that these individuals experience, to fully understand them and equip the health care system and already available resources with the correct tools to help manage these symptoms.

The consequences of human trafficking can be social, political and economic. Social factors that are impacted are on disadvantaged cultural communities, issues of social inequality and gender discrimination (Cameron & Newman, 2008). Legal and politic aspects look at the impact of human trafficking on inadequate legal regimes, poor law enforcement, immigration/migration laws, poorly enforced labour laws and standards (Cameron & Newman, 2008). Economic factors include poverty, globalization, deregulation and migratory movements (Cameron & Newman, 2008). They are also multifaceted and have both physical and psychological damage for the victim (Kreston, 2014). The effects on the government or health care system are costly when it comes to the services and social protection that the victims of human trafficking use those services due to their long-term damage to their physical and mental health whilst in trafficking (European Commission,

2011). The costs to the government include, law enforcement, protection, specialised services, health and social services, education and prevention programmes (European Commission, 2011). On the other hand, the consequences brought on the victims include many complex health issues including trauma, health effects, the consequences that are brought out in sex or labour trafficking and other physical and psychological long lasting effects (National Human Trafficking, 2021).

2.3 Trafficking in persons in South Africa

Although human trafficking is a global phenomenon that disproportionality affects women and children, Africa has been an integral part of the worldwide market in human beings (Motseki, 2018). South Africa has a few counter-trafficking protocols but the main issue that stands is the need and demand for cheap labour and sexual services (Motseki, 2018). On its own, South Africa is a country that is already affected by crime, and the safety and security of individuals are being threatened by these criminal activities. Motseki (2020) states that there is limited research conducted around human trafficking in South Africa which makes it difficult to fully understand the extent of its harm. There are multiple approaches in place in South Africa to combat trafficking in persons, however convictions and incarcerations of traffickers are (Motseki, 2020). Victims are not given the necessary support needed by the law enforcements, such as interpreters, and victims are seen as criminals themselves and are being treated as such (Motseki & Mofokeng, 2020).

It is well document that South Africa is seen as the source and transit country for the global sex industry (Van der Watt, 2015). Awareness about human trafficking in South Africa remains low, on top of this the perceptions around human trafficking are often skewed by media representations and movies (Van der Watt, 2015). On top of this, a lot of the time in South Africa, fraud, grooming, manipulation and trauma bonding often go unreported. Families living in extreme poverty or desperation are more likely to accept risky job offers (Motseki & Mofokeng, 2020).

During 2020, there was an increase in social media and media coverage regarding human trafficking in South Africa, however, even with this influence from the public, the evidence remains underdeveloped- leaving a gap that policymakers and law enforcement agencies are unable to fill themselves (Kempen, 2016). The Salvation Army's anti-human trafficking unit has said that over 80% of calls received in the last three months (April – June 2021) were

related to human trafficking (Stoltz, 2021). The majority of cases involved individuals who were tricked into human-trafficking situations as a direct consequence of current South African economic circumstances (Stolz, 2021). The main recruitment strategy used by human traffickers were offering false job opportunities and using the ‘lover boy’ method, whereby traffickers formed intimate relationships to manipulate victims (Stolz, 2021). To create awareness and solutions going forward, it is thus important for individuals to be informed and for parents and caregivers to have conversations with their children, educating them on the dangers of online false jobs and how to spot them (A21, 2021).

The lack of information and existing education regarding this topic puts victims at higher risk of secondary victimization and becoming unable to escape during a potential window of opportunity. To better equip our services, offering a victim-centred approach, more information, more research and more policies are needed in place to help with identification and referrals (Alvarez & Alessi, 2012). The South African Council for Social Service Professions has a policy and guideline for the code of ethics that social workers abide including upholding social justice, dignity and worth of the individual, as well as acknowledging the importance of human relationship and integrity in dealing with all and every client that a social worker works with (SACSSP, 2019). Therefore, social workers have a responsibility to pursue social change and human rights, specifically on behalf of the vulnerable and oppressed, and towards the liberation of all people, specifically with victims of human trafficking (Okech et al., 2018). Which is why it is important for social workers to require the resources to educate themselves on this topic, offering them the ability to educate others to prevent and identify victims of human trafficking.

2.4 Instruments to combat trafficking in persons

International cooperation enables a successful response to trafficking in persons, and it is thus important that there are global agreements to strengthen law enforcement and judicial responses to transnational crime (UNODC, 2008). Trafficking in Persons Protocol is a joint effort between South Africa and the international world to harmonize the global understanding of human trafficking. Effective responses to human trafficking require collaborative, multi-pronged, long-term and well-planned actioned approaches.

2.4.1 International conventions

International law is a powerful channel for combating human trafficking, as recent instruments of international law have set out the course for how to define, prevent, and prosecute human trafficking (King, 2019). These include the United Nations Convention against Transnational Organized Crime and its two related protocols: the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, and the United Nations Protocol against the Smuggling of Migrants by Land, Sea, and Air, which entered into force in 2003-2004 (King, 2019). The Organized Crime Convention was also adopted by the General Assembly resolution as the main international instrument in the fight against transnational organized crime (UNODC, 2000). The Convention represents a major step towards the fight against transnational crime. These protocols enable states to tackle the problem of human trafficking in a comprehensive and cohesive manner (UNODC, 2008).

The Palermo Protocol is an anti-trafficking document developed by the United Nations (UN) as an effort to prevent, suppress and punish trafficking of persons (OHCHR, 2000). The protocol specifically focuses on women and children. There are different types of challenges that arise for victims of human trafficking, including physical and psychological harm to name but a few. In every country, there is law enforcement and health/social service providers working with victims of trafficking, however, there are limitations within these services that affect the amount of assistance that can be given. These limitations include identifying the victims, with the hidden aspect of the crime makes identifying victims challenging, which in turn plays into the lack of protocol in place to do so (Clawson & Goldblatt Grace, 2007). It is reported that many of these victims have gone unidentified through different health sectors including; shelters, schools and hospitals. With the majority of victims needing medical attention, there are gaps within this system that often fail to identify and protect these victims. A lack of training in trauma-informed care and culturally sensitive workings mean that victims of human trafficking are often not able to get the help they need in a safe environment (Hemmings et al., 2016). The Trafficking in Persons Protocol aims to prevent and combat trafficking, protect and assist victims and promote cooperation between states in order to meet those objectives (UNODC, 2008).

The Trafficking in Persons Report (2021) is the annual report issued by the U.S State Department's Office to Monitor and Combat Trafficking in Persons. It looks at Trafficking

in different global crises, such as the COVID-19 pandemic, climate change, discriminatory policies and practices and other disproportionate injustices on these individuals. South Africa was downgraded to the Tier 2 watch list. The watch list is compiled by this Trafficking in Persons Report (2021), where it ranks governments based on their perceived efforts to acknowledge and combat human trafficking. This downgrade acknowledges the government's inability to fully meet the minimum standards for the elimination of trafficking but shows effort to do so (Trafficking in Persons Report, 2021). Due to COVID-19, the South African government neglected their anti-trafficking law enforcement efforts (Trafficking in Persons Report, 2021).

The African Charter on Human and Peoples' Rights, previously known as the *Banjul Charter*, is a charter that all African Unity members presented and signed focusing on the rights of humans and their freedom (African Charter, 1986). Article 5 specifically outlines that all forms of exploitation and degradation of man, particularly slavery, shall be prohibited. This charter also includes the right to equality, right to life, freedom of movement and protection of family and vulnerable groups. The African Charter on the Rights and Welfare of the Child entered into force on the 29th of November 1999. It aims to prevent the abduction, sale of, or trafficking of children for any purpose; including the use of children for any form of begging (UNODC, 2008).

2.4.2 South African Legislation

South Africa is party to international laws and agreements described above. The Prevention and Combating of Trafficking in Persons Act 2013 (PACOTIP), aims to give effect to the Republic of South Africa's obligations concerning the trafficking of persons in terms of international agreements. This aims to: prevent and combat the trafficking in persons within or across the borders of the Republic (Prevention and Combating of Trafficking in Persons Act, 2013).

The Children's Act is a legal document that was created to help protect children and make sure their rights are respected. The act aims to help keep families together, ensure children are cared for and are given a safe place when in need. This is one of the reasons as to why there is a strict verification process on documents or identity documents when children are travelling (Childrens Act, 2005). The Sexual Offences Act 23 of 2007 aims to consolidate and amend the laws relating to brothels and unlawful carnal intercourse. This act also speaks

to trafficking in persons and the criminal procedure that follows. The act refers to any resistance or unwillingness of sexual activities and the criminal offences that follow. The amended Films and Publications Act, 1996, protects children from harmful publications and violations. These documents aim to protect children and women from different forms of sexual assault or victimization, which in turn should help protect women against being a victim of human trafficking. The South Africa Police Service (SAPS) is responsible for preventing crime and policing, investigating and maintaining public order. The rules provided by SAPS is laid out so that any person who suspects a child of being a victim of trafficking must immediately report to the police with the individual having their identity kept confidential for their safety (SAHRC, 2020). By creating domestic laws, South Africa has demonstrated that it will treat trafficking in persons seriously and is committed to the eradication of the crime.

2.5 Interventions with victims of trafficking

There are designed and developed programmes in place that aim to address the needs of victims of domestic violence and victims of crime (Sambo, 2019). The majority of these programmes and shelters take victims of human trafficking as well, creating a threat for the individuals within the shelters and the social workers dealing with such issues. The practice of combining victims of domestic violence and victims of human trafficking creates an issue for the specific needs that victims of human trafficking have compared to domestic violence victims (Sambo, 2019).

Based off of Leveque's research (2017), the sample of victims of human trafficking's were asked "what do you need most?". The participants answers varied from emotional support and counselling, drug treatment as a health care need and the need for shelter and food (Leveque, 2017). Immediate needs included housing, food, medical, safety and security, language interpretation and legal services. Mental health assistance needed included counselling, income support involved cash and living assistance and legal status included visas or immigration help (Leveque, 2017). A needs assessment conducted for the service providers and trafficking victims looked at what services currently existed for trafficking victims, how responsive those services were, what the barriers providing the services are and what assistance or support these services need to effectively help trafficking victims (Heather et al., 2003). This research was conducted in America- the sample group ranging from programs, shelters, services, groups, clinics and victims themselves (Heather et al., 2003).

When asking trafficking victims of their needs, 98% of the participants answered that their most dire needs were medical services and housing services (Heather et al., 2003). Following these needs were legal advice, outreach, food, mental health services, information and referral services, employment, protection, education, and life skills regarding child care and drug treatment centres (Heather et al., 2003). Around 50% of the participants answered that the already existing services in place were ‘meeting some needs but not others’ (Heather et al., 2003). Whilst there is no research on this specific aspect of human trafficking in South Africa it is important to relay this data in an South African context. This can be done by looking into the different medical services that are accessible to these victims and if they are suitable enough for their needs.

There is an intervention programme called: A Safer South Africa for Women and Children: Improved Security and Justice for Women and Girls. This programme aims to strengthen violence prevention mechanisms, and create a protective environment for women and children (SafeSpaces, 2018). This programme was designed to create a protective environment that strengthens national prevention mechanisms to reduce such violence with a primary focus on prevention and improving access to services within communities (Sambo, 2019). By using programmes already in place, we could strengthen them to focus not only on security and justice for women and girls but for their physical and mental health care needs.

Victims of human trafficking are exposed to forced labour, engagement in prostitution, debt bondage, and involuntary servitude that are equal to the conditions of slavery (Sharshenkulov, 2012). Under this captivity, the majority of victims are exposed to severe physical and psychological violence (Sharshenkulov, 2012). Due to these conditions, victims’ access to health care is hindered and their health deteriorates significantly (Sharshenkulov, 2012). A study conducted in Europe, revealed that of those who participated in the study, 28% of trafficking victims sought health care services whilst in captivity. It is important to note that none of those visits resulted in their release from their traffickers (Barrow & Finger, 2008). Furthermore, a study done by Makini Chisolm-Straker and Lynne Richardson (2016) in the U.S confirmed that only 3% of health care professionals had a formal education on trafficking and only 13% reported having confidence in their ability to recognize a victim of human trafficking. An important factor to note speaks to the different type of health care needs that victims of human trafficking need compared to regular patients (Sharshenkulov, 2012). This is due to the fact that victims of trafficking usually have a variety of health

problems at once, including different types of sexually transmitted diseases, malnutrition, lack of sleep, physical and psychological violence and other trauma responses (Patel, Ahn et al., 2010). Noelle Leveque (2017) focuses on researching the role of a nurse practitioner in the identification and referral process for victims of human trafficking. Providing focus on the importance of allied health professionals who are equipped with the correct training to identify victims of trafficking.

With the COVID-19 pandemic putting the world under enormous strain, affecting the lives and livelihood of everyone, the trafficking criminals are adjusting to their 'new normal' (UNODC, 2020). The United Nations Office on Drugs and Crime's response to this increase of human trafficking trend is to develop rapid assessment tools for countries to evaluate the impact of the pandemic on essential services for victims. These responses also include providing grants to NGOs in this field, facilitating cross-border cooperation, supporting anti-trafficking units with personal protective equipment and continuously conducting studies on the impact of the pandemic on victims of human trafficking (UNODC, 2020). Tighter border restrictions in light of the COVID-19 pandemic, led to a reduction of certain types of crimes. In saying this however, many criminal activities just adapted to the changing circumstances. Many of these criminal activities were already moving online, taking advantage of the increased time people spend connected at home (UNODC, 2020). The United Nations recommended specific provisions to address the vulnerabilities of individuals and groups during these unprecedented times. This should be done by consistently monitoring COVID-19 responses to see where such measures unintentionally negatively affect vulnerable groups, prioritizing public health without discrimination, ensuring access to justice must be safeguarded, ensuring law enforcement officials remain vigilant when looking for evolving crime patterns, ensuring service providers remain flexible and implementing a systematic data collection and analysis process on the impact of COVID-19 on trafficking in persons (UNODC, 2020). Public mental health in South Africa has also been negatively affected by the pandemic, which can be a risk factor for children being vulnerable in an online setting (Nguse & Wassenaar, 2021). Focusing on the mental health care services available in South Africa could in turn have an positive impact on the vulnerabilities of potential victims of human trafficking.

Research indicates that post-trauma responses for victims of human trafficking have layers of complexities- rendering individuals to be more vulnerable. On top of the multiple layers of

trauma, including psychological damage, brainwashing, community or national violence, fear and so forth, it is evident that the emotional effects of trauma can be persistent and devastating (Clawson, Salomon, & Goldblatt Grace, 2008). In most cases, the exposure to trauma results in Post-Traumatic Stress Disorder (PTSD), which is a mental health diagnostic category. Despite the severity of PTSD, there is limited availability and access to appropriate mental health services for these human trafficking victims (Clawson et al., 2008). For most victims, shame is seen as one of the greatest barriers in preventing victims from seeking mental health services. It is therefore important to improve the health care services for trafficked persons (Greenbaum & Albright, 2018). By then implementing supportive mental health resources many victims and survivors of trafficking in persons are able to get the support and help they need. With the resources already available these individuals are able to go into a hospital and get the help they need.

Other interventions in place that help victims of human trafficking are the South African legislations that were discussed in the previous section. This including the Prevention and Combating of Trafficking in Persons Act of 2013. The Children's, Sexual Offences Acts that are in place to ensure safety of children and prosecution of traffickers.

2.6 Conclusion

In conclusion, the evidence collected focuses majority on physical health care needs of survivors and victims of human trafficking, but tend to leave out the mental and psychological needs that affect these individuals for the rest of their life. There is more research that needs to be done in South Africa on this topic, more legislations and policies need to be put in place and more education around this topic needs to be implemented. The COVID-19 pandemic has further exacerbated the human trafficking industry and traffickers has adapted to this online way of working. The combination of the lack of existing research around this topic, within a South African context, makes it apparent that the gap and need for further research and legislations regarding human trafficking and the victims is vital to the prevention and eradication of this criminal industry.

Theoretical Framework: Biopsychosocial Model

The Biopsychosocial model framework emphasizes the importance of understanding human health and illness in their fullest contexts. This model looks at the biology, psychology, interpersonal and contextual effects on health (Lehman et al., 2017). The traditional biomedical model utilised for this study was developed by medical scientists for the study of disease, with a predominant focus on the brain and genetic/biochemical causes (Skewes, 2013). These influences interact with each other over time and their interconnected nature is considered when understanding a person's health and wellbeing (Lehman et al., 2017). Humanistic qualities are highly valued when working with the biopsychosocial approach. Indeed, the Biopsychosocial approach states that a professional should recognize that relationships are central to offering effective healthcare practices, utilising self-awareness as a diagnostic and therapeutic tool to provoke the client's history in the context of life circumstances. The model also offers insight into the biological, psychological and social realities faced by the client, emphasising the importance of understanding and promoting victim health, a focus offering a multidimensional treatment approach (Borrell-Carrió et al., 2004).

Wellbeing is the state of being comfortable, happy or healthy. It consists of the absence of disease or illness but also it's a complex combination of a person's physical, mental, emotional and social health factors (Dodge et al., 2012). Good enough physical health is maintaining a healthy diet and exercise regime to reduce the chances of diseases such as high cholesterol, reducing the risk of a heart attack and lowering blood pressure. Having a good enough physical health is not the same as having a healthy overall wellbeing in life. Survivors of human trafficking may be able to achieve good enough health after intervention, but their wellbeing may not look the same. Understanding the health care needs of victims of trafficking needs to be expanded to not just physical health but mental, emotional and social aspects of their health.

The biopsychosocial model is used in all fields of practice, including addiction, mental illness, and human trafficking. The theory behind the model proposes that biological/genetic, psychological, and sociocultural factors contribute to issues including substance abuse and mental illness (Skewes, 2013). The biopsychosocial model has been recognized as vital when analysing disorders as it recognises the impact and influence of biological, psychological,

social and cultural influences on the individual (Skewes, 2013). This can be used in the research to understand the disorders that these victims of human trafficking experience and how it impacts and influences their biological, psychological, social and cultural life.

Human trafficking impacts the biomedical, psychological and social well-being of individuals and the population globally (PhuongThao & Perry, 2018). It is thus important to not only look at the biomedical aspects affecting the environment of the victim but also understand the affected communities, families and psychological trauma pertaining to them. By being able to understand the overarching environment of the victims being trafficked (including their health risks, behaviours and well-being), researchers using the model are able to recognise those partial and vulnerable to being trafficked. The model offers the foundational structure by which sufficient knowledge can be gathered regarding the issues victims face, thereby strengthening researchers understanding of biopsychosocial aspects (PhuongThao & Perry, 2018). By using a biopsychosocial examination tool when working with an individual who has been trafficked researchers are able to sum up the psychological and social dimensions- offering personal insight into the victim's thoughts and experiences (Costa, 2020). Regarding the mental health issues that arise from the direct consequences of human trafficking, the model offers unique insight into victim's situations before, during and post trafficking.

In summary, existing healthcare systems designed around acute biomedical care models are struggling to improve patient-reported outcomes and reduced healthcare costs (Wade & Halligan, 2017). The Biopsychosocial model underpins and leads to person-centred care, which can improve patient outcome. It can also underpin the goal-setting process used in rehabilitation. It identifies different levels of illness- a hierarchy of systems- that help the health practitioner care for the individual effectively (Wade & Halligan, 2017). It does not only provide medical treatment for the patient but social, attitudes, cognitive behavioural therapy and other structural changes. By using the biopsychosocial model when treating victims of human trafficking, victim health care can be more effectively met, leading to a greater chance of rehabilitation and integration into a non-trafficking environment.

CHAPTER THREE:

METHODOLOGY

3.1 INTRODUCTION

This chapter will provide information on the research approach and design. It will then proceed to discuss the population and sampling strategy that will be used in the research. This chapter will also discuss the research instrument, data collection and data analysis.

Concluding with the ethical considerations, trustworthiness of the study and limitations of the research.

3.2 RESEARCH APPROACH

Qualitative research is the broad approach in social research that is concerned with understanding the process and the social and cultural context, which shape various behavioural patterns (Wagner, Kawulich, & Garner, 2012). Qualitative research finds importance in the meaning of experience, events and actions that are interpreted by the participants (Creswell, Hanson, Plano & Morales, 2007). It aims to create a coherent story that represents those that are a part of the story, in order to fully understand and represent their experiences and actions (Wagner et al., 2012). More in-depth and detailed research can be uncovered from qualitative research (Creswell et al., 2007). Qualitative research is also concerned with the person's viewpoint on a particular subject matter and the motivations for said viewpoint (Sutton & Austin, 2015). The disadvantages of qualitative research can be the subjectivity of the data and data bias (Khan, 2014). By using interviews and open-ended questions through the qualitative approach, it will allow the psychosocial practitioners perceptions to be explored and engaged on a deeper level. Qualitative research is relevant for this study because it will help identify themes around human trafficking that will help answer the research question. The approach will also help find the importance of the experiences and events from the participants, in order to support victims of human trafficking in a more appropriate manner. In this study, the researcher will be exploring the experiences of the psychosocial practitioners around the health care needs of victims of human trafficking. The researcher has chosen a qualitative approach as it creates an opportunity to engage on a deeper level of the participants though interviews and it allows for open-ended questions and exploratory.

A research paradigm is informed by philosophical assumptions about the nature of reality, ways of knowing and ethics and value systems (Wagner et al., 2012). A research paradigm is made up of ontology and epistemology, which determine the research paradigm as a whole (Wagner et al., 2012). Ontology asks what do we believe about the nature of reality, whilst epistemology asks how do we know what we know. Both ontological and epistemological aspects are commonly referred to as a person's worldview, which has significant influence on the perceived relative importance of the aspects of reality (Thomas, 2010). Research paradigms inherently reflect our beliefs about the world we live in and even want to live in (Thomas, 2010). With the ontology of the study focusing on the health care needs of victims of human trafficking and the epistemology focusing on the foundations in place and the gaps within the service delivery, the research paradigm can be considered to be constructivism (Thomas, 2010).

3.3 RESEARCH DESIGN

A research design is a set of strategies and systems used to draw and evaluate data and provide a framework as to how the data will be captured (De Vos et al., 2011, Chp. D). The design refers to the overall strategy that one chooses to integrate the different components of the study in a coherent and logical way. Depending on the purpose of the study, the nature of the question and the skills available to the researcher these frameworks will be different (De Vos et al., 2011). An instrumental research design will be adopted for this study, an instrument research design uses a case study to conduct the research (Dudovskiy, 2018). The researcher will use a case study (De Vos et al., 2011). An instrumental case study allows for an in-depth exploration of a social issue in a naturally existing system (Dudovskiy, 2018). A case study is a qualitative research design that aims to investigate or analyse specific issues within the context of a specific situation, in this case the health care needs of victims of human trafficking (Bryman, 2012). As qualitative researchers are interested in the meaning participants give to their life experiences using, a single-case study design will allow the researcher to obtain an intimate familiarity with their social worlds and to look for patterns in the participants' lives (Bryman, 2012). The researcher is then able to conduct an in-depth investigation into the experiences of the participants to make sense of a multifaceted phenomenon in the reality (Hancock, & Algozzine, 2016). An instrumental case study is different from other case studies as the focus of the research is on the social issue itself, the focus is on the individuals themselves which provides insight into a broader population (Dudovskiy, 2018). An instrumental case study allows for an in-depth exploration of a social

issue/phenomenon in a naturally existing system (Dudovskiy, 2018). This bounded system must be preserved and undisrupted by the researcher before, after and during the investigation of the case. The preservation of this bounded system is important in maintaining the integrity of the data collected, as well as maintaining the integrity of the participants within this system and they are left unharmed by the study. It gains insight into a phenomenon, as it explores and critiques it in the context (Lucas, Fleming, & Bhosale, 2018). An instrumental case study aims to provide insight into an issue or refine a theory in which the case itself is secondary and might be atypical of other cases (Lucas et al., 2018).

3.4 POPULATION, SAMPLING AND SAMPLING STRATEGY

Population in research refers to the collection of individuals or objects with aligned characteristics that tie them together (Kothari, 2004) and an actual population depends on the nature of the study. A population sample group can be defined as a portion of a population who share a particular experience and/or common characteristics which meet the researchers pre-established sampling criteria (Babbie & Mouton, 2001).

Sampling can be defined as the process of 'selecting observations' (Babbie & Mouton, 2001). Sampling is a means of studying a section of a population group. The sampling technique that will be used for this research will be non-probability sampling. In qualitative research data is taken from one or two cases, therefore it makes it unlikely for these cases to be selected randomly (Vos et al., 2011). The reason for non-probability sampling is because researchers generally cannot observe every individual in the population and therefore only a few participants get selected (Blanche et al., 2006). The researcher should be able to generalise subjectively from the case.

A sample strategy can be defined as the method in which the researcher employs to select and analyse the selected sample (Wagner et al., 2012). The type of non-probability sampling technique that will be used is purposive sampling (Vos et al., 2011). Non-probability sampling is more appropriate for small populations (Babbie & Mouton, 2001). Purposive sampling is based on the judgement and subjectivity of the researcher to select their sample with the characteristics that they deem appropriate (Blanche et al., 2006). For this study, the characteristics of the sample will be eight psychosocial practitioners. The inclusion criteria is defined as key characteristics or features of the selected sampling population (Babbie & Mouton, 2001).

The potential participants for this proposed study will be recruited with the assistance of the research manager at the National Freedom Network. The National Freedom Network works with human trafficking organisations and assists in the research of human trafficking in South Africa with registered member organisations. Due to the confidential work that these psychosocial practitioners do due to the nature of trafficking in persons, NFN assists researchers identify potential study participants in a safe and secure manner.

The selection criteria to be used in this study are: (i) should be a registered practitioner e.g. social worker, counsellor, psychologist, (ii) they should have been working with the victims of trafficking for at least six weeks before the start of the data collection, (iii) ability to communicate in English and (iv) availability during data collection. The exclusion criteria will be social workers in generalist practices and those that are unable to communicate in English and/or do not have access to a device i.e. if the data will be collected online or on a smartphone. This inclusion and exclusion criteria will be provided to the research manager at the NFN and they will approach the organisations that are part of their network. Once a response has been provided, the research manager will send these to the researcher who will then contact the study participants directly and consent them.

3.5 RESEARCH INSTRUMENT

A research instrument is a tool used by the researcher to acquire, measure and analyse the data (Trigueros et al., 2017). These tools can be tests, surveys, scales, questionnaires, or even checklists. The research instrument that will be used for this research study will be the interview schedule. Interviews are interactions where verbal questions are posed by an interviewer to elicit verbal responses from an interviewee. An interview schedule consists of a structured written questionnaire to guide the interviews to collect information specific to the topic (Vos et al., 2011). The nature of the questions is usually set out in a more general direction leading towards personal questions (Jamshed, 2014). The interview schedule contains the basic structure that guides the process based on the research problem or question (Wagner et al., 2012). They are recorded using a standardized procedure. Researchers should think of appropriate questions related to each area in order to address the issues that they are interested in, this enhances the possibility of the answers being more accurate and genuine (Wagner et al., 2012). The disadvantages to using an interview schedule are that they can be

time-consuming, the questions may have bias and therefore guide the interviews towards what the researcher wants to hear and poorly time questions (Jamshed, 2014).

Pre-testing is a highly effective technique to improve qualitative research instruments (Hurst, et al., 2015). It involves using the process of data collection on a smaller scale of participants to identify any practical problems regarding the methodology or research instrument (Jamshed, 2014). This can help identify any general issue that can be rectified (Hurst et al., 2015). Pre-testing will be done with one practitioner who fits the selection criteria and the interview guide amended accordingly thereafter. The recognition of unexpected events allows the researcher to mentally prepare for any changes in planning, which helps the researcher to respond to any unintended changes (Hurst et al., 2015). It helps the researcher determine whether or not respondents will be overly sensitive to specific questions, causing respondents to hesitate, hold back or skip survey items. They are typically administered prior to a course to determine knowledge baseline. It is important to determine the effectiveness of a survey questionnaire before actually using it.

3.6 DATA COLLECTION

The data collection method can be defined as the actual process of collecting information in research (Dudovskiy, 2018). There are different types of data collection, including primary and secondary sources (Dudovskiy, 2018). This research will be using primary sources, which are defined as first-hand account of the data, whilst secondary sources are data that existed before the research (Dudovskiy, 2018). Interviews will be used to collect data. The research will use telephonic or online methods due to the COVID-19 pandemic. This can be done through the use of Microsoft Teams, Zoom or Skype. An interview is a two-way conversation that will be done on a one-on-one basis (Wagner et al., 2012). Interviews provide the researcher with a way in which to understand the story behind the experience through engagement and conversation (Wagner et al., 2012). It is important to develop rapport with the participants, ensure informed consent is gained and confidentiality is adhered to. This study will utilize semi-structured interviews because it will allow the researcher to gain a detailed picture of the participants ideas and/or perceptions around the topic of investigations (De Vos et al., 2011). A semi-structured schedule allows for flexibility, which can allow the researcher to adapt to any change (De Vos et al., 2011). A secondary source is a data set that existed before the research at hand, which include government census and service records (Dudovskiy, 2018). Secondary sources should be utilized to boost primary

sources reliability. The secondary data that was used was collected through the literature review. Pre-existing data collection used existing research to compile research around the topic and identify what is missing.

The researcher will be conducting all the interviews, which will be 45- 60 minutes long. The organisations where the research sample will be sourced from will be contacted via messenger requesting for the participation of psychosocial practitioners in this study. A phone call will be made to the eight psychosocial practitioners describing the research and asking for their participation. This will be done by contacting the National Freedom Network, which is an organization that aims to connect all the various counter-trafficking organisations with one another to ensure there is a flow of communication, information sharing and resource collaboration. If they agree they will be sent a follow-up email with all the information about the research topic, the procedure, including the terms of their participation, the consent forms, ethical concerns and a provisional date and time set for the interview to take place. The interviews will be telephonic or online, they will be recorded and stored on a hard drive, therefore deleting the recording off the phone/computer. Only the researcher will have access to the hard drive and computer. The data will be transcribed verbatim, with all the identifying details being removed before storage and sharing of the information. The researcher will use a service to transcribe the interviews for the sake of time, this individual will need to sign a confidentiality form. The data will then be analysed.

3.7 DATA ANALYSIS

Data analysis is significant in the research process as it presents the end results of the data collection process (Wagner et al., 2012). Data analysis makes sense of the data that was collected and turn it into meaningful information. Qualitative data analysis is a process of inductive reasoning, thinking and theorising (De Vos et al., 2011). There is a variety of strategies that are used in interpreting the data by sorting, organising and reducing them to more digestible pieces (De Vos et al., 2011). It is important that the data from these methods are collected appropriately, this is done by maintaining the data in their original form, leaving audiotapes, transcripts and documents unaltered and securing them in a safe space (Wagner et al., 2012). The research will make use of thematic analysis. This approach is a general approach to analysing qualitative data that involves being able to identifying themes or patterns within the data (Wagner et al., 2012). The identification, analysis and interpretation of themes are crucial to this research as the main aim is to identify contextual factors that

contribute towards understanding the health care needs of victims of human trafficking, specifically in an South African setting. The nature of this analysis arranges and illustrates the data in a concise and thorough manner (Wagner et al., 2012). Braun and Clarke (2006) outline a six-phase guide around the process of thematic analysis. These steps are flexible and it is important to note that this process is not strictly linear.

- I. *Familiarization with the data:* The researcher needs to immerse themselves within the data that they have collected in order to become familiar with it. This is the stage where verbal data is transcribed and it involves reading the data until the researcher can search for meanings and patterns. In the case of this research, the transcribed data will be read and re-read individually for the researcher to become well accustomed with the collected data. Notes and first impressions of the data will also be recorded to further engage with the data. The researcher will search for meanings and patterns and note down any initial ideas or important information.
- II. *Generating initial codes:* This stage involves the production of the initial coding of the data. This includes reviewing the interview transcript and extracting information that is relevant to the research questions, as well as any ideas or statements that were repeated across the data set. Coding can be done via a software system or manually. It can be done with tools such as highlighters, coloured pens and notes to make analysing easier. The data should be grouped together at this stage. In the case of this research, the data will be coded through the use of reading and highlighting important information in groups. A review of all the transcripts will be done to outline repeated and prominent ideas that relate to the research question.
- III. *Searching for themes:* At this point the researcher should have a list of different codes. This stage involves taking the codes and transforming them into themes. The researcher analyses the initial code in order to find connections and overlaps that can combine them into a theme. This can be specific to the research question. The gathering of the initial codes is crucial to the thematic analysis process. Themes can be colour coordinated for easy analysis throughout the transcripts.
- IV. *Reviewing themes:* At this stage the data needs to be re-read in order to ensure that they are in the correct theme. This can be done by drawing a map or any visual clues to help identify the relationship between the themes. The researcher is required to modify, review and develop the initial themes that was found when searching for them. the data should be well linked to each themes. This step ensures the extensive reviewing of the identified

themes and sub-themes if necessary. This will help differentiate the themes throughout the transcripts.

- V. *Defining and naming themes*: This stage captures the essence of each theme and creates an overall narrative of the data. This is where the researcher can identify any sub-themes. The researcher must decipher what themes interact or relate with one another and ensure there's clarity within all the themes. The researcher can create an overall narrative of the data at this stage, all the themes should have names and should give an immediate sense of what the theme is about. A final thematic map should be created.
- VI. *Producing the report*: This stage involves final analysis and the writing of the report. The report should address the specific audience, it should be concise, coherent and logical. The report should be able to relate back to the research question. This step is completed by adding all the findings from the thematic data analysis in the 'data analysis' section of the research. The report should be concise, coherent, logical and non-repetitive. The researcher will need to provide enough evidence of each theme using clear examples from the data. The report should relate back to the research question and literature

3.8 ETHICAL CONSIDERATIONS

Research should be based on mutual trust, acceptance and cooperation (De Vos et al., 2011). When humans are part of the research study it is important that ethical principles are in place. These principles tell us what is morally right and ethically right (De Vos et al., 2011). These principles are in place to find a balance between conducting research and the rights of the subjects (De Vos et al., 2011). Ethical clearance application will be submitted to the Departmental HREC in the SHCD (Appendix D). In addition, permission to carry out the research through the National Freedom Network will also be requested. Ethical norms in research are inalienable standards that must be maintained across all research. The reliability and validity of a study can be severely impacted if ethical standards are not maintained, as well as the human cost of harming participants. Ethical principles are the concerns, dilemma and conflict that arise over the proper way to perform research.

The first ethical principle is “**do no harm**”. This refers to ensuring participants cannot be harmed in a physical or emotional manner (De Vos et al., 2011). The researcher has an ethical obligation to protect participants within all reasonable limits from any discomfort (Farrimond, 2012). The researcher will continuously consider any harmful consequences of the research and ensure there are services in place to counteract those harms. This includes

the researcher making time available for counselling, providing resources to the participants if they feel they need assistance, keep the participants' identities confidential and have a participation information sheet with all the information about the research and processes included, which can be seen in Appendix C. The research will not proceed without the official ethical clearance needed by the HREC Department.

Voluntary participation allows participants to withdraw from the study at any given point (De Vos et al., 2011). The researcher needs to enforce voluntary participation by ensuring there is no pressure to partake in the study (De Vos et al., 2011). All participants will be aware of this through the consent forms, this can be seen in Appendix B. There will be no financial incentive offered in exchange for participation.

Informed consent requires the researcher to obtain permission from the participants to be used in the research, this allows the participants to not feel as if they are being exploited and agree with a fully informed consent (Farrimond, 2012). With this fully informed consent it ensures there is no deception of participating subjects and that no one is misled (Corey et al., 1993). Informed consent will be advocated by requesting that each participant signs a consent form in order to participate in the study (Appendix B). This will be done through the use of email or WhatsApp messenger. Additionally an participant information sheet will be given to the potential participants in order to remain transparent with regards to the implications of the research (Appendix B)

Confidentiality this principle will be maintained throughout the research process. This will protect the participants' identity, and can even be done using pseudonyms to ensure privacy (De Vos et al., 2011). The researcher will uphold this principle by not identifying by name the research participants or discussing their interviews or any other identifying features with colleagues. There will be the use of pseudonyms in order to ensure anonymity. As well as allowing the participants to dictate what they want or don't want to be published in the data. The peer debriefer will also sign a confidentiality agreement in which all forms of anonymity and confidentiality will be respected (Appendix D).

3.9 TRUSTWORTHINESS OF THE STUDY

In order to ensure data trustworthiness, there are four criteria that may be used to ensure this: credibility, transferability, dependability and confirmability.

Credibility addresses activities that are in place that make the data more credible (Wagner et al., 2012). It is defined as the confidence that can be placed in the truth of the research

findings. This is established whether or not the research findings represent plausible information drawn from the participants' original data (Wagner et al., 2012). Credibility can be checked through a number of strategies; prolonged and varied field experience, time sampling, reflexivity journal, triangulation, member checking, peer examination, interview technique, establishing the authority of researcher and structural coherence (Connelly, 2016). The researcher will be using peer debriefing, a technique that allows a qualified peer researcher to assess the review of the transcripts, general methodology and final report where feedback is then provided in order to enhance credibility (Connelly, 2016). The qualified social worker that will be included in the peer debriefing will be Erika Hugo. The transcripts, report feedback and any other document will not include any names or identifying features of the participant to ensure anonymity. The professional will additionally sign a confidentiality agreement. This individual will look at background information, data collection methods and data process, data management, transcripts, data analysis procedure and research findings (Elo et al., 2014). The second credibility strategy that will be used is triangulation. This involves the use of different methods, such as observation, focus groups, and individual interviews (Shelton, 2004). Findings can be corroborated and any weaknesses in the data can be compensated for by the strengths of other data, thereby increasing the validity and reliability of the results. It's done by cross-checking and used to provide confirmation and completeness (Shelton, 2004).

Transferability refers to the degree to which the results of the study can be understood (Wagner et al., 2012). The extent to which the findings are useful to persons in other settings. It also refers to the degree to which the results of the research can be transferred to other contexts with other respondents (Elo et al., 2014). There are two types of strategies towards this, thick descriptions and purposeful sampling. For this research the thick description technique will be used. Thick description is the process of providing sufficient information to the readers of the results and accounting for the multifaceted specificity and circumstantiality of the data (Shenton, 2004). This involves the researcher clarifying all the research processes, such as data collection, the context of the study and the final report. This helps other researchers replicate the study with similar conditions. This helps the study to ensure its transferability (Shenton, 2004).

Dependability refers to the stability of the data over time and over the conditions of the study. This focuses on the reliability of the results in order for them to be re-tested (Wagner et al.,

2012). This involves evaluating the findings, the interpretation, and the recommendations of the study to ensure that they are all supported by the data received from the informants of the study. This is done through an audit trail, a code-recode strategy, stepwise replication, triangulation, and peer examination (Elo et al., 2014). An audit trail involves the examination of the inquiry process and product to validate the data, account for all the research decisions and activities, show how the data was collected, recorded and analysed (Wagner et al., 2012). By doing this it requires thorough observation of the informants for an extended period of time in order to learn of any changes and give explanations for those changes, therefore having the findings audited for sincerity (Shenton, 2004).

Confirmability is the degree of objectivity where the results of the study are based on the participants and not the researcher's bias (Wagner et al., 2012). To achieve this researchers must demonstrate that the results are clearly linked to the conclusion in ways that can be followed and replicated (Elo et al., 2014). This is concerned with establishing the data and interpretations of the findings and ensuring they are not made up by the inquirer's imagination, but they are clearly taken from the data (Elo et al., 2014). This can be done through an audit trail, reflexive journal, and triangulation. The reflexive journal will be used during this research, these documents are kept by the researcher in order to reflect on and interpret the data collection. The researcher is required to keep this journal in which all events that occur in the field, personal reflections in relation to the study and other important information is written down in the journal. It will be an assessment of the influence of the investigator's own background, perceptions, and interests on the qualitative research process (Shenton, 2004).

3.10 LIMITATIONS OF RESEARCH

Limitations of a study are unplanned faults within the methodical section, interpretation of findings and/or design flaws (Price & Muran, 2004). Methodological limitations of this research include sampling and selection criteria (Aguinis & Edwards, 2014). Due to the research instrument there is a possibility of sample bias. The research has specific selection criteria that limits the amount of participants eligible to take part in the study. This limitation exists due to the nature of the research question.

Another limitation is access to literature (Aguinis & Edwards, 2014). Using other literature lays a foundation for the research question, however due to the limited research on the topic,

there has been little literature specific to South Africa. Time constraints are one of the biggest limitation towards this research. This is due to the COVID-19 pandemic interruptions and academic deadlines. However this has been taken into consideration and the topic of the research has been adjusted to suit the period.

A researchers limitation to access to participants presents significant logistical challenges. Access to participants depends on when and/or where the researcher makes contact with the participant group (Price & Muran, 2004). In the case of this research, gaining access to participants is strict due to the importance of confidentiality in this field of work.

Acknowledging the limitations in a study can be a useful opportunity for future research on the topic (Price & Muran, 2004).

3.11 CONCLUSION

In conclusion, the methodology chapter explored the research approach that was chosen for the research, alongside the research paradigm. The research design was addressed in terms of data collection and data analysis. The population sample and sampling strategies was analysed within the exclusion and selection criteria for the participants needed for the study. All ethical considerations, trustworthiness and limitations of the study was discussed.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4. Introduction

Chapter four will focus on the findings of the research, by presenting the data and themes that emanate from the data analysis. Understanding the healthcare needs of victims of human trafficking are complex and under researched within a South African context. The research participants helped identify the most common needs that victims of human trafficking present with. This chapter will help present the findings based on a thematic analysis by Braun and Clarke (2014). The results will be discussed based on the objectives of the study and in conjunction with the previous literature reviewed, after presentation of the demographic information of the study participants.

4.1 Demographic information of study participants

The six psychosocial practitioners that were interviewed for the study consisted of five female and one male participant. These psychosocial practitioners have either worked with or are currently working with victims of trafficking. The table below illustrates the type of psychosocial specialization the participant has, the total years' experience as the specific specialization and the total years' experience working with victims of trafficking.

Research Participant	Type of specialization	Years' experience as the specific specialization	Years' experience with victims of trafficking	Age	Gender
Participant 1	Social Worker	13 Years	3 Years	55+	F
Participant 2	Social Worker	37 Years	10 Years	55+	F
Participant 3	Counsellor	4 Years	3 Years	55+	F
Participant 4	Counsellor	20 Years	2 Years	50-54	M

Participant 5	Social Worker	50 Years	No specific timing	50	F
Participant 6	Counsellor	12 Years	10 Years	35-39	F

4.2 Presentation of findings

The themes identified during data analysis included, the understanding of trafficking in persons, the healthcare needs of victims of trafficking, the role of a social worker/ psychosocial practitioner, challenges working with victims of trafficking and how COVID-19 impacted the way in which practitioners worked with victims. These will be discussed in the order they are presented above.

4.2.1 Psychosocial practitioners understanding of trafficking in persons

Trafficking in persons can be broadly defined as the recruitment, harbouring, transporting, supplying or obtaining a person for labour or services, through the use of force, fraud or even coercing. The participants of the study have grown their definition of human trafficking to fit what they have worked with and experienced throughout their career. The participants highlighted the importance of differentiating the understanding of what trafficking in persons is based on whether the victim is a child or an adult. The participants also understood that trafficking can look different depending on the type of exploitation, and therefore that would change the way they assessed the victim.

You know... it's, it's a situation where people are being recruited against their will, that they are being recruited, they are being transported with the specific intention of being exploited. With children, it is a bit different. Children, you don't need to prove that they have been, they've given, you know, consent. So, because it's a child, they are dealt with also in terms of the Children's Act (Participant 2)

Human trafficking is any situation where a person is coerced or forced into a situation, but mainly where they are performing service....um, you know, where someone else is getting the money, where there's money exchanged, and very often that person in the people I dealt with, they weren't in a position they wanted to be when they had to work (Participant 3)

...it shifted from one place to another for purposes of exploitation very simply. And I think that you know when it comes to children, consent is immaterial... With adults it is different you know, when you are not deceived, and you go into a situation with your eyes wide open and accurate information, and you are exploited (Participant 5)

The United Nations Transnational Organized Crime Protocol's (2021) definition of human trafficking has a basic relation to the participants definition of human trafficking. The participants, who are psychosocial professionals who work with victims of trafficking, use the United Nation's definition as a base, however they have used their own experience to fully have an understanding of trafficking in persons. Clawson and Goldblatt (2007) speaks about the lack of understanding of human trafficking due to the lack of education and knowledge around this topic which in turn affects how people can help prevent and identify trafficking victims. This can be directly related to the way the original definition of human trafficking tends to be too broad. The response from the participants are in support of the study by Shelly (2010) who speaks to the different forms human trafficking can take on and can be for various purposes depending on the situation. She focuses on the broader spectrum of exploitation, coercion and consent which is in line with the participant's answers from the study.

4.2.2 Healthcare needs of victims of human trafficking

To fully understand how to help a victims or survivor of human trafficking, it requires the understanding of what human trafficking means in terms of the law, as well as the person, their symptoms, their needs, their challenges and resources available.

Drug addiction

The healthcare needs of victims of trafficking are more complex and need more attention than that of another individual seeking medical treatment. This is supported by varied quotations from participants of the study such as, the complex substance dependency these victims would come out with, reproductive health issues, and other physical needs. The participants discussed the need for a safe environment for detox, or having nurses available at each shelter to provide the detox services in the safety of the shelter. The participants felt frustrated when talking about their experiences with victims of trafficking in the public health sector in South Africa.

...greatest need would be to have an intervention where these girls are able to deal with the addiction, because ... when you start getting into crystal meth, you know, already your psychological processing, your cognitive thoughts move in a completely different direction. So, when you're not dealing with trauma, you're dealing with the actual abuse (Participant 4)

The detox from drugs and that was the issue because if you want to take someone to the local hospital... I need to address that it was it was really difficult because then [they] said they don't have beds [for the victims]... and... that was difficult for us (Participant 1)

[health care needs] it's basically the psychological needs and medical needs, some of them were on drugs, and then we're to arrange with, for, for them to receive detox services (Participant 2)

...the second thing was the medical. And then of course, most of them had a substance dependency. And then it was some form of rehabilitation and their program was also a necessity (Participant 3)

In the published literature, by Barrows and Finger (2008) the need for drug detox intervention is not commonly discussed. In fact, the majority of the literature focuses on psychological effects of trafficking compared to physical effects . By using the theoretical framework from this research study; the Biopsychosocial model, it shows the importance of understanding human health and illness in their fullest context. Existing healthcare systems are mostly designed around acute biomedical care models and are struggling to improve patient-reported outcomes due to this. Wade and Halligan (2017) shows that the biopsychosocial model underpins and leads to person-centred care, it also underpins the goal-setting process used in rehabilitation. By using the biopsychosocial model when dealing with victims of trafficking it could help victims deal through all the trauma that they have been through and the effects of each situation, such as the drug use and sexual trauma.

Type of Exploitation

On top of rehabilitation the different healthcare needs of victims changed depending on the type of trafficking. Sex trafficking victims are treated like domestic violence survivors,

however their needs will be different. The participants were able to focus on the physical healthcare needs of the victims depending on the type of exploitation. Physical healthcare issues that victims of sex trafficking would experience include sexually transmitted illness, pregnancy, teenage pregnancy, bruises, cuts, burns and other physical symptoms from the abuse. These healthcare needs are often treated pretty quickly as they are visible to the eye. Whereas the effects of the isolation and domination are rarely discussed or focused on once an individual has been extracted from the situation.

...depended on the type of trafficking. Obviously, sexual trafficking, trafficking for sexual exploitation, a good health examination, looking at sexually transmitted illnesses, looking at pregnancy, looking at HIV/AIDS, which causes the sexually transmitted illness...obviously, pregnancy, and the sad thing to me is sometimes if a child falls pregnant, and has been trafficked for sexual exploitation, then it's almost as though they are punished for the pregnancy, not the person who's trafficked or exploited them (Participant five)

... challenge in the medical, obviously, medical issues, some of them as you know, are exploited sexually. And some... [are/were] pregnant, but we didn't have any victims that came with their children (Participant two)

Well, isolation and domination is probably you know, the two main factors for traffickers. Grooming is what they start early and isolation, meaning not being allowed to go out to schooling not being allowed to leave your home at your own free will. Being enslaved to be able to do menial tasks repeatedly that you did not know or do you did not sign up for, sexual exploitation in terms of being trafficked and prostitution [and] drug mulling. (Participant 6)

Lederer and Wetzel (2014) researched the different aspects relating to trauma and health that the victims experiences during and after human trafficking. These experiences include health conditions, psychological disorders, reproductive issues, violence and abuse and substance abuse. The statements from the participants confirm the study by Zimmerman and Pocock (2013) who looked at physical health conditions and the necessary need for medical treatment, which highlighted the different interventions needed depending on the type of exploitation that the individual went through. The United Nations global report on trafficking

in persons (2020) released statistics stating that 71% of trafficked victims are women and girls, who were sexually exploited. Therefore being in line with the research and participants' understanding of the physical healthcare needs of victims of trafficking.

Emotional care needs

The participants who work with victims of trafficking understood the emotional trauma the victims go through. Including trauma related responses such as PTSD, psychiatric disorders, shame and guilt and suicidal ideation. Participants understand that the trauma these victims go through is not a trauma they themselves know or understand, therefore they highlighted the importance of being trained in this type of field and in trauma informed care. The emotional trauma from the physical abuse and violence lead to major mental health deterioration. Some participants understood that before emotional needs are taken care of, there needs to be a sense of physical security and protection first.

...you can't do anything really, until the person is protected. So, I think protection needs are the kind of most urgent needs when you begin work because if a person is constantly frightened and feels unsafe, to focus on their emotional therapeutic needs is somewhat meaningless because they're unable to make use of what you're offering them. And this is something that I think a lot of people fail to recognize that the kind of emotional need for security, the need for physical security (Participant 5)

...practitioners that say that they work in this space, and they [are] human trafficking experts. And the first thing the woman [victims] say is, how do you know? You know, and it's in that level of, they all say that they open up when there's someone in front of them who has been rehabilitated, or has gone through the process and has come out on the other side. So that's number one. They need to be normalized and validated, but normalized and validated not in events, but in experience (Participant 6)

Lederer and Wetzel's (2014) research discussed the trauma related issues that occurred including forced sex, beating, kicked, threatened and strangled. All which caused psychological issues as a result. The responses from the participants highlighted what Barrow and Finger (2008) found when looking at psychological trauma including: PTSD, guilt, mental health deteriorations and fears around threats against their loved ones, which. Zimmerman and Pocock (2013) noted that to be able to understand these psychological

effects associated with trafficking, it is important to understand the cycle of harm and trauma exposure that these victims and survivors endure. The cycle of harm begins with recruitment, following transit, detention, exploitation and even re-trafficking. Post trafficking includes re-trafficking, integration and reintegration which can cause great risk for victims mental health. The stigma and shame attached to human trafficking, including cultural adaptation can be difficult for the survivors of human trafficking (Zimmerman & Pocock, 2013). The participants did not discuss the cycle of trafficking and its psychological trauma but they did speak in a general sense about the complex trauma.

Medical attention

Participants suggested that the majority of the victims they have met in South Africa, did not seek medical intervention during captivity due to fear of missing work or unable to leave. Majority of the time victims would leave their wounds or healthcare concerns unattended. Participants discussed the range of healthcare needs that would need to be addressed post trafficking, which included old unattended wounds. The participants expressed that the healthcare needs of the victims of trafficking are complicated and are to be looked at through a biopsychosocial model. This is in order to ensure each healthcare need of the individual is assessed.

I think they left it or unattended, because if they didn't work, they were under the influence of something. So, I remember one of them with a burn or a bruise or something on the arm. And that was very neglected. So, we took that one to the local clinic just to help us to...with the dressings and that, but I don't think there is any assistance for them (Participant 1)

Shandro et al (2016) looked at the cases of victims of trafficking seeking medical intervention during their captivity. These types of reports are mostly done overseas and not in South Africa. The reason why these reports are conducted internationally is due to the victims of trafficking needing medical attention for the medical and psychological consequences of assault and neglected health conditions during captivity. Morero and Tseko (2020) addresses the limited research in South African literature around the actual effects suffered by victims of human trafficking. Without this type of extensive research it is difficult to know the extent of medical intervention needed post trafficking.

4.2.3 The role of the social worker/ psychosocial practitioner

The role of a psychosocial practitioner working with victims of trafficking consist of counselling, skills training, liaising with healthcare facilities, prevention/ awareness, family support and assessing the victim. Participants discussed the need for educational training for professionals in hospitals, clinics, police stations and in communities on the issues of trafficking and exploitation. The participants also discussed the different intervention programs that they worked with and the importance of a social worker or psychosocial practitioners within those organisations in the efforts of working with victims of trafficking.

And then, what they also needed was basically, skills training, which is also a challenge... (Participant 2)

...healthcare in terms of the first case, would be a bit of psycho - education with the family. And then from the actual counselling process, and helping her to relieve some of the emotions, some of the bolt up emotions and the feelings (Participant 4)

Lack of education on trafficking and exploitation...as well as a stigma, you know, if you were working in a brothel, you want to be there and you didn't deserve fair treatment because you're chosen to go there. Things like that. So, they don't get the treatment as a regular one [person]. So maybe more education on the issue of child trafficking, sex trafficking and exploitation, as well as possible... possibly having... as you have at the airport, you have people who are educated and aware of what the needs of victims, hospitals, if you could have that done at the same at each government hospital where you have maybe an NGO who works with trafficking survivors in those hospitals (Participant 3)

...my role in it was more the restoration. So I coordinated mainly the spiritual therapy, the creative therapy, physical therapy, as in Zumba, dancing, and, you know, getting out, you know, being active, and then I did the restoration program, which was touching on psychological ... a little bit of inner healing, we're sort of believing in self, dealing with identity, following the 12 step program, you know, that you would normally have in addiction, but we sort of adapted it to sort of, yeah, be suitable for each individual (Participant 3)

Alvarez and Alessi's (2012) research focused on researching the different ways in which we can better equip our services to help with identification and referrals for victims and survivors of human trafficking. This included a victim-centred approach. Social workers have the responsibility to pursue social change and human rights, specifically on behalf of the vulnerable and oppressed (Okech et al., 2018). Social workers are required to educate themselves on the topic in order to spread awareness and help deal with the victims. The biopsychosocial model speaks to the influences that interact with each other over time, and their interconnected nature when understanding a person's health and wellbeing (Lehman et al., 2017). Humanistic qualities are highly valued when working with the biopsychosocial approach. The biopsychosocial approach states that a professional should recognize that relationships are central to offering effective healthcare practices, utilising self-awareness as a diagnostic and therapeutic tool to provoke the client's history in the context of life circumstances.

4.2.4 Challenges in working with victims of human trafficking

Documentation

Some of the biggest challenges that the participants discussed were lack of documentation and the effect this had on medical intervention. This made getting medical intervention and contacting family members difficult. It took a while for victims to feel comfortable to give their real name or details. Trust and safety were big challenges for psychosocial practitioners working with victims.

Documentation is a big one. How are they documented? Is it under their real name? Or is it a pseudo-name? Is there any form of identification? on them? We don't know. You know, do they have an ID number? Are they trafficked from another part of the world? Were they not even documents they undocumented? Illegal in South Africa? Language barrier? Find a lot? Because we do have a lot of sisters that come in from other parts of Africa. There's not always someone available to translate (Participant 6)

...take them to hospitals, didn't have the ID documents or any other documents with them, the registration was a problem...(Participant 1)

Logan et al (2009) addressed the legal issues that victims of trafficking endure, such as they are sometimes forced to commit criminal acts (prostitution), illegal activities (drugs) or use

false documents (fraud). This would cause issues when trying to find victims' families, or open files for them in local clinics or hospitals. These findings are not in line with the initial literature that was reviewed.

Professional rotation

Victims of trafficking come into the recovery process sceptical and scared. It is important for them to have a safe and secure environment where they can form trusting connections. However many public hospitals either have a long waiting list for psychological or psychiatric intervention. As well as they rotate their staff. This causes an issue because these victims and specifically children, need that sense of stability which now they can't get. They also come across stigma or attitude from the frontline workers which affects the healing process.

...public hospitals are often quite problematic because these children need stability. And many of the professionals in the hospital environment rotate on a regular basis sometimes as much as every three months so if you have a child who maybe sees someone once a month, it means that every three months they will be seeing someone else and that can be very problematic for many of these children...[what do you think can help fix this] ...

Oh, stability of health professionals with within the health environment instead of this constant shifting of people around it, and I think that happens more with interns than with permanent staff, but the problem is it's the interns who tend to see the patients, especially children. So, they often get fobbed on to the interns. And the interns are definitely not going to be longer than three months. In most intern situations...(Participant 5)

I think the attitudes of healthcare professionals were sometimes really very difficult. You know, they, how can I say... they'd lacked sensitivity, um, didn't really want to get involved. Um, and, you know, when it comes to medical care in our system...(Participant 5)

Staff rotations are part of a medical practitioner's work. However, in relation to victims of trafficking, this might pose a problem. The responses from the participants showed more challenges that may be overlooked when dealing with victims of trafficking. This was a new

finding for the research that was not found in the preliminary literature that has been reviewed.

Department of Health in South Africa

The Department of Health (DoH) was a main challenge for all participants when it came to meeting the healthcare needs of the victims. Participants had divergent yet similar ideas on how they would want the Department to get involved with victims of trafficking. What was clear, as depicted in the quotations below, is that the involvement of the Department of Health was crucial.

So, if Department of Health could perhaps implement that policy, or draft the policy in that regard, that, you know, the victims must get priority when they come to the local clinic. And that they will be seen immediately when they get there. So, the Department of Health can help in that respect (Participant 2)

[There were] ...little Victim Empowerment wendy houses at all the police station so that when these victims of, of domestic violence that there's a separate place for them to go to, people are trained to how to handle it. So I think the same thing is supposed to happen with Department of Health, that they have people that are trained and that is a separate room where they can take these victims in the moment....(Participant 1)

[Doh] ... Goodness, in big ways, I think, you know, if there's an ER... that then training of the staff having specialized feet on the ground, not being so gung-ho on HPCSA registration, because a lot of the HPCSA professionals that might be registered on the HPCSA are not specialists in this area. So, engaging with your communities, engaging with your wellness counsellors, engaging with your spiritual healers, getting feedback from the sangomas and the chaplains, and the reiki masters and the psychics that might engage with these people more than the doctors and, you know, the psychologist would help, but I think definitely they need ground route changes, training of their medical teams (Participant 6)

Department of Health must be on board so that they know, these are trafficking victims. They are not normal...people that that need normal services. So, they need to have a thorough... medical... assessment. A check-up... it's something like a check-up,

so that, that I can have a doctor that check everything, check all the vitals and test for STDs, and things like that. ... but Department of Health was really one of our biggest challenges. They... we struggle to get them on board (Participant 1)

It needs integrative approaches to be able to assist the client. So from the Department of Health, you know, if they could have at least just a nurse available for a shelter that is being subsidized by the Department of Health, [just like the] Thuthuzela Care Centres (Participant 2)

The lack of intervention and support from the Department of Health in South Africa was a new finding as there was no research on their involvement or lack thereof. The biopsychosocial model is used in all fields of practice, including addiction, mental illness, and human trafficking. The theory behind the model proposes that biological/genetic, psychological, and sociocultural factors contribute to issues including substance abuse and mental illness (Skewes, 2013). The biopsychosocial model has been recognized as vital when analysing disorders as it recognises the impact and influence of biological, psychological, social and cultural influences on the individual (Skewes, 2013). This can be used in the research to understand the disorders that these victims of human trafficking experience and how it impacts and influences their biological, psychological, social and cultural life. It is therefore important for the Department of Health to train their staff on specific trauma informed care directed at victims of trafficking.

4.2.5 Implications of COVID-19 with working with victims of trafficking

COVID-19 pandemic has affected all aspects of human life and living across the globe since the end of 2019. Exacerbating the already challenging risks and vulnerabilities of individuals and communities to trafficking. Some participants who worked throughout the lockdowns that occurred in Southern Africa expressed their frustration with the halt in their work with victims of trafficking and with communities. Participants had to work around even more challenge's regarding their clients, such as higher risk in children trafficking, hospitals unable to treat trafficked victims due to overcrowding, and moving counselling onto online platforms.

I think it's made children more invisible. And, you know, I think the facemask is symbolic of that invisibility. I think we've talked a lot about violence against women. During COVID, we haven't talked a lot about violence against children. And we have to remember that when children don't attend school, and they very rarely attend

school, if they're being trafficked in the traditional way, but are quite likely to be attending school. If they are taken to an abuser maybe once or twice a month, you know, they're quite likely to have what appears from the outside to be a very normal life. Um, yeah (Participant 5)

It has impacted drastically, because obviously we've pivoted to online. Some of the some of the survivors that we meet are not yet out. They still in and so to be able to then say to them, okay, can you meet me in an online platform is not always easy. So, it has definitely put a damper on it. We do have the global trauma response centre, which is an app that we've created, where the human trafficking survivors can come in, they get vetted, and they go into a free app, which is like a virtual room where they can talk to each other. So, we've moved into more like creating social platforms where they can speak to each other like a support group, which has been better, than actually nothing but not enough (Participant 6)

The United Nations Office of Drugs and Crime published a global study on the effects of the COVID-19 pandemic on human trafficking (2021). The study highlighted the exacerbated vulnerabilities that is causing a rise in human trafficking, as well as the new online method that traffickers were using. The study also showed the reduced access to services, such as shelters, hospital admissions, psychosocial services, legal aid and basic needs. Warri (2020) looked at the risks and vulnerabilities linked to COVID-19 during pre-trafficking, trafficking and post-trafficking phases. Concluding with the serious threat COVID-19 has had on organisations and services rendered to these communities. Bain (2020) looked at the pandemic exacerbating the already limited access of healthcare resources for victims of trafficking. The participants however, did not discuss the healthcare issues that occurred during the pandemic.

4.3 Conclusion

This chapter provided insight into the findings together with the themes that emerged during the interviews with the psychosocial practitioners who work or have worked with victims of human trafficking. The data collected further accomplished the objectives of the study. By using the thematic analysis it highlighted the experiences of the psychosocial practitioners that work or have worked with victims of trafficking. Majority of the findings were supported by the literature study, however some themes were not, therefore showing a gap in the research literature in South Africa around this topic.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The following chapter will discuss the summary of findings, conclusions and recommendations for further research. This chapter also includes the limitations of the study that was identified. The study explored the psychosocial participants knowledge and experiences of the healthcare needs of victims of human trafficking in South Africa.

5.2 Aims and objectives

The study aims to explore psychosocial practitioners' views about the health care needs of victims of human trafficking in an organisational setting. To achieve this aim, the following objectives have been formulated:

- I. To examine the understanding of psychosocial practitioners on what trafficking of persons is;
- II. To identify the health care needs of victims of human trafficking from the perspective of psychosocial practitioners;
- III. To examine the role of psychosocial practitioners when intervening with the health needs of victims of human trafficking.

5.3 Summary to the study and findings

5.3.1 Understanding of trafficking in persons

The overall understanding that the researcher achieved from this theme was that the participants have a greater understanding of what trafficking in persons is and the large scale that it could occur from. The participants moved away from the Palermo Protocol (2000) and the United Nations (2021) definition of human trafficking that focuses on the recruitment, harbouring, transporting, supplying a persons for services, but rather they allowed their definition of trafficking to develop throughout their experiences with victims of trafficking in different exploitation environments. The participants looked at the actual factor of being forced into a situation and trapped due to the fear of what could happen to themselves or family members if they tried to leave. The participants discussed the emotional trauma that occurs when victims are unable to leave their situation out of fear. Participants discussed the complications of definition and outlining trafficking with adults as one needs to prove that

they were tricked into the situation, whereas with children you know they can't consent. Participants argued that educating communities, schools, professionals about the wide range of trafficking, can help with identification and avoiding trafficking tactics.

5.3.2 Healthcare needs of victims of human trafficking

The healthcare needs theme was broken up into subthemes. Drug addiction, the type of exploitation, the emotional healthcare needs and medical attention. Each subtheme was discussed throughout the interviews by the participants. Drug addiction was the main healthcare concern, the lack of appropriate rehabilitation centres that were safe or knew how to handle this trauma is limited in the public health sector. So much so that the need for nurses in shelters was highlighted throughout the different participants in their interviews. Detoxing is a difficult experience for these victims of trafficking and need that extra support to keep them safe and take them through that journey before healing can start.

The type of exploitation seemed to decipher the healthcare interventions needed. Victims of sex trafficking needed reproductive healthcare interventions, including medication for STDs as well as psychoeducation, UTIs, pregnancy's and sensitivity over the emotional trauma they've experienced. The health conditions and reproductive issues are explored extensively in research studies. The main issue explored by the participants was the lack of sensitivity in local clinics or hospitals with these victims from the frontline workers. Therefore highlighting the need for training.

The participants discussed the emotional healthcare needs of victims suffering with PTSD and other psychiatric disorders. They also addressed the safety of the victims and the importance of this. The victims need to be protected and feel safe and trust their environment before dealing with their emotional trauma. The type of exploitation that these victims go through causes many trauma related issues. The participants highlighted the different types of trauma that could occur in the different stages of human trafficking.

The participants discussed the lack of medical intervention that victims would seek during captivity due to the fear of being caught. Therefore leaving their wounds untouched until they were rescued and could get help.

5.3.3 The role of the social worker/ psychosocial practitioner

The participants discussed many roles in relation to working with victims of trafficking. These consisted of counselling, skills training, liaising with healthcare facilities, prevention or awareness, family psycho-education and assessing the victim. The participants discussed how there are social workers at every human trafficking shelter in Gauteng, who are in charge of assessing the victim, providing basic necessities, managing family reunifications, keeping

the victim safe and empowering the victim. The participants discussed their role in assisting the individual through the healthcare system, including dealing with stigma, pushing for less waiting times in hospitals and clinics and keeping the individual safe from their traffickers. Participants also worked on holistic interventions and working with communities around the dangers of human trafficking.

5.3.4 Challenges in working with victims of human trafficking

The participants highlighted the lack of documentation as being a big challenge when trying to open files for medical intervention or trying to contact family members. Participants expressed their frustration around this challenge and the lack of support from the Department of Health on such a challenge. Another challenge that was expressed was the lack of stability in the public health system with psychologists and psychiatrists, due to the long waiting lists and professional rotation, it caused issues in building trust and a relationship with the victim of trafficking. The participants spoke to the lack of intervention from The Department of Health. This has been the participants biggest resource challenge and the need for the support from the department is clear. Lastly the lack of financial support is a huge factor when dealing with victims of trafficking.

5.2.5 Implications of COVID-19 working with victims of trafficking

Only some participants were actively working with victims of human trafficking during the outbreak of the COVID-19 pandemic. They highlighted the difficulties of having to adapt to the lockdowns and the new online platforms. A lot of the prevention work or in-person work was put on hold, making it difficult for victims to find the right resources for help. Schools were closed which meant that many more children were more vulnerable than before. It's been a difficult experience for these psychosocial practitioners and the victims of trafficking. More emphasis needs to be explored on the healthcare needs of the victims of trafficking during COVID-19 and how the waves affect the needs of the victims.

5.4 Conclusion

The study found that the psychosocial practitioners who work with victims of trafficking had a better understanding of the way in which the victims are exploited, the trauma they experience and the understanding on the differences in dealing with children and adult human trafficking. The healthcare needs of the victims showed that drug rehabilitation is of uttermost importance when dealing with a victim of trafficking right after captivity. The evidence from the study indicates that victims experience complex trauma based on the type of exploitation they suffered. The emotional trauma that victims endure are PTSD and other

psychiatric disorders, the issue that the participants expressed is the lack of resources and knowledge in public health systems to be able to help with such trauma. The study revealed that there are many roles that the psychosocial practitioners have in relation to working with trafficking victims, they expressed the need for more resources and support from different stakeholders to be able to grow and achieve their roles in this setting. The study also highlights the challenges that occur when working with victims of human trafficking, including lack of documentation, professional stability in the public health system and the need for more support from the Department of Health.

5.5 Recommendations

The findings and conclusions of this study informs the following recommendations:

I. Social work practice

The research study revealed that due to the nature of human trafficking, the complexities and trauma experienced, it is important to have additional training for social workers, psychosocial practitioners and frontline workers. The social work degree should include how to perform trauma-informed care specifically with victims of trafficking, as well as how to run skill training workshops for other practitioners or community members. There is a need for social workers to be on the ground, in hospitals and clinics assessing individuals who may be suspected of trafficking or a known victim of trafficking.

II. Future research

Research should be conducted to have a more in-depth understanding of the healthcare needs of victims of trafficking from victims of trafficking themselves, specifically in South Africa. Furthermore there is a need to investigate the hospitals and local clinics on their procedures when working with a victim of trafficking and the identifying factors that could play a role in identifying and rescuing an individual from the captivity of a trafficker. The effects that COVID-19 has had on the healthcare needs, the admissions into hospitals, the vaccine and increased risk of catching coronavirus needs to be explored in more depth in relation to this topic.

III. Trafficking policy

The South African Prevention and Combating of Trafficking in Persons Act 2013 (PACOTIP) and the Department of Social Development's regulations against human

trafficking are expected to guide social workers through the services they are meant to render to victims of human trafficking. The PACOTIP seeks to ensure all government departments and other stakeholders are collectively guided in the implementation of anti-trafficking responses as their statutory responsibilities (UNODC, 2013). Hospital and clinic policies need to be updated to include an identifying checklist for frontline workers to assess their patients in the case of suspected trafficking. Furthermore, policies need to be put in place for frontline workers to have extensive training on human trafficking, how to assess the victim and how to provide trauma informed care.

5.6 Conclusion of the study

Human trafficking is a social issues across the globe, requiring many psychosocial professionals and government officials to work together to combat human trafficking. The study revealed the importance of having an in-depth understanding of the needs of victims of trafficking in order to be able to provide them with the correct resources for a higher chance of integrating back into society post captivity. The study also highlighted the importance of being able to shine a better and brighter light on human trafficking in order to educate communities and professionals on the risks of human trafficking and the identifying factors that could lead to being trafficked. The role of the social worker and other psychosocial practitioners who work with victims of trafficking includes counselling the victim and their family, assessing the victim for medical needs that may need intervention, skill development, community development and facilitating reintegration. The vast role of the psychosocial practitioner shows the increased need for better funding, support from the Department of Health in regards to getting hospitals and clinics equipped to handle victims of trafficking and help with employing nursers within human trafficking shelters. Due to the fact that there is lack of research on the specific healthcare needs of victims of trafficking, there is room for improvement in research and policy making regarding the victims of trafficking.

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APPENDIXES

APPENDIX A: Interview Schedule

Title: Health care needs of human trafficking victims: Exploring views of psychosocial practitioners in organizational settings.

Researcher: Paula Levitt

Demographic Information:

Pseudonym:..... **Gender:**

Age: 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55 and older

Psychosocial specialization: Counsellor | Social Worker | Psychologist | Other.....

Total experience as psychosocial specialist: (years/months)

Length working with victims of trafficking:.....(years/months/weeks)

Interview questions:

Briefly tell me about the work that you do in relation to victims of trafficking?

Objective 1: To examine the understanding of psychosocial practitioners on what trafficking of persons is;

1.1 How do you define human trafficking? Explore: scope

1.2 What types of exploitation have you encountered with the victims of trafficking that you have worked with in the past and currently? Explore: most common type of trafficking, age, gender, nationalities etc.

Objective 2: To identify the health care needs human trafficking from the perspective of psychosocial practitioners

2.1 What kind of needs do victims of trafficking, that you have worked with, mainly present with? Explore: social, legal, economic, psychological etc.

2.2 Can you tell me more about the healthcare needs that victims often present with? Explore: examples of physical ailments, how do some present, how are they managed in study participants' organizations etc.

2.3 How do you assess for health care needs of victims? Explore: at what point is a medical assessment done or should be done? By who?

2.4 What are some of the challenges you have encountered in ensuring that the healthcare needs of victims are taken care of? Explore: multiple illnesses, financial, willingness of client, lack of access to facilities etc.

Objective 3: To examine the role of psychosocial practitioners when intervening with the health needs of victims of human trafficking

3.1 Please take me through some of your roles in relation to health care needs/ solutions of victims of trafficking at different stages of their recovery

3.2 Who are the main stakeholders that you refer clients to have their healthcare needs addressed? Explore: Success, challenges etc.

3.3 How has COVID-19 impacted the health and well-being of victims of trafficking?

3.4 What role can the Department of Health in South Africa play towards assisting victims of trafficking?

Is there anything else that I haven't asked you about, which is important for this study and you would like to share?

☺ Thank you for your participation!



APPENDIX C: Participant information sheet

Title of the project: Health care needs of human trafficking victims: Exploring views of psychosocial practitioners in counter-trafficking organizational settings in South Africa

Name of researcher: Paula Levitt

To Whom it may concern

My name is Paula Levitt and I am a 4th year Social Work student at the University of The Witwatersrand, Johannesburg. As part of the qualifications for the social work degree that I am pursuing, I am conducting research concerning the healthcare needs of victims of human trafficking, under the supervision of Dr Warriia. The aim of this research project is to explore psychosocial practitioners' views about the health care needs of victims of human trafficking in an organizational setting.

As part of this research, I would like to invite you to take part in an interview. This interview will involve you answering a set of questions on an online platform (Microsoft teams, Zoom or Skype) or on your cell phone for around 45-60 minutes. With your permission, I would also like to audio record the interview to ensure the content of the interview for accurate referencing when writing the report. The recording will be on a digital device and will be stored on an external hard-drive that only the researcher and their supervisor will have access to. The recordings will be deleted after 2 years if there are any publications emanating from the study.

The only personal cost for you as a participant participating in this study will be the data costs of the online interview, data can be provided if you do not have any, and I can phone you if you prefer to be interviewed on your cell phone. You will not receive any direct benefits from participation and there are no disadvantages or penalties if you do not choose to participate, or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to.



The interview will be completely confidential and anonymous - there will be no identifying information asked or represented either. If confidential information is shared, it will be withheld when compiling the report and journal publications or conference presentations. All information given will be held securely. I will be using a pseudonym (false name) to represent your participation in my final research report. Additionally the name of your organization will also not be mentioned in any reports or presentations. If you experience any distress or discomfort at any point in the process, we will stop the interview or resume at a later stage. If you are in need of some support or counselling services following the interview, I have organized free counselling through a qualified social worker. Her details are as follows: Tayla Blumenfeld; 078 860 5404 (cell).

This study will be written up as a research report, and it will be available online through the university library website. If you wish to receive a summary of the report, I will be happy to send it to you. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za. If you have any questions during or after about the research you may contact me on the details provided below.

Yours Sincerely,

Paula Levitt | Fourth Year Social Work Student

Department of Social Work | University of the Witwatersrand

Email: 1644934@students.wits.ac.za | Cell: 0826027739

Research Supervisor:

Dr Aijwang Warria | Senior Lecturer

Department of Social Work | University of the Witwatersrand

Email: Aijwang.Warria@wits.ac.za

APPENDIX D: Peer Debriefing Confidentiality Form

I, the undersigned _____ hereby undertake that anything that I hear, read or learn in the process of being a peer debriefer for this research study will be treated by myself as confidential and will not be shared on any platform, with anyone and without the consent of the parties involved.

Name and surname _____

Signature _____

Date _____

APPENDIX E: Ethics clearance



DEPARTMENTAL HUMAN RESEARCH ETHICS COMMITTEE (SOCIAL WORK) CLEARANCE CERTIFICATE

Protocol number: SW21/08/01

Project title: Health care needs of human trafficking victims: Exploring views of psychosocial practitioners in counter-trafficking organisational settings in South Africa.

Researcher/s: P Levitt, student number: 1644934

School/department: SHCD Social Work

Date considered: 13 August 2021

Decision of the committee: Approved (Low Risk)

Date ratified: 17 September 2021

Expiry date: 30 September 2024

Date: 09 October 2021

Chairperson: Prof E. Pretorius

Cc: Supervisor: Dr Ajwang' Warria

Declaration of researcher(s)

To be completed in **DUPLICATE** and **ONE COPY** returned to the Administrative Assistant, Room 8, Department of Social Work, Umthombo Building Basement or e-mailed to Fezile.Ndebele@wits.ac.za

I/We fully understand the conditions under which I am/we are authorised to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the committee. **For Masters and PhD an annual progress report is required.**

SIGNATURE

-----/-----/-----
DATE

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

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