

LIFELINE: A QUALITATIVE ANALYSIS OF THE INTERVENTION AND
REINTEGRATION EXPERIENCES OF HUMAN TRAFFICKING SURVIVORS AND AT-
RISK WOMEN IN GHANA

By

Giselle Marissa Balfour

(Under the Direction of David Okech)

ABSTRACT

Purpose. As knowledge of the causes and consequences of human trafficking continues to grow globally, it has become evident that the needs of survivors and vulnerable women and girls are numerous, and the process of restoration and reintegration can be quite challenging. Hence, there is an emerging and increasing need for evidence-informed assistance programs that help survivors and vulnerable women and girls to alleviate the factors that contributed to their exploitation or risk and avoid victimization/re-victimization. Consequently, the purpose of this analysis was to document the intervention and post-intervention experiences of trafficked and vulnerable women in Ghana in order to ascertain the program's impact on their lives and their circumstances. The study also documented the women's recommendations for improving the services provided to other women in similar circumstances. **Method.** This study employed a secondary qualitative analysis of the in-depth, face-to face interviews of 37 Ghanaian women who participated in a 9-month residential program in Agbogbloshie, Ghana. Data analyses were conducted using the primarily inductive process associated with thematic analysis. Themes and sub-themes were extracted. **Findings.** Results showed that most participants found the program

to be beneficial, specifically in assisting them to attain their goals: a) to learn a new skill that would increase their employability, b) to improve their lives, and 3) to negate negative attitudes (stigma). Participants also shared several recommendations to assist in improving services to other women and girls. **Conclusion.** Despite experiencing challenges during and after the program, Lifeline's program had an overall positive impact on the lives of all participants.

INDEX WORDS: Human Trafficking, Human Trafficking Interventions, Post-Trafficking Outcomes, Poverty Alleviation, Skills Training, Qualitative Study

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DEDICATION

This dissertation is dedicated to my biggest supporters, my family – Kenrick Balfour, my dad, Gemma Balfour, my mom and Marcus Balfour, my one and only brother. I could not have made it through this process without your prayers, love, encouragement, support and unwavering belief in me. You helped me to overcome my fears and gave me the courage to keep going even when the pressure intensified. Thank you for being my biggest cheerleaders and for loving me unconditionally. I also dedicate this to my most amazing nieces and nephews – Jahmaiah, Ja’nae, Jeziah and Makaelun. Although this was one of the most difficult things I have ever done in my life, I did not give up because I wanted to provide the best example for you. I love you more than you will ever know. I hope you read this one day and it encourages you to dream big, work hard, and trust God!

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	v
LIST OF TABLES	viii
LIST OF FIGURES	x
CHAPTER	
1 INTRODUCTION	1
Statement of Purpose	2
Study Purpose	4
Research Questions	4
Brief Methodology	5
Significance of Study	5
2 LITERATURE REVIEW	8
Review Process	8
Community Reintegration	10
Service Needs of Trafficking Survivors and Persons At-Risk for Trafficking	16
Services Provided to Survivors	22
Services Provided to At-Risk Individuals	27
Chapter Summary	30
3 RESEARCH METHODS	32
Study Purpose	32

Research Questions	32
Methodology	33
Chapter Summary	48
4 RESEARCH FINDINGS	49
The Participants	50
Major Themes	79
Chapter Summary	121
5 DISCUSSIONS, CONCLUSIONS, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS	122
Discussions and Conclusions	122
Limitations	140
Implications and Recommendations	142
REFERENCES	147
APPENDICES	
A INTERVIEW GUIDE	171
B PERMISSION TO REPRODUCE FIGURES	174
C COUNTRY PROFILE - GHANA	178

LIST OF FIGURES

	Page
Figure 1: Literature Review	9
Figure 2: Continuum of Care Model for Sex Trafficking Survivors	25
Figure 3: Human Trafficking Service Needs by Outcome Areas	41
Figure 4: Ten Guiding Principles for Ethical and Safe Conduct of Interviews with Women Who Have Been Trafficked	47
Figure 5: Pie Chart of the Distribution of Participants' Region of Origin.....	51
Figure 6: Bar Chart of the Distribution of Skills among Participants.....	52
Figure 7: Participants' Demographic Profile	76
Figure 8: Themes and Sub-Themes	80
Figure 9: Risk Factors, Services and Outcomes	126

CHAPTER 1

INTRODUCTION

Human trafficking is a multi-billion-dollar global industry (Polaris, 2017) that involves the exploitation of vulnerable and oppressed individuals, and the abuse of some of their most fundamental human rights. The United Nations Office on Drugs and Crime (2016) reported that human trafficking takes various forms including: sexual exploitation, forced labor, being used as beggars, forced or sham marriages, benefit fraud, production of pornography, and organ removal (UNODC, 2016). End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT-USA, 2016) stated that sexual exploitation is the most common form of human trafficking (79%), and estimates indicate that women and girls comprise 70-80% of trafficked persons internationally (Conahan & Kyere, 2010; Hodge & Lietz, 2007; U.S. Department of State, 2014).

Human trafficking is an issue of social injustice and an egregious violation of human rights (Amahazion, 2015; Birkenthal, 2011; Budiani-Saberi & Columb, 2013; Chibba, 2014; Conahan & Kyere, 2010; Haddadin & Klimova-Alexander, 2013; Rafferty, 2016). It exposes victims to extreme physical and psychological trauma and denies their fundamental right of freedom (Birkenthal, 2011). Moreover, individuals from populations made vulnerable through economic injustice, racial or ethnic oppression, gender discrimination, or any number of oppressions, are often targeted by traffickers (Flores, 2009).

Throughout their exploitation, trafficked persons experience emotional, mental, physical, and sexual abuse, which often manifests into long-term consequences such as depression,

emotional trauma and psychological problems, sexually transmitted diseases, and physical challenges. These experiences can negatively impact survivors' ability to recover and reintegrate into their communities after being removed from the trafficking situation. Additionally, studies show that many trafficked persons lack education and/or professional skills, which contribute to difficulties in finding employment post-trafficking (Birkenthal 2011). Moreover, the stigma associated with being trafficked often prevents survivors from seeking assistance in their recovery, making the reintegration process even more complex.

Given the number of challenges experienced by trafficking survivors both during and after their exploitation, it is critical that effective programs are developed and implemented to address their many needs. However, a review of the human trafficking literature indicated a paucity of evidence-based programs that offer reintegration assistance to trafficked persons. This is quite alarming given the consequences of trafficking for the survivors as well as their communities. This dissertation is therefore both timely and critical to the advancement of knowledge about survivors' experiences after returning to their communities and the development of evidence-based programs to assist in their successful reintegration.

Statement of the Problem

In countries or regions of origin, abject poverty, a lack of political, economic or social stability in the country, a shortage of job prospects, occurrences of armed conflict or oppression, domestic violence, gender discrimination, and a lack of access to education, increases the vulnerability of individuals to human trafficking (Birkenthal, 2011). In destination countries, trafficking is fueled by an increased demand for cheap laborers in the construction, agricultural, and industrial sectors, and a rise in the demand for sex workers in a highly profitable and globalized sex industry (Birkenthal, 2011). According to Jones, Engstrom, Hilliard and Diaz

(2007) traffickers capitalize on these factors to recruit victims. They use the promise of a better life and increased opportunities to lure victims into human trafficking who are typically poorly educated, naïve, and in dire economic circumstances (Jones et al., 2007).

In West Africa, Ghana is a source, transit route, and destination country for the trafficking of girls and women (Okech & Danikuu, 2017; US Department of the State, 2014). While some Ghanaian women and children are trafficked to neighboring countries for labor and sexual exploitation (Anarfi, 1998; Okech & Danikuu, 2017), others are trafficked to Europe and forced into prostitution (ILO, 2003; Okech & Danikuu, 2017). Furthermore, Ghana is a transit route for Nigerian women trafficked to Italy, Germany, and the Netherlands for commercial sex and Togolese young women are trafficked as prostitutes to Ghana (Okech & Danikuu, 2017).

Poverty is typically one of the main causes of trafficking in Ghana as victims are often lured into exploitative situations with the promise of a better life (Baumann, 2007; Okech & Danikuu, 2017). For example, according to Okech and Danikuu (2017), girls from Northern Ghana are regularly recruited as domestic workers and street peddlers through false promises of employment in metropolitan areas like Accra, Ghana's capital. After being recruited however, these girls do not receive compensation for their work and they are often forced to exchange sexual favors for food and shelter (Okech & Danikuu, 2017; Sertich & Heemskerk, 2011).

Non-governmental organizations (NGOs) are leading the efforts to provide restoration and reintegration services for trafficking survivors in Ghana (Okech & Danikuu, 2017). One such NGO is *Lifeline*, a residential program that seeks to reintegrate trafficked girls into their communities. The program has been in existence since 1998 but to date there has been no formal reports on the outcomes experienced by clients after leaving the program. As such, this study sought to examine the experiences of survivors of human trafficking in Ghana at Lifeline and

their experiences after leaving the program. It also identified additions and amendments to services that these survivors recommended for improved reintegration assistance.

Study Purpose

The purpose of this study was to document the experiences of at-risk women and trafficking survivors at Lifeline, their experiences after leaving the program, and their recommendations to improve the services provided to other women in similar circumstances.

There were three aims to this study:

- i. To explore the ways in which former Lifeline participants described their experiences during and after the intervention.
- ii. To provide an opportunity for trafficking survivors and women who were formerly identified as vulnerable or at-risk for trafficking to contribute to knowledge building around targeted interventions by presenting their lived experiences.
- iii. To help improve intervention practices to prevent trafficking of at-risk women and girls and re-trafficking of survivors.

Research Questions

This study was guided by the following three exploratory research questions:

1. How do trafficking survivors and at-risk women in Ghana describe their experiences in Lifeline?
2. How do trafficking survivors and at-risk women in Ghana describe their experiences after exiting Lifeline?
3. What recommendations do trafficking survivors and at-risk women in Ghana make for improving Lifeline's services to assist other women in similar circumstances?

Brief Methodology

This study employed a secondary qualitative analysis to address the above-mentioned questions. Qualitative data was collected through interviews of 37 Ghanaian women who participated in Lifeline's program between 2009 and 2015 and were either formerly identified as at-risk for human trafficking or were survivors of trafficking. Themes were extracted from the data collected from the in-depth interviews. Chapter 3 of this dissertation presents the methods utilized in greater detail.

Significance of the Study

In addition to providing a voice to vulnerable women and trafficking survivors in Ghana, this study has the potential to lead to contributions to knowledge building (substantive and theoretical), policy development, and social work practice.

Substantive Contributions. This study is particularly significant as it helps to bring clarity to how human trafficking is defined in the Ghanaian context. That is, although there are general definitions of human trafficking provided by the United Nations and other international bodies, the reality of trafficking varies in different settings. As such, understanding the various nuances is important to effectively educate the public and provide appropriate services for survivors.

Additionally, this study addresses a major gap in the body of literature on human trafficking – the intervention and reintegration experiences of women and girls who have been trafficked. These experiences impact the life outcomes for these survivors and ultimately, the society at large. As such, this study has the potential to not just add to the body of knowledge on this issue but to also influence policies and program planning to more effectively aid trafficking

survivors in their restoration.

Theoretical / Conceptual Contributions. The experiences of trafficked and vulnerable women as elucidated in this study can lead to the development of a new theoretical model that explains the factors that contribute to the successful reintegration. This study lays the groundwork upon which further research can be built and ultimately leads to theory development. This is important as theory helps to build knowledge and shapes how people view and understand a phenomenon. By contributing to the building of theory, this study in many ways will help to build knowledge and expand understanding of this social issue.

Policy Implications. There is an increasing need to understand every aspect of human trafficking to expand awareness while also developing and refining policies and programs to prevent, treat, and eliminate human trafficking. While major strides have been made in developing policies to help survivors, there are still gaps in services where policies are needed to help in their treatment and reintegration. This study sought to provide greater knowledge and understanding of the short and long-term consequences for the survivors and their communities. Given this, it is my hope that this study provides the impetus for further studies in this area with trafficking survivors and vulnerable women and girls, which could then influence policies and programs to help reduce the barriers they face after they are identified.

Implications for Social Work Practice. One positive consequence of the growing awareness of human trafficking, is the growth in survivor detection rates. However, as more survivors are identified each year, there is an accompanying need for specialized interventions that serve the specific needs of this population. Thus, it is imperative that social work practitioners and administrators are equipped with knowledge of promising practices to

effectively assist survivors in their restoration and reintegration. Further, there is also an increasing need for prevention programs that identify individuals who are most vulnerable to trafficking (based on risk factors identified in the literature) and provide targeted programs to help mitigate their risks. As such, this study has the potential to contribute to the amelioration of Lifeline's human trafficking interventions efforts and perhaps other similar programs around the world through the knowledge provided by the descriptions of participants' intervention and post-intervention experiences.

CHAPTER 2

LITERATURE REVIEW

Review Process

The main objective of this review was to assess the currently available literature to determine the service needs of survivors and persons at risk for trafficking, the barriers to reintegration and the types of services currently available to assist survivors and at-risk persons. The following questions were central to the review: *What are the challenges / barriers trafficking survivors experience in reintegrating into their communities? What are the service needs of survivors and persons at-risk for human trafficking? What types of services are currently being provided to survivors and persons at risk for human trafficking?*

Selection Criteria

This review focused on human trafficking globally, which included trafficking of adults and children for labor and sexual purposes. There was no time limit on the search, however all documents included in the review were published between 2000 and 2017. Article searches were completed through electronic databases PUBMED, PsycInfo, and Social Services Abstracts. In order to ensure that this process was as comprehensive as possible, the PRISMA search and selection process for systematic reviews was followed. The searches were conducted using the following keywords: “human trafficking” AND “interventions,” “human trafficking” AND “programs,” “human trafficking” AND “services,” “human trafficking” AND “reintegration” and “human trafficking” AND “prevention.” The results are depicted in Fig. 1 below.

Methodological Limitations

Although every effort was made to reduce the risk of bias in this review, several limitations exist. First, despite the comprehensive nature of the review, it is likely that there were some publications pertinent to the study that were inadvertently omitted due to limitations within the database search itself and/or the keywords used. Also, the articles were assessed solely based on the inclusion criteria, and reviewed by only one person. Finally, this review did not include documents written in languages other than English.

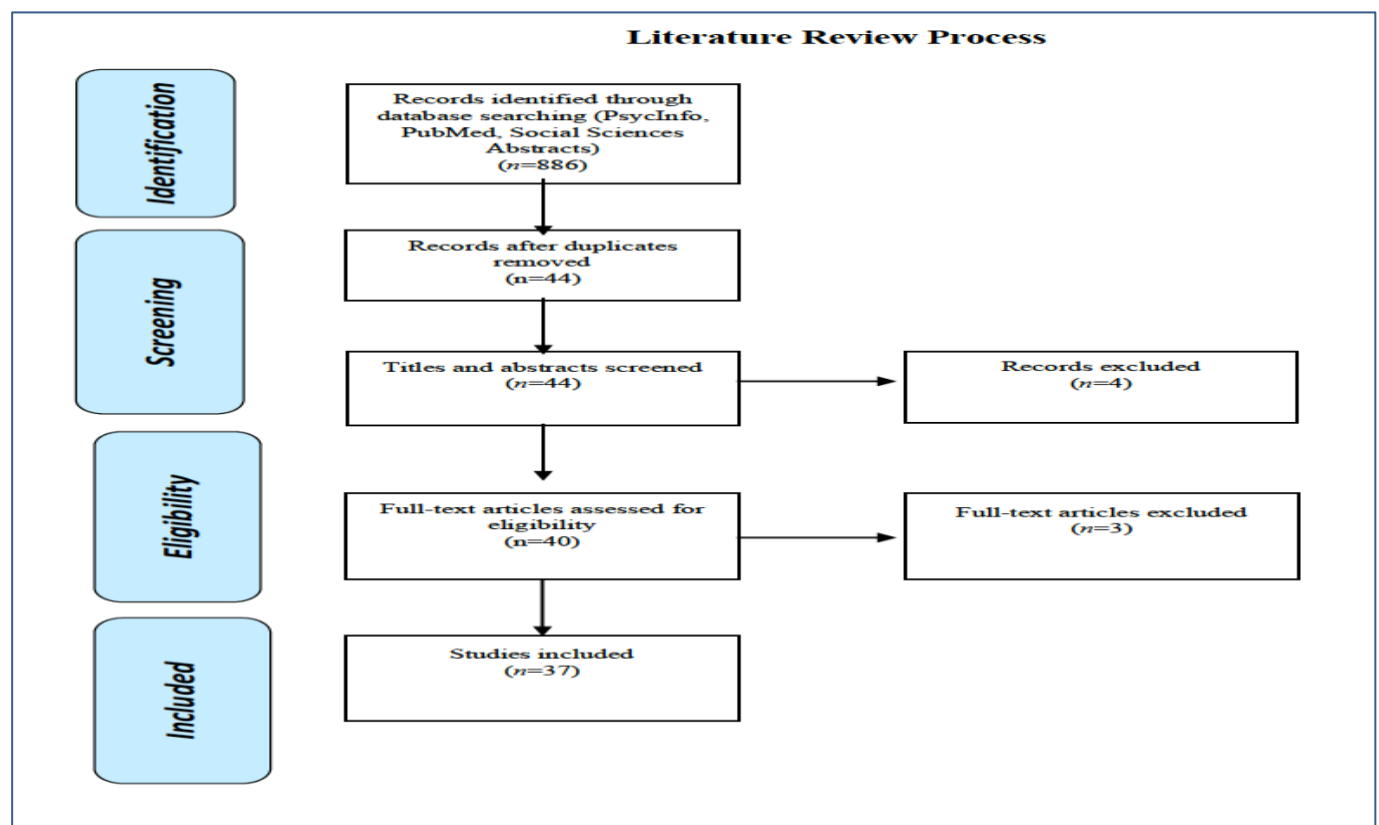


Figure 1. Search and Selection Process. Adapted from PRISMA Flow Diagram for scoping review process. PRISMA, Preferred Reporting Items for Systemic Reviews and Meta-Analyses.

Results

The search strategies used in this review resulted in 37 documents that focused on human

trafficking interventions and the reintegration of survivors. These articles varied widely in terms of their discussions foci. That is, while some focused on specific interventions, others spoke more broadly of the needs of survivors and the challenges they experience in attempting to reintegrate after exiting trafficking. Eleven articles focused specifically on child sex trafficking and an additional seven articles focused on sex trafficking survivors in general. Although gender was not included in the selection criteria it is noteworthy to point out that only one article discussed male survivors of trafficking while all others focused on women and girls. This exposes a major bias in the literature on human trafficking, which ordinarily would present several challenges. However, given that the current study focused specifically on female trafficking survivors, this issue will be set aside at this time.

Community Reintegration

The United Nations defines human trafficking as “the recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation” (UNODC, 2007, p.1). Reintegration / integration, therefore, is the process of recovery and economic and social inclusion following a trafficking experience (Surtees, 2017). The European Council on Refugees and Exiles (ECRE, 2002) describes integration / reintegration as:

“long-term and multidimensional stages of either integrating into a host country [or reintegrating into a home country setting], which are not achieved until the individual becomes an active member of the economic, cultural, civil and political life of a country and perceives that he or she has oriented and is accepted.”

Whether trafficked persons integrate into the host country or reintegrate into their home country, they share important similarities in their experiences such as stigma, risk of re-

trafficking, psychological trauma, and difficulty accessing services (Zimmerman, Hossain & Watts, 2011). However, trafficked persons who choose to integrate often encounter barriers to care and stressors comparable to those experienced by refugees and asylum-seekers (Zimmerman et al., 2011). These include high levels of social exclusion, discrimination, and lack of access to health services (Steel et al., 2006; Zimmerman et al., 2011). Survivors who repatriate to their home countries, however, return to the same difficult conditions they left (for example, poverty, unemployment, family conflict) which is compounded by trauma, health problems, and a lack of finances (Zimmerman et al., 2011). This study will focus specifically on the reintegration of trafficking survivors to their home country.

Surtees (2017) posited that reintegration after trafficking is a long-term process wherein trafficked persons pass progressively through stages that cumulatively result in recovery and reintegration. It is a complex and multifaceted process that encompasses a safe and secure environment, access to a reasonable standard of living, mental and physical well-being, opportunities for personal, social, and economic development, and access to social and emotional support (Surtees, 2017).

Although research on human trafficking has increased in the last decade, reintegration after trafficking has been under-researched (Surtees, 2017). Survivors' perspectives are generally absent from the peer-reviewed literature (Flynn, Alston, & Mason, 2014; Hodge, 2014; Kotrla, 2010; Roby et al., 2008), which has resulted in a lack of understanding about the challenges they face (Okech, Morreau & Benson, 2011). This is largely due to the many logistical and ethical challenges involved in finding and interviewing trafficked persons. However, due to the complex nature of the trafficking experience, research to develop effective services for victims should incorporate survivors' perspectives (Hodge, 2014).

Trafficked persons endure exploitation and trauma which necessitates access to specific recovery services (Okech, Morreau & Benson, 2011). These services, according to Okech et al. (2011), should be made available from the moment individuals are identified as victims of trafficking to the point where they are self-sufficient and in good psychological and physical health. Moreover, effective survivor services should be geographically accessible, community based, comprehensive, affordable, and provide for the material needs of survivors (Beck et al., 2016; Gebre, 2012; Jones et al., 2014).

Barriers to Reintegration

The reintegration process begins at the time of identification and continues until the survivor can rebuild his / her life outside of trafficking (Andreatta, 2015; IOM, 2013). However, many survivors face numerous challenges that impede their ability to successfully transition to life outside of trafficking. These include: social stigma, lack of professional and life skills, emotional trauma and other psychological problems, physical injuries, employment and financial problems, lack of community resources, ongoing family problems and their own trauma (Gjermeni et al., 2008; IOM 2007; Lyneham, 2014).

In their study on the reintegration of trafficking survivors in Nepal, Crawford and Kaufman (2008) highlighted an ongoing debate about whether it is possible to reintegrate trafficking survivors into society. The authors stated that this debate has been fostered by the almost total lack of empirical data on how often reintegration efforts succeed and evidence on what factors are related to positive outcomes (Crawford & Kaufman, 2008). Some within the development community, according to Crawford and Kaufman (2008), believe that reintegration efforts are largely futile and that all anti-trafficking interventions should be aimed at prevention

and prosecution of the perpetrators, while many service providers believe that reintegration, though difficult, can be achieved with sufficient preparation and support.

Thus, studies such as the one proposed in this paper are critical to the building of knowledge on the reintegration experiences of survivors and the factors that contribute to positive (and negative) reintegration outcomes. These studies not only help to build knowledge but they also shore up arguments in favor of the provision of vital services for survivors.

Stigma. One of the biggest barriers to the reintegration of human trafficking survivors is stigma (Crawford & Kaufman, 2008; Dahal et al., 2015; Surtees, 2017). In fact, many survivors, particularly of sex trafficking, choose to stay in foreign destination countries with no family or support systems simply to avoid the social stigma in their communities of origin (Brunovskis & Surtees, 2012; Derks, 1998; Jayagupta, 2009). Those who do return face gossip, stigma, and discrimination in their community (Surtees, 2017). They are forced to go to great lengths to hide their experiences, even from immediate family members, to avoid being blamed or viewed as a ‘prostitute’ (Brunovskis & Surtees, 2012).

When women and girls have been sexually exploited, it is very difficult for them to regain acceptance in their communities (Crawford & Kaufman, 2008). In Nepalese society, survivors have a very low probability of ever getting married (a cultural imperative for Nepali women) and are often isolated (Crawford & Kaufman, 2008). Further, in a study done in Vietnam, Le (2017) reported that locals consider human trafficking to be a “social evil,” comparable to prostitution, pornography, premarital and extramarital sex, drug and alcohol addiction, etc. As such, trafficking survivors often reported feeling socially and emotionally isolated (Le, 2017).

Studies also found that the families of survivors have also been disgraced and isolated because of being associated with a trafficked person (Crawford & Kaufman, 2008; Dahal et al., 2015; Gjermeni & Van Hook, 2012; Le, 2017). Consequently, family members often reject the trafficking survivor in order to maintain their social status in their community (Dahal et al., 2015; Hennink & Simkhada, 2004). In some instances, the rejection caused by the stigma forces survivors to flee from their communities and return to the sex trade (Dahal et al., 2015).

Family dynamics. Surtees (2017) posited that family can be both facilitators and inhibitors of the reintegration process. According to Brunovskis and Surtees (2012), survivors' family situations are major determinants in their ability and willingness to participate in assistance programs as some survivors must provide for family members or cannot be away from dependents who require care. As such, it is often necessary for assistance programs to make provisions for family members such as childcare in order for some survivors to be able to participate (Brunovskis & Surtees, 2012).

Further, reintegration is often impeded by tension between the survivor and her family members. Brunovskis and Surtees (2012) found that tension in families post-trafficking is often connected to the expectations that families have for the survivor (and vice versa) that are difficult to fulfill and become sources of conflict. This is particularly acute when family members have cared for the victim's child(ren) in the trafficked woman's absence (Brunovskis & Surtees, 2012). In their study, Beck, Choi, Munro-Kramer and Lori (2016) found that families were disappointed when survivors returned to Ethiopia without having achieved economic success and viewed them as worthless members of society who could not be rehabilitated.

Finances. Another barrier to reintegration, and a major cause of tension between survivors and their families, is finances, or the lack thereof (Brunovskis & Surtees, 2012). Le

(2017) reported that in addition to emotional and psychological fears, trafficking survivors also worried about their economic conditions. This is because their poor economic situations often make it difficult to support themselves thereby hindering their ability to successfully reintegrate into the community (Gjermeni & Van Hook, 2012). Additionally, there is often tension within the survivors' families as both the trafficked women and their families had expectations of the women returning with savings or remitting money while away (Brunovskis & Surtees, 2012). The failure to do so causes considerable resentment and despair at their financial situation (Brunovskis & Surtees, 2012).

Health. Due to the emotional and physical violence experienced while being trafficked, many survivors return home physically injured, pregnant, or having acquired an illness. Any of these conditions can prohibit the survivor from working or being able to take care of her children. This can result in an additional strain on the family finances particularly when the survivor requires ongoing medical treatment (Brunovskis & Surtees, 2012).

Sense of Self. Yet another challenge to the reintegration process is the fact that some trafficking survivors, particularly sex trafficking survivors, have trouble in constructing their own identities, other than as a sexual object, which exacerbates their isolation and rejection (Dahal et al., 2015). According to Le (2017), human trafficking disrupts the women's previously known roles and personhood. Further, due to the trauma experienced and the uncertainty of their living situations while being trafficked, survivors often must navigate a process of reconstructing a sense of self and exhibit coping strategies to re-situate their understandings of self in the context of their changing environment (Le, 2017).

This is an exceptionally challenging process particularly for women who were trafficked by family members. These women must "reconcile the supposedly protective kinship

relations with the reality that these connections had betrayed them” (Le, 2017, p. 512). As Le (2017) stated, these factors contribute to women’s conflicted understandings about kinships, their sense of confusion, loss of belonging, and mistrust in others as they were displaced into foreign environments.

Lack of access to / information about services. The lack of access to services (Surtees, 2017) and/or the lack of information about available services is yet another critical barrier to reintegration (Dahal et al., 2015; Dewan, 2014). In her study on reintegration in Southeastern Europe, Surtees (2017) found that there was inadequate provision of reintegration assistance for children and their trafficked mothers in some instances, and an uneven geographical distribution of services in others. This meant that many survivors were unable to access much needed services, which ultimately impacted the ease with which they could reintegrate into the community.

In terms of the lack of information about programs, Dewan (2014) posited that referral sources are critical in creating awareness among trafficking survivors. Findings from Dewan’s (2014) study suggest that social workers have a significant role in identifying trafficked persons and relaying information about existing available services. Given the multiple needs identified in this paper along with many others, it is necessary for survivors to be made aware of available services in order to increase the likelihood of successful reintegration and reduce opportunities for re-victimization.

Service Needs of Trafficking Survivors and Persons At-Risk for Trafficking

The human-rights-based approach to human trafficking an individual’s right to be protected (Raffety, 2013). Therefore, both those at risk for trafficking as well as those who have been trafficked should be identified, their entitlements assessed, and efforts should be geared

toward strengthening their capacities to secure their rights under international human rights law (Rafferty, 2013). Thus, services aimed at addressing the “supply side” of human trafficking should be designed to provide these individuals with the necessary resources to mitigate the circumstances that contribute to their vulnerability, for example, education, life skills, etc. (Rafferty, 2013).

Further, removal from the trafficking environment does not guarantee the end of trauma experienced by survivors, or an easy transition after returning to their country of origin (ILO 2006; Lyneham, 2014). As mentioned previously, survivors often experience multiple challenges such as: social stigma, lack of professional and life skills, emotional trauma and other psychological problems, physical injury, and employment and financial problems (IOM, 2007; Johnson, 2012; Lyneham, 2014). As such, in order to achieve sustained reintegration, the short and long-term needs of survivors should be ensured (Dahal, Joshi & Swahnberg, 2016).

Thus, assistance for both survivors and at-risk individuals involve the provision of comprehensive programs that seek to prevent stigmatization, provide necessary services, and develop means to co-operate with non-governmental organizations to provide for the social, medical, and psychological care of the survivors (Bearup, 2016; Lyneham, 2014; Pandey, Tewari & Bhowmick, 2013; TAF, 2005). The specific services needed depends on the individual’s needs, nationality, language skills, gender, age, housing situation, and the type of trafficking (Johnson, 2012). For example, as Johnson (2012) stated, a female survivor of domestic minor sex trafficking will have different needs than an adult male, labor-trafficked, foreign national without documentation, family, or English language skills.

Although they vary widely from one individual to the next, some of the needs of trafficking survivors include: housing, food and clothing, medical care, legal and/or immigration

services, independent living skills, and educational opportunities and/or vocational training, among many others (Johnson, 2012). Interestingly, this literature review did not reveal any studies that sought to empirically identify the needs of at-risk individuals. However, several articles did identify the types of prevention services currently being provided across the world to this group.

Shelter and Housing

Studies done with survivors of trafficking identify shelter as the main and most important need immediately following their removal from the trafficking environment (Hammond & McGlone, 2014; Macy & Johns, 2011). This is true for both child and adult victims of trafficking as many survivors are unable to return home after their exit from trafficking. Thus, secure shelter is not only a short term need to provide protection from the potential retributions of a trafficker but is also a long term need for some survivors (Macy & Johns, 2011). Residential programs are therefore an essential element of reintegration assistance as it removes the immediate need for housing while survivors receive restoration services in preparation for their reintegration into the community. Moreover, there is a need for programs to provide assistance in finding long-term housing options for survivors who cannot return home after their program ends.

Basic Necessities

Survivors typically have an array of basic needs immediately following their exit from trafficking since many leave with very little or nothing (Hammond & McGlone, 2014; Macy & Johns, 2011). These needs include food, clothing, shoes, and toiletries (Hammond & McGlone, 2014; Macy & Johns, 2011). Providing these basic items is an important step in helping survivors, as they may not be able to work toward addressing their other needs until these are met (Clawson et. al., 2009). Fortunately, all of the programs highlighted in the literature

provided for the basic needs of survivors including clothes, food, shelter, showers, and a safe place to sleep.

Emotional Needs

While it is essential to meet the practical needs of human trafficking survivors, it is also necessary that their emotional or mental health needs are addressed (Hodge, 2014; Johnson, 2012; U.S. Department of State, 2012; Zimmerman et al., 2011). This is due to the substantial mental health effects of trafficking, which include: depression, anxiety, panic attacks, posttraumatic stress disorder (PTSD), suicidal ideation, and suicide (Flowers, 2001; Macy & Johns, 2011; Raymond & Hughes, 2001). One study of women survivors of international sex trafficking indicated that more than 85% reported that they continued to experience feelings of sadness and depression several years after liberation (Raymond & Hughes, 2001). Further, survivors also experience memory loss, dissociation, insomnia, guilt, shame, mistrust of others, social withdrawal, loneliness, loss of self-esteem, a sense of apathy or resignation, extreme forms of submissiveness to authority, and loss of personal initiative and autonomy (Hodge, 2014).

The consequences are even more extreme for child survivors as studies have shown that the psychological symptoms demonstrated by children who have experienced trafficking have been compared with the complex set of psychological and physiological symptoms identified in torture victims (IOM, 2009; Rafferty, 2013; Zimmerman et al., 2003). UNICEF (2009) noted that when children experience such trauma in their formative years, the adverse effects can be devastating, long-lasting, and potentially irreparable depending on the age of the child, the child's relationship with the exploiter, and the severity and duration of the exploitation.

Due to the severity of the trauma experienced by trafficking survivors, the provision of mental health services is essential to all reintegration efforts. That is, in order to achieve

successful and sustained reintegration, survivors must address their trauma. In fact, some survivors require ongoing mental health services due to the severity of their symptoms.

Medical Needs

In addition to psychological trauma, Zimmerman, Hossain & Watts (2011) posited that few survivors enter the restoration and reintegration stages without some health needs. Given that traffickers typically neglect providing routine medical care, survivors often have pressing needs for medical treatment once they are identified (Hodge, 2014). Many trafficked women present with physical injuries, malaria, diarrheal disease, and physical disabilities as a result of inhumane working conditions (Beck et al., 2017; Endeshaw, Gebeyehu & Reta, 2010; Jibriel, 2014; Minaye, 2012). Additionally, trafficked women report high rates of sexually transmitted infections such as syphilis, trichomoniasis, gonorrhea, chlamydia, herpes, pubic lice, as well as urinary tract and yeast infections (Macy & Johns, 2011; Raymond & Hughes, 2001).

Given these needs, access to immediate and acute physical health care is a major priority for trafficking survivors (Muraya & Fry, 2016; Rabbitt, 2015). Medical care needs for survivors include a general practitioner and dentist as well as vision and hearing specialists (Macy & Johns, 2011; Muraya & Fry, 2016). In addition to immediate medical care, ongoing care is also needed for some survivors who may have had chronic diseases prior to becoming involved in trafficking or may have acquired such a disease while in “the life” (Macy & Johns, 2011).

Education and Professional Skills

Most survivors of human trafficking lack education and the necessary skills to secure and sustain employment (Macy & Johns, 2011). This is a critical need as many women and children are driven into trafficking due to economic reasons and a return to such conditions leaves them vulnerable to re-victimization unless they gain the ability and opportunity to lead

their lives (Dahal et al., 2016). As such, services must be provided to allow for the development of income-generating skills (Beck et al., 2016). Sapiro, Johnson, Postmus, and Simmer (2016) suggested that prioritizing educational support through educational programs, tutoring services, in-school supports, and extended educational benefits through child welfare services would aid in the development of long term self-sufficiency for survivors. Additionally, or alternatively, vocational and life skills training such as financial management, job training, self-employment, and microfinancing can aid in the restoration and reintegration of survivors (Beck et al., 2016; Boyden & Howard, 2013; Gebre, 2012; Jibriel, 2014; Minaye & Zeleke, 2015).

Family Involvement / Reunification

Research has shown that the family environment and acceptance by family members can aid in the successful reintegration of survivors (Brunovskis & Surtees, 2007; Surtees, 2007, 2008a, 2008b, 2017). As such, Brunovskis and Surtees (2012) discovered through their research that most service providers begin the reintegration process by attempting to re-establish relationships with family members. This is because survivors' families can be sources of support as well as a safety net, particularly in countries where reintegration assistance is weak (Brunovskis and Surtees, 2012). However, reestablishing family relationships can be very complicated, and in some cases is not always feasible.

In their report on programs for trafficking survivors in the U.S., Clawson and Goldblatt Grace (2007) stated that many of the providers acknowledged the importance of involving family members or other appropriate support people in the lives of survivors when a healthy relationship is possible. It is often assumed that survivors either have no family or are unable to return to their families after they exit trafficking (Clawson & Goldblatt Grace, 2007). However, even when survivors are unable to return home, there may be opportunities to maintain some type of family

relationship (Clawson & Goldblatt Grace, 2007). This is important as Orme and Ross-Sheriff (2015) posited that stigma and societal pressure experienced by trafficking survivors, particularly sex trafficking, can impede recovery, especially when families are not accepting or supportive of the survivor.

Given the complexity of the rehabilitation process and the multiple needs of survivors, rehabilitation and reintegration assistance for human trafficking survivors require multidimensional approaches that involve a variety of actors (Dahal et al., 2015; Johnson, 2012). In order to address the physical, psychological, social, and economic issues encountered by the trafficking survivors there must be collaboration among government and non-government organizations as well as local agencies, communities, and families (Dahal et al., 2015).

Services Provided to Survivors

This review of the literature on reintegration services provided globally found that most of these programs are administered by non-governmental organizations (NGOs). This may be due to a number of reasons including a lack of funding in government agencies, a lack of resources in general, or perhaps the fact that human trafficking reintegration is not yet a major priority for most governments. Regardless of the reason, this literature review highlighted the need for increased research on this aspect of human trafficking in order to inform policies that would increase the allocation of resources toward assisting survivors.

Another interesting finding in this review is the fact that there is no consensus on a standard model for reintegration assistance programs. While some authors identified the system (or continuum) of care model as the most effective means of delivering services to trafficking survivors, others discussed individual programs that focused on addressing specific needs, with little to no mention of collaborative partnerships to fulfill the entirety of needs of survivors. This

is a noteworthy finding as it appears to speak to the various stages in the evolution of reintegration assistance programs in different parts of the world. That is, the concept of service provision for repatriated trafficking survivors may still be new in some countries and as such, there are very few available programs. Further, these programs may still be in their infancy and may not yet be willing or able to work collaboratively.

The system of care (also referred to as continuum of care) is “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” (Stroul and Friedman, 1986, p. 3). Although this concept is now widely used in addressing many other issues, the system of care approach was originally created in the 1980s in response to growing concerns that children in need of mental health treatment were not getting services they needed (Stroul & Friedman, 1986). This approach was deemed necessary after it was discovered that due to policy, programmatic, or financial limitations, no individual child serving agency could provide all the services and supports needed by families with children who have disabilities and/or are vulnerable to abuse and neglect (Child Welfare Information Gateway, n.d.).

The core values of the system of care concept are that services should be community based, child centered, family focused, and culturally competent (Stroul & Friedman, 1986; Stroul & Friedman, 1996; Stroul, 2002). The guiding principles state that services should be: comprehensive, with a broad array of services; individualized to the needs of each child and family; provided in an appropriate, but least restrictive setting; coordinated both at the system and service delivery levels; engage families and youth as full partners; and emphasize early identification and intervention (Stroul & Friedman, 1986; Stroul & Friedman, 1996; Stroul, 2002).

According to Stroul (2002), the system of care concept recognizes that children and families have multiple needs that cross several service domains, and promotes a holistic approach in which all needs are considered, rather than only addressing mental health treatment needs. Given this belief, the original system of care framework was organized around eight overlapping dimensions, each representing an area of need for the child and family (Stroul & Friedman, 1986; Stroul & Friedman, 1996; Stroul, 2002; Stroul, Blau, Friedman, 2010). Figure 2 shows the original system of care concept.

In the years since its first conceptualization, the system of care approach has influenced mental health treatment for children to the extent that at least some elements of this philosophy and approach can be found in nearly all communities across the U.S. (Stroul, Blau & Friedman, 2010). In fact, the concept has been so successful that it has been adapted in several other areas including homelessness, aging, health care, substance abuse, HIV/AIDS, maternal health, and sex trafficking, in addition to several other issues, with changes made to the model to meet the specifics of the issue being addressed.

This review of the literature on human trafficking revealed that the continuum of care model is considered by some authors to be the most effective approach to addressing the multiple needs of both child and adult sex trafficking survivors. According to Sapiro et. al. (2016), the process of leaving trafficking or a sexually exploitative relationship is complex and involves encounters with multiple domains of care and professional entities. As such, a comprehensive continuum of care (see Fig. 2) ranging from crisis intervention to long-term care is critical to effectively support survivors (Macy & Johns, 2011; Sapiro et. al., 2016).

As discussed earlier, the needs of human trafficking survivors are numerous. Some needs are immediate, some are imminent but less pressing, and others develop over time. According

the continuum of care model (Fig. 3), upon their exit from sex trafficking, survivors first need services to address their immediate and crisis needs such as shelter and food (Hammond & McGlone, 2014; Macy & Johns, 2011; Muraya & Fry, 2016; Sapiro et. al., 2016; Sapiro, et. al., n.d.). Once those needs are met, services are then needed to address the ongoing needs of the survivors, for example physical and mental health services (Hammond & McGlone, 2014; Macy & Johns, 2011; Muraya & Fry, 2016; Sapiro et. al., 2016; Sapiro et. al., n.d.). The final set of services in the continuum address the longterm needs of survivors such as permanent housing, life skills, family reunification, etc. (Hammond & McGlone, 2014; Macy & Johns, 2011; Muraya & Fry, 2016; Sapiro et. al., 2016; Sapiro, et. al., n.d.).

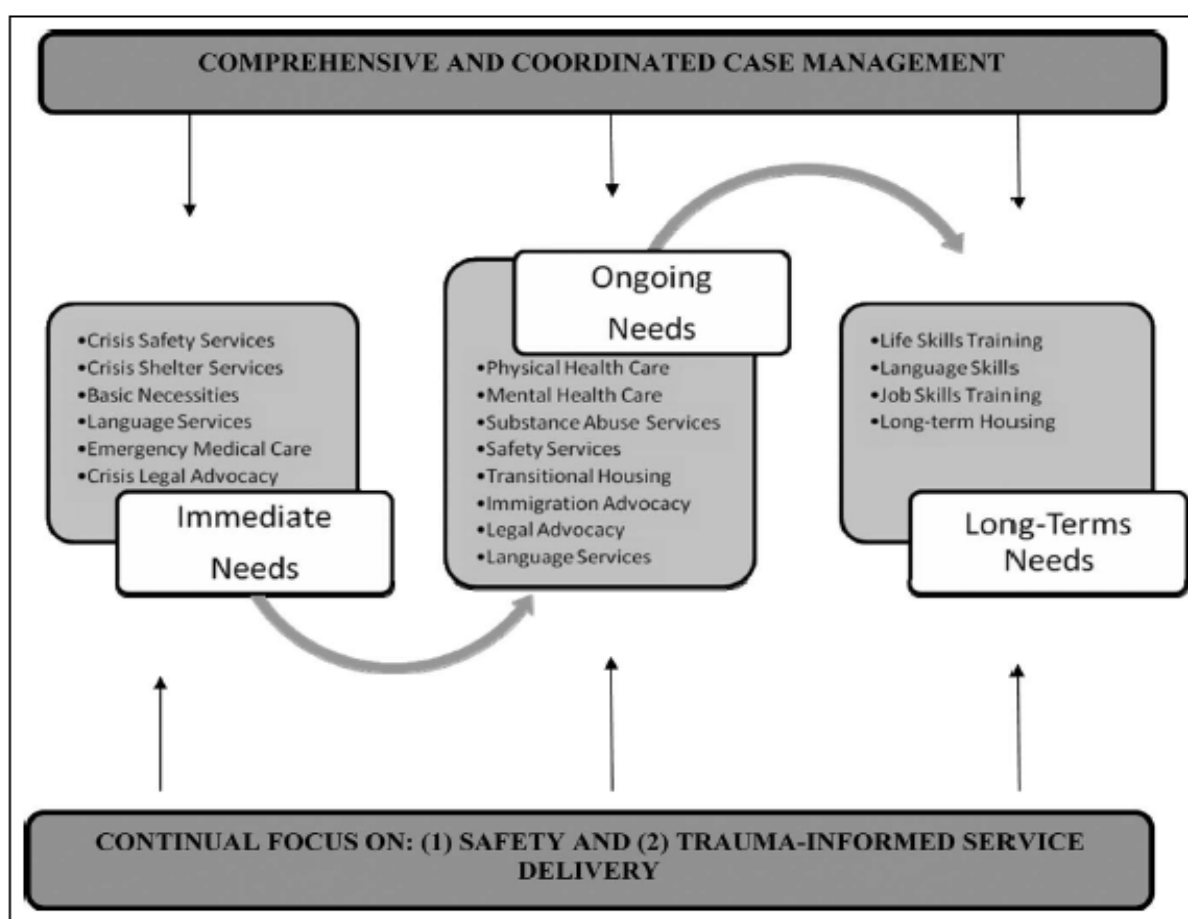


Figure 2. Continuum of care model for survivors of sex trafficking (Macy & Johns, 2011,

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To meet these needs, survivors need to navigate many systems, as no individual provider can address these needs on their own (Clawson & Goldblatt Grace, 2007). As such, whether there is a formalized continuum of care present or not, collaboration is necessary to ensure that the needs of survivors of trafficking are adequately addressed. This model has been employed in the U.S. and a study conducted by Clawson and Goldblatt Grace (2007) showed that providers and law enforcement in six cities attributed their successes in treating survivors of domestic minor sex trafficking to collaboration, open communication, a common language and a shared definition of the issue, information sharing, trust, and ultimately a genuine desire to help survivors.

One critical aspect of the system of care approach is the provision of trauma-informed services. Given the severe psychological consequences of trafficking on both adult and child survivors, some have argued that the trauma experienced by trafficking survivors is indicative of complex trauma disorder (Courtois, 2004; Herman, 1992; Muraya & Fry, 2016) which requires trauma-informed interventions. Complex trauma is believed to be the result of repeated and prolonged exposure to traumatic events such as physical, sexual, and psychological abuse, entrapment, and exposure to the abuse of others (Courtois, 2008; Hardy et. al., 2014; Rafferty, 2008). According to Courtois (2008), the term complex trauma came into being as researchers found that some forms of trauma were more pervasive and complicated than others. The term has been increasingly associated with survivors of child sex trafficking as studies have found that not only do they experience the trauma of their exploitation but many of them also experienced physical and/or sexual abuse prior to becoming involved in commercial sex (Hardy, Compton & McPhatter, 2013; Lew, 2012; Orme & Ross-Sheriff, 2015; Sapiro et. al., 2016; Saewyc &

Edinburg, 2010).

Due to the severity of complex trauma and the behaviors associated with this diagnosis, several researchers have argued in favor of a trauma-informed approach to trafficking interventions (Hardy et. al., 2013; Lew, 2012; Muraya & Fry, 2016; Orme & Ross-Sheriff, 2015; Sapiro et. al., 2016; Sapiro et. al., n.d.). According to Lew (2012), trauma-informed services are based on the understanding that: trauma is a defining event for survivors; the behaviors and symptoms exhibited by survivors are often coping mechanisms; empowerment and recovery are the goals of services; and the relationship between the provider and survivor is collaborative rather than hierarchical.

Although there is a lack of evaluation research on the trauma-informed approach with survivors of human trafficking, there is evidence of its effectiveness with persons diagnosed with PTSD as well as those with a history of child abuse (Hardy et. al., 2013). Given this, Hardy et. al., (2013) argued that the trauma-informed approach presents a promising treatment strategy. Several programs highlighted in the literature identified using a trauma-informed approach in their rehabilitation of survivors of human trafficking.

There is also a lack of empirical evidence on the efficacy of reintegration assistance programs in general. As such, there is a notable gap in the literature on this issue. The proposed study therefore attempts to take the preliminary steps toward filling this gap by examining the experiences of trafficking survivors in a reintegration assistance program in Ghana and their experiences after exiting the program. The study will also obtain the survivors' perspectives on the factors that contribute to their rehabilitation and reintegration.

Services Provided to At-Risk Individuals

The literature reviewed identified that public awareness/ information campaigns were the most common form of prevention intervention programs implemented around the world. While it is extremely vital that the public be made aware of the risks of the trafficking in order to avoid victimization and increase vigilance that would assist in identifying victims, these types of campaigns are only one element of an effective prevention strategy (U.S. Department of State, 2016). Rafferty (2013) identified three key areas, which prevention services should target: 1) promoting competence and resilience through education and life skills; 2) ensuring safe migration; and 3) strengthening communities.

Education and Job Skills Training

According to Rafferty (2013), individuals from communities that are targeted by human traffickers are typically poorly educated due to family poverty, inadequate income, school failure, and discrimination against ethnic minorities. As such, expanding access to education and training in communities identified as high risk for trafficking is a crucial step in breaking the cycle of poverty and preventing human trafficking (Gjermeni et al., 2008; Rafferty, 2013; ILO, 2009; UNICEF, 2009). One way in which education is provided in these communities is through job training, where at-risk individuals are trained in skills that increase their employability. For example, in Moldova, programs were established to prevent human trafficking through job training (Turlac, 2017). Turlac and her husband, with the assistance of the Moldovan evangelical churches and American Christians established four small tailoring schools and a cooking school in Moldova that provide training to at-risk women to assist them in gaining a source of income (Turlac, 2017).

Life Skills

In addition to education and job skills training, life skills training has also been identified as an essential tool in trafficking prevention (Dottridge, 2008; Rafferty, 2013; ILO, 2009; WHO, 2009). According to Dottridge (2008), “life skills include learning to negotiate and make decisions, problem solving, critical thinking, communicating effectively, managing interpersonal relationships, resolving conflicts and coping with emotions and stress” (p. 77). Studies have found that training in life skills is an efficient method for preparing persons for independent life and preventing trafficking (Guzun, 2004; Rafferty, 2013).

Ensuring Safe Migration

In some communities where poverty levels are very high, girls often opt to leave their homes in order to seek employment opportunities in other areas or countries, which often results in them being trafficked (Rafferty, 2013). As such, Rafferty (2013) identified migration as a risk factor for human trafficking. Thus, trafficking prevention programs should seek to increase the protection of migrant children and enable them to better protect themselves (Flamm, 2010; Rafferty, 2013; Van de Glind, 2010). This, according to Rafferty (2013), includes efforts to identify the factors that push these children into migration and provide alternatives to improve their outcomes. Additionally, several initiatives, such as the Project for the Prevention of Adolescent Trafficking in Latvia, have been established to provide adolescents with information and resources on safe migration, guidance on how to find decent work, and knowledge on the dangers to be aware of, whom to contact for help, and how to ensure that job offers abroad are safe and genuine (Rafferty, 2013; Van de Glind, 2010).

Strengthening Communities

Rafferty (2013) posited that the creation of safe, supportive, and protective environments

in which all children and youth are protected, is a critical element of trafficking prevention. These efforts should target systemic factors that contribute to vulnerability at the government, community and family levels (Rafferty, 2013; UNICEF, 2002). One way in which this is being done is in Vietnam where trafficking prevention efforts include registration of ethnic minority residents in areas at high-risk for human trafficking (U.S. Department of State, 2016). The goal of these efforts is to provide at-risk individuals access to education, health or employment in the formal economy, since these individuals typically reside in rural areas where they do not receive clear information about the benefits offered by the state, or have access them (U.S. Department of State, 2016).

In addition to programming in these three areas, prevention services for at-risk individuals around the world also include micro-lending programs for women, the formation and support of women's cooperatives, awareness campaigns, such as a community radio program, informal education for rural women, and scholarships for girls whose families have limited resources (Kaufman & Crawford, 2011). Moreover, Kaufman and Crawford (2011) identified a trafficking prevention program in Nepal called Maiti Nepal that prevented the trafficking of 6,000 girls by intercepting trafficking attempts at the Nepal border and providing support in transit homes for the rescued girls.

Chapter Summary

In summary, although the body of literature on human trafficking is growing, there is still a notable gap in intervention-focused literature. Moreover, the number of human trafficking interventions have also grown but there are few empirical studies that assess or evaluate these programs. As a result, there are few established best or promising practices in this area to guide interventions for both at-risk and trafficked individuals. Thus, this study adds to the body of

knowledge on promising practices using qualitative research methods to examine and document the experiences of program participants.

CHAPTER 3

METHOD

Study Purpose

The purpose of this study was to document the experiences vulnerable women and girls and trafficking survivors at Lifeline, their experiences after leaving the program, and their recommendations to improve the services provided to other women in similar circumstances.

There were three aims to this study:

- i. To explore the ways in which former Lifeline participants described their experiences during and after the intervention.
- ii. To provide an opportunity for trafficking survivors and women who were formerly identified as vulnerable or at-risk for trafficking to contribute to knowledge building around targeted interventions by presenting their lived experiences.
- iii. To help improve intervention practices to prevent trafficking of at-risk women and girls and re-trafficking of survivors.

Research Questions

This study was guided by the following three exploratory research questions:

1. How do trafficking survivors and at-risk women in Ghana describe their experiences in Lifeline?
2. How do women trafficking survivors and at-risk women in Ghana describe their experiences after exiting Lifeline?

3. What recommendation do trafficking survivors and at-risk women in Ghana make for improving Lifeline's services to assist other women in similar circumstances?

Methodology

In response to the critical lack of evidence-based programs that address the health and safety of trafficking survivors while facilitating their successful reintegration, Dr. David Okech and a transdisciplinary team of researchers from the University of Georgia initiated a pioneering longitudinal research project to identify the psychological, social, and economic consequences of trafficking, identify critical needs, and increase awareness of the consequences of trafficking for the survivors and their communities around the world (Okech, Hansen, Clay-Warner, Kogan & Anarfi, 2017). According to Okech et al. (2017), the overarching goal of this initiative is to “develop efficacious reintegration services for survivors of trafficking in West Africa that will serve as a model for communities across the world” (p. 2).

To achieve this, the research team implemented an innovative intervention development process, informed by Community Based Participatory Research (CBPR) strategies and refined for the African context by co-PI Hansen who previously worked with former child soldiers in West Africa (Okech et al., 2017). This process has four phases. Phase 1, according to Okech et al. (2017), was designed to lay the groundwork for future collaborations. In this phase, the investigators developed partnerships and implemented an initial needs assessment (Okech et al., 2017). In Phase 2, the investigators developed a conceptual model of the risk and protective processes associated with successful reintegration and identified culturally sensitive intervention practices and implementation infrastructures that facilitate changes in targeted risk and protective factors (Okech et al., 2017). This was achieved by collecting additional survey information and conducting in-depth interviews with survivors and stakeholders. Ultimately, Phase 2 will

culminate in the development of a detailed intervention manual for a reintegration program (Okech et al., 2017). This dissertation utilized data collected through in-depth interviews with survivors and stakeholders in Phase 2.

In Phases 3 and 4, the manualized intervention will be pilot tested, protocols will be refined, and the program will then be tested across multiple communities and intervention sites (Okech et al., 2017). This will allow investigators to confirm the efficacy of the program and evaluate the influence of the program on community dynamics (Okech et al., 2017).

Study Design

This dissertation is a qualitative secondary analysis that utilized data from the in-depth interviews conducted in Phase 2 of the four-phase study. Qualitative secondary analysis uses preexisting data for the purpose of investigating new or additional research questions or to verify the findings of previous research (Heaton, 2008; Long-Sutthall, Sque & Addington-Hall, 2011). This study used secondary analysis to answer new research questions, which according to Heaton's (2008) typology, is called a supplementary analysis.

Supplementary analysis is a very common form of qualitative secondary analysis, which provides a more in-depth analysis of an emergent issue or aspect of the data that was not addressed or was only partially addressed in the primary study (Heaton, 2008). This method is beneficial when studying "elusive" populations and sensitive topics (Long-Sutthall et al., 2011) such as human trafficking, since it provides access to examining these topics without further burdening participants (Long-Sutthall et al., 2011).

According to Long-Sutthall et al. (2011), the purpose of the secondary analysis should be clear; that is, methodological and ethical considerations should be well-defined and any decisions made regarding missing data should be explained so that the interpretative processes of

knowledge production is transparent. This means that an assessment of the fit between the primary datasets and the secondary research questions should be done prior to the secondary analysis (Long-Sutecall et al., 2011). Moreover, it is recommended that the research questions for the secondary analysis are sufficiently close to those of the primary research, and the data collection and analytic techniques in the primary dataset are comparable to those that will be applied in the secondary analysis (Long-Sutecall et al., 2011).

The methodological and ethical considerations of this study have been outlined in this document. Further, the research team of the original study was involved throughout the development of this secondary research project to ensure that the research questions of this study and the data analysis plan (outlined later in this chapter), aligned with the original research project, but did not overlap.

Criticisms of secondary data analysis. Within the qualitative research field there has been much debate about the re-use of qualitative data in studies such as the one presented in this paper. Opponents of secondary qualitative data analysis argue that qualitative data are special and cannot be re-used by others on epistemological or ethical grounds (Ziebland & Hunt, 2014). According to Parry and Mauthner (2004), because the conditions under which the data were originally collected cannot be changed, reinterpretation at a later date can be problematic. Further, since construction of qualitative data is a joint effort between the respondent and the researcher, Parry and Mauthner (2004) argued that both parties should retain ownership rights over the data.

Other key issues related to secondary qualitative analysis include: problems related to data fit, the issue of not having been there, and the lack of a means of verification (Heaton, 2008). Problems with data fit refer to the question of whether data collected for one

purpose can be re-used for another purpose (Heaton, 2008). Heaton (2008) posited that qualitative research designs are generally flexible, and data collected in an unstructured or semi-structured format can result in datasets with variable depth and breadth of coverage of topics. Thus, the researcher embarking on a secondary analysis needs to ensure that the data can be used to meet the new aims of his/her study (Heaton, 2008).

Absence from the data collection process can impact the analysis of the data, as secondary researchers lose the context cues provided during the interview through body language and tone from the interviewee. Additionally, the researcher would have missed the opportunity to ask probing questions and follow up on leads provided in the interview (benefits of qualitative interviewing) that may have been overlooked or by-passed due to lack of relevance to the primary study. Heaton (2008) argued that this problem can be encountered in the interpretation of qualitative data from archives, as well as secondary analysis of informally shared data and primary analysis of data collected by teams where different researchers carry out interviews and jointly analyze them.

The third issue highlighted by Heaton (2008) regarding the use of secondary data in qualitative studies refers to whether the results of qualitative research can or should be verified in the same ways as studies using statistical methods. However, since many qualitative researchers eschew the positivist-based approaches to verification that underpin data sharing in quantitative research, alternative methods have been developed to help establish the ‘trustworthiness’ and authenticity of their work (Heaton, 2008). These include strategies such as triangulation, peer debriefing, negative case analyses, and thick descriptions.

Given the ethical and logistical constraints of working with human trafficking survivors, a secondary analysis is a very efficient use of the resources, as the data would otherwise simply

go into an archive and be rendered useless after the initial study is completed. Secondary analysis allows for the data to have multiple uses and much less wastage of resources. Finally, as mentioned previously, secondary analysis is a more ethical approach to working with “hard to reach” populations and sensitive issues as it allows multiple researchers to examine an issue from various perspectives without placing an unnecessary burden on the population.

Rationale for using qualitative research methods. Qualitative research provides a “depth of analysis through a multilayered approach to data acquisition” (Gilgun, 2009, p. 3). This form of research allows the researcher to understand and capture the viewpoints of the people being studied (Patton, 2015). Further, qualitative methods are best suited for the unpredictable, multifaceted, and challenging research settings and small sample sizes that are typically associated with organizational interventions (Griffiths, 1999; Miles & Huberman, 1994; Randall, Cox & Griffiths, 2012). Thus, qualitative research is ideal for this study, which seeks to examine the intervention experiences of survivors of human trafficking in Ghana and their experiences following their exit from the program.

According to Patton (2015), qualitative researchers are an integral part of their studies, that is, they are not typically expected to remain objective, but instead are encouraged to actively use knowledge and experiences to gain insight on the materials being studied. This is particularly pertinent in this research, because as a researcher with practice experience with trafficked minors it would be difficult (or impossible) to fully separate myself from this study. I expect that my knowledge and experience will in many ways impact the way I approach this study and how I interpret the data. As a researcher, I recognize and acknowledge this and embrace the flexibility provided by qualitative research methods.

Theoretical Framework

Ontologically, this study used a relativist paradigm, which states that reality is subjective and as such, research should seek to explore the different versions of experience (Willig, 2008). Relativism, according to Raskin (2008), is the idea that knowledge always comes from an ‘evolved perspective or point of view’ (p. 13). That is, the ‘truth of x is relative to the truth of y’ (Zimmerman, 2007; p. 314).

Epistemologically, a social constructionist approach was employed. Social constructionism is concerned with the ways in which events are socially constructed through interaction and language as the research focuses on the participant's view of his/her experience. According to Burr (1995), there are four basic assumptions of social constructionism. First, social constructionism takes a critical stance in relation to taken-for-granted assumptions about the social world, which reinforces the interests of dominant social groups (Burr, 1995). Second, the categories and concepts used to classify things in the world are socially, historically, and culturally negotiated and formed through interactions (Burr, 1995). Third, knowledge is sustained through social processes such as daily interactions. These interactions develop understanding of the world rather than objective observations. The fourth assumption states that knowledge and social action go together; that is, reality is defined by patterns of social actions (Burr, 1995). Using the constructionist perspective, this study captured the diverse understandings and multiple realities of the women’s experiences.

The Intervention

Although Ghana is ranked as one of the top nations in Sub-Saharan Africa in terms its gross domestic product (Smith, Lowe, Haynes-Hurst, Okech, Blalock & Dery, 2013), an estimated twenty-eight and a half percent (28.5)% of Ghanaians live on poverty (Smith et al.,

2013; World Bank, 2006). Women and girls bear the brunt of the economic deprivation particularly since girls are marginalized in terms of access to basic and secondary education in developing nations like Ghana (Dreze & Kingdon, 2001; Hernandez-Truyol, 1995; Smith et al., 2013; UNICEF, 2012). Thus, in Ghana, young poorly educated and unskilled girls are recruited from their communities of origin to act as domestic workers and head porters (Smith et al., 2013). This migration often places these young women at high risk for exploitative labor practices whereby they arrive at their destinations and are not compensated as promised but are forced to remain in these situations or exchange sexual favors in exchange for shelter (Smith et al., 2013).

Lifeline is a residential program in Ghana that was established by the Assemblies of God Relief and Development Services (AGREDS), under the auspices of the Assemblies of God Church. The goals of the program were to “rescue, protect, and reintegrate at-risk young females into society, as well as to find effective ways to prevent poverty” (Smith et al., 2013, p. 56). To accomplish this, the program provides training in income producing skills such as catering, hairdressing, dressmaking, etc. (Smith et al., 2013).

The program operates in Agbogbloshie, Ghana and primarily targets female child porters at the local community market due to their increased vulnerability to sexual and other forms of exploitation (Smith et al., 2013). According to Smith et al. (2013), Agbogbloshie is home to thieves, prostitutes, drug dealers, and others involved in underground markets. There is a lack of running water and organized trash collection, which poses health challenges within the community (Smith et al., 2013). Thus, crime and disease are prevalent throughout Agbogbloshie (Smith et al., 2013).

Lifeline serves an average of 100 women and girls each year between the ages of 6 to 19 years (Smith et al., 2013). Participants are typically referred to the program by stakeholders, community leaders and market queens (Okech et al., 2017). Once the referrals are received, the participants are interviewed to determine their fit for the program. Those who are chosen, commit to nine months of vocational skill training (boarding school style). While in the program, participants also receive a variety of services including shelter, food (three meals a day), healthcare, social services, child care services and spiritual support (Smith et al., 2013).

Once participants graduate from the program, their caseworkers assist them in recruiting a Master Trade Person (MTP) with whom they can complete an apprenticeship, and negotiating the services and prices (Okech et al., 2017). Lifeline also provides participants with start-up packages with the necessary tools of their trade to ensure that their reintegration is sustainable as well as transportation and family reunification services (Okech et al., 2017). After reunification is attained, follow-up contacts are made twice a year to monitor the individual progress of the former participants and families (Okech et al., 2017).

In their study of some programs in the U.S. that provide services to survivors of domestic minor sex trafficking, Gibbs et al. (2015) presented a conceptual framework adapted from Administration for Children & Families, (n.d., Fig. 3) that is more applicable to Lifeline's approach to service provision than the continuum of care model. This framework illustrates how survivors' needs may vary depending on the urgency of their survival needs and crisis levels, relationships and resources available to them, and the degree to which they were enmeshed in human trafficking (Gibbs et al., 2015). The framework demonstrates that services are needed to ensure that survivors are given the resources for long-term sustainability post-trafficking.

The four dimensions of the framework show the range of resources that may be needed to assist trafficked women and girls in building functional lives (Gibbs et al., 2015). Services and supports are provided to address the multiple needs of survivors in order to attain successful reintegration. According to Gibbs et al. (2015), the outcome areas identified in the model represent possible measures of progress toward the attainment of successful reintegration. This model presents a great framework for the proposed study which may confirm the concepts within the model and/or add new variables that can be tested with other groups of survivors in other settings.

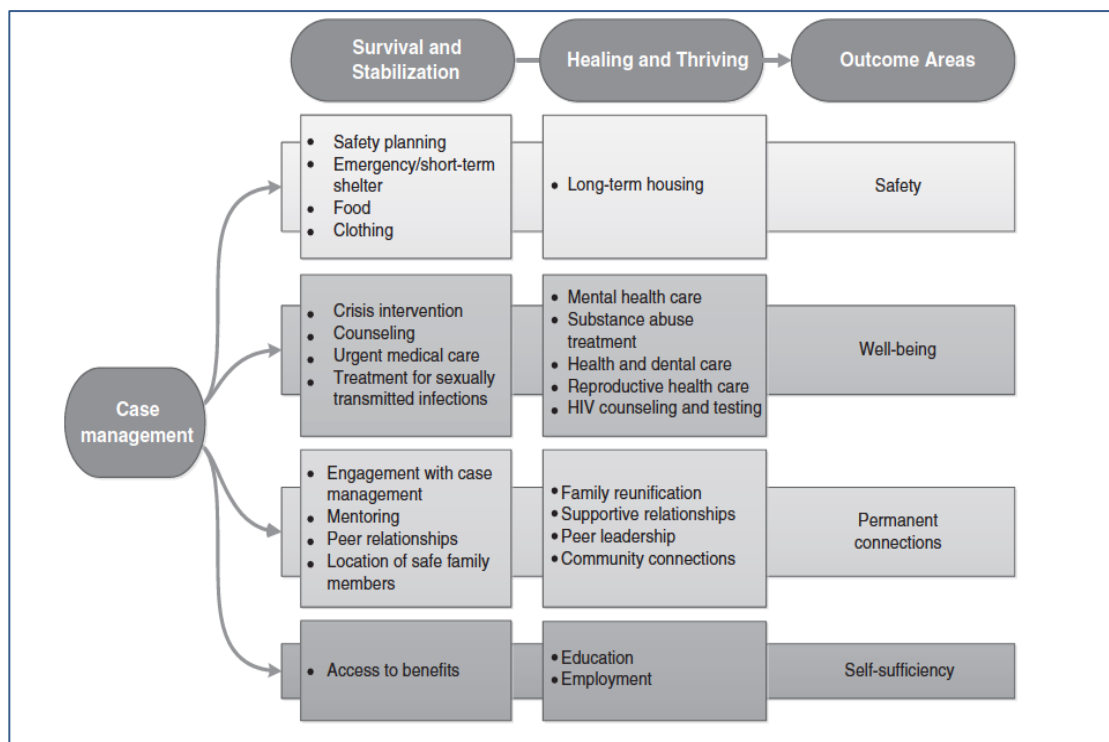


Figure 3. Human Trafficking service needs by outcome areas (Gibbs et al., 2015, Permission granted by principal author).

Sample

Participants in the qualitative segment of this study (Phase 2) were contacted by research assistants using contact information provided in the surveys in Phase 1 of the study. These individuals were recruited in Phase 1 through non-randomized purposive sampling based on having graduated from the program between 2010 and 2015. Participants were contacted using existing case records as well as through contacts with other NGOs and government agencies. Also, many clients remain in contact with Lifeline staff and so were recruited through those contacts. As such, of the 311 women who completed Lifeline in the established time frame, 144 (46%) participated in Phase 1, 123 returned and completed surveys in Phase 2, and 37 out of the 123 participated in the qualitative interviews. All participants were female, Ghanaian, and over 18 years old at the time of their participation in the study.

The 37 survivors who were interviewed were purposively sampled to ensure maximum variation in reintegration experiences. That is, half of the women reported positive reintegration outcomes and half reported negative reintegration outcomes.

Data Collection

The current study is part of Phase 2 of a longitudinal research project, which employed a mixed-method design with surveys and in-depth interviews. In-depth interviews were conducted with 37 former Lifeline clients. Interview participants were selected using maximum likelihood based on key social, psychological, health, and economic outcomes from the Wave II surveys. These in-depth interviews, which occurred in July 2017, were conducted in the participants' native language, Twi, and were audio recorded. They were later transcribed and translated to English. On average, in-depth interviews ranged in length from 45 minutes to 90 minutes. All

interviews were conducted by Ghanaian graduate-level research assistants who were trained by the research team on qualitative interviewing methods.

A semi-structured interview guide was used and participants were asked the following core questions: 1) Can you share a little about the kinds of work you did before coming to Lifeline? 2) What was most and least helpful about Lifeline? (3) Since you left *Lifeline*, what difficulties and successes have you experienced? (4) What aspects of *Lifeline* have you found to be most helpful? (5) What would be most helpful to you now in your life?

Participants were given \$35 at the end of the interview to compensate for their time.

Data Management

The in-depth interviews were digitally recorded and transcribed. Recordings were assigned a unique identification code and all were de-identified. Audio files were transcribed in two rounds. First, they were transcribed by a local transcriptionist fluent in both English and the local language. To ensure the accuracy of the transcripts, a second round of transcription took place by a research assistant fluent in both English and the local language. This also involved reviewing transcripts for discrepancies. Issues regarding translation were resolved through discussion between the primary author and the research assistants. The principal investigator also discussed terminology and linguistic questions with research assistants to ensure accurate understanding and interpretation of the audio files.

Data Analysis

The analytical process utilized in this study was a thematic analysis, which is a primarily inductive approach to data analysis. According to Thomas (2003), the inductive approach allows research findings to emerge from the frequent, significant themes inherent in the data, without the restraints imposed by structured methodologies. Galman (2013) refers to this approach to

qualitative data analysis as a “bottom up” approach where the data is used to make ideas, theories, etc. However, given the comprehensive literature review completed prior to the start of this data analysis, it was unavoidable that some deductive analysis (drawing on ideas from a chosen conceptual framework) seeped into the process, specifically in the discussion of the findings.

Thematic analysis is a widely used qualitative method of analysis that allows the researcher to identify, analyze and report patterns within the data (Braun & Clarke, 2006). As such, data analysis began with each transcript being read and reread. While rereading, I followed LeCompte and Priessle’s (1993) suggestion of recording notes and observations that served to isolate the initially most striking aspects of the data. These notes, as LeCompte and Priessle (1993) stated, were intuitive and informed either consciously or unconsciously by metatheories inherent in my personal training and background, the explicit theoretical framework used in this study, and constructs made explicit by the participants of the study. The notes helped to identify patterns and regularities which were transformed into categories into which subsequent items were sorted (LeCompte & Priessle, 1993).

The next stage in the analysis process was open coding, through which, patterns and categories began to emerge. According to Miles and Huberman (1994), codes are tags or labels for assigning units of meaning to data collected. This process was done in collaboration with two Masters students at the University of Georgia’s School of Social Work. We each open-coded all 37 interview transcripts individually and then met and compared notes on our codes. A final list of codes was agreed upon from which I returned to the transcripts for more focused coding.

The most frequent initial codes were used to sort, synthesize, integrate, and organize the data, leading to the formation of new themes (Charmaz, 2014). Codes that were similar and

overlapping were examined and refined until all data was accounted for and no further coding was necessary (Charmaz, 2014). Codes that were unique were also examined to determine the contributing factors. Analysis ended when all events were readily classified, categories were saturated, and sufficient numbers of regularities emerged (Miles & Huberman, 1984).

This process was carried out using qualitative data software, Atlas T.I.

Assessing Data Quality

According to Rubin and Babbie (2014), one key issue in evaluating the rigor of qualitative research is trustworthiness. In a postmodern paradigm, trustworthiness focuses on capturing multiple subjective realities rather than ensuring the depiction of an objective social reality, which is the focus of positivist approaches (Rubin & Babbie, 2014). Therefore, this qualitative study, which uses a relativist and social constructionist perspective, focused on ensuring that research participants' multiple subjective realities were portrayed as adequately as possible (Rubin & Babbie, 2014).

One component of trustworthiness in qualitative data is transferability. Transferability involves ensuring that the research report provides sufficient detail about the study contexts and participants to enable readers in other situations to judge whether the findings seem likely to apply to the context or population with which they are concerned (Rubin & Babbie, 2014). As such, qualitative researchers do not seek to generalize study findings but to provide enough detail so that research consumers can make judgments as to whether the findings are applicable to their situation and population (Rubin and Babbie, 2014). To ensure transferability in this study, thick background information about the research context, setting, and participants were used as recommended by Rubin and Babbie (2014). Further, peer examinations and a statement of the researcher's experiences, assumptions, and biases were also employed to ensure trustworthiness

and transferability.

Ethics

Interviewing survivors of trafficking is a complex task that can have a potentially re-traumatizing effect on survivors. Some survivors may be vulnerable to extreme stress reactions and may find that speaking about the experience may result in reliving it (Zimmerman & Watts, 2003). Given this, researchers are ethically and morally obligated to use a trauma-informed approach to interviewing these survivors. Although the current study does not involve direct contact with trafficking survivors, the following ethical considerations were made in the collection of the primary data.

Due to the complex trauma experienced by some survivors, researchers may find it difficult to establish trust and gain the cooperation of trafficking survivors (Zimmerman & Watts, 2003). Zimmerman and Watts (2003) posited that when survivors feel respected and their welfare is the priority, they are more likely to share accurate and intimate details of their experience. It is therefore important to ensure that participants fully understand their role in the process, their rights, and the control they have in how the interview is conducted. This was done through the process of informed consent wherein participants were provided both verbal and written assurance of their right to choose not to participate in the study as well as their right to end the interview at any point without any penalty or forfeiture of the incentive for participation.

Interviews were conducted at the Lifeline agency as most participants indicated this as their preference. By allowing participants to exert control in the determination of where the interview was conducted, the interviewers gave them a sense of power and security which is essential when working with this population.

In addition to these measures, the investigators employed the World Health

Organization's Ethical Recommendations for Interviewing Trafficked Women. These recommendations included Zimmerman and Watts' (2003) ten guiding principles for safely and ethically interviewing women who are trafficked. Zimmerman and Watts (2003) stated that adopting appropriate ethical procedures can benefit both the researcher and the participants. Moreover, many survivors benefit from having the opportunity to tell their story (Zimmerman & Watts, 2003). Zimmerman and Watts' (2003) principles are outlined in Figure 4

Finally, prior to data collection, the study was approved by the University of Georgia's Institutional Review Board as well as the University of Ghana's Ethics Committee for the Humanities. As a result, no additional approval is required to complete this secondary analysis.

1. DO NO HARM.
2. KNOW YOUR SUBJECT AND ASSESS THE RISK.
3. PREPARE REFERRAL INFORMATION. DO NOT MAKE PROMISES THAT YOU CANNOT FULFILL.
4. ADEQUATELY SELECT AND PREPARE INTERPRETERS AND CO-WORKERS.
5. ENSURE ANONYMITY AND CONFIDENTIALITY.
6. GET INFORMED CONSENT.
7. LISTEN TO AND RESPECT EACH WOMAN'S ASSESSMENT OF HER SITUATION AND RISKS TO HER SAFETY.
8. DO NOT RE-TRAUMATIZE A WOMAN.
9. BE PREPARED FOR EMERGENCY INTERVENTION.
10. PUT INFORMATION COLLECTED TO GOOD USE.

Figure 4. Zimmerman and Watts (2003) ten guiding principles to the ethical and safe conduct of interviews with women who have been trafficked.

Subjectivity Statement

Although I always had a vague conceptualization of human trafficking, I first became truly aware of the reality of its existence when I learned about commercial sexual exploitation of children in the U.S. while working at the Department of Family and Children Services in Georgia. During my four years with the Department I encountered several cases where the child either explicitly admitted to being involved in commercial sex work or it was suspected based on the child's behavior. This is where my interest in human trafficking first developed and led me to study this issue further. My academic interest in this area later led me to my work with Georgia Cares, a statewide coordinating agency that connects services and treatment care for sexually exploited minors. I was initially employed as a Care Coordinator where I worked directly with survivors of domestic minor sex trafficking (DMST), and then later became the Community Training Facilitator for the agency.

Despite my obvious bias going into this process, I believe that I was able to maintain the focus on the purpose of this study and use my practice interests and experiences to enrich this analysis.

Chapter Summary

The goal of this study was to enhance understanding of the intervention and post-intervention experiences of Ghanaian women who were either survivors of trafficking or vulnerable to trafficking. This study utilized transcripts from semi-structured interviews with 37 former Lifeline participants. These transcripts were analyzed, codes identified and aggregated into themes around each topic. The following chapter discusses the major themes in relation to the three research questions.

CHAPTER 4

RESEARCH FINDINGS

The purpose of this study was to document the experiences of vulnerable women and girls and trafficking survivors at Lifeline, their experiences after leaving the program, and their recommendations to improve the services provided to other women in similar circumstances.

This study was guided by the following three exploratory research questions:

1. How do trafficking survivors and at-risk women in Ghana describe their experiences in Lifeline?
2. How do trafficking survivors and at-risk women in Ghana describe their experiences after exiting Lifeline?
3. What recommendations do trafficking survivors and at-risk women in Ghana make for improving Lifeline's services to assist other women in similar circumstances?

This qualitative study is a secondary analysis of data collected through in-depth, face-to-face interviews with former Lifeline clients. The interviews ranged from 45 to 90 minutes in duration and took place at Lifeline's office, since most participants identified this as their preferred location. All interviewees completed quantitative surveys (for the original study) prior to being selected to be interviewed. Their survey responses were extracted from the larger data set (n=144) and used to supplement the demographic data for this analysis. There were 37 women interviewed.

The interviews were conducted in summer 2017 by graduate students of the University of Ghana who were trained in the interview protocols. The interviews were conducted in one of the

local Ghanaian languages, TWI. The audio recordings of these interviews were transcribed verbatim in TWI and then translated to English. All transcripts were checked against the audio files to ensure their accuracy. Participants' anonymity was maintained using interviewee IDs, which corresponded with the surveys they also completed. Pseudonyms were randomly assigned for the purposes of this secondary analysis.

This chapter begins with descriptions of the 37 participants along with a summary of their demographic details. Following this, the findings of this analysis will be presented, including the themes and sub-themes.

The Participants

The 37 women ranged in ages from 20 years to 29 years (one woman was unsure of her exact age due to being taken away from her parents at a very young age). Most of the women had some form of education. Twenty-two women (59%) reported completing Junior High School (JHS), 9 (24%) started, but did not complete Junior High School, and 5 (14%) completed primary school. Only one person (3%) reported having "no formal education."

Although services were provided to women from Ghana as well as other neighboring countries such as Nigeria and Togo, all interview participants were Ghanaian. These women, however, originated from various regions across the country including: Ashanti ($n=5$), Central ($n=2$), Eastern ($n=10$), Greater Accra ($n=5$), Northern ($n=2$), Upper East ($n=2$), Upper West ($n=2$), and Volta ($n=9$). This is illustrated in Fig. 4 below.

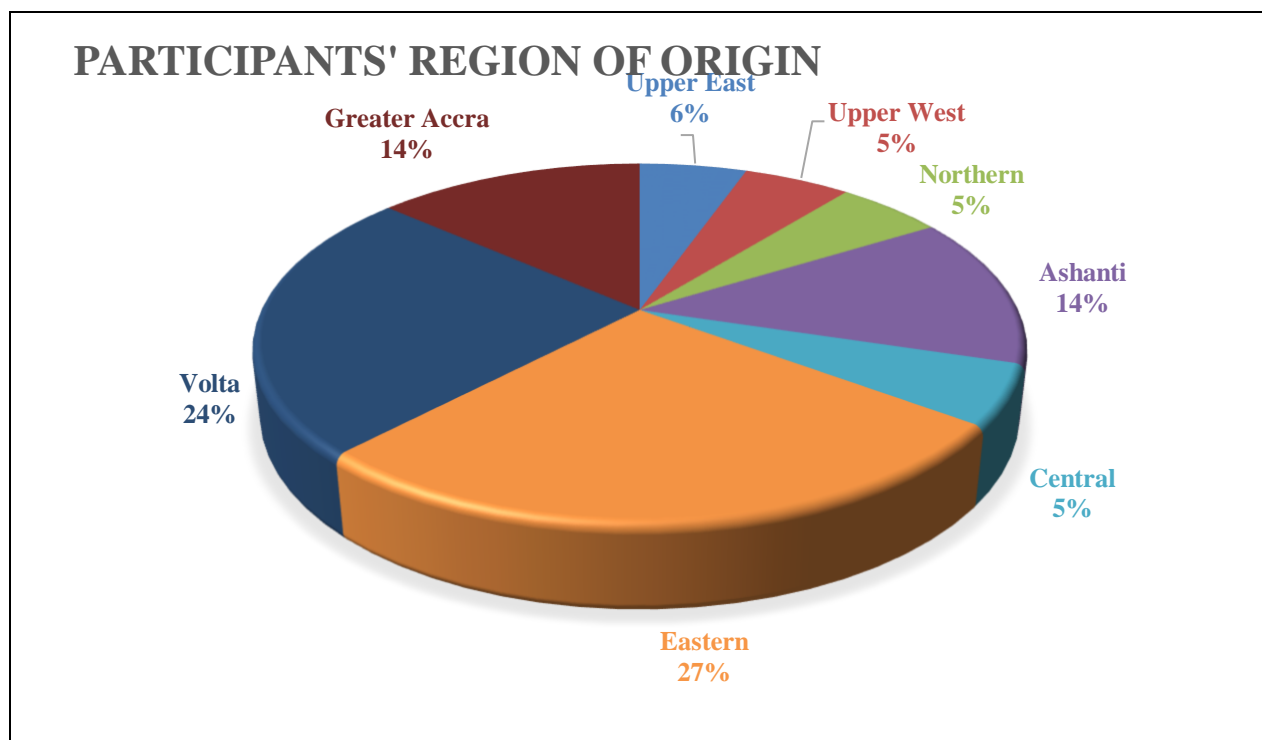


Figure 5. Pie Chart showing the distribution of participants' region of origin.

At the time of the interview, 89% ($n=33$) of the women reported being single, 3% ($n=1$) were married and 8% ($n=3$) reported that they were living with a partner. Thirty-five percent ($n=13$) of the women reported having a child since leaving the program.

One of the most critical services provided by Lifeline is the provision of skill training. All participants received this training which included: dressmaking ($n=17$), hairdressing ($n=11$), $n=8$ catering ($n=8$), and bead making ($n=1$) (See Fig.5). The women were enrolled at Lifeline between 2009 and 2015: 14% in 2009, 27% in 2010, 8% in 2011, 8% in 2012, 16% in 2013, 8% in 2014, and 19% in 2015 - which meant that their time out of the program ranged from 2 to 8 years.

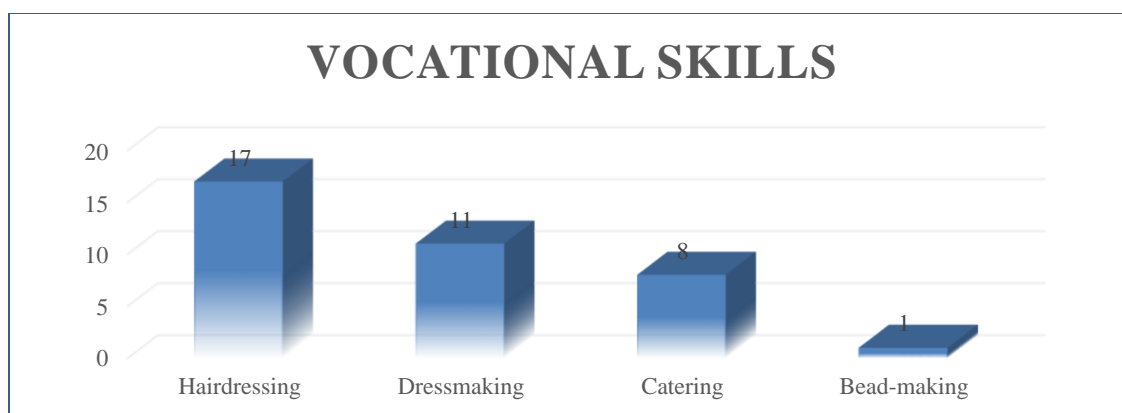


Figure 6. Bar chart showing the distribution of skills among participants.

Of the 37 Ghanaian women interviewed for this study, 14 women described circumstances that were indicative of involvement in domestic human trafficking. Their experiences included working for little to no pay as domestic workers, in restaurants or “chop bars,” vending at the local market, Kaya or street portering, and assisting with small home businesses. Additionally, many of these young women experienced various forms of physical, emotional, and sexual abuse. Some of the ladies also described not having adequate food, clothing, or shelter while carrying out these jobs.

The remaining 23 women described their experiences prior to enrolling at Lifeline as having worked as vendors selling pure water or sachet water, credit transfers, utensils or food items, helpers at the stone quarry, or assisting their parents in their home businesses. Although these women did not disclose circumstances that alluded to exploitation or trafficking, it is important to recognize the cultural context of this study wherein open discussion of any form of abuse or exploitation is taboo. It is possible that several (or all) of the 23 women may have experienced conditions that may be categorized as trafficking, but due to fear of being stigmatized they chose to dilute the descriptions of their experiences or omit certain details. Since I am unable to

confirm this, these women, for the purposes of this study, have been categorized as vulnerable or at-risk.

An analysis of the factors that contribute to the vulnerability of all 37 women showed that there were three interrelated factors: lack of (or limited) education; family circumstances such as death of one or both parents, or large family with multiple siblings; and poverty. All of the women reported being unable to complete their formal education due to their parents' inability to provide the necessary finances. Many of the women also reported depending on one parent, the mother, for financial support due to the death or absence of the father. This, along with having several siblings and limited finances, exacerbated conditions which led to these women entering the job market at very young ages. The combination of their desperation and a lack of parental supervision while working outside of the home, led to the exploitation of 14 of these women. The remaining 23 women described living conditions and circumstances very similar to those who disclosed their exploitation, which led to their identification as "at-risk" and very likely factored into their admittance into Lifeline.

The proceeding sub-section provides a deeper look at the individual experiences of each of the participants and Figure 6 below provides a breakdown of each participant's demographic information.

MJ

MJ is a 23-year-old, self-employed dressmaker who attended Lifeline in 2009. Before Lifeline, MJ lived in Accra with a male herbalist who was supposed to assist her with an ailment she was experiencing at the time. She spent two years in the home of the herbalist who refused to allow her to return to her family. The man claimed that she would be killed if she were to return home as there were people spiritually monitoring her with evil intentions. While living with the

herbalist she was made to clean, fetch water, do laundry, prepare food, and complete other household chores from early morning until late evening each day. She also worked as a street vendor during this time.

MJ was released from this exploitive situation when the herbalist left Ghana without notifying her, leaving her unsupervised. She was directed to Lifeline by a friend of the herbalist, a nurse, who felt compassion for her. MJ remarked that after enrolling in Lifeline: “I realized I had gained some source of happiness from my new environment which I could not have had at home.” She graduated from the program after a year and is now running her own business sewing clothing for others.

Aki

Aki is a 23-year-old former Lifeline client. Prior to being admitted to Lifeline, Aki’s father handed her over to live and work for a family, because he had lost his job and was unable to continue to provide for her. She stayed for over year at the place her father had taken her, but in that time, she was beaten and mistreated by the adults in the home. She also dropped out of Junior High School (JHS) during that time. She learned about Lifeline through one of the agency’s teachers, and she enrolled in 2009. Since graduating from the program, however, Aki has found life to be very difficult.

At the time of her interview, Aki was employed selling cooking utensils since she had recently given birth, and the Master Trades Person (MTP) she was “polishing”¹ with had died due to illness. Aki reported that she was hospitalized due to complications with her pregnancy when her MTP became ill and died. As a result, the sewing machine she was presented with

¹ “polishing” is a term used by the participants that refers to the period of apprenticeship that each graduate embarks on with a Master Trades Person in their specific field. They also refer to this period as “attachment” and “continuing.”

upon graduating from Lifeline was locked in the MTP's shop along with his equipment. It has been over a year since his death and his family has refused to allow Aki to retrieve her machine. She now fears that the machine may no longer work as it has not been maintained in more than a year. Since she lost her machine and has been unable to continue training in her craft, Aki has been selling wares for the past seven months. She stated that this job has been challenging for her as customers often take items on credit and do not pay on time. Aki is also constrained by now having to care for her young son. Reflecting on her time at Lifeline Aki stated: "Sometimes I reminisce about my experience here when I look at my pictures. I realize that Lifeline really helped me. If I had been patient, it will have really helped me."

Carrie

Carrie is a 27-year-old young woman, originally from Volta Region in Ghana. Carrie found out about Lifeline from a former Lifeline client who told her about the program after hearing her story. At that time, Carrie was living with an aunt in Accra. Carrie's goal was to further her education, however, her family had no money to assist her. So, she earned money by making "gari" (food) and other commodities for sale. She was admitted to the program in 2009 based on her vulnerability due to a lack of education and financial difficulties. While in the program, she learned catering. Carrie now has her own shop using the skills she acquired in the program.

Ife

Ife is 27 years old and is originally from Central Ghana. Before going to Lifeline, Ife completed JHS and dreamed of enrolling in a vocational school to learn dressmaking. However, her mother could not afford to support her aspirations and her father was deceased. Further, Ife reported that her family was pressuring her to marry someone, which she refused as she wanted

to attend vocational school. As such, to support herself, Ife followed some of her friends to Accra where she worked as a bread seller while living with her aunt. Ife reported that the challenges she faced during that time were “many” as sales were sometimes low and she experienced headaches due to the long hours in the sun while selling. She would often have to use the little money she earned from her sales to purchase drugs for her headaches. Ife learned about Lifeline from a friend who encouraged her to go to the agency and share her story. She was admitted into the program in 2009 where she learned dressmaking. Although she does not currently have her own business, she reports that she now has her “own independent livelihood” working at the dressmaking shop of another woman. Ife stated “though I do not have my own shop now, it is a thing of the past for me to beg to survive. If I had not come to Lifeline, I do not know where I would have been now.”

Joy

Before coming to Lifeline, Joy faced many challenges with her family. She reported that she was staying with an aunt who took her to a woman who claimed that Joy was a witch. They cut off her hair, stoned her with eggs and took her around the town where she was severely beaten until she had marks all over her body. During that experience, she was given water to drink from the lady who called her a witch and from that day she was unable to speak and when she did speak she would stutter (which she did not experience before this). Joy stated that she eventually returned to her mother who enrolled her in school. However, she eventually dropped out of school as her mother did not have the finances to support her continued education. Additionally, her step father did not want her living in the home with him and her mother. As such, when she found out about Lifeline from a friend she jumped at the opportunity to learn a skill and to have a place to live away from her family.

Joy is now a 24-year-old and is training to be a dressmaker. She learned hairdressing while at Lifeline but switched to dressmaking after graduating, which is what she initially wanted to learn when she enrolled in the program. Joy stated that she wanted to take up dressmaking but she was discouraged from doing so by a friend who told her that it was difficult. Also, Joy believed that because she was not “brilliant” or “academically good” and she would not have been able to learn dressmaking. She now regrets making that choice. Life has been difficult for Joy since leaving Lifeline due to financial difficulties that inhibit her from being able to complete her training in dressmaking. She sometimes does jobs cleaning or taking care of someone’s shop in order to save money to continue her training.

Shay

Shay is a 20-something year old participant who was taken from her parents as a child. Shay does not know her parents nor does she know her exact age. Shay reported that before lifeline, life “wasn’t good at all.” The woman who took her from her parents, took her out of school after “class four” (primary school) and made her sell pure water in the city, even when she was “ill, had back aches or it was raining.” Shay reported that there were times when she was made to sleep outside of the woman’s home. On one such occasion, she was sexually assaulted by a strange man.

Shay discovered Lifeline one day while she was in town purchasing items to sell for the woman. She witnessed a graduation ceremony at the agency and inquired about the services. She was interested in the program because she was unhappy living with and working for the woman and she desired to learn a skill. Although the woman was not in favor of Shay enrolling at Lifeline, Shay was persistent and was admitted to the program. She reported, “when I came here, it was good. This place is far better than the place I was.” Since graduating from the program

Shay became self-employed, frying and selling “buffloath” from the woman’s home (who is now deceased).

Kay

Prior to attending Lifeline in 2014, Kay sold pure water in the morning and returned home in the afternoon to assist her mother who sold oranges. Kay reported that she dropped out of school because her parents could not afford to buy her books. She found out about Lifeline from a former resident who advised her that she would receive help through the program. Kay desired to learn hairdressing, so once she heard that Lifeline offered training in that area she was encouraged to enroll. She reported that all her needs were met while in the program and now that she has left the program “life has been very okay” Kay is now 20 years old and is “polishing” her hairdressing skills with a MTP.

Jan

Twenty-year-old Jan began her interview by stating that since leaving Lifeline her life is now “better than what it used to be.” Jan stated that before Lifeline her life was “really bad.” She has no formal education, and food, clothing and shelter were all “big issues.” Jan began work at a young age weeding people’s farms to assist her mother in feeding her family. Jan, along with her sisters, then moved to Accra where she worked for five years at a stone quarry, breaking stones. Jan discovered Lifeline when one of the program’s employees visited the quarry and informed Jan and others like her about Lifeline’s program. Jan enrolled in the program shortly after that visit and graduated in 2010. She is now a self-employed seamstress. She credits Lifeline for teaching her a skill she can use to earn a living, and also make clothing for herself and her family.

Abby

Abby is a 26-year-old hairdresser who attended Lifeline in 2010. Abby stated: “Ever since I left Lifeline, my life has been better than before I came to Lifeline. I am able to work and make money to take care of myself. Before I came to Lifeline, life was very difficult for me. I had no hope in life at all.” Before Lifeline, Abby lived with someone who promised to support her with an apprenticeship. However, “things did not work out well,” and she ended up experiencing “problems, troubles and sufferings.” Before she found out about Lifeline, she and a friend were living in a wooden structure (Kiosk) after running away from the home of a person she was living with. While living in the kiosk, Abby earned money from her boyfriend who she reported provided her with money after sleeping with her. She was not working and had no other means of income. A Lifeline employee saw her one day while she was walking in the streets and told her about the program. Abby was immediately interested and opted to enroll. While at Lifeline, she learned hairdressing and is now employed using this skill. Abby aspires to acquire a place so that she could operate her own business one day.

Pia

Like many of the young women at Lifeline, Pia comes from a poor family who could not afford to allow her to further her education beyond Junior High School. Before attending lifeline in 2010, Pia worked with her parents selling wares for their trading business. She also frequented the stone quarry where she helped her mother’s friend “collate and collect the chippings” for tips from the quarry’s customers. It was at the quarry that she learned about Lifeline through one of the program’s outreach activities. Pia enrolled in Lifeline in 2010 and learned catering while there. Since graduating, 25-year-old Pia started her own business making pastries and special-order birthday and wedding cakes.

Gemma

Gemma is a twenty-three-year-old young woman who, prior to attending Lifeline, worked as a domestic worker for a Lebanese family for six months before finding employment at a cosmetic shop. Gemma completed JHS but her family did not have the finances to help her further her education. Gemma learned about Lifeline's program from a deacon and his wife at her church. The deacon's wife, who was a former teacher at Lifeline, informed Gemma of the different skill training opportunities offered at Lifeline and encouraged her to apply. She always had a desire to learn fashion design so she took up dressmaking while at Lifeline. Gemma is now "polishing" her skills with a MTP. Although she enjoys her continued training opportunity, she admitted that she does not attend very often due to "financial constraints." She is looking forward to completing her training so she could make items to sell to support herself.

Bobbi

At 26 years old, Bobbi is a self-employed seamstress working out of her home. Bobbi attended Lifeline in 2010 after being introduced to the program by the sister of a former participant. Bobbi described her life before Lifeline as "really tough" since she was living with her grandmother who was experiencing financial difficulties. Bobbi worked at her grandmother's "provision shop" with the intention that her grandmother would send her to a vocational school to learn a trade. However, her grandmother's shop "collapsed," which led to Bobbi taking a job at a clothing store. When she learned about Lifeline she found an opportunity to learn a skill, which she greatly desired, without causing further financial strain on her family. Although she has experienced some challenges since graduating from the program, Bobbi is now able to support herself through her own sewing business.

Maia

Twenty-three-year-old Maia attended Lifeline in 2011. Prior to enrolling in the program, she completed JHS but had been unable to further her education due to a lack of finances. After completing JHS, she left her family's home to live with someone. At the time, her large family lived in a one room home and there was much conflict among the siblings. Finding no way to improve life while living in that situation, Maia accepted the offer of someone of a place to stay in exchange for her "help." Maia reported that after some time, the man wanted to have sex with her so she left his home and returned to her family, where "even what to eat is difficult, at times we sleep with empty stomachs."

Maia found out about Lifeline from a former JHS classmate who was enrolled at Lifeline at the time. Maia stated, "When I came here I was very happy; I was very happy because they feed me morning, afternoon, evening; they gave me a place to sleep." Maia learned to sew while at Lifeline and has used this skill to support herself since graduating.

Zi

Zi completed JHS but like many others, she was unable to further her education due to a lack of finances. As such, Zi supported herself by selling pure water. She found out about Lifeline while conducting her sales and enquired about what it would take to be enrolled in the program. She attended the program in 2013 and chose to learn dressmaking because: "when I was at JHS, my mother was a seamstress, so the way she sews and wear was nice, and I told her if I complete school and I'm not able to continue, I will learn how to sew to move ahead in life." Zi has had a difficult reintegration experience. Despite attaining her goal of learning to sew, she was employed at a biscuit factory. However, she reported experiencing pains in her waist, head,

and chest, which made it difficult for her to maintain her employment. As a result, she has had to leave her job and move in with her sister.

MK

MK is a 29-year-old woman who always liked cooking but aspired to attend technical school to learn “electricals.” After completing JHS, MK, who grew up in the Eastern Region of Ghana, moved to Accra where she worked at a chop bar before moving to another bar in Agbogloshie. MK’s life before Lifeline was “not good at all” because she was alone and slept at the chop bar where she worked. She worked from Monday to Saturday at the bar and did laundry for the bar’s owner on Sundays. MK reported, “the woman that I was working with, it was like she was controlling me. Even when I’m sick I have to go to work. And that one too was bothering me because she was not paying me much that I have to bother myself like that.” MK found out about Lifeline from a vendor she met while out looking for a job. She was admitted to the program in 2010 and learned catering while there. MK secured a job before leaving Lifeline and began working a week after her graduation. She now makes and sells meat pies. According to MK, “right now there is change in life. By God’s grace life has changed...it has changed positively.”

Emma

For 26-year-old Emma, “life was very difficult until I came to Lifeline to learn a trade, which is now an employable skill for me. Since I left Lifeline, I have come to realize that coming here has really helped me...Before, even money to buy food was even a problem but since I came to be trained at Lifeline, I could get some money from braiding someone’s hair...I am very happy.” Before attending Lifeline in 2011, Emma lived in a “very small room” with her sister, who did not treat her very well. During that time, she sold ice water for some time before going

to work at a biscuit factory where her older sisters also worked. The conditions at the factory were very difficult as they had to endure the heat from the ovens and burns from packing the biscuits straight out of the oven. She found out about Lifeline through her Pastor's wife who informed her that she could "learn an employable skill like dressmaking." Emma had already had some experience braiding hair before entering the program so she opted to learn hairdressing. After graduating from Lifeline, Emma was taken to her hometown to her family. However, life was difficult with her family, so she moved to back to Accra where she completed her "polishing" and is now "working for someone under the work and pay contract type of employment."

JJ

JJ is a 28-year-old former Lifeline resident who is now married and working as a hairdresser. Prior to attending Lifeline, JJ worked for ten years as "house help," which she described as "*difficult*." She learned about Lifeline when she met with girls from her village who were attending Lifeline at the time. They told her about the program and encouraged her to apply. She enrolled the following year and took up hairdressing and beauty care (manicures and pedicures). After graduating from Lifeline, JJ went on to continue her training at a hairdressing salon. JJ initially lived with her brother but then she got married and moved in with her husband. At her interview JJ noted, "I used to look down on myself, but not I am happy with myself...I dress well now because I use my skill to work to earn money for myself. It [Lifeline] has really changed my life."

Marissa

Before attending Lifeline in 2015, Marissa spent her time selling corn dough in the market in Accra. Marissa lived with her aunt and her aunt's husband at that time because her parents were deceased. Marissa had dropped out of JHS, but she had been saving the money she earned from selling corn dough, to pay for sewing classes. Marissa learned about Lifeline after seeing some of Lifeline's residents at the market one day. The girls explained the program to Marissa and directed her to the agency. Marissa enrolled in the program and chose to learn dressmaking. Marissa is now employed using the skill she learned at Lifeline, and is saving her earnings so she could open her own shop one day.

Hazel

After completing Junior High School in 2011, Hazel moved to Accra where she began working as house help for a family of four. After leaving that job, Hazel sold "sachet water" and slept in a kiosk. Hazel stated that after completing JHS her family did not have the money for her to further her education at Senior High School. As such, she recognized her need to learn a skill in order to become employable. She desired to learn hairdressing so she chose that option when she enrolled at Lifeline. After graduating from Lifeline, Hazel was taken to live with her parents, which did not work out well. Hazel left her parents' home and returned to Accra where she worked at a supermarket as a cleaner. She did this for two years before she was able to enroll herself in a program to learn dressmaking. Although she is not currently working using the skill she learned at Lifeline, Hazel, who is now 23 years old stated, "...when I came I was able to learn it [a skill]. Now I can plait someone's hair very well and it will be alright. And, also, with the little experience I had in dressmaking, I have been able to learn it more and now I can do both. The training they gave me has helped me. Now I can do all and I like it."

Kita

Similar to most of the women in this study, Kita completed JHS but was unable to further her education due to a lack of funding. After completing school, Kita was unemployed (“just roaming about”) and living with her mother. She learned about Lifeline from her mother’s friend who worked at the agency as a caretaker of the girls. She attended in 2012 and chose to learn hairdressing. According to Kita, “this place has really helped me. I did not have any help so I could not braid hair and get money out of it but when I came here I have seen a massive improvement in my skills. I know that if I don’t have money on me, someone will be in need of my services and will pay me afterward.” Since graduating from the program, Kita completed her polishing and is now working and saving her money to open her own shop.

Nakia

Before joining Lifeline in 2009, Nakia had faced many challenges in her life. Nakia lived with her grandmother and elder brother since her parents did not live in Ghana at that time. Due to financial difficulties, Nakia dropped out of school to allow her brother to continue his education. Nakia stated that the plan was that her brother would complete his education, become successful, and then provide for her to complete her education. However, finances were so strained in their household, Nakia went to work as house help for a family. Nakia reported that she also had to sell sachet water for her boss. She stated that the woman did “hurtful things” to her while she lived there. She was made to sleep on the porch and was sexually assaulted as a result. Nakia became very depressed due to her situation and she would often cry while out selling the sachet water. One day while she was crying, she was approached by a woman whose daughter had attended Lifeline previously. The woman told her about the program and provided her with money to get to the agency. Nakia interviewed for the program and was immediately

admitted. She completed the program and went on to polish her dressmaking skills with a MTP. Since completing her polishing she has started own business sewing for clients from her grandmother's home. She is currently saving her money to purchase a container to set up her own shop. She is still affected by her negative experiences prior to attending Lifeline, but with the counsel of her grandmother and the help she received while at Lifeline, she is learning to cope. When asked about her life now, Nakia stated, "it [life] has been good, things were bad before I came here [but] now it is better."

Lily

Lily is a twenty-seven-year old mother of a two-year old boy, who attended Lifeline in 2010. Prior to participating in the program, Lily lived at home with her mother and eight siblings. She had completed JHS, but was unable to further her education due to financial difficulties. At that time, her father had already passed away and her mother was ill (now deceased). Lily was unemployed, but aspired to become a lawyer or a dressmaker. Her dream of becoming a lawyer did not materialize, but one of her former JHS classmates told her about Lifeline as an opportunity to learn a skill. Lily joined the program in 2010 and chose to study dressmaking. Since graduating from the program, Lily has set up a small shop where she sews for clients, and sells additional items to attract clients to her business. She hopes to one day be able to purchase a container or larger shop that she could sell "dressmaking things" on one side and rent the other to someone else. Lily stated, "Lifeline has really helped me. If not for Lifeline I believe I wouldn't have been where I am, because it has materialized my childhood thought."

Linda

Linda is a twenty-six-year old former credit transfer vendor who attended Lifeline in 2010. Due to her father's illness and a lack of finances, Linda was unable to attend secondary school. Like many of the young women in the program, Linda desired to learn a skill. As such, when Lifeline staff came to the area where she worked and informed her and other girls working like her about their program, she was eager to become a participant. Linda learned catering while at Lifeline, and has set up her own business selling "chips, meat pies and drinks" since graduating. She hopes to expand her business soon by buying a larger oven so she could bake in larger quantities.

DJ

Before attending Lifeline in 2010, DJ worked for a woman who had taken her from her parents with the agreement that in exchange for helping her with business selling yams, she would help DJ to learn a skill. According to DJ, based on the way she was treated, she knew that the woman would not fulfill her end of the agreement. She stated that each day when the business closed the woman would go home and leave her to sleep with the yams. "I used a small piece of cloth to make my bed on the floor and sleep while this woman goes home with the child." She also reported that the lady would give her GHC1.00 each day to purchase "gari" for her evening meal instead of allowing her to eat regular meals like the woman's child. DJ found Lifeline through a friend who also enrolled in the program. At Lifeline, she learned dressmaking. Now, at twenty-three years old, she earns a living as a self-employed seamstress.

Avi

Avi completed JHS in 2014, but her work selling sachet water and breaking stones began while she was still in school. Avi awoke as early as 3 am each day due to the long distance she had to walk to school. After school, she would sell water at the market because the woman she lived with was a trader. After selling, she would return home to cook for the woman and “fetch water.” She would also work while at home “mashing” salt and measuring powdered pepper for the woman’s sales. Avi stated, “I used to get tired and I became sad by the circumstances.” After living and working with the woman for some time, Avi returned to her mother who took her to Accra to complete JHS. Avi was admitted after she completed JHS. She graduated after a year in the program and went on to polish her skills in hairdressing. Initially, Avi’s post-Lifeline experiences were very difficult as she was unable to find work after polishing. She sold pies for some time before going to work for pay with a “porridge” seller and then a “woman who sold rice.” However, she has since returned to hairdressing working at her cousin’s salon. She desires to open her own shop one day.

Ayanna

Ayanna is a twenty-four-year old mother of one child and is soon to be engaged to be married. She attended Lifeline in 2013 and she learned dressmaking. Ayanna’s mother initially wanted her to learn catering, but she chose dressmaking because of her love for fashion. Before attending Lifeline, Ayanna completed JHS but was unemployed. She spent her days helping her mother who sold fried yams at night. She was directed to Lifeline so that she could learn a skill to become employable. After graduating from Lifeline, Ayanna completed two years of additional traditional with a MTP. Her training is now complete and she is employed as

seamstress at someone's shop. She also takes on small sewing jobs at home to earn "pocket money."

Aneisha

Aneisha attended Lifeline in 2012, and learned hairdressing and beauty care (manicure and pedicures). Aneisha had only attended form one in JHS before dropping out due to her family being unable to afford to pay her school fees. As a result, Aneisha began working for a family friend who owned a shop. She eventually left that job and began "hawking" sachet water and detergents at the market in Accra. She did this for three years before enrolling at Lifeline. She found out about the program one day when she saw some of Lifeline's students at the market in their uniforms. She enquired about the program and was told by the market's security that Lifeline was a place where she could learn a skill. She interviewed for the program and was admitted. While at Lifeline, Aneisha had a great relationship with the teachers as she showed a great determination to learn. After graduating from the program, she polished her skills and then became an apprentice for her sister who is also a hairdresser. Aneisha's sister ran a small shop outside of the family's home. However, her sister eventually closed her shop and moved to another area because her clientele had reduced. Aneisha continued using the space where her sister had her shop but she found that many of the people in the neighborhood preferred to travel to other beauty shops outside of the area. She then began going to the homes of elderly women to do their hair and their nails. She also found a job working for someone but the money was "small" and she would only be called to work when there were a lot of clients. Aneisha is currently saving the money she earns from her jobs to acquire her own shop.

Ashley

Similar to all the young women in this study, Ashley enrolled in Lifeline to learn a skill to become employable. Before Lifeline, Ashley lived with her family - mother, stepfather, and siblings - in a single room. She could not sleep there because of a lack of space, so she slept in “deteriorating” kiosk. To help her family, Ashley sold pure water before and after school. She dropped out of school just before entering JHS, and enrolled in Lifeline shortly after. While at Lifeline, she learned hairdressing, which she now uses to earn a living. Since graduating from Lifeline Ashley has started her own business, braiding hair. She stated, “at times I may not have money, but someone could call and say I should come and braid her hair, then I will go and do it. At times, I get GHC50 or GHC20, so now it has made things manageable for me...”

Adrienne

Before enrolling at Lifeline in 2015, Adrienne had completed JHS and was working as a maid. She did not speak much about her experiences as a servant but she stated that the situation was so bad that she eventually returned to her home town. She had heard about Lifeline previously through one of the agency’s staff but had been unable to enroll at that time, because the program was full. However, once space became available she was called to participate. Adrienne was interested in learning catering but that option was no offered when she enrolled in the program, so she chose hairdressing. Even though it wasn’t her first choice, Adrienne enjoyed learning to do hair while in the program. Since graduating from Lifeline, however, Adrienne has had a very difficult time. She was unable to polish her skills due to becoming pregnant and she is now unemployed and lives with her boyfriend who provides for her financially when he can.

Diana

Diana describes life before Lifeline as “very difficult.” She recalled a time when she was involved in a hit and run accident while out selling pure water. She initially did not report what had happened to her because she was working for someone who owned a chop bar. However, she began experiencing pain the following day and was taken to the hospital. After this incident, she stopped selling pure water and began cooking food to sell for the owner of the chop bar. She stated that she would wake up at 2 am each day to cook, and then she would go around and sell the food. She had no place to go so she would sleep in the shop where she worked. Diana discovered Lifeline on her own when she passed by the building and saw the girls and “some white people” there. She approached the security guard and informed him that she was looking for a job. He advised her about the program and told her to return another day to speak with one of the staff. She returned and was interviewed by the staff and admitted to the program. She chose to study dressmaking. Life was initially difficult after graduating from the program because she had to wait some time before she was given a sewing machine. However, she has since gotten a job working for someone as a seamstress. She still has some financial challenges but she stated, “because I came to Lifeline and I’m now out, life is better than when I wasn’t here.”

Keisha

Keisha is a twenty-six-year-old young woman who attended Lifeline in 2012. Prior to enrolling at Lifeline, she had completed JHS but was unable to find employment. To assist herself and her family she “sold pure water in town.” At the time, she lived with her mother and father. She learned about Lifeline from a Pastor at her church. She initially wanted to learn catering but that option was already full by the time she was admitted into the program, so she

chose dressmaking instead. Unfortunately, since graduating from the program Keisha has been unable to continue her training and is now unemployed. According to Keisha, her brother had initially helped her find a place to polish her skills, but she encountered issues due to a lack of money and an unplanned pregnancy.

Selah

Selah is a twenty-three-year old young woman who worked for a woman “taking care of her child” prior to enrolling in Lifeline. Selah completed JHS and went on to work at a chop bar before going to work with the woman and her child. She reported that while working and living in the home of the woman whose child she took care of, she was not treated well: “when come to food, sleeping, waking up all. I don’t eat well, I don’t sleep early and I wake up early, work throughout and she does not treat me well.” Selah found out about Lifeline through a friend who was a former Lifeline participant. She was admitted into the program in 2013 and she chose to learn dressmaking. She graduated from the program and went on to polish her skills, which she was still doing at the time of her interview.

Sunny

Sunny is twenty-two-year old young woman who studied hairdressing and beauty care while she attended Lifeline in 2014. Before Lifeline, Sunny lived with her mother (her father is deceased) and her younger siblings. Due to the family’s lack of finances, Sunny became employed as house help, caring for a disabled child. The child was unable to walk, so Sunny’s job was to take the child to school each day and stay with her there. After they returned from the child’s school in the afternoon, Sunny would then have to see to the household chores. When she realized that she was not being paid for this job, Sunny turned to Lifeline: “the thing that brought

me to Lifeline is that I want to get better and become somebody in the future.” After graduating from the program, Sunny faced some challenges as her family did not have any money to assist her in polishing her skills. As such, she was at home for almost a year before she found a job with someone who was willing to pay her. Sunny hopes to be able to save her money from this job to purchase a container to start her own beauty shop one day.

Lisa

Like many of the other ladies, Lisa completed JHS but was unable to further her education because of her family’s financial constraints. Her cousin had attended Lifeline in 2009 and after graduating from the program she directed Lisa to enroll. Lisa was admitted in 2010 and chose to participate in the catering program. She chose this option because she was passionate about catering: “that was what I always intended to do even whilst I was in school and I had that passion. I wanted to learn catering but my mother did not have enough money to sponsor my education.” After graduating from Lifeline, Lisa stayed at home for a year due to a lack of finances to help her polish her skills. During that time, she learned to “decorate places for events” and so, she decided to polish her catering skill in cake making to add on to this new skill. At the time of her interview in July 2017, Lisa was still polishing her skills but was due to graduate from that program within a few months.

Leana

Before Lifeline, Leana led a challenging life. At a young age, she moved to Accra where she found a job with a woman who sold charcoal. After some time at the job, she discovered that her mother had given birth, so she moved to the town where her mother lived. She attended Junior High School briefly while living with her mother, but dropped out because her stepfather attempted to solicit sex from her in exchange for money. Because of this, she ran away from her

mother's home. While on the run, she met a man who told her about Lifeline. Leana was admitted into Lifeline in 2015 and she went on to learn bead making. In addition to acquiring this skill, Leana also "learned how to live life with class and style."

However, after graduating from the program Leana encountered some challenges. She had returned to live with her mother and stepfather but there was a fire at their home, which led to her losing all her belongings. To assist herself and her family, she sold sachet water but was unable to save her money, as one of her siblings was hurt in the fire and she had to help with his care before he eventually died. Even though she has had many challenges, Leana is very resourceful. For instance, she stated that she had used the money provided to her to attend this interview to purchase beads to make slippers (sandals) to sell. Although she does not have any money and is in a very difficult situation, she is determined to use the skills she has acquired to improve her life.

Meg

Meg was admitted to Lifeline in 2010 and she studied catering while in the program. Meg's father passed away just as she was completing primary school, leaving her mother to care for Meg and her five siblings, on her own. Meg, being the second oldest child, began selling "food stuff" after school so she could earn money to help her mother. She did that for two years before taking on work as "house help." While in that position Meg experienced "a lot of misery" as the husband in the home attempted to rape her while his wife was asleep. When Meg left that job, she dropped out of JHS and worked at a chop bar for a year. She had planned on using the money she saved from this job to go on to learn a skill. However, unknown to her, her mother, who she had given the money to keep for her, had used the money for the upkeep of their household. After discovering this, Meg moved to Accra to find other work but kept encountering

situations where people would take advantage of her. For instance, she worked for a Nigerian man who wanted to have sex with her in exchange for her work. She refused to exchange work for sex so she went on to another job where she was promised 20 cedis a month. However, at the end of the month she was only given 15 cedis and was told that she could either take it or leave the job. She left that job after some time to work for someone who promised to save up the money she earned to pay for her training. After working for this person for 8 months she was only given 4 months' pay. After all these experiences, Meg was an ideal candidate for Lifeline. She was admitted in 2010 after learning about the program from a past student, and she went on to learn catering. She graduated from the program and is currently working on saving her money to open her own shop soon.

Leah

Growing up, Leah never knew her father. So, with her mother alone providing for Leah and her siblings, Leah had to step in to assist as much as she could. While in primary school, she assisted her mother who sold items at the market. Leah did not sell with her mother while she attended JHS, but once she completed school she returned to assist her mother once again. Leah was interested in learning to sew, so when she heard about Lifeline, she decided to enroll. She was admitted to the program in 2015 and chose dressmaking. Since graduating from the program, Leah has started her own business sewing for others from her home. Her business is doing well as she discovered that “if you wear western dresses or attire as a seamstress, you will not get customers. But, if you sew some African wear with different style and you wear it yourself, it will attract customers because they will ask where did you sew it.” At twenty-three-years old Leah has been able to change her life using the skills she learned while at Lifeline.

Participants' Profile								
Name	Age	Marital Status	Education	Region of Origin	Child at Lifeline	Child Now	Year started at Lifeline	Skill
MJ	23	Single	Junior High School	Eastern	No	Yes	2009	Sewing
Aki	23	Single	Junior High School (did not complete)	Upper West	No	No	2009	Sewing
Carri	27	Single	Junior High School	Volta	No Response	Yes	2009	Catering
Ife	27	Single	Junior High School	Central	No	No	2009	Sewing
Joy	24	Single	Junior High School (did not complete)	Central	No	No	2013	Hairdressing
Shay	Unknown	Single	Primary School	Ashanti	No	No	2011	Catering
Kay	20	Single	Junior High School (did not complete)	Greater Accra	No	No	2014	Hairdressing
Jan	20	Single	No formal education	Northern	No	No	2010	Dressmaking
Abi	26	Single	Primary School	Eastern	No	Yes	2010	Hairdressing
Pia	25	Single	Junior High School	Ashanti	No	No	2010	Catering
Gemma	23	Single	Junior High School	Volta	No	Yes	2015	Dressmaking
Bobbi	26	Single	Junior High School (did not complete)	Eastern	No	Yes	2010	Dressmaking
Maia	23	Single	Junior High School	Volta	No	No	2011	Dressmaking

Zi	22	Single	Junior High School	Volta	No	No	2013	Dressmaking
MK	29	Single/Engaged	Junior High School	Eastern	No	No	2010	Catering
Emma	26	Single	Junior High School	Eastern	No	No	2011	Hairdressing
JJ	28	Married	Junior High School	Volta	No	No	2015	Hairdressing
Marissa	26	Single	Junior High School (did not complete)	Eastern	No	No	2015	Dressmaking
Hazel	23	Single	Junior High School	Upper East	No	No	2013	Hairdressing
Kita	24	Single	Junior High School	Greater Accra	No	No	2012	Catering
Nakia	26	Single	Junior High School (did not complete)	Greater Accra	No	No	2009	Dressmaking
Lily	27	Single	Junior High School	Eastern	No	Yes	2010	Dressmaking
Linda	26	Single	Primary School	Greater Accra	No	No	2010	Catering
DJ	23	Single	Primary School	Upper East	No	No	2010	Dressmaking
Avi	22	Single	Junior High School	Volta	No	No	2015	Hairdressing
Ayanna	24	Other	Junior High School	Eastern	No	Yes	2013	Dressmaking
Aneisha	21	Single	Junior High School (did not complete)	Volta	No	Yes	2012	Hairdressing
Ashley	21	Single	Primary School	Ashanti	No	No	2013	Hairdressing
Adrienne	23	Other	Junior High School	Volta	No	Yes	2015	Hairdressing
Diana	24	Single	Junior High School	Upper West	No	No	2014	Dress making

Keisha	26	Other	Junior High School	Ashanti	No Response	Yes	2012	Dress making
Selah	23	Single	Junior High School	Ashanti	No	No	2013	Dress making
Sunny	22	Single	Junior High School	Volta	No	Yes	2014	Hairdressing / Beauty Care
Lisa	26	Single	Junior High School	Great Accra	No	No	2010	Catering
Leana	20	Single	Junior High School (did not complete)	Northern	No	Yes	2015	Bead Making
Meg	28	Single	Junior High School (did not complete)	Eastern	No	Yes	2010	Catering
Leah	23	Single	Junior High School	Eastern	No	No	2015	Dress making

Figure 7. Participants' Demographic Profile

Major Themes

This section provides a descriptive analysis and contextualization of individual intervention and post-intervention experiences as reported within the n=37 participant interviews. The literature reviewed for this study identified several barriers to reintegration along with a compendium of services, which were deemed essential in the restoration and reintegration of human trafficking survivors and the prevention of trafficking for at-risk persons. However, one primary limitation of the extant literature was the paucity of studies that gave voice to trafficking survivors and vulnerable women in expressing their own needs and assessing the services provided to them. Thus, the rationale, purpose, and research questions of this study were derived from the necessity of providing an opportunity for these women to share their experiences.

The seven major themes that emerged in this study included: 1) goals, 2) positive experiences at Lifeline, 3) negative experiences at Lifeline, 4) achievements after Lifeline, 5) challenges after Lifeline, 6) family dynamics, and 7) recommendations for improvement. These themes helped to contextualize the experiences of trafficking survivors and vulnerable women in Ghana. Figure 7 depicts these themes and their associated sub-themes. These themes represent an illustration of the key factors identified by the interview participants, based on the similarities encapsulated across their accounts. Thus, they are not intended to be representative of a comprehensive report of all experiences.

There were four key questions underpinning the analysis of the themes: a) why did participants enroll in this program?; b) what were their experiences in the program?; c) how did the program impact their lives?; and d) what would they change about the program? Thus, multiple sub-themes emerged based on frequency of occurrence among the transcripts, as well as

their significance to the study. For example, some sub-themes were not discussed by many participants, but were selected for inclusion in this report based on their significance and their implications.



Figure 8. A graphic depiction of the themes and sub-themes.

Theme 1: Goals

To elucidate participants' contextualization of their intervention experiences and its impact on their lives, they were asked to share their reasons for enrolling at Lifeline. Their primary reasons included, learning a new skill to get a job, and improving their lives. A third reason, to negate negative attitudes, was an anomalous statement shared by one participant, but

was included in this report because it was potentially indicative of other participants' experiences.

To learn a skill/get a job. Most participants came to Lifeline to learn a new skill that would increase their employability. For many of them, the desire to learn a skill existed well before they ever heard about Lifeline. In fact, some had even considered attending vocational school but were stymied by their lack of finances. For these women, learning a vocational skill represented an opportunity to mitigate the effects of their incomplete education and equip them with the potential to become employed. For these women, learning a new skill to secure a job was more than a desire. It was a critical need given that their lack of education, and the resulting inability to secure employment, were major contributors to their exploitation or vulnerability to exploitation. Additionally, none of the participants had heard of any other programs that offered the same or similar services as Lifeline, at no cost. As such, Lifeline provided an opportunity for these women to make substantive changes to their future well-being by enabling them to pursue professional goals of becoming hairdressers, dressmakers, or caterers.

I came here [Lifeline] so I could find work to do...When I completed school [JHS], I was idle at home doing nothing since there was no money for me to further my education...When I was in school, I had interest in catering. And that would have been what I would have pursued if I had furthered my education in a vocational school. When I came here, it was an opportunity for me to take it up. (Pia, 25, Lifeline participant, 2010)

To improve their lives. In addition to the desire to learn a vocational skill, a common thread among many participants' accounts was the desire to "be somebody in the future" or "become someone great." Underpinning their stated goal of becoming "someone great" was the

need to improve the quality of their lives. Based on their accounts, many of these women lived in overcrowded homes with their siblings, in kiosks and other makeshift accommodations, or in the homes of relatives or strangers who physically, emotionally, and/or sexually abused them.

Additionally, for many of them, the most basic needs such as food and feminine hygiene products were difficult to obtain. As such, their lifestyles and socioeconomic status placed them at the bottom of society. Consequently, for these women, the yearning for a positive change in their circumstances was a powerful motivator, and a primary reason for coming to Lifeline.

My aim was to learn a vocation, so that I become someone great. The fact that I wasn't able to further my education doesn't mean all hope is gone. (Joy, 24, Lifeline participant, 2013)

To negate negative attitudes (stigma). Finally, while most participants were driven by personal motives to learn a new skill and to “become somebody,” Joy also revealed that she was motivated by the desire to negate the negative attitudes she experienced because of the type of work she engaged in prior to attending Lifeline,

I want them to know that my hope is not gone, I want to let them know I can do something, I can fight and move forward. My mother's sisters, they use to say this every time that when I come to Accra [to work], it will never be well with me, I will give birth, my child will be roaming about, I will give birth and my husband will be pulling truck and I have only one cloth around me. So, I want to let them know and show them that if someone doesn't go to school mean all her hopes are gone. This is something I aim at, to let them know that the vocation I'm in can improve me and not school alone. (Joy, 24, Lifeline participant, 2013)

In her statement, Joy spoke of when she would “come to Accra” which was a reference to the practice by several young women, of leaving their local villages throughout the various regions of Ghana to move to major cities such as Accra and Kumasi, to find work. Due to their lack of or incomplete education, the young women (often minors) engaged in low-paying, unskilled means of earning income, which included vending and porting items on their heads for customers. These activities exposed these girls to exploitation as many unscrupulous individuals habitually took advantage of their desperation for money. Additionally, in order to supplement their small earnings, some of the young women engaged in sexual relationships with men, which often resulted in unplanned pregnancies and/or the acquisition of sexually transmitted diseases, which led to them being stigmatized. As such, although Joy was the only participant to identify stigma as her reason for attending Lifeline, it was deemed a significant finding as many others may have had similar experiences but did not disclose this during their interviews.

In this major theme, participants recalled that their voluntary enrollment at Lifeline was influenced by their desire to learn a new skill in order to secure employment, which was fueled by wanting to change their lives, their personal aspirations and, in one noted case, stigma. This is a significant starting point for this thematic analysis because it provides the lens through which participants share their experiences during and after Lifeline, and establishes a framework for examining their experiences.

Theme 2: Positive experiences at Lifeline

This sub-section highlights the program attributes identified by study participants when asked, “what did you find helpful at Lifeline?” or “what did you like about Lifeline?” The principal intent of this line of inquiry was to ascertain participants’ descriptions of their positive experiences along with their positive assessments of the services they were provided. From their

responses, the following sub themes emerged: excellent teaching, positive staff relationships, positive peer relationships, access to necessities, access to medical services, spiritual activities, social activities, the no-exit policy, and access to the tools/materials,

Excellent Teaching. According to Macy and Johns (2011), most trafficking survivors lack education and the necessary skills to secure and sustain employment. Further, many women and children are driven into trafficking due to economic reasons and are therefore, at high risk for re-trafficking when they reintegrate to the same economic conditions (Dahal et al., 2016). As such, vocational skill training is one of the most critical means of supporting the restoration and reintegration of trafficked and vulnerable women, particularly given their low levels of educational attainment and economic challenges. The goal of this type of training is to provide women with the necessary skills to forge their independence through earning an income, thereby mitigating their risk for trafficking and re-trafficking. Thus, it is imperative that service providers ensure that this service is of the highest quality, beginning with well-trained, client-centered instructors.

At Lifeline, the instructors received remarkably high ratings from most of the participants. They were praised for their patience, their instructional quality and their support and encouragement to the participants. Several participants reported that they felt like the teachers truly cared about them, which motivated them to keep working even after graduating from the program, when life became challenging again.

They loved us, if they didn't love us they would not teach us well and shower us with kindness like they did. For some of us who had never been to school, they were able to have patience and teach us even though it may have been really difficult. They were

sympathetic, focusing more on what they needed to teach us rather than what we did.

(Nakia, 26, Lifeline participant 2009)

Positive staff relationships. To ensure their safety while in the program, participants at Lifeline were not allowed to leave the compound unless they were provided permission by the staff. Due to these restrictions, participants' interactions were primarily limited to their peers and the program's staff. Thus, these relationships were significant as they helped to shape participants' overall experiences in the program. Moreover, participants' relationships with staff were important as many of them had few positive experiences with adults (including family members) prior to entering the program. However, based on most accounts, the staff facilitated a supportive culture within the program that allowed them to win the trust and respect of the participants. In so doing, the staff also provided a support system for participants whose families had little to no contact with them during their time in the program. Moreover, these relationships continued after participants graduated, as several of them reported that they maintained regular communication with Lifeline's staff and kept them informed of their achievements.

When asked about their relationships and interactions with staff at Lifeline, common comments included: being treated like family, being able to go to staff for advice, being able to approach staff with any issues or complaints, and having social interaction with staff ("fun"). Some staff members were also integral in helping participants to overcome the challenges they encountered in the program.

I thought not everyone succeed in life and I nearly gave up. I wanted to go back, but when I went to my 'father', my social worker, he will call me and say "Meg*, life is not easy as you see it. It may be easy for some, others it is not, but it is up to you to fight it to make it easy. Focus on what you want to achieve and not what is going on around you. It

won't be there forever.” He gave me the courage to move on. That was how I was able to make it. (Meg, 28, Lifeline participant 2010)

Positive peer relationships. In Gibbs et al.'s (2015) conceptual model of services for trafficking survivors, peer relationships address survival and stabilization needs and potentially lead to permanent connections, which are one of their proposed indicators of successful reintegration. Thus, positive peer interactions at Lifeline represent a critical finding in this study that is not only indicative of a positive intervention experience but also lays the foundation for future evaluations to examine the impact of these relationships on participants' long-term outcomes.

For the Lifeline participants, the dynamic of constant contact with a group of strangers with similar experiences but from different backgrounds and geographic regions (which meant they spoke different languages), created opportunities to establish new friendships and learn new languages. It also led to the creation of a peer network that provided support throughout the program. “We had a good relationship. If we had problems we could sit and talk and advise each other” (Sunny, 22, Lifeline participant, 2014). Also, for many participants, these peer networks continued well after graduation from the program.

Our relationship was great because we saw ourselves as people at the same level with the same mindset and had things in common. For that relationship, we had it and we are still having a good relationship now. (Meg, 28, Lifeline participant 2010)

Access to necessities. Studies on human trafficking interventions identified that one of the foremost service needs of survivors after they are identified, is the provision of necessities – food, clothing, shelter and toiletries (Hammond & McGlone, 2014; Macy & Johns, 2011). According to Clawson et al. (2009), participants are best suited to attend to their other needs

(mental health, education, etc.) only after these basic needs are addressed. In the current study, this was particularly important as several participants reported that prior to Lifeline, food, clothing and other necessities (sanitary protection, soap, etc.) were a primary concern. As such, it was not surprising that the provision of necessities was one of the biggest highlights of their experiences in the program. The provision of these necessities made participants feel like they were truly cared about and it allowed them to focus on the more important aspects of the intervention, without having to worry about their next meal or whether they would have detergent to wash their clothing.

When I came here, it was good, this place is far better than the place I was. It was good because they give us food morning, afternoon and evening, even pad, things, dresses and they also advise us. So, I took this place like my mother and father, over here I was very happy. (Shay, age unknown, Lifeline participant, 2011)

Hazel also shared a similar perspective,

Personally, I really liked it when I was in Lifeline, I was happy here, because there were little, little things that I would not have when I was outside like pad, omo soap [washing detergent]. At CMB, we were sleeping in a kiosk. You will have to buy water before bathing. But when I came to Lifeline, you will bathe free, ease yourself free and we feel free, that is why I'm happy I came to Lifeline. (Hazel, 23, Lifeline participant, 2013)

Access to medical services. Due to the hardships and abuses trafficking survivors endure while being exploited, many of them have significant health needs by the time they are identified (Zimmerman et al., 2011). Additionally, in the context of this study, both trafficked and vulnerable women experienced the hardships of poverty and dangerous working conditions, where they were at risk for physical injuries, malaria, and other serious illnesses. Thus, medical

services provided through enrollment in the National Health Insurance Scheme (NHIS) were a critical element of Lifeline's program for which several of the women expressed appreciation. As NHIS subscribers, participants had access to the hospital for treatment of any illnesses as well as regular health screenings, which many of them did not have access to prior to attending Lifeline. MJ explained,

We were usually taken to the health facility any time you were unwell. Our time, we were subscribers of the National Health Insurance Scheme. (MJ, 23, Lifeline participant, 2009)

Zi expressed her gratitude for the medical assistance she was provided while at Lifeline,

Please during my stay here I didn't see anything that did not help me. Like when I came here every problem I faced, they find solution to it. When I came, I did something and I got hurt, even that they helped and the sore was healed. If they didn't help I would have said, when I came here I've gotten a scar, but when I came I didn't have any problem. (Zi, 22, Lifeline participant, 2013)

Spiritual activities. As a religious organization (founded by the Assemblies of God church) it was not surprising that spiritual activities were some of the more prominent means through which Lifeline sought to provide guidance to their participants. Morning devotions were infused into the daily routine of all participants, while Sunday church services and Friday night prayer meetings were weekly rituals that also formed part of the Lifeline way of life. It was through these interactions that participants were provided with moral and religious counseling, and given opportunities to assume leadership roles (e.g. school Chaplain) and engage in public speaking, which all helped to build their confidence, equip them with positive coping strategies, and prepare them for life after Lifeline.

Please what they did that really helped me was morning devotion. They will say today it's your turn to lead and we do it. Formerly, I was very shy, but now all is gone. (Keisha, 26, Lifeline participant, 2012)

Social activities. Although the weekdays at Lifeline were filled with chores and classroom learning, there was also time set aside each day for social activities, as well as on the weekends. Since participants were rarely allowed to leave Lifeline's compound once they entered the program, these activities, which included playing games, watching television, practicing one's craft such as braiding hair, and participating in special festivities during the holidays, helped to make the challenging experience of being in an unfamiliar setting and away from family more enjoyable. Further, due to the hardships they endured prior to attending Lifeline, some of the participants may not have had the opportunity to engage in these types of activities, particularly the more celebratory functions that occurred during the holidays and when the organization's foreign benefactors visited. As such, the social activities were among their most enjoyable aspects of their time in the program.

What really made me happy is when the foreign people came. When they come we make a circle where drums are played and we all dance to the tunes of the music. So, when the foreigners come we all play along and that really made me happy. (Bobbi, 26, Lifeline participant, 2010)

The no-exit policy. Safety is often one of the biggest concerns for human trafficking survivors, and those at-risk for trafficking, and is therefore typically a prominent discussion in the literature on trafficking interventions. Thus, it was this researcher's assumption that safety would be a major theme among Lifeline participants' accounts of their time in the program. However, surprisingly, there was very little mention of safety throughout participants accounts

except for their identification of the program's no-exit policy among the things they most liked about the program.

The goal of this policy was to protect clients, particularly given that the compound is in a town nicknamed "Sodom and Gomorrah" (Smith, Lowe, Hunt-Hurst, Okech, Blalock & Dery, 2013, p. 57). The town inherited this name because of the preponderance of illicit activities (drugs, prostitution, etc.) that take place there (Smith et al., 2013). As such, to protect the women and girls from the activities taking place just outside the walls of the compound, Lifeline implemented the no-exit policy.

Not surprisingly, some of the participants were not happy about this rule. However, there were a few women who recognized the need for such measures and expressed appreciation for it.

I think I liked most was the fact that we were not allowed to go home. It helped us a lot because most of us are either pregnant or have given birth. Some have children but left them home when they were coming, so being restricted was good for us. (Aki, 23, Lifeline participant, 2009)

Access to tools/materials. One important element of Lifeline's services that culminated their experiences in the program and was critical to successful reintegration was the provision of tools and materials to help in setting up participants' careers after graduating. This was a significant component of the reintegration assistance provided by the program that gave participants an advantage in seeking out apprenticeships (since the Master Trade Person did not have to supply them with tools), and made it possible for many of the women to choose self-employment after graduating. Although these items were provided at the end of participants' time at Lifeline, it was a noteworthy climax at the end of their overall positive experience in the program and emphasized the organization's supportive culture.

What happens when leaving it that, for those of us who did dressmaking, you are advised to search for a dressmaker who whom you would want to work as an apprentice. Once, you find one, then, Lifeline releases every item set-up as a parting gift/item due you to you so you could work with it at your new apprenticeship shop. Lifeline pays half of the cost of the apprenticeship while you also pay for the other half. That kind of gesture from Lifeline is very good and it gives one the sense of belongingness that even after completing your stay, Lifeline still cares about your welfare. It also serves as a motivation for us to succeed in all our endeavors in order to make Lifeline and its staff members proud. (MJ, 23, Lifeline participant, 2009)

Overall, most participants reported having very positive experiences at Lifeline. In fact, at the time of their interviews, several years after leaving the program, these women still expressed gratitude for the opportunity they had been granted to participate in the program, which for most of them, provided an escape from unpleasant living conditions, and the prospect of an improved quality of life,

What I know is Lifeline is good and it has helped us. Some of us were on the street and it has taken us from there so we did not end up sleeping with men and we learnt and it helped us. For women, if you are not working and you marry, your husband will beat you a lot, so if you have a job, you both contribute to the growth of the home. If you do not work, there is no profit in that. I believe that if a woman works it is good. (Marissa, 26, Lifeline participant, 2015)

Theme 3: Negative Experiences at Lifeline

Despite participants' generally positive comments about their experiences at Lifeline, there were some challenges in the program that marred their overall experiences. While some of these were beyond the organization's control, for example negative peer interactions and the stench emitting from a nearby gutter, many of the issues reported by participants could be addressed by the program's administrators. Thus, this sub-section seeks to facilitate improvements at Lifeline and add to the body of knowledge on human trafficking interventions that could help in the development of new programs and the improvement of other already established programs. Some of the challenges identified by participants included: poor/outdated teaching techniques, negative staff interactions, shortages in training materials and other necessities, chores, the types of food served, and the compound.

Poor teaching techniques. The teaching at Lifeline was a critical factor in the learning processes of participants, and provided the foundation upon which they built their competencies in their chosen fields through their apprenticeships after graduation. Thus, the more participants learned of the concepts and practical skills while at Lifeline, the shorter and easier their apprenticeships were, which meant they could move sooner toward earning an income. However, when the teachers at Lifeline provided inaccurate information or utilized outdated or incorrect techniques (as was the case in a few instances), participants struggled after graduation. This led to frustration and disappointment among these participants as some of them had to rely on their apprenticeships to learn the correct techniques they were supposed to have learned at Lifeline. One participant stated,

Yes please...She did not teach us the right way to make cake so it didn't help me at all...I was happy but not that much because I wanted more. Because I did not get the training I

had envisioned here, so I was happy but not much... She taught us some things but some of the things she taught, the method was not correct... When we bake pie and cake then it becomes hard, but when I went to the place [apprenticeship] I can tell the difference.

When we bake over there it is still soft after a day, but with hers it hardens within a day...

Every one of my colleagues are complaining about how she taught us. Her methods were wrong so none of my colleagues are using their skill to work, apart from one lady who is working at a restaurant. I decided to learn and polish my skill, so I am learning it. (Sunny, 22, Lifeline participant, 2014)

Negative interactions with teachers/staff. In addition to inaccurate and outdated techniques, there were some complaints of discrimination against and stigmatization of participants in the program. This was a surprising indictment against the program's staff as their actions had re-traumatizing implications for many participants, and thus, had the potential to set participants back in their efforts to change their lives. Although the study participants showed resilience in the face of this negativity and persevered (completed the program) despite the actions of those in authority, one wonders how many other participants dropped out of the program because of their negative encounters with the teachers and other program staff particularly give the statements of one of the participants,

The teacher that taught us didn't do well, her teaching was not really good. [Interviewer: Why will you say that?] She was discriminating among us and choosing whom she likes or not. I would not say much about it. [Interviewer: Please tell me I will like to know. It will help us.] She didn't make us feel happy, I almost gave up but I encouraged myself that I could make it. [Interviewer: Why did you want to give up?] It was because of her behavior, she made us feel like we are nobody. She would say they took us from the

gutter and have dressed us and we are now being stubborn. She made me feel like I am nobody or I don't exist. (Meg, 28, Lifeline participant, 2010)

Negative interactions with peers. One of the most noted negative elements of participant's experiences at Lifeline was peer conflict. Conflict, according to study participants, occurred frequently, and arose for various reasons including stealing from each other, differences in opinions, some participants being unwilling to do their share of the chores, and language differences due to participants originating from different regions of Ghana. As one participant stated, "When you stay with people it is very common to have disagreement on some issues, so that happens" (Gemma, 23, Lifeline participant, 2015).

The conflict was not surprising as the dynamic of a large group of young women from different backgrounds and geographic regions in constant contact with each other twenty-four hours a day, seven days a week, for nine months, is surely a breeding ground for conflict. Although some of the women expressed that they initially considered leaving the program due the conflict, it appeared to be handled well by Lifeline's staff, and in many instances, the participants managed to resolve their issues with each other over time. However, when asked what she did not like about the program, one participant shared the following, which was a common sentiment among several other participants,

What I didn't like here is, especially the northerners, they like quarrelling, every little thing then they will be quarrelling and want to fight, but they don't understand the Twi language, so when you speak it, they feel or think you are insulting them, then they will be quarrelling with you and want to fight you, they are also very strong so everything they want to fight. That was something I never liked over here... That is all, it's all about the fight, if you are chatting with someone and they don't understand then they want to

pick a quarrel with you, smallest thing, then they want to fight. (Ashley, 21, Lifeline participant, 2013).

Shortages in training materials. A large part of the skill training at Lifeline involved practical learning that required materials such as fabric, thread, elastic, etc. Unfortunately, due to shortages in program funding, there were instances throughout participants' time in the program where they experienced shortages in these materials, which led teachers to spend more time on the theory of the skill rather than the more critical practical elements. One participant explained,

We learned from a book. I think the only day for practical work was Wednesday. Even that wasn't every week due to financial difficulties. They had no money to buy things for practical work. We had minimum practical work but we learn from Monday to Friday. (Meg, 28, Lifeline participant, 2010)

Additionally, to supplement the lack of funding, some teachers attempted to raise funds through the participants. While in some instances they may not be a problem, in this context where participants came from very poor families and therefore had very little (if any) financial resources, this created some issues in the program. That is, by seeking out funding from participants, the teachers may have inadvertently isolated those who could not afford to contribute, and segregated the class wherein those who could contribute were able to move forward in learning the skill while those who could not were left without the practical experience. This participant shared her experience,

Also, when we have to do some practicals and the school has to buy materials like second hand elastic bed sheet, they use to buy. But it got to a time that we have to buy it ourselves. With this for instance, it becomes financial problem to some of us because there was no money. So, such a person will not get the material needed to get the work

done right. Some used paper, the texture of material is different from that of paper, so material will not be the same as paper, although it is the same style. So, with this, how this will be solved is to provide practical materials. Leah, 23, Lifeline participant, 2015)

Shortages in the provision of necessities. An earlier section highlighted the importance participants placed on the necessities received while at Lifeline, which was among the top things they most liked about the program. However, the significance of these items was further emphasized when participants also identified their experiences of occasional shortages as one of the things they did not like about the program. In fact, some participants expressed that the shortages of necessities like water, detergent, and feminine hygiene products, made their stay at Lifeline very difficult. Additionally, a few of the women alleged that the lack of necessities they experienced during the program was due to staff members hoarding the items and not that the organization did not have them. In either event, the necessities were important to these women and so, their unavailability at various points during the program added a negative mark on an otherwise positive experience.

They told us that we will be given detergent every week and sanitary protection every month. Sometimes your pad and soap will get finished, when you go for extra they will tell you that there is none available. So, you will not wash for that week. So, it was bad. (Linda, 26, Lifeline participant, 2010)

Chores. A significant proportion of each day at Lifeline was consumed in attending to various chores. Certainly, due to the large number of students and the size of the compound, there were no shortages of tasks to be completed each day. As such, to ensure that responsibilities were equitably shared, participants were divided into groups and assigned specific daily chores on a rotational basis. These assignments, which were performed

collectively, included assisting in preparing meals, sweeping the compound, scrubbing gutters, and cleaning the bathrooms. Participants were also individually responsible for maintaining the cleanliness of their dormitory.

Please we have been divided in groups, every group had its day. If it's our day, we wake up at 4:00am then we sweep the compound. When we are done then we scrub the gutters and bath house. When we are done then we go and bathe and dress up then go up there by 7:00 for morning devotion. After the devotion then we go for breakfast, then classes start till afternoon, then we go for lunch. But there are times that are kitchen days. It's a day that, let's say you will not sit in class, you will be working in the kitchen. When you are done before you come to class and also 30 minutes before break, you will have to go and arrange the tables for dining before time is up. This is not every day work. There are days for it, if it's your day then you go and do it, it has been scheduled from Monday to Sunday, so if your day is Monday you will be doing it once a week. (Zi, 22, Lifeline participant, 2013)

It was not surprising, however, that chores were among participants' least favorite aspects of the program. Some chores such as kitchen duties required participants to awaken early and kept them out of their classes on their assigned days. As such, when asked what they did not like at Lifeline, several participants, like Leah, identified chores,

Waking up at dawn and cooking... With waking up at dawn, when I came I learnt we were not the ones supposed to do the cooking, but I don't know whether we were many that's why we were doing it... Hm [respondent smiling] waking up at dawn [respondent laughing] waking up at dawn has really disturbed a lot of us. (Leah, 23, Lifeline participant, 2015)

Food. Despite the gratitude many participants expressed for the meals provided at Lifeline, some of the meals served were among the few aspects of the program that some participants did not like. This was an interesting finding as it appeared that, apart from participants' personal preferences regarding certain dishes, some of the issues with the food served at Lifeline were related to the fact that participants came from different backgrounds and geographic regions, which influenced the types of foods they were used to consuming. So, some participants complained of falling ill after eating foods they were not familiar with and others spoke of not knowing how to eat certain foods.

I liked everything, but when it comes to food, I never liked some. [Interviewer: like what?] Tuo zafi. [Interviewer: Have you learnt how to eat it now?] The old lady she forced me to eat it, I have never drank porridge. She forced me to eat that in the morning and forced me to eat tuo zafi in the evening. When we went to bed, I vomited and had diarrhea. I never eat any of those foods again. (Nakia, 26, Lifeline participant, 2009)

The compound. By most accounts, participants felt happy and safe while at Lifeline. The compound was maintained by the participants so there were no complaints about cleanliness, except for the stench that emitted from a nearby gutter. Also, there were caretakers who stayed with the participants 24 hours a day along with security at their gates, so there were few complaints about safety. However, one participant shared two instances that she witnessed where the security on the compound was breached, placing her in potentially dangerous situations. Although these appeared to be isolated incidents, they are concerning given the reputation of the area where the program is located and the past experiences of the young women in the program.

What I can say is during our time a thief jumped the wall and entered the premises. I will plead with Lifeline to wire the walls. I remember deciding to have my bath one evening

but I had to use the lavatory before I bathed. I was in the lavatory and I saw a man in his underwear with an earpiece in his ears. I didn't know how to speak Twi. I saw him but he didn't see me. I realized he was a man by looking at his face. There are no males here apart from the security men but they don't even come to this part of the compound. I was afraid and I prayed to God for strength to make noise otherwise he could molest or kill me. That was when I had an idea to use my slippers to hit the floor. If I did that he will realize there were many of us and he will run. After doing that, then I shouted "thief" and he ran off. The catering madam was around. They called the security men but I came out naked. When they all came out, we realized he stood on the chairs around our sleeping area to jump out. I want to beg them to wire the wall. (Nakia, 26, Lifeline participant 2009)

On the surface, most of the negative experiences expressed by participants appeared to be minor. However, they impacted participants' experiences in the program as well as the outcomes they experienced after leaving. These issues also had serious implications for Lifeline, such as the liability of participants falling ill due to food consumed while in the program. As such, this sub-section added more depth to the understanding of participants' experiences at Lifeline while helping to shed light on some critical areas for improvement of the program and setting the tone for the recommendations that will be discussed later in this chapter.

Theme 4: Achievements after Lifeline

At the start of their tenure at Lifeline, participants had two main goals: 1. to learn a new skill, to obtain employment using this skill, and 2. to improve their lives. Thus, the proceeding analysis of their experiences after Lifeline is examined in the context of their attainment or

progress toward achieving these goals. Participants' achievements included, acquiring vocational skills, employment, life skills, independence, self-confidence, and respect.

Vocational skill. Despite the challenges some of the participants experienced during the program, all of them graduated with some measure of competency in their chosen skill. Further, most participants were able to expand their skill sets through their apprenticeships. This was a major accomplishment for the women as learning a skill was one of the main goals for most of them. As discussed previously, learning a vocational skill presented these women with opportunities they would not have had otherwise, given their education levels and economic situations. Thus, when asked about their achievements since graduating from the program, most participants shared sentiments similar to the one expressed here:

My first success is the fact that I have learnt a trade from Lifeline. I have gained knowledge that will be beneficial to all my life. I have received an employable skill by kind courtesy of Lifeline which helps me to support and provide for myself. I now do not have to look up to anyone. (Abi, 26, Lifeline participant, 2010)

Employment. At the time of their interviews, most participants had found employment using their new skills, and many of them (n=17) reported establishing their own businesses upon completion of their apprenticeships. "Life is good now. I have completed my training, I have my own shop I am currently working in" (MJ, 23, Lifeline participant, 2009). Additionally, many others, like Emma (26, Lifeline participant, 2011), verbalized goals of also establishing their businesses in the future, "I am currently saving gradually to acquire my own shop or rent a place to operate from." Thus, when juxtaposed to their circumstances before attending Lifeline, it is evident that the training not only provided participants with the opportunity to learn a skill but to also earn an income and improve their lives.

Before, even money to buy food was even a problem. But since I came to be trained at Lifeline, I could get some money from braiding/plaiting someone's hair. I am really happy for what I have gained from Lifeline. I am very happy. [Respondent giggling]. I do not know how to express my joy. Now, my sisters and I, we have been able to rent our own apartment and pay for our utility bills. It is no more like before when we used to struggle. (Emma, 26, Lifeline participant, 2011)

Life skills. At Lifeline, participants' days were carefully planned and governed by a strict schedule, which began early each morning. Additionally, participants were given roles (entertainment prefect, chores prefect, chaplain, etc.) and responsibilities that maintained the established order of their daily routine, while also providing them with critical life skills.

In human trafficking intervention literature, life skills training was identified as one of the long-term service needs of both survivors and at-risk women and girls. While Lifeline's life skills training curriculum was not explicit, these critical skills, which included cooking and caring for a home, decision making, and effective communication, were transferred to participants through their daily routine (chores, classes, spiritual activities, and social activities) and their interactions with staff. Several participants recognized the lessons learned from these activities and identified them among the aspects of the program they found most beneficial. Many of them also saw the impact of these skills in the experiences after leaving Lifeline. For example, one participant shared that she was formerly afraid to speak and could not make eye contact with others while speaking. However, since leaving Lifeline she feels more confident and is more comfortable engaging in conversation with others. There were several other stories like this. Hazel shared about the discipline she gained at Lifeline:

[Interviewer:...what do you think really helped you?...]the discipline they gave us when we were at Lifeline. Because when I came out, it has really helped me, and the work we do here nicely, it has helped me such that as I'm out now, if I face such work I can do it, because I was taught in Lifeline. [Interviewer: What kind of work?] Like the training of cooking in the kitchen, cleaning our rooms. At times after bathing, when we come to our class, the woman who takes care of us can go back to the dormitory. If you don't lay your bed, you will be punished, so we all lay our beds before we coming down. So when you go back to the room, you will realize that everyone has laid their bed nicely. So now that kind of life has been inculcated in me, if I wake up, I lay my bed. (Hazel, 23, Lifeline participant, 2013)

Shay shared about her improved communication skills,

Now it's okay, it's very okay, because here we have been taught how to talk with an elderly person. Whether old or young, you have to respect the person. So, that is how I live my life. Formerly, I talk harshly with people, but when I came here I was taught how to speak with people, so it has helped me. (Shay, age unknown, Lifeline participant, 2011)

And Meg shared that her time at Lifeline taught her how to make better decisions.

It has helped me in diverse ways, in many ways. It has helped me in decision making, because decision making is not easy and I have learnt how to make my own decisions. It has made me to be confident to know what I want and fight for it, when I make a decision it is final. Through that I have learnt how people are and know how human beings can behave I am now able to distinguish between pretense and truthfulness. I know those who will stay through thick and thin and those that will leave in diverse situations. Having

passed through these things it has made me realize what I am capable of and what I can't do. (Meg, 28, Lifeline participant, 2010)

Independence. One major way in which many participants' lives improved after Lifeline was that they were able to gain their independence. Prior to Lifeline, many of the young women depended on their parents, siblings, and intimate partners to cater for their needs. However, since graduating from Lifeline and completing their apprenticeships, several of the women reported that acquiring a skill at Lifeline afforded them the opportunity to earn an income, which meant that they no longer had to depend on others or accept jobs that would leave them vulnerable to exploitation.

I am very proud that I was accepted at Lifeline and now I have my own livelihood which I can say that I am also a "madam" that is independent now. Many girls came to receive this training but could not continue with it after graduating. Though I do not have my own shop now, it is a thing of the past for me to beg to survive. If I had not come to Lifeline, I do not know where I would have been by now. (Ife, 27, Lifeline participant, 2009)

Self-confidence/pride. Along with independence, came pride and self-confidence. Although most of the women did not speak about stigma in their interviews, their circumstances left them vulnerable not only to exploitation but to negative attitudes from those around them. Stigma can have a very powerful impact on the mental health of individuals, resulting in anxiety and depression, and can impede the reintegration of survivors and vulnerable women. However, participants eschewed the stigma they endured prior to attending the program as their self-confidence and pride grew through the training they received at Lifeline and the successes they experienced after graduating.

[Interviewer: How has it benefited you?] In diverse ways. For instance, I completed JHS and I can read and write. So if I am a hairdresser, that does not make me an inferior person. Those who have higher level of education come to me to do their hair. It makes me happy. And I take pride in that since I was once a nobody and if I could make people's hair and I am praised by many. (Emma, 26, Lifeline participant, 2011)

Respect from family/community. One of the most challenging aspects of reintegration for trafficking survivors is being accepted by family and community members. However, in this study most participants reported not only being happily accepted by their family and community, but also being able to earn their respect. "This has gained me some respect any time I go back to my hometown" (MJ, 23, Lifeline participant, 2009). For many of these participants, that respect came through their ability to now assist their families financially and by using their skills, for example sewing clothing for family members. This is a major accomplishment for many of the participants and therefore a source of great pride for them. One participant proudly shared,

Even I currently have three of my siblings living with me. I am the one taking care of them. One of them just completed the Basic Education Certificate Examination (BECE) and will be furthering his education. I am so full of joy and proud of myself too. My parents have now come to realize that I have also been able to contribute my little quota to the benefit of the family as a whole. They now acknowledge that I am the bread winner for which without me, my family will be not be able to support itself. (MJ, 23, Lifeline participant, 2009)

In this theme, participants reported the positive outcomes they experienced since graduating from Lifeline. These included acquiring a skill, becoming employed or self-employed, acquiring life skills, gaining the respect of family members, independence and self-

confidence. Participants' experiences varied based on several factors including the length of time out of the program, family support, length of apprenticeship, etc. The following theme explores several of these factors (challenges) in greater depth to facilitate a better understanding of their experiences and the factors that delayed or impeded their ability to attain their goals.

Theme 5: Challenges after Lifeline

Human trafficking literature identifies several barriers to reintegration. These include, stigma, family dynamics, health, finances, sense of self, and a lack of information or access to support services. The participants in this study experienced several of these challenges in addition to a few others that were unique to this study. The challenges identified by the participants were: continuing education, self-employment, and health issues/pregnancy. Family dynamics also played a major role but was examined as a separate theme.

Continuing Education. It is a common practice that after graduating from Lifeline, participants complete an apprenticeship which they refer to as “attachment,” “continuing,” or “polishing.” The apprenticeship is an important step for Lifeline graduates because the training they receive in the program does not sufficiently equip them to find jobs in their chosen field. As such, upon their graduation from the program, their case workers escort them back to their parents (when possible) and assist them in identifying a Master Trade Person (MTP) in their field with whom they could complete their training. The case workers also help to negotiate the details of cost and the length of the apprenticeship. Once the details are agreed upon, Lifeline pays half of the cost, while the graduate's family is responsible for the other half. However, due to a lack of finances, many participants were delayed in beginning their apprenticeships and some returned to unskilled jobs so they could save enough to pay their fee.

Further, even when participants could pay their half of the fee – through the assistance of family, their own savings, or people in their community – they still faced challenges with their living arrangements and having to cater for their needs during this period, which lasted between six months to two years, depending on the MTP and the graduate's knowledge and ability. Thus, although the apprenticeship is beneficial for participants and an essential step in them being able to obtain employment, due to the financial situations of participants and their families, it presented a challenge for many of the women, like Bobbi who stated,

One challenge I faced was I had the intention of polishing the skills I had learnt but it was difficult for me because I had no one to assist me financially. So, before I go and polish the skills. I stayed home for some time. (Bobbi, 26, Lifeline participant, 2010)

Self-employment challenges. Under most conditions entrepreneurship is a fulfilling but challenging undertaking. As many of the participants discovered, there are a lot of risks and uncertainty involved and it can be frustrating at times, particularly when profits are slow in the early stages and customers are difficult to manage. Several participants reported having customers who ordered items but did not return to pay or who would pay slowly over time. This was very discouraging for the young entrepreneurs who were operating with limited resources and depended heavily on the earnings from their businesses to cater for their needs, and in some instances, help provide for their families.

Life has been difficult. It got to a time that I even got angry and decided to stop sewing, because when you sew the person will not come for her dress and will not pay you for your work done. Some will also come and collect the dress and deceive you the next day. They will pay but will not come. When you go to her house and you don't take care it will turn to quarrel and so on, so I decided to stop because you will sit and sew with

backaches and when they come to collect they don't want to pay. Some will also give you let's say ghc5 tomorrow and say "I will pay the rest," the person will not come again. Some will not pass by again and later if you see the person, then it turns to quarrel or fight. Lily, 27, Lifeline participant, 2010)

Accounts of challenges like this highlighted an important aspect of intervention programs that is often neglected due to limited resources – aftercare. As one participant stated in her interview, the need for support does not end once participants graduate from the program. Most (if not all) of these young women had never ran a business on their own prior to attending Lifeline, and most of them likely did not have family members who supported them through the initial stages of starting and running a business. Although they received some training at Lifeline in business management, many needed additional support such as business mentoring to help them navigate through some of these issues and ensure the long-sustainability of their businesses.

Health issues/pregnancy. For some of the women, health issues or unplanned pregnancy became a barrier to their successful reintegration. Although pregnancy is not a health issue, in this context it had the same effect (when added to financial hardships and a lack of support) on the lives of some of the women, as the one participant who experienced health issues after leaving program. It delayed their progress. These participants reported that they had to stop working or stop their apprenticeships either during pregnancy (due to illness) or after giving birth (to provide child care), which meant that they had to rely on others or return to unskilled labor, such as selling bananas at the market, to provide for their needs.

Now I'm in the house so, I'm not doing anything... When I left, I got myself pregnant.

Yes, so back to square one. (Adrienne, 23, Lifeline participant, 2015).

This theme highlighted the fact that participants' experiences after Lifeline varied based on several challenges including continuing education, self-employment, and health issues/pregnancy. However, one of the biggest contributors to the variations in experiences after Lifeline was family dynamics. That is, family finances, family acceptance upon their return, support from their parents and siblings following graduation from the program, and stigma. As such, the following theme examines participants' family dynamics.

Theme 6: Family Dynamics

Family dynamics was a key factor in participants' experiences prior to Lifeline and their outcomes after reintegration, and thus, was one of the biggest themes that emerged in this study. This sub-section examines these dynamics through four sub-themes: family finances, family relationships, reunification experiences, and stigma.

Family finances. While each participant's story was unique, there were several commonalities throughout their accounts, which helped to elucidate the experiences of trafficked and at-risk women and girls in Ghana. One common characteristic shared by all participants was the risk factors that contributed to their vulnerability to human trafficking. These were: experiences of abject poverty, lack of or low levels of education, and the lack of appropriate employment opportunities. All three factors were interrelated but the lack of finances was at the core of all other hardships experienced. That is, their low levels, or lack of, education were the result of their family's inability to fund their education, which then led to difficulties in acquiring employment, which in turn led to their exposure to exploitative situations.

Compounding the financial hardships experienced by families were other factors such as the absence of fathers in some homes due to death or negligence, unemployed parents, mothers/caretakers who carried out similar jobs to the participants (stone breaking, farming,

hawking items, etc.), and large families. Given this, it is unlikely that participants would have been able to navigate out of their circumstances without an intervention such as Lifeline.

He [her father] was a police officer and during the reign of Rawlings, they sacked people due to various reasons so he was sacked. He had a land in [redacted] and he went there. When he realized how things were, he knew he couldn't cater for me so he brought me to someone at [redacted]. How the person mistreated me, I stayed with the person for a year, her husband and her could join forces and beat me up... - (Aki, 23, Lifeline participant, 2009)

The literature reviewed identified finances as a major barrier to reintegration, which proved to be true for this cohort of participants. Although Lifeline sought to mitigate this challenge by providing participants with skill training and the necessary tools of their trade (e.g. sewing machines, hair dryers, ovens, etc.), participants' family situations did not change in their absence, and as such, they faced the same poor economic conditions upon their return home. In several cases, the family's lack of finances impeded or delayed participants' ability to continue their training after graduating from Lifeline, which in turn, inhibited them from being able to acquire employment using their newly acquired skills. This meant that some participants had to return to unskilled labor or depend on intimate partners to cater for their needs, which placed them at risk for trafficking (again) and further delayed their progress toward attaining their goals.

Family relationships. In conjunction with family finances, family relationships were critical to participants' experiences before, during, and after Lifeline. Participants' accounts of their experiences confirmed Surtees' (2017) assertion that family can be both facilitators and inhibitors of the reintegration process. That is, participants adjusted better and faster to life after

Lifeline when their family members were more supportive. Those who did not have this support struggled emotionally and financially.

[Interviewer: What problem is back home?] As I was saying I was never worried during my stay here, as to what I will eat but since I started working, I have not received any help from my neither my mother nor brothers. If they had helped, I will be okay. (Avi, 22, Lifeline participant, 2015)

One interesting finding in this study was the role siblings played in shaping these women's perceptions of their families. For instance, there were several instances where participants identified an older sibling as being their primary "helper" before and after Lifeline. Some were even encouraged and supported by those siblings to attend Lifeline. On the other hand, some of the women also experienced maltreatment at the hands of older sibling(s), which caused them to isolate themselves from their families. Both scenarios brought to light cultural norms wherein older siblings assume parental responsibilities (financial and emotional support) in large families, particularly those experiencing financial hardships.

I have been accepted to come and learn a vocation, so I was very happy I came. Even on my way going there were tears in my eyes and I said oh God when you create helpless person then you create his helper. So I went home and told my sister Esther this and this is what has happened and she said "is that so"? I said yes they have accepted me, they said this this and this and she was happy. So that day my sister said she had some money, she is going to withdraw. She did withdraw the money and she actually came to town to buy bag that we will fold my things in it. She bought bucket, sponge and towel and other things and put it in the bag and escorted me to the school. (Lily, 27, Lifeline participant, 2010)

Reunification. Family acceptance of participants after graduating from Lifeline was another important sub-theme in this section. After graduation, most participants were escorted back to their parents where the reunification, in most cases, was positive. These families were happy to receive their daughter/sister back into the home and were proud of what she had achieved in graduating from this program.

They were very happy. They received me like a visitor and I was very happy. Ooh they treated me very well and they were so happy. My child is back, our family member is back and now she is madam, she will sew our dresses for us. These were some of the things they were saying. (Leah, 23, Lifeline participant, 2015)

Some of the women however, had mixed or purely negative receptions upon their return to their families, mainly due to their economic situations. In these cases, families saw the participant's return as an additional burden being placed on their already limited resources. Although these women understood their family's position, the undesirable reception upon their return had a negative psychological impact that may have in some ways, hindered their attainment of their goals.

I can say, they did not receive me that happy, because when I came here, it was like when I was there, I was another problem, because what they will eat, it was like was very difficult, and I have come here and I'm now coming back with a problem on them bothered them in some way, but there is nothing they could do so I have to go and stay with them like that. Honestly, they were not happy, and it bothered me as well that I'm going to put my burden on them, but there is nothing I could do, no matter what that is the place will go. (Maia, 23, Lifeline participant, 2011)

Stigma. According to the literature reviewed, stigma is a major barrier to reintegration of human trafficking survivors (Crawford & Kaufman, 2008; Dahal et al., 2015; Surtees, 2017). Studies have found that stigma often prevents survivors from seeking out intervention assistance as it identifies them as being a part of this stigmatized group (Brunovksis & Surtees, 2007). Interestingly, stigma was not a popular (frequent) theme among this cohort of participants. That is, very few participants reported having experienced stigma before or after attending the program. There may have been several reasons for this including the fact that participants' families were in the same poor economic situations and were therefore, supportive of participants' efforts since it would also positively impact the family. However, the few participants who did report having experienced stigma after Lifeline, reported being referred to as an "animal," "child labor," and "slave" by family members, intimate partners, and community members.

Yes. I did experience some kind of stigma from my father. [Interviewer: Could you explain?] I do not know as to whether because I had the chance to be enrolled by Lifeline, he was jealous or not. After three months of exiting Lifeline, anytime he sees me, he sarcastically refers to me as an animal. (DJ, 23, Lifeline participant, 2010)

Participants' family dynamics were interwoven into all aspects of their experiences after Lifeline. These dynamics, which included finances, relationships, reunification, and stigma, which both positively and negatively impacted the reintegration outcomes of these women. As such, it was necessary to examine family as a separate theme in order to understand participants' post-intervention experiences in totality. The final major theme of this study, is a description of participants' recommendations for improvements at Lifeline.

Theme 7: Recommendations for improvement

Overall, participants' experiences at Lifeline were positive. In fact, when asked what they did not like about the program or what they would change about the program many of the women stated that they have no complaints nor was there anything they would remove. However, some participants provided recommendations for improvement that were based on the challenges they experienced during and after the program, and their observations since graduating. These recommendations included, program funding/partnerships, microfinancing opportunities, extended time in the program, add new classes, update teaching techniques, increase and improve teachers, improve compound, improve the distribution of necessities, follow up with graduates, provide peer mentoring opportunities, and increase enrollment of participants.

Program funding/partnerships. Due to limited resources and changes in funding sources, programs like Lifeline often face financial challenges that impact the way the program is run. For instance, programs downsize by taking in less clients and/or reducing some of the services they provide. Lifeline has had to make some of these adjustments over the years, which has caused some concerns among many of the study participants. One participant expressed this during her interview,

But there was so much complains concerning the financial status of the school. After leaving Lifeline++ even I can see that the school is not like how it used to be when I was here. The enrollees are not many as it used to be. Our time, the enrollees were about 100 girls. Now, my observation here shows there's been a lot of changes because they are faced with water shortage, feeding is also a challenge and seeking healthcare from health facilities too, is problematic. When I used to be here, that was not the situation. We were

usually taken to the health facility any time you were unwell. Our time, we were subscribers of the National Health Insurance Scheme. But, now it is not like that. I sometimes feel very sorry for the current enrollee girls here anytime I come around to pay them a visit. There are still a number of girls out there on the streets that need help from Lifeline. I am sure even if such girls get to know about Lifeline and want to be enrolled here, there will no room to accommodate them. All these are related to financial challenges. If there were to be enough funds for the school, I am sure the school would have been doing better than this. (MJ, 23, Lifeline participant, 2009)

Thus, several participants recommended that Lifeline seek out more funding to provide training materials to participants and reinstate the catering class, which is no longer being offered. Additionally, one participant recommended that Lifeline formulate partnerships with other organizations and NGOs in order to assuage their funding challenges,

Something that can help Lifeline is to get more people to help them because what they are doing really help. Someone may be in my situation, a good or a worse situation than mine so if they get an organization or an NGO to help them it will be really good. This can help the women who are in those situations in the society. When I came here the last time they said they have stopped the catering class and I said that is bad. Because if someone is interested in catering and want to learn it now that they have stopped the class it will not help such person. So, they need the help of an NGO or an organization to assist them in diverse forms because the programs here are really good so they need to continue. (Linda, 26, Lifeline participant, 2010)

Microfinancing opportunities. A common theme among participants – which may be due to the teachings at Lifeline – is self-employment. Several of the women were already

engaged in building their businesses at the time of their interviews for this study, while several others expressed the desire to open their own shops one day. However, many of these women face financial barriers in starting their businesses as they are challenged with having to work to meet their own needs while saving to purchase a container or raise a kiosk. Thus, a few of the women suggested that Lifeline (funding permitting) provide opportunities for graduates to receive additional funding to establish or expand their businesses.

What I can say is that sometimes people are serious to learn ways to polish their skills.

Like me I was serious about starting my own business right after here, but because I was not adequately prepared I could not do so. That was why I went to polish it. During the polishing I decided that I will save so I can use it to open my own shop. I think that when we are done with the training, if you find a serious person, you can give them a startup capital to work with. I wanted that but I didn't get it. (Kita, 24, Lifeline participant, 2012)

Extend time at Lifeline. Typically, participants spend between nine months to a year at Lifeline before graduating and moving on to an apprenticeship where they spend between six months to two years furthering their training. The apprenticeship is a necessary step for Lifeline graduates as there is not enough time in the program for them to be taught everything they need to know to get jobs or start businesses using the skill. The apprenticeships, however, can be very challenging as they require a fifty percent payment from the graduates as well as funding to maintain their needs during this time, unlike at Lifeline where the training and all the participants' necessities are provided for free. Thus, some participants recommended that Lifeline extend the length of the program so that graduates would be able to begin working directly after graduating, instead of having to complete an apprenticeship.

What I would want them to do is, the one year that they give us and we graduate and later go and continue, I think if they do it two years and you we go and don't continue... I think if it is two years that they will use to teach, if you are a caterer when you go you start your work, if you are a hairdresser, if you go, you start your work, that will help us, because this place is good; when I came here I realized that this place is good, but because I went home and couldn't get anyone to help me continue, it's like it has not been beneficial. I hope you get me right... Upon all that I came to learn, because I went home and couldn't continue, because right now as I'm here hmmm... my brother says "what you went to learn? Still you are here. What benefit has it brought you?" So, if they do it one and half years, because of the way they teach, if they teach exactly one and half years, everybody can learn and when you go home you are free. Because they give machine, so if I came here and I got everything perfect before going home, I'm very sure by this time I will be okay. Please I hope you get me. (Keisha, 26, Lifeline participant, 2012)

Add new classes. In addition to reinstating the catering class, some participants recommended that Lifeline include new classes, which they believe would be beneficial for the new enrollees. For example, one participant recommended including computer classes,

Other people may like to learn computing so if we add it to the training, it will help others because it is not everyone who has a talent in sewing, catering or hairdressing. So, if we add that it will really help. Different things can help them. [Interviewer: Like what?] Computer classes or something. (Kita, 24, Lifeline participant 2012)

And, another recommended the inclusion of formal education,

I think that you should add on formal education so that it can help us especially with those of us who never had the opportunity to gain formal education. They can teach us a bit so we can learn how to read and write. So that we may not lack in that regard when we leave this place. (Bobbi, 26, Lifeline participant, 2010)

Update teaching techniques. Following some participants' complaints about the inaccurate and outdated teaching techniques used during their time at Lifeline, one participant recommended the use of the more modern styles in the dressmaking class as well as more focus on the basics of adult styles.

All that I'm trying to say is, it will be best to start with the modern styles. Although the baby styles are important, there are some basics that we need to know that will be of good help, because when you get these basics from the scratch and you apply to big dresses it helps. For example, when you are cutting the side to the armpit its four inches but you will cut it six inches and if it's an older person you have to multiply or add to get it. Because there are certain things that they will teach you the basics, but it's not everything that will be taught and in sewing day and night there are always new styles coming. There are certain styles they will teach you here as to how to cut, but when go out there, you will realize there are other new styles as well, so it's up to you to apply your little knowledge or else you will lose all your customers. (Leah, 23, Lifeline participant, 2015)

Increase and improve teachers. In addition to updating the techniques taught at Lifeline, participants also recommended that teachers be evaluated to ensure that they had the correct attitude when teaching this population.

They should evaluate the teachers. A person who cannot show love can't teach a large number of people from diverse fields especially to needy children. They are not supposed

to treat them like they are paupers. That put all their joy off and made the person's soul sadden because they are constantly reminded that they are nobody and all their expectations will go off. That is what I can say. (Meg, 28, Lifeline participant, 2010)

Moreover, to improve the overall quality of instruction in the program, another participant recommended an increase in the number of teachers since she believed that one teacher could not sufficiently cover everything that students needed to learn.

I want more teachers. What we have to learn is a lot so one teacher cannot do it on their own. So, it will help if there are more teachers. One teacher cannot adequately finish the syllabus, but if the teachers are two or more it will help. (Gemma, 23, Lifeline participant, 2015)

Improve compound. Participants had very little to say about Lifeline's compound – except in reference to chores – but several of them mentioned the nearby gutter, which emitted a stench and attracted disease carrying mosquitos. As such, one of the women recommended that the gutter be covered in order to reduce the health issues that several participants experienced during her time in the program.

Where we used to sleep, the rooms that we sleep, like insects, there is a gutter so when we sleep mosquito and other things bite us. It will help if they can do something about it. The scent of the gutter also comes inside we find it difficult to sleep. [INTERVIEWER: Okay, so what do you want them to do about it?] Like they should do something that will cover the gutter here, because when I was here, I was the one who take anyone who is sick to the hospital, if anyone is sick even if I'm in class they will come and call me, like I take care of them and take them to hospital and mostly it's malaria. (Shay, age unknown, Lifeline participant, 2011)

Improve provision of necessities. The provision of necessities played a major role in participants' descriptions of their experiences at Lifeline. While most of the women listed these necessities among the positive aspects of the program, several of them also spoke about the shortages, which created challenges for the participants. As such, Avi expressed some concerns about this, particularly in light of the recent changes made in the program,

What I want you to add on is the fact that our juniors may not get it as we did in terms for pad and other things. We used to get everything, even underwear but I heard it has not been like that. I am praying for that to change so they can benefit like we did. We used to get toothpaste, brushes and other things but these ones don't get it as we do. I pray they would be provided with such amenities and adequate water. (Avi, 22, Lifeline participant, 2015)

Follow up with graduates. Several participants reported that Lifeline's staff has followed up with them several times since leaving the program. However, one participant did not have this experience and as such, recommended that the staff do a better job of maintaining communication with graduates.

All I will say is that exiting Lifeline does not mean that we have "arrived" and finally made it. Exiting Lifeline means going into the world to face real life. When we exit, they have to follow-up on us to check as to everything is well because some graduate and venture into something not close to the training she had received. Once there is a continuous follow-up, it will serve as a monitoring tool where people will keep to the work for which they had been trained for instead of abandoning it and going back to their old life like say, trading... They could give the person a call to check on her. Other times

too, there should be a physical visit so that all that the person tells you on the phone concerning her work is true. (Ife, 27, Lifeline participant, 2009)

Provide peer mentoring opportunities. One of the more innovative recommendations made by participants is to utilize graduates of the program to mentor some of the new enrollees. For graduates of the program, it would be an opportunity to give back while helping others who have had similar experiences. It would also give the self-employed women the opportunity to work with an apprentice of their own, thereby obtaining assistance with their work, and helping Lifeline to save on the cost of the apprenticeships.

To improve Lifeline? Someone like me, I was even saying this at home, I wish that it would not be always that the girls will be here to learn the skill. We have gained experience now, like me, I have my own shop now. So, when the girls come, they can get a place, for instance, if you work at Madina or to the nearest place, the person can come to learn from us. They can come and learn from us, like those who are using the skill they learnt to work. We can take them, our juniors, we can train them. You can say this individual should go to this person to be trained and we will not charge them for the training. All they have to do is to concentrate well on their work. So, after the training, you will come to test them to verify whether they have been trained well. You may provide them with the items they need to use during the training but we will teach them all that they need to learn so that we can also see our importance. (Carrie, 27, Lifeline participant, 2009)

Increase enrollment of participants. Several participants expressed concerns about the reduced number of enrollees at Lifeline. Since most of the women enjoyed their experiences at Lifeline and found it to be a beneficial program, they were concerned that there were many other

women in similar circumstances who could also benefit from the program. Thus, they recommended that the program increased its enrollment to aid more women and girls.

There are many more young girls out there on the streets who are finding it difficult to make it in life. I will be very glad if Lifeline could enroll many of these girls, say, 200 of them. (MJ, 23, Lifeline participant, 2009)

Chapter Summary

The findings from this exploratory qualitative analysis revealed some interesting insights into participants' experiences during and after attending Lifeline. The seven major themes and their sub-themes focused on participants' descriptions of their experiences and their recommendations based on those experiences. Overall, their accounts revealed that despite some negative experiences during the program and the challenges encountered after graduating from the program, their time at Lifeline was beneficial in several ways. That is, participants acquired a vocational skill by which they could earn an income and gained independence and respect, and acquired life skills by which they could better manage their lives and interact with others. As such, even those who were struggling at the time of the interviews admitted that Lifeline was both an educational and life changing experience.

CHAPTER 5

DISCUSSION, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS

Discussion and Conclusions

Human trafficking is a social injustice that has existed for centuries (Russell, 2014) and has affected millions of people globally. The Protocol to Prevent, Suppress and Punish Trafficking Persons defines human trafficking as,

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs (UNODC, 2018).

As Russell (2014) stated, the definition for human trafficking encompasses a broad spectrum of experiences that includes forced prostitution, underpaid laborers and children being forced to work as domestic servants, among many other forms of abuses.

Poverty is one of the biggest risk factors for human trafficking (Adepoju, 2005; Kerr, 2014). This is because, as Kerr (2014) stated, poverty contributes to the availability of risky situations, (for example traffickers tend to target poor communities where people are seeking

ways to earn an income) and individuals entering risky situations to seek employment (for example, individuals being smuggled across international borders to seek work), which can then become trafficking. As such, with an estimated 28.5 percent of citizens living below the national poverty line, human trafficking is pervasive in Ghana (Sertich & Heemskirk, 2011).

In Ghana, as in many other countries around the world, women and girls are disproportionately impacted by poverty. This is due, in large part, to the fact that girls in developing countries like Ghana are deprived of a basic education (Smith et al., 2013), which limits their employment prospects and thereby increases their vulnerability to human trafficking. For instance, according to Sertich and Heemskirk (2011), one of the primary factors that has fueled the growth of human trafficking in Ghana is the culturally-rooted practice wherein parents from poor, rural areas send their children (usually the girls) to live with extended family members with the agreement that the child would be sent to school under the relative's care. Although this practice worked well in the past, more recently, children living with relatives are often abused and exploited for labor or domestic services, and prevented from attending school (Sertich & Heemskirk, 2011).

Sertich and Heemskirk (2011) also posited that poverty often causes Ghanaians to seek occupational opportunities outside of their communities of origin, leaving them vulnerable to exploitation. The migration of Ghanaians from their communities of origin to seek work in other communities is a long-held practice that involved movement from the poorer Northern regions to the metropolitan areas in the Southern region, where there are greater employment opportunities (Awumbila, 2007). Historically, this was a male-dominated practice (Awumbila, 2007). However, in recent times, there have been an increasing number of female adolescents who leave their families to move towards the cities of Accra and Kumasi (Awumbila, 2007). These young

girls who are typically uneducated, unskilled, and from poor rural areas migrate to serve as *kayayei* or *kayas* (girl porters who carry goods on their heads for a negotiated fee) in markets in the cities (Awumbila, 2007). Away from their families and communities, these girls end up living in poor conditions and at-risk for sexually transmitted infections (STIs) and unplanned pregnancies (Awumbila, 2007).

In their positions as *kayas* or street peddlers (vendors), the girls are often exploited by their customers who capitalize on their desperation by paying less than the negotiated fee after the job is done. As such, in dual efforts to reduce poverty and address human trafficking in Ghana, Lifeline primarily targets girls working as *kayayei* in Agbogbloshie, near Accra. The program also admits girls who experience other forms of exploitation, for example, girls who work as domestic servants in the homes of relatives (and in some cases strangers, who offer to help the child) for little to no pay, and girls who are abused and exploited in jobs at restaurants, chop bars, and small home businesses.

Using a three-pronged approach, the program focuses on “rescuing, rehabilitating, and reintegrating vulnerable females” (Smith et al., 2013, p. 58). Participants are assigned a social worker who develops an individualized rehabilitation intervention plan that includes training in one of the vocational skills offered by the program: catering, hairdressing, dressmaking, or bead-making (Smith et al., 2013). While in the program participants are provided with a variety of services including shelter, food, healthcare, social services, child care services, and spiritual support (Smith et al., 2013).

Thus, the purpose of this study was to document the intervention experiences of former Lifeline participants, their experiences after leaving the program, and their recommendations to

improve the services provided to other women in similar circumstances. The analysis of their qualitative interviews was guided by three research questions:

1. How do trafficking survivors and at-risk women in Ghana describe their experiences in Lifeline?
2. How do trafficking survivors and at-risk women in Ghana describe their experiences after exiting Lifeline?
3. What recommendations do trafficking survivors and at-risk women in Ghana make for improving Lifeline's services to assist other women in similar circumstances?

Seven major themes and their associated sub-themes emerged from this analysis based on their ability to provide direct answers to these questions.

According to Gibbs et al.'s (2016), survivors' progress towards outcomes is shaped by their circumstances and service needs. Furthermore, their service needs vary depending on the immediacy of survival needs and crisis levels, relationships and resources available to them, and the degree to which they were enmeshed in their exploitative situations (Gibbs et al., 2016). Thus, case management services should recognize the complexities of clients' circumstances and ensure that they are connected to the most appropriate services (Gibbs et al., 2016). Ultimately, as Gibbs et al. (2016) posited, services should ensure that survivors are not only removed from their exploitative situations, but are also provided with resources for long-term sustainability.

Most studies on interventions for trafficking survivors utilize interviews with service providers and other stakeholders to determine the outcomes and services for survivors. This is a common occurrence in human trafficking studies due to very valid ethical concerns regarding re-traumatization of survivors. However, as a social worker, it is also my ethical responsibility to "respect and promote the rights of clients to self-determination and assist clients

in their efforts to identify and clarify their goals” (National Association of Social Workers, 2017, p.7).

As such, this study examined service provision from the clients’ perspective by identifying their goals, the services they found most and least beneficial in attaining these goals, the outcomes they experienced post-intervention, and their recommendations for service improvements. This was accomplished through an examination of descriptions of the experiences of 37 Ghanaian women who participated in Lifeline’s residential program for trafficking survivors and at-risk women and girls between 2009 and 2015. Both groups of women (at-risk and survivors) received the same services. Figure 6 provides an illustration of the keys factors contributing to participants’ exploitation or risk, Lifeline’s intervention, and the outcomes experienced by participants based on their descriptions of their experiences.

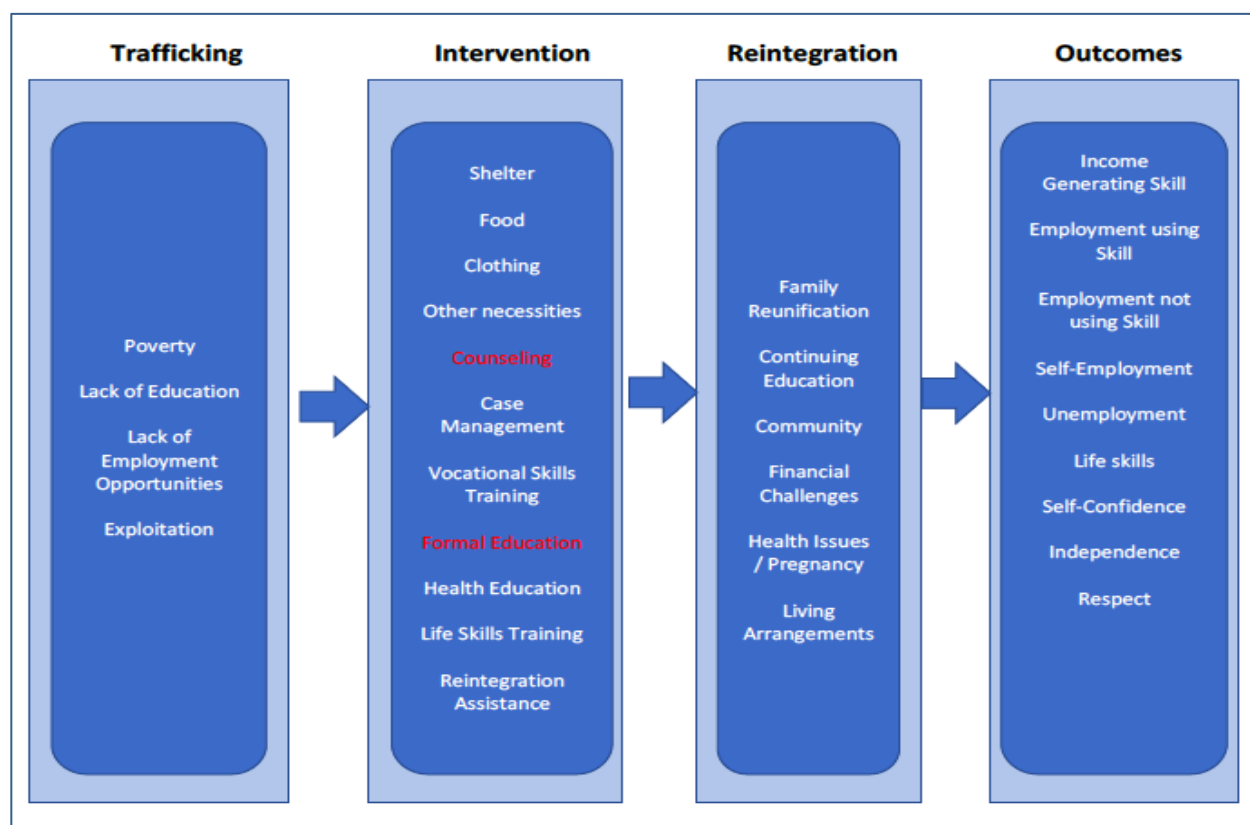


Figure 9. Risk factors, services, and outcomes

Upon their enrollment at Lifeline, participants had two primary goals: 1. to learn a skill in order to obtain a job and 2. to improve their lives. These goals contextualized their assessment of their experiences during the program, and provided a customized list of outcomes by which they assessed their achievements and challenges after graduating from the program. With this understanding, we begin this discussion by examining the first research question which asked, *how do trafficking survivors and at-risk women in Ghana describe their experiences in Lifeline?*

Generally, most participants provided positive descriptors of their experiences in Lifeline. In fact, although some participants had a few negative experiences, no one expressed regret about attending Lifeline. Among the positive experience sub-themes, the most frequently discussed program attributes were: learning a new skill, great teaching, supportive staff and the provision of food, clothing, and other necessities. Among the negative experiences, the most frequently discussed sub-themes were: shortages in the provision of necessities, negative interactions with teachers/staff, and negative peer interactions. Thus, these sub-themes revealed the three key areas where participants placed the greatest value in their experiences: learning, relationships, and catering to their needs.

Participants' descriptions of their experiences highlighted the importance they each placed on learning. In fact, most of them referred to Lifeline as a school, which was indicative of what they expected and received from the program – an education. As Smith et al. (2013) posited, education improves the quality of life of individuals and allows them opportunities for financial independence. However, poverty is both the cause and effect of low education levels, particularly among girls in Ghana (Smith et al., 2013). This is because girls often drop out of school due to their family's inability to continue to fund their education, which then leads to a lack of employment opportunities. Thus, poverty alleviation efforts within Ghana have been

aimed at providing vocational skills training to children, particularly girls, through programs like Lifeline (Smith et al., 2013).

The premise behind Lifeline's vocational skills training program is to provide trafficked and at-risk women and girls with service-oriented, marketable skills, since the service sector accounts for 51% of Ghana's GDP (Smith et al., 2013). For this cohort of Lifeline graduates, the skills offered included dressmaking, hairdressing (which included manicures and pedicures), catering, and bead-making. Participants trained for nine months in their chosen skill, at the end of which most of them went on to further their learning with a MTP. The culmination of their training process was the acquisition of a skill, which provided them the opportunity to become employed or start a business and thereby improve the quality of their lives.

In addition to the vocational skill training program, Lifeline also had an implicit curriculum wherein participants learned life skills such as managing a household, (cooking, cleaning, etc.), decision making, comportment, and learning to communicate effectively with adults and peers. This transfer of learning took place through the daily chores, spiritual activities, social activities, and formal and informal interactions with case workers and other staff members. The fact that these activities and interactions were among the positive program attributes identified by the participants, with many of them recognizing and acknowledging the skills they acquired through this process, was a clear indication of their impact. Further, as several of the reviewed documents in Macy and Johns' (2011) review of aftercare services for survivors of international sex trafficking emphasized, survivors first need life skills training to be able to participate in and benefit from job skills training they receive (Armstrong, 2008; Aron et al., 2006; Caliber, 2007; Clawson et al., 2009; VSSLS, 2010 in Macy and Johns, 2011). Thus, the acquisition of life skills helped to prepare participants for the job market or running their own

businesses, increased their self-confidence, and improved their relationships during and after the program.

Trafficking survivors often report feeling socially isolated after their reintegration. This is due to the stigma they experience from family and community members, as well as their reluctance to trust others because of the trauma they experienced. This isolation can be a barrier to successful reintegration and as such, it is important for these women to develop support networks that assist them in navigating the challenges they encounter upon their return to their communities. The comradery and trust developed out of shared experiences within intervention programs lend itself to the creation of support networks among peers and between staff and program participants. Given this, it is not surprising that relationships were a significant feature in participants' descriptions of their experiences at Lifeline. The positive relationships and interactions with staff and peers consisted of advice-sharing, support, learning, and fun. These relationships also created a sense of family within the program, which participants found to be comforting and motivating.

The significance of these relationships was further emphasized in participants' descriptions of negative staff and peer interactions. That is, the conflict among peers and the discriminatory and stigmatizing attitudes from some staff were almost the cause of several participants dropping out of the program (and potentially may have caused others to leave prematurely), and clearly had a lasting impression as multiple participants had detailed recollections of these incidents several years after they took place. According to Gibbs et al.'s (2016) human trafficking services framework, positive relationships contribute to the survival, stabilization, healing, and thriving needs of survivors. In this study, participants' descriptions of the impact relationships had on their experiences confirmed this.

Food and other necessities provided by Lifeline were another popular topic in participants' accounts of their experiences. Participants were both grateful for the items they received and concerned about the shortages they experienced. Their emphasis on these provisions underscored the economic hardships they endured prior to Lifeline where regular meals and hygiene items were difficult to acquire. In fact, due to their economic situations, it is unlikely that many of these participants would have been able to attend Lifeline if these items were not provided throughout their time in the program. Thus, this finding corroborated the literature on human trafficking interventions, which identified the provision of necessities such as food, clothing, shelter, and other basic items, as essential contributors to the restoration and reintegration of trafficking survivors.

In some of the documents reviewed in Muraya and Fry's (2016) systematic review of aftercare programs and policies for child survivors of sex trafficking, it was recommended that shelters be safe and secure, and protect survivors from traffickers and the community without being confining or having a prison-like appearance (ILO, 2006; Simeunovic-Patic & Copic, 2010; Woźlę & Tautz, 2007, in Muraya & Fry, 2016). The documents also recommended that shelters have clearly laid out rules and regulations on responsibilities of participants, daily activities, and menus, and these should be formed with the participation of staff and residents (Frederick, 2005; SARI, n.d in Muraya & Fry, 2016). Some documents also suggested that staff be well trained, and qualified, if providing specialized duties (Frederick, 2005; ILO, 2006; SARI, n.d.; Woźlę & Tautz, 2007, in Muraya & Fry, 2016), and shelters should provide nutritious food that is sensitive to culture, religion, age, and special dietary needs (ILO, 2006; SARI, n.d.; Woźlę & Tautz, 2007, in Muraya & Fry, 2016).

Based on these recommendations in addition to others highlighted in the literature reviewed, it appears that, for the most part, Lifeline's program is consistent with the current industry standard. However, participants' accounts of their experiences within the program indicate that there is some room for improvements. First, while most accounts of staff interactions were positive, there were some reports of poor teaching techniques and discrimination against and stigmatization of some participants that are concerning. Lifeline's administrators would do well to improve the screening of staff to ensure they are well-trained in client-informed, trauma-focused service delivery. Additionally, regular in-house trainings can help to ensure that staff are kept abreast of promising and best practices in working with this population. Finally, as one participant recommended, staff should be evaluated at regular intervals to ensure they are maintaining the standards of the organization. This evaluation should include feedback from the primary stakeholders – the program participants.

Second, the food at Lifeline was a popular topic of discussion for both positive and negative reasons. In the positive light, participants were grateful to have three meals a day, which many considered a luxury compared to their experiences before and, for some, after Lifeline. On the other hand, there were several complaints of individuals becoming ill due to the food served in the program. The primary reason for this appeared to be unfamiliarity with certain foods that were served. This is likely due to cultural and regional differences since participants originated from different regions in Ghana. Also, some participants appeared to have certain dietary preferences ("I do not like beans") that resulted in issues (going to bed hungry) throughout their stay in the program. Although it would be impossible to provide meals that would please everyone, due to restrictions in resources (financial and human), there are small changes that can be made to reduce the issues related to food, such as creating similar alternative dishes that

would allow participants to swap out the food they do not like or are unfamiliar with, or storing the leftovers from meals so that participants can have those if they could not eat one of the meal for that day.

In addition to these areas of improvement, a comparison with the literature on human trafficking interventions highlighted two notable absences in participants' descriptions of Lifeline's program: formal education and mental health services. According to Smith et al. (2013), Lifeline does not focus on formal education. Instead, participants complete functional literacy and entrepreneurial skill classes that focus on basic terminology of their trade, business management, record keeping, saving, profit and loss, and customer care (Smith et al., 2013). While none of the participants mentioned the classes discussed in Smith et al.'s (2013) article in their interviews, the fact that several of them chose to become self-employed after completing their apprenticeships provide some evidence of the impact of these classes. Further, since most of the women had some form of formal education prior to attending Lifeline, the vocational skills along with functional literacy and entrepreneurial skills provided in the program negated the need for additional classes by equipping participants with practical skills that increased their employability.

In terms of mental health needs, very few participants (n=2) made any mention of receiving counseling in their interviews, and those mentions were brief and perfunctory at best, such as "their counseling really helped me" (Hazel, 23, Lifeline participant, 2013). However, the program's administrator confirmed that participants were provided counseling services while in the program. Thus, I surmise that the lack of references to counseling in their interviews is likely due to stigma related to mental health among Ghanaians. In Ghana, stigmatization of mental illness (and thus, mental health services) is a serious problem (Barke, Nyarko, Klecha, 2011). In

fact, one psychiatrist in Ghana reported that he initially had to call the psychiatric services he established in Kumasi, a “Headache Clinic” to circumvent the stigma of mental health in the prevailing Ashanti culture (Barke et al., 2011). As such, given the negative perceptions of mental illness in Ghanaian society and the fact that people often associate mental health services with mental illness, it is explicable that participants would minimize the counseling they received while at Lifeline.

In summary, participants found Lifeline to be beneficial in several ways including, helping them to learn vocational and life skills, formulating positive relationships with staff and peers and providing for their needs. However, there were some challenges in the program such as peer conflict, poor teaching techniques, negative staff interactions, and shortages of materials and necessities. The combination of both positive and negative experiences culminated in an overall educational experience that left participants better off after leaving the program. Thus, their reflections of their experiences at Lifeline provided valuable insight into their individual experiences as well as the program’s service model from clients’ perspectives.

The second question, *how do trafficking survivors and at-risk women in Ghana describe their experiences after exiting Lifeline?* provided insight into participant’s experiences as well as their outcomes after graduating from the program. Although this study is not meant to be evaluative, participants’ descriptions of their experiences after Lifeline allowed for an informal assessment of the program’s impact on the individual participants. Thus, their experiences were categorized as achievements and challenges. These categories were not mutually exclusive, as all participants experienced some achievements, for example acquiring a skill, and some challenges, for example, family finances. However, the key highlights of participants’ experiences after exiting Lifeline included, employment, personal development, continuing education, and family

dynamics, all of which contributed to variances in the levels of achievements, and the degrees to which challenges impacted the attainment of their goals.

For participants, the primary vehicle by which they could improve their lives (become somebody) was through the acquisition of a skill and the attainment of employment. These goals were their principal motivators for attending Lifeline and maintaining their focus despite the challenges they encountered while in the program. Fortunately, after graduating from the program, most participants achieved their goal of securing employment using the skills they acquired at Lifeline. Further, many of these young women created their own employment by starting their own businesses. While they continue to face many challenges due to contextual factors such as family finances, lack of support, non-paying customers, etc., employment/self-employment was the defining component of their experiences after exiting from Lifeline. It was both their biggest achievement and a crucial indication of the effectiveness of Lifeline's intervention.

According to Smith et al., (2013), poverty is major impediment to the personal development of women and girls. While there are many definitions of personal development or personal advancement, in this study it is operationalized as a holistic process that encapsulates “a range of developmental tasks that contribute to whole person development, including psychological, emotional, social, cognitive, moral, and personal growth” (Banwell & Kerr, 2016, p. 3). The goal, according to Banwell and Kerr (2016), is to become a contributing, fully functioning member of society. Consequently, programs like Lifeline that aim to alleviate poverty, also provide opportunities for young women to attain personal development through the acquisition of vocational and life skills.

The findings of this study revealed that all participants experienced some form of personal advancement by improving their communication skills, comportment, and decision making ability in addition to acquiring a vocational skill. Prior to attending Lifeline, many of these women left home while very young, and slept in makeshift dwellings like kiosks, on the floors of their workplaces, or on the veranda of the homes where they served as domestic servants. Thus, their existence was characterized by the fight for survival (food, clothing, shelter, etc.) and so, many of them lacked basic life skills such as good communication, manners, and knowledge of how to care for their personal hygiene. Although none of the women identified acquiring these skills as their goals for this program, it was evident from their accounts of their experiences after Lifeline that they found them to be beneficial. In fact, when asked what they had gained from Lifeline, some responses included learning to speak to elders, learning how to behave when engaging with others, making better choices of intimate partners, and learning to practice proper personal hygiene. As such, regardless of their employment outcomes, the training received at Lifeline contributed to personal development of these women and improved the overall quality of their lives.

One of the factors that played a major role in participants' post-Lifeline experiences was continuing education or apprenticeship. Smith et al. (2013) explained:

After students complete a vocational skills training program at Lifeline, they have one of three choices: students may select to engage in an apprenticeship or they can go to the National Vocational Training Institute (NVTI) to further their education. A third option is self-employment (p. 60).

However, based on participants' accounts, it appears that they all engaged in or intended to engage in an apprenticeship, even those who went on to self-employment. It is unclear whether

the program's rules have changed since Smith et al.'s study in 2013, but participants explained that their time at Lifeline was not sufficient to learn everything they needed to use their skills independently or on a job, so they were all encouraged to continue their training through apprenticeships after graduating from Lifeline. While most of the women saw the apprenticeship as beneficial for their professional development, it was a challenge for many others.

Apprenticeship challenges were primarily concerning the length and the cost of the process. Although Lifeline paid half of the MTP's fee, several participants were unable to cover their half, along with the cost of their food, necessities, and shelter during that period. As a result, some of the participants reported that they had to return to work (unskilled labor) for some time before they could begin their apprenticeship. There were also a few others who had to stop their apprenticeship or had not yet begun their apprenticeship by the time of their interviews, due to financial issues.

Additionally, the training time frame varied drastically among the participants. Some reported that their apprenticeship lasted six months while others lasted up to 2 years. There were also a few who were still completing their apprenticeship at the time of the interview and some were unsure on when it would end. The longer training times were problematic as it delayed participants' ability to obtain employment and left them dependent on family members' support, which was often uncertain. Despite these challenges however, there were no complaints about the quality of training received during this period.

The largest theme (comprising of 22 codes) across this entire study was family dynamics. This is because family circumstances and relationships were at the core of the pre-intervention and post-intervention experiences of participants. The pre-intervention (trafficking phase) family dynamics is beyond the scope of this study but should be explored in greater detail in future

studies. However, this qualitative analysis examined the impact of family dynamics on participants' experiences after exiting Lifeline and revealed the two key findings: 1. The financial and emotional support from family is a critical factor in shaping participants' post-intervention experiences; and 2. Participants' post-intervention achievements can also result in family advancement.

Family dynamics impacted and were impacted by participants' experiences after Lifeline. According to Brunovskis and Surtees (2012), a critical aspect of the reintegration experiences of trafficking survivors is their relationship and interaction with their closest family members. In their study, Brunovskis and Surtees (2012) found that tension in families post-trafficking is connected to different expectations that are difficult to fulfill and become sources of conflict. In this study, it appeared that most participants returned to their families with the expectation or hope that they would receive financial assistance, at least in the short-term, until they could begin earning an income. On the other hand, it appeared that some family members expected that upon return from Lifeline, the graduate would immediately be able to care for herself financially.

Before I could join Lifeline, it was quite okay. By then I had completed JHS and one of my brothers were there, so he used to help me little by little. But now that I have completed Lifeline, all of them [siblings] have found their way, they said I should also do something to help myself...Please what happened was that when I completed, I told you that I was living with my brother who has been supporting me, but now they are saying I should do something to help myself, so that is it now. (Zi, 22, Lifeline participant, 2013)

In both instances, expectations led to frustration and in some cases, conflict, as some family members could not or would not provide financial assistance.

Considering this, there was a marked difference between those who received assistance from their families and those who did not. There was one exception where the participant received assistance in completing her apprenticeship from a kind stranger who had initially told her about Lifeline and assisted her in getting into the program. In most other cases, however, when families were not supportive (either through unwillingness or inability), participants' post-intervention achievements were substantially less than those who were supported by family. In fact, there were a few instances where participants turned to intimate partners for assistance because they were not being assisted by their family.

When I went back I had no one to help me, that is how come I have given birth. I had no one to help me. We are a lot, so when my mother gets money she needs to cater for the needs of my other siblings. (Aki, 23, Lifeline participant, 2009)

In this instance, the participants' situations worsened due to pregnancy and having to care for the child after giving birth.

On the other end of the spectrum of family dynamics, several participants reported that their achievements after Lifeline included being able to support their family members. Now, because of the training received at Lifeline, these participants have become "breadwinners" and are now supporting their siblings' education. Next to securing a job or starting their own business, this was one of the biggest highlights in participants' descriptions of their post-Lifeline experiences. It also confirmed Smith et al.'s (2013) assertion that Lifeline's Program provides young women with skills and knowledge, which in turn, helps to strengthen the economic future of Ghana. That is, the program not only resulted in personal development of the women and girls who attended the program, but also the advancement of their family members and, by extension, the wider society.

In general, participants' experiences after Lifeline were positive. There were a few significant challenges that delayed or impeded the progress of some of the women after leaving the program, but most of them attained their goals of acquiring a skill, obtaining a job, and improving their lives. Further, the fact that participants were able to attend Lifeline and successfully complete the program with an employable skill gave them a sense of pride, which continues to empower those who are still working on achieving their goals.

Finally, the third research question asked, *what recommendations do trafficking survivors and at-risk women in Ghana make for improving Lifeline's services to assist other women in similar circumstances?* While there was nothing participants wished to remove from the program, there were several suggestions of things that could be added or modified to improve the experiences of the new enrollees. The comprehensive list of recommendations is as follows:

1. Increase program funding;
2. Engage other NGOs and government organizations to help improve the program;
3. Provide funding opportunities for graduates to assist in setting up small businesses;
4. Extend the length of the program to two or three years, thereby eliminating the need for an apprenticeship after completion;
5. Reinstate the catering class and add new classes such as training in computers and formal education;
6. Ensure teachers are using the most up-to-date techniques in classes;
7. Evaluate teachers;
8. Increase the number of teachers for each class;
9. Improve the compound's security, fix structural damages and cover the nearby gutter to reduce the occurrence of malaria among participants;

10. Improve the provision of necessities;
11. Improve the provision of training materials;
12. Provide consistent follow up of graduates after they leave the program;
13. Provide peer mentoring opportunities for graduates to work with new enrollees;
14. Increase the number of enrollees in the program.

These recommendations were based on participants' experiences in the program as well as their observations of changes made to the program in the ensuing years since their graduation.

Although participants had both positive and negative experiences during and after Lifeline, they all expressed gratitude for the program and its impact on their lives. They also expressed the desire to see the program continue to aid other women and girls in similar circumstances.

Limitations

This study qualitatively examined the unique intervention and post-intervention experiences of 37 Ghanaian women who attended Lifeline between 2009 and 2015. At the time of their interviews these women ranged in ages from 20 to 28 years old, which meant that a few of them (n=8) were minors when they attended the program. Each of these women had unique experiences that led to their participation in Lifeline's program. That is, based on their accounts, some women had experienced various forms of labor exploitation and domestic servitude, while some were identified as "at-risk" for trafficking based on their circumstances (poverty, lack of education, lack of employment opportunities).

Despite efforts to improve the reliability and trustworthiness of this study there is still a small likelihood that the outcomes reported may have been impacted by unintended biases – specifically, social desirability bias and recall bias. As indicated by Davis, Thake & Vilhena (2010), social desirability bias occurs when a participant's response is influenced by the

perception that others will be evaluating that response. As such, the participant may modify her attitude or behavior to conform to what she thinks is desired by others. In this study, social desirability bias is likely, given the location of the interviews and their relationships with staff. While the location was chosen by the participants themselves, the fact that the interviews were held at Lifeline's office could have limited their responses to some of the questions in the interview. Additionally, although Lifeline's staff were not present in the interviews, participants may have chosen to omit or minimize negative information, while highlighting mainly the positive aspects of their experiences.

According to Brusco and Watts (2015), recall bias occurs when there is error in the recall of information that may include forgetting an event or recalling an event that did not occur. This type of bias is common in retrospective studies where participants are required to recount events that occurred in the past. In this study, participants were interviewed between 2 and 8 years after graduating from Lifeline's program and as such, participants are likely to have exaggerated, minimized, or omitted events over time. To mitigate the likelihood of this occurring, I primarily utilized major themes based on frequency of appearance in participants' accounts. Some anomalies were included but noted to be such.

The fact that all participants had graduated from Lifeline's program was both a benefit and limitation of this study. On one hand, all participants had the full experience of the program and were therefore able to provide their insights based on this. On the other hand, the fact that they completed the entire program meant that for the most part they would have had positive experiences while there. That is, persons who viewed the program negatively would have most likely left before completing. As such, to obtain the most accurate and balanced accounts of the

program experiences of participants, it would have perhaps been beneficial to also include some individuals who did not graduate.

Finally, this study was limited by the language barrier between participants and the researchers. Although the audio recordings of the interviews were transcribed by a Ghanaian transcriptionist and a research assistant fluent in both English and Twi, there remains the likelihood that there may have been some idiomatic references that got lost or misconstrued during the translation process. Additionally, as a native English speaker, not familiar with Ghanaian phraseology, I may have missed or misinterpreted some of the nuances in their accounts. Moreover, tone of voice, body language, and facial expressions are all very important aspects of communication that typically play a major role qualitative analysis. However, the language barrier made it impossible to review audio recordings for tone and nuances, which meant that these critical elements could not be incorporated into this study. Also, the opportunity to observe body language and other nuances that would have added some context to the statements made by participants during their interviews, was eliminated due to the secondary nature of this analysis.

Implications and Recommendations

The purpose of this study was to document the experiences of at-risk women and trafficking survivors at Lifeline, their experiences after leaving the program, and their recommendations to improve the services provided to other women in similar circumstances. This study differed from previous studies on human trafficking interventions in three key ways. First, the current study gave voice to the experiences of survivors and at-risk women, which has been lacking throughout the extant literature. Second, this study utilized an inductive approach to thematic qualitative analysis. Thus, the intervention experiences and post-intervention outcomes

of participants were explored in the context of participants' stated goals and unique circumstances, rather than through the deductive application of conceptual frameworks that impose outcomes by which they would be assessed. Finally, the current literature on human trafficking interventions addresses prevention services (targeted for at-risk individuals) and services for survivors, as two separate and distinct topics. As such, this study is unique in its examination of individuals from both groups, having received the same services. Given these factors, the findings of this study yielded valuable insights into the intervention and post-intervention experiences of at-risk and trafficked women in Ghana. Though not generalizable, these findings offer implications for policy, practice and theory. and recommendations for research.

Policy Implications

As the number of women and girls becoming involved in human trafficking continues to grow globally, scholarship on this issue has become increasingly important. There is an increasing need to understand every aspect of this issue to expand awareness, while also developing and refining policies and programs to prevent, treat, and eliminate human trafficking. While major strides have been made in developing policies to help survivors, there are still gaps in services where policies are needed to help in their treatment and reintegration. In this study, participants' experiences highlighted key areas of concern for trafficked and at-risk women in Ghana as well as recommendations for program improvements, which may be used as a guide for program administrators in determining the most effective use of their limited resources. Thus, it is recommended that the findings of this study be put to practical use to help other vulnerable women and girls in Ghana.

For instance, there is an urgent need for an increase in financial resources channeled toward expanding and improving Lifeline, and establishing similar programs in Ghana and other areas of the world, to provide opportunities for vulnerable youth to gain income-generating skills to mitigate their low levels of education. As such, in addition to adding to the body of knowledge on human trafficking interventions and reintegration experiences, the findings of this study should be used to advocate for increased budget allocations for funding Lifeline and similar programs that seek to provide trafficking survivors and at-risk women and girls with critical skills that would minimize their vulnerability and reduce their risk of trafficking or re-trafficking.

Further, as mentioned previously, prior to this study, Lifeline had never had a formal evaluation of its program. This is not uncommon, since small NGOs like Lifeline rarely have the financial and/or human resources to ensure continuous monitoring and evaluation of their programs. However, this study highlighted the necessity of this critical program element and as such, can be used to advocate specifically for funding to evaluate programs for survivors of trafficking and at-risk women and girls. This will help to improve the overall quality of these programs and ultimately ensure that funds are effectively used.

In addition to its potential to impact future funding of services for trafficking survivors and at-risk women and girls, participants' descriptions of their experiences provide impetus for government organizations, law enforcement, and NGOs in Ghana to increase efforts to address the exploitation of children, especially girls, from poor families. Firstly, as Smith et al. (2013) stated, those involved in abusive child labor practices must be held accountable and the existing child protection laws should be enforced. Thus, this study can be used to advocate for stricter

laws being enacted to increase the punishment of those convicted of trafficking, and training being provided to law enforcement officers and social service providers to identify victims and at-risk individuals and ensure they are provided with the necessary services.

Practice Implications

In addition to the policy implications, this study has several practice implications for social work practitioners. Firstly, it contributes to social work practice with trafficked and at-risk women and girls by providing descriptions of the intervention and post-interventions of these women by which they identified the services and program attributes that were the most beneficial in their restoration and reintegration. Understanding how services and program attributes, such as staff interactions, impact participants' experiences will help practitioners to more effectively provide services to individuals in similar circumstances. Further, the descriptions of experiences provided by participants in this study can help social workers to better understand the needs of trafficking survivors and at-risk women and the services and resources required to address these needs. Finally, this study provides practitioners with the opportunity to view a different model for service provision to trafficked and at-risk women than has been shown in the literature previously. It also provides evidence of the programs' effectiveness, particularly in low-income communities where poverty is one of the main factors contributing to individuals' vulnerability to human trafficking, as well as areas for improvements and recommendations from the service users themselves. As such, this study adds to the sparse repository of evidence-based interventions that provides effective services to trafficked and at-risk women, and provides a blueprint for the development of similar programs around the world (once changes are made to account for differences in culture, economy, etc.).

Theoretical/ Conceptual Implications

The experiences of trafficked and at-risk women in Ghana as elucidated in this study can help in the modification of existing frameworks or the development of a new conceptual model that explains the factors that contribute to the successful reintegration of trafficking survivors. This study laid the groundwork upon which further research can be built and ultimately lead to theoretical development around human trafficking interventions. This critical step would help in building knowledge and shaping how people view and understand trafficking interventions. By contributing to the building of theory, this study in many ways has helped to build knowledge and expand understanding of this social issue.

Research implications and recommendations

The findings of this study revealed the unique intervention and post-intervention experiences of a cohort of 37 trafficking survivors and formerly at-risk women in Ghana. This study addressed a major gap in the body of literature on human trafficking – the intervention and reintegration experiences of trafficked women and women at-risk for trafficking. As such, these findings provide substantive contributions to the body of knowledge on this issue and lay a foundation upon which additional research can be built with this cohort as well as other survivors and at-risk women, to enhance services to address their needs and establish best practices.

Specifically, further research is recommended for this cohort to determine changes over time. While this study provides a snapshot of participants' achievements and challenges at the time of their interviews, their descriptions of their experiences provide an impetus for further research to track their progress (or lack thereof). That is, answers to the questions: *do participants' outcomes continue to improve over time or do they eventually return to their pre-*

Lifeline conditions? and, did the participants who were experiencing negative outcomes at the time of these interviews overcome those challenges and achieve their goals or did they continue to struggle over time? would provide a more thorough assessment of the impact of the program. Additionally, if Lifeline were to implement the recommendations provided by the participants of this study, follow up research is recommended to determine the impact of these changes.

While the interviews used in this study provided rich, detailed data, further exploration utilizing additional forms of data collection such as focus groups, participant observations, and field observation notes could provide a greater understanding of the themes discussed in chapter 4. Each of these methods of data collection can individually and collectively help to enhance the data quality, generate productive insights, and produce valuable research that would add to the body of knowledge on this issue. Additionally, interviews with the program's staff could provide an excellent counter-perspective that would create a more comprehensive view of the program. It would also help to clarify some of the questions raised in this study, such as perceptions regarding counseling services.

Finally, although women and girls in Ghana are situated at the “bottom of the economic rung” (Smith et al., 2013, p.53), undoubtedly, there are many boys from impoverished homes who also lack education and marketable skills. However, there is little said about their experiences with human trafficking in Ghana. Thus, comparative studies on the experiences and outcomes of trafficked and at-risk males in Ghana would be a valuable addition to the growing literature on trafficking in Ghana and sub-Saharan Africa. Specifically, an examination of the reintegration experiences in comparison to the females would be invaluable in understanding how the differences in contextual factors such as family and community attitudes, can impact the outcomes experienced post-intervention.

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Appendix A
Qualitative Interview Guide
(Okech, Hansen, Clay-Warner, Kogan & Anarfi, 2017)

For survivors of trafficking (n=37)

Thank you for agreeing to answer these questions. The information you give us is very important. I will now start the recorder.

Building Rapport

Tell me about yourself and your life.

Probes:

- a) Where are you from?
- b) How old are you?
- c) What do you like doing?
- d) What is life like?
- e) Where do you live?
- f) Where do you work?
- g) How are your relationships (family, friends, romantic partners)?
- h) What do you enjoy?
- i) What are your challenges?

Interview Start

Questions about **BEFORE** Lifeline

- 1) Can you share a little about the kinds of work you did **before** coming to Lifeline?

Probes:

- a) How did you come to do your work?
- b) What were your experiences like?
- c) What brought you to Lifeline?

-Before coming were there any other options for services, programs, or organizations other than Lifeline?

Questions about **DURING** Lifeline?

- 2) What was it like when you were there?

Probes

- a) What kinds of help did you want/expect when you came?
- b) What kinds of help did you get?
- c) What did you find most helpful?
- d) What did you find least helpful?

-What programs were there?

-How did you choose the program you chose?

-What didn't you like?

-What is the regular routine/rules or what a typical day is like there?

-Tell me about your relationships at Lifeline – with staff and other girls at Lifeline?

Questions about **AFTER** Lifeline

3) Since you left *Lifeline* what difficulties and success have you experienced?

-Are you accepted by your family or community?

-What is your social interaction like with family and others?

Go back to DO's and DON'Ts for **CLOSING**

APPENDIX B

Permission to Reproduce Figure

RE: Services to Domestic Victims of Sex Trafficking



Tue 2/6, 2:58 PM

Giselle Marissa Balfour



Reply all | v

Inbox

Giselle,

Thank you for asking, and do use the model, with attribution.

If I were creating something like this today, I would do it somewhat differently (safety needs don't vanish after the immediate crisis, for example!). So please add your own thoughts, particularly as they apply to another culture.

Best of luck in your work – I'll be on the lookout for publications based on your dissertation!

Deborah

From: Giselle Marissa Balfour [mailto:gbalfour@uga.edu]

Sent: Monday, February 05, 2018 7:58 PM

To: Gibbs, Deborah <dag@rti.org>

Subject: Re: Services to Domestic Victims of Sex Trafficking

Hello Dr. Gibbs,

I am a Doctoral Candidate at the University of Georgia, School of Social Work and I am currently writing my dissertation which is based on a human trafficking intervention program in Ghana. I am working under the supervision of Dr. David Okech, who is has done a lot of work on human trafficking in Africa. Your article entitled *"Services to Domestic Minor Victims of Sex Trafficking: Opportunities for Engagement and Support"* has been tremendously helpful to me and so, I am reaching out to you seeking your permission to reproduce your "Human Trafficking Service Needs by Outcome Area" Figure in my dissertation - giving appropriate credit, of course. I will be using this figure as part of my discussion of the needs of trafficking survivors.

I am more than happy to provide any additional information you may need.

Re: Aftercare for International Sex Trafficking Survivors



Macy, Rebecca Jane <rjmacy@email.unc.edu>

Tue 2/6, 3:51 PM

Giselle Marissa Balfour



Reply all | v

Inbox

Hello Ms. Balfour.

Thank you for your interest in my work and your question.

It's more than fine with me for you to use my figure. That said, I don't have the copyright for the figure unfortunately. I believe that Sage publisher does because that organization produces the journal in which the article and figure appear.

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Thank you again for your interest in my work! Good luck with your own! Sincerely, Rebecca

Rebecca J. Macy, PhD, MSW
 L. Richardson Preyer Distinguished Chair for Strengthening Families
 Editor-in-Chief Journal of Family Violence
 University of North Carolina at Chapel Hill
 School of Social Work
 325 Pittsboro Street CB #3550
 Chapel Hill, NC 27599
 919-843-2435
rjmacy@email.unc.edu
[@rebeccajmacy](https://www.instagram.com/rebeccajmacy)

From: Giselle Marissa Balfour <gbalfour@uga.edu>
Date: Monday, February 5, 2018 at 7:44 PM
To: Rebecca Macy <rjmacy@email.unc.edu>
Subject: Re: Aftercare for International Sex Trafficking Survivors

Hello Dr. Macy,

I am a Doctoral Candidate at the University of Georgia, School of Social Work and I am currently writing my dissertation which is based on a human trafficking intervention program in Ghana. I am working under the supervision of Dr. David Okech, who has done a lot of work on human trafficking in Africa. The article written by you and Dr. Johns has been tremendously helpful to me and so, I am reaching out to you seeking your permission to reproduce your Continuum of Care Figure in my dissertation - giving appropriate credit, of course. I will be using this figure as part of my discussion of



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APPENDIX C

COUNTRY PROFILE: GHANA



Location: Western Africa

Independence: 1957 from
Britain

Resources: Gold, Cocoa, Oil

Population: 25.5 Million

Languages: English (Official), Akan
(Twi), Ewe, Ga, Dangbe, Dagbane,
Gonja, Kasem, Nzema

Major Religions: Christianity, Islam,
Indigenous Beliefs

Life Expectancy: 64 years (men), 66
years (women)

Currency: Cedi

Source: BBC News (2017)

MAP OF AFRICA