HUMAN TRAFFICKING

AND PSYCHOSOCIAL PROTECTIVE FACTORS:

THE EXPERIENCES OF FEMALE VICTIMS OF INVOLUNTARY PROSTITUTION

by

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DECLARATION

I declare that the dissertation (in article format) hereby submitted by me for the Magister Artium (Clinical Psychology) degree at the University of the Free State is my own independent work and has not previously been submitted by me at another university/faculty. I further cede copyright of the dissertation in favour of the University of the Free State.

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Lydia-Anne Carstens Date

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TABLE OF CONTENTS

ABSTRACT

The aim of the study was to explore and describe the experience of psychosocial protective factors in the lives of female human trafficking victims, who have been forced into involuntary prostitution. Human trafficking is a global phenomenon and a major source of concern in South Africa as the country acts as a source, transit and destination country for many forms of trafficking, including involuntary prostitution. Over the past few years human trafficking received a lot of attention globally as well as in South Africa. Presently however, there is a paucity of psychological research on this issue in South Africa, as the majority of the studies on this topic address legal considerations in human trafficking, and not the related psychosocial factors. Research in the field of resilience has indicated the strong role of protective factors in buffering the effect of traumatic experiences as experienced by victims of human trafficking. Protective factors are defined as any positive attribute or strength which can lead to better outcomes or resilience. A qualitative multiple case study research design was used to explore the psychosocial protective factors in the lives of two victims of human trafficking. A single semi-structured interview was conducted with each of two victims of involuntary prostitution, who had been removed from the trafficking environment and was residing in two different shelters. The interviews were transcribed verbatim and analysed by means of thematic analysis. The themes identified included family and related protective/risk factors, social protective/risk factors, community and related protective/risk factors, and individual protective factors. The results of the analysis were compared to research on protective factors in South African as well as internationally. The findings of the study suggest that there are many protective factors in the lives of both participants, which may be an indicator of the possibility of future resilience.

Keywords: human trafficking, involuntary prostitution, resilience, protective factors, female, adult, South Africa

OPSOMMING

In dié studie is die psigososiale beskermende faktore in die lewe van twee vroulike slagoffers van mensehandel, wat gedwing was tot prostitusie, verken en beskryf. Mensehandel is ‘n globale verskynsel en ook in Suid-Afrika is dit `n toenemende problematiese kwessie. Tans word Suid-Afrika beskou as `n land van oorsprong, oorgang en bestemming vir talle vorme van mensehandel, insluitend gedwonge prostitusie. Alhoewel mensehandel globaal sowel as in Suid-Afrika baie aandag geniet, is daar `n tekort aan sielkundige navorsing in die veld, aangesien die meerderheid studies op wetlike aspekte fokus, en nie op die verwante psigososiale faktore nie. Navorsing in die veld van veerkragtigheid dui aan dat beskermende faktore, die traumatiese ervarings van slagoffers van mensehandel, kan help teenstaan. Beskermende faktore kan gedefinieer word as enige positiewe sterkpunte wat tot beter uitkomste of veerkragtigheid kan lei. `n Kwalitatiewe, veelvuldige gevallestudie is gebruik om beskermende faktore te ondersoek in die lewens van twee slagoffers van mensehandel. `n Enkele semi-gestruktureerde onderhoud is gevoer met elk van die twee slagoffers, wat reeds uit die mensehandel omgewing verwyder is en wat in `n skuiling vir vroue geplaas is. Elke onderhoud was verbatim getranskribeer en tematies geanaliseer. Die geidentifiseerde temas sluit in: familie en verwante beskermende/risiko faktore, sosiale ondersteunings beskermende/risiko faktore, gemeenskaps en verwante beskermende/risiko faktore, en individuele beskermende faktore. Die resultate van die analise is vervolgens aan die hand van die beskikbare internasionale sowel as die Suid-Afrikaanse literatuur aangaande beskermende faktore, bespreek. Die bevindinge dui aan dat daar `n aantal beskermende faktore in die lewe van die twee deelnemers teenwoordig is, wat `n aanduiding kan wees van moontlik toekomstige veerkragtigheid.

Sleutelwoorde: mensehandel, gedwonge prostitusie, veerkragtigheid, beskermende faktore, vroue, volwassenes, Suid-Afrika

Literature Review

Our single most important challenge is therefore to help establish a social order in which the freedom of the individual will truly mean the freedom of the individual. We must construct that people-centred society of freedom in such a manner that it guarantees the political liberties and the human rights of all our citizens.

Nelson Mandela (1994)

Since the inauguration of President Nelson Mandela in 1994 and the enactment of the Constitution of the Republic of South Africa in 1996, all persons in South Africa have the constitutional right to freedom (S. A. Const. 1996). However, many of the rights contained in the South African Constitution are at best not yet realised, and at worst they are violated. Human trafficking is one of the greatest causes of human rights violations in South Africa and the world (Unuoha, 2011; Rijken, 2003). The human rights which are most commonly disregarded during the human trafficking process, include the right to freedom and security, the right to freedom of movement, the right to dignity, the right to protection from commercial sexual exploitation, violence and torture, and the right to be protected from forced labour and slavery (Kruger, 2010). The trafficked person's rights to food, water and social security are also violated (Allais, 2013). Although human trafficking as a human rights violation has been present for many years, it was only at the beginning of the century that an internationally recognised definition emerged.

Human Trafficking

The first internationally recognised definition of human trafficking was developed in November 2000, when the United Nations adopted the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (Palermo Protocol) (United Nations Educational, Scientific and Cultural Organization, 2007; Kruger, 2010; Kruger, 2012; United Nations Office on Drugs and Crime, 2012). The Palermo Protocol defines 'human trafficking' as the recruitment, harbouring, transportation, transfer or provision of persons through the use of force, fraud, deception, coercion, abduction, the abuse of power/position of vulnerability or giving/receiving of payments/benefits to achieve consent, for the purpose of exploitation (United Nations, 2000). In essence, the definition of human trafficking consists of three distinct elements: the act or conduct of the trafficker, the means used by the trafficker to commit the act, and the purpose of the trafficker (Kruger, 2010;

UNODC, 2012). According to Kruger (2010), the Palermo Protocol's definition describes human trafficking essentially by stipulating what is done (the act), how it is done (the means) and why it is done (the purpose).

The following traits distinguishes human trafficking from the smuggling of migrants: the lack of consent and the resultant use of force, fraud and coercion, the exploitation of victims, the ongoing exploitation after the destination location has been reached and the fact that human trafficking is not always transnational (Human Sciences Research Council, 2010; UNODC, 2012). Although human trafficking includes geographical movement, it is not a requirement as in the case of the smuggling of migrants. Individuals can be considered victims of human trafficking regardless of whether they were born into servitude, transported to the trafficking environment, previously consented to work for the trafficker or participated in crimes as a result of being trafficked (US Department of State, 2014).

Human trafficking is a global phenomenon (US Department of State, 2014; UNODC, 2012) and reliable statistics on the global scope and magnitude of the problem are limited (Rijken, 2003; Di Nicola, 2007). At the global level only four organisations have databases on trafficking in persons: United States Government, International Labour Organisation (ILO), International Organisation for Migration (IOM) and the United States Office on Drugs and Crime (UNODC) (UNODC, 2008). According to the International Labour Organisation (ILO) an estimated 12.3 million adults and children are in forced labour, bonded labour and commercial sexual servitude at any time (US Department of State, 2009). The ILO further estimates that 1.39 million of these victims are in sexual servitude, both transnationally and within countries, and 56% of these victims are female (US Department of State, 2009). Although many estimates regarding the scope of human trafficking exist according to the Trafficking in Persons Report of 2009, there is presently a lack of accurate statistics on the magnitude of the problem globally and many of these estimates can be contested (Rijken, 2003; Di Nicola, 2007; US Department of State, 2009). According to Di Nicola (2007), many research reports globally provide contradictory figures that are often quoted with no regard of the estimation criteria that was used.

According to Rijken (2003), the lack of accurate global statistics on human trafficking can be ascribed to the illegal, concealed and coercive nature of this crime. The method of

collecting data regarding the problem, further limits global estimates on the magnitude of the human trafficking. According to a study done by Tyldum (2010) for the International Organisation for Migration (IOM), statistics on human trafficking are primarily based on data compiled by shelters and assistance programmes in countries of destination or origin. Data from these sources can however not be assumed to be representative of the population of trafficking victims in general, as there are several selection procedures which influence who are placed in such programmes, and who are not (Tyldum, 2010). According to Tyldum (2010), not all victims live in areas in which these assistance programmes are available, some NGO's have specific selection criteria in order to determine who qualifies for assistance and not all individuals who are offered support, accept the help (Lutya, 2009; Tyldum, 2010). These selection mechanisms therefore suggest that statistics produced from shelter data may provide biased representations of the population of trafficking victims at large. The scarcity of statistics on human trafficking is therefore not only due to the illegal nature of the phenomenon, but also to the method of compiling the statistics. Although estimates on the magnitude of human trafficking globally are useful, more accurate data is needed in order to understand the phenomenon.

According to a report compiled by the Human Sciences Research Council (2010) on behalf of the 'Programme of Assistance to the South African Government to Prevent, React to Human Trafficking and Provide Support to Victims of Crime,' the lack of official systems recording human trafficking cases in South Africa, hinders the compilation of statistics required to assess the magnitude of the problem of human trafficking in South Africa (HSRC, 2010). The report does not give an estimate of the degree of the problem in South Africa, and no other reliable sources in this regard could be found. Despite the lack of accurate statistics on human trafficking globally as well as in South Africa, the Trafficking in Persons Report of 2014 indicates that human trafficking is a major source of concern in South Africa. The report further indicates that South Africa is a source, transit, and destination country for the trafficking of men, women and children for forced labour and sex trafficking (US Department of State, 2014).

Globally, human trafficking takes on many different forms and is described as dynamic, adaptable and constantly changing (UNODC, 2006). Firstly, female victims are trafficked for forced marriage, forced prostitution/sexual exploitation and forced labour, such as domestic labour or working in factories and mines. Secondly, children are trafficked for

sexual exploitation, forced marriages, illegal adoption, child labour and to be used as soldiers or mercenaries. Thirdly, men, although a profile less considered, are trafficked for forced labour in construction work, agriculture or fishing and mining, as well as for sexual exploitation (Allais, 2013). Lastly, human beings are also trafficked for harvesting organs, body parts or tissue such as skin and nails for medicinal purposes (Allais, 2013).

In South Africa human trafficking is similar to global trafficking. In a study conducted by Burmudez (2008) on behalf of the International Organization for Migration (IOM), the researcher found sexual exploitation (involuntary prostitution), trafficking for domestic and agricultural labour, trafficking of boys for street vending/forced begging/to commit crimes and *muti* or 'medicine' related crimes involving the forced removal and transport of organs, to be the most common forms of human trafficking in South Africa. The most recent Trafficking in Persons Report of 2014 indicates that in South Africa young women and girls are still subjected to sex trafficking, domestic servitude and *ukuthwala* or 'forced marriage'. Young boys are forced to work in street vending, food service, begging, criminal activities, agriculture and adult men are trafficked into bonded labour in mobile sweatshop factories or on farms (US Department of State, 2014).

While the Trafficking in Persons Report of 2014 indicates that the majority of trafficking victims in South Africa are labour trafficking victims (US Department of State, 2014), involuntary prostitution remains a disturbing form of human trafficking worldwide, including South Africa.

Involuntary Prostitution

It is important to distinguish between 'commercial sexual exploitation' and 'involuntary prostitution.' According to Lutya (2009), the voluntarily participation in prostitution while one's earnings are controlled by a third party, is regarded as 'commercial sexual exploitation.' The Trafficking in Persons Report of 2014 however defines 'involuntary prostitution' or 'sex trafficking' as the engagement of an adult in a commercial sex act, such as prostitution as a result of force, threats, fraud or coercion. Sex trafficking or involuntary prostitution can also occur through debt bondage, where the victims are forced to continue engaging in prostitution in order to pay off an unlawful "debt," which incurred through their transportation, recruitment, or their "sale" (US Department of State, 2014).

Although no recent estimates on the global magnitude of trafficking for sexual exploitation could be found, a report by the UNODC in 2008 estimated that trafficking for sexual exploitation accounted for 87% of the cases involving human trafficking globally (UNODC, 2008). The UNODC (2012) indicated that females constituted the majority of trafficking victims for involuntary prostitution and research undertaken in 2012 found that 55-60% of reported cases globally involved female victims (UNODC, 2012). In South Africa a study by the HSRC in 2010 found that adult women in South Africa are more frequently trafficked for involuntary prostitution compared to children (HSRC, 2010).

South Africa as destination, source and transit country for involuntary prostitution

According to the most recent Trafficking in Persons Report of 2014 (US Department of State, 2014), South Africa acts as destination country in which both intra-regional trafficking of South African citizens as well as extra-regional trafficking of foreign nationals, occur. The report however , further indicates that South Africans constitute the majority of trafficking victims within the country.

In a study undertaken by Burmudez in 2008 it was suggested that within the borders of South Africa individuals are trafficked from Bloemfontein, Durban, East London, Port Elizabeth, Graaff-Reinet, Johannesburg, Pretoria, Kimberly, Mossel Bay, Ceres, Beaufort West, Orange Farm, Somerset East, Vryburg, Upington, as well as informal settlements in all nine provinces (Burmudez, 2008). These victims are generally trafficked to the urban centres of Cape Town, Durban, Bloemfontein, Johannesburg, Nelspruit, East London, Port Elizabeth, Pretoria, Welkom and Rustenburg (Burmudez, 2008). The Trafficking in Persons Report of 2014 (US Department of State, 2014) comments especially on the trafficking of South African children within the country, and it corresponds with earlier findings of Molo Songololo (2005). According to the report (US Department of State, 2014), these children are reportedly recruited from poor rural areas and brought to and moved between urban centres such as Cape Town, Durban, Johannesburg and Bloemfontein.

According to a study done by the HSRC in 2010, extra-regional trafficking to South Africa from Africa, generally originates from countries immediately adjacent to South Africa, such as Zimbabwe, Swaziland, Mozambique, Malawi and Lesotho, however longer distance trafficking also occurs from Angola, the Democratic Republic of the Congo, Burundi, Kenya, Senegal, Cameroon, Tanzania, Ethiopia, Uganda, Rwanda, Somalia and Nigeria (HSRC,

2010). The HSRC (2010) also found that South Africa acts as a destination country for extra-regional trafficking outside of Africa, and source countries include Thailand, Philippines, China, India, Romania, Bulgaria, Russia and the Ukraine (HRSC, 2010). The most recent Trafficking in Persons Report of 2014 indicates that the South African government identified trafficking victims from Russia, Taiwan, the Philippines, Thailand, Zimbabwe, Somalia, Namibia, Ghana, Zambia and the United States in South Africa (US Department of State, 2014).

Although very little research has been done on trafficking of South Africans abroad, the Trafficking in Persons Report of 2014 confirms that South Africa also acts as a source country for such trafficking (US Department of State, 2014). The HSRC (2010) reports that the International Organisation for Migration (Pretoria) identified only eight cases of trafficking from South Africa abroad between January 2004 and January 2008. The countries to which these victims were trafficked were Ireland, Zimbabwe, Israel and Switzerland.

The Trafficking in Persons Report of 2014 also identifies South Africa as a transit country (US Department of State, 2014), but it does not provide detail on this phenomenon. In a study conducted by the HSRC in 2010 it was found that data regarding South-Africa as a transit country in human trafficking is insufficient.

Although the statistics on trafficking to, from and within South Africa are limited, it is undeniable that victims are both pulled and pushed into human trafficking.

Pull and push factors of involuntary prostitution

Various pull and push factors determining the demand and supply of human trafficking victims have been identified in literature (UNESCO, 2007; Kruger, 2010).

The pull factors in human trafficking refer to the demand for the service of trafficked persons and this mainly relates to the destination countries (Kruger, 2010). Although recent studies on the major pull factors in South Africa is not available, a report by UNESCO (2007) found globalisation and the increasing demand for cheap and unskilled labour, the growth of the sex and entertainment industry and the low risk and high profit nature of human trafficking, to be the major pull factors in the country.

Globalisation has created a strong market for cheap and low-skilled labour in various sectors not limited to the sex industry (UNESCO, 2007). In South Africa migrants from Mozambique, Zimbabwe, and Lesotho, as well South Africans living in impoverished situations, are often used for unskilled, low wage labour practices. They often work under dangerous conditions, especially in the sex industry (Burmudez, 2008). According to Burmudez (2008), the increased demand for sexual services in South Africa can be linked to sex tourism. The popularity of sex tourism in South Africa was especially evident during the FIFA World Cup in 2010, when it was even considered to legalise prostitution for the duration of the event (Agbiboa, 2010). During this time great concerns concerning within country and cross-border trafficking for the purposes of sexual exploitation were sparked (Burmudez, 2008).

Another strong pull factor is the high profit, low risk nature of human trafficking. It is estimated that after drugs and arms dealing, human trafficking is the third most profitable criminal activity (UNESCO, 2007), globally generating an estimated 32 billion United States Dollars annually (ILO, 2008). In addition, human trafficking is largely underreported and conviction rates for the crime are low (UNESCO, 2007; Kruger, 2010). The reason for this is that South Africa does not fully comply with the minimum standards for the elimination of human trafficking (US Department of State, 2014). According to the Trafficking in Persons Report of 2014, the Prevention and Combatting of Trafficking in Persons Act (PACOTIP) was passed in Parliament in May 2013 and signed by President Zuma in July 2013, but was not yet in effect when the report of 2014 was finalised. According to this report, the lack of a legal framework greatly hampers the SA Government's efforts to prosecute the crime. Apart from shortcomings in terms of the legal framework, the involvement of corrupt police and border officials in trafficking rings, further lowers the risk of prosecution for the crime of human trafficking (UNESCO, 2007; De Sas Kropiwnicki, 2010).

Push factors on the other hand refer to the risk factors that intensify the vulnerability of victims to human trafficking, and mainly relate to the source countries (Kruger, 2010). According to a study conducted by UNESCO (2007), the major push factors in South Africa include poverty, unequal access to education, the lack of employment opportunities in rural areas, the lack of access to information on migration and job opportunities, the lack of knowledge concerning the risk of migration, HIV/AIDS and gender inequality (UNESCO, 2007).

The literature describes poverty as a major push factor in human trafficking (UNESCO, 2007; Burmudez, 2008; UNODC, 2008), as income inequality pushes underprivileged people, especially women, to seek better lives elsewhere. In South Africa, although recent reports indicate a slight improvement in poverty, it remains a major issue (Statistics South Africa, 2014). According to the Poverty Trends Report (2014) by Statistics South Africa, the percentage of the population in 2011 living in poverty was 45,5 % (23 million people), with the majority of the poor (53,4 %) being women. Bales (1999) argues that women who are poor generally fall victim to human trafficking as they unknowingly accept false offers of foreign employment, such as childcare, only to find themselves forced into prostitution.

Other push factors, relating to poverty in South Africa, mainly pertain to social and family circumstances in the country (UNESCO, 2007; UNODC, 2008). These include the unequal access to education which reduces women's opportunities to increase their earnings in more specialised occupations, the lack of employment opportunities in rural areas, HIV/AIDS, and traditional attitudes and practices that encourage and allows the exploitation of women (UNESCO, 2007).

Unequal access to education, relating directly to poverty in South Africa, remains a influential push factor into human trafficking for women (UNESCO, 2007; UNODC, 2008). During the era of Apartheid in South Africa, racial discrimination and inequality in all social institutions, especially education, was widespread (Heaton, Amoateng, & Dufur, 2014). Since the abolishment of Apartheid, stark differences in educational resources, practices and outcomes in wealthier versus poorer schools, remain common (Heaton, Amoateng, & Dufur, 2014), often limiting individuals' opportunities in terms of further qualification and employment, putting them at risk for trafficking.

Another push factor relating to poverty in South Africa is the lack of employment opportunities in rural areas (UNESCO, 2007). According to Statistics South Africa, half of the individuals living in rural areas, are unemployed (Statistics South Africa, 2014) and consequently internal migration in search of work is often the only option for rural families. Historically, migration in search of employment opportunities were limited to men, however with the increased population mobility and lack of opportunities in rural areas, women are now more likely to migrate (UNESCO, 2007; Burmudez, 2008). The limited employment

opportunities for unskilled labour often force many female migrants to become part of the sexual economy, putting them at risk for human trafficking (UNESCO, 2007). In a survey of approximately 10,000 victims, the IOM (2010) found that most victims were recruited for migration and less than 5% in the sample was kidnapped. This indicates that the majority of these victims of human trafficking, voluntarily decided to migrate elsewhere, in the search for employment opportunities.

HIV/AIDS is not only a consequence of human trafficking (UNESCO, 2007), but also a powerful push factor, especially in the case of young women and children (UNESCO, 2007). The South African National HIV Prevalence, Incidence and Behavioural Survey of 2012, estimated the national prevalence of HIV in 2012, around 12,2 %. According to this study, one of the major consequences of HIV/AIDS is premature deaths of parents of young children, which resulted in orphanhood. The study found the prevalence of HIV/AIDS relating to orphanhood to be 16,9 % (HSRC, 2014). HIV/AIDS orphans have limited survival opportunities and young female orphans are often forced to leave school to fulfil their role as carer, leaving them vulnerable to the false promises of traffickers (UNESCO, 2007). Adult women also fall prey to traffickers when their husbands die from HIV/AIDS (IOM, 2005; Burmudez, 2008).

It is evident that human trafficking also has a strong gendered nature (UNESCO, 2007; UNODC, 2008). Although there has been major advancement and empowerment of women in South Africa, many women's lives are still characterised by gender-based discrimination and inequality (Strebel et al., 2006; UNESCO, 2007) and gender-based violence (Strebel et al., 2006). In South Africa gender discrimination is still imbedded in damaging cultural traditions such as widow inheritance and female genital mutilation in which women's rights are ignored and they are likened to be possessions that can be 'owned' (UNESCO, 2007; Bettio & Nandi, 2010). Gender-based violence, such as physical and sexual abuse at the hands of an intimate partner, family members or individuals in the community, is also a common occurrence in the lives of South African women (Burmudez, 2008) and has been associated with vulnerability to trafficking, particularly for the purpose of sexual exploitation (IOM, 2006).

As mentioned, women often become victims of trafficking as a result of poverty, unemployment, lack of education opportunities, rural-urban migration and HIV/AIDS.

Consequently these women often end up either voluntarily offering their services to traffickers, or by being deceived with offers of education, marriage or remunerative work (UNESCO, 2007). Gender inequality is therefore one of the strongest push factors that increases the vulnerability of women in human trafficking.

The most recent Trafficking in Person's Report of 2014 also implicates sexual orientation, particularly Lesbian, Gay, Bisexual and Transsexual (LGBT) orientations, as a great push factor. The report indicates that instances of traffickers coercing LGBT children to remain in prostitution under threat of disclosing their sexual orientation or gender identity to their families, has been found in South Africa (US Department of State, 2014).

The consequences of involuntary prostitution

Victims of trafficking are commonly exposed to prolonged and repeated trauma (UNODC, 2008; Hossain, Zimmerman, Abas, Light, & Watts, 2010; Johnson, 2012; Banovic & Bjelajac; 2012). According to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (American Psychiatric Association, 2013), trauma involves exposure to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence. The exposure can either be direct exposure, witnessing in person, or indirect exposure. Indirect exposure could involve either the indirect exposure to actual or threatened death, such as learning that a close relative or close friend was exposed to trauma, or it could involve repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (American Psychiatric Association, 2013).

According to Johnson (2012), the experienced trauma can be viewed on a continuum and divided into the following categories; single impersonal trauma, single interpersonal trauma, multiple interpersonal-single perpetrator traumas, and multiple interpersonal-multiple perpetrator traumas. Single impersonal traumas are described as events that happen once, such as natural disasters, accidents and acts of human negligence, while on the other hand single interpersonal trauma refers to single events that are committed by a known or unknown person, such as robbery, assault, and rape. Multiple interpersonal traumas with a single perpetrator would be described as multiple traumatic experiences at the hands of a known perpetrator, such as ongoing child abuse, neglect or domestic violence, as opposed to multiple interpersonal traumas with multiple perpetrators. This last category on the trauma continuum

would be described as the experiencing of multiple traumas at the hands of several or different abusers (Johnson, 2012).

In terms of Johnson's (2012) model, the experience of human trafficking can be placed in both the multiple interpersonal, and multiple perpetrator trauma category. In the case of human trafficking, the list of traumatic events include: physical, sexual and psychological abuse and violence, manipulation, deprivation and torture, the forced use of substances, economic exploitation and abusive working and living conditions (UNODC, 2008; Zimmerman, Hossain & Watts, 2011). As a result of the multiplicity of this type of trauma, the sense of instability it creates, and the victim's inability to cope, it is often described in literature as complex trauma (Johnson, 2012).

Courtois (2004) describes complex traumatic events and experiences as repetitive, continued and cumulative stressors that are mostly interpersonal, and involves direct harm, exploitation and maltreatment and they often occur in developmentally critical times of the victim's life (such as childhood or adolescence), but also later in life. According to Johnson (2012), victims of complex trauma often experience depression, self-hatred, despair, anxiety, dissociation, substance abuse and somatic ailments. Courtois (2004) states that victims of complex trauma are also at a higher risk for self-destructive and risk-taking behaviours, re-victimisation and experiencing interpersonal relationship problems.

A recent cohort study of female survivors of trafficking was done by Abas et al. (2013) on women over the age of 18 who returned to Moldova and registered for support with the International Organisation for Migration (IOM). Women were assessed by a psychiatrist for mental disorders according to the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV) two to 12 months post-return to their home country. The assessment was done blind to the information of the pre- and post-trafficking experiences of these women. The results indicated that over half (54.2%) of the female trafficking survivors met DSM-IV criteria for mental disorders at an average of six months post-return. The study also indicated that 35.8% of women had Post-traumatic Stress Disorder (alone or co-morbid), 12.5% had depression without Post-traumatic Stress Disorder (PTSD) and 5.8% had another anxiety disorder. The risk factors for the development of mental disorders were found to be education status, pre-trafficking employment status, pre-trafficking residence (rural or urban) childhood emotional, physical or sexual abuse, duration of the trafficking, post-trafficking marital

status, post trafficking employment status, number of unmet needs and social support. The greatest predictors of post-trafficking mental disorders, were found to be childhood abuse, a longer duration of trafficking and stressors such as poor social support and unmet needs (Abas et al., 2013).

Another study by Hossain, Zimmerman, Abas, Light and Watts (2010) investigated the association between traumatic events and mental health among women who had been trafficked for sexual exploitation. The study interviewed women and girls from 12 different countries, including 9 Eastern European countries and 3 countries in West Africa and the Caribbean. The study found that 80% of the participants had at least one of the disorders assessed (Depression, Anxiety and Post-traumatic Stress Disorder) and 57% were comorbid for all 3 disorders (Hossain, Zimmerman, Abas, Light, & Watts, 2010).

As victims of human trafficking are exposed to complex trauma, rehabilitation is required once they were removed from the traumatic environments in which they were forced to live and work (Banovic & Bjelajac, 2012). In South Africa, once victims are identified and brought to the attention of the criminal justice and social development authorities, the victims are sent to shelters where they are provided with psychosocial support in preparation for their reintegration into their families and society (Molo Songololo, 2005). The work at these shelters is vital, but they need to be informed by more research on human trafficking and psychosocial support for the victims.

Over the past few years human trafficking received a lot of attention in South Africa and globally, and a number of reports and articles by institutions such as IOM, United Nations International Children's Emergency Fund [UNICEF], UNESCO, UNODC, South African Development Community [SADC], NGO's such as Molo Songololo, as well as individual researchers, have been delivered (HSRC, 2010). Although a large volume of research on the topic of human trafficking exists, there is a paucity of psychological research on this issue in both Africa and South Africa (Laczko, 2005 in HSRC, 2010), as the majority of the studies on this topic address legal considerations in human trafficking, and not the related psychosocial factors (Lutya, 2009; Kruger, 2010; Unuoha, 2011; Kruger & Oosthuizen, 2012). Most of the South African research on trafficking has also focused on trafficking for sexual exploitation, especially amongst children and not amongst adult women (Lutya, 2009; Lutya, 2010). International research in the field of psychology, is more focused

on the consequences of human trafficking (Banovic & Bjelajac, 2012) and the treatment of human trafficking victims (Kleinschmidt, 2009; Bennett- Murphy, 2012; Johnson, 2012).

According to the HSRC (2010), more research is however needed to inform prevention, intervention and rehabilitation programmes. As human trafficking is a complex traumatic experience, the paucity of psychological research on these aspects of human trafficking, is especially problematic and needs to be addressed. Research on psychosocial protective factors involved in the resilience of victims, can play a particularly pivotal role in informing intervention and rehabilitation programmes aimed at helping these victims, to bounce back after the complex traumatic experience of human trafficking.

Trauma and resilience

The relationship between trauma and resilience has long been a topic of interest in the field of psychology, and research has indicated the significant role of protective factors in buffering the effect of traumatic experiences such as human trafficking (Carbonell et al., 2002; Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006; Collishaw et al., 2007; McClure, Chavez, Agars, Peacock, & Matosian, 2008; Rosenthal, Wilson, & Futch, 2009). A study by Hjemdal, Friborg, Stiles, Rosenvinge and Martinussen (2006) found that individuals scoring high on the Adult Resilience Scale (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003) measuring individual resilience in terms of protective factors, showed significantly lower levels of psychiatric symptoms when exposed to traumatic experiences. In addition, the studies of both McClure, Chavez, Agars, Peacock and Matosian (2008) and Collishaw et al. (2007), investigating the factors that promote resilience in childhood sexual abuse survivors, found protective factors such as family cohesion and overall good quality relationships during childhood, adolescence and adulthood, of great importance for adult psychological well-being post childhood sexual abuse. The results of these studies clearly indicate the strong role of protective factors in mitigating the effects of traumatic experiences.

Understanding the psychosocial protective factors in the lives of human trafficking victims is therefore an important first step in determining what will ultimately help these victims develop resilience, once removed from the adverse circumstances of the trafficking environment.

Resilience, a term initially used in the field of physics, refers to the property of materials that enables it to resume its original shape or position after being bent, stretched or compressed (Shastri, 2013). In the field of psychology and psychiatry it is however broadly defined as the "capacity to recover from extremes of trauma and stress" (Shastri, 2013, p. 225), "positive adaptation or the ability to maintain or regain mental health despite experiencing adversity" (Herrman et al., 2011, p. 259), the "relatively good outcome despite experiencing situations that have been shown to carry significant risk for developing psychopathology" (Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006, p. 195) or the "capacity of individuals to seek help (personal agency), as well as the availability of the help sought" (Ungar, 2008). The literature, containing a myriad of definitions of the concept, reveals the absence of a consensus regarding a single operational definition for 'resilience' (Herrman et al., 2011).

Much of the uncertainty regarding the definition of resilience lies in the conceptualisation of resilience as a personality trait, as opposed to a dynamic developmental process (Ungar, 2008; Herrman et al., 2011; Shastri, 2013). Early researchers in the field of resilience focused on childhood adversity and believed that resilience was an attribute or personality trait that operates after a single trauma, and focused on individual strengths that assist individuals in surviving adversity (Herrman et al., 2011). Reducing resilience to an attribute or personality trait, meant that resilience was measurable, fixed and stable over time (Atkinson, Martin, & Rankin, 2009). Only later researchers started including negative life events across the lifespan and they also focused on the role of systems in coping with adversity. The view of resilience being an individual trait thus gave way to a more ecological process oriented conceptualization of resilience where the individual's social and physical ecologies, from their caregivers to neighbourhoods, became the focus (Ungar, Ghazinour, & Richter, 2013). As result of the shift, definitions of resilience started including processes and mechanisms, also referred to as protective factors, which contribute to a good outcome despite adversity (Ungar, 2008; Herrman et al., 2011). In contemporary research, resilience is no longer seen as an individual attribute or personality trait, but rather a dynamic developmental process, demonstrated by adaptive behaviours and life patterns, that are modified as new risk or protective factors emerge with the individuals changing life circumstance (Shastri, 2013).

In defining resilience it is also important to distinguish it from similar concepts such as "invulnerability", "stress resistance" and "mental toughness" (Shastri, 2013). Resilience does not mean being unharmed, invulnerable and resistant to adversity, but rather the ability to continue growing and developing under adverse conditions, even while suffering from the residual effects of the trauma (Shastri, 2013). A resilient individual is therefore not immune to stress, but he is able to re-establish equilibrium after an adverse experience (Wagnild & Young, 1990). A study on battered women in shelters, found high levels of resilience, despite the presence of PTSD in the majority of the sample (Humphreys, 2003), providing proof that resilience does not equate to invulnerability or resistance to adversity.

The literature also states that resilience is more than the absence of pathology, but rather the presence of high levels of well-being (McClure, Chavez, Agars, Peacock, & Matosian, 2008). According to Ungar (2013), resilience is not a suppression of symptoms associated with mental disorder that develop after exposure to trauma, but it is rather a process associated with mental health that is independent of the presence or absence of a disorder. The individual undergoes a process of positive adaptation regardless of the presence of disordered thoughts, feelings and behaviours, and positive psychological functioning can thus co-occur with trauma-related symptoms (Ungar, 2013). Resilience is therefore not merely an absence of pathology or risk factors, but rather the presence of protective factors or processes that buffer the effects of trauma that are known to carry a risk for the development of psychopathology (Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006).

Protective factors

As mentioned, protective factors play an important role in resilience (Dutton & Greene, 2010; Shastri, 2013), and it can therefore be said that the resilience of trafficking victims are determined in part by the psychosocial protective factors present in their lives (Garmezy, 1991; Herrman et al., 2011). Protective factors are defined as any positive attribute or strength which can lead to better outcomes (Leon, Ragsdale, Miller, & Spacarelli, 2008). According to Garmezy's (1991) ecological view of protective factors, these factors can be divided into individual traits, family qualities and social and community support.

On an individual level, studies both internationally and locally found the following traits to be important in resilience: openness, agreeableness, extraversion, optimism, enthusiasm, an internal locus of control, mastery, self-efficacy, self-esteem, goal and

achievement orientation, empathy, autonomy, conservatism, conscientiousness, the ability to self-regulate, enthusiasm and assertiveness (Theron & Theron, 2010; Herrman et al., 2011). Individual protective factors such as problem solving skills, positive cognitive appraisal, internal locus of control and a sense of self-worth as well as intellectual functioning, cognitive flexibility, social attachment, spirituality, active coping styles, hardiness, hope, resourcefulness, and adaptability were also found to be protective factors associated with resilience (Theron & Theron, 2010; Herrman et al., 2011). According to Dutton and Greene (2010), resilience on an individual level is also related to biological characteristics, which include neural plasticity of brain structure and function, emotional reactivity (startle reflex etc.), hemispheric asymmetry, neuroendocrine systems and immunological systems focused on the role of dysregulation in the hypothalamic-pituitary-adrenal axis, especially in the development of PTSD and depression.

On the family and social support level, local and international studies by Theron and Theron, (2010) and Herrman et al. (2011), identified the following protective factors: supportive relationships with family and friends, secure attachments with mother, good parenting practices (which includes joint participation in activities), the experience of belonging, feeling loved and valuable in the family system, having clear and consistent family rules, as well as the absence of maternal depression or substance abuse. The importance of a supportive sibling and extended family relationships as well as positive relationships with other peers and adults outside the immediate family, are also highlighted in the literature on resilience (Theron & Theron, 2010; Herrman et al., 2011).

On a community support level, protective factors included good schools characterised by aesthetic attractiveness, academic excellence and the availability of meaningful after-school activities as well as community services, sports and culture opportunities, cultural factors, religion and spirituality, and low levels of community violence (Theron & Theron, 2010; Herrman et al., 2011).

There are a few international studies on prostitution and resilience. A study by Buttram, Surratt and Kurtza (2013) investigated the protective factors that enable African American sex workers to cope with syndemic risk factors or the co-occurrence of two or more risk factors that act synergistically to increase the burden of disease. The study found that syndemic factors were negatively associated with high levels of resilience (as measured

by personal mastery) while the protective factors of high school completion, social support, and access to transport had a positive association with resilience. These findings suggest the possible targets for planning interventions to assist female sex workers in coping with syndemic risk factors and in achieving better outcomes.

Another study by Burnes, Long and Schept (2012) on voluntary prostitution critiqued psychological research in the field of voluntary prostitution for only focusing on pathology, stigma and psychological consequences, and not on resilience. The research encouraged an alternative understanding of prostitution in psychological research by means of a resilience-based lens. The three focus areas in the study included: prostitution and involvement with drugs and alcohol, prostitution and trauma and prostitution and language, location and practice environment.

An ethno-nursing study by Prince (2008) aimed at describing resilience in African American women recovering from voluntary prostitution. The study found two prominent protective factors contributing to the resilience of the participants. These protective factors were described as the participant's ability to maintain spirituality and to seek social support.

The majority of individual resilience studies conducted in South Africa are focused on youth resilience (Johnson & Lazarus, 2008; Theron & Theron, 2010; Theron, 2012; Theron, 2013; Theron, Liebenberg, & Macalane, 2014) especially youth resilience facing HIV/AIDS related challenges (Peacock- Villada, De Celles, & Banda, 2007; Wood, Theron, & Mayaba, 2012; Wild, Flisher, & Robertson, 2013; Heath, Donald, Theron, & Lyon, 2014). Community resilience studies were also found (Harte, Childs & Hastings, 2009) as well as many family resilience studies (Greeff & Van der Merwe, 2004; Geeff & Holtzkamp, 2007; Greeff & Loubser, 2008; Greeff & Du Toit, 2009; Greeff & Lawrence, 2012; Greeff & Van den Berg, 2013). Currently, no South African studies on resilience and involuntary prostitution exists (according to a search done on EBSCOHOST, October 2014).

Conclusion

According to Bonanno (2004) multiple, sometimes unexpected, pathways to resilience exist. Each individual's journey to resilience is therefore unique, and understanding the psychosocial protective factors that guide the individual along the path to resilience after experiencing trauma, is therefore important. Human trafficking is undeniably a major

problem in South Africa, and therefore the paucity of research, especially in the field of psychology, needs to be addressed. Research on the psychosocial protective factors in the lives of victims of human trafficking, will not only contribute to the volume of psychological research on human trafficking, in particular involuntary prostitution, but it will also be invaluable in informing prevention, intervention and rehabilitation programmes for these victims.

As indicated in the literature review, the study of resilience has moved towards a systemic understanding of resilience where the focus is no longer the individual factors that facilitate resilience, but rather the social-ecological factors that facilitate the development of well-being under stress (Ungar, Ghazinour, & Richter, 2013). For this reason the protective factors identified in the study will be analysed by means of an ecological analytic framework as found in the work of Garmezy (1991). The protective factors will be organized under the headings of; family level protective factors, social level protective factors, community level protective factors and individual level protective factors (Garmezy, 1991).

Methods

The following section includes a discussion on the research question, research design, the participants and sampling procedure, the data collection and analysis process as well as the ethical considerations of the current study.

Research question

The following question was posed for the current study: What are the experiences of female victims of involuntary prostitution concerning the psychosocial protective factors in their lives?

Research design

A qualitative multiple case study research design was used in this study (Yin, 2012). A qualitative design is primarily concerned with understanding (*Verstehen)* phenomena and providing idiographic descriptions of phenomena from an insider (*Emic*) perspective. According to Murray and Chamberlain (2000) the qualitative approach extracts the individuals' perspective that often remains hidden in quantitative research, thereby providing rich/thick descriptions and interpretations of subjective experiences. As the study of human trafficking in the field of psychology is a fairly new field of investigation, and relatively little

information is available, this design supports the exploratory nature of the study (Babbie & Mouton, 2001*)*.

A multiple case study design attempts to gain an in-depth understanding of a small number of cases in their real-life contexts especially when the boundaries between phenomena and context are not clearly evident (Yin, 2012). Case study research focuses on specific situations and provides a description of individual or multiple cases. The ultimate goal of case study research is to create as accurate and complete a description of a case as can be (Cronin, 2014). This type of design is applicable when little research on a specific topic exists and the topic needs to be explored in detail (Murray & Chamberlain, 2000).

Participants

The sample for the study was very specific and therefore the non-probability sampling method of purposive sampling was used (Babbie & Mouton, 2008). This method is appropriate when a sample needs to be selected based on the researcher's knowledge of the population, the elements of the population and the nature of the study (Babbie & Mouton, 2008). For this study, two women who resided in two different women's shelters in the Western Cape were selected.

The first shelter (shelter A) caters for the needs of women and children who are victims of physical, emotional and sexual abuse, including human trafficking victims, and is aimed at assisting victims in coming to terms with past trauma. The shelter offers shelter, protection, meals, clothing, toiletries, counselling, emotional support, assistance in finding a job and different empowering activities to the abused women. It also employs a full time social worker.

The second shelter (shelter B) also caters for victims of abuse, in particular human trafficking victims, and provides a programme aimed at support and reintegration. The first phase of their programme involves the provision of medical and legal assistance, counselling, therapeutic group sessions, life coaching, various workshops and life skills training, outings and fun activities. The second phase of their programme is aimed at the victim's reintegration into their families or communities by providing them with vocational training, assistance in completing or furthering their education, and assistance towards finding a suitable job. The

shelter also offers shelter, protection, meals, clothing, and toiletries and it employs a full time social worker.

Although the sample size was small, Marshall (1996) notes that the "appropriate sample size for a qualitative study is one that adequately answers the research question" (p. 523). The purpose of the study was to explore and describe the experience of psychosocial protective factors in the lives of adult female human trafficking victims forced into involuntary prostitution. Participant A was a victim of extra-regional trafficking from Africa to South Africa and Participant B was a victim of trafficking within the borders of South Africa. It can therefore be said that the two participants could potentially have provided different perspectives on the trafficking experience. Furthermore, the interviews conducted with both participants provided sufficient data with regards to the psychosocial protective factors present in their lives. Consequently, as a multiple case study design only requires a large enough sample to "adequately answer the research question," (Marshall, 1996, p. 523) it was decided not to recruit and interview additional participants

For the purposes of this study, only women over the age of 18 years, who were involved in involuntary prostitution and removed from the trafficking environment, were invited to participate. The ages of the two female participants were 24 years (Participant A) and 21 years (Participant B). Both were Black women: Participant A was of Nigerian nationality and Participant B was of South African nationality. Participant A was single, and Participant B was in a relationship, and neither of the two women had any dependants. Participant A completed grade 12, and Participant B completed grade 10 as their highest educational qualification. They spent five and four months respectively in the trafficking environment.

The prospective participants were identified by their respective shelter managers. The first participant was recruited during one of the regular shelter group meetings where the researcher discussed the purpose of the study, the eligibility criteria and the research procedure with the prospective participants. During the group meeting the prospective participants were also given the opportunity to ask questions about the study to inform their decision. Following the group meeting each prospective participant was telephonically contacted in order to confirm whether she was interested to participate in the study. One out of the two prospective participants at shelter A agreed to participate. Once verbal informed

consent was obtained, a time and place for the interview was set. The shelter manager was informed telephonically of the woman's decision to participate in the study.

The second participant was recruited during an individual meeting at the head office of shelter B, in the presence of the shelter's social worker. During this meeting the author discussed the purpose of the study, the eligibility criteria and the research procedure with the prospective participant. The prospective participant was also given the opportunity to ask questions about the study to inform her decision. At the end of the meeting the prospective participant consented to participate in the study. The interview was immediately conducted as per the participant's request.

Data collection

Each participant was interviewed individually using a single in-depth semi-structured interview method (Babbie & Mouton, 2008). The interviews were open-ended and followed an interview schedule based on the broad categories of protective factors (individual, family and social, and community support) as discussed in the literature. The open-ended, in depth nature of the interviews gave the participants the opportunity to give a comprehensive explanation of their experiences of possible protective factors present in their lives. The participants were interviewed by the author in English. The interviews took place at a time and place convenient for the participant. Each participant was interviewed only once. The interviews were digitally recorded with the permission of the participants and they were transcribed verbatim using the transcription guidelines of Silverman (1993) and Reissman (1993).

Data analysis

The data analysis was based on the transcribed interviews with the participants. The method of thematic analysis (Braun & Clarke, 2006) was used. Thematic analysis organises and describes the data in rich detail according to themes (Boyatzis, 1998). According to Braun and Clarke (2006), a theme "captures something important about the data in relation to the research question," and represents "meaning within the data set" (p. 10). An inductive approach to thematic analysis was used. This approach to thematic analysis is data driven and involves a process of coding of the data without trying to fit it into a pre-existing coding frame, or into the researcher's analytic assumptions. The thematic analysis specifically took

place at the latent level and therefore went beyond the semantic content of the data by identifying underlying ideas, assumptions, and conceptualisations (Braun & Clarke, 2006).

The process of thematic analysis involves identifying patterns of meaning and areas of potential interest in the data, and this can start as early as the data collection stage. Thematic analysis also involves the researcher constantly moving back and forth between the entire data set, the coded extracts of data that the researcher is analysing, and the analysis of the data that researcher is producing. Writing, plays an integral part of analysis and does not take place at the end of the analysis as in quantitative studies, but begins in phase one where the researcher writes down ideas and potential coding schemes, and it continues through the entire analysis (Braun & Clarke, 2006). Initial ideas and coding schemes that were identified during the interview was that of 'immediate family as central a protective factor,' 'disclosure and non-disclosure of trafficking as a complex protective factor,' 'absence of social support outside family as a risk factor,' 'trust injury as a risk factor,' 'religion as a central protective factor.' The themes were written down by the researcher throughout the interview and used during the data analysis.

Although the process of identifying themes takes place from data collection throughout the analysis, thematic analysis does follow a certain structure. The first phase of thematic analysis started with becoming familiar with the data through transcribing the interviews and then reading of the transcripts. Immersion in the data is required and involves repeatedly reading the data while searching for meanings, patterns and themes (Braun & Clarke, 2006). According to Reissman (1993) the transcription of the interview data allows the researcher to familiarise themselves with the data. During the first phase of data analysis the researcher wrote down codes that emerged, while listening and transcribing the interviews. Following the transcription process, the transcribed data was read approximately 5-7 times to enable the researcher to further become familiar with the data and to continue identifying themes.

The second phase of thematic analysis involved generating the initial codes (Braun & Clarke, 2006). According to Boyatitzis (1998) "codes are the most elementary part of the raw data or information that can be assessed in a meaningful way regarding the phenomenon." Codes are therefore parts of the data that the researcher finds interesting. Once codes are identified, the initial codes are matched with data extracts that demonstrate the code.

Although coding forms part of the analysis, the codes differ from the themes which are identified in the third phase of the analysis (Braun & Clarke, 2006). During the second phase of the data analysis 180 initial codes were generated. Examples of initial codes include: 'mother supportive,' 'mother best friend,' 'grandfather supportive,' 'absence of father,' 'absence of mother,' 'non-disclosure of trafficking in fear of mother's health,' 'disclosure of trafficking to immediate family,' 'poor relationship with mother after trafficking,' 'well-resourced school,' 'supportive teacher,' 'being one's own friend,' 'friends' negative influence,' 'caring stranger while on the street,' 'belief in God' 'trafficking as a punishment from God,' 'blaming God for trafficking,' 'putting God first after the trafficking,' 'shelter helping to grow,' 'believing trafficking happened for a reason,' 'wanting to inspire others.'

The third phase of thematic analysis involved sorting the different codes into themes, and ordering all the relevant coded data extracts inside the identified themes, while the fourth phase of thematic analysis involved reviewing these identified themes. During this stage themes with limited supporting data are removed, themes that are similar are merged and some themes are broken down into different themes (Braun & Clarke, 2006). During the third and fourth phase of the data analysis, the codes were reduced and organised into themes. An example of this process was the classifying of initial codes such as 'mother supportive,' 'grandfather supportive,' 'mother best friend,' 'spending a lot of time with grandfather growing up', as one theme: 'closeness of relationship with primary caregiver.'

Once themes were identified and reviewed, the fifth phase followed during which themes were defined and refined. Refining the themes, involved identifying the essence as well as the aspect of the data that the theme captures (Braun & Clarke, 2006). During this phase of the data analysis, quotes from the transcribed data, capturing the essence of the different themes, were extracted and presented according to each theme. Following this, the final phase of the thematic analysis involved the final write-up of the report (Braun & Clarke, 2006).

Trustworthiness

According to Lincoln and Guba (1985) the fundamental principle of good quality research is found in the concept of trustworthiness or neutrality of findings and decisions (Babbie & Mouton, 2008). As a quantitative study cannot be valid if not reliable, so a qualitative study cannot be transferable unless it is credible and it cannot be credible unless it

is dependable. Thus, in order for trustworthiness to be attained, the researcher had to ensure the credibility, dependability and confirmability of the research (Babbie & Mouton, 2008).

Credibility answers the question: "Does this ring true?" (Babbie & Mouton, 2008, p. 277). Lincoln and Guba (1985) describe credibility as the value and believability of the research findings. Establishing credibility involves two processes; conducting the research in a believable manner and to be able to demonstrate credibility (Houghton, Casey, Shaw, & Murphy, 2013). As prolonged engagement and observation of the participants, member checks and triangulation were not logistically possible, the primary means of ensuring credibility was through 'peer debriefing.' In peer debriefing the aim is not for the 'external colleague' or 'expert' to arrive at the exact same coding and themes as the primary researcher, but rather to determine whether the external colleague or expert agrees with the interpretation of the data (Graneheim & Lundman, 2004). In this study an external colleague was provided with the interview transcripts and she was asked to find themes in the transcripts. The themes of the colleague were compared to the themes developed by the primary researcher. No major discrepancies were found however, thus ensuring credibility.

Dependability can be compared to the concept of reliability in quantitative research and it refers to the stability of the data (Graneheim & Lundman, 2004). According to Lincoln and Guba (1985), once credibility is established, it is sufficient evidence for the dependability of a study. Therefore, once the themes were checked by the external colleague and credibility was established, the dependability of the data was ensured.

Confirmability is closely related to dependability and refers to the degree to which the data is neutral to the biases of the researcher (Tobin & Begley, 2004; Babbie & Mouton, 2008). Confirmability was primarily ensured by means of an audit trail in which the researcher provided a systematic description, outlining all the decisions made throughout the research process, in order to provide grounds for all the methodology used and interpretations made during the research process (Houghton, Casey, Shaw, & Murphy, 2013).

Transferability refers to the degree to which the research findings can be applied to different contexts. When compared to quantitative research, qualitative research does not claim that knowledge from one context will necessarily be relevant or transferable to another context, but rather that similarities can be found in the sending context (the research findings)

and the receiving context (the reader of the study) (Babbie & Mouton, 2008). In qualitative research, transferability can be established through a number of strategies. In this study the researcher attempted to provide 'thick descriptions,' which included accounts of the context of the study, the research methods applied and quotes from the raw data (Houghton, Casey, Shaw, & Murphy, 2013), thus ensuring transferability.

Ethical considerations

Permission to conduct the study was obtained from the Ethics Committee of the Faculty of the Humanities, University of the Free State (ethical clearance number: UFS-HUM-2013-24). The researcher further complied with the Health Professions Council of South Africa's guidelines as stipulated in the "Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974" (Health Professions Council of South Africa [HPCSA], 2006). This included ensuring informed consent, confidentiality and anonymity. Most of the ethical considerations were addressed through the process of informed consent. The research objectives and processes, as well as any possible risks or benefits, were discussed with each participant prior to the interview. The participants were also given the opportunity to ask questions during this occasion. Participants further received a written document stipulating the objectives and processes as well as their rights during the course of the study. Participation in the study was completely voluntary and participants could refuse to answer any question or withdraw at any time without any consequences. Code names were used throughout the study in order to ensure anonymity and confidentiality.

The World Health Organization's (WHO, 2003) Ethical and Safety Recommendations for Interviewing Trafficked Women, were also followed in the study. The guidelines applicable to the study were the following: avoiding harm and not to re-traumatize a woman, preparing referral information, ensuring anonymity and confidentiality, getting informed consent, and to put the information obtained in the interview to good use.

According to WHO guidelines, the researcher must first and foremost ensure that the interview process does not cause harm and does not re-traumatize the woman. In order to ensure safety, all interviews were conducted at the shelter. The researcher also ensured that the mental health of participants was not compromised by continually checking whether the participants were comfortable with questions and also by providing an opportunity for debriefing after each interview (WHO, 2003).

The WHO guideline of preparing referral information regarding legal aid, health care, shelter, social and psychological support and help with referral, was also adhered to. As the women in the shelters were already provided with legal aid, health care, shelter, social and psychological support, the researcher only provided additional support in the form of a psychological referral when it was requested by the participant. One participant requested a referral to a psychologist. The researcher also adhered to the WHO guideline of contacting referral agents in advance and ensuring their legitimacy, and only referred the participant to a legitimate psychological service (WHO, 2003).

Furthermore the WHO guideline of protection of participants' identities was adhered to, as mentioned, by providing the women with code names. The WHO guideline of informed consent was also adhered to by providing the necessary information to each woman and allowing them the choice with regards to participation in the study (WHO, 2003).

Lastly, the researcher adhered to the WHO guidelines by putting the information obtained from the interviews to use in a way that benefits an individual woman, or that advances the development of good policies and interventions for trafficked women in general (WHO, 2003).

Throughout the research process the researcher acknowledged the sensitive nature of this study, and for this reason the study was conducted in the best interest of the research participants.

Results and Discussion

In this section the aim was to explore, describe and discuss the protective factors in the lives of two adult female human trafficking victims, who were forced into involuntary prostitution. The dominant themes pertaining to each participant's subjective experience of psychosocial protective factors, were discussed. The themes were identified during the analysis of the extracts from the transcribed interviews. Under each theme the data was compared with the available South African and/or international literature on resilience and protective factors.

Background of participants

Participant A is a 24 year old Black female, originally from Nigeria. She grew up in an impoverished urban community characterized by violence. She was brought up living with her biological mother, two younger sisters and a younger brother. Her biological father died when she was very young and her mother was remarried for a brief period. The participant and her family lived in a single room in a commune with no running water or sanitation, and they had to share toilet facilities with others living in the commune. When Participant A was in high school her mother became paralysed for two years due to medication she received. During this time, Participant A took over the household, financial and caregiving duties of her siblings and her mother. Consequently she dropped out of school before finishing grade 12, but returned to school when her mother was healthy again. Participant A attended a well-resourced school. She was trafficked to Cape Town and stayed in the trafficking environment for a total of five months, until she was arrested by the police and taken to Shelter A.

Participant B is a 21 year old Black female from South Africa. She grew up in a predominantly White, peaceful, middleclass suburb in South Africa. The participant and her family lived in a brick house with running water and sanitation. She was brought up living with her grandfather, as her mother was still in school when she became pregnant with her.

Despite not living with her mother, Participant B's mother was present in her life, although not much involved. She never knew her biological father, but her mother married her stepfather when she was in high school. Participant B dropped out of school when she was in grade ten and attributes this to the influence of peer pressure. Prior to dropping out, she attended a well-resourced school. She was trafficked to Cape Town and stayed in the trafficking environment for four months, until she was taken to Shelter B with the assistance of a Non-Governmental Organisation.

Family and related protective/risk factors

The experience of childhood

Childhood experiences can play an important role both as protective and risk factors in the lives of individuals (Theron & Theron, 2010; Herrman et al., 2011). Participant A and B provided very different descriptions of their childhood experiences. When speaking about the quality of her childhood, Participant A spoke of growing up poor, with a single parent who was sick for a lengthy period of her childhood. Participant A's difficult childhood could

be described as a possible risk factor in her life as it potentially increased her chances for poor outcomes, such as becoming a victim of involuntary prostitution:

PARTICIPANT A: Growing up, my childhood in general is not a thing to be proud of. I was raised by one parent...my mom and unfortunately by my step dad...fortunately he didn't get to stay so long. My mom, she got married and she divorced again. So I was raised by her alone and a little bit from my stepfather. So it wasn't that fun growing up. We got like one meal a day, you eat in the morning and then...so growing up for me wasn't fun at all. My mom couldn't provide for the children and the children had to look after my mom every day. My mom was sick...

Even by growing up with a single caregiver, her grandfather, Participant B describes her childhood as excellent:

PARTICIPANT B: My childhood was very excellent. I even wish sometimes I can turn the clock back.

Participant B's positive experience of her childhood can be described as a possible protective factor as it potentially increased her chances for good outcomes.

Closeness of relationship with primary caregiver

Despite giving different descriptions of their childhoods, both Participant A and Participant B described it as having close relationships with their primary caregivers. As supported by the literature (McClure, Chavez, Agars, Peacock, & Matosian, 2008; Theron & Theron, 2010; Herrman et al., 2011), a close relationship with a primary caregiver, can be described as a potential protective factor in the lives of Participant A and B. Participant A spoke of spending a lot of time with her mother and being especially close with her when she was growing up:

PARTICIPANT A: I would say, of all my relationships…my mom, my sisters, friends and everything...I would say my relationship with my mom is the best I have ever had. My mom is my best friend, she is everything. In fact she is the best thing that has ever happened to me. Our relationship was very, very good, like mother and daughter.

INT: Did you guys spend a lot of time together growing up?

PARTICIPANT A: Yes, we are always together. Except when I went to school and she went to work. We were always together, she was my best friend.

Participant B also described her relationship with her grandfather as close when she was growing up. For her, love from her grandfather was not only measured by the affection she received, but also by the tangible support he gave her:

INT: Okay, so tell me about your relationship with your grandfather?

PARTICIPANT B: It was good, I was a good child, but when I cried I would get money to keep quiet. Everything I wanted he gave me.

INT: So you never felt that you didn't have enough?

PARTICIPANT B: Love? No.

Supportive relationship with primary caregiver

Both Participant A and B described their primary caregivers as very supportive when they were growing up. Support from primary caregivers could be described as a possible protective factor in their lives. Participant A speaks of her mother providing her with both tangible and emotional support in her early years:

INT: Was your mother supportive during your early years?

PARTICIPANT A: Yes, she was very supportive, especially with regards to my education. Even when she was sick, she tried all the things possible to just to make sure I get to school. She even borrowed some money and got loans, she was very, very supportive.

INT: And emotionally, was she also someone you could depend on emotionally?

PARTICIPANT A: Yeah, okay it was very hard for her to understand...when something happened...she doesn't want to know the cause...she is a hot tempered woman, but she really, really helped emotionally.

Participant B also described her grandfather as supportive. Tangible support seemed to be regarded as more important for her, as she reported relying on herself for emotional support. She did however mention during the interview that her grandfather was always available for advice:

INT: When you were growing up, was your grandfather supportive?

PARTICIPANT B: Yes

INT: Did he buy you the stuff you needed and was he there for you emotionally?

PARTICIPANT B: Yes, even still now he buys me everything I want.

INT: And emotionally?

PARTICIPANT B: I can handle myself.

Closeness of relationships with siblings

Both Participant A and B described their relationships with siblings as close. Closeness of relationship with siblings could be described as a possible protective factor in the case of Participant A and B as they could potentially be a source of support during times of adversity. Participant A's siblings however, were much younger than her and she had to take care of them when her mother had to travel for work and also when she became sick. She therefore took on more of a mothering role in the lives of her siblings. Consequently the level of support that could be provided by her siblings is not certain:

INT: How was your relationship with your siblings growing up?

PARTICIPANT A: It was nice. I was very much older than them, so they were always on my neck. So when my mom got my brother, she had to leave him and travel, so I got to grow up very early. They thought that I am the mom. My siblings are some of the naughtiest children I have ever seen, but they are kind of cool. My relationship with my brother is close, I love him so much.

Participant B's siblings are also younger than her, but her relationship with her siblings is described as more of a peer relationship. The level of support provided by her siblings is however also not certain:

PARTICIPANT B: My sister is sixteen years old, and my little brother is eleven years old. We have a good relationship. We play together and do stuff together.

Absent parents

Both Participants A and B had absent parents, which could be described as a possible risk factor in their lives as it could increase the chances for poor outcomes. Participant A's father died when she was very young, and she never knew him. As mentioned before, Participant B's mother became pregnant while she was still in school. Consequently she couldn't take care of her. Although her mother and stepfather were present at times during her life, she did not describe their relationship as close:

INT: So, was your mom present in your childhood? Was she there for you?

PARTICIPANT B: No, she was not there, because she had me when she was still young. She took me to stay with my grandfather, because she was too young. She couldn't have that much responsibility.

INT: And, you and your mom? Did you ever do stuff together when you were growing up?

PARTICIPANT B: Never. When she came to visit we would just look at each other and I would ignore her.

INT: So, your relationship with your mom wasn't too good growing up?

PARTICIPANT B: No.

As risk and protective factors do not act in isolation, it could be said that the protective factors, presence and support of primary caregivers, could play a role in buffering the effect of the risk factor of absent parents.

Disclosure and non-disclosure of trafficking experience to family

The disclosure and non-disclosure of the trafficking experience was a factor of particular significance when discussing the family and protective factors. During the analysis of the data both disclosure and non-disclosure were described as possible protective factors. Both participants' caregivers were unaware of them being trafficked, as they had no contact with them during this period. Participant A and B initiated contact again with their caregivers once they were removed from the trafficking environment and taken to the shelters.

Participant A decided against telling her mother or her siblings of her trafficking experience. According to her she did not want to cause her mother to stress. Participant A described her relationship with her mother as less close than before the trafficking experience:

INT: Okay, so tell me about your relationship with mom at the moment? Do you still have contact with her?

PARTICIPANT A: Yeah, I do, but my relationship with her at present is not too strong. I don't want to put her under too much stress, so I have to keep some information from her. My relationship with her is not what it was before.

Participant B decided to tell her caregivers about her trafficking experience, but not her siblings, as she did not want to upset them. She described her caregivers as being supportive, but explained that the revelation of her trafficking experience changed their relationship. Her family no longer treated her like an adult, but rather like a child:

PARTICIPANT B: Sometimes I feel I shouldn't have told them, because they treat me like a child and I just want to be treated the same. They do everything for me now. I am no longer the

	first born. I am treated like the last born. They feel sorry for me because of what happened, and I don't want them to feel sorry for me.
INT:	Okay, so you think they feel sorry for you at the moment, and you don't want that?
PARTICIPANT B:	No, I don't want people to feel sorry for me.

Participant B's family also asked her not to disclose her trafficking experience to the extended family:

PARTICIPANT B:	It is an agreement between me and my grandfather, stepdad and my mother that I mustn't tell them what happened.
INT:	Can you tell me what you think the reason for this decision is?
PARTICIPANT B:	I don't know I didn't want to ask why. Maybe it's because they want to protect me.

The family and protective/risk factors

Both South African and international literature by Theron and Theron (2010), McClure, Chavez, Agars, Peacock and Matosian (2008), and Herrman et al. (2011), highlight the role of immediate and extended family in resilience. According to McClure, Chavez, Agars, Peacock and Matosian (2008), family cohesion, which involves support and positive affirmations, plays a major role in healthy adjustment after traumatic experiences such as sexual abuse. The findings of these researchers were consistent with literature on family and resilience and indicated that family cohesion positively impacts on self-esteem, social competence and an overall sense of competence in managing life (McClure, Chavez, Agars, Peacock & Matosian (2008).

Research on human trafficking, rarely investigates family of trafficking victims, and they are often reduced to a mere vulnerability factor in the lives of human trafficking victims. In a study of family reintegration of Moldovan victims of human trafficking, the researcher highlighted the importance of investigating family dynamics of trafficking victims once families are reunited (Brunovskis & Surtees, 2012). For this reason, both Participant's A and B's past family dynamics, as well as the family dynamics post-trafficking, were discussed in this section.

Participant A's decision not to tell her mother and siblings of her trafficking experience is a common occurrence in post-trafficking family reunion. According to a study by Brunovskis and Surtees (2012), trafficking victims often decide to keep the trafficking a

secret from the family in fear of being stigmatized or blamed for being involved in prostitution and failed migration. In the case of Participant A, she decided to not tell her mother as she did not want to cause her mother to stress for fear of affecting her mother's health. However, the fear of being stigmatized or blamed by her mother for being involved in prostitution or failed migration, cannot be ruled out. Despite not telling her mother of the trafficking experience, Participant A still reported that her close relationship with her mother changed after the trafficking experience. According to Brunovski and Surtees (2012) the stigma associated with trafficking can affect the victims' interactions with their families negatively, regardless of whether the trafficking had been disclosed to the family or not.

Even though participant A's relationship with her mother changed post-trafficking, the supportive and secure attachment with her mother and the feeling of being loved can still be described as a protective factor in her life (Theron & Theron, 2010; Herrman et al., 2011). As mentioned before, it could be hypothesized that the non-disclosure of the trafficking experience is in fact a protective factor in itself, as it protects one of the most important relationships in Participant A's life.

Although Participant A reported having close relationships with her siblings and it could be described as a protective factor prior to trafficking, it was unclear to which extent this relationship could serve as a protective factor for her post-trafficking, as she reports having little contact with her siblings since being removed from the trafficking environment.

Participant B's supportive and secure attachment with her grandfather could also be described as a protective factor in her life (Theron & Theron, 2010; Herrman et al., 2011). Participant B decided to tell her immediate family about her trafficking. Despite reporting that her family was supportive after her disclosure, she found the disclosure had negatively impacted on their relationship. Her family became over protective and started treating her like a child. This highlights the complexity of protective factors in the lives of human trafficking victims, as some protective factors do not always have a clear causal relationship to promote well-being.

As put forward in the research study of Brunovskis and Surtees (2012), participant B's family's decision not to disclose her trafficking experience to the extended family, could be explained as an attempt to avoid the stigmatisation of Participant B for being involved in

prostitution and failed migration. Thus it could be said that, in not telling the extended family of her trafficking experience and avoiding possible stigmatisation and blame, the extended family can act as a protective factor in the life of Participant B, post-trafficking.

Beyond the family: Social and related protective/risk factors

Lack of social support in early years

Beyond family relationships, both participants differed in their level of sociability. Participant A was quite sociable growing up. Despite her sociability, she had no friends she could turn to for support when her mother became sick during her high school years. Participant A's lack of social support in terms of peer relationships could be described as a possible risk factor in her life during this time:

INT: Did you have friends growing up you could depend on?

PARTICIPANT A: I have lots friends, because I am kind of a friendly person, but there was nobody I could depend at that stage.

According to Participant B, she did not have friends in her early years as she was not interested in socialising. She only made her first friends during high school. Participant B's lack of social support, in terms of peer relationships during her early years, could also be described as a potential risk factor during that time:

PARTICIPANT B: I grew up alone, I didn't have friends. I just loved television too much. After school I would just watch TV and sit in the house. You wouldn't see me play in the streets with other kids.

INT: Was that in primary school?

PARTICIPANT B: Yes, it was that time.

The negative side of peer relationships: Broken trust

Although Participant A and B had very few peer relationships during their early years, both participants spoke of having negative experiences in peer relationships later in their life. Participant A had one individual who she considered a friend during the time her mother was sick. This friendship however resulted in her rape, which consequently caused an early trust injury:

INT: When your mom wasn't there, who could you turn to for support?

PARTICIPANT A: When my mom was sick and hospital bill was too big and even in my dreams I would never be able to pay such an amount...there was this man, he was the son of my principal in school...he helped me. At least he bought me provisions to go give my mom groceries at the hospital and also helping me take my sisters to school and bringing them back. I wasn't going to school anymore. He did everything for me. Sometimes he would help with money...and on my birthday he bought me nice gifts...and then he asked me to come with him...I never thought of anything, so I went...and that night is not a night I would like to remember. I just sacrificed myself that night.

It could be said that Participant A's loss of trust could have been a possible risk factor in her life during the time her mother was sick, as it influenced her ability to derive social support from outside her family. Participant A's loss of trust could also be a risk factor affecting her present ability to derive social support from her environment, post trafficking.

With regards to peer relationships, Participant B reported that her friends had more of a negative than a positive influence on her life. She ascribes her dropping out of school in grade 10, and her later being trafficked, due to her friends' influence:

PARTICIPANT B: I only started to have friends in high school.

INT: And were your friends supportive in your life?

PARTICIPANT B: They never helped me. They just put me in a big hole. They are the reason I dropped school. The one friend even traded me into the prostitution. She lied to me, and that's why I ended up in Cape Town.

As with Participant A, it could be said that the negative experience with her peers resulted in a trust injury. This trust injury could also be described as a possible risk factor in her life, as broken trust may stand in the way of her utilising peer relationships as protective factor, post trafficking.

Scarcity of social support during trafficking

Despite having some friends prior to the trafficking experience, both participants mentioned that they did not have friends when they were trafficked. The participants attributed this to their loss of trust in people while in the trafficking environment. The scarcity of support during this time could be described as a possible risk factor to their well-being during the trafficking experience:

INT: And when you were on the street, did you have friends or someone you could trust?

PARTICIPANT A: No, back then on the street you could trust nobody. In fact, it was the motto of the street, you trust nobody.

INT: When you were on the street, did you have any friends there?

PARTICIPANT B: I didn't want to make friends. There were people who you can talk to, but not trust.

Despite not having friends that she could trust during the trafficking experience, Participant A had a support system of a different kind while in the trafficking environment. She named this person the "Godsend guy:"

INT: And while you were working on the streets, were there anyone who cared about you?

PARTICIPANT A: Yeah, there was. There was this Godsend guy who was always there. Never mind the situation, he just kept on coming and tried his best just to talk me out of everything...but unfortunately I didn't get to realise very fast.

INT: How often did you see him?

PARTICIPANT A: I saw him every time, every day. But, when I was arrested that was when I last time I had contact. It was if he was just waiting for me to get off the street.

The "Godsend guy" could be described as a possible protective factor in Participant A's life during the trafficking experience, as he provided her with support during a time when she had no peer relationships or contact with her family.

The impact of trust in deriving social support post-trafficking

When asked about friendship after the trafficking experience, both participants again attributed their lack of friendships to their loss of trust in people. The loss of trust could be described as a potential risk factor as it influences the participants' ability to derive social support from peer relationships. Participant A's answer to a question about friends, reflected the fact that her trafficking experience impacted negatively on her ability to trust anyone:

INT: Is there a friend or someone you can trust now?

PARTICIPANT A: Presently, let me just say that I lost trust in people. I don't think I could trust anyone at present.

Similar to Participant A, Participant B's answer to the same question highlighted her loss of trust in people and friends. As a result she felt she did not need or want friends after the trafficking experience:

PARTICIPANT B: I don't need friends
INT: So you don't have any friends at the moment?
PARTICIPANT B: I don't want friends… my friend is me, myself and I.

The shelter as social support: A second chance and a place of restoration

Despite their loss of trust in people, both participants agreed that the shelter has been a central source of social support after the trafficking experience. The shelter can therefore be described as a possible protective factor. Participant A highlighted the role of the shelter in her life after the trafficking experience. For her the shelter, and what it offers her, is a second chance of life:

INT: So what has your experience at the shelter been like?
PARTICIPANT A: I don't know how to explain it? It has been nice, really. It's like a second chance of life. It's a really good experience being here. You get to know many things, they teach you skills and there are therapy classes. Yes, and skills training. And volunteers also come and like teach skills and do therapy and take us out like to the park.

For Participant B the shelter also played an important supportive role in helping to restore her belief in herself and affirming her status as a survivor and not a victim:

INT: So what has your experience at the shelter been like?
PARTICIPANT B: It's made me to grow from the inside and to believe in myself that I am a survivor and I am lucky I didn't die from the drugs I was taking. I was forced to smoke drugs, forced to sleep with more than five men per day. They gave me support and I didn't have trust anymore, I was hopeless, I didn't have faith, and now I can stand up for myself.

Social support as protective/risk factor

The role of social support as protective factor in resilience, is highlighted in both South African and international literature (Compton, Thompson, & Kaslow, 2005; Theron & Theron, 2010; Herrman et al., 2011; Abas et al., 2013; Evans, Steel, & Di Lillo, 2013; Fleet & Hiebert, 2013; Kleiman, Riskind, & Schaefer, 2014).

According to Herrman et al. (2011), social support in the form of positive peer relationships, and relationships with other adults inside and outside the immediate family, are associated with resilience. Prior to the trafficking experience, Participant A had very few sources of social support, apart from her mother. In addition, the sources of support she had, resulted in a trust injury. Participant A also reported having few social relationships during the trafficking experience. Similarly, apart from her family, Participant B had very few sources of social support prior to the trafficking experience, as the negative influence of friends also resulted in a trust injury. Participant B also reported having no significant social relationships during the trafficking experience. Post trafficking, the only sources of social support Participant A and Participant B had, was the shelters which provided the participants with safety, security, emotional restoration and a second chance in life.

Notwithstanding the presence of some protective factors on a social level, the participants' perception of low levels of social support was evident. Various factors could provide explanations for the participants' experience of low levels of social support. One such factor that may have negatively influenced the participants' ability to form friendships, could be associated with their fear of stigma. According to a study by Brunovskis and Surtees (2012) victims of trafficking often develop a fear of being "found out." This fear of being stigmatised, often impacts negatively on the victims' ability to form friendships and relationships post-trafficking, as the victims attempt to avoid intimacy in their friendships, because too many questions might be asked (Brunovskis & Surtees, 2012). It could therefore be said that Participant A and B might be avoiding social relationships outside their family in fear of being stigmatised.

The participant's perception of poor social support, as expressed in the interview, could also be directly related to their experience of sexual abuse in the trafficking environment. In a study on cumulative interpersonal traumas and social support as risk and resilience factors in predicting PTSD and Depression, Schumm, Briggs-Phillips and Hobfoll (2006), found that childhood abuse and adult rape, compromises victims' perceptions of social support availability. The findings of these researchers support the Conservation of Resources Theory (Hobfoll, 1998), which suggests that traumatic experiences will often lead to losses in resources such as social support, which in effect may hinder the victims abilities to recover from traumatic experiences. It could therefore be possible that Participant A and

B's traumatic experiences in the trafficking environment could have resulted in them having the perception that few sources of social support are present in their lives.

Apart from these factors, the impact of trust on the participants' experience of social support outside the family context, was highlighted during the analysis. Trust can be defined as a potential risk factor, as both Participant A and B's loss of trust in people, hindered their ability to derive protective factors on the social level.

'Trust' can be defined as the belief that others are trustworthy or reliable, regardless of the fact that there is no assurance of their trustworthiness (Wheeless, 1977). According to Erikson's psychosocial theory (1963), the first developmental crisis experienced by infants in their first year, is that of 'trust versus mistrust.' The theorist postulated that the primary caregiver plays an integral part in the resolution of this crisis as they provide the consistent, reliable and predictable care which is necessary (Erikson, 1963). A concept linking closely to the concept of 'trust,' is that of 'attachment' (Bowlby, 1988). According to Bowlby's (1988) theory of attachment, the caregiver forms the secure base from which the infant can detach themselves and return to when necessary, and thus the caregiver-infant relationship is often the infant's first experience of trust. Ainsworth (1978) elaborated on Bowlby's theory of attachment, and identified three childhood attachment styles: secure attachment, anxious-ambivalent attachment and anxious-avoidant attachment. According to Ainsworth's attachment theory, these attachment styles provide an internal working model for the foundation of adult relationships and are transferred to new adult relationships during late adolescence and early adulthood (Ainsworth, 1978). This transfer is facilitated by trust and caring in friendships (Fraley & Davis, 1997). It can therefore be said that, although both participants resolved the crisis of 'trust versus mistrust' and formed 'secure attachments' with their primary caregivers, the early trust injuries negatively affected the attachment transfer process, thus affecting their ability to form secure relationships with individuals outside their families, causing their lack of trust to become a risk factor in their resilience.

Community and related protective/risk factors

Growing up in different communities

Apart from family and social protective and risk factors, the data also revealed noteworthy community factors in the lives of the participants. Participants A and B grew up in vastly different communities. Participant A grew up in a disadvantaged, urban setting,

where her mom rented a room in a communal house. The family had one bed, occupied by her mother and younger brother, while Participant A and her sister slept on the floor. The house had no bathrooms or toilets and the family shared an outside bathroom with the rest of the occupants in the house. Running water was a luxury for the community and it had to be bought at a store. According to Participant A there was no sense of community where she grew up and the community was riddled with violence, to such an extent that she was afraid to live there. The community in which Participant A grew up, could be described as a community which may not be conducive to a person's well-being and can thus be described as a potential risk factor:

INT: Was there a sense of community where you grew up?

PARTICIPANT A: The area was not an ideal area for a child to grow up. It consisted of different crimes, like...there was a hotel, a junction, a club house, a bar...and different crimes were being committed in that area. It was not the kind of an area for a child to grow up in.

INT: Violence?

PARTICIPANT A: Yeah, when sleeping in the night you would hear a husband and a wife fighting, screaming? We got to hear killing stories every day, a lot of dying and a lot of fighting. The gangs fighting and killing each other, a husband killing his wife, really bad.

INT: Were you scared to live there?

PARTICIPANT A: Very, very, very much scared...it was so bad.

Participant B grew up in a total different community setting. She lived in a predominantly White, middle class suburb, in a house with bedrooms, and bathrooms with running water. There was no violence or visible drug abuse in the community. According to Participant B there was a strong sense of community in the area, which she attributed to the fact that it was a predominantly White community. From the interview it became evident she associated White communities with being privileged. Participant B's positive experience of her community could be described as a possible protective factor:

INT: Was there a sense of community where you grew up?

PARTICIPANT B: It was a supportive community, because like month end or when it was a special occasion they would like invite each other. Because, you know White people, they invite people over and have a lot of braais.

Attending a good school

Both participants attended schools within their communities. Attending a good school could be described as a protective factor, as good education goes hand in hand with educational and occupational opportunities after school and post trafficking. Participant A reported going to the best school in her community as her mother valued education. At her school there where many academic, cultural and sports opportunities:

PARTICIPANT A: My mom valued education more than anything, so she sent me to one of the best schools in that community. It was quite expensive, but at least it was better. You get opportunities to participate in sports, debate, quizz competitions and so. I went to one of the best schools growing up.

INT: How was the teaching in the school?

PARTICIPANT A: The teaching was good. When I was growing up I was one of the best students in the school. Wow, I loved education so much. The teaching there was perfect and in fact the best teacher from the community comes from that school.

Participant B also reported attending a good school in her community. She attributed the quality of education she received to the fact that she attended a predominantly White school:

INT: Tell me about your school?

PARTICIPANT B: It was good, you know in a White school you get everything you want. They don't delay with your assessment and everything is in order.

An inspiring and supportive teacher

For Participant A her school was also a source of social support and encouragement. She had one particular teacher whom she admired:

INT: Do you have a teacher that you really look up to?

PARTICIPANT A: There are many teachers who I look up to, but there was this one particular teacher...he lived not too far from my house...he was my English and Literature teacher. I really, really like his style of teaching. He does not even have to talk too much for you to understand what he is teaching, and he was good in everything he did. I look up to him.

Participant A not only admired her teacher, but he was also a source of support for her and her family when her mother was struggling financially:

PARTICIPANT A: There was a time where my mom could not pay my school fees...and she was so broke...but he paid my school fees. He did not just pay my school fees, but he paid mine and my younger sisters' school fees. And sometimes, when my mother was sick, he just gave me some money to buy food stuff. Even when I dropped out from school, he was so, so angry...but there was nothing I could do. He was so supportive, I owe him a big thanks.

Participant A's inspiring and supportive teacher could be described as a potential protective factor in her life prior to, and after the trafficking experience.

Motivation and inspiration from role models

Apart from motivating and supportive teachers, another protective factor emerging from the data was that of role models. Research has found role models to be an important protective factor in the face of adversity (Dass-Brailsford, 2005; Hurd, Zimmerman, & Yange, 2009). Both Participant A and B reported receiving motivation and inspiration through role models. Participant A's role model was a Nigerian actress. According to Participant A she also wanted to be an inspiration or a role model to the world:

INT: When you were growing up, did you have any role models or people you looked up to?

PARTICIPANT A: Yeah, there was one role model, and she is still my role model. I dreamt of being like her. She is a perfect woman. She is an actress, a Nigerian actress. I have never met her, but I love everything about her. She is beautiful, she is perfect, she is sophisticated, everything you can dream to be like in a woman. I just wanted to be like her, I have always wanted to be like her. And I want to be inspiring to the world. She is involved in many Non-Governmental Organisations that fight against violence against women.

INT: So would you also like to be involved in something like fighting against violence against women?

PARTICIPANT A: Yeah, I have always wanted to do that. And now that I have been in such a situation and I am out, yeah...

One of Participant B's role models was an American actress. According to Participant B her role model is a testament of what it is to overcome adversity:

INT: Okay, and tell me, did you have any role models that you looked up to?

PARTICIPANT B: I just want to be like Halle Berry. She is beautiful, fun and she doesn't have any stress. I have done a lot of research on her. I know that she grew up in a family that were poor, she made it. I just want to be like her.

The community and protective/risk factors

As mentioned in the literature review, protective factors in communities include good schools characterised by academic excellence, community services, sports and culture opportunities, cultural factors, and low levels of violence in the community (Theron & Theron, 2010; Herrman et al., 2011). Theron and Theron (2010) found that supportive teachers, who are motivating, inspiring role models, as well as encouraging, helpful and caring, are important determinants of resilience. Sadowksi (2013) also highlighted the role of relationships with special teachers in building young people's resilience.

Despite growing up in a poor community with high levels of violence, Participant A's exposure to good quality education is a significant protective factor, as a good quality education may assist her in rebuilding her life after the trafficking experience. Having an inspiring and supportive teacher is another protective factor of note. As reported by Participant A, her teacher's influence was not just limited to her life prior to the trafficking, as he is still a source of motivation in her life. She even reported that she was still having contact with her teacher while in the trafficking environment.

Although Participant B's exposure to a cohesive community with low levels of violence is a protective factor, her exposure to good quality educational resources, is however not a clear protective factor in her life. The interview indicated that Participant B had somewhat ambivalent feelings regarding her school and her teachers. She did not complete her schooling either, which could possibly limit her educational and occupational opportunities in the future.

Apart from other community factors, role models served as a type of protective factor in the lives of both participants as role models inspire and teach by example. According to Bandura's Social Learning Theory (1977), children not only learn by means of direct instruction, but also through identification with, and imitation of important adults or models in their lives. In Bandura's (1977) Social Learning Theory this phenomenon is described as "observational learning" or "role modelling." In the lives of the participants, these role

models may not only serve as an inspiration, but also a source of learning to overcome adversity.

Individual and related protective/risk factors

Looking to a higher power: The presence of religion prior to trafficking

Looking to a higher power was a factor that emerged throughout the data. The impact of religion and spirituality however differed during the period prior to, during and after the trafficking experience.

Religion and spirituality played a significant role in both participants' lives when they were growing up. Participant A did not grow up in a Christian home as her mother adhered to cultural beliefs. At the end of high school, when her mother was sick and she had to take care of the family, she decided to convert to Christianity:

PARTICIPANT A: I didn't grow up in a Christian home. I grew up in a religious house. My mom was so religious, her belief was different…she was a cultural believer. So I grew up with that belief, but at a stage I realised that this is not the religion for me.

INT: When did you decide that?

PARTICIPANT A: That was when I finished with my Matric and there was no way forward...I just had to turn to God.

Participant B's grandfather was a pastor at a church and thus religion was always part of her life:

INT: So what role did religion play in your life growing up?

PARTICIPANT B: I never even considered not believing in God, because I have always known he is there.

The presence of religion prior to the trafficking experience, could be described as a possible protective factor in the lives of both participants prior to the trafficking experience.

Absence of religion during trafficking

Notwithstanding the important role of religion prior to the trafficking experience, both participants agreed that religion played no role in their lives during the trafficking experience. Religion could in fact be described as a possible risk factor as the participants experienced

their once loving God as a punishing God. For Participant A, God was not present during the trafficking experience. She had lost hope in God as her prayers remained unanswered:

INT: And while you were in the trafficking environment, what role did religion play there?

PARTICIPANT A: Religion did not even appear during that period, I had to forget that religion exists. I was just myself, I wasn't a Christian, I wasn't into any customary religion, I was just myself.

INT: What brought you to that decision?

PARTICIPANT A: Because, you know when you keep on asking for one thing and the thing doesn't come, then you lose your hope.

When speaking about her relationship with God during the trafficking experience, Participant B related her experience in the trafficking environment as God punishing her:

PARTICIPANT B: I thought: "Why should I have to live? Why would God punish me? Why am I involved in prostitution and drugs? Why God, why that?

Reconnecting with God after trafficking experience

For both Participant A and Participant B, being removed from the trafficking environment and placed in the shelter, meant reconnecting with God. Participant A reported putting God first in her life and turning to prayer again when she came to the shelter:

INT: So what made you decide to turn back to God?

PARTICIPANT A: Because I got to find that without God nothing is possible. Even if you ask him to bless you or to have a car, you just need to pray, pray, pray. Without putting God first, nothing is going to happen. I would say in any bad condition or good condition, you just have to put God first.

When asked about her hope for the future, Participant B also spoke of putting God first in her life, post trafficking:

INT: What will help you to achieve your dreams?

PARTICIPANT B: Just to believe in myself and have faith, just to hope that one day I will be there.

INT: To have faith in God or yourself?

PARTICIPANT B: Both, but I need to put God first.

Religion as coping mechanism after trafficking

For both participants, their religion played a major role as coping mechanism since they were removed from the trafficking environment, and could thus be described as a protective factor. For Participant A, God has been one of the major coping mechanisms since leaving the trafficking environment:

INT: What else has helped you cope during this time, since you were taken off the street?
PARTICIPANT A: Apart from the shelter, I would say God. God has been really faithful.

For Participant B, God played an important role in her post traumatic growth and her emotional healing after leaving the trafficking environment:

INT: So what role does your relationship with God play now?
PARTICIPANT B: It has helped me to grow. He has healed me, and I am fine and I don't have to be ashamed of what happened. He healed me, I am now fine. I don't have stress about my past, it just comes and goes.

Religion as protective/risk factor

According to Connor, Davidson and Lee (2003) and Herrman et al. (2011), religious faith is found to enhance the ability to cope with negative life events for some individuals. Prince (2008) found the ability to maintain spirituality, to be a significant protective factor in the lives of women recovering from voluntary prostitution in particular. Connor, Davidson and Lee (2003) also indicate that negative life events may result in greater religious faith.

Despite what is indicated in the literature on religion/spirituality and resilience, during the trafficking experience, both participants indicated that religion played no role in their coping. Participant A felt that God disappointed her for not answering her prayers and participant B experienced the trafficking as a punishment from God. Religion during the trafficking experience therefore served more as a risk factor to resilience as their belief that God answers prayers and treats his followers with care was disproved. Consequently both participants started viewing religion in a negative light, which kept them from deriving the protective aspects associated with religion, such as finding meaning in their experience, having a sense of control over their situation and getting comfort from it (Pargament, Koenig, & Perez, 2000). It was only when their prayers were eventually answered and they were removed from the trafficking environment, that both Participants recommitted to God. During

this time religion again became a protective factor from which they could derive value. As the literature indicated, both participants' traumatic experiences also ended up increasing their religious faith, thus strengthening this protective factor. It should however be noted that the change in their religious faith post trafficking was a gradual process, which could have been partly facilitated by the Christian-based shelters in which they found refuge after their trafficking experience.

Optimism and use of positive emotion

Apart from spirituality, a number of other individual characteristics were identified as possible protective factors in the lives of Participant A and B. When asked to describe her strengths, Participant A highlighted her optimism and her ability to use positive emotion as a coping mechanism:

INT:	Tell me about your strengths?
PARTICIPANT A:	I would say that something good about me is that I always smile, I like smiling. Even in a bad condition, I always prefer smiling. I prefer laughing and making fun out of the bad things. Whenever something goes wrong I just make fun out of it.
INT:	So you are quite a positive person?
PARTICIPANT A:	An optimist

Being confident and persevering

Participant B highlighted her confidence in herself and her abilities, and perseverance as some of her strengths:

INT:	Tell me about your strengths?
PARTICIPANT B:	There is nothing I am not good at, I am good at everything.
INT:	I see you have a lot of confidence
PARTICIPANT B:	Yes, I can cook. I can play with kids. I can clean. I can do anything. And if there is a thing I cannot do, I force myself to do it.
INT:	You have perseverance
PARTICIPANT B:	Yes, I have perseverance

Self-efficacy

When asked about early traumas they had to overcome, other noteworthy individual protective factors were identified in both participants. Participant A's ability to have coped with school, having to work and take care of her siblings and her ailing mother showed early

signs of resilience. Participant A highlighted self-efficacy and belief in God as the protective factors she employed during this time:

INT: What helped you cope when your mother was ill?

PARTICIPANT A: I don't know. What helped me deal with that…like I always say; myself and my faith. I tried, I did everything possible, I prayed. I would wake up and start praying. So prayer and myself and hard work.

Utilising repressive coping

Another individual protective factor identified was repressive coping. Participant B reported coping with the absence of a relationship with her mother during her childhood by not thinking about the situation too much:

INT: So how did you deal with the absence of your mom during your childhood?

PARTICIPANT B: Actually, I never bother myself by thinking about stuff like that. I just believed she might have a good reason why. As long as she gave me what I needed when I needed something.

INT: So you didn't think too much about the fact that she wasn't always there for you?

PARTICIPANT B: No, I didn't

The presence of hope

Hope was identified as a further individual protective factor in both participants. Participant A had much hope for her future, and mentioned that she would like to become a psychologist doing art therapy, but she was still unsure how she would realise her dreams. She did however highlight her belief in God as a means to realise her dreams:

PARTICIPANT A: I have big expectations for my future. I would say to get back to school and do something with my life and be happy.

INT: How will you go about accomplishing it?

PARTICIPANT A: [Laugh] I don't know, I don't even want to think about it. I just have to keep the hope in my mind and pray to God give me a miracle one day

Participant B also had hope for her future and mentioned that she would like to be a business woman and travel around the world doing motivational talks. She identified her belief in herself and her faith as her ways of realizing her dreams for her future:

PARTICIPANT B: My future is getting brighter little by little. I am trying my best.

INT: What will help you to achieve your dreams?

PARTICIPANT B: Just to believe in myself and have faith, just to hope that one day I will be there.

Having a sense of purpose

Sense of purpose was another individual protective factor identified during the data analysis. For Participant A, the job that the shelter helped her to secure gave her a renewed sense of purpose and helped her to start focusing more on the future and less on the past:

INT: Tell me about the job the shelter organised for you.

PARTICIPANT A: Yeah, they organised the job for me. You know I have been staying here for 4 months now, so they have to organise a job for me so at least do something and go out there and fight for myself.

INT: And how has having a job made you feel about yourself?

PARTICIPANT A: It made me feel well. You know, when you are sitting alone you come to think many things, but when I have to get up in the morning for work and come back, I just have to think about where I am going. I don't get time to think of what has happened and what is going to happen. I just have to think of that day and not what has happened before. That's quite nice.

For Participant B, she found purpose in her trafficking experience. According to her she wants to help others going through similar experiences:

PARTICIPANT B: I was in the prostitution and I prayed even though my belief was not much, but I got out. That is why I can be a motivational speaker and tell them what is really going on in our world. Because, you know every 30 seconds there is a victim of trafficking, it's not good. And if you check, it is outside people doing this and the South African people are just sitting. So I think it is important to stand up for my country and other women, because how many times youngsters like me kill themselves, because there is no help...nothing. I am lucky that I did survive. That is why I say there is a good reason why I was in the prostitution.

Individual character traits as protective factors

Both Participant A and Participant B displayed many individual character traits as protective factors. As in the literature, the participants displayed the following protective factors: using positive emotion in difficult situations as well as optimism/positivity (Frederickson, 1998; Tugade & Frederickson, 2007; Swaminath & Rao, 2010), perseverance (Betancourt et al., 2011; Teti et al., 2011; Dole, 2014), self-efficacy (Craig, Blumgart, &

Trana, 2011; Catanesi et al., 2013), repressive/avoidant coping (Coifman, Bonanno, Ray, & Gross, 2007), hope (Meadows, Kaslow, Thompson, & Jurkovic, 2005; Mednick et al., 2007; Lloyd & Hastings, 2009) and a sense of purpose (Theron & Theron, 2010; Herrman et al., 2011; Schaefer et al., 2013).

Firstly, 'Positive emotions' and 'optimism' as protective factors were identified during the interview with Participant A. The role of positive emotions as a protective factor in Participant A's life can be explained by the Broaden-and-Build Theory of Fredrickson (1998), as this theory provides valuable insights into the role of positive emotions in resilience. According to this theory negative emotions are associated with the focusing and narrowing of thoughts and actions (such as escaping from fear and attacking when angry), while positive emotions broaden one's perspective by producing unusual, creative and flexible thoughts and actions and thereby building resources (Frederickson, 1998). The broadening of resources could include physical resources (physical skills), social resources (friendship and social support), intellectual resources (expert knowledge) and psychological resources (resilience and optimism) (Swaminath & Rao, 2010). It could be said that Participant A's ability to use positive emotion in difficult situations broadened her "thought-action repertoire" (Tugade & Frederickson, 2007), by helping her build on her coping resources instead of allowing her thoughts and actions to be limited by negative emotions. Her positive emotions could have played an important role in her accessing physical resources (help, skills and training from the shelter), social resources (her family, her teacher, the shelter personnel), and psychological resources (optimism/positivity), both during and after the trafficking experience.

Secondly, the protective factor of 'perseverance' was identified during the interview with Participant B. Research has identified perseverance as a protective factor found within the individual (Betancourt et al., 2011; Teti et al., 2011; Dole, 2014). For Participant B, her confidence in herself is an essential component of her perseverance. The protective factors, of confidence and perseverance both have the potential to be a driving force for Participant B in looking forward during the trafficking experience, and creating a new life for herself after the trafficking experience.

Thirdly, 'self-efficacy' was identified as protective factor during the interview with Participant A. Self-efficacy can be defined as the belief in one's ability to control and succeed

in any situation (Bandura, 1977). According to Kröninger-Jungaberle and Grevenstein (2013), individuals with high levels of self-efficacy generally view difficult tasks as challenges, rather than problems. Research has also indicated that higher levels of self-efficacy are associated with resilience in the face of adversity (Craig, Blumgart, & Trana, 2011; Catanesi et al., 2013). For Participant A, having a high level of self-efficacy (belief in herself) helped her to take control of her life when her mother was ill. Her self-efficacy could also be a potential protective factor in helping her to take control of her life again, post-trafficking.

Fourthly, 'repressive/avoidant coping' was identified as a protective factor during the interview with Participant B. The protective factor of 'repressive/avoidant coping' can be defined as directing ones attention away from negative affect or threatening stimuli (Coifman, Bonanno, Ray & Gross, 2007). A study by Coifman, Bonanno, Ray and Gross (2007) indicated that repressive/avoidant coping may serve a protective function. For Participant B, directing her attention away from her negative emotions and thoughts regarding the absence of a relationship with her mother during her childhood, was reportedly an effective coping mechanism for her. During the interview it also became evident that she makes use of a 'repressive/avoidant' coping style in coping with her emotions and thoughts regarding the trafficking experience.

Fifthly, 'hope' was also identified as a protective factor in both Participant A and B. According to Snyder, Rand and Sigmon (2002) 'hope' is defined as both the perception that goals can be met and the capacity to plan ways to meet these goals. Studies have also found that high levels of hope are associated with low levels of psychological distress and high levels of psychological well-being (Meadows, Kaslow, Thompson, & Jurkovic, 2005; Mednick et al., 2007; Lloyd & Hastings, 2009). Both Participant A and B showed evidence of having the perception that their future goals can be met, and that they have the capacity to meet these goals through their belief in God and their belief in themselves.

Lastly, the protective factor of having 'purpose in life' was found in both participants. A study by Schaefer et al. (2013) found that having purpose in life may help the individual to reframe stressful and traumatic experiences more efficiently, thereby helping the individual to deal with, and overcome, stress and trauma. Both participants reported having a renewed sense of purpose since leaving the trafficking environment. Participant B in particular found

her purpose for life through the trafficking experience itself. Having a sense of purpose therefore helped her, as the study of Schaefer et al. (2013) notes, to reframe her stressful and traumatic experience not only to overcome it, but also to use it in helping others that are going through similar experiences.

Resilience

A multitude of protective and risk factors were identified in the data of both Participants. Although the presence of protective factors cannot guarantee resilience, it is interesting to add what 'being resilient' would mean for each participant. According to Participant A, 'being resilient' would mean for her to be happy again, learning from her experience and standing it in good stead:

INT: What would it mean for you to bounce back from you experience?

PARTICIPANT A: Many things in my life would be different. I would say my view for the future is going to be different. When I bounce back I would say that it's not just what it seems out there. I am gonna be happy. Now I can know what it means to be out there and what it means to be in here.

INT: It sounds to me like you are saying you learnt from your experience.

PARTICIPANT A: Exactly.

INT: So that is what resilience means to you- learning from your experience and to be happy.

PARTICIPANT A: Yeah. Learning from my experience and being able to work with it.

For Participant B, being resilient would mean regaining her faith, to believe in herself and to be able to trust, but also to overcome negative thinking:

INT: So what would it mean for you to overcome your experience?

PARTICIPANT B: It would mean for me to have faith and to believe in myself. And trust.

INT: If you regain faith, believe in yourself and trust, would that mean you have overcome your experience?

PARTICIPANT B: Yes

INT: Okay, so overcoming would mean to have faith, believe in yourself and have trust

PARTICIPANT B: Yes, and to stop having negative thoughts all the time.

Although resilience for both participants has quite different meanings, their understanding of resilience coincides with the conceptualisation of Shastri (2013). For them resilience does not mean being unharmed, invulnerable and resistant to the adversity they experienced while in the trafficking environment, but rather the ability to continue growing and developing, even while suffering from some of the residual effects of the trauma (Shastri, 2013).

Summary of results

The findings of the study suggest that there are many protective and risk factors in the lives of the two participants. With regards to family, the secure attachment between both participants and their primary caregivers prior to the trafficking experience, was identified as a potential protective factor. The complexity of the protective factors however became evident when the process of disclosure of the trafficking experience to family members was explored. In the life of one participant, not telling her mother was identified as a possible protective factor, as the disclosure could potentially have damaged an important relationship in her life. Another participant's decision to disclose to her grandfather, mother and stepfather could also be described as a possible protective factor, as it resulted in a more supportive caregiver-child relationship. Yet the support was not experienced as positive. The decision of one participant's caregivers not to disclose to her extended family, could also be described as a potential protective factor, as the participant experienced it as her family protecting her.

The relative absence of social protective factors outside the family prior to, during and after the trafficking experience was evident. As discussed, the scarcity of support outside the family could be attributed to trust injuries experienced prior to and during the trafficking experience, affecting the participant's abilities to form secure attachments with individuals outside her family. Other potential factors that may have played a role in the relative absence of social support, could be the fear of stigmatisation and the direct effect of the trauma experienced in the trafficking environment. The shelters were nonetheless identified as a protective factor as it provided participants with a safety, security, emotional restoration and a chance at rebuilding their life post trafficking.

Within the communities in which the participants grew up, risk and protective factors were also identified. Although the participants grew up in vastly different communities, the common denominator was their exposure to good quality education. Apart from the education received, the important supportive role of a teacher, whose influence extended to their current life stage, was also identified. Role models were also identified as a type of community related protective factor in the lives of both participants as the role models, according to Bandura's Social Learning theory (1977), teach by example. For the participants, their role models could therefore be a potential source of learning to rise from adversity post trafficking.

Lastly, several factors within the individual were also identified as protective factors. Religion was identified as significant individual protective factor in the lives of both participants. Despite religion being a protective factor prior to trafficking, religion however served as a risk factor during the trafficking experience. Only once the participants were removed from the trafficking environment, religion again became a central protective factor in the lives of both participants. Other protective factors within the individual included the following: using positive emotion in difficult situations as well as optimism/positivity, perseverance and confidence, self-efficacy, repressive/avoidant coping, hope and a sense of purpose. Perseverance and confidence were identified as possible contributors in building coping resources and looking forward during the trafficking experience. These factors in particular can play a significant role in helping the participant create a new life after the trafficking experience. Self-efficacy was identified as a factor in helping to take control of one's life after trafficking. Repressive and avoidant coping was identified as a factor directing attention away from negative emotions/thoughts and focusing on the future. Additionally, hope was identified as a potential factor in assisting the process of overcoming trauma, by helping to develop the perception that one has the capacity to meet the goals set out by oneself. Having a purpose in life was lastly also identified as a factor, with the potential to help to reframe stressful and traumatic experiences more efficiently. This could potentially help the participants to deal with, and overcome, stress and trauma.

Conclusion

The concepts of 'resilience and protective factors' and 'human trafficking' are growing fields in the discipline of psychology. Research indicates the strong role of

protective factors in buffering the effect of traumatic experiences such as human trafficking (Carbonell et al., 2002; Hjemdal, Friborg, Stiles, Rosenvinge, & Martinussen, 2006; Collishaw et al., 2007; McClure, Chavez, Agars, Peacock, & Matosian, 2008; Rosenthal, Wilson, & Futch, 2009). For this reason, the aim of the study was to explore and describe the protective factors present in the lives of two victims of involuntary prostitution, who have been removed from the trafficking environment. In the study, a multiple case study design was used, in which two cases of victims of involuntary prostitution were investigated. By means of semi-structured interviews data was obtained and then analysed by means of thematic analysis.

The study succeeded in exploring and describing the protective factors present in the lives of the two victims of involuntary prostitution. The findings of the study suggest that there are many family, social, community, religion and individual protective factors in the lives of both participants. These findings reiterate the protective factors found in previous studies on resilience, but also showed additional protective and risk factors unique to the context of human trafficking. In particular, the complexity of protective factors in the lives of victims of involuntary prostitution was illustrated, as some factors fulfilled both a protective and a risk role during different stages of their lives.

The findings of the present study should, however, be interpreted in light of the following limitations. According to Tindall (1994) the central position of the researcher in the construction of knowledge, also referred to as reflexivity, should be acknowledged in qualitative research. The researcher cannot be completely objective, neutral or detached from the knowledge or evidence they are generating (Mason, 2002). For this reason it is important to note that the researchers own age, gender, race, class and previous life experiences could have influenced the data collection and data analysis in this research study. The data collection in particular could have been influenced by the unequal power dynamics between the researcher, being middle class and affiliated to a tertiary institution, and the participants, being low income women with limited educational opportunities. While the researcher was aware of their own bias when collecting the data and analysing the data, this could still be a possible limitation in the research study.

A further limitation was related to the sampling methodology and the sampling size in the research study. According to Brunovski and Surtees (2010) most empirical research on

the topic of human trafficking is based on qualitative methodology and small samples, which makes generalisations problematic. Generalizability is further hampered by the sampling methodology employed in research on trafficking and involuntary prostitution. As mentioned, much of the participants in these studies are recruited from shelters and assistance programmes in countries of destination or origin. The data from these sources can however not be assumed to be representative of the population of trafficking victims in general, as there are several selection procedures which influences who are placed in such programmes. Some NGO's have specific selection criteria in order to determine who qualifies for assistance, and not all individuals who are offered support accept the help (Tyldum, 2010). In the light of the paucity of psychological research on human trafficking in the discipline of psychology, it was however decided to make use of a qualitative research design. One of the core features of qualitative designs is an in-depth description and understanding of the subject of the research study, and is thus useful when very little is known about the subject (Babbie & Mouton, 2008). Therefore, although there is a need for more generalisable quantitative studies in the field of human trafficking, the research question required an in-depth description and understanding of the protective factors in the lives of victims of involuntary prostitution, and therefore a qualitative design was most appropriate.

In closing, the absence of studies on human trafficking and protective factors were highlighted in the literature review. The current study has attempted to add to the body of knowledge surrounding human trafficking and to protective factors both locally and internationally. It is anticipated that this data will in turn, encourage the development of larger scale research on resilience in victims of involuntary prostitution. The data on protective and risk factors obtained in this study may also enforce future prevention, intervention and rehabilitation programmes for these victims. According to Wingo et al. (2010), resilience is amenable to external manipulation. Thus, intervention and rehabilitation programmes may focus on bringing about changes that are focused on addressing the individual (first order) and environmental (second order) shortcomings, in order to increase the chance that resilience will occur in these victims. The protective and risk factors identified in this study may make a valuable contribution to determining which first and second order changes need to occur to facilitate resilience.

With regards to future research, a wider-based study encompassing a larger sample of victims of involuntary prostitution is recommended. Future research can investigate the

prominent themes identified in the study in greater detail. In terms of psychological practice, individual therapeutic interventions could be developed that focus on the themes identified in this study.

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