ENDLINE ASSESSMENT REPORT

External Evaluation of Justice and Care Bangladesh Champion Survivor Aftercare Programme

Submitted by

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Table of Content

Executive Summary

This report presents the findings end-line evaluation of the Justice and Care (J&C) Bangladesh Champion Survivor Aftercare Programme, an innovative peer-led initiative supporting survivors of Modern Slavery and Human Trafficking (MSHT) in their recovery and reintegration. Operational since 2017, the aftercare programme has since 2023 leveraged the lived experience and resilience of trained Champion Survivors working as Aftercare Facilitators (ACFs) to deliver holistic, trauma-informed aftercare across multiple districts in Bangladesh.

Conducted in three phases over a 26-months period (February 2023 – April 2025), this external evaluation aimed to assess the programme's impact, challenges, and effectiveness while informing future adaptations, policy alignment, and strategic investment in survivor care models.

A mixed-methods approach was employed, using qualitative and quantitative tools across three phases—Baseline, Midline, and End-line. Data was collected through structured questionnaires, in-depth interviews, key informant interviews, case studies, and focus group discussions involving ACFs, survivors (both MSIF and non-MSIF), family members, J&C staff, and other stakeholders.

The findings indicate noticeable improvement among both the survivors and ACFs in mental health outcomes, emotional resilience, and economic stability. Participation in structured services provided by J&C led to reduced trauma symptoms and increased agency in recovery. Survivors highly rated the quality of counselling, material support, and peer mentoring. Survivors identified ACFs as essential for emotional support and practical guidance.

ACFs' ability to draw on shared experiences created trust and safe spaces for disclosure and recovery. ACFs experienced notable growth in confidence, professional identity, and interpersonal skills. Their role as trusted change agents strengthened survivor engagement and peer-based healing.

Based on the end-line evaluation findings, several recommendations emerged around need for continuing support for the ACFs and survivors, including introducing opportunities for staffs' mental health support from external sources. The evaluation team also identified that Justice and Care needs to contribute towards improving repatriation and medical check-up processes experienced by survivors.

The unique survivor-led aftercare model introduced by Justice and Care has demonstrated measurable success in improving the lives of both survivors and peer facilitators. Both

qualitative and quantitative indicators support its efficacy in improving wellbeing, reducing distress, enhancing reintegration and regaining of hope among the survivors. It is important that the policy makers as well as program implementers are oriented about the model and its efficacy. Advocacy for the model needs to be considered as the next step along with continuation of support for the survivors using the survivor led aftercare model.

SECTION 01: Background

Human trafficking is a rapidly expanding illegal enterprise globally. A 2023 report suggests that human trafficking and modern slavery generate over an estimated $245 billion annually. Human trafficking, disproportionately targets women and children, with women comprising 46% and girls comprising 19% of all victims (United Nations Office on Drugs and Crime, 2020). This multifaceted crime involves commercial sex work, bonded labour, and various forms of sexual exploitation. Victims are also coerced into forced marriages, organ extraction, and begging, underscoring the vast and complex nature of trafficking (United Nations Office on Drugs and Crime, 2016). Despite the implementation of national laws and international treaties, such as the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, the rate of prosecutions remains minimal, mainly due to the limited capabilities of law enforcement agencies and prevalent corruption (United Nations Office on Drugs and Crime, 2020).

Bangladesh's vulnerability to trafficking is heightened by its high population density, unemployment, natural disasters, and limited resources (Khan, 2021). The country has experienced the trafficking of women and children to regions like India, Pakistan, and the Arab world since the 1950s (Ara & Khan, 2006). Contributing factors include poverty, illiteracy, gender discrimination, and societal attitudes. Discrimination against women in Bangladesh starts early and continues throughout their lives, often denying them equal access to fundamental human rights. Additionally, domestic violence, normalized by patriarchal norms, is widespread. The socialization process in Bangladesh does not empower women to make independent decisions, and men often hold strong reservations against gender equality. These factors, coupled with poverty, make individuals particularly vulnerable to traffickers' deceit, who lure them with false promises of employment or marriage (Ara & Khan, 2006; Rahman, 2011).

The borders between Bangladesh, India, and Myanmar, known for their use in trafficking, lack stringent exit and entry procedures and specific legislation to monitor cross-border trafficking, exacerbating the situation (Rahman, 2011). Traffickers, often connected to influential socio-political elites and law enforcement, exploit these systemic weaknesses. Moreover, the prohibitive cost of legal recourse further enables traffickers to evade justice. The rise of the internet and digital technology has also seen an increase in trafficking, with social media platforms becoming tools for targeting vulnerable youths from economically distressed families (Sumi, 2021). In 2021, the Dhaka Metropolitan Police reported 145 trafficking cases involving 404 arrests (Sumi, 2021).

Justice and Care, a UK-based international NGO operating in Bangladesh, is dedicated to eradicating modern slavery and human trafficking. Since commencing operations in 2017, the organization has focused on reuniting families, empowering witnesses, providing care for survivors, raising awareness, improving national processes, and reducing re-trafficking. A pivotal element of their strategy is the implementation of a peer-led aftercare programme for survivors of Modern Slavery and Human Trafficking (MSHT), which involves empowering 'Champion Survivor Leaders' to provide aftercare alongside staff. In addition to survivor support, Justice and Care plays an active role in strengthening the prosecution of traffickers. In 2023, Bangladeshi authorities initiated legal proceedings against 923 individuals in trafficking cases, but conviction rates remain low due to challenges such as the underuse of foreign evidence in cross-border cases. To address this, the government has introduced Mutual Legal Assistance Guidelines and established specialized Anti-Human Trafficking Tribunals, aiming to improve the efficiency and effectiveness of the justice process. These steps represent important progress, although further efforts are essential to ensure meaningful accountability and justice for survivors.

1.1. The Project

Justice and Care, a UK-based international NGO, is committed to ending modern slavery by bringing freedom to victims, supporting their recovery, ensuring justice, and driving systemic change. Since launching operations in Bangladesh in 2017, the organization has worked closely with law enforcement, government officials, and communities to combat human trafficking through a multifaceted strategy that includes reuniting families, empowering witnesses, providing survivor care, raising awareness, strengthening national systems, and reducing re-trafficking.

A key learning from Justice and Care's work is that effective survivor care is foundational to successful prosecution and long-term reintegration. To that end, the organization has delivered aftercare services since 2017, including psychosocial counselling, legal support, vocational training, and income generation activities.

As some survivors progressed in their recovery, they expressed a strong desire to contribute meaningfully to the anti-trafficking movement. Justice and Care supported the formation of the Joyjatra Forum—a survivor-led network where members shared ideas for the future. During the COVID-19 lockdowns, J&C facilitated Joyjatra members to act as remote peer mentors, offering emotional support by phone to other survivors, an initiative that proved highly effective. Their aspirations to serve as professional care providers for fellow survivors then became the foundation of the Champion Survivor Aftercare Programme.

In 2023, with support from the UK Home Office Modern Slavery Innovation Fund, Justice and Care began piloting this survivor-led aftercare model—placing survivors at the centre of care delivery. This report evaluates the outcomes and learnings from that pilot.

The programme provides holistic, trauma-informed, and victim-centric aftercare, encompassing services such as psychosocial counselling, healthcare, vocational training, and economic empowerment. It is driven by Champion Survivors—individuals with lived experience of trafficking who have received structured training to support others in recovery. They work as Aftercare Case Facilitators (ACFs), professional caseworkers who guide survivors, coordinate services, build survivor confidence, ensure quality service delivery and help build resilience. ACFs foster a powerful peer-led care model that responds to emergencies, empowers survivors, and helping to rebuild lives and strengthen the national aftercare system.

This survivor-led aftercare model has fostered a cycle of trust and effective service provision, contributing to stable reintegration and helping to prevent re-trafficking. By prioritizing survivor needs and empowerment, the approach has demonstrated clear success and holds significant potential for scaling and replication. However, the pace and depth of individual recovery are still shaped by broader societal and cultural contexts—particularly the ongoing stigma faced by survivors of modern slavery and human trafficking (MSHT). While the baseline study identified this stigma as a major barrier, there have since been modest improvements. “Interviews with survivors and families showed that community sensitisation sessions—especially when led by Champion Survivors—helped people see survivors differently. Hearing survivors share their own journeys often moved community members to show empathy instead of judgment. In some cases, neighbours who once kept their distance had started greeting survivors again or offering small gestures of support. These changes are still fragile and not universal, but they point to the power of survivor voices in slowly breaking down stigma and building acceptance.”

. Nonetheless, resistance and deep-rooted norms persist, and more sustained, long-term engagement is needed to achieve wider community acceptance and consistent support for survivors (Justice and Care, 2023).

1.2. Theory of Change

Survivors of trafficking for commercial sexual exploitation (CSE) face a number of serious challenges in their recovery journeys, including economic hardship, social isolation and poor physical and mental health. Services available to survivors are often poor quality, difficult to access and not specialised to the needs of trafficking survivors, leaving them insufficiently supported and vulnerable to further exploitation and re-trafficking. To address this

challenge, several activities are implemented, which include, strengthening Champion Survivors through training to work as aftercare case facilitators (ACFs), providing peer mentoring, holistic care and referral support to the survivors, enabling the economic empowerment of the survivors through educational, vocational, income generating activities and welfare support. These activities are designed to ensure sustained improvement in mental, physical, and emotional well-being along with the economic stability of the survivor of commercial sexual exploitation. It was also expected that the programme would contribute to the improvement of services for CSE survivors in Bangladesh through survivor informed training of aftercare stakeholders, although this training to stakeholders is outside the scope of this evaluation.

Survivors of trafficking for commercial sexual exploitation (CSE) face some of the toughest challenges on their journey to recovery—poverty, poor mental and physical health, isolation, and a lack of support systems. The services that do exist are often hard to reach, not designed for survivors, or too limited to meet their real needs. This makes it difficult for survivors to rebuild their lives and puts them at continued risk of exploitation.

Justice and Care's survivor-led aftercare model was created to change this reality. The idea is simple but powerful: survivors who have made progress in their own recovery—Champion Survivors—are trained and supported to walk alongside others on a similar path. These Champion Survivors become Aftercare Case Facilitators (ACFs), offering peer mentoring, emotional support, and practical help like referrals to healthcare, counselling, skills training, and income-generating opportunities. They also co-create care plans with survivors and provide guidance tailored to each person's unique situation.

Alongside this survivor-led support, the programme also focuses on helping survivors achieve financial independence. Through education, vocational training, business support, and help accessing welfare, the programme aims to reduce the economic pressures that often push people back into harmful situations.

Just as importantly, the model also works to improve the wider support system. Champion Survivors have been involved in training government and NGO service providers—bringing their lived experience into the design and delivery of services. A digital directory of aftercare services has also been developed and now transformed into the technology platform for the Government's planned new National Referral Mechanism - to make it easier for survivors to get help quickly and locally. Together, these efforts are laying the groundwork for a stronger, more coordinated national system.

Now, at the end of this pilot phase, the model is being put to the test. Evidence is encouraging: Champion Survivors are growing in confidence, building new skills, and

inspiring others. Survivors receiving peer-led support are showing progress in mental health, resilience, and reintegration. Service providers are also beginning to embrace more trauma-informed, survivor-centred approaches.

This approach is based on some key assumptions—those survivors can safely support others without being retraumatized, that service providers are willing to adapt, and that the external environment (such as economic and institutional conditions) remains stable enough to support recovery. These are all being watched closely as the programme evolves, but the results so far suggest that survivor-led aftercare is not just possible—it works.

1.3. The Evaluation Study

With the aim to assess the efficacy of the aftercare model, this external evaluation of the "Justice and Care Bangladesh Champion Survivor Aftercare Programme" was planned to monitor the recovery journeys of survivors and Champion Survivors, identifying any unintended consequences. Conducted over 26 months from February 2023 to April 2025, the evaluation focuses on Justice and Care Bangladesh's peer-led aftercare programme. Its objectives are:

- To explore and identify the benefits, challenges, and impacts of survivor-led survivor care for both survivor leaders and the survivors they support. This is crucial to understanding the mutual empowerment and healing facilitated by the programme.
- To delve into the survivor recovery and reintegration process, examining the survivor-led approach's influence on these aspects. The focus is on comprehending the holistic journey of survivors, from repatriation to various recovery stages.
- To provide live learning and adaptation insights throughout the project's implementation, enabling Justice and Care to refine and adapt its strategies in real-time, ensuring the highest efficacy of the programme.
- To assess the effectiveness of Justice and Care's overall aftercare model, analysing the model's impact, strengths, and areas for improvement to provide concrete evidence of the model's success and potential areas for evolution.
- To generate actionable recommendations to fill knowledge gaps among policymakers and key stakeholders in the area of survivor care. This objective underscores the importance of informed policy and practice derived from a deep understanding of the realities and challenges in survivor care.

The external evaluation seeks to validate and enhance the effectiveness of the aftercare model while making a significant contribution to the discourse on survivor care. Focusing on

survivor-led care, the study is poised to provide valuable insights into a transformative approach against human trafficking and modern slavery. Through this comprehensive evaluation, Justice and Care strives to pioneer innovative, effective, and empathetic strategies for survivor support and reintegration, establishing a standard for similar initiatives globally.

1.4. The Baseline Assessment: Study Method and Key Findings

The baseline data was collected in August–September 2023 from Jashore, Khulna, Bagerhat, and Dhaka. The methodology included a structured questionnaire survey with Aftercare Case Facilitators (ACFs) (n = 17), MSIF-supported survivors (n = 30), and non-MSIF survivors (n = 4). It also involved in-depth interviews with 19 ACFs and 12 survivors, along with key informant interviews with 4 project personnel and 5 family members of survivors. Although independent samples were used between the baseline and midline phases, some participants were involved in both, particularly among the ACFs, due to the small size of the cohort. It is important to note that the distinction between MSIF and non-MSIF survivors is based on the type of aftercare received. MSIF survivors were supported by ACFs trained under the Modern Slavery Innovation Fund (MSIF) initiative, while non-MSIF survivors received support from Justice and Care's regular staff and were not involved in the ACF-led component.

It must also be noted that the baseline data collection did not take place until 8 months into the project, and as such is not a pure pre-intervention baseline. Whilst survivors and ACFs were able to give qualitative reflections on their memories of the period before the project, baseline quantitative data followed a not insignificant period of initial implementation, which should be considered during interpretation of the data.

The baseline data from this exploratory evaluation suggested that the survivor-led aftercare programme was beneficial for both survivors and ACFs in advancing reintegration and well-being. Interview data indicated that ACFs had better income than survivors, likely due to their employment as ACFs. This job identity contributed not only to their financial stability but also to their sense of personal dignity and social respect. Many ACFs expressed deep gratitude to Justice and Care for their transformation—from victims, to survivors, to champions.

The ACFs also reported significant challenges. One of the most notable was re-experiencing trauma while listening to survivor stories. While many reported becoming more comfortable over time, this remained a vulnerability. Another challenge was family reintegration, which was often difficult at the early stages when families were still in shock and hesitant to trust

either the ACFs or Justice and Care. Social stigma surrounding trafficking added another layer of complexity to these efforts. Some ACFs also noted struggles with administrative responsibilities such as reporting and meeting deadlines.

Despite these difficulties, ACFs consistently reported that their work gave them a sense of purpose and motivation, knowing they were helping others. Their presence alone proved meaningful—they served as living role models to other survivors, symbolizing hope and the possibility of reclaiming agency and respect. This was consistently reflected in survivor feedback, which highlighted the inspirational role of ACFs.

When comparing MSIF and non-MSIF survivors, the data revealed significant differences in psychological well-being. MSIF-supported survivors showed better outcomes on all indicators, while non-MSIF survivors exhibited more severe psychological symptoms and trauma-related effects. However, given the very small sample size of non-MSIF survivors (n = 4), these comparisons should be interpreted cautiously and are best seen as a snapshot rather than statistically conclusive findings.

Survivors overall rated the services very positively, particularly counselling and grocery support, which received the highest usefulness scores. Most survivors reported being satisfied with the services, with only minor challenges noted in accessing a few of them.

Despite continued struggles—including financial crises, trauma memories, and societal discrimination—survivors expressed hope for the future, increased self-confidence, and a growing ability to cope with life circumstances. Their verbal accounts reflected signs of social reintegration, stronger awareness of available resources, and deep gratitude to Justice and Care for the positive changes in their lives.

1.5. The Mid-line Assessment: Study Method and Key Findings

Before conducting the end-line survey, mid-line data was collected in May 2024 from Jashore, Satkhira, Khulna, Bagerhat, and Dhaka, as well as several adjacent districts including Narsingdi, Gazipur, Mymensingh, and Cumilla. The study included questionnaire surveys with Aftercare Case Facilitators (ACFs) (n = 19), MSIF-supported survivors (n = 31), and non-MSIF survivors (n = 9). Qualitative data was gathered through in-depth interviews with 8 survivors and 3 family members, along with 2 case studies with ACFs and 2 with survivors, which involved tracking their personal journeys in greater depth—including challenges, coping strategies, and support received. In addition, three Focus Group Discussions (FGDs) were conducted with ACFs in Jashore, Khulna, and Dhaka to explore group experiences and reflections on their roles. Although independent samples were used between the mid-line

and end-line phases, some participants—particularly ACFs—were involved in both due to the limited size of the cohort.

Similar to the baseline, the mid-line data found that the survivor-led aftercare model continued to benefit both survivors and ACFs. ACFs reported better income, stronger social standing, and a growing sense of personal identity through their roles. Additionally, the mid-line revealed that ACFs were increasingly comfortable navigating emotionally difficult aspects of the job, such as hearing trauma stories and working with hesitant families—indicating emotional growth and professional resilience. Survivors continued to express greater trust in ACFs than in traditional service providers, viewing them as role models who had "walked the same path." ACFs also reported that the role gave them purpose and fulfilment, and survivors repeatedly described ACFs as symbols of recovery and hope. Their presence alone had a powerful impact, showing that healing and reintegration are possible.

Mid-line comparisons between MSIF and non-MSIF survivors showed stronger outcomes for the MSIF group across all psychological indicators. Additionally, mid-line interviews explored survivor motivations and personal aspirations in greater depth, revealing a growing desire for social inclusion, employment, and leadership. While the sample of non-MSIF survivors remained small (n = 9), the trend of lower well-being scores was consistent.

Survivors once again rated aftercare services very highly, especially counselling and grocery support. Additionally, mid-line feedback reflected a stronger sense of self-efficacy and resource awareness among survivors—many reported using their own initiative to seek services and explore new opportunities. While survivors continued to face challenges such as financial stress, trauma triggers, and social stigma, the mid-line findings show clear progress toward reintegration, confidence in the future, and greater independence. Similar to baseline the survivors and the ACF expressed deep gratitude to Justice and Care, with many describing the programme as a turning point in their lives.

SECTION 02: Method

2.1 Research Framework and Design

This research was designed within an action research framework, employing a mix of qualitative and quantitative methods. The programme logic (inputs, actions, and outputs) of the survivor-led survivor care approach was developed based on available project literature and interviews with programme personnel. Insights from the initial assessment were fed back into the programme to improve the design and intended outcomes of the survivor care project. The final evaluation (process and outcome) will generate recommendations for current and future survivor care projects, as well as for policymakers.

The research was planned to be conducted in three phases: Phase I – Baseline, Phase II – Midline, and Phase III – End-line. The overall research design is presented in Figure 2.1.

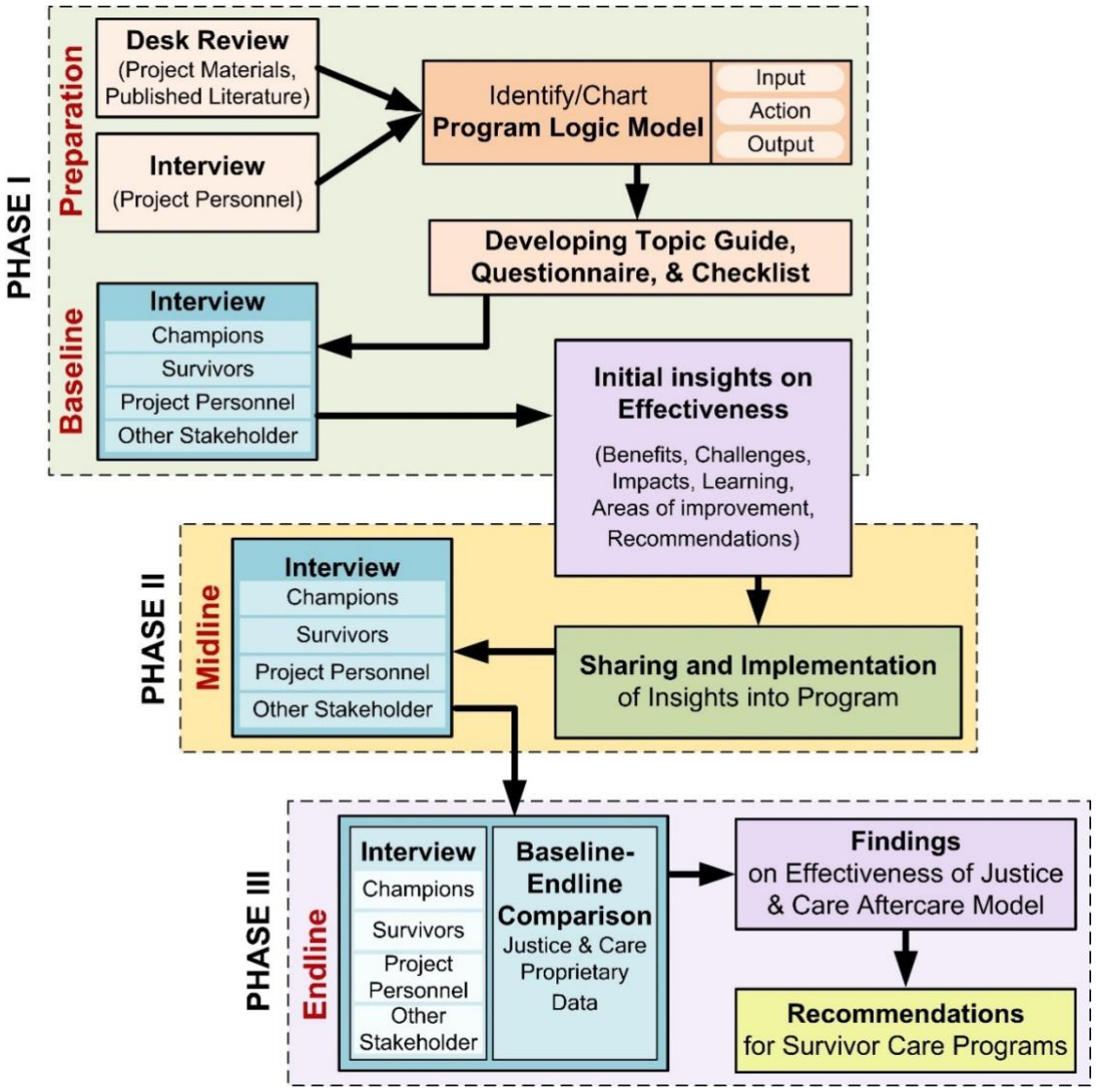

Figure 2.1. Flowchart of activities in three phases

2.2 Current Study: End-line Survey - Phase III

This report details the work conducted for the End-line survey and its associated preparatory activities. Preparatory work began during the Baseline and Mid-line phases, including exploration of the programme logic model (inputs, actions, outputs) for the peer-led survivor care project, and development of data collection tools such as topic guides, questionnaires, and checklists.

Ethical approval was initially obtained during the Baseline phase. An amendment to include child participants was later approved by the Ethical Review Committee of the Department of Clinical Psychology, University of Dhaka, prior to the start of mid-line data collection. This approval was followed throughout all subsequent phases of the study.

2.3 Method of Data Collection

Consistent with the Baseline and Mid-line surveys and aligned with the assignment objectives, a mix of qualitative and quantitative data collection methods was employed in the End-line phase (Phase III). Table 2.1 summarizes the data collection techniques and sampling approach.

It may be noted here that 20 ACFs participated (20 in the questionnaire survey and 20 in in-depth interviews), along with 39 survivors (31 in the questionnaire survey and 8 in in-depth interviews). 19 ACFs participated in both Mid-line and End-line surveys of whom 17 were also participants in the end-line surveys.

The tools used in the End-line survey, including questionnaires, in-depth interview (IDI) guides, and focus group discussion (FGD) guidelines, were largely the same as those used in the Mid-line, with slight modifications of the topic guides. For example, the end-line topic guide include questions around the plan after the end of the project.

2.3.1. Questionnaire Survey

To assess the project's effectiveness a structured questionnaire was developed, consisting of checklists and self-reported assessment criteria following the Likert format. In addition, it also provided the demographic and socio-economic information of the respondents. The quantitative survey was employed with the ACFs and survivors (see Appendix 8 & 9 for the survey questionnaire). The questionnaire was developed based on a list of outcome indicators derived from the programme logic model and interviews with project personnel. Additionally, proprietary data from Justice and Care (J&C) was incorporated.

2.3.2. Key Informant Interview (KII)

KIIs were conducted with key project stakeholders during the End-line phase. Stakeholders included project personnel, external stakeholders, and survivors' family members/caregivers. The content and focus of the interviews varied across phase research depending on the stakeholder category being interviewed. Specifically at the third phase all three different types of stakeholders were interviewed. The topic of discussion varied even within the external stakeholder depending on their roles or areas of work (e.g., social welfare, law enforcement, NGO official). Relevant topic guides were developed for KIIs.

2.3.3. In-depth Interview (IDI)

The IDI was used to gain a detailed understanding of the topic of study from the survivors (see Appendix 3, & 4 for IDI topic guide). It aided in further expanding the ideas assessed through a questionnaire survey. Through an open-ended, discovery-oriented approach, the interviewer delved deeply into the survivors' thoughts and opinions about the project, exploring which, how, and why the project components have impacted their lives.

2.3.4. Focus Group Discussion (FGD)

FGDs were carried out with the survivors and the ACFs to as a mean for triangulating findings. A group of 6 individuals were invited in each FGDs and they participated in discussions related to their understanding and experience regarding survivor led aftercare service. The topic guides for the FGDs have been attached as Appendix 6, & 7.

2.3.5. Case Study

Though not originally planned, findings from the Baseline survey motivated the inclusion of case studies for deeper insight into the aftercare program's impacts and processes. These case studies involved collection of data about the specific person of interest from multiple sources including the person, significant others, and J&C records. Four case studies (2 ACFs and 2 survivors) were conducted during the Mid-line phase, and three case studies with survivors were conducted in the End-line phase (see Chapter 4).

2.4 Study Location, Participants and Timeframe

2.4.1 Study location

Originally, the study was planned in eight districts of Bangladesh. However, due to the distribution of respondents per the sampling framework, the study was conducted across

eleven districts: Dhaka (including Savar and Keraniganj), Gazipur, Narayanganj, Mymensingh, Jashore, Satkhira, Narail, Khulna, Bagerhat, Barisal, and Cumilla.

For convenience, districts were grouped into six clusters. Considering accessibility, data collection during the End-line phase was carried out in Clusters 1, 2, and 3. The remaining cluster had no or too few participants who were accessible or available for interview.

- Cluster 1: Jashore, Satkhira, Narail
- Cluster 2: Khulna, Bagerhat
- Cluster 3: Dhaka (including Savar and Keraniganj), Gazipur, Narayanganj,
- Cluster 4: Mymensingh
- Cluster 5: Barisal
- Cluster 6: Cumilla

2.4.2 Participants

The study collected data from five categories of respondents namely the ACFs, survivors, and family members of survivors. A total of 105 activities (questionnaire survey, IDI, KII, case study and FGDs) were performed from different segments of the study population (e.g., ACFs, Survivors, Family Members/Caregivers of the Survivor, Project personnel and External Stakeholders) in the End-line study (Table 2.1).

Table 2.1. *Number of participants involved in different types of data collection methods*

Data Collection Technique	ACF	MSIF Survivor	Family Member of Survivor	J&C Staff	Other Stakeholders
Questionnaire Survey	20	39	-	-	-
Key Informant Interview	-	-	3	4	4
In-depth Interview	20	10	-	-	-
Focus Group Discussion	1 (n = 6)	1 (n = 6)	-	-	-
Case Study	-	3	-	-	-

i) **ACFs:** These are the primary support providers maintaining day-to-day communication with survivors. A total of 20 ACFs were interviewed during the End-line phase, 17 of whom also participated in Mid-line and Baseline phases.

ii) **Survivors:** The project's primary stakeholders and key service recipients from ACFs. Survivors participating in the MSIF programme were interviewed, as well as a comparison group of non-MSIF survivors receiving aftercare support from Justice and Care but not from ACFs. Of the 39 MSIF survivors interviewed in the End-line, 20 were interviewed previously during Mid-line and Baseline phases, and 19 were new participants.

iii) **Family Members/Caregivers:** Secondary stakeholders who play an important role in the success of the project.

iv) **J&C Staff:** Project personnel involved in programme implementation.

v) **Other Stakeholders:** External actors relevant to the project such as, government officials, social welfare officer, law enforcement, NGO official.

2.4.3 Timeframe

The study was planned over 26 months (including report preparation), spanning three phases: Baseline, Mid-line, and End-line. The timeline was from February 2023 to April 2025, focusing on JCBD's peer-led aftercare programme.

- Baseline data collection: **August 12, 2023 – September 20, 2023**
- Mid-line data collection: **May 12, 2024 – May 30, 2024**
- End-line data collection: **January 25, 2025 – March 13, 2025**

2.5. The Quality Control Mechanism

To ensure the integrity, consistency, and reliability of data collected throughout the study, a comprehensive quality control mechanism was applied across all three phases—Baseline, Mid-line, and End-line (see Appendix 8 for full details).

This mechanism involved a set of procedures designed to maintain high standards in data collection, entry, and processing. Key quality control measures included:

- **Rigorous training** of Field Research Assistants (FRAs) on data collection tools, ethical protocols, and trauma-informed interviewing techniques;
- **Pilot testing** of tools to refine clarity and appropriateness;
- **Ongoing supervision** and spot checks during fieldwork by senior researchers;

- **Daily review and debriefing** sessions to ensure consistency and address any challenges in real time; and
- **Double-entry validation** of quantitative data and cross-checking of qualitative transcripts to minimize errors.

By consistently applying these measures across all phases, the study ensured a high level of data quality and comparability over time.

2.6 Ethical Consideration

The sensitive nature of the content of interviews with survivors requires a high priority on the ethical aspect of the research. To ensure ethical considerations are maintained, the study assessed the risks and benefits for the respondents and prioritised maintaining a high level of ethical standards.

a. **Informed Consent:** All participants were fully informed about the purpose, procedures, potential risks, and benefits of the study before giving their consent to participate. Special attention was paid to ensuring participants understood their rights, including the right to withdraw from the study at any point without consequences. For details, refer to Appendix 1a (Consent Form), Appendix 1b (Assent Form), and Appendix 2 (Explanatory Statement).

b. **Confidentiality and Anonymity:** Confidentiality and anonymity were strictly maintained throughout the study. It was clearly communicated to all participants that the information collected would not be shared with any individuals, agencies, or third parties outside the research team. Privacy during interviews and surveys, including KIIs and other data collection activities, was actively safeguarded. All personal identifiers were treated with the utmost care, and any data with potential identifying information was stored securely (e.g., in locked storage or encrypted files).

c. **Trauma-informed Approach:** A trauma-informed approach guided the design and implementation of all research activities to minimize the risk of re-traumatization. Field Research Assistants (FRAs) were selected preferably from those with training in mental health or psychosocial support. This ensured sensitivity in conducting interviews and enabled early detection of participant distress, prompting immediate cessation of interviews and appropriate referrals for support if needed. In addition, all data collectors received specific training on trauma-informed research practices.

d. **Respect for diversity and a non-judgmental attitude:** The research team made deliberate efforts to treat all participants with respect and dignity, regardless of cultural background, ethnicity, religion, gender identity, or other personal characteristics. Respondents' views and narratives were listened to with empathy and without judgment, ensuring a safe and inclusive environment for open sharing.

e. **Ethical Approval:** Ethical approval of the research was received from the Research Ethics Committee at the Department of Clinical Psychology, University of Dhaka, Bangladesh (see Appendix 10 for the approval letter).

SECTION 03: Findings and Discussion

In trying to keep the overall comparability with the baseline and midline survey, the findings of the endline survey are presented in several broad sections with subsections within the broader sections. Data presented in these sections were collected from ACFs, survivors, and their family members along with J&C staff and relevant other stakeholders.

3.1. Socio-demographic Characteristics of the Survivors and the ACFs

Socio-demographic characteristics of the survivors and ACF were compiled to get an understanding of their context.

Table 3.1. Socio-demographic Characteristics of the Survivors and the ACF

	Variables	MSIF Survivors (n=39)			ACF (n=20)		
		Mean	Mode	Range	Mean	Mode	Range
1	Age	25.5	20	15-40	25.4	24	19-37
2	Number of Children	1.8	2	1-4	1.2	1	1-2
3	Size of the household	4.5	5	1-8	3.9	2	1-10
4	Number of earning members in the household	2	2	1-4	2	2	1-4
5	Total monthly income of the household (in Thousand Taka)	20	10	3-60	35	50	20-60
6	Personal monthly Income (in Thousand Taka)	5.7	0	0-25	20.5	20	20-26

The analysis of demographic and economic variables indicates comparable mean ages among the survivors and ACFs. The ACFs reported higher average monthly income as an individual as well as when considering total family income (Table 3.1). However, it may be noted here that the individual mean income differential may have contributed to the mean differential in the family income.

For both survivor and ACF groups, the majority of the respondents were married, followed by divorced or separated (Table 3.2). Probably due to suitability criteria during the selection

process, the ACFs had a higher level of education compared to the survivors. While the majority of the survivors (71.8%) had education level below Class 10, most (63.5%) of the ACF had attended Class 10 or above. It may be noted that the national average education level in Bangladesh is 7.4 (World Economics, n.d.).

***Table 3.2**. Socio-demographic characteristics of the Survivors and ACFs.*

		MSIF (N=39)	**ACF (n=20)**
		n (%)	n (%)
1.	Marital Status		
	Unmarried	6 (15.4)	4 (20)
	Married	29 (74.4)	12 (60)
	Divorce Separation	4 (10.3)	4 (20)
	Others	-	-
2.	Level of Education		
	None	6 (15.4)	-
	Year 2		-
	Year 3	3 (7.7)	-
	Year 4	3 (7.7)	1 (5)
	Year 5	3 (7.7)	2 (10)
	Year 6	1 (2.6)	-
	Year 7	3 (7.7)	1 (5)
	Year 8	5 (12.8)	1 (5)
	Year 9	4 (10.3)	2 (10)
	Year 10	6 (15.4)	4 (20)
	Year 11	1 (2.6)	5 (25)
	Year 12	2 (5.1)	1 (5)
	Year 13		1 (5)
	Year 14		-
	Year 15	2 (5.1)	1 (5)
3.	District		
	Jashore	18 (46.2)	9 (45)
	Khulna	14 (35.9)	7 (35)
	Dhaka	7 (17.9)	4 (20)

The majority of the survivors were located in Jashore (46.2%) and Khulna (35.9%). For the ACF, the distribution was almost the same (Jashore - 45%, Khulna- 35%) (see Table 3.2).

3.2. Economic Empowerment of the Survivors

While the ACFs were employed by J&C, the survivors were not. However, jobs were arranged for many survivors through MSIF programme interventions. We tried to understand the job status and preferences of the survivors. Figure 3.1. presents an analysis of Job status among the survivors across midline and endline periods.

Noticeable differences were observed across all four categories of job status among the survivors between midline and endline periods. Both part-time and full-time job engagement among the survivors shows increases (Figure 3.1).

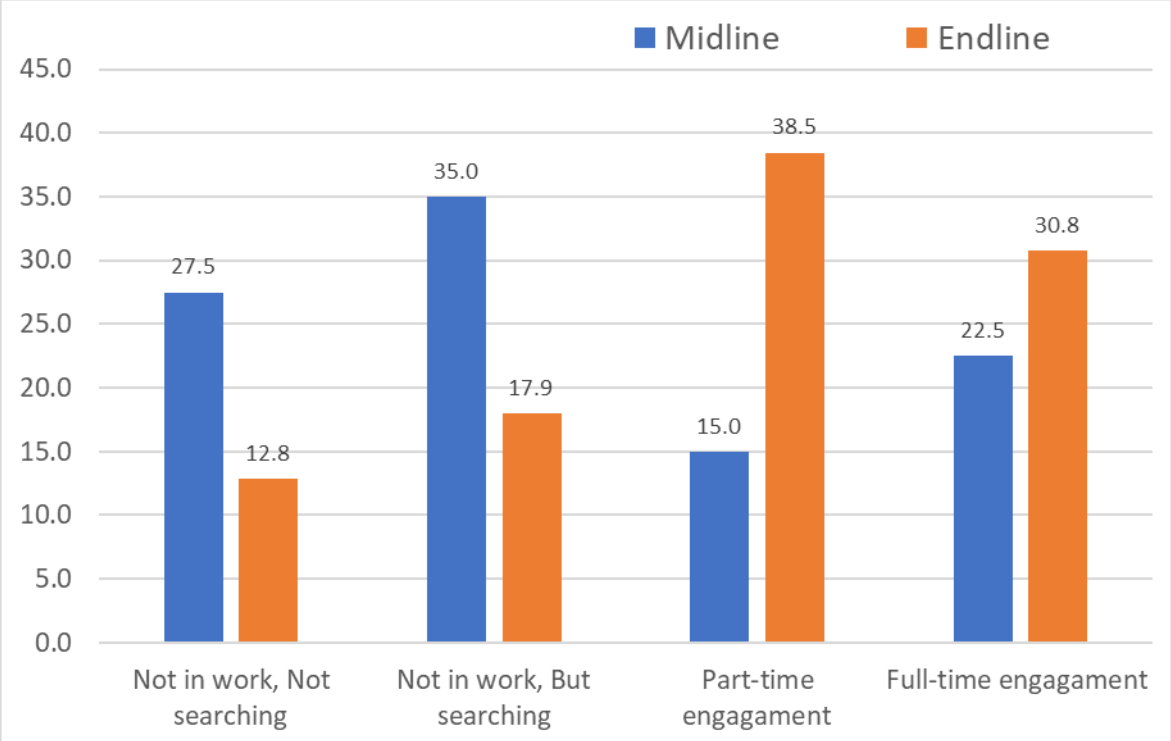

Figure 3.1. Increases in job engagement of the survivors from midline to endline survey. The figure is based on the percentages of survivors responding to specific status.

The findings suggest the idea that the survivors are gradually gaining economic empowerment during their engagement in program. It should be also noted that the endline survey include newly incorporated survivors in the survivor-led aftercare program and their rating slightly dragged down the overall picture of the improved economic empowerment. For example, the percentage of survivors reporting 'not in work, not searching, would be 7.1% instead of 12.8 % and the 'full time engagement' would be 32.1% instead of 30.8% if the newly incorporated survivors were excluded

When explored further, the small portion of the survivors who reported 'not in work and not searching for job' mentioned several reasons behind their choices (see Figure 3.2). Childcare and family responsibilities were the most common (50%) in the endline followed by not getting any job (25%). These two were also reported as the most common reasons during the midline period with a much lesser percentage of survivors reporting these (20.8 % and 20.8%). The quantitative survey could not explore further the meaning of 'not getting any' however, it is most likely to be reflecting the poor job opportunity in the context.

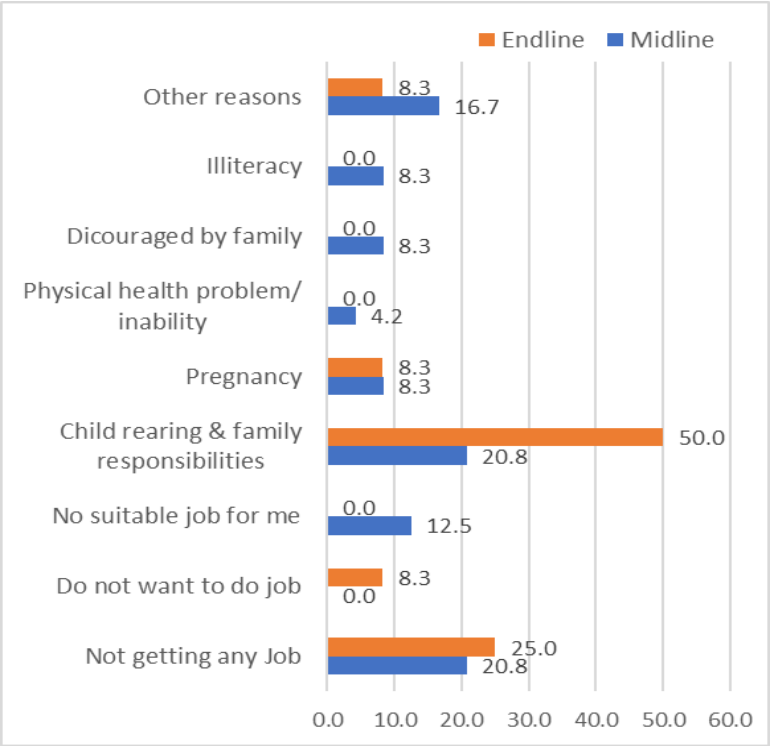

Figure 3.2. Reasons behind not engaging in jobs.

As mentioned earlier, the inclusion of newly incorporated survivors impacted the overall endline data. The percentage of survivors reporting 'not getting any job' among the ongoing survivors in the endline was 14.3% while for the new recruits it was 40%.

Figure 3.3. Percentage of survivors reflecting satisfaction across five levels. The top section relates to satisfaction regarding work environment, the middle one relates to salary and the bottom section representing overall job satisfaction.

For those who are currently engaged in jobs, satisfaction ratings over different features of the job are presented in Figure 3.3. The proportion of survivors expressing complete satisfaction over work environment, salary, and the overall job indicates a notable increase in the endline compared to midline.

When asked about expected salary from job, the survivors reported different figures ranged from BDT 3000 to BDT 40000 per month. BDT 15000/month was the most commonly expected salary reported in the endline survey which is higher than the amount reported during the midline period (BDT10000).

Survivors' perceptions about their own qualifications to get a job and their perceived approval from family for going to jobs have been presented in Figure 3.4. However, the inclusion of data from new recruits have hugely affected the presentation of confidence regarding educational qualification and professional skills at the endline. For example,

complete confidence regarding education qualification would be 41.7% and professional skills would be 45.9% if only the ongoing survivors were included.

Figure 3.4. Perception of the survivors regarding qualifications and perceived approval from the family for a job.

3.3. Psychological State of the Survivors and ACF

The psychological state of the survivors and the ACFs were assessed using several standardised tools, namely the SRQ 20, the WHO 5, the IES-R and the DASS 21. A general understanding of what the score means for the J&C supported survivors would be useful. However, most of these tools are developed for general population, they do not have any normative data on victims of trafficking. Therefore, comparisons of the mental health state of the J&C supported survivors and the trafficked survivors in general using the normative data is not possible. At the same time comparing the J&C supported survivors with general population data may not be accurate. Comparison of scores of the survivors as well the ACFs between baseline, midline and endline were caried out to see the impact of the survivor led aftercare model.

The findings indicate steady improvement on all the indicators from baseline to midline and from midline to endline, suggesting better mental health state of the survivors and the ACFs at the endline compared to baseline and midline. For a detailed statistical comparison between baseline and endline, see Section 3.8.

Table 3.3. *Comparison of mean score on the psychological state of the survivors and ACF between baseline and midline.*

	Variable	Survivors			ACF		
		Baseline (n=30)	Midline (n=31)	Endline (n=39)	Baseline (n=17)	Midline (n=19)	Endline (n=20)
1	Psychological symptom (SRQ20)	9.83	8.97	7.72	4.94	3.61	2.74
2	Well-being (WHO5)	11.90	13.35	14.67	16	18.74	21.90
3	Post-traumatic stress disorder (IES-R)	31.30	28.00	24.13	-	-	-
4	Depression (DASS 21-D)	-	-	-	4	3.26	2.20
5	Anxiety (DASS 21-A)	-	-	-	5.18	3.47	2.80
6	Stress (DASS 21-S)	-	-	-	5.7	5.00	3.75

***Psychological* symptoms** were measured using the 20-item Self-Reporting Questionnaire (SRQ 20)**.** As shown in Table 3.4, the average score for the survivors (7.72) and the modal value of 5 found in the endline are much lower than the values observed in the baseline (9.83 and 13) and midline (8.97 and 7) survey. These are still above the cut-off value (> 6 for concern) used for the general population. The ACF group had an even lower average (2.74) and modal value 1, both of which are below the cut-off value found in the general population, indicating no concern. Similar to the survivors, the ACF also demonstrated a notable decline in psychological symptoms from baseline to midline and midline to endline. Supplementary analysis with endline survivor data after exclusion of new recruits indicated slight variation in average scores from the data presented in Table 3.3.

Table 3.4. The psychological state of the survivors at endline.

	Variable	Survivors (n=39)			ACF (n=20)		
		Mean	Mode	SD	Mean	Mode	SD
1	Psychological symptom (SRQ 20)	7.72	5	4.94	2.74	1	2.45
2	Well-being (WHO5)	14.67	12	5.93	21.90	24	12.98

	Variable	Survivors (n=39)			ACF (n=20)		
		Mean	Mode	SD	Mean	Mode	SD
3	Post-traumatic stress disorder (IES R)	24.13	1	21.51	-	-	-
4	Depression (DASS 21-D)	-	-	-	2.20	0	3.68
5	Anxiety (DASS 21-A)	-	-	-	2.80	0	3.68
6	Stress (DASS 21-S)	-	-	-	3.75	0	4.30

General well-being was measured using the 5-item well-being questionnaire (WHO 5) developed by the World Health Organization. The ACFs had a much higher mean score (21.90) on well-being compared to the survivors (14.67). When compared, the findings indicated a steady increase of wellbeing from baseline (M = 11.90) to midline (M =13.35) and from midline to end-line (M = 14.67) for the survivors. A more noticeable change was observed for the ACFs between baseline (M = 16), midline (M = 18.74) and end-line (M = 21.90).

Post-*traumatic* stress symptoms were only measured for the survivors using the revised version of the Impact of Event Scale (IES-R). At the End-line, the survivors had an average score of 24.13 on the IES-R, which was a decline from the midline average (28.00) and also lower than the baseline average (31.30) (see Table 3.3; Table 3.4). It should be noted here that in all three phases, the average was below the cut-off value (33) for detecting post-traumatic stress disorder.

Depression, anxiety and stress were assessed only for the ACF across the three phases using the 21-item Depression Anxiety and Stress Scale (DASS 21). Across the baseline, midline and endline phases, the average scores among the ACF were below the cut-off value (cut-off for depression = 9, anxiety =7, and stress =14) for all three constructs it measures (i.e., depression, anxiety, and stress) (Table 3.3).

3.4. Growing a Champion/ACF

The core component of the survivor-led service delivery is the ACFs. The process of growth from survivors to champions and then assigning an identity of professional aftercare worker made a huge impact on the lives of the ACF. In becoming a champion, a series of contributors play a role. These include personal characteristics, support and other factors relating to family, societal aspects, and recovery and reintegration support from J&C. The baseline

report provided a detailed discussion on these contributors. Armed with the details in the baseline, we refined the categories in the questionnaire for assessing the J&C contributors in becoming a champion/ACF. Detailed ratings of usefulness for pre-ACF training (Table 3.5) and post-ACF training (Table 3.6) in end-line are presented alongside the mean score of usefulness from the midline survey.

The ACFs generally reported that they have received a wide range of support from the J&C in the process of becoming an ACF. The average rating reported at the end-line for the usefulness of training taken before becoming an ACF (on a scale of low-0 to high-5) indicates a generally positive perception. Peer mentoring received the lowest average (4.33) rating of usefulness. However, the score was still very high considering the highest possible value (5) for the usefulness ratings (see Table 3.5).

Table 3.5. Usefulness of the training and support from J&C before becoming ACF

		Midline	End-line			
		Mean	Mean	Mode	Range	SD
a	Professional counselling	4.50	4.67	5	4-5	.49
b	Peer mentoring	4.00	4.33	4	3-5	.65
c	Vocational training	4.44	4.50	4	4-5	.51
d	Life skills training	4.68	4.75	5	3-5	.55
e	Medical support	4.47	4.56	5	3-5	.63
f	Educational support	4.80	4.92	5	4-5	.28
g	Material support (with groceries, clothes, etc.)	4.65	4.79	5	4-5	.42
h	Income generation activities	4.36	4.44	5	3-5	.73

Similar to the pre-ACF training, the J&C provided a range of training to the ACFs after recruiting them as ACFs. Similar to the assessment of the usefulness of pre-ACF training, the usefulness of training taken after becoming an ACF was rated on a scale of 0 (low) to 5 (high). Findings from the endline survey indicate a generally positive perception about the usefulness of post-ACF training (Table 3.6). Training on legal support received the lowest average rating (4.17) on usefulness.

Table 3.6. The usefulness of training taken after becoming ACF

		Midline Mean	Endline			
			Mean	Mode	Range	SD
a	Aftercare case facilitation	4.47	4.72	5	4-5	.46
b	Communication skills	4.44	4.68	5	4-5	.48
c	Professionalism/job-related training	4.50	4.47	4	4-5	.51
d	Training on family counselling	4.29	4.47	5	3-5	.70
e	Training counselling with survivors	4.12	4.55	5	3-5	.60
f	Life skills training	4.56	4.73	5	4-5	.46
g	Training on legal support	3.93	4.17	5	3-5	.83
h	Safeguarding	4.47	4.47	5	3-5	.70
i	Peer mentoring training	4.89	4.67	5	4-5	.49
j	Office management training	4.31	4.44	5	3-5	.70
k	Training on report preparation	4.82	4.63	5	3-5	.68
l	Teamwork	4.65	4.58	5	4-5	.51
m	Other trainings	4.40	4.25	4	3-5	.75
n	The usefulness of the mentoring supervision sessions	4.39	4.75	5	4-5	.44

3.5. Service Delivery by ACF

The ACF serves not only as a direct support provider, they also serve as a connection between J&C and the survivors in ensuring access to other services. The baseline report presented a detailed account of the range of services delivered by the ACF. The midline survey report presented a detailed account of the process aspects of ACF service delivery. The endline data demonstrate these further.

3.5.1 *Building* Relationships for Service Delivery

ACFs reported observed improvement in their relationship with the survivors over time. They reflected that building relationships is a dynamic process and takes different amounts of interaction with different survivors. However, their general impression was that it takes

around one to three months to build relationships with the survivors. The ACF reported a warm and trusting relationship with the survivors, many of whom perceived the ACF as a role model for future development. An ACF quoted a statement of a survivor she was providing support,

> *One of the survivors said during a training – "apu [sister] you talk and explain so beautifully, I also want to be like you, work like you". – ACF, Jashore*

The survivors also provided similar impressions about the relationship with the ACF. One of the survivors quoted,

> *She is very caring, talks softly and I like it. I mean, the bonding I have with her is very good. She visits me at my home, calls over the phone to greet me, to check how I am doing, if I have taken my lunch or dinner. Nowadays, even the close friends do not do this, do not ask how [one] everything is going on. - IDI, Survivor*

3.5.2. ACFs' Perception of the Services Delivered by Them

Similar to baseline and midline survey, the ACFs were asked about their subjective evaluation of the survivors' perception of different process aspects of service delivery. A rating scale of 0 (low) to 5 (high) was used for most items, for a few items, a 0-4 rating was used. The findings are presented in the following sections (see Table 3.7 for details). The survey among ACFs provides insights into various aspects of survivors' and their own experiences and perceptions within the context of the support services offered.

Across the indicators, ACFs rating at endline were generally similar to the midline data and were slightly higher than the baseline data, demonstrating that ACFs have maintained the increased confidence that they gained during the midline over the baseline period.

a. Comfort of the survivors in sharing. This was measured using a scale of 0 (low) to 4 (high). The four items under this category indicated a slightly lower score compared to the midline. However, similar to the midline, the score remained observably higher (> 3.5) compared to the baseline ratings (< 3). During the qualitative interview, an ACF quoted the survivors

> *The survivors say, "how do you understand [me] so beautifully, even [my] parents do not understand but you do". – ACF, Khulna*

b. Clarity of communication*.* The ACF reported a high level (mean = 4.40) of clarity of communication with the service recipients (survivors and their family members). The reported range (4-5) by different ACFs indicated concordance among the ACFs on the perceived quality of communication. Interviews with the survivors confirmed ACFs' perception about their communication with the survivors. One of the survivors said,

Apu [sister, ACF] can talk beautifully in an organized manner; and she can understand what I want, what I want her to understand. Apu [sister, ACF] can read my face when I am sad or is wanting to know about something. – Survivor, Jashore

c. Trusting relationship with the service recipient. Compared to the baseline and midline survey, the ACF's rating indicates increased ratings of trust with the survivors (mean = 4.65) and with the family members of the survivors (mean = 4.40). The small variability of rating (range 4-5) indicated concordance among the ACFs on the perception of a trusting relationship (Table 3.7).

d. Recipient's inclination towards the service. Not much changes in the rating on the survivors' interest in getting the services and adherence to the suggestions and support provided to them by the ACFs were indicated in the endline (M = 3.45) compared to the baseline (M = 3.47) and midline (M = 3.56) survey (Table 3.7).

e. ACF's awareness about service and survivors. ACF demonstrated high confidence in their awareness of the needs of survivors across the baseline, midline and endline (Table 3.7). Ratings seem to indicate a gradual increase of rating from baseline to endline.

Table 3.7. *ACF's rating on different process indicators of service delivery*

		Baseline	Midline	**Endline**			
		Mean	Mean	**Mean**	**Mode**	**Range**	**SD**
	Comfortability of sharing						
1	Survivors feel comfortable talking about traumatic memories *	2.71*	3.56*	3.40*	3	3-4	.50
2	Survivors feel comfortable talking about financial crises *	2.82*	3.50*	3.45*	3	3-4	.51
3	Survivors feel comfortable talking about interpersonal crises *	2.94*	3.78*	3.50*	4	2-4	.61
4	Survivors feel comfortable talking about safety concerns *	2.77*	3.50*	3.50*	4	2-4	.69
	Clarity of communication						

		Baseline	Midline	Endline			
		Mean	Mean	**Mean**	**Mode**	**Range**	**SD**
5	Level of clarity and understanding of communication with the survivor and family	3.82	4.05	4.40	4	4-5	.50
	Trusting relation						
6	Trust between ACF and survivors	4.18	4.32	4.65	5	4-5	.49
7	Trust between ACF and survivors'' families	3.65	3.84	4.40	4	4-5	.50
	Inclination towards the service						
8	Survivors demonstrate interest in getting service *	3.47*	3.56*	3.45*	3	3-4	.51
9	Adherence to suggestions and support among survivors	4.12	4.22	4.20	4	4-5	.41
	Awareness of service and survivors						
10	ACF's awareness of the needs of the survivors	4.18	4.67	4.75	5	4-5	.44
11	ACF's confidence in her ability to address the needs of survivors	4.06	4.33	4.50	5	3-5	.61
12	ACF's awareness about the resources available for survivors	4.06	4.22	4.30	4	3-5	.57

** For these items the highest possible score is 4 (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

3.6. Growth of the ACF

Similar to the midline survey, the ACFs confidently reported their growth over the length of experience working as ACFs. They could relate to the changes by realizing the noticeable difference between themselves and the victims. During focus group discussions, the ACFs present the following detailed comparison (see the text box below) between themselves and those of victims before they become survivors, using their own words:

Characteristics of Victims	Characteristics of ACFs
▪ They become secluded from family and society. ▪ Often have suicidal risk and suicidal thoughts. ▪ Feel themselves as guilty and responsible for their situation. ▪ Cannot manage the problems in their surroundings. ▪ Do not have anyone to support them. ▪ Cannot open up to express her feelings. ▪ Cannot find a place to share her problem. ▪ Cannot manage own behaviour, ▪ Forget about self-care ▪ Do not have reflection of confidence on face when talking with others, ▪ Will show behaviour signs of uneasiness/lack of confidence – no or eye contact, unnecessary hand and body movement. ▪ Take hasty decision. ▪ Have mental restlessness, pain, and trauma ▪ Cannot decide what is good or bad for them.	▪ Have confidence that she is not guilty, the perpetrator is. ▪ Can manage the problems in their surroundings. ▪ Have reflection of confidence on face. ▪ Maintain eye contact in talking. ▪ Can think and analyse what the other person is doing/saying and why. ▪ Have ability to observe, understand and communicate with others properly.

The ACF reported growth in their personal and professional skills. Personal growth includes improved anger management, improved patience, reduced self-blame, reduced negative thoughts, reduced hesitation, increased self-care, and the achievement of mental peace.

Professional growth includes enhanced confidence in preparing reports, improved listening, improved interaction with other professionals (e.g., lawyers), reduced hesitation, and learning of official etiquette.

This growth gave them confidence about their work (see Table 3.8) and they can see their unique position in the aftercare service delivery.

> *Our team has real experience. From survivors, we became champion and then [started working as] ACF. We have experience about how it may feel physically in that situation. We can stand in the ground of a survivor [and feel]. A person who does not know about that situation – no matter what – is not possible for her/him to stand there. I believe this is our special quality. – ACF, Khulna*

Despite growth in multiple areas, the ACFs also reported some ongoing difficulties in providing support around the repatriation process, family reunification, and medical check-up. They mentioned that repatriation process at the border lakes a long time for which the ACFs have to wait and no one knows how long it will take. Similarly, for the first attempt of family reunification the family are usually sceptical and often do not trust the ACFs which makes it difficult to manage them. The processes involved and the behaviour of service providers makes it difficult for ACFs to assist survivors in the mandatory medical check-up. ACFs shared that accompanying survivor for the mandatory medical check-up was often one of the hardest parts of their role. Survivors were made to wait for hours, asked the same painful questions again and again, and sometimes treated with suspicion or insensitivity by service providers. For many, this felt like reliving their trauma instead of receiving care. ACFs tried to comfort survivors and advocate for them during these visits, but they also described feeling powerless at times when medical staff dismissed their role or failed to listen. They also reported that they often find difficulties in conducting family counselling, carrying out ICP, and writing reports. However, the ACFs' inclination towards growth can still be observed when they are talking about challenges. One of the ACFs reported

> *I would feel less stressed if I was not asked to prepare reports. But, if I am not given task, I will not be able to learn, therefore, it would be better if a little more time is given [to prepare report]. – ACF, Jashore*

However, it may be noted that the ACFs reported fewer ongoing challenges and better management with increased experience. One of the ACFs mentioned,

> *[earlier] When we faced challenges, actually we did not have clear idea about the work. . .. Now we know how we can work, the way that can prevent problems. – ACF, Jashore*

When quantitative data from the ACF surveys were analysed, it confirmed a similar picture of growth among them. The ACFs continued reporting high ratings of confidence from baseline and midline to end-line (Table 3.8). However, a tremendous boost in confidence was observed in several aspects in the end-line. These include acceptance from J&C staff (mean = 4.95); trusting relations with other J&C staff (mean = 4.90); and overall confidence as a care provider (mean = 4.95). Improved confidence among the ACF was a noticeable growth area. One of the ACFs verbalized,

> *I do not think [I] would need any further support from J&C. I myself will be able to work out utilizing the 27 months of experience [of working with J&C]. – ACF, Jashore*

It may be noted here that the midline report suggested gaps in a few of the professional growth areas (e.g., acceptance from J&C staff, and trusting relation with J&C other staffs) which have probably been addressed by the J&C as reflected in the end-line report.

***Table 3.8**. Areas of professional growth among the ACF.*

		Baseline Mean	Midline Mean	**End-line**			
				Mean	**Mode**	**Range**	**SD**
1	Confidence as a care provider	4.41	4.84	4.95	5	4-5	.22
2	Confidence in working in professional settings	4.53	4.89	4.70	5	4-5	.47
3	Readiness to work in future roles in a professional setting	4.47	4.32	4.40	4	4-5	.50
4	Clarity of the tasks and responsibilities at J&C	4.53	4.58	4.85	5	4-5	.37
5	Trusting relations with other J&C staff	4.71	4.63	4.90	5	4-5	.31
6	Acceptance from J&C staff	4.77	4.68	4.95	5	4-5	.22
7	ACF's level of satisfaction working with survivors	4.41	4.61	4.80	5	4-5	.41

3.6.1. Reintegration of the ACFs

As discussed in the earlier sections, the ACFs reported a high level of confidence, hope, and awareness of available resources. Similar to the earlier phases, ACFs reported the use of

suitable coping strategies as part of their recovery in the end-line (see Table 3.9 for details). Although all these indicators received higher average ratings compared to the baseline survey, a couple of these (i.e., level of recovery, and trying self-care) demonstrated slightly lower rating compared to the midline survey. The findings reflect a positive trajectory towards their ongoing recovery and reintegration (Table 3.9).

***Table 3.9**. Reintegration of the ACF*

		Baseline Mean	Midline Mean	**End-line**			
				Mean	**Mode**	**Range**	**SD**
1	Achieved level of recovery	4.59	4.79	4.72	5	2-5	.75
2	Self-esteem	4.77	4.79	4.85	5	3-5	.49
3	Trying self-care activities *	2.29*	2.68*	2.60*	2	1-4	1.05
4	Effectiveness of self-care activities *	2.82*	3.16*	2.90*	3	1-4	.79

** For these items the highest possible score is 4 (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

The ACF reported increased integration into their family. One of the ACF reported the following statement during an FGD, while the other participants expressed agreement with such stories in their life too.

> *My mother argued with my brother that she [now] has two sons; she does not feel comfortable to present me as a daughter instead, she feels more comfortable presenting me as a son. She was telling is such a way that I have become successful, I have taken responsibility of the family. I am getting that respect. The family that did not accept me as a victim of trafficking, the same family is now perceiving me that I have now become something. – FGD, ACF*

The family members also reported indication of increased integration of the survivors into their family. One of the family members reported,

> *Our relationship [bonding] is getting stronger. She does not feel comfortable without me and I do not feel comfortable without her… . . . . If my daughter gets a problem [illness], she [survivor] would come to me and offer to accompany for doctor visit.*
>
> *– Family member (sister-in-law) of a survivor*

ACFs reported having a better passion in their community as well, especially due to their working status with J&C. One of them reported,

"Once, the police came to our house to stop a child marriage, and I courageously told them not to let it [child marraige] happen. At that moment, the police learned that I work in human trafficking prevention for women and children. They said, - This is a good job. - Previously, people would look at me differently, but after they knew about my job, they started saying, - [Name of the ACF] is in a good position. The way they viewed me has changed significantly, both in my home and in the community."

- ACF

Due to their enhanced position in their community, the ACFs are often invited to lend their support to their neighbours. This is a huge recognition for a woman in the patriarchal society of Bangladesh. On the of ACF mentioned,

"A few days ago, there was a problem in the house next to ours. The woman from that house came over and said, - Can you come and talk to them? Maybe the issue will get cleared. - After I went and spoke with them for a while, the problem was resolved. They now appreciate the fact that I can speak, explain things, and help clear up misunderstandings. They can see that." *- ACF*

3.6.2. Reintegration Challenges of the ACF

All of the ACFs reported improved social and family relationships and an increase in respectful interaction from the family, community, and society at large in comparison to the past. However, some of them also mentioned difficulties in a few areas of interaction. One of them mentioned,

My brother believes I earn a lot but do not give the amount to them. For this, [he] behaves very badly with me. – ACF, Jashore

Generally, they mentioned that the job at J&C has contributed a lot in uplifting their position in the society. The overall rating in personal conflicts within the family as well as the experience of humiliation and discrimination within the community has been presented in Table 3.10. Although, mean rating of experiencing conflict within the family or humiliation or discrimination within the community remained low in baseline, midline and endline, tt may be noted that the data does not show any significant decrease in from baseline to endline. However, the qualitative interview suggests increased interaction and reduced conflict, discrimination and humiliation experienced by the ACf in their family and community.

Table 3.10*. Reintegration Challenges of the ACF*

		Baseline Mean	Midline Mean	End-line			
				Mean	**Mode**	**Range**	**SD**
1	Experiencing personal relational conflict within the family *	1.41*	1.79*	1.55*	2	0-3	.89
2	Experiencing humiliation or discrimination within the community *	1.47*	1.42*	1.50*	1	0-4	1.15

** For these items the highest possible score is 4 (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time).*

3.7. Survivors' Perception of the Services Received

The survivors are the focus of all activities carried out by J&C. In serving the survivors, J&C offers a range of services specifically catered for the needs of trafficked victims. During the interviews, the survivors acknowledged the full range of support, starting from grocery for immediate crisis management to livelihood training and support for long-term financial independence. They also talked about mental health and educational support. This section discusses the survivors' perception regarding the services provided by J&C, their usefulness, the process of service delivery, and the impact of services as reported by the survivors.

3.7.1. Survivors' Perceptions of Service Delivery

The quantitative survey among survivors provided insights into the experiences and perceptions of survivors in building relationships with ACF and J&C service providers. Details are presented in Table 3.11.

a. Contact. Survivors with aftercare service programs reported a mean number of contacts with the champion in the last three months as 14.18, with a mode of 12 and a range of 6-36. For contact with other J&C staff, they reported a lower frequency of contact (mean = 7.44, mode = 2, range = 0-50).

b. Comfort of sharing. Opportunities for talking and sharing about needs and emotional pain are an important aspect of the services received by survivors. Survivors reported a moderate to high level of comfort in sharing with ACFs (mean 3.59) and J&C staff (mean 3.41). In sharing with other survivors, they reported a poor rating of comfort (mean 1.95), which is very similar to baseline and midline data (see Table 3.11).

A detailed breakdown of the distribution of responses across the five response options made by the survivors across baseline, midline and endline periods is presented in Figure 3.5. These ratings by the survivors indicate that the ACFs are perceived differently from the other survivors. This may have resulted from the growth and skill the ACFs acquired through the process of their development.

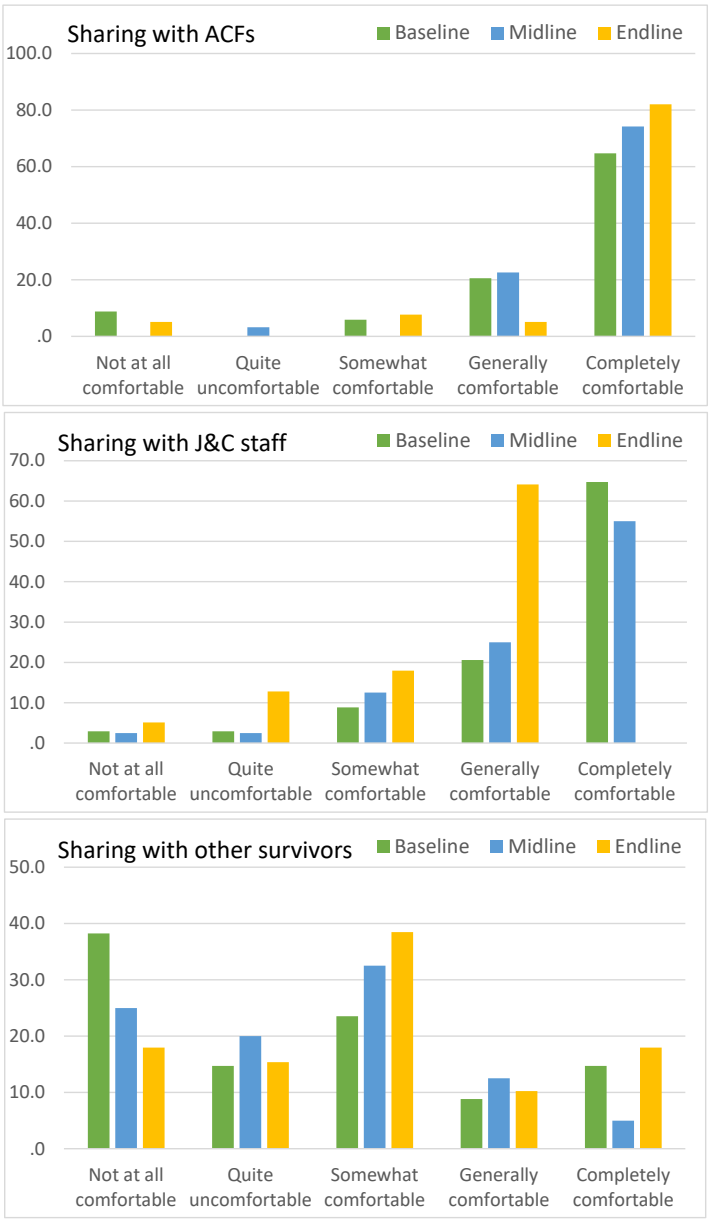

Figure 3.5. *Comparison of baseline, midline and endline ratings on comfortability with support received from three different sources.*

For sharing with ACFs percentage of survivors indicating complete comfortability increased further in end-line to the already high percentage indicated in baseline and end-line. It may be interesting to note that no survivors reported "completely comfortable" sharing with J&C staff in the end-line, while it was the highest proportion of survivors in both baseline and midline. It can be resulted from the reduction of contact with other J&C staff due to increased autonomy of the ACFs in providing support to the survivors in the end-line.

c. Clarity of communication. The survivors gave a high rating for the level of clarity or understanding of communication with the service providers namely the ACFs (4.69) and other J&C staff (4.67). A steady increase in the ratings is observable from baseline to end-line. During the in-depth interview, a survivor expressed the following to verbalize the clarity of communication with the ACF,

> *There are many things that they (ACFs) understand even before expressing openly, . . . As they are similar to me, they explain with [their] own example, own experience. – Survivor, Dhaka*

d. Trust on the service providers. Regarding the level of trust, the survivors reported a very high rating of trust with the ACFs (4.74) as well as with other J&C staff (4.69).

e. Acceptance from the service providers. The survivors were asked how much they perceived (on a scale of 0-5) that they were accepted by the service providers. They reported having high acceptance from ACFs (mean of 4.85) and from other J&C staff (mean of 4.54).

Table 3.11. *Survivors' rating (on a scale of 0-5) on the generic process and outcome of service delivered by the J&C.*

	Variable	Baseline ** Mean	Midline Mean	End-line		
				Mean	Mode	Range
	Contact					
1	Number of contacts with the champion in the last three months	3.50	33.39	14.18	12	6-36
2	Number of care contacts with the other J&C staff in the last three months	5.33	5.52	7.44	2	0-50
	Comfortability in sharing					
3	Comfortability in sharing with ACF	3.50	3.68	3.59	4	0-4
4	Comfortability in sharing with other J&C staff	3.43	3.26	3.41	4	1-4
5	Comfortability in sharing with other survivors	1.50	1.48	1.95	2	0-4
	Clarity of communication					
6	The level of clarity or understanding of communication with ACF	4.50	4.65	4.69	5	3-5
7	The level of clarity or understanding of communication with other J&C staff	4.47	4.13	4.67	5	3-5

	Variable	Baseline ** Mean	Midline Mean	End-line		
				Mean	Mode	Range
	Trust on providers					
8	Level of trust with ACF	4.63	4.65	4.74	5	1-5
9	The level of trust with other J&C staff	4.40	4.42	4.69	5	2-5
	Acceptance from providers					
10	Level of acceptance felt from ACF	4.73	4.68	4.85	5	3-5
11	Level of acceptance felt from other J&C staff	4.47	4.13	4.54	5	2-5

*** The baseline is from MSIF survivors only.*

3.7.2. Usefulness, Importance and Satisfaction with the Services

The care and support provided by the ACFs have been reported as useful and important for the survivor. Please note that these findings are from a subset of the respondents. It only includes ratings from those who have reported receiving respective service and therefore, the sample size is smaller and uneven across different indicators.

a. Usefulness of the services. Among the three periods of assessment, the service recipients provided the highest rating of usefulness at the baseline. However, the ratings across baseline, midline and end-line were all at a level indicating high usefulness. Compared to the baseline, the usefulness rating showed a slight decrease in most indicators in the midline. (See Table 3.12) - this may be because services become less useful as survivors' recovery progresses. Educational support received the lowest score on the usefulness rating in the end-line period.

Table 3.12. *Services provided by J&C and their usefulness*

		Baseline Mean	Midline Mean	End-line		
				Mean	Mode	Range
1	Usefulness Rating of counselling	4.83	4.12	4.34	5	1-5
2	Usefulness rating of support from ACF and peer mentoring	4.57	4.58	4.59	5	3-5
3	Usefulness rating of Vocational training	4.48	3.96	4.21	5	0-5

		Baseline Mean	Midline Mean	End-line		
				Mean	Mode	Range
4	Usefulness rating of life skill training	4.27	4.31	4.41	5	3-5
5	Usefulness rating of medical support	4.63	4.41	4.61	5	0-5
6	Usefulness rating of educational support	4.17	4.50	3.73	5	0-5
7	Usefulness rating of material support (grocery, clothing)	4.80	4.43	4.64	5	2-5
8	Usefulness rating of income generation activities	4.53	4.56	4.68	5	3-5

*** The baseline is from MSIF survivors only.*

b. Satisfaction with Services and Service Providers. The end-line survey revealed a very high level of satisfaction among the survivors regarding the service provided by the ACF (mean =4.59) and the other J&C staff (mean = 4.59) (Table 3.13). The slight decline in ratings during the midline survey has been reversed in the end-line period.

***Table 3.13**. Satisfaction with service*

	Variable	Baseline Mean	Midline Mean	End-line		
				Mean	Mode	Range
1	Satisfaction with the service from ACF	4.43	4.33	4.59	5	2-5
2	Satisfaction with the services from other J&C staff	4.40	4.22	4.59	5	2-5

3.7.3. Challenges Faced in Accessing the Services

External contextual realities can often create difficulties and complexities in survivors' experiences of the service provided by the J&C. These challenges can originate from the family, as a survivor reported.

> *When the sisters [ACFs, J&C Staffs] come to home visit, the grandmother in law behaves badly, ask for money. She thinks when the sisters come, they give me money. – IDI, Survivor*

When the survivors do not give money to the in-laws, as they assumed she has received during the home visit, she faces bad behaviour for accessing the service. Curiosities from neighbours can also add difficulties to service uptake, one of the survivors reported,

> *When the sisters (ACFs, J&C Staffs) come, the neighbours try to see and listen to our discussion. I cease talking at those moments, start talking again when they leave.*
>
> *– IDI, Survivor*

Challenges can also originate from the external service providers, which is reflected in a survivor's statement regarding her experience with legal services.

> *The lawyer set by the J&C does not go to the court during the hearing. Even do not receive phone calls. Very bad behaviour. Do not share any feedback regarding the state of the case. - IDI, Survivor,*

The survivors also reported difficulties associated with changes in ACF, irregular income, and family roles preventing them from seeking or engaging in jobs.

3.7.4. Suggestions from the Survivors for Service Upgradation

The survivors generally appreciated the services received from the J&C. A family member of a survivor reported,

> *What they have is [already] good. It is not bad, why thinking about the need for further improvement? - IDI, Family member of survivor*

Some of the survivors made a few suggestions to improve the service and to better serve the interest of the survivors. A survivor reported,

> *Immediately after returning to the country, our mental state remains very poor. It would be good if counselling support can be increase during that period.*
>
> *- IDI, Survivor*

Another survivor suggested initiating preventive strategies, including working with those who are at risk of trafficking and increasing opportunities for sharing the recovery journey of survivors.

3.8. Recovery and Reintegration of the Survivors

This section will discuss the challenges and resources associated with the reintegration and recovery of the survivors. The data from the end-line is presented along the baseline and midline data for a comparative understanding.

3.8.1. *Reintegration* Challenges Faced by the Survivors

Data from the survivors indicates several ongoing challenges in their lives. Some of these (such as financial crises) may be part of their pre-trafficking experience, but some others may be a result of or exacerbated by the incidence of trafficking. Details of these challenges are presented in Table 3.14.

***Table 3.14**. Challenges faced by survivors*

	Variable	Baseline Mean	Midline Mean	End-line		
				Mean	Mode	Range
1	Disturbances from financial crises	4.03	3.77	3.72	5	0-5
2	Disturbances from interpersonal conflict or crises	3.03	3.06	3.44	3	1-5
3	Disturbances from concern about health	3.40	2.87	2.97	4	0-5
4	Disturbances from concern about safety	2.53	2.16	2.41	0	0-5
5	Experiencing personal or relational conflict or crises within the family *	1.90*	1.97*	1.51*	2	0-4
6	Experiencing humiliation or discrimination within the community *	1.63*	1.81*	1.28*	2	0-4

** For these items the highest possible score is 4 (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time); ** The baseline is from MSIF survivors.*

On all except one indicator (interpersonal conflict or crises), the survivor reported a lower score on challenges in the end-line survey. The data from in-depth interview gave hints to possible reasons behind this increased rating. As per the survivors, the challenges in the recovery journey are somewhat inevitable, but can be mitigated through appropriate support. One of the survivors stated,

> *The reality is, you cannot stop people talk [ill], they continue saying those negative spots from the pasts. No matter how much positive you do, they will continue spreading more of that negative dot. - IDI, Survivor*

3.8.2. *Coping* Resources Available to the Survivors

Similar to the baseline and midline, the survivors reported a moderate to high level of confidence, hope, and awareness of the resources available to them. They also reported the use of suitable coping strategies as part of their recovery (see Table 3.15 for details). Compared to the baseline phase, the survivors rated the coping and awareness of resources with higher ratings across all ten indicators at the end-line phase. Increases in survivors' confidence, hope for the future, self-care, and ability to connect with family and society were particularly pronounced.

Table 3.15. *Coping resources among the survivors*

	Variables	Baseline Mean	Midline Mean	End-line		
				Mean	Mode	Range
1	Hope for the future	3.57	4.52	4.59	5	3-5
2	Overall confidence	3.90	4.29	4.44	5	1-5
3	Confidence to work gainfully	4.33	4.35	4.56	5	2-5
4	Trying self-care activities	1.63*	2.16*	2.41*	2	1-4
5	Effectiveness of self-care activities	2.13*	2.55*	2.72*	3	1-4
6	Ability to cope with painful life circumstances	2.43*	2.77*	2.59*	4	0-4
7	Ability to assert rights	2.03*	2.65*	2.54*	2	1-4
8	Ability to connect with the family and society at large	2.67*	2.97*	3.31*	4	1-4
9	Awareness of services or resources available locally	3.47	3.32	3.62	4	0-5
10	Awareness about reporting or seeking support for gender-based violence	3.83	3.68	3.95	5	0-5

** For these items the highest possible score is 4 (0- Never, 1- Very little, 2- Occasionally, 3- Most of the time, and 4- All the time); ** The baseline is from MSIF survivors.*

3.8.3. Observable Changes Among the Survivors Towards Recovery and Reintegration

Changes among the survivors were reported repeatedly across the in-depth interviews with ACFs, survivors, and the family members of survivors. An ACF provided a detailed account on her observation of changes in one of the survivors,

Their mental state has improved, their thinking patterns have changed, their behaviour and activities have changed. . . . .their relationships with family [members] have improved. How to mingle and interacting with others in the society, [or let's say] staying in a training centre with 10 other individuals – we explain these in session and they also follow us [how we have developed from that place]. - IDI, ACF

The family members also reported improved mental and behavioural state of the survivors after receiving care though ACFs. A sister-in-law of a survivor expressed,

Her [the survivor] patience. The patience in apa [ACF], the way the apa talk with patience, I think [I am] seeing the exactly same patience in her [the survivor], yes, it's true. . . . . - Family member of survivor

3.8.4. *Identifying Changes from Baseline to End-line*

Independent sample t-tests were carried out to understand how the survivors have changed from baseline to end-line regarding their mental state, confidence, and perception about themselves as well as about the services provided by the J&C.

All of the three psychological state indicators demonstrate significant improvement of the mental health condition of the survivors from baseline to end-line. Their scores on overall psychological symptoms as well as symptoms of post-traumatic stress disorder reduced while the score demonstrated improvement in the well-being (see Table 3.17). The findings indicated significant improvement in their hope for future ($t = 3.38$, $p < .01$), self-confidence ($t = 2.15$, $p < .05$) and ability to connect with family and wider society ($t = 2.83$, $p < .01$). The survivors also reported increased use ($t = 2.40$, $p < .05$) and effectiveness ($t = 1.99$, $p < .05$) of self-care activities from baseline to end-line.

Interestingly, the usefulness rating of counselling significantly reduced ($t = 2.26$, $p < .05$) from baseline ($M= 4.82$) to end-line ($M=4.34$). However, this can be interpreted as a good sign that as their mental health state improved, their perceived usefulness of counselling has reduced. It should also be noted here that, although the end-line rating is significantly lower than the baseline rating in statistical terms, it doesn't mean that the actual usefulness of counselling is gone. If we look closely, the usefulness rating at end-line is still high (4.34), considering the 0–5-point scale on which it was rated.

Table 3.16. Comparison of survivor's rating across different indicators between baseline and end-line period.

	Indicators	Baseline M (SD)	End-line M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**10.12 (4.75)**	**7.72 (4.94)**	**2.11* (71)**
2	**Well-being (WHO 5)**	**11.47 (6.31)**	**14.67 (5.93)**	**2.23* (71)**
3	**Post-traumatic stress disorder (IES R)**	**34.47 (21.00)**	**24.13 (21.51)**	**2.06* (70)**
4	Comfortability in sharing with ACF	3.32 (1.20)	3.59 (1.02)	1.03 (71)
5	Comfortability in sharing with other J&C staff	3.41 (0.99)	3.41 (0.91)	0.01 (67.7)
6	Comfortability in sharing with other survivors	1.47 (1.46)	1.95 (1.32)	1.47 (71)
7	The level of clarity or understanding of communication with ACF	4.29 (1.24)	4.69 (0.57)	1.72 (44.9)
8	The level of clarity or understanding of communication with other J&C staff	4.50 (1.02)	4.67 (0.58)	0.87 (71)
9	Level of trust with ACF	4.47 (1.13)	4.74 (0.72)	1.25 (71)
10	The level of trust with other J&C staff	4.44 (0.86)	4.69 (0.66)	1.41 (71)
11	Level of acceptance felt from ACF	4.56 (1.13)	4.85 (0.49)	1.37 (43.6)
12	Level of acceptance felt from other J&C staff	4.50 (1.02)	4.54 (0.72)	0.19 (71)
13	**Usefulness Rating of counselling**	**4.82 (0.61)**	**4.34 (1.00)**	**2.26* (52.1)**
14	Usefulness rating of support from ACF and peer mentoring	4.55 (0.62)	4.59 (0.64)	0.27 (56)
15	Usefulness rating of Vocational training	4.52 (0.67)	4.21 (1.07)	1.26 (55)
16	Usefulness rating of life skill training	4.36 (1.22)	4.41 (0.67)	0.18 (55)
17	Usefulness rating of medical support	4.67 (0.73)	4.61 (1.02)	0.21 (50)
18	Usefulness rating of educational support	4.17 (0.83)	3.73 (1.95)	0.69 (13.3)
19	Usefulness rating of material support (grocery, clothing)	4.83 (0.60)	4.64 (0.72)	1.13 (63)
20	Usefulness rating of income generation activities	4.59 (0.71)	4.68 (0.72)	0.41 (37)
21	Satisfaction with the service from ACF	4.29 (1.17)	4.59 (0.68)	1.34 (71)

	Indicators	Baseline M (SD)	End-line M (SD)	t (df)
22	Satisfaction with the services from other J&C staff	4.47 (1.05)	4.59 (0.75)	0.56 (71)
23	Disturbances from financial crises	4.15 (1.08)	3.72 (1.26)	1.56 (71)
24	Disturbances from interpersonal conflict or crises	3.26 (1.69)	3.44 (1.17)	0.50 (57.4)
25	Disturbances from concern about health	3.59 (1.48)	2.97 (1.55)	1.73 (71)
26	Disturbances from concern about safety	2.76 (1.97)	2.41 (1.89)	0.78 (71)
27	**Experiencing personal or relational conflict or crises within the family**	**2.03 (1.06)**	**1.51 (0.91)**	**2.24* (71)**
28	Experiencing humiliation or discrimination within the community	1.68 (1.36)	1.28 (1.07)	1.38 (71)
29	**Hope for the future**	**3.59 (1.64)**	**4.59 (0.59)**	**3.38** (40.9)**
30	**Overall confidence**	**3.85 (1.35)**	**4.44 (0.88)**	**2.15* (55.4)**
31	Confidence to work gainfully or to get employed	4.32 (0.81)	4.56 (0.75)	1.32 (71)
32	**Trying self-care activities**	**1.71 (1.43)**	**2.41 (1.02)**	**2.40* (58.8)**
33	**Effectiveness of self-care activities**	**2.21 (1.25)**	**2.72 (0.94)**	**1.99* (71)**
34	Ability to cope with painful life circumstances	2.47 (1.08)	2.59 (1.23)	0.44 (71)
35	Ability to assert rights	2.12 (1.25)	2.54 (1.12)	1.52 (71)
36	**Ability to connect with the family and society at large**	**2.65 (1.10)**	**3.31 (0.89)**	**2.83** (71)**
37	Awareness of services or resources available locally	3.53 (1.52)	3.62 (1.27)	0.26 (71)
38	Awareness about reporting or seeking support for gender-based violence	3.82 (1.31)	3.95 (1.45)	0.38 (71)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

Independent sample t-tests were carried out where scores from all the ACFs included in the baseline were compared with all of them recruited in the endline phase. This was done to

understand how the ACFs have changed from baseline to end-line regarding their mental state, confidence, and perception (about themselves, their work, and the survivors). The findings indicated non-significant differences between baseline and end-line on most of the indicators (see Table 3.18). Significant reduction was observed in psychological symptoms ($t = 2.44$, $p < .05$). Significant improvements were observed in ratings of survivors' comfort in talking about traumatic memories ($t = 2.76$, $p < .01$), talking about financial crises ($t = 2.43$, $p < .05$) and sharing about safety concerns ($t = 2.16$, $p < .05$). The findings also indicate increased trust ($t = 2.22$, $p < .05$) and improved clarity of communication ($t = 2.06$, $p < .05$). between the ACF and service recipients

Table 3.17. Between group (independent t) comparison of ACF's rating across different indicators between baseline and end-line period.

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**4.94 (2.97)**	**2.74 (2.45)**	**2.44* (34)**
2	Well-being (WHO 5)	16.00 (5.69)	21.90 (12.98)	1.74 (35)
3	Depression (DASS 21-D)	4.00 (3.26)	2.20 (3.68)	1.56 (35)
4	Anxiety (DASS 21-A)	5.18 (3.86)	2.80 (3.68)	1.91 (35)
5	Stress (DASS 21-S)	5.71 (4.12)	3.75 (4.30)	1.40 (35)
6	**Survivors feel comfortable talking about traumatic memories**	**2.71 (0.99)**	**3.40 (0.50)**	**2.76** (35)**
7	**Survivors feel comfortable talking about financial crises**	**2.82 (1.01)**	**3.45 (0.51)**	**2.43* (35)**
8	Survivors feel comfortable talking about interpersonal crises	2.94 (1.09)	3.50 (0.61)	1.97 (35)
9	**Survivors feel comfortable talking about safety concerns**	**2.76 (1.25)**	**3.50 (0.69)**	**2.16* (23.95)**
10	**Level of clarity and understanding of communication with the survivor and family**	**3.82 (1.13)**	**4.40 (0.50)**	**2.06* (35)**
11	Trust between ACF and survivors	4.18 (1.19)	4.65 (0.49)	1.63 (35)
12	**Trust between ACF and survivors' families**	**3.65 (1.32)**	**4.40 (0.50)**	**2.22* (19.93)**

	Indicators	Baseline M (SD)	Endline M (SD)	t (df)
13	Survivors demonstrate interest in getting service	3.47 (1.07)	3.45 (0.51)	0.08 (35)
14	Adherence to suggestions and support among survivors	4.12 (1.22)	4.20 (0.41)	0.28 (35)
15	ACF's awareness of the needs of the survivors	4.18 (1.24)	4.75 (0.44)	1.94 (35)
16	ACF's confidence in her ability to address the needs of survivors	4.06 (1.25)	4.50 (0.61)	1.40 (35)
17	ACF's awareness about the resources available for survivors	4.06 (1.43)	4.30 (0.57)	0.65 (20.29)
18	Confidence as a care provider	4.41 (1.23)	4.95 (0.22)	1.78 (16.90)
19	Confidence in working in professional settings	4.53 (0.62)	4.70 (0.47)	0.95 (35)
20	Readiness to work in future roles in a professional setting	4.47 (0.72)	4.40 (0.50)	0.35 (35)
21	Clarity of the tasks and responsibilities at J&C	4.53 (0.62)	4.85 (0.37)	1.86 (24.94)
22	Trusting relations with other J&C staff	4.71 (0.59)	4.90 (0.31)	1.23 (23.26)
23	Acceptance from J&C staff	4.76 (0.44)	4.95 (0.22)	1.58 (22.95)
24	ACF's level of satisfaction working with survivors	4.41 (1.23)	4.80 (0.41)	1.33 (35)
25	Achieved level of recovery	4.59 (0.71)	4.72 (0.75)	0.54 (33)
26	Self-esteem	4.76 (0.44)	4.85 (0.49)	0.55 (35)
27	Trying self-care activities	2.29 (0.85)	2.60 (1.05)	0.96 (35)
28	Effectiveness of self-care activities	2.82 (0.64)	2.90 (0.79)	0.32 (35)
29	Experiencing personal relational conflict within the family	1.41 (1.00)	1.55 (0.89)	0.44 (35)
30	Experiencing humiliation or discrimination within the community	1.47 (1.01)	1.50 (1.15)	0.08 (35)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

Between-group analysis using independent sample t-tests presented in Table 3.18 was carried to utilize data from all the ACFs interview during baseline and end-line survey. However, it ignored the repeated measures carried out to track the progress of the ACF individually. Within-group repeated measure analysis using matched sample t-test was, therefore, carried out, which included only those ACFs for whom we had data from both baseline and endline survey. It should be noted that, this method using matched sample t-test (i.e., using exactly same participants from two data sets) sacrificed and reduced the sample size (N = 16) (see Table 3.19).

Table 3.18. Within group (matched t) comparison of ACF's rating across different indicators between baseline and end-line period.

	Indicators	Baseline M (SD)	End-line M (SD)	t (df)
1	**Psychological symptom (SRQ 20)**	**4.73 (2.96)**	**2.53 (2.26)**	**3.15** (14)**
2	Well-being (WHO 5)	16.38 (5.66)	22.56 (14.47)	-1.48 (15)
3	Depression (DASS 21-D)	3.56 (2.80)	2.06 (3.87)	1.60 (15)
4	Anxiety (DASS 21-A)	4.81 (3.67)	2.88 (3.65)	1.63 (15)
5	Stress (DASS 21-S)	5.50 (4.16)	3.69 (4.36)	1.56 (15)
6	**Survivors feel comfortable talking about traumatic memories**	**2.63 (0.96)**	**3.50 (0.52)**	**-2.78** (15)**
7	Survivors feel comfortable talking about financial crises	2.88 (1.02)	3.44 (0.51)	-1.95 (15)
8	Survivors feel comfortable talking about interpersonal crises	3.00 (1.10)	3.56 (0.63)	-1.86 (15)
9	**Survivors feel comfortable talking about safety concerns**	**2.69 (1.25)**	**3.63 (0.62)**	**-3.03** (15)**
10	Level of clarity and understanding of communication with the survivor and family	3.81 (1.17)	4.44 (0.51)	-1.78 (15)
11	Trust between ACF and survivors	4.13 (1.20)	4.69 (0.48)	-1.65 (15)
12	**Trust between ACF and survivors' families**	**3.75 (1.29)**	**4.44 (0.51)**	**-2.11* (15)**

	Indicators	Baseline M (SD)	End-line M (SD)	t (df)
13	Survivors demonstrate interest in getting service	3.56 (1.03)	3.44 (0.51)	0.40 (15)
14	Adherence to suggestions and support among survivors	4.06 (1.24)	4.25 (0.45)	-0.51 (15)
15	ACF's awareness of the needs of the survivors	4.13 (1.26)	4.69 (0.48)	-1.78 (15)
16	ACF's confidence in her ability to address the needs of survivors	4.06 (1.29)	4.56 (0.63)	-1.37 (15)
17	ACF's awareness about the resources available for survivors	4.00 (1.46)	4.31 (0.60)	-0.84 (15)
18	Confidence as a care provider	4.38 (1.26)	4.94 (0.25)	-1.78 (15)
19	Confidence in working in professional settings	4.50 (0.63)	4.69 (0.48)	-0.90 (15)
20	Readiness to work in future roles in a professional setting	4.50 (0.73)	4.38 (0.50)	0.56 (15)
21	Clarity of the tasks and responsibilities at J&C	4.50 (0.63)	4.88 (0.34)	-1.86 (15)
22	Trusting relations with other J&C staff	4.69 (0.60)	4.88 (0.34)	-1.00 (15)
23	Acceptance from J&C staff	4.75 (0.45)	4.94 (0.25)	-1.38 (15)
24	ACF's level of satisfaction working with survivors	4.38 (1.26)	4.81 (0.40)	-1.33 (15)
25	Achieved level of recovery	4.57 (0.76)	4.71 (0.83)	-0.43 (13)
26	Self-esteem	4.81 (0.40)	4.81 (0.54)	0.00 (15)
27	Trying self-care activities	2.31 (0.87)	2.56 (1.09)	-0.89 (15)
28	Effectiveness of self-care activities	2.88 (0.62)	2.88 (0.81)	0.00 (15)
29	Experiencing personal relational conflict within the family	1.25 (0.77)	1.69 (0.87)	-1.52 (15)
30	Experiencing humiliation or discrimination within the community	1.44 (1.03)	1.56 (1.21)	-0.34 (15)

*** Correlation is significant at the 0.01 level; *. Correlation is significant at the 0.05 level*

3.9. Extended Perspectives on the Aftercare Programme

To get an external perspective on the survivor-led aftercare program, we interviewed J&C Bangladesh (BD) staff and other relevant stakeholders at the end-line phase. The Key informant interview with them supported ideas already shared by the survivors and the ACFs, however, there were many new insights as well.

3.9.1. *Perspectives of the J&C BD staff*

Being connected with the overarching perspective of the organization as well as the day-to-day official activities of the ACFs, the J&C staff were in an advantageous position to see the ACF grow over time. The J&C BD team appreciated the ACF on their success in gaining trust of the staff, demonstrating of confidence, skilful use of techniques in helping victims and survivors open up, ownership of the work/task of service delivery (going beyond quantitative monthly target), and finally, successful recovery from personal trauma. The effort of the ACFs in their work was noticed and appreciated by the J&C staff. One of them verbalized,

> *I have never heard them say, 'No, I can't do this'. Never. They have tried their best, there was no shortage of their effort. How to complete their work at this moment - they discussed with us, shared challenges, but never said 'no'. They tried to accommodate and move forward. - KII, J&C BD staff.*

The ACFs uniqueness in working as an aftercare professional has been well regarded by the J&C BD staff. One of the staff reported,

> *From my own work in providing service to victims. I feel like, I was not able to touch the pain of the victims. I could not, and my colleges also have the same experience. Case managers often said that – the victims are playing game, they are changing their statements. We are not sensitive or trauma-informed enough . . . . . The ACF, as they too were victims . . . because having the same experience, they can very easily touch that place in the victim. . . . Others [non survivor] often complain – this victim is good, that victim is bad; or working with this victim gives me pain, allocate me to a different victim. But the ACFs never say these or ask for such things. - KII, J&C BD staff.*

The ACF were observed to cherish their professional role as a working woman and they want to grow further in this aspect. Many of them wish to see them getting promoted in a higher position. However, to ensure their growth, the need for constructive feedback on the work of the ACFs was also emphasized so that they would not feel belittled or demoralized. Although the staffs feel that many of the ACFs are not yet ready to work in a regular office setup, they can see their potential and some staffs wish to see the ACFs lead the work in J&C BD. One of the staff reported,

> *[If I had to design the program in my own way] I would utilize the potentials of the ACFs a little more. . . . They can be utilized to deliver their skills as para-counsellor, . . .*

they can do some advocacy work, at regional and even at the international stage.

- KII, J&C BD staff.

One of the staff reported that ACFs do not want to show the office that they are not mentally well, hence often hesitating to seek psychological support from the office counsellor. Utilizing an external counsellor would be useful in ensuring that their psychological support needs are met.

The staff claimed J&C BD is an organization that works differently compared to other organizations working in the context. They view every single survivor as a project. The ability to generate quick effective solutions and wise leadership at J&C BD was reported to be useful for the organization to be successful in aftercare service.

3.9.2. *Perspectives of External Stakeholders*

Four stakeholders from different work contexts provided key informant interviews. They generally shared their ideas around the context of trafficking, the needs of the survivors, and concerns as well as suggestions around improvement of service.

Some of the stakeholders seem to know J&C BD's work in detail, however, others seem to lack the exact understanding of the way J&C's works. However, the stakeholders generally shared their positive impression of J&C as an organization, and they have noticed that J&C work differently compared to most organizations. The stakeholders also mentioned that they were aware of the contribution J&C is bringing to the life of the survivors. A stakeholder suggested,

If Justice and Care took the responsibility to manage the shelter home, that would be good. The way [name of the organization] is managing, if Justice and Care could run this [shelter home], they would do better and the survivors would benefit more.

- KII, External Stakeholder.

The external stakeholders reported several limitations in the available services locally for the victims of trafficking that need to be improved (not suggestions in relation to JCBD's work). Suggestion for the improvement for other service providers include,

- Ensure availability and supply of free medication for mental illness at the government hospital, which is needed for treating mental health conditions associated with trafficking.
- Improve conditions and operational protocol at the existing shelter homes.
- Developing better shelter homes at the government level to ensure housing/accommodation of the victims/survivors.
- Developing a quick response team to rescue victims from the spot where the suspected incident of trafficking is occurring.
- Strengthening and enhancing work of the survivor voice group or similar initiatives.

Repatriation is a long official process. The external stakeholders suggested that the initiatives need to be taken to speed up the file processing at the border. When the survivors arrive at the border, they usually are tired, thirsty, and hungry with the long process involved in the repatriation. As a generous contribution to the victims, the organizations can think of arranging food and water for them during this process.

The stakeholders reported that during repatriation, at the border, the organizations start fighting with each other regarding who will serve which survivors, and it creates a negative impression in the mind of survivors. A stakeholder reported,

> *Although it is written regarding who will get which victim, still they fight to get the greatest number of victims listed under their organization. This is bad, who to fight over [possession of] them. If you go there, you will feel ashamed. . . . If one [organization] start this at the beginning, it destroys their [victims'] morale.*
>
> *- KII, External Stakeholder.*

This unexpected process is likely to generate suspiciousness among the victims regarding the purpose of the organizations. This lack of trust may contribute to the negative reactions they demonstrate during their stay at shelter homes. Multiple external stakeholders suggested for better coordination between the organizations to prevent this. Alternatively, a stronger role of the government agencies in allocating the survivors to the organization has also been suggested as a possible solution to this.

SECTION 04: Case Studies

This section presents three brief case studies conducted with ACF (n=2) and Survivors (n=2). It may be noted here that the four cases are far from ideal in their journey of growth. However, these can be merely used as typical cases that represent the lived experience of the survivors and ACFs.

4.1. Case 1: Survivor KCR

KCR, 27 years old female lives at Jashore district with her Husband and her new born child in a rented house beside her mother's house. She is a home maker and her husband drives Auto rickshaw in their local area.

KCR was the eldest daughter among 3 siblings. Her Father died when she was in class 4. After her father's death she along with her brothers were raised in their maternal grandparents' house. She had a good childhood until her father's death. She started facing struggles regarding basic needs such as food, clothes, buying books etc. till class 8. She wanted to escape this hardship and expecting to earn and to provide her family, she went to Dhaka offered by her cousin sister without informing her family. Due to minor age she had to face difficulties in getting a job. However, she found one in a Garment factory. She worked there for 2 months. She met another girl in her work place whom she called as friend. That friend offered her a job at a garment factory in India and made a contact between KCR and her sister's husband who used to work as a broker. He trafficked her to an Indian city. KCR was afraid that if her family got informed, they wouldn't let her go and so, she did not inform anyone in her family about her leaving Bangladesh. She was kept in a house for a long time around 3 months. By this time, she was forced to learn language. Then, she was offered a job at a bar instead of a garment factory job. While the broker forced her to engage in flesh trade, she tried 4 times to escape but got caught every time. She was facing difficulty with language and communication for help. During this time, she was firm in her denial about doing such job, the broker used to lock her in their flat. However, due to her minor age, the wife of the broker was supportive to her. About 8 to 9 months later, she was rescued by Indian police and placed in a shelter home. As she hides her real identity, she used to learn different types of skill while staying at the shelter home. She was repatriated with the assistance of another National NGO, BNWLA in 2018. After returning home, she became emotionally shattered and frustrated seeing her disorganized family condition where, her mother was married off again and her brothers were living in different places apart and became dependent on her relatives. She went to Dhaka to stay with her maternal aunt for a year. She used to make handloom bags and tried to find a job. She got frustrated getting no job and decided to return to India. In 2019, she secretly contacted with another friend with whom she got training from Indian safe home. The friend used to work at a mall and helped her reaching at Mumbai as well as finding a job at the mall as a security guard. Several

days later COVID-19 outbroke and she became unemployed again. Then she was sent to an Indian city and stayed there for some days. She decided to return in Bangladesh by herself. While she was about to travel by train to come back home, she was rescued by Indian police and placed her in shelter home. She was repatriated by Justice and Care and handed her to her mother safely.

Within a few days of KCR's arrival in Bangladesh, her family married her off and moved to Savar with her husband. Besides that, she promised to herself that she would never go to India ever and she also got confident enough to work on her own by receiving a sewing machine from the Indian safe home. On the other hand, her husband's vegetable business was not going well and they had to move back in her mother's house. Despite having her family's support and a strong drive for self-reliance and financial stability, she initially faced significant financial struggles. She was under observation of J&C BD for several days since the second repatriation. Need assessment was done with her while she was 9 months pregnant. She had a miscarriage with her first pregnancy and had an urgent medical concern in which she got medical support. While she was facing both financial crisis and psychological grief and mental break-down, professional counselling and frequent peer mentoring was provided throughout this crisis moment. She later got medical support along with peer mentoring for her second child birth. According to her,

> *"Sisters [ACF and others staffs] from J&C BD is like a family, in fact they are elder guardians to me whom I can share my things; They always check on me".*

Initially, she wished for to get involved in animal husbandry to earn an income. She attended vocational training on ten types of handwork and life skill training from J&C BD. She was highly enthusiastic to learn any kind of skill and used to attend each and every training program offered by J&C BD. She expressed that

> *"What I learnt most from Mukta apa (officer) during the life skill training [is] that where there is will, there is a way; this helped me to become more wilful to do something on my own".*

Likewise, she also could learn and practice breathing relaxation and anger management skills through which she could manage her anger reaction and developed effective communication with others. Thus, helped her improving her relationship with family members. From the beginning of the rehabilitation, she got grocery support and later psychological counselling and peer mentoring were useful to her in learning problem solving and effective decision-making skills. Therefore, she could support her husband in solving their family problem and in making decision to ensure financial stability through mutual discussion on earning source. She used to express her happiness regarding financial positive changes with ACF via physical and phone follow-up sessions.

Overall, KCR was a tenacious person since childhood. Her struggles throughout her early childhood to late adolescence had a great impact on the development of stress, anger and impulsive decision making and also had anger outburst which negatively impacted her close relationships. However, her family was quite supportive towards her growth. Since she received psychological counselling and continuous monitoring by ACF she gradually learns to manage her anger issue. Her sister-in-law reflected this change as, *"Now I can relate that the way Apa (ACF) talked with her, did counselling and made her understood helped her (KCR) a lot to manage her anger issue".* Besides, she was highly enthusiastic and determined to be self-reliant and was being offered rehab support by J&C BD so that she could start her own sewing business. KCR expressed *that*

> *"After learning a lot of things such as behaviour, way of walking and talking, now I don't even think of going outside again, I just forget about my past struggling life."*

Now she wishes to work as a tailor and to create more job opportunities for other women, hiring them to work alongside her. She is 99% confident enough to work in this way and wishes to have a stable life ahead through educating her child and becoming self-reliant.

4.2. Case 2: Survivor PSA

PSA, a 20 years old young woman, was born and lived in Khulna district in Bangladesh. She lost her father at the age of 9. Her mother remarried after 8 years of his death. She was the eldest among 3 sisters. She was married but got divorced. She completed her grade 9 education and would admit in grade 10 after getting examination result. At the time of interview, she worked as an employee at Jute Product Making Hub supported by J&C BD.

After her father's death, PSA used to live with the rest of her family at her father's place. While she was in class 5 (approximate), a 25/26 years old male trafficker from her maternal aunt's area sent marriage proposal for her. Her mother and grandparents were supportive to her and rejected the marriage proposal as she was at her minor age and also good at academic performance. 2 years later, when she was in class 7, she was abducted by the trafficker and was trafficked to Mumbai, India. A week later, she regained her full consciousness and could manage to contact her mother secretly using another trafficked victim's phone and kept in touch with her. While she was forced in flesh trade in India, her mother filed a General Dairy (GD) at local thana (Local Police Station) in Bangladesh. The perpetrator was unaware of her being in touch with her mother until he received legal warrant and was forced to return to Bangladesh. He got married to her to legitimate the relationship with her and kept her for 3 years. By this time, she could not understand language and communicate with others properly. She suffered from both physical and sexual abuse and frequent death threat. She also went through abortion. Thus, she got depressed, restless, shame and had suicidal ideation. She was returned to Bangladesh by

the perpetrator after 3 years of immense torture but instead of handing her over to her family he used to hide her from one district to another. 8 months later, she was taken to the court by the perpetrator.

PSA met the J&C BD legal team at that time, and they took over the case. They took her as a potential case for social rehabilitation. They made an individual care plan including grocery support, medical support, psychological counselling, family counselling, peer mentoring and frequent follow-up financial support, life skill training, vocational training based on survivor skills and interests, educational support and guidance to make a savings with her income. In addition, she was also provided Entrepreneurship Development & Business Management (EDBM) Training for better understanding about business management.

Initially returning to her family, PSA faced numerous threats from the perpetrator. However, by connecting with the J&C BD legal team, she gradually overcame her fear, tried to stay strong, and began to feel protected. She said,

> *"When he threatened me before, I used to obey him out of fear that he might harm my family. But after connecting with J&C BD, despite receiving many threats, he was never able to break me down again."*

On the other hand, the survivor was experiencing social stigma and shaming associated with her exploitation, and victim blaming from her close relatives and neighbours except her mother. She could not express her painful experience to anyone in the family and used to suppress feelings within herself. Therefore, she developed extreme low mood, frustration, anger outburst, low self-esteem, sense of being weak and social withdrawal. She was provided individual counselling where she initially hesitated to share things with the counsellor but gradually felt free to express her painful experience regarding her personal and social challenges with the psychosocial counsellor and ACFs at that time. She articulated this as, *"I felt so refreshed talking with them, as if a 5 kg sack of flour had been lifted off my head."* J&C BD provided her with financial support and helped her buy clothes and a sewing machine to start her own tailoring business based on her interests and skills. At the same time, she also started animal husbandry with the profit from her tailoring business and also made some financial saving. Meanwhile, she suffered from constant backbiting from her surroundings but she tried to stay strong ignoring such talk, reaching out to her counsellor whenever she needed. After receiving support with family counselling from the counsellor and ACFs, social bullying significantly decreased, and she gradually could sense the behavioural changes among family and neighbours which helped her to move more confidently in the society. Meanwhile, with the profit of her business and J&C BD's guidance she bought a piece of pond from her paternal uncle and started farming. She could solve her own problems and made wise decision for her personal and financial growth taking guidance from her case manager. She said that,

"I feel proud of myself". She also expressed her gratefulness to J&C BD as, *"Before 2017, I was completely clueless—I had no understanding of life or how things worked. Even after 2017, I still didn't understand much. But after getting involved with Justice & Care and talking to Jannat Apu, as well as speaking with the ACFs, I slowly started to realize how to navigate life and what to do. Now, Alhamdulillah, I'm doing well."*

She started her education admitting in class 9 and completed the curriculum while dealing with social bad-mouthing with the support of ACFs which she stated as, *"Believe me, even if my mother says something now, it doesn't affect me anymore, but before, whenever someone asked where I had been, it used to hurt me a lot and make me feel bad; all credit goes to Justice & Care."* Furthermore, she received life skills training and frequent peer mentoring along with follow-up sessions by ACFs through which she gradually learns to manage her anger and self-harming behaviour which helped her to improve her relationship with her mother and younger siblings. She manifested that,

"Before, when I got angry, I used to treat my mother and sisters badly. I only thought about myself and, in my anger, would scratch, bite, and hurt myself, making my condition worse. But now, I can control my anger. I remind myself that I am the elder one—if I act this way, what will my younger ones learn? Now, I try to consider my mother's and sisters' likes and dislikes, and that feels good."

She also expressed that,

"I don't know if it's some kind of magic, but no matter how angry I am, whenever I talk to Apu, all my anger just melts away."

Since her repatriation, PSA began earning a living through day labour, making 4,000 cigarettes for just 40 Taka. Additionally, she learned tailoring from her aunt, which she later pursued as a business with J&C BD's financial support and guidance. Once trapped in negative thinking, she gradually learned to clear her mind, manage her fear, anxiety, and anger through life skills training, counselling, and peer mentoring. As she overcame psychological distress and negative thought patterns, her hard work and hopeful mindset enabled her to strive for financial stability and personal growth. She also regained social respect and dignity, which she expressed by saying,

"Previously, my words held no significance at home, but now, when I say something, it is given enough importance."

With the counsellor's support, she explored her interests, skills, and dreams. She received vocational training from J&C BD in making jute bags, sanitary napkin and other handcrafts, eventually securing a job at their hub. Additionally, she completed entrepreneurship training, which equipped her with the skills to develop an effective business plan based on her interests and abilities. What facilitated her most was J&C BD's constant follow-up and immediate responsiveness. This reflected on her saying that,

"Whenever I called [name of counsellor] apa or [name of counsellor] apa, they responded immediately. If they were unavailable, they sent [name of ACF] Apa or [name of ACF] Apa. Be it a storm or rain, nothing holds them back, they came right away when I needed help. If they hadn't been there for me, things would have been much harder to handle on my own."

With the help of J&C BD's aftercare case facilitation program, PSA developed a fearless, confident self with a growth mindset. She worked hard to change the wheel of her life which she expressed as,

"I now want to shape myself in such a way that people don't have to look for me, but I become the one who is sought after."

She wished to see herself as a trainer of the jute making hub, an owner of an animal farm as well as also wanted to be an ACF to serve other survivors in future.

4.3. Case 3: Survivor KCS

KCS, an 18-year-old girl, lived in an extended family in Mymensingh, Bangladesh. She was the third among five siblings. Her father was a farmer, and her mother was a homemaker. She completed her education up to class five, after which due to poverty she started working at a biscuit factory in [name of the city in Bangladesh], at the age of 16 (approximately), for two and a half years. Her elder sister also worked in the same company. Her sister was in a relationship and later married her partner on their own. Although the family initially accepted the marriage, KCS's brother-in-law deceived both sisters and trafficked them into the flesh trade in India.

Both of them were sold and forced into prostitution and brutally exploited. After a month, she was separated from her sister, who was taken to another location. Three to four months later, she attempted to escape by breaking a window and sought help from local people. A passer-by took her to the local police station, and the police sent her to a shelter home. Contacting with her family she became hopeful and used to keep patience thinking that,

"Try to be patient; after hardship, happiness will come one day".

Meanwhile, her father filed a case against the traffickers with the support of J&C BD. After spending ten months there due to COVID-19 outbreak, she was repatriated to Bangladesh with the collaboration of the Indian CID and the J&C BD team. She was safely handed over to her family.

KCS was one of the most beloved daughters in her family. Her parents became increasingly conscious of her safety and daily movements, which put significant mental pressure on her.

Moreover, they did not allow her to work or engage in any form of employment outside the home to minimize the risk of re-trafficking. Additionally, both her family, relatives and neighbours constantly reminded her of the trafficking incident, blaming, bad-mouthing her and interpreting it as a consequence of not obeying their guidance. As a result, when J&C BD approached her for rehabilitation support through life skills and vocational training, the family struggled to trust the team, fearing the possibility of another trafficking incident.

Subsequently, KCS's family fell into financial hardship due to spending a significant portion of their savings and taking loans for the repatriation process. Her father was deceived by several fraudsters until the government and J&C BD intervened to facilitate her return. Additionally, due to flooding and continuous rainfall in their locality, her father was unable to work and earn a livelihood for the family. During this difficult time, J&C BD provided them with need-based grocery support.

Her sister, who was also a trafficking survivor, was later married off. KCS participated in approximately five training sessions, including two life skills training programs, while the others focused on vocational training in livestock farming and entrepreneurship development. Over time, her family gradually learned to trust the J&C BD team and allowed her to attend these training programs.

> *"Before facing this hardship, I didn't really care for myself or understand my own worth. My mindset was completely different back then. Now, before doing anything, I think ten times. I didn't have this awareness before. Now, if I have to go somewhere, I inform my family and my Apu (J&C BD member). I only go if they think it's safe. I don't go anywhere on my own anymore. I feel doubtful and cautious, and I make sure to verify everything before going. Now, my father listens to the sisters' words."*

She was also supported in her rehabilitation by receiving a cow worth 60,000 BDT. She took care of it for seven months and later sold it for 70,000 BDT. She was satisfied with her first-ever profit of 10,000 BDT and used it to buy two more cows. Her family members helped her with animal farming.

She also received psychological counselling and shared her experience:

> *"I had no sense of self-worth; I used to feel like there was no point in living. I would constantly blame myself. But the sisters counselled me. They explained using a tea leaf analogy—that when we make tea, we drink the essence and throw away the leftovers. Similarly, I shouldn't take in everything people say. I will take what is useful for me and ignore the rest. If something negative enters one ear, I will let it go out the other."*

Expressing her gratitude for the counselling, she reflected:

"*The sisters have explained so much, shown me the path of light, and held my hand. Otherwise, I wouldn't have come this far."*

She also received peer mentoring from Aftercare Case Facilitators (ACFs) and described their support:

"They are like my sisters, always taking care of me, checking up on me, and showing the same love and affection as older sisters do for their younger ones. They listen carefully, and if needed, they inform the office."

Regaining her self-confidence, she started working in a textile mill. With the support and guidance of J&C BD ACFs and FF, she also began saving money in a bank. Her social respect and dignity improved, as she expressed:

"It's not like before. Around 80% of people, including relatives, have distanced themselves and forgotten everything. But I still receive love, get called, and they do everything just like before."

She developed her self-confidence enough to do whatever she wanted to do for better living,

"Before, I couldn't do many things on my own. But now, by the grace of Allah, I can change and accomplish many things by myself. I have learned this through experience and training. I observe how the sisters (ACFs) do things, and I think—if they can do it, why can't I? If I try, I can succeed"

However, while KCS wanted to become independent, her family had high expectations of J&C BD's financial support, which made her feel somewhat uncomfortable regarding her self-dignity. Her parents had full control over her bank accounts. Although she was the one earning, she had no right to spend money on her own needs and had to request it from her parents whenever necessary. Sometimes, she felt pressured to seek more support from the organization, but she made a conscious effort to avoid making unnecessary demands. At the same time, she relied heavily on her family and the J&C BD team when making decisions to avoid any risks. Despite this dependence, she gradually developed confidence and hope in her problem-solving abilities and other resources. Recognizing the risk of permanent dependency and aiming to ensure KCS's financial independence, J&C BD continued to provide peer support and guidance so she could effectively manage the burden of family expectations and achieve some level of financial independence

"When I share something with the sisters (case facilitators), they give me advice and guidance, which I really appreciate."

Overall, she felt that she was living a better life and gave full credit to the J&C BD team, saying,

"All the sisters (case facilitators), in this crisis, just one word from you is worth a million."

She aspired to become a contributing and earning member of her family—and she achieved that. Where she once thought of ending her own life, she now dreamed of becoming the owner of a large farm.

SECTION 05: Conclusion and Recommendations

Similar to the baseline and midline survey, the data from the end-line survey indicates that Justice and Care is contributing significantly to improving the well-being of the survivors of human trafficking through its innovative aftercare program. As in midline, the end-line findings indicated the J&C BD team has been able to maintain the already high positive outcome shown in the baseline. The comparison of baseline and end-line data gave us the opportunity to objectively assess the contribution of the program in the life of survivors and the aftercare facilitator (ACF). From the findings at end-line phase, it seems that J&C has already taken initiatives to address many of the recommendations from the early phases. Guided by the survey findings, exploratory interview and observation, the research team would like to make a few recommendations for future improvement of the program.

5.1. Contributing to the Improvement of the Repatriation Process

Repatriation is an important early step in connecting victims to support services. However, the processes involved during repatriation at the border are time-consuming and tiring for the victims. The confusion, tiredness, and hunger among the victims at the border affect their interaction in the subsequent processes. Coupled with the history of their traumatic experience, the open fight between the organizations over the possession of victims contributes to their lack of trust and suspiciousness about the organizations and their purpose. This may unnecessarily complicate the uptake and process of delivery at the early stage of care service.

Justice and Care, with its image and footprint on quality service delivery, can initiate attempts to improve this repatriation process. Consultation with the ACFs can be useful in generating innovative solutions in this regard. Coordination between the organizations, along with a stronger role of the government agencies, can be useful in reducing some of the disturbances.

5.2. Assess and Review Medical Check-up Process

The ACFs repeatedly mentioned their difficulties around medical check-ups for themselves and for the survivors. The medical staff are generally not oriented to trauma-informed care. The victims require repeated visits to hospitals and the nurses often pass oblique comments during the first check-up of the victims. These negative interactions create concern and dislike regarding medical check-ups as reflected by an ACF: "*Going for medical check-up feels*

uneasy to me. When I went to the doctor, [I] feel bad in my head, a sort of uneasy feeling. So, do not like this".

Medical procedures generally involve invasion to personal space (physical as well as psychological). The survivors generally have traumatic physical or sexual experience and an insensitive medical process is likely to trigger their trauma memory. Additionally, the possibility of sexual exploitation in a medical setup is also present. It is, therefore, important that the process of medical check-up is reviewed to identify unhelpful or prejudicial practices and procedures.

J&C team may explore the matter further and then take necessary steps to improve the scenario. Possible initiatives may include,

- Interviewing the survivors and ACFs to further explore the matter.
- Developing protocol for medical check-up with victims of trafficking or trauma.
- Upholding safeguarding practices for all stakeholders.
- Providing orientation to the medical staff on trauma-informed care.

5.3. Increasing Communication with other Stakeholders

The survivor-led aftercare program modelled at J&C has distinctive utility in caring for the victims of human trafficking. To increase the uptake of this useful model by other organizations, it is important that other organizations and the key stakeholders understand the process. Key informant interviews with the stakeholders indicate that they have noticed that J&C work differently compared to most organizations and they are aware of the contribution the J&C is bringing to the life of the survivors. However, their lack of understanding of the process behind it was also communicated.

J&C may increase their communication with other organizations and the key stakeholders working with the care of the victims of human trafficking. Organizing dissemination programs, scientific seminars, or discussion meetings among the stakeholders can be useful in communicating the utility and processes involved in this model. Engaging the ACFs and survivors in these discussions may strengthen the effort.

5.4. Introducing External Psychological Support for J&C Staff and ACFs

Despite having improved mental health, being champion survivors, the ACFs with the trauma memories often require continuing mental health support. Similarly, the other J&C staff, including the psychosocial counsellors, due to their work with individuals with trauma, are faced with the risk of developing vicarious trauma. For both groups, it is difficult to

access psychological support with a colleague working in the same organization. This is especially difficult for the ACFs as they are under evaluation from the office regarding their suitability for work.

Introducing opportunities for receiving psychological support from an external source is therefore important for the mental wellbeing of the staff and ACFs working with J&C. Outsourcing psychological counselling with online and onsite modes of service can be considered in this regard. J&C may develop contracts with mental health professionals outside the organization. MoU on mutual support agreement between organizations working on different areas may also serve as a low or no-cost solution to receiving external psychological support.

5.5. Continuing Support for ACF's Growth

Justice and Care has been contributing steadily to the growth and development of the ACFs in their professional as well as office skills aspects. Findings suggest that the ACF have much better mental health compared to the survivors. Their inclination towards work and job holder identity has increasingly been noticed from baseline to end-line. However, due to limited or no previous experience of working at an office environment, many ACFs have need for regular supervision regarding further development in report preparation, family integration and carrying out ICP. J&C need to continue supporting the ACFs in professional growth and development through comprehensive mentorship utilizing a constructive feedback system for them.

Reference

Ara, N., & Khan, M. S. (2006). Human Trafficking in Bangladesh: An Overview. International Journal of Human Rights, 10(2), 225-244.

Clark, C., & Poucki, M. (2018). Human trafficking: A global perspective. Cambridge University Press.

Hope for Justice (2023) Updated estimate of the illicit monetary profits of modern slavery and human trafficking. Available at https://hopeforjustice.org/wp-content/uploads/2023/08/Hope-for-Justice-estimated-global-profits-from-modern-slavery-July-2023-update.pdf

Justice and Care (2023) " A virtuous cycle of survivor recovery Rehabilitation and reintegration of CSE/CSEC victims through sustainable Systemic Change in Bangladesh", Available at https://justiceandcare.org/app/uploads/2023/07/A-virtuous-cycle-of-survivor-recovery.pdf

Khan, M. M. R. (2021). Trafficking in women and children in Bangladesh: Laws and strategies for prevention.

Rahman, M. M. (2011). Human Trafficking in Bangladesh: Nature, Causes and Consequences. Journal of International Women's Studies, 12(3), 1-16.

Sumi, S. (2021). TikTok Star Trapped Women for Human Trafficking in Bangladesh. The Guardian.

United Nations Office on Drugs and Crime (2016). Global report on trafficking in persons.

United Nations Office on Drugs and Crime (2020). Global report on trafficking in persons.

World Economics (n.d.) Bangladesh's Average Years of Schooling. Available at https://www.worldeconomics.com/ESG/Social/Average-Years-Of-Schooling/Bangladesh.aspx (retrieved on December 15, 2023)

APPENDICES

Appendix 1a: Consent Form

This consent form will be kept with the current researcher as a record

I am giving my consent to take part in the research, as titled above, conducted by Dr Kamruzzaman Mozumder, and Md Shakawat Alam as part of an external evaluation being conducted for Justice and Care. I have been informed and explained in detail about the research. I have also read the explanatory statements (or someone has read that to me), which have been kept by me as a record. I understand that giving consent means:

I consent to give an interview to the researcher	☐ Yes	☐ No
I consent to allow an audio recording of the interview on a recorder	☐ Yes	☐ No
I consent to give additional interviews if needed	☐ Yes	☐ No
I consent to attach/connect my filled-up survey questionnaires with the interview data	☐ Yes	☐ No

and

I understand my participation is voluntary; If I want, I can deny taking part in this research fully or partially, and I can withdraw my participation at any time before I approve the written copy of data taken from me, for which I will not be penalised in any manner.

and

I understand that the publication of dissemination resulting from the data collected from me will in no circumstances include or present the name or address of the participant.

and

I understand that the information I provide will be kept confidential, and no information will be given to anyone or published in any report from which I may be identified.

and

I understand that the audio record of my interview and the information transcribed from it will be kept in a secure place accessible to none other than the researcher.

Name of the Participant: . . . . . .

Signature: . . . . . **Or** Thumbmark: . . . . . .

Date: . . . . . .

Appendix 1b: Ascent Form

This consent form will be kept with the current researcher as a record

As a legal guardian of . . . . [name of the child] . . . . . , I am giving my consent for her taking part in the research, as titled above, conducted by Dr Kamruzzaman Mozumder and Md Shakawat Alam as part of an external evaluation being conducted for Justice and Care. I have been informed and explained in detail about the research. I have also read the explanatory statements (or someone has read that to me), which have been kept by me as a record. I understand that giving consent means:

I consent to allow her give an interview to the researcher	☐ Yes	☐ No
I consent to allow an audio recording of the interview of her	☐ Yes	☐ No
I consent for her giving of additional interviews if needed	☐ Yes	☐ No
I consent to attach/connect her filled-up survey questionnaires to be attached with her interview data	☐ Yes	☐ No

and

I understand her participation is voluntary; If she or I want, she can deny taking part in this research fully or partially, and she can withdraw participation at any time before anonymizing data taken from her, for which she will not be penalised in any manner.

and

I understand that the publication of dissemination resulting from the data collected from her will in no circumstances include or present the name or address of her or me.

and

I understand that the information she provides will be kept confidential, and no information will be given to anyone or published in any report from which she or I may be identified.

and

I understand that the audio record of my interview and the information transcribed from it will be kept in a secure place accessible to none other than the researcher.

Legal Guardian of Participant	**Participant**
I consent for her participation in this study	I am giving consent to participate in this study
Name :	Name : . . . . .
Signature/Thumbmark:	Signature/Thumbmark: . . . . .
Date:	Date: . . . . .

Appendix 2: Explanatory Statement

This explanatory statement is to be kept with the RA

I, ... [name of the data collector] . . . . . , am working as a data collector in the research titled, '*Evaluation of Champion Survivor Based Aftercare Programme'* conducted Dr Kamruzzaman Mozumder and Md Shakawat Alam as an external evaluation of the work of Justice and Care.

Purpose of the research

Many individuals in Bangladesh are at risk of being victims of trafficking every year. This research explores how a person who has been the victim of trafficking can provide psychosocial care to another victim, how effective these services are, and how these services can be improved further.

What will be done in this research?

If you agree to take part, you will be invited for an individual or group interview in which we will collect data from you. If you agree, we may audio record the interview and prepare and store a transcript of your interview.

How much time do I have to spend if I agree to take part

For individual or group interviews in this research, you may have to spend 40-60 minutes. However, based on the value of the interview data provided by you, we may need to interview you more than once. We will decide the date and time for those interviews in consultation with you.

Possible benefit

This research may not give you any direct benefit at this moment. However, the information provided by you and other participants in this research is expected to contribute to developing and improving accessible and effective services for the victims of trafficking.

Possible challenges of participating in the study.

A lot of the things I'll be talking about can be about your memories and emotions, and you may get upset in these discussions, or it may temporarily cause discomfort or pain in you. Still, it does not seem likely to cause any lasting damage to you. However, if you need

psychological support, we will ensure that you get proper support in this regard and you are free to pause or stop from participating at any time.

Withdrawal from study participation

Participation in this study is entirely your own choice. You have no obligation to participate. Even after deciding to participate in the study, you may request to withdraw the use of your interview or survey responses. This will be possible up until the point that the interview information has been fully anonymized, i.e., until all your identification details are removed from the written notes.

Privacy

Protecting your privacy will be given the utmost consideration. Your name, address, etc. i.e. the information from which you can be identified, will be written on a separate paper, and it will be kept separate from the information given by you. It will be possible to connect these two only with code that none except me will know. No information will be disclosed to anyone or in any report from which you can be identified.

Storage and use of collected data

The information collected will be carefully preserved. The data obtained in this study may be presented in study reports, scientific publications, and one or more oral presentations, but in no circumstances the participants be identified.

Results of the study

If you would like to know about the results of this study, please contact the researcher at the following address:

1. **Muhammad Kamruzzaman Mozumder**, Professor, Department of Clinical Psychology, University of Dhaka, email: mozumder@du.ac.bd; mobile: 01713066423

Thanks for your support.

Appendix 3: Topic Guide for Survivors

[Qualitative]

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

---

1. How long have you been receiving support from Justice and Care? In this time, which members of the team have you received support from?
2. What services have you received or are currently receiving from JnC? (Counselling, Education, Medical, Grocery support, Vocational training, Life skills training, Income generation activities, other?)
   - Which one is most/least important? Why?
   - Which one is most/least useful? Why?
   - Which one is most/least likeable? Why?
3. How would you describe your relationship with your Champion Survivor?
   - Does it make a difference to you that you are receiving support from someone who has been through a similar experience? What is good about this? What is bad about this?
4. Which of the characteristics/skills of champion[name] you like most/least? Why?

5. Have you seen any changes in your overall mental and emotional well-being before receiving support and after receiving service from Justice and Care?
   - mental, emotional, confidence, hope, social, communication acceptance, participation
   - how did these [changes] happen?
   - what contributed to this, and how?
   - which of these contributors is most important? why?
   - Did the support of the Champion Survivor play a role in these changes?
6. Do you feel comfortable and accepted within your community?
   - Are you facing any discrimination or harassment within the community?

- Has this gotten better or worse since you started receiving support from Justice and Care?
- Has the support of the Champion Survivor been helpful in making you feel more accepted?

7. Have you faced any discrimination, harassment or intimidation online? What has this involved? On what platforms has this occurred?
8. Have you seen any changes in your economic situation since receiving support from Justice and Care?
   - Has your economic situation improved/ gotten worse? What has contributed to this?
   - Have you suffered any economic crises in the time that you have been receiving support from Justice and Care? Were they able to help in any way?
   - Have you benefitted from any direct economic empowerment support from JCBD? (Income generating activities, vocational training, education or skills training)
   - Do you think that the support provided by Justice and Care could contribute to improving your economic situation in the long term? Why or why not?
9. Have you faced any major challenges or setbacks while receiving service from JCBD and the champion [name]?
   - personal
   - familial
   - Societal
   - from JnC
   - from champion[name]
10. What needs to be done to improve the quality of services offered by JCBD? How could the service provided by your Champion Survivor specifically be improved?
11. Will you encourage others to take service from the champion[name]? Why?
12. How would you express the service of champion[name] in a single sentence.
13. What else would you like to tell us about your experience of receiving support from Justice and Care?

Appendix 4: Topic Guide for ACF

[Qualitative]

Special note for the RA:

3. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
4. Please remember to provide rationale before asking sensitive questions.

(Qualitative)

Special Guidelines for Data Collectors:

1. At the outset, it can be said, "I will ask you a series of questions. You may find it easy to answer some of these questions. Again, it may be difficult or uncomfortable to answer some questions – in such cases you can let me know. Remember that there is no right or wrong answer here, tell directly what comes to your mind. "
2. Before asking any sensitive question, you must give the reason/explanation for asking it.

---

1. What skills does one need to become an ACF?
   - When you started this work, did you have all these skills?
   - How have you developed these skills over the past six months?
2. What are the roles/functions of an ACF?
   - How much time do you have to devote to something? (%)
   - Which task is most/least important? Why?
   - Which job do you like the most/least? Why?
   - Which is the easiest/hardest? Why?
   - What does the job stress you the most? Why?
3. How do you do things?
   - What do you keep in mind?
   - What do you do? What don't you do?
4. How important is your work to the people you serve? Why?
   - Did they ever say it? What said?

- What changes do you see in them? Economic, emotional (hope, planning, emotion,), social (acceptance, participation),……..
- In your opinion, is there anything that you or the ACF can do/give but other service providers cannot?

5. What are the best aspects of this work? What makes you feel comfortable/comfortable doing this?
   - From a personal point of view
   - From the family side
   - From the social side
   - From the Survivors Side
   - From the Justice and Care
6. What positive changes have you seen in yourself as a Champion Survivor?
   - Economic, psychological (hope, planning, emotion,), social (acceptance, participation),……..
   - Which is the most important? Why?
7. What negative changes have you seen in you as a Champion Survivor?
   - Social status, relationships, stress, acute trauma
   - How are you dealing with these changes?
8. Since starting as an ACF, has there been any change in your position in your family and society?
   - Do others see you differently or treat you differently?
   - Are these differences positive or negative, or both?
   - What are the main reasons for your change in location?
9. What is your relationship with the survivors you serve?
   - How did this relationship come about? Has there been any change in this relationship as a result of these few days of work since the beginning?
10. What difficulties do you face while working as an ACF?
    - From a personal point of view
    - From the family side
    - From the social side
    - From the Survivors Side
    - From the Justice and Care
11. How did you deal with these challenges?

- What support have you received from Justice and Care in this regard?
- Is it possible to avoid these challenges by changing any aspect of your work?

12. Are there activities that you have to do or participate in that make you feel uncomfortable or miss out on a traumatic incident? How did you deal with it?
13. What are your future plans/thoughts on your experience of working as an ACF?
    - What kind of job are you interested in doing in the future?
    - Do you feel qualified/skilled and confident in doing that job?
    - What do you need to learn to feel competent/skilled and confident in that job?
    - How can Justice and Care help you?
14. How do you see the services of the Justice and Care ?
    - How much is it needed? Why? What if these were not done?

Appendix 5: Topic Guide for Family Members of the Survivors

[Qualitative]

Special note for data collectors:

1. At the outset you can start with, "I'll ask you a few questions. Some of these questions may seem easy to answer for you, however, you may some others to be quite difficult or even uncomfortable to answer – in such cases you can let me know. Remember that there is no right or wrong answer here, please freely express what comes to your mind."
2. Before asking any sensitive question, you must give the reason/explanation for asking it.

---

1. Tell me about your relationship with survivor [Name].
   - Has this changed over time?
2. How would you describe survivor's [Name] general mental well-being and ability to function day to day?
   - What challenges does survivor [Name] face?
   - What support does survivor [Name] need from you?
   - What support does she need from others?
   - To what extent do you think the survivor [Name] has recovered to how they were before? In what ways?
   - What helped her in regaining this functioning?
   - How did it help?
3. What do you know about Justice and Care?
   - How do they work?
   - What support are they providing to survivor [Name]? Are these useful? Why and how?
4. Do you know about champion [Name]?
   - What does champion [Name] do with survivor [Name]?
   - Is their support to survivor [Name] helpful? Why and how?
5. Have you ever talked with the Champion? (If not, have you ever talked with other staff of Justice and Care?)

- How did you feel? Was that useful? Why?

6. Have you seen any changes in the survivor's [Name] overall mental and emotional well-being after receiving service from Justice and Care?
   - Mental, emotional, confidence, hope, social, communication acceptance, participation
   - How did these [changes] happen?
   - What contributed to this, and how?
   - Which of these contributors is most important? Why?
   - Did the support of the champion [Name] play a role in these changes?
7. How is the relationship between the survivor [Name] and other members of your family?
   - Has this changed over time?
8. What needs to be done to improve the quality of services offered by JCBD? How could the service the champion [Name] provided be improved?
9. Would you encourage others to take service from the champion [Name] or from Justice and Care? Why?
10. How would you express the service of a champion [Name] in a single sentence?
11. What else would you like to tell us about your experience of Survivor [Name] receiving support from Justice and Care?

Appendix 6: FGD Topic Guide for the Survivors

[Qualitative]

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

---

1. How are you? What have you liked most about the past month?
2. What changes have you noticed over the past one year? *[What are the desired changes? What are the unexpected changes?]*
   - Mental state such as emotions, thoughts, etc.
   - Relationship with Family/Society/Neighbours (Social context)
   - Relationship with other survivors
3. Behind the desired changes
   - What have you done/contributed to yourself?
   - What did your family/neighbours/society do?
   - What Justice and Care has done / What is the contribution of Justice and Care?
4. What could be done to prevent unwanted change?
   - What you could have done *[who else in the group agrees, if anyone has a dissent]*
   - What your family/neighbour/society could have done *[who else in the group agrees, if anyone has a different opinion]*
   - What Justice and Care could have done *[who else in the group agrees, if anyone has a dissent]*
5. Think back to the time when Justice and Care support is no longer available: What is your life-plan?
6. Tell us about three important strengths/abilities/skills of the Survivors. Why are they important?

Appendix 7: FGD Topic Guide for the ACF

[Qualitative]

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

---

1. How are you? What went well for you in the past month?
2. We talked last year and we're back again. What changes have you observed in you and your context over this period? *[What are the desired changes? What are the undesired changes? in the following areas]*
   - Relationship with Survivors
   - Relationship with other Justice and Care staff
   - Working environment
   - Work efficiency
3. What contributed to the desired changes
   - What have you done/contributed to yourself?
   - What Justice and Care has done / was the contribution from Justice and Care
4. What could be done to prevent undesired change?
   - What you could have done *[check with FGD participants: who agrees, who disagrees]*
   - What Justice and Care Could *Do [check with FGD participants: Who Agrees, Who Disagrees]*
5. What plans/wishes/hopes do you have for the next 6 months?
   - Why are they important?

Appendix 8: Survey Questionnaire for Survivor

Interview ID:	**S**	-	L	L	-	R	A	-	y	y	m	m	d	d	-	n

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

Section A. Socio-demographics

A1	Age: . . . . . Year and . . . . . month
A2	Gender: [1] Female [2] Male [3] Transgender [4] Not to say
A3	Marital Status: [1] Unmarried [2] Married [3] Divorce [4] Widow
A4	Do you have children? [0] No [ ] Yes > How many: [. . .]
A5	Educational Qualification: [. .] Class (0-Not went to school - 17 Masters)
A6	Number of members in the house: [. . .]
A7	Earning Member at Home: [. . .]
A8	Combined monthly income of all members of the household: [. .]
A9	Your monthly income: [. . .]
A10	How long has it been since you returned to country? [.] Year [.] Month
A11	How long has it been since you got connected with [ACF/Champion's Name] through the Justice and Care ? [.] Year [.] Month
A12	Do you have a smartphone/touch screen mobile? [0] No [1] Yes
A13	What social media or apps do you use? [0] No [1] Yes

X1 Are you currently at work? [3] Involved full-time [2] Involved part-time

[1] Not working, but looking for job [0] Not working, and not looking for job

X2	If you are currently involved in any job / job (full / part-time)

		Not satisfied at all	Very little satisfied	Somewhat satisfied	Quite satisfied	Perfectly satisfied
a	How satisfied are you with your current job	0	1	II	3	4
b	How satisfied with the work environment	0	1	II	3	4
c	How satisfied are you with your salary?	0	1	II	3	4

X3 If you are not currently at work, what is the reason?

1 I can't find any job

2 I don't have a suitable job

3 I don't want to work

4 No time to work,

5 Have kids to take care

6 Pregnancy

7 Can't work due to mental problems

8 Can't work due to health problems

9 Family doesn't want me to work

10 I don't have educational qualifications

11 Other reasons:

X4 What kind of work do you prefer? . . . . . .

X5 What is the minimum salary you should expect to join a full-time job: . . . . . .

X6		Absolutely not	Very little	Somewhat	Quite a bit	Absolutely.

a	Do you have the **necessary educational qualifications** for the job you want?	0	1	II	3	4
b	Do you have **the necessary professional skills** for the job you want?	0	1	II	3	4
c	Will your family support you **working full-time**?	0	1	II	3	4
	Will your family support you **working part-time**?	0	1	II	3	4

Section B. Activities and Processes

B1	Frequency of contact(Phone/Physical) with the champion (in last three months): . . . . .
B2	Frequency of care contact (Phone/Physical) with the other JnC staff (in last three months): . . . . .
B3	Which of the following types of support have you received from Justice and Care:

		Yes	No	Useful on a scale of 0-5
a	Professional counselling (Counselor's name is Irene / Naznin Apa)	1	0	
b	[ACF/Champion's Name] Support Peer mentoring	1	0	
c	Vocational training	1	0	
d	Life skills training	1	0	
e	Medical support	1	0	
f	Educational support	1	0	
g	Material support (with groceries, clothes etc.)	1	0	

h	Income generation activities	1	0	
i	Others			

B4	How the counselling service is reached:	a. They contact me at their suitable timing b. I contact them when I feel need. c. Both
B5	How comfortable do you feel sharing your feelings with?	

		Not at all comfortable	Quite uncomfortable	Somewhat comfortable	Generally comfortable	Completely comfortable
a	Staffs of JnC:	0	1	2	3	4
b	Fellow survivors	0	1	2	3	4
c	ACFs (Champion Survivors)	0	1	2	3	4

Section C. Generic Outcome

Rate the concept presented in each of the statements on a scale of 0-5(0=minimal – 5=most)

	Statement	**Rating (0-5)**
C1	The level of clarity/understanding of communication between me and my ACF	
C2	The level of clarity/understanding of communication between you and other Justice and Care staff	
C3	The level of trust between you and the ACF	
C4	The level of trust between you and other Justice and Care staff	
C5	Level of acceptance you feel from the ACF	
C6	Level of acceptance you feel from other Justice and Care staff	
C7	Your satisfaction with the services from the ACF	

	Statement	Rating (0-5)
C8	Your satisfaction with the services from other Justice and Care staff	
C9	Your overall confidence in yourself	
C10	Level of hope for the future that you have	
C11	Level of confidence that you can be able to work gainfully or get employed	
C12	Your awareness about the services/resources available at the local level	
C13	Your awareness about where to report or seek support for gender-based violence or sexual exploitation, abuse or harassment	
C14	Rate how difficult the financial crises are for you	
C15	Rate how difficult the interpersonal conflicts/crises are for you	
C16	Rate how concerned you are about your health	
C17	Rate how concerned you are about your safety	

Respond to the statement as per the five options provided on the right side.

		Never	Rarely	Occasionally	Most of the time	Always
C18	You try self-care activities	0	1	2	3	4
C19	The self-care activities you use are effective for you	0	1	2	3	4
C20	You can cope with your painful life circumstances	0	1	2	3	4
C21	You can assert for your rights	0	1	2	3	4
C22	You can connect with the family and society at large	0	1	2	3	4
C23	You experience personal/ relational conflict or crises within your family	0	1	2	3	4
C24	You experience humiliation or discrimination within your community	0	1	2	3	4

Section D. Psychological State and Outcome

D1. WHO Well-being 5 (WHO-5)

Please respond to each item by marking one box per row, regarding how you felt in the last two weeks.

	For the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful and in good spirits.	5	4	3	2	1	0
2	I have felt calm and relaxed.	5	4	3	2	1	0
3	I have felt active and vigorous.	5	4	3	2	1	0
4	I woke up feeling fresh and rested	5	4	3	2	1	0
5	My daily life has been filled with things that interest me.	5	4	3	2	1	0

D3. SELF-REPORTING QUESTIONNAIRE (SRQ-20)

The following questions relate to certain pains and problems that may have bothered you in the last 30 days. If you think the question applies to you and you had to describe the problem in the last 30 days, answer YES. On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer NO.

1. Do you often have headaches?	Yes (1)	No (0)
2. Is your appetite poor?	Yes (1)	No (0)
3. Do you sleep badly?	Yes (1)	No (0)
4. Are you easily frightened?	Yes (1)	No (0)
5. Do your hands shake?	Yes (1)	No (0)
6. Do you feel nervous, tense or worried?	Yes (1)	No (0)
7. Is your digestion poor?	Yes (1)	No (0)
8. Do you have trouble thinking clearly?	Yes (1)	No (0)
9. Do you feel unhappy?	Yes (1)	No (0)

10. Do you cry more than usual?	Yes (1)	No (0)
11. Do you find it difficult to enjoy your daily activities?	Yes (1)	No (0)
12. Do you find it difficult to make decisions?	Yes (1)	No (0)
13. Is your daily work suffering?	Yes (1)	No (0)
14. Are you unable to play a useful part in life?	Yes (1)	No (0)
15. Have you lost interest in things?	Yes (1)	No (0)
16. Do you feel that you are a worthless person?	Yes (1)	No (0)
17. Has the thought of ending your life been on your mind?	Yes (1)	No (0)
18. Do you feel tired all the time?	Yes (1)	No (0)
19. Do you have uncomfortable feelings in your stomach?	Yes (1)	No (0)
20. Are you easily tired?	Yes (1)	No (0)

D4. Impact of Event Scale (Revised) (IES-R)

Below is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you DURING THE PAST SEVEN DAYS with respect to (the event). How much were you distressed or bothered by these difficulties?

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Any reminder brought back feelings about it	0	1	2	3	4
2	I had trouble staying asleep	0	1	2	3	4
3	Other things kept making me think about it	0	1	2	3	4
4	I felt irritable and angry	0	1	2	3	4
5	I avoided letting myself get upset when I thought about it or was reminded of it	0	1	2	3	4
6	I thought about it when I didn't mean to	0	1	2	3	4
7	I felt as if it hadn't happened or wasn't real	0	1	2	3	4
8	I stayed away from reminders about it	0	1	2	3	4
9	Pictures about it popped into my mind	0	1	2	3	4
10	I was jumpy and easily startled	0	1	2	3	4
11	I tried not to think about it	0	1	2	3	4

		Not at all	A little bit	Moderately	Quite a bit	Extremely
12	I was aware that I still had a lot of feelings about it, but I didn't deal with them	0	1	2	3	4
13	My feelings about it were kind of numb	0	1	2	3	4
14	I found myself acting or feeling as though I was back at that time	0	1	2	3	4
15	I had trouble falling asleep	0	1	2	3	4
16	I had waves of strong feelings about it	0	1	2	3	4
17	I tried to remove it from my memory	0	1	2	3	4
18	I had trouble concentrating	0	1	2	3	4
19	Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart	0	1	2	3	4
20	I had dreams about it	0	1	2	3	4
21	I felt watchful or on-guard	0	1	2	3	4
22	I tried not to talk about it	0	1	2	3	4

Notes from RA:

Appendix 9: Survey Questionnaire for ACF

Interview ID:	**C**	-	L	L	-	R	A	-	y	y	m	m	d	d	-	n

Special note for the RA:

1. You may start with the following introduction," This questionnaire will ask you a series of question, you may find some of those easy to respond, while some others may be difficult to respond. Let me know if you find any item to be difficult. There is no right or wrong response, feel free to express whatever, you have in mind."
2. Please remember to provide rationale before asking sensitive questions.

Section A. Socio-demographics

A1	Age: . . . . . Year and . . . . . month
A2	Gender: [1] Female [2] Male [3] Transgender [4] Not to say
A3	Marital Status: [1] Unmarried [2] Married [3] Divorce [4] Widow
A4	Do you have children? [0] No [ ] Yes > How many: [. . .]
A5	Educational Qualification:: [. .] Class (0-Not went to school - 17 Masters)
A6	Number of members in the house: [. . .]
A7	Earning Member at Home: [. . .]
A8	Combined monthly income of all members of the household: [. .]
A9	Your monthly income: [. . .]
A10	How long has it been since you returned to country? [.] Year [.] Month
A11	Date of start working as champion/ACF: . . . . .
A12	Do you have a smartphone/touch screen mobile? [0] No [1] Yes
A13	What social media or apps do you use? [0] No [1] Yes

Section B. Activities and Processes

B1 Number of survivors served so far: . . . . . .

B2 Number of survivors presently serving . . . . . .

B3 How frequently do you meet/e-meet/call one survivor under your list?

B4.1 Before becoming the champion, what training did you receive (while being a survivor):

	Name of Training	No	Yes	**How useful was B4.2**? (0-5)
a	Professional psychological support	0	1	
b	[ACF/Champion's Name] Support Peer mentoring	0	1	
c	Vocational training	0	1	
d	Life skills training	0	1	
e	Medical support	0	1	
f	Educational support	0	1	
g	Material support (with groceries, clothes etc.)	0	1	
h	Income generation activities	0	1	
i	Others	0	1	

B5 How these trainings was useful: ……

B6.1 What training you have received as a Champion/ACF:

	Name of Training	No	Yes	**How useful was B6.2**? (0-5)
a	Aftercare Case Facilitation Training	0	1	
b	Communication skills training	0	1	
c	Training on Professionalism	0	1	
d	Family Counselling Training	0	1	
e	Providing emotional support and counseling to survivors	0	1	
f	Life Skills Training	0	1	
g	Legal Aid Training	0	1	
h	Safeguarding Training	0	1	

	Name of Training	No	Yes	**How useful was B6.2**? (0-5)
i	Peer Mentoring Training	0	1	
j	Office Management Training	0	1	
k	Report preparation training	0	1	
l	Teamwork training	0	1	
m	Others:	0	1	

B7 How usefulness was these trainings explain: . . . . . .

B8 Frequency of mentoring/supervision sessions received in last three months: . . . . . .

B9 Rate the usefulness of the mentoring/supervision sessions (0-5):. . . . . Explain: . . . . . .

Section C. Generic Outcome

Rate the concept presented in each of the statements (19) on a scale of 0-5 (0=minimal and 5=most)

	Statement	**Rating (0-5)**
C1	The level of clarity/understanding of **communication** between you and the survivor/family of the survivor you provide care to	
C2	The level of **trust** between you and the survivors you support	
C3	The level of trust between you and the families of the survivors you support	
C4	The level of trust between you and other Justice and Care staff	
C5	Level of **adherence** to suggestion and support activities among the survivors I care for	
C6	How would you rate your awareness of the needs of the survivors that you are supporting	
C7	How confident do you feel in your ability to address the needs of the survivors that you are supporting	
C8	Your awareness about the **services/resources available to survivors** at the local level	
C9	**Clarity** of your tasks and responsibilities at JnC	
C10	Level of **acceptance** you feel from the JnC staff/colleagues	

	Statement	Rating (0-5)
C11	Your **satisfaction** with your work with the survivors	
C12	Your **confidence** as a care provider to the survivors	
C13	Your confidence operating in a professional setting	
C14	You feel equipped to work in future roles in a professional setting	
C15	Level of **recovery** you have achieved for yourself	
C16	How would you rate your self-esteem	

Respond to the statement as per the five options provided on the right side.

		Never	Rarely	Occasionally	Most of the time	Always
C17	You try **self-care** activities.	0	1	2	3	4
C18	The self-care activities you use are **effective** for you.	0	1	2	3	4
C19	You experience personal/ relational conflict or crises within your family	0	1	2	3	4
C20	You experience humiliation or discrimination within your community	0	1	2	3	4
C21	The survivors you provide care to feel comfortable talking to you about their **traumatic memories**	0	1	2	3	4
C22	The survivors you provide care to feel comfortable talking to you about their **financial crisis**	0	1	2	3	4
C23	The survivors you provide care to feel comfortable talking to you about their **interpersonal conflicts/crisis**	0	1	2	3	4
C24	The survivors you provide care to feel comfortable talking to you about their **safety concerns**	0	1	2	3	4
C25	The survivors you care for demonstrate an **interest in getting the care/service** that you provide	0	1	2	3	4

Section D. Psychological State and Outcome

D1. WHO Well-being 5 (WHO-5)

Please respond to each item by marking one box per row, regarding how you felt in the last two weeks.

	For the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful in good spirits.	5	4	3	2	1	0
2	I have felt calm and relaxed.	5	4	3	2	1	0
3	I have felt active and vigorous.	5	4	3	2	1	0
4	I woke up feeling fresh and rested	5	4	3	2	1	0
5	My daily life has been filled with things that interest me.	5	4	3	2	1	0

D2. Depression, Anxiety and Stress Scale - 21 Items (DASS-21)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3

5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

D3. SELF-REPORTING QUESTIONNAIRE (SRQ-20)

The following questions are related to certain pains and problems, that may have bothered you in the last 30 days. If you think the question applies to you and you had to describe the problem in the last 30 days, answer YES. On the other hand, if the question does not apply to you and you did not have the problem in the last 30 days, answer NO.

1. Do you often have headaches?	Yes (1)	No (0)
2. Is your appetite poor?	Yes (1)	No (0)
3. Do you sleep badly?	Yes (1)	No (0)
4. Are you easily frightened?	Yes (1)	No (0)

5. Do your hands shake?	Yes (1)	No (0)
6. Do you feel nervous, tense or worried?	Yes (1)	No (0)
7. Is your digestion poor?	Yes (1)	No (0)
8. Do you have trouble thinking clearly?	Yes (1)	No (0)
9. Do you feel unhappy?	Yes (1)	No (0)
10. Do you cry more than usual?	Yes (1)	No (0)
11. Do you find it difficult to enjoy your daily activities?	Yes (1)	No (0)
12. Do you find it difficult to make decisions?	Yes (1)	No (0)
13. Is your daily work suffering?	Yes (1)	No (0)
14. Are you unable to play a useful part in life?	Yes (1)	No (0)
15. Have you lost interest in things?	Yes (1)	No (0)
16. Do you feel that you are a worthless person?	Yes (1)	No (0)
17. Has the thought of ending your life been on your mind?	Yes (1)	No (0)
18. Do you feel tired all the time?	Yes (1)	No (0)
19. Do you have uncomfortable feelings in your stomach?	Yes (1)	No (0)
20. Are you easily tired?	Yes (1)	No (0)

Notes from RA:

Appendix 10: Ethical Approval of the Study

চিকিৎসা মনোবিজ্ঞান বিভাগ
ঢাকা বিশ্ববিদ্যালয়
কলা ভবন (৫ম তলা)
ঢাকা – ১০০০, বাংলাদেশ

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Date: June 01, 2023

Certificate of Ethical Approval

Project Number : **IR230401**

Project Title : **Evaluation of Champion Survivor Based Aftercare Programme**

Investigators : **Muhammad Kamruzzaman Mozumder, Mohammad Omar Faruque** and **Faizul Karim**

Approval Period : **01 June 2023** to **31 December 2025**

Terms of Approval

1. Any changes made to the details submitted for ethical approval should be notified and sought approval by the investigator(s) to the Department of Clinical Psychology Ethics Committee before incorporating the change.
2. The investigator(s) should inform the committee immediately in case of occurrence of any adverse unexpected events that hampers wellbeing of the participants or affect the ethical acceptability of the research.
3. The research project is subject to monitoring or audit by the Department of Clinical Psychology Ethics Committee.
4. The committee can cancel approval if ethical conduction of the research is found to be compromised.
5. If the research cannot be completed within the approved period, the investigator must submit application for an extension.
6. The investigator must submit a research completion report.

. . . . . .

Chairperson
Ethics Committee
Department of Clinical Psychology
University of Dhaka