

How do families respond to a crisis? The experience of sexual trafficking victim families

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Artikel history

<i>Received</i>	<i>Revised</i>	<i>Accepted</i>	<i>Published</i>
2024-01-05	2024-01-18	2024-02-06	2024-02-28

Keyword : Sexual trafficking victims; experience of families; crisis.	Abstract A family crisis refers to the incapability or disorganization of a family due to resource scarcity and negative perception of stressors. This study aims to describe familial responses to a crisis, particularly in the context of sexual trafficking. A qualitative method was used with an instrumental case study approach. Participants were five family members of sexual trafficking victims in East Java, Indonesia. Data were collected from semi-structured interviews to allow in-depth inquiries and then analyzed using a bottom-up thematic analysis. Data source triangulation, theory triangulation, and member-checking were conducted to support the convergence of the data. The results depicted psychological, physiological, social, and relational strains as familial responses to sexual trafficking. The study recommends future research to, first, explore resources that can contribute to building resilient families, and second, develop family-based interventions for professionals dealing with trafficking victims.
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How to cite: Herdiana, I. (2024). How do families respond to a crisis? The experience of sexual trafficking victim families. *InSight: Jurnal Ilmiah Psikologi*, 26(1), 155-169. doi: <https://doi.org/10.26486/psikologi.v26i1.3804>

INTRODUCTION

The Indonesian Online Information System for Women and Children Protection (SIMFONI PPA) recorded 2,605 cases of human trafficking between 2017 and 2022. Among these cases, 50.97% of the victims were children, 46.14% were female, and the remaining 2.89% were male (Majelis, 2023). An increase in the number of human trafficking victimizations has been observed since 2019, from 226 cases to 422 cases in 2020, and 683 cases in 2021. Within a period from January to October 2022 alone, a total of 401 human trafficking victims were reported (Yusuf, 2022). Many risk factors have been associated with human trafficking, including poverty and unemployment. Poverty and limited job opportunities could drive individuals to become migrant workers, especially when they are enticed by high wages abroad (Majelis, 2023).

Every province in Indonesia is an origin as well as a destination of human trafficking, including sexual exploitation. According to an international organization, 30% of people trapped in the Indonesian commercial sex business are sexually trafficked girls. Traffickers often use debt traps or job offers in restaurants, factories, or as domestic assistants to lure adult and underaged females. Such coercion and extortion into commercial sexual exploitation commonly happen in Batam and Jakarta, in places such as spas, hotels, bars, and karaoke lounges. In areas surrounding mining sites in the Central Sulawesi, Maluku, Papua, and Jambi provinces, sexual trafficking of both adult and underaged females is also found. Traffickers have used online platforms

to recruit children for sexual trafficking and men for labor trafficking. Child sex tourism is commonly reported in Riau Islands Province which shares borders with Singapore. Bali is also known as a destination for both domestic and international sex tourists. The government indirectly accommodates a religious twist to the matter by allowing tourists from the Middle East to come to Indonesia, especially to Puncak in Bogor. The tourists pay more than USD 700 for a “contract marriage” which usually lasts for up to a week and grants them sexual contact with girls aged around nine years old without violating the Islamic Sharia Law (Kedutaan Besar dan Konsulat AS di Indonesia, 2023).

Surabaya and other cities in East Java have become vulnerable to sexual trafficking both domestically and abroad. There have been many cases of girls being sold by their parents as commercial sex workers within the East Java border. Indeed, these girls can effectively increase the selling point of brothels in some regions (Suryandaru, 2001). An increase in online sex trafficking has trapped many girls in interprovincial prostitution networks with relatively high prices (Kominfo Jatim, 2018).

A study in Surabaya suggested that internal factors (i.e., hedonism and consumerism, family poverty, domestic violence, lack of faith and self-control) and external factors (i.e., low education level, sexual promiscuity among peers, social media, threats from the perpetrator, and lack of parental supervision) contribute to the victimization of adolescents in sexual trafficking (Satriani & Muis, 2013). Other factors include discrimination against women in various aspects of life, unbalanced family dynamics, and cultural factors such as the *‘songkalan’* or *‘ewuh pakewuh’* values in Javanese culture that undermine the social position of women (Dzulkarnain, 2016).

According to McGinnis (2004), sexual trafficking is characterized by the benefits that an individual gains by controlling others for exploitation, marking the role of the trafficker (cited in Burke, 2013). It also manifests in various forms, including prostitution, pornography, bride trafficking, and sex tourism. The victims are often abused by their “clients” and the trafficker. They experience a complex victimization, involving physical and emotional violence as well as sexual risks and coercion (McCabe, 2013).

This complex victimization was described in a previous study by Herdiana, Kanthi, and Suryanto (2019). The participants in that study disclosed their experience of being injured by their trafficker, sexually maltreated by their “client,” and involuntarily impregnated from sexual encounters. They suffered from physical and emotional injuries and withdrew themselves from their social environment. WHO (2012) also added that sexually trafficked individuals could also be stigmatized for their victimization (WHO, 2012).

Families also have the burden of negative consequences of sexual trafficking. They are commonly stigmatized and socially isolated. An interview with an administrator of a shelter house for victims of sexual trafficking revealed the following:

‘Her family discarded her, refusing to pick her up because she was pregnant. She was rejected by her family and left in the care of a remote relative. The reason was that her family was ashamed to bring her back home while she was pregnant and not knowing who the father was. They felt ashamed in front of their neighbors and other people, Ma’am ... That is the dilemma...’ (Shelter House Administrator, translated from Indonesian transcript)

Families are harmed and are under threat of crisis. In the context of sexual trafficking, a family crisis can manifest in (1) a conflict with existing stereotypes/norms in the community; (2) divided family members; (3) the husband getting into an affair or remarrying; (4) the family having difficulties the victim as a new individual; (5) the family having to readapt with existing norms in the community and dealing with issues such as rejection, financial extortion, and unpleasant treatment (Dzulkarnain, 2016).

Ostracization and unfair treatment from the community exacerbate the stigma felt by family members. Stigma arises as a form of community judgment against the families of trafficking victims (Vijayarasa, 2010). It hinders the reintegration and rehabilitation process of the victims and their families. It is usually the worst for female victims, especially if they are infected with HIV/AIDS during the trafficking period (Parker & Aggleton, 2003). Society tends to consider the victims as 'dirty' and 'inappropriate.' A mother of a sexually trafficked victim expressed her shame when her neighbors and relatives found out about the unfortunate condition of her daughter.

'... Yes, (I'm) ashamed when all our neighbors found out. They gave us a look wherever we went. Relatives distanced themselves, only a few were willing to help ...' (Mother of a Victim of Sexual Trafficking; translated from Indonesian transcript)

The complexity of the problem faced by families of sexual trafficking victims is also related to (1) financial strains (i.e., no income and debt burden); (2) stress and difficulties following the sexual trafficking; (3) feeling of shame and guilt; and (4) broken or deteriorating personal relations (Surtees, 2017). In her study in Indonesia, Surtees also observed strains and issues within the community regarding: (1) unsuccessful migration and returning without bringing home money ; (2) criticism of the victim's "ambition"; (3) the community's assumption of stress and "problematic" behavior at home; (4) discrimination due to "unacceptable" behavior (e.g., being involved in prostitution, becoming pregnant upon returning home); and (5) jealousy of the victim's success or because the help that she receives. These situations further hinder the victim's family from being able to solve problems and avoid crises (Surtees, 2017).

Family crisis refers to the incapability or disorganization of a family due to limited resources that it has (Hill, 1949, cited in Mccubbin et al., 1980). A study showed that the perceived stigma following a divorce rendered family members more reserved and unwilling to communicate, making it difficult for them to deal with the crisis (Shin et.al., 2010). Such conditions could lead to accumulated strains and the dysfunction of the family system, affecting the members and their relations with each other. (Walsh, 2011). When the function of a family and its relations are disturbed, it is difficult for the family to grasp what is happening, to take a positive view of the problem at hand, as well as to connect and communicate with each other. The family then succumbs to a non-resilient state (Walsh, 2006). However, when the situation worsens, some families can develop a process of restoring balance by reducing demands, increasing capabilities, and/or changing the way they interpret problems (Patterson, 2002). Therefore, this study aims to understand how a family responds to a crisis, especially in the context of sexual trafficking victimization. The complexity of the problems faced by

victims of sexual trafficking and their families surely bears significant implications for the development of family-based intervention, particularly one that targets families at considerable risk of sexual trafficking.

METHOD

This study applied a qualitative method as it allows the discovery of a process, investigates context-specific phenomena, describes the context, avoids generalization, and considers the biases imbued within the context (Ungar, 2003). The investigated context was the experience of sexual trafficking that affected the victim's family. A case study surrounding that context was used to understand family responses to a crisis. The case study design was based on an approach developed by Stake (1995) which viewed a case as a bounded system and investigated it as an object of a process (Yazan, 2015).

Stake stated that case studies aim to reveal the unique characteristics of investigated cases (Stake, 1995). The current study also aims to investigate the uniqueness of each family in responding to a crisis. As the focus of the study, the researcher used an instrumental case study design. In other words, each case was treated as an instrument to build an in-depth explanation and understanding of something beyond its superficial description. Thus, the researcher demonstrated the distinctive characteristics of the research object that could be studied and set it apart from other objects (Stake, 1995).

This research focused on the family's responses to a crisis. The primary participants were victims of sexual trafficking and their respective families. This study adopted the Family Systems Theory. This theory illustrates the process by which a family becomes resilient in the face of a crisis, through exploration of the family dynamic when facing adversities, contacting support providers, choosing a coping strategy, and adequately adapting to the problem.

In qualitative case studies, the concept of sampling depends on the type of information being collected and its most pertinent informant, which is often referred to as theoretical sampling. A sample is not obtained randomly but is adjusted throughout the research. The researcher focused on collecting a sample that could provide the best, most relevant, and most in-depth information, hence purposive sampling was the most appropriate technique (Njie & Asimiran, 2014).

The researcher determined the inclusion criteria for participants in the current study as follows: (1) a family in which one of the members was victimized in sexual trafficking. Here, a family refers to the extended family, including the father, the mother, any biological siblings, any stepsiblings who grew up together with the victim for a specific period, and any other significant relatives. At the time of the research, the victim had lived with and been accepted by their families, as well as having been reintegrated into their community; (2) belonging to the same cultural background, i.e., East Java; (3) being able to communicate what happened in the family following their role and capacity in the experienced crisis; (4) consenting to participate in the study and to openly disclose their experience, both informally and formally by signing a written informed consent form. Secondary participants in this study included psychological care providers of each victim who consented to be an informant. All involved participants are detailed in the following table:

Table 1. Research Participants

Participant	Involved Members of the Family	Gender	Age	Occupation	Last Education
Family 1	Victim	Female	21	Unemployed	Junior High School
	Mother	Female	53	Teacher	Bachelor
	Father	Male	57	Retired	Senior High School
	2 nd older brother	Male	26	Private employee	Senior High School
Family 2	Victim	Female	17	Student	Junior High School
	Father	Male	57	Merchant	Elementary School
	Mother	Female	50	Merchant	Elementary School
	Older sister	Female	23	Private employee	Bachelor
	Psychological care provider	Female	39	Psychologist	Master
Family 3	Victim	Female	20	University student	Senior High School
	Mother	Female	47	Domestic helper	Elementary School
	Psychological care provider	Female	27	Psychologist	Master
Family 4	Victim	Female	50	Hawker	Junior High School
	Younger sister	Female	40	Farm worker	Junior High School
Family 5	Victim	Female	47	Senior caretaker	Junior High School
	Niece	Female	26	Housewife	Senior High School

Note that there is a sensitivity in this case. All participants in this study have vulnerabilities that should be carefully considered due to the adverse experiences they have faced. There is a risk of trauma that may arise when discussed again. Researchers have taken several steps to ensure that this research complies with ethics, namely: (1) maintaining participants welfare by not forcing them if they do not want to interact; (2) making appointments according to their schedule and willingness to meet; (3) providing psychological assistance when needed; (4) maintaining confidentiality of participants identity and data collection places, as well as managing data access; (5) obtaining ethical approval No. 1857-KEPK 2019 before collecting data.

Data were collected through in-depth interviews with guidelines adapted to the analysis need (i.e., semi-structured interviews). An in-depth interview was used to obtain in-depth data about the dynamics of the family's response to the crisis experienced. Stake asserted that in case studies, a researcher does not necessarily use the same set of questions for all participants because each of them has a unique experience of the matter/situation (Stake, 1995). Therefore, the researcher made different interview guidelines for each participant in the families. In a semi-structured interview, the number of questions is not critical as questions can be elaborated upon during the data collection.

The qualitative data were subjected to a thematic analysis. The goal was to identify themes (i.e., important, or interesting patterns in the data) and use them to examine the phenomenon. Generally, themes can be extracted from interviews (Clarke & Braun, 2013). Braun and Clarke distinguished a top-down or theoretical thematic analysis which is driven by specific sets of research questions from a bottom-up or inductive thematic analysis that is more data-driven (Braun & Clarke, 2006). A bottom-up thematic analysis or data-driven analysis was conducted. The credibility of the findings was substantiated through data source triangulation, theory triangulation, and member checking. Data were collected both from primary and

secondary participants. The researchers also consulted with an expert to ensure the methodological robustness of the study.

RESULT AND DISCUSSION

Result

No family is free from problems. Shocks and adversities come in various forms and at various times in the journey of every family. Healthy families are not those without any adversities, but those who are capable of coping with them. Sexual trafficking is among many detrimental adversities that can happen, not just to an individual, but also to the whole family. This research underwent a fairly long data collection process, which was due to (1) the victim had to go to school or did not want to be found; (2) the victim's family has to work so it is difficult to provide time for interviews; (3) some of the victim's families live outside the city so they have to adjust their arrival time for interviews. Overall, the total frequency and total duration of data collection with research participants is as follows:

Table 2. Frequency and Duration of Data Collection

Participant	Involved Members of the Family	Frequency (Numbers of Appointment)	Duration (Minutes)
Family 1	Victim	6	230
	Mother	5	200
	Father	3	120
	2 nd older brother	2	110
Family 2	Victim	4	120
	Father	3	90
	Mother	3	100
	Older sister	2	60
	Psychological care provider	3	180
Family 3	Victim	4	200
	Mother	3	150
	Psychological care provider	4	240
Family 4	Victim	2	120
	Younger sister	2	100
Family 5	Victim	2	100
	Niece	2	80

The data collection process is conducted individually. This is because all victim participants are not comfortable being interviewed if there is a family member around. In addition, interviews were conducted at a location chosen by the victim participant. Meanwhile, family participants did not experience any problems, and interviews were conducted at home with other family members. From the interviews, the experience of sexual trafficking has had a tremendous impact on the stability of their families. However, both victims and family members were openly sharing their experiences in facing their crisis seeing that a long enough time has passed, and they are currently trying to recover.

The family recovery process heavily depended on how they could cope with and adapt to its consequences. The development of positive coping strategies relied heavily on how the family responded to a

crisis. The family appraisal of the problem determined how well all the resources within the family functioned. Stress was the initial family reaction to the crisis. The following data illustrated this:

'Her sister said that she refused to tell anyone. She eventually told me her story. She needed to be listened to ...' (The Psychological Care Provider in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

'Her mother did not seem to be the type who often checked up on what her children were doing or their activities at school. No one was stimulated at home ...' (The Psychological Care Provider in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

'Her father never came back home after work and left his Identity Card to Mrs. Melati (not a real name) ...' (The Psychological Care Provider in Family 3; translated from Indonesian transcript, Interview conducted in December 2020)

'Melati (not a real name) was fourteen at that time. She did not understand that it (what her stepfather did) was molestation, but she knew it was not right. She just did not dare to tell anyone, Ma'am ...' (The Psychological Care Provider in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

The following narrative demonstrated how the families viewed the victimization as a stressor which then led to strains.

'Like I said, it was sad. Because she had gone missing before, but then we found her. But for that next time ... it was sad because we could not find her ...' (The 2nd Older Brother of the Victim in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'No, Ma'am. Melati (not a real name) did not want any trouble because her mother was in shock and sick at that time. Eventually, Melati (not a real name) did not want to drag on the matter ... especially with her mother starting to ask for a divorce ...' (The Psychological Care Provider in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'Yes. How should I put it, Ma'am ... Oh my God, what happened to my sister (shocked)' (The Younger Sister in Family 4; translated from Indonesian transcript; Interview conducted in January 2020)

'Yes, I was shocked, Ma'am. It was in the middle of the night when the Chief of the Village brought her home ... (shocked)' (The Niece in Family 5; translated from Indonesian transcript; Interview conducted in February 2020)

The family then responded emotionally to the stressor. Regardless of how many problematic circumstances the family has faced before, trafficking intensifies the family's involvement in highly emotional moments, especially during the search for the victim.

'Extraordinary (emotional), Ma'am. It cannot be expressed in words, hehehe ... When I biked around looking for her, I went through 'K' regions. I searched in the middle of rice fields, where of course nobody was there. When I saw a girl standing, I quickly made a detour. Was it Randu (not a real name)? I was like a crazy person, hahaha ...' (The Mother in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'Then, for the second appointment, her mother, father, and older sister were there too ... We went to their house to collect data from the father, mother, and sister. At that time, the father was still in shock and fell ill, the mother could only cry ... So, only her older sister talked. Her older sister loves her .. She did not want Putri (not a real name) to get bullied. She bought her a handphone or took her to eat out

when she had the money ...’ (The Psychological Care Provider in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

‘Only once with the victim at our office, Ma’am. Initially, she was brought into care by her oldest sibling. I was informed by their legal assistant and lawyer. There were indications of a trauma and it seemed that the incident would be repeated if without intervention ...’ (The Psychological Care Provider in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

In addition to being psychologically draining, these crises also affected physical conditions as some participants were found to be in shock or suffering from acute medical illnesses.

‘In my case, I immediately (fell ill) ...’ (The Father in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

‘Yes, our mother immediately cried and got weak, our father also immediately got weak and sick, Ma’am ... moreover, our father got a stroke the previous year ...’ (The Older Sister in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

‘Everyone was shocked, Ma’am. Our father even fell ill ...’ (The Older Sister in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

‘Everyone in the family cried, especially the mother. The father suddenly got ill from the shock and had to be hospitalized. He had stroke, so he could not talk and only kept crying... Putri (not a real name) was the mother’s favorite child ... Only the older sister spoke with us ... she was gutted and angry because the victim did it for the money. They were not rich, but they tried to provide for her ...’ (The Psychological Care Provider in Family 2; translated from Indonesian transcript; Interview conducted in November 2019)

‘No, Ma’am. Our mother was chronically ill. It was difficult for her to get up because of her bone condition ...’ (The Younger Sister in Family 2; translated from Indonesian transcript; Interview conducted in January 2020)

The stress perceived by the families was also related to the responses of their neighbors or other people around them to the victimization. Eventually many people found out about the sexual trafficking. Two out of five cases of sexual trafficking in the current study were widely publicized in mass media, online newspapers, and on YouTube. Three of the cases had been managed by the authority and the process involved many supporting parties.

‘Uh ... it is actually stressful. I felt distressed living in the ‘M’ area (because of the neighbors). It was not good living there ...’ (The Victim in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

‘Well, (we’re) being talked about ... but it was a thin wall, Ma’am, so it is inevitable. People in a village are just like that ... In the end, it had happened, so be it. At that time, I was like ... how can I describe ... (teary eyes)’ (The Mother in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

‘Well, because I wandered around because houses are crammed together there in the ‘M’. Hence, our daily activities were easily observable to the neighbors. When I lived in the shelter for a year, they asked, “Where have you been?,” “Why don’t you go to school?,” “Why do you stop with school? Why do you rarely go out of your house?.” Then, the gossip started. After that, someone suddenly said, “Oh, my child has it ... blah blah ... carry something ...’ (The Victim in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'Oh, it is normal, Ma'am. People can only make fun, but they cannot deal with it themselves ...' (The Victim in Family 5; translated from Indonesian transcript; Interview conducted in February 2020)

'Kind, Ma'am. I am not very well-known here, Ma'am, because it has not been two years since we moved here. But back in, (our social relations were) good, Ma'am ... I joined the social gathering ... joined religious functions there and my bosses lived there as well ... So, we were close (with the people there) ... Although there were indeed a few people gossiping, but I did not pay them any mind ... I was just being indifferent. Otherwise, how else could we live, Ma'am ... I just heard them in passing ...' (The Mother in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

Relational strains were among the strains developing within the family after the trafficking. The relations within the family became more emotional.

'I thought it (the changes within the family) were only momentarily, only when we still hadn't found here, we're still searching ...' (The Father in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'At the end, she (the older sister) was about to run amok like ... excuse me, Sir, it was like that ... burned. I was okay, but inside I could not accept it. So, after a few days, I came along there ... what was the matter, what gives discomfort, what makes me feel rushed, and so on ...' (The Father in Family 1; translated from mixed Javanese-Indonesian transcript; Interview conducted in October 2019)

'Healing my family ... maybe I could not do much in that regard. But to overcome my own sadness, probably I put my focus on something else. Like, I had my degree to finish ...' (The Older Brother in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'Ah yes, I mean I scolded her many times because she often made mistakes. I did not know how to treat a child like that... I did not understand her mind, Ma'am ...' (The Mother in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'Well ... essentially if (she) did not comply with the rules, I got angry. Really angry ... yes ... if I yelled, I really screamed at her. She did not want to do something, if necessary, I would beat her with a broom, Ma'am.' (The Mother in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

The family strains were also perceived as disturbing the family's functioning. "Resolved" problems reemerged as they were triggered by a new problem, heightening the strains within the families.

'There was even a time after I had been back from the shelter for a while ... um ... it was last year if I am not mistaken. 'D' was admitted to a hospital, and I had a fight there with my stepfather. I yelled at him...' (The Victim in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'Maybe um... there is a change in our family stability ...' (The Older Brother in Family 1; translated from Indonesian transcript; Interview conducted in October 2019)

'Well, he started it first. My mother told him to do something, but he refused. So, I got angry at him (the stepfather) and said, "You have to remember what you did to me." My family did not know yet at that time ...' (The Victim in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'At that time, she was like, "I know what is wrong and what is right. I can take care of myself. She said that. That is why I was ... how should I put it ... to be honest, if I pushed her, she would yell. Then of course I felt bad for my neighbors ...' (The Mother in Family 3; translated from mixed Javanese-Indonesian transcript; Interview conducted in December 2020)

'Because recently I have been pushing my husband to admit, whether it is true that he did that. Instead, he got angry with me. "Why was I not involved before? If there were suspicions about me, I could have spoken up. But now it is too late. It seems like I am guilty.' (The Mother in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'Yes, Ma'am. Because her father did not admit it to her mother, eventually she just believed him. Moreover, she was sick and wondered who else would take care of things if anything were to happen. So, they agreed to go back together eventually ...' (The Psychological Care Provider in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

'There were her and her mother. Also mentioned were the father, the aunt, and the aunt's family, but the one who we could meet was the aunt. All the information was from the mother and the mother's response was like that. She was very angry at the stepfather because she found out that he had a role in it, although he was not the perpetrator. I can recall that at that time, the mother even had a suspicion about whether the father did it or not. She was furious and even asked for a divorce. Then, slowly she gave up that thought ... (this problem) could not be resolved with a divorce ...' (The Psychological Care Provider in Family 3; translated from Indonesian transcript; Interview conducted in December 2020)

Themes emerging from all participants were related to adversity, family stressors, family stress, and family strain. Participants were exposed to family strain in the form of psychological strain, physiological strain, social strain, and relational strain. These issues become the main explanation of family dysfunction.

DISCUSSION

Sexual trafficking also affects the victim's family. Its psychological and social impacts render families unstable. Family functioning gets disturbed and families struggle to function amid crisis (Herdiana, 2020). A principle in the Family Systems Theory explains that a chronic crisis and stress can affect a family and its members, giving rise to the risk of dysfunction, relation conflicts, and hindrances within the family (Walsh, 2003).

Family is a central organizational structure, including in the Javanese society. The nuclear family is the most important unit of relatives in the Javanese culture. Each member is supposed to support and take care of each other, in addition to other responsibilities. Neglecting a responsibility within a family is considered a serious social violation (Surtees, 2017). In this study, most victims are young girls who were sexually trafficked in their early childhood. When other children were normally under their parents' protection, they had to face predators who brought them a traumatic experience. These girls will have adverse childhood experiences that have the potential to cause trauma, especially those caused by experiences of sexual violence and family dysfunction (Ernawati et al., 2022).

The family is under pressure because their parents were stigmatized for not being able to fulfill their role as good parents. Not only did they need to help their children transition back home, but they also had to deal with moral sanctions from the community. The stigma was exacerbated by the sexual nature of what happened to the daughters in these families. It is also important to understand the historical timeline in these

cases (Herdiana, 2020). The victims were in their childhood at the time of the trafficking, so they had extremely limited knowledge about sexuality. Childhood curiosity about the outer world, combined with attempts to gain life experience outside of the family and a drive to escape from problems at home, had led them to meet and trust people who seemed to be well-intentioned and could help meet their needs. Problems at home can make women and children psychologically vulnerable and prone to trafficking (Sidun et al., 2014).

The condition of the victims and their families determined the fashion in which they responded to the crisis. Case from Family 1 shows that the process was complicated by the long duration of the sexual trafficking. The search attempt of the victim involved many parties. Most family members contributed to this attempt, starting from the search, the picking up of the victim, to the seeking for professional assistance afterward. They received support from various sources. For Family 2, on the other hand, the trafficking was swift as it happened through social media. The victim was sexually extorted and abused for a relatively brief period. The family agreed not to spread the news and even left distant relatives unaware of the trafficking. However, the family still discreetly sought psychological help from the victim and other members of the family. Similarly in other families in the study, the trafficking was kept within the nuclear family. They did not want their extended family to learn about it. Albeit their neighbors already found out about the matter and the families chose to be indifferent and tried not to pay any care to the neighbors' responses.

Adversity can be viewed as a challenge, which is a condition that urges a family to deal with difficulties through positive processes within the family (Walsh, 2006b). Adversities or crises that are perceived as family stressors can lead to distress. Family stressors are life events or transitions that result in a change in the family social system (H. I. McCubbin & Patterson, 1983; L. D. McCubbin & McCubbin, 2013; M. A. McCubbin & McCubbin, 1993). In turn, chronic and unresolved stressors can heighten the risk of further family problems (Boss, 2001).

The Family System Theory assumes that crisis-inducing stressors can have repercussions for every family member. They disrupt family functioning and sever relations among family members (McCubbin & Patterson, 1983). Such family dysfunction emerges from negative appraisals of the problems caused by sexual trafficking. Additionally, family resources also cease to function properly. Family disintegration, due to a divorce or separate residence, hinders the healing process of the family. This causes strains. According to Hill's ABCX model, family crises result from negative appraisals of problems and the failure of the family resources to balance out demands. Problem appraisal is built upon the family's perception of the problem and family resources can facilitate crisis resolution (H. I. McCubbin & Patterson, 1983).

Further, crises can lead to family strains (Boss, 2001; Lavee et al., 1985, 1987; Herdiana, 2020) In the current study, these strains manifested in (1) psychological strains, which were characterized by sadness, shock, the feeling of going insane, and trauma; (2) physiological strains in the form of physical reactions that required medical attention; (3) social strains, such as neighborhood gossips and 'stigmas'; (4) relational strains within the family in the form of negative emotional relations which triggers anger towards the children. In the families of sexual trafficking victims, strains were more commonly observed in the parents. The pressure that

the parents had to shoulder was the most challenging strain, especially when the victims was still in their adolescence (Herdiana, 2020). Meanwhile, when the trafficking happened to an adult, the most severe strain was experienced by the victims themselves (Herdiana, 2020). Thoits (1995) and Herdiana, (2020) explained that strains could be detrimental to both physical and mental health and therefore could manifest as physiological and psychological strains.

Often, family strains were responded to with anger, an emotional reaction that follows guilt, depression, or anxiety. Anger is more frequently observed in women than in men (Agnew, 2001; Jang & Agnew, 2015). It affected relations within the family and weakened the family's ability to cope with problems. Meanwhile, social strains were characterized by gossip and stigma related to sexuality. Stigma, including that towards a family, is an inhibiting factor of reintegration and rehabilitation for victims of sexual trafficking and their families. In some literature, the worst stigma is directed toward female victims, especially when they are infected by HIV/AIDS due to the trafficking period (Parker & Aggleton, 2003; WHO, 2012). It was not surprising that family strains were found to have caused a family dysfunction. Walsh also emphasized that strain convergence increases the risk of family dysfunction (McDonald, 2013; Walsh, 2002, 2016). The following figure illustrates how a family fails to function due to stressors caused by the experience of sexual trafficking:

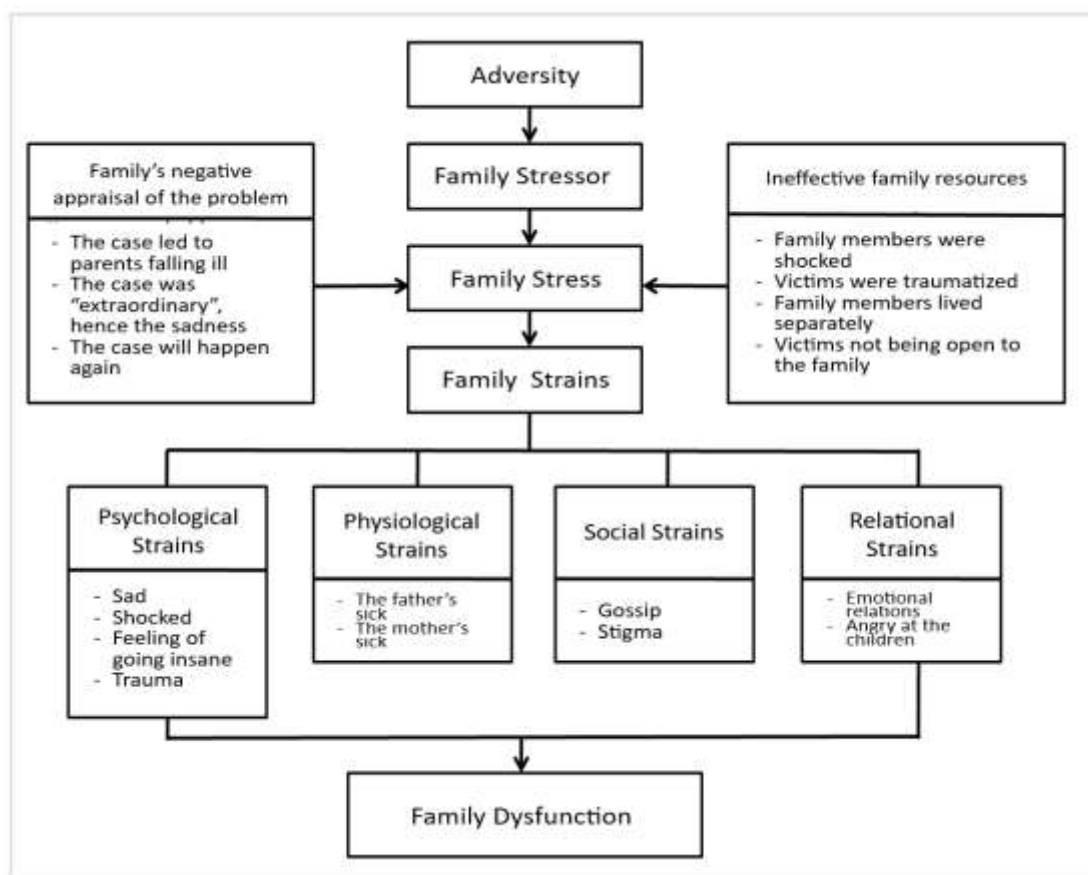


Figure 1. Family Dysfunction in Families of Sexual Trafficking Victims (Herdiana, 2020)

CONCLUSION

In conclusion, this study found that the family response to the crisis caused by sexual trafficking manifested in psychological (e.g. sad, shocked, feeling of going insane, trauma) , physiological (e.g. the parent’s sickness), social (e.g. gossip or stigma from other), and relational (e.g. angry at the children, emotional relation) strains. These strains led to family dysfunction. They were triggered by family stress, resulting from the negative appraisal of the victimization of one family member in sexual trafficking as well as “paralyzed” and ineffective family resources.

This study had several limitations. It did not involve the entirety of the victims’ families. It was due to difficulties in arranging time for data collection with family members who had worked or lived in another city. Moreover, this study tapped upon a sensitive experience that family members were often unwilling to recall. Suggestions to overcome these limitations are to establish a long-term study to build participant comfort and find a suitable time for participants who live far away.

Some recommendations for both theoretical and practical advancements include: (1) future studies should explore other aspects of a family, particularly how family members work synergistically to become resilient; (2) professionals working with sexual trafficking cases could integrate a family-based approach in the intervention of victims and their families.

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