ADDRESSING MENTAL HEALTH NEEDS IN

SURVIVORS OF MODERN SLAVERY

A Critical Review and Research Agenda



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working with survivors of human cruelty

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Helen Bamber Foundation
working with survivors of human cruelty

Survivors have many practical problems that need to be addressed, as well as psychological and physical injuries. You cannot begin to treat a person appropriately if they are desperately concerned about their future, about the past, and about the present.

HELEN BAMBER OBE

The Helen Bamber Foundation (HBF) provides integrated care for survivors of human rights violations to assist and sustain their recovery from trauma.

Our specialist team includes doctors (general practitioners), psychiatrists, clinical psychologists, psychotherapists, physiotherapists, body-mind therapists, legal experts and a wide network of other staff and volunteers.

Our clients have suffered one or more human rights violations: modern slavery, human trafficking, state torture, community violence/war, or violence based upon gender or sexual identity. We have found that people who have survived prolonged inter-personal violence in these contexts present with a similar range of mental and physical symptoms. They may have complex and enduring responses to trauma which require specialist care and support for long-term, sustained recovery.

HBF's Model of Integrated Care has been developed specifically for survivors of multiple trauma. We provide specialist therapeutic care and medico-legal documentation of physical and psychological injuries. HBF staff and clinicians adapt to the continuous challenges our clients face by maintaining a pro-active and flexible response to their ongoing protection needs and to medical, legal, housing and welfare issues as they arise. Through HBF's Creative Arts and Skills Programme, our clients are able to build new friendships, access education, and work towards community re-integration.

We learn from survivors every day in our work, and we are dedicated to sharing best practice methods and clinical techniques for people who have suffered human rights violations across the world.

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Foreword

Modern slavery, in all its forms, has a profound and devastating impact on human lives. It leads to significant and disabling mental health problems, as well as generational cycles of crisis, hardship and loss. This report reviews the existing research evidence on the mental health impact of enslavement and the efficacy of specific mental health treatment approaches. It identifies gaps in existing knowledge and thereby makes specific recommendations regarding future research priorities. We hope that it represents the first stage in a collaborative, international project to develop effective models of therapeutic care for all people who have suffered slavery, wherever they are located in the world.

Slavery ruthlessly breaks the bonds of healthy human relationships and its continued existence in modern life affects us all. In 'hotspot' regions across the world, enslavement of entire communities over generations is normalised. Traffickers transport people away from their homes into slavery, maintaining control by isolating them, threatening to harm their loved ones and manipulating fears related to family and community. At a local level, the lives and relationships of the children, families and communities of each enslaved person are profoundly damaged. However in HBF's experience, lives and relationships can be gradually restored through the provision of integrated care. Helping one survivor to sustain recovery from the psychological impact of enslavement assists and strengthens every person who is positively connected to them. It supports their community and advocates for a world without slavery.

Addressing the mental health impact of modern slavery is essential to combat slavery and to halt generational cycles of violence, exploitation and abuse.

Over decades, our clinical work with survivors has shown us that people who are left without appropriate care and support after escaping slavery remain specifically vulnerable to further harm and exploitation until they receive it. Research in this area is still in its infancy, yet it is clear from our review that mental health problems including depression, anxiety and Post-Traumatic Stress Disorder (PTSD) occur frequently in survivors, regardless of the form of slavery to which they have been subjected.

Prioritising the mental health needs of survivors is therefore essential for them to sustain recovery from traumatic experiences and to increase their capacity to protect themselves from further harm. In addition to mental health needs, there are risks to a person's safety and protection which need to be understood and acted upon.

The various forms of slavery and the challenges faced by those who are working to assist and support enslaved people, are highly specific to the regions, populations, cultural and socio-economic contexts in which they occur. We therefore recommend the following research agenda:

- Research studies should be conducted with a common framework, appropriate screening instruments and identification methods in areas with a high prevalence of modern slavery. This will enable cross-national and cross-cultural comparisons of the mental health effects of slavery so that the potential benefits of specific treatment approaches can be evaluated.
- Survivors' experiences of slavery should be fully documented. They have crucial insight into the harm caused by slavery and their own treatment needs. Therefore they should be involved in the development and implementation of research in this area.
- Clinical interventions should be systematically evaluated to determine whether they are helpful to survivors in various regions and contexts, and whether they can be delivered successfully by non-clinicians. Further avenues for research include treatments such as Narrative Exposure Therapy (NET), Cognitive Behaviour Therapy (CBT) and other integrated approaches.

An international network with a collaborative research agenda would enable the sharing of best practice clinical methods and utilise the valuable working knowledge of all those who are currently working in slavery 'hotspot' regions. The involvement of survivors is crucial to any such project.

Abstract

Methods

We reviewed the existing peer-reviewed literature on the mental health effects of modern slavery and on the treatment interventions to mitigate these effects. In order to ensure that we considered as much relevant research evidence as possible, we took a broad definition of 'modern slavery' and did not formally assess study quality.

Results

Mental health problems including depression, anxiety and Post-Traumatic Stress Disorder (PTSD) occur frequently amongst survivors, regardless of the form of slavery to which they have been subjected. Although a few studies have looked at factors which are likely to increase the risk of development of mental health problems, or to affect their persistence and severity, this area of research is in its infancy. There is limited evidence to demonstrate the efficacy of specific treatment interventions which are carried out in isolation. An integrated approach to care for survivors is likely to be more effective. The majority of research which investigates the efficacy of treatment interventions has focused specifically on child soldiers and may therefore have limited generalisability to other forms of slavery. However, some treatments which are adaptable for use in a wide range of cultural contexts have been found to be effective for the reduction of PTSD symptoms in this group. These include Narrative Exposure Therapy (NET), which requires only brief training.

Key gaps in research to date

There is insufficient research on common mental health problems in survivors of modern slavery. Information is particularly lacking on men and children. Research to date is not geographically representative of the areas where a high prevalence of slavery has been identified. Information is limited on risk factors which increase the likelihood of major mental health consequences and on factors which may protect survivors from developing serious mental health problems. There is also a lack of systematic studies on specific clinical interventions.

Introduction

Aims of this Critical Review

This review was commissioned by the Freedom Fund and conducted by the Helen Bamber Foundation. It has three key aims:

1. To increase awareness and understanding of the mental health consequences of modern slavery.
2. To promote best treatment practice by reviewing the existing research evidence on the impact of enslavement on mental health symptoms and behaviours, and on the effectiveness of specific mental health treatment approaches.
3. To identify gaps in current knowledge of the mental health needs of survivors of modern slavery, and thereby to make specific recommendations regarding future research priorities.

Background

'Modern slavery' refers to the possession and/or exploitation of another person or persons in a manner that violates their human rights and deprives them of their individual liberty. The term covers a broad range of forms of slavery including forced labour and human trafficking.

Slavery is the status or condition of a person over whom any or all of the powers attaching to the right of ownership are exercised. This includes every act of trade or transport in slaves (Slavery Convention, 1926; Supplementary Slavery Convention, 1956). Forced labour can be defined as work that is performed involuntarily and under coercion. It can take place in any industry, including in the informal economy. It includes men, women and children in situations of debt bondage, suffering slavery-like conditions or who have been trafficked (ILO Forced Labour Convention, 1930).

Modern slavery is often a hidden crime, which makes it hard to identify and determine the scope of the issue. However it is a global issue. The Global Slavery Index aims to compare the extent of modern slavery across 167 different countries around the world. It produces a ranking for each country based on the proportion of the country's population that are enslaved. The total prevalence of enslavement across the world has been estimated at 35.8 million (Global Slavery Index, 2014). The International Labour Organization (ILO) estimates the illicit profits of forced labour to be $US150 billion a year, confirming that modern slavery is a widespread and powerful business as well as one that generates huge numbers of victims (ILO, 2014).

In both 2013 and 2014, the Global Slavery Index identified that Mauritania had the highest ranking for slavery, with as many as 4% of its population enslaved in 2014. The next most severely affected countries were: Uzbekistan (3.9%), Haiti (2.3%), Qatar (1.35%) and India (1.14%). By far the highest absolute number of slaves are found in India. Many of the countries with the highest levels of modern slavery have experienced conflict and war, which disrupts governmental processes and undermines the rule of law. This increases the opportunities available for slavery-related criminal activity and can thereby increase the threat of modern slavery within a population.

Human trafficking is a form of modern slavery that involves the movement of people internally within countries, or externally across borders. The UN Trafficking Protocol (The Palermo Protocol; United Nations, 2000) defines human trafficking as 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs'. In many cases the recruitment and journey itself constitute a level of hardship, violence or deception for the victim that has a long term psychological impact in addition to the subjugation and exploitation they endure.

Review Methods

Search Terms

For the purposes of this review, we took a broad view of 'modern slavery' to ensure that we have considered as much relevant research as possible.

We therefore used multiple search terms as key words in our search for relevant studies. These key words were as follows:

- human trafficking
- domestic servitude
- sexual exploitation
- forced labour
- labour / exploitation
- child soldiers
- forced street crime
- modern slavery
- slavery
- bonded labour

In order to identify studies which investigate both the mental health implications of modern slavery and the treatments that have been evaluated in populations consisting of slaves or former slaves, we also included the key words:

- mental health
- mental disorders
- mental health interventions
- mental health treatments

We included an additional form of forced labour that is frequently excluded from consideration of modern slavery: the recruitment of children into armed combat. Research on treatment interventions for survivors of this form of slavery is relatively extensive and it may offer useful insights for practice in other slavery contexts.

We used the 'PubMed', 'Google Scholar' and 'PsycINFO' databases to identify relevant primary studies and review articles using the search terms listed above. We only included research studies that had been published in peer-reviewed journals to ensure that they had been evaluated and found to meet minimum quality standards. We did not examine 'grey literature' (i.e academic literature that is not formally published in peer-reviewed journals). We reviewed all of the relevant studies identified, regardless of the methods used and the size of the study.

Selection Criteria

Studies were included if they:

- Presented the results of peer-reviewed research.
- Included participants (males or females, adults or children) who self-identified, or were identified by researchers as having been trafficked and/or having been associated with armed forces before age 18 and/or having experienced sexual exploitation or labour exploitation. We also included two studies which focussed on the experiences of service providers rather than direct interviews with former slaves (Song et al., 2013; Aberdein and Zimmerman, 2015).
- Measured participants' psychological health in relation to their experiences of slavery.
- Reported changes in psychological health as a result of one or more specific interventions.

Review Results

The Mental Health Consequences of Modern Slavery

Relatively few research studies specifically consider the mental health effects of modern slavery. Some of the studies we identified focussed on people who had been trafficked from one location to another for the purpose of exploitation. The majority of participants in the trafficking studies had been subjected to sexual exploitation. There were also some studies which focused on specific types of slavery which did not involve trafficking. These studies considered two forms of slavery: labour exploitation and child soldiering.

(see Appendix 1 for details of methods used to identify the prevalence of mental health problems).

Human Trafficking (including sexual exploitation)

Many of the studies identified via the use of the search term 'human trafficking' conflated different forms of exploitation, and did not (for example) look separately at labour and sexual exploitation. However all of these studies included participants who had been trafficked for sexual exploitation.

People who have been trafficked have frequently encountered extreme violence and psychological abuse during their enslavement (IOM, 2002). An international organization, Soroptimist International of the Americas (2008), found that the majority of female participants in their study were trafficked for sexual exploitation rather than for other forms of slavery. They estimated that 79% of trafficked women and girls worldwide have been forced into sexual exploitation.

Trafficking for sexual exploitation can result in serious mental health consequences, most commonly anxiety, depression and Post-Traumatic Stress Disorder (PTSD). An interview-based study conducted in the United States with 30 women who had been trafficked for forced prostitution (18 within the USA and 12 into the USA from other countries) were compared with a group of 8 sex workers who defined themselves as having entered sex work without having been trafficked or coerced. (Muftic and Finn, 2013). The study found that 97% of the women who had been trafficked reported suffering mental health problems, compared with 75% in the comparison group.

Cwikel et al. (2004) interviewed 49 trafficked women detained while awaiting deportation and found high rates of depression (79%) but much lower rates of significant PTSD symptoms (17%). 19% had attempted suicide. Depressive symptoms were much more common than in a comparison group of brothel workers (most [82%] of whom had also been trafficked) but there were no differences in rates of PTSD and of attempted suicide. The authors concluded that the high rates of depressive symptoms reflected the stress of detention and the prospect of deportation.

Williamson, Dutch, & Clawson (2008) indicate that there are a number of mental disorders which can develop as a result of the exploitation associated with human trafficking. These include mood and anxiety disorders, dissociative disorders (i.e. disorders such as Post-Traumatic Stress Disorder [PTSD] in which feelings, thoughts, sensations, perceptions and memories become disconnected from each other) and drug or alcohol related disorders. In addition they highlight a number of factors which commonly result from trafficking, including attention deficit hyperactivity disorder, conduct disorder, antisocial personality traits, and impulse control. Muftic and Finn (2013) found that 53% of the trafficked women they interviewed were addicted to drugs or alcohol. The proportion was much higher in the 'domestic' subsample than in those trafficked into the USA from other countries.

Many complex factors interact and affect the likelihood and severity of mental disorders following experiences of trafficking.

Ostrovschi et al. (2011) reported that 88% of women returning to Moldova following experiences of trafficking for sexual exploitation were found to be suffering from substantial psychological distress. 16% had PTSD alone; 20% had PTSD co-morbid with other mental health problems; and 18% had other anxiety or mood disorders. This study also showed that the mental health implications resulting from experiences of trafficking were often long term. In the 2-12 months following their return to Moldova, 54% of the women studied had developed a mental disorder meeting the criteria for a clinical diagnosis.

Trafficked children also have high rates of mental disorder. In a study of 387 child and adolescent survivors of human trafficking (82% female; ages ranging between 10 and 17) attending post-trafficking services in Thailand, Cambodia and Vietnam, 56% screened positive for depression, 33% for anxiety and 26% for PTSD (Kiss et al., 2015b). The majority of the girls in this study had a history of trafficking for sexual exploitation whereas the boys had all experienced labour exploitation.

Recovery from mental disorders after having been trafficked appears to differ by diagnosis. Hossain et al. (2010) assessed 204 women from 12 countries who had been trafficked for sexual exploitation. This study indicated that rates of depression and anxiety were lower in women who had left the trafficking situation at least 3 months prior to being assessed. This difference was not apparent for PTSD suggesting that trafficking-related PTSD is less likely to resolve without appropriate intervention.

In addition, Ostrovschi et al. (2011) (as above) found that having more than one mental illness increased the likelihood of mental health symptoms persisting. 85% of those who were diagnosed with multiple mental illnesses within 5 days of return to their country of origin continued to suffer from PTSD or stress symptoms after 2-12 months of attempted rehabilitation. This compared with only 40% of those who were identified as having 'pure' PTSD or acute stress disorder.

Many complex factors interact and affect the likelihood and the severity of mental disorders following experiences of trafficking. Research studies have identified some of these, but the findings are mixed and there have been few systematic comparisons conducted. The forms of trafficking and their duration are clearly significant. Tsutsumi (2008) conducted a study of female trafficking survivors in Nepal and found that those who had been sexually exploited were more likely to experience symptoms of anxiety, depression and PTSD in comparison with those who were victims of non-sexual exploitation. This might reflect additional factors such as the risk of, and actual development of sexually transmitted diseases (STDs). Women and girls who had been sexually exploited were found to have a higher prevalence of HIV (Tsutsumi, 2008).

Hossain et al. (2010) found that sustaining physical injuries was linked to higher rates of depression, anxiety and PTSD, and that experiences of sexual violence were associated with higher levels of PTSD. These findings suggest that exposure to violence and other pre-trafficking and trafficking-related trauma, could be as significant as the sexual exploitation itself in increasing mental health vulnerability.

Abas et al. (2013) identified several risk factors for mental disorders: childhood sexual abuse, unmet needs and lack of social support post-trafficking were risk factors for development of a mental disorder.

In a study of women who had been trafficked returning to Moldova, the duration of time spent in the trafficking situation was associated with increased likelihood of mental disorder occurrence post-trafficking. (Abas et al., 2013).

Similarly, Hossain et al. (2010) found that women who were trafficked for at least 6 months were twice as likely to experience higher levels of anxiety or depression. In a study of 1102 trafficked men, women and children, several factors (threats, severe violence, poor living conditions, long working hours and unfair loss of pay) were linked to increased likelihood of developing symptoms of depression, anxiety and PTSD (Kiss et al., 2015a). Those survivors who had the most marked subjective feelings that their freedom was restricted while they were being trafficked and exploited had increased rates of anxiety (Hossain, 2010) and double the overall risk of poor mental health (Kiss et al., 2015a) compared with those who had not felt so markedly restricted. Muftic and Finn (2013) identified the length of time spent in sexual exploitation together with having an abusive 'pimp' as significant risk factors for developing mental health problems.

In their study of children and adolescent survivors of trafficking, Kiss et al. (2015b) found that a history of physical or of sexual violence were associated with increased rates of depression and of self-harm. Past physical violence was also associated with higher rates of anxiety.

Le et al. (2014) reported that in a cohort of women and girls returning to Vietnam, trauma symptom levels were slightly but significantly higher in those trafficked into forced marriage and domestic servitude than in those trafficked into sex work.

Experiences prior to being trafficked, and after leaving the trafficking situation, can also affect post-trafficking mental health. Abas et al. (2013) identified several risk factors for mental disorders: childhood sexual abuse, unmet needs and lack of social support post-trafficking were risk factors for development of a mental disorder.

Trafficking for sexual exploitation appears to be associated with very high rates of mental health difficulties. The studies we identified focused mainly on female victims. There is a clear need for more research on male victims.

Labour Exploitation

Many of the studies of labour exploitation that we identified focused on the experiences of children forced into labour. Thabet et al. (2010) investigated the links between mental health problems and child labour amongst children in the Gaza Strip. In a study of 780 children aged 9-18 (most of whom were working to support their family's income), mental health problems were related both to socio-economic factors and to factors that were more directly related to their under-age employment. Anxiety was associated with selling in the streets, working to help the family, low family income and lack of health insurance, whereas depression was related to parental dissatisfaction with the job (because they felt the child should be earning more or should be pursuing education) and with the child working long hours.

Mental health symptoms were also observed in former child domestic slaves in two qualitative studies that were conducted in Haiti. A number of problems were identified in children who had experienced this form of slavery, including internalising mental health symptoms such as depression and anxiety, and externalising symptoms such as conduct disorders. The authors also highlighted that these children were vulnerable to experiencing further violence, as well as to rejection from their home communities and families on return (Kennedy et al., 2014).

Turner-Moss et al. (2014) examined the mental health impact of labour exploitation through analysis of case records of 27 men and 8 women who had been subjected to labour exploitation in the UK and were receiving support from a non-governmental organization between June 2009 and July 2010. This study highlighted the high level of exposure to trauma amongst the adults, 57% of whom reported at least one symptom of PTSD.

Child Soldiers

Child soldiers are a population of modern slaves that have been the focus of more studies than other slave groups. The term 'child soldier' refers to minors under the age of 18 who are associated with armed forces or armed groups. Child soldiers can be involved in a range of roles which include soldiers, mine sweepers, human shields, cooks, porters or guards (Coalition to Stop the Use of Child Soldiers, 2008). Child soldiers not only experience acts of violence but are often forced to perpetrate violent acts. They are also subjected to physical and sexual abuse, making them particularly vulnerable in terms of mental health (Betancourt et al., 2010).

A key factor which increases the risk of mental health issues in child soldiers is their young age when they are recruited. When compared with adult ex-combatants, former child soldiers in the Congo were found to experience greater trauma-related suffering and higher 'appetitive aggression' (Hermenau et al., 2013). This term refers to the addictive quality that such aggression can come to have in people who are forced from an early age to perpetrate acts of extreme violence. Being of a young age when first involved in armed groups was also linked with higher baseline levels of anxiety and depression in former child soldiers in Sierra Leone (Betancourt et al., 2010).

When compared with civilian children from the same conflict setting, former child soldiers were found to experience higher levels of PTSD, psychological distress, and emotional and behavioural problems. This indicates that mental health issues are not simply related to the war environment generally, but to the particular experiences of child soldiers. Betancourt, Borisova, Soudiere and Williamson (2010) found greater levels of depression, anxiety and hostility in those child soldiers who had killed or injured others. Similarly Betancourt et al. (2010) found higher levels of hostility in those who had killed or injured others, along with a sustained decrease in socially appropriate behaviours. Neuner et al. (2012) found that spirit possession was more common amongst former child soldiers in Northern Uganda than in young people without a history of such abduction. Spirit possession was associated with extreme levels of traumatic events and predicted poor functioning more strongly than did PTSD or depression symptoms.

Adhikari et al. (2015) studied the mental health and wellbeing of 300 former child soldiers in Nepal. They found that whilst symptoms of anxiety and PTSD decreased over a 9 month period, levels of depression were maintained. Several factors that were not directly related to the slavery experience (including social support, inter-caste marriage, low caste and residence in rural isolated western areas) were associated with increased mental health problems. The mental health of the girls in the study did not improve, whereas that of the boys did. The authors did not identify possible reasons for this gender difference. The study also found that rehabilitation programmes (consisting of education, financial support or vocational training in combination with counsellor-led social support that helped them make informed decisions on the choices offered to them) did not significantly improve mental health. Children who were enrolled in vocational programmes had greater PTSD symptoms than those who were not enrolled on the programmes. The authors conclude that rehabilitation programmes that do not also mobilise the social support available to such former child soldiers may not be useful in improving mental health.

The effects of exposure to sexual abuse appear to be an important determinant of psychological difficulties in former child soldiers. In a study in Sierra Leone, child soldiers who had survived rape displayed higher levels of anxiety and hostility than those who had not been subjected to rape (Betancourt et al., 2010). In addition, sexual abuse was associated with more severe symptoms of depression and anxiety (Betancourt et al., 2010, Amone-P'Olak, Croudace, Jones & Abbott, 2014). A number of other common adverse events experienced by child soldiers were also associated with more severe mental health difficulties. These included experiences of torture or other direct personal harm, loss of a caregiver and threats to loved ones (Kohrt et al., 2010, Amone-P'Olak, Croudace, Jones & Abbott, 2014, Betancourt, Borisova, Soudiere, Williamson, 2010). Exposure to multiple such events is also associated with mental health problems. In a study by Ovuga, Oyok & Moro (2008) those who had experienced 10 or more traumatic war events were more likely to experience depression.

> **Greater levels of depression, anxiety and hostility found in those child soldiers who had killed or injured others.**
>
> Betancourt, Borisova, Soudiere and Williamson (2010)

Gender is an important factor in determining vulnerability to, and manifestations of, mental distress in former child soldiers. In a study of Ugandan former child soldiers, sexual abuse was an independent predictor of depression and/or anxiety in females, whereas threats to loved ones independently predicted depression and/or anxiety in males. Female former child soldiers experienced more emotional and behavioural difficulties than males (Moscardino, Scrimin, Cadei & Altoe, 2012). Female former child soldiers in Nepal were found to be almost twice as likely to develop PTSD as males (Kohrt, 2008). It is possible that this could be explained in part by their contrasting post-war experiences. Female former child soldiers were found to experience greater hostility and rejection from the community than their male counterparts (Betancourt, Borisova et al., 2010). However it should be noted that not all research indicated a gender difference. A study of former Ugandan child soldiers by Klasen, Oettingen, Daniels & Adam (2010) found no gender differences in overall mental health outcomes.

The systematic review by Oram et al. (2012) identified 19 studies, 5 of which examined mental health issues. The authors of the review concluded that trafficking for sexual exploitation was associated with a range of serious mental and physical health problems.

Modern Slavery – Mental Health Interventions

As is the case for studies investigating the prevalence of mental health problems in survivors, there is a paucity of research into the effects of mental health interventions in survivors of modern slavery. Of the studies we did identify, the majority focused on child soldiers and remainder on victims of human trafficking.

(see Appendix 2 for details of all the therapeutic interventions evaluated).

Child Soldiers

Research has indicated that former child soldiers are interested in receiving mental health services and believe that such services will benefit them (Amone- P'Olak et al., 2014). Studies evaluating specific approaches to the rehabilitation of former child soldiers are focused mainly on subjects with a diagnosis of PTSD. These are summarised below.

In a pilot study of 20 former child soldiers in Liberia (Gregory et al., 2009), participants were entered into an intensive 2 week 'Companion Recovery Model', which consisted of 9 stages aimed at dealing with past experiences and beginning a new life. Results indicated a significant decrease in PTSD scores. A randomised controlled study of 85 former child soldiers in Northern Uganda with PTSD (Ertl et al., 2011) indicated that Narrative Exposure Therapy (NET) resulted in significant improvement in the severity of PTSD symptoms in comparison with an academic catch-up programme which included a focus on psycho-education and coping strategies, and with a control group of child soldiers who received no active treatment. Betancourt et al. (2012) noted that interpersonal psychotherapy groups were successful in treating depression in former child soldiers in northern Uganda.

A number of other common adverse events experienced by child soldiers were also associated with more severe mental health difficulties. These included experiences of torture or other direct personal harm, loss of a caregiver and threats to loved ones.

McMullen et al. (2013) carried out a randomized controlled trial in Congo DRC involving 50 boys aged 13–17, 39 of whom were former child soldiers and 11 were not former child soldiers but had been affected by war. They found that group-based, culturally-adapted Cognitive Behavioural Therapy (CBT) resulted in a significant reduction of PTSD symptoms, psychosocial distress, symptoms of depression and anxiety, and an increase in pro-social behaviour. These results were found to have been maintained 3 months later.

It is important to consider the impact of post-war factors on mental health in order to inform therapeutic interventions. In a longitudinal study of 539 former child soldiers in Northern Uganda, Amone-P'Olak et al. (2014) found that psychotic symptoms were largely explained by post-war hardship. Morley and Kohrt (2011) studied the impact of peer support on former child soldiers in Nepal. Peer support was associated with reduced PTSD symptoms, reduced functional impairment and an increased sense of hope. In addition, Betancourt et al. (2009) found that community acceptance was linked with pro-social behaviours and attitudes, and that family acceptance was linked with reduced hostility.

Research by Vindevogel (2012) indicates that positive support comes from both formal and informal sources, involving a combination of support figures, the community, charitable organizations and the government. A subsequent study (Vindevogel, Broekaert and Derluyn, 2013), identified the four themes which constitute helpful resources for child soldiers. These were: breaking away from their former identity as a child soldier; developing the ability to overcome current challenges; finding 'belonging' in terms of people and location; and becoming aspirational. These themes are in keeping with the Nepal-based study by Kohrt (2010), which indicated that education improved mental health outcomes for former child soldiers in Nepal.

Boothbya et al. (2006) followed the rehabilitation of 39 child soldiers over a 2 year rehabilitation period and monitored their progress over the following 16 years. Their research indicated that interventions with long-term benefits included those that strengthened coping skills, supported long-term reintegration and increased self-forgiveness. Community acceptance, apprenticeships, and traditional cleansing and healing rituals were associated with long-term reintegration and self-sufficiency.

Song et al. (2013) conducted qualitative interviews with 24 individuals who were providing mental health, psychosocial or governmental services to former child soldiers in Sierra Leone, in order to investigate their priorities and any potential barriers to health care. Mental distress (including complex PTSD and substance misuse) as well as gender-based violence were considered to be commonplace amongst the former child

soldiers with whom they worked. One of the organisations interviewed estimated that 40% of female former child soldiers had turned to prostitution for survival as a result of lack of social, practical and economic support. Interventions that were available tended to be community-based activity programmes or traditional healing methods, rather than therapies with an evidence base for the treatment of mental health problems. Barriers to service provision included an absence of highly trained healthcare professionals with the necessary skills to treat such severe and complex cases. Treatment interventions for substance misuse were identified as being inadequate and potentially hazardous.

Wessells (2009) asserts that interventions for former child soldiers should be organised around three key principles. Firstly, approaches need to be tailored to the unique circumstances of the population to be supported, avoiding a 'one size fits all' approach. Secondly, approaches should be culturally grounded, drawing upon existing support and services. In particular, holistic and community-based interventions are recommended. Thirdly, interventions should be multi-layered, providing support at different levels that meet the range of needs of this group, rather than offering a single approach in isolation.

Human Trafficking

Most of the intervention studies we identified were on survivors trafficked for various forms of exploitation, including sexual exploitation. We did not identify any studies which specifically considered effective interventions for people subjected to labour exploitation.

Current guidelines for the care of survivors of human trafficking acknowledge the importance of psychological interventions (e.g.Human Trafficking Foundation, 2015). Aron et al. (2006) found that survivors themselves indicated a need for counselling and reported positive outcomes related to receiving such treatment.

There are a number of issues which must be taken into account with regard to the provision of psychotherapeutic services to victims of trafficking. People who have experienced trafficking are often unwilling to seek mental or emotional help. This may be for many reasons, including cultural stigma related to psychological problems. Therefore therapies need to be culturally appropriate (Shigekane, 2003). Mis-identification of survivors of trafficking for sexual exploitation, for example simply categorising them as 'former prostitutes' or 'former sex workers' can have serious adverse consequences on their access to assistance, support and reintegration. The terminology used in working with people who have suffered slavery must be carefully considered. (Palmer, 2010; Simkhada, 2008).

In a study in Cambodia, mental health professionals working with survivors of trafficking indicated that the stigma associated both with trafficking experiences and with mental health issues prevented people accessing such services (Aberdein and Zimmerman, 2015). This research also indicated a lack of services provided for survivors of labour exploitation when compared to those for people who had suffered sexual exploitation. In addition, they noted a lack of services provided for men, for people with disabilities and for those with severe mental health issues.

Helpful resources for child soldiers included breaking away from their former identity; developing the ability to overcome current challenges; finding 'belonging' in terms of people and location, and becoming aspirational.

As a result of their past physical and psychological abuse, people who have been trafficked may feel unable to trust service providers and officials after leaving the trafficking situation. This should be considered during their treatment (Rafferty, 2008). In the absence of specialist therapy services, survivors are often referred to refugee services or to domestic violence centres. In the United States, many such organisations have expanded their remit to include victims of human trafficking (Shigekane, 2007). Services which specialise in the provision of therapy for asylum seekers and refugees may be helpful for this client group. Practitioners within such services usually have training in working with trauma, have gained a degree of cultural sensitivity from working in the local area, and are familiar with immigration policies (Bemak and Chung, 2002). Clinical professionals who work with survivors of domestic violence are also potentially suitable in that they may be expected to have an understanding of current threats, legal implications and past emotional and physical abuse associated with domestic violence. However it is essential that professionals understand the specific needs of trafficking victims, who require a combination of all of the factors listed above. Shigekane (2007) noted that peer-support groups such as those provided for domestic violence victims could even be detrimental to survivors of trafficking because of the different mental symptoms and treatment needs of the two groups.

The treatment needs of survivors of trafficking can be complex. During their time in enslavement they may develop a bond with their captors, which is known as 'Stockholm Syndrome' (Carnes, 1997). Therefore interventions must sometimes involve breaking a 'trauma bond' (Hardy et al., 2013).

There is little research available which assesses the effectiveness of specific forms of therapy in survivors of human trafficking. However cognitive-behavioural therapies (Clawson, 2008 and Clawson et al., 2009) and trauma-informed mental health care (Fallott and Harris, 2002) have been suggested to have potential for use as an appropriate framework for treatment for victims of trafficking.

Key Findings of this Review

Mental Health needs amongst survivors of modern slavery

This review has summarised the current research into mental health problems which are associated with modern slavery. It is evident that mental health problems including depression, anxiety and PTSD, occur frequently in survivors, regardless of the type of slavery to which they have been subjected. Although some studies have looked at factors which are likely to increase the risk of development of mental health problems or affect their persistence and severity, this area of research is in its infancy. However, across populations, it appears that the length of time spent in slavery, the conditions of slavery and conditions post-release or escape, are likely to be significant factors.

There is limited evidence for specific treatment interventions. An integrated approach is likely to be more effective.

The majority of research investigating the efficacy of treatment interventions in this group has been conducted with child soldiers and may therefore have limited generalisability to other forms of modern slavery. However, within this population, several treatments (NET, Group CBT, Interpersonal Therapy and a Companion Recovery Model) have been found to be effective for the reduction of PTSD symptoms. It is also evident that several environmental factors (including post-conflict and socio-economic factors), as well as levels of social support and availability of access to education and employment, are likely to play a role in the efficacy of rehabilitation. Whilst these studies focus on former child soldiers, it is likely that therapeutic interventions for survivors of other types of modern slavery are also likely to be enhanced by attention to these key environmental factors and limited by the failure to address them.



Key gaps in the current evidence base

There is insufficient information on common mental health problems in victims of modern slavery. Information is particularly lacking on children and on adult men. Research to date is not geographically representative of the areas where high rates of slavery have been identified.

Peer-reviewed research into the prevalence and nature of mental health problems in survivors of modern slavery is sparse. In particular, much of the research (with the exception of research on child soldiers) is on women and there is little research looking at the mental health implications of modern slavery in children and men. Much of the research to date is highly specific to the geographical location in which it was conducted. Since the majority of the research to date has focused on sexual exploitation in slavery, further research is needed which examines the effects of slavery on the mental health of survivors who have been subjected to different forms of modern slavery. For example, we found very little research into the effects of labour exploitation, and we did not identify any studies investigating the mental health effects of forced criminal activity.

There is limited information on risk factors which increase the likelihood of major mental health consequences and on factors which may protect survivors from developing serious mental health problems.

Conditions in slavery, the duration of time spent in slavery, the traumatic experiences associated with enslavement and other traumatic events, as well as the impact of inter-generational slavery, are likely to influence the nature and extent of its psychological impact. It is also likely that other factors will be important in understanding the complexity of the modern slavery experience and its resultant mental health implications.

Environmental factors which relate to the slavery context itself and the attributes of each individual survivor (such as their personality and formative experiences), are likely to affect their vulnerability to the mental health consequences of slavery. Positive factors such as resilience to the development of PTSD and 'post-traumatic growth' (positive changes that can occur as a result of coping with a traumatic event) have been extensively studied in other traumatized populations. Further research is needed to investigate these concepts in survivors of modern slavery.

There is a lack of systematic studies of specific clinical interventions.

Whilst some treatment interventions have been identified as helpful for specific populations of survivors, the generalisability of these for other populations of survivors has not been established. Further research is required to investigate whether treatments that have been found to be helpful in the intervention studies are also useful for survivors of other forms of modern slavery, as well as for culturally, geographically and economically contrasting populations who have experienced similar forms of slavery. Long term maintenance of the benefits of specific forms of therapy for survivors needs to be evaluated. It is important to note that the conclusions from studies of clinical interventions in adults cannot necessarily be extended to children and vice-versa.

The extent to which specific forms of therapy can be adapted for different cultural settings is also unclear. However Narrative Exposure Therapy (NET) particularly, and Cognitive Behavioural Therapy to an extent, have been used in different cultural settings. NET is a potentially attractive treatment option since it requires relatively brief training which can be adapted for people who have not had professional clinical training or previous experience as therapists. Research trials have also shown that dissemination models which enable clinicians who themselves lack a specialism in trauma to cascade NET training to non-clinicians are associated with maintained treatment effectiveness.

Priorities identified for an international research agenda to address the mental health needs of survivors of modern slavery?

Despite the gaps in current research, it is clear that various forms of modern slavery have a significant impact on mental health. In our view the key priorities for further research are as follows.

Identification of mental health needs: Screening tools and identification of risk and protective factors.

Finding effective methods of screening is key to ensuring that survivors with mental health problems can be identified and their needs addressed.

Successful screening programmes aim to reach as many potential survivors as possible. Screening tools should be empirically valid and reliable. The choice of screening tools is therefore likely to involve the analysis of several factors that may be advantageous, including an evidence base for the reliability and validity of a screening tool, ease of administration (in particular by non-clinicians), availability of the tool in local languages and ability to administer the tool orally in cases where literacy rates are low. Specific screening instruments will be required to identify mental health problems in children. Cultural norms and shared, local understanding of mental illness may also make the use of some screening tools more problematic than others, for example if questionnaire items within the tool are culturally taboo for the population concerned to the extent that survivors may fail to answer the question.

More generally, it will be important to involve members of local communities, so that their models for understanding and caring for people with mental health problems are acknowledged and that they are aware of the range of mental health difficulties that survivors of slavery may experience. This would enable local community members to create a supportive environment for mental health recovery, while not necessarily being directly involved in the delivery of therapeutic care.

In a recent collaboration with the Freedom Fund, the Helen Bamber Foundation is currently conducting a project in Nepal with people who have been or still are in bonded labour. Screening tools have been identified that were available in the local language and were already in use by local mental health Non-Governmental Organisations (NGOs). The use of these tools has been piloted in conjunction with a psychiatric interview. There is potential to develop this diagnostic approach across multiple low-income/high slavery contexts in which efforts are being made to identify and address the mental health consequences of modern slavery. A network of research studies using a common framework would be of great value in enabling cross-national and cross-cultural comparisons of the mental health effects of slavery and of the potential benefits of specific treatment approaches. We therefore recommend developing a common study framework and establishing a network of researchers to carry out studies in a wide range of areas with high levels of slavery.

In the light of our experience in Nepal, we recommend that screening tools are selected which have proven empirical reliability and validity and have also been validated in as similar a population as possible to that being investigated. They should already be available in the local language(s) and where this is not the case, they should be translated and back-translated to ensure accuracy. The use of interpreters for the administration of screening tools should be used cautiously, given the additional opportunity that this provides for error and miscommunication, and also because of factors such as shame or fear, which may prevent full disclosure. If it is not possible for survivors to complete written questionnaires themselves, screening tools should be administered verbally. Finally, piloting allows for assessment of the feasibility of the chosen measure(s), as well as identification of any cultural factors which make the tools unreliable. Once piloted, screening tools which require minimal or no training, can be administered alongside structured psychiatric interviews which require more extensive training but enable more definitive diagnoses. It must of course be borne in mind that screening alone is of limited value. It needs to be accompanied by intervention programmes and defined clinical care pathways. Once it has been established which mental health problems are most common in a particular context, screening questionnaires alone (administered by non-clinicians) may be sufficient to guide treatment choice and to monitor progress.

An audit of potential risk and protective factors in identified survivors of modern slavery, both with and without significant mental health problems, would be a useful next step in identifying the most important factors that affect their risk of future harm and exploitation. These could subsequently be screened for in conjunction with symptom-based screening questionnaires to identify survivors who are most in need of mental health interventions.

Qualitative research to understand survivor experiences.

The complexity of the slavery experience from the survivor's perspective cannot be underestimated. Understanding this complexity is essential to the development of effective integrated and individualised treatment approaches.

Many clients of Helen Bamber Foundation have described the process by which they enter into the slavery situation as traumatic. In our clinical experience, survivors of modern slavery often have a history of exposure to traumatic events prior to becoming enslaved, which has increased their vulnerability to exploitation. Survivors of trafficking for example have described the experience of realising they were betrayed by traffickers, who may have posed as boyfriends or employers, and the devastating effect this has had on their ability to trust others. Betrayal by family members may be particularly challenging if survivors and their families are reunited. Others have been aware of the potential consequences of entering a trafficking situation, and yet felt they had no other choice because of political or economic reasons. Other survivors have described the experience of seeing transactions taking place of their being sold from one slave owner to another, often causing a profound loss of sense of self and of agency, and even a sense of being sub-human. Detailed qualitative analysis of interviews of survivors of slavery are required in order to disentangle how these factors influence survivors' experiences of slavery and also how they impact on mental health.

Systematic evaluation of clinical interventions.

Clinical interventions that have shown promise in treating survivors, and which appear feasible across the range of modern slavery contexts require further rigorous evaluation. In the context of global modern slavery, there needs to be systematic evaluation of whether the therapies are helpful to survivors and also whether they can be provided successfully by non-clinicians. Evaluations should be prioritised for the settings in which most people in slavery need therapies to be delivered, although some of the initial piloting may usefully be carried out in more controllable settings in high-income countries. A key initial consideration in choosing which therapies to evaluate is their potential to be delivered in low-income settings by non-specialists and/or non-clinicians.

As outlined above, further research is required to identify which clinical treatments are useful in the context of modern slavery. Small pilot studies of survivors of many different forms of modern slavery from various cultural contexts would be a useful first step towards evaluating promising treatment interventions. Findings from these small studies can then be scaled up into Randomised Controlled Trials within this context, and then potentially disseminated for use in different contexts.

Given the empirically-tested, cultural flexibility of approaches such as Narrative Exposure Therapy (NET) for the treatment of PTSD in people who have suffered multiple trauma, as well as its proven efficacy for child soldiers, we propose that this approach is particularly worthy of further research.

Group Cognitive Behavioural Therapy (CBT) may also be a promising approach and this has also been used in varied cultural contexts. At the Helen Bamber Foundation, we are currently evaluating a group CBT approach to treat female survivors of modern slavery who have psychological difficulties, such as depression or anxiety, in addition to, or in the absence of, PTSD. The primary aim of this approach is not to target a reduction of PTSD symptoms, but rather with the main aim of addressing other psychological difficulties and overall psychological distress. This approach could be rolled out to include survivors of multiple forms of modern slavery and also focus on male survivors. In our clinical experience, the group helps to increase social support, trust, assertiveness skills and an increased sense of agency as well as an increase in awareness of potentially harmful relationships, which should all help to reduce vulnerability to further exploitation. The extent to which this therapy is a helpful adjunct to an evidence-based PTSD therapy also requires thorough evaluation.

In our experience at HBF, some people with PTSD avoid or refuse exposure-based treatments (i.e. therapy that involves repeated but controlled exposure to trauma-related thoughts, feelings, and situations) because of the distress that they anticipate, or because of other barriers including shame. In such cases, longer-term individual therapy that does not address the trauma material, but instead focuses on establishing a trusting therapeutic relationship as a model for future relationships may be beneficial. Further research into helpful approaches for those who do not wish to engage in trauma-focused approaches is also required.

In addition to measuring treatment outcomes, survivors' experience of, and satisfaction with therapy and their cultural beliefs in relation to the therapy, are key to generating effective treatment interventions. Survivors have crucial insight into the harm caused by modern slavery and their own treatment needs, and they should be involved in the development and implementation of research in this area.

Given the longer term objective of disseminating findings to multiple settings, research into the feasibility of adapting treatments according to local culture and customs is also very important. It will then be necessary to train individuals who are not clinicians to deliver the treatments. Whenever clinical approaches are evaluated, attention should be given to the feasibility, practical challenges and cost-effectiveness of delivering this training.

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Appendices

APPENDIX 1:
Diagnostic Methods for Studies of the Mental Health Implications of Modern Slavery

Abas et al., (2013)	The Structured Clinical Interview for DSM-IV (SCID)
Adhikari et al., (2014)	Hopkins Symptoms Checklist (HSCL-25) and Post-Traumatic Stress Disorder (PTSD) Checklist-civilian version (PCL-C), validated in Nepal "against locally corresponding syndrome and Composite International Diagnostic Interviews" (Thapa&Hauį,2005)
Amone-P'Olak, Jones, Meiser Stedman, Abbott et al., (2014)	A general functioning measurement – 13 items score on a Likert Scale
Amone-P'Olak, Ovuga, Croudace, Jones, Abbott, (2014)	The Acholi Psychosocial Assessment Instrument (APAI) (modified version of African Youth Psychosocial Assessment Instrument.)
Betancourt et al., (2009)	46-item version of a measure developed by researchers at the Oxford Refugee Studies Program for use among former child soldiers in Sierra Leone and northern Uganda
Betancourt et al., (2010)	Mixture of standard measures and locally derived measures
Betancourt et al., (2011)	Adapted version of the Hopkins Symptom Checklist-SF-25 (HSCL-25) IRC/Oxford Psychosocial Instrument
Betancourt et al., (2012)	Acholi Psychosocial Assessment Instrument (APAI) Depression Problems Subscale
Betancourt et al., (2013)	Oxford Measure of Psychosocial Adjustment (OMPA)
Boothbya et al., (2006)	A Child Behavior Inventory Form (CBI)
Cwikel et al., (2004)	PTSD checklist: 6 questions from CES-D depression scale
Ertl et al., (2011)	Clinician-Administered PTSD Scale
Gregory & Embrey, (2009)	PTSD Symptom Scale-Interview (PSS-I)
Hermenau, (2013)	PTSD Symptom Scale-Interview (PSS-I) 15-item Appetitive Aggression Scale (AAS) (Weierstall & Elbert, 2011)
Hossain, (2010)	Subscales of the Brief Symptom Inventory and Harvard Trauma Questionnaire
Jordans et al., (2012)	Hopkins Symptom Checklist (HSCL-25) PTSD Checklist (PCL-c)
Kennedy et al., (2014)	Free Listing (FL) and Key Informant (KI) interviews

Kiss et al., (2015a)	Hopkins Symptom Checklist, Harvard Trauma Questionnaire
Kiss et al., (2015b)	Hopkins Symptom Checklist, Harvard Trauma Questionnaire, Brief Symptom Inventory
Klassen et al., (2010)	The MINI-KID - the child and adolescent version of the Mini International Neuropsychiatric Interview (MINI)
Kohrt et al., (2010)	Depression Self Rating Scale (DSRS)
	Child Posttraumatic Stress Disorder Symptom Scale (CPSS)
	Locally developed measures of functional impairment and reintegration
Le, (2014)	20 item self-report questionnaire
McMullen et al., (2013)	UCLA-PTSD Reaction Index (Revised)
	African Youth Psychosocial Assessment (Betancourt et al., 2009)
McMullen & Loughry, (2004)	Northern Uganda Child Psychosocial Adjustment (NUCPAS)
McMullen et al., (2013)	Child Functional Impairment (CFI)
	Child PTSD Symptom Scale (CPSS–1)
Moscardino et al., (2012)	Impact of Events Scale Revised (IES-R)
	Brief Symptom Inventory 18 (BSI-18)
	The Strength and Difficulties Questionnaire (SDQ)
Muftic and Finn, (2013)	Mental health variables constructed from interview narratives
Neuner et al., (2012)	The 17-items Posttraumatic Stress Diagnostic Scale (PDS; (Foa, 1995))
	The 15-item depression section (DHSCL) of the Hopkins Symptom Checklist
	Luo Functioning Scale; LFS
	The Mini International Neural-Psychiatric Interview for Children and Adolescents English version 2.0 (M.I.N.I-KID)
Ostrovichi, (2011)	The Structured Clinical Interview for DSM-IV (SCID)
Ovuga, (2008)	Harvard Trauma Questionnaire (HTQ)
	A modified Hopkins Symptoms Check-List (HSCL)
PhuongThao, (2011)	The self-reporting questionnaire-20 items (SRQ)
Thabet, (2010)	Strengths and Difficulties Questionnaire, Spence Children's Anxiety Scale, Depression Self-rating Scale for Children
Tsutsumi et al., (2008)	The Hopkins Symptoms Checklist-25 (HSCL-25)
	The PTSD Checklist Civilian Version (PCL-C)
Turner Moss et al., (2014)	Brief Symptom Inventory Harvard Trauma Questionnaire

APPENDIX 2:
Glossary of Specific Therapeutic Approaches

Narrative Exposure Therapy (NET)

NET was developed by Schauer et al. (2005). It is a short term therapy for the treatment of PTSD that results from multiple trauma. Developed for use in low income and conflict settings, it is an approach that can be taught to non-specialist counsellors and teachers and is easy to disseminate. The approach has been proven to be effective in the treatment of PTSD in multiple settings, including in survivors of multiple trauma residing in high income settings. Modifications include a version for children (KID) NET and NET for Forensic Offender Rehabilitation (FORNET). The approach involves the construction of a detailed narrative of the individual's entire life, with a focused and detailed exploration and exposure to the traumatic events. This allows for completion of the fragmented autobiographical memory and habituation to the emotional response associated with the trauma.

Companion Recovery Model

The companion recovery model utilised by Gregory et al. (2009) is designed to reduce the symptoms of PTSD. The model involves a two-week group training and one-on-one companion intervention. Nine conceptual modules (overwhelming events, encapsulation, somatization, recognition, release, resilience, integration, new-self, and rebuilding) are taught to participants. Finally a commencement ceremony is performed with an aim to help reintegrate participants into their communities.

Interpersonal Therapy (IPT)

IPT is a short-term, evidence based collaborative treatment that focuses on the individual's interactions with others, in order to attempt to reduce depression symptoms caused by social or relational problems. Role transitions and grief can also be helpfully addressed within this model. IPT can also be offered within a group setting, whereby the therapist works together with group members to identify and resolve relational difficulties. New methods of interacting can then be practiced within the group. Usually a small number of interpersonal difficulties are identified and addressed.

Group Based Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy is an evidence based collaborative therapeutic approach that is usually short term. The therapy aims to change the way an individual feels by making positive changes to the way they think and behave, as it is based on the assumption that thoughts, emotions, physical sensations and behaviour are all interlinked. The therapy tends to focus on current problems, but past experiences may be explored if they are related to current thoughts and feelings. CBT can also be offered in groups. CBT is a dominant psychological therapy in the West but has been usefully adapted in a number of different cultural settings.

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