

## Exploration of Post-traumatic Stress Disorder (PTSD) and Resilience in Female Internally Trafficked Domestic Workers from Nepal

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### ABSTRACT

In the midst of adversity, such as trauma, individuals may possess resilience to effectively cope. The current investigation explored resilience and post-traumatic stress disorder (PTSD) in female domestic service workers who experienced internal trafficking in Nepal. The purpose of the qualitative components of the research was to code for resilience and symptoms of PTSD; whereas, the purpose of the quantitative component was to compare a group of female participants who experienced former or current domestic service work to a group of female participants who did not experience former or current domestic service work. The current study was a mixed methods approach in which 25 participants completed a resilience and PTSD questionnaire, and 13 of those participants who were also former or current domestic service workers participated in semi-structured interviews about their experiences as domestic service workers. The results revealed high levels of PTSD among those who experienced domestic service work, but not higher or lower levels of resilience than those who did not experience domestic service work. Instead, qualitative research showed the presence of resilience in spite of having symptoms of PTSD among those who experienced domestic service work. These findings partially supported the hypothesis and suggest the need to further study those with high levels of resilience who also were internally trafficked, domestic service workers to understand how these individuals survive in spite of complex trauma.

*Keywords:* domestic worker, human trafficking, PTSD, mental health, resilience, Nepal

### Introduction

Domestic work for minimal to no payment among children, adolescents, and young adults is a prevalent yet illegal practice in Nepal. Families living in poverty often resort to selling their children to wealthier households as a means of alleviating financial strain, particularly among

lower caste communities. The absence of legal regulations surrounding domestic work leaves these vulnerable populations susceptible to various forms of mistreatment and abuse. Research by Dhakal et al. (2019) involving 103 child laborers aged 12 to 18 revealed that 72% of these individuals experienced childhood maltreatment,

a figure significantly higher than that observed in the general population of Nepal. Furthermore, these child laborers exhibited common psychiatric conditions associated with trauma, including anxiety, depression, and post-traumatic stress disorder (PTSD). These findings underscore the urgent need to investigate the mental health status of domestic workers in Nepal further. The current study hypothesizes that individuals who have been or are currently internally trafficked as domestic service workers will demonstrate higher levels of PTSD and lower levels of resilience compared to those without such a background.

### **Human Trafficking for Domestic Purposes Defined**

The phenomenon of receiving minimal or no payment for work can be classified as human trafficking, often referred to as modern-day slavery. Contrary to popular belief, most trafficked individuals are not physically abducted; rather, they are often "pushed" by adverse conditions or "pulled" by the lure of economic opportunities. Mo (2018) studied 719 families in 83 villages in Nepal and found that perceived deprivation often leads families to make risky decisions regarding their children. Internal trafficking, which occurs within a country, is a significant issue in Nepal. Many young girls, known as Kaamgarne, are sent to work for middle-class urban families to alleviate their own families' financial burdens. Unfortunately, these children frequently lose contact with their families and face a high risk of abuse. O'Neill (2001) documented cases where girls were unaware of the true nature of their employment, often finding themselves in situations where their passports were altered to misrepresent their age. This highlights a contradictory societal perception where trafficked girls are simultaneously viewed as victims and as sources of moral degradation. Despite recent advancements in citizenship rights for women in Nepal, many women who have been trafficked face significant barriers to reclaiming their citizenship, particularly if they have been disowned by their families.

### **Prevalence of Mental Disorders Following Trauma in Nepal**

Mental health disorders are prevalent in Nepal, often outpacing the availability of treatment services. The type of trauma experienced appears to influence the prevalence of mental health conditions. Luitel et al. (2013) reported that among 720 adults surveyed after the civil war, 27.5% suffered from depression, 22.9% from anxiety, and 9.6% from PTSD. Additional studies, such as Dahal et al. (2018), found an 18.5% prevalence of PTSD among survivors of the 2015 Barpak earthquake. Rimal and Papadopoulous (2016) highlighted alarming rates of anxiety, depression, and PTSD among sexually trafficked females housed in NGOs. Tsutsumi et al. (2008) further illustrated that forced sex workers exhibited higher rates of mental health issues compared to their non-sex worker counterparts, indicating a broader trend of mental health deterioration among individuals affected by human trafficking.

### **Susceptibility to Abuse Among Domestic Workers in Nepal**

Domestic workers in Nepal, particularly those who are trafficked, are at heightened risk for physical, emotional, and sexual abuse. Dhakal et al. (2019) provided crucial insights into the experiences of child laborers, revealing that 72% had faced childhood maltreatment, a rate markedly higher than that found in the general population. The study also indicated a strong correlation between childhood maltreatment and the prevalence of psychiatric conditions such as anxiety and PTSD.

### **Resilience and PTSD in Nepal**

Research examining the relationship between resilience and PTSD in Nepal is limited. Dhungana et al. (2022) noted that most studies on psychiatric disorders, including PTSD, have been conducted in high-income countries. They hypothesized that individuals in Nepal who have experienced trauma and possess high levels of resilience would exhibit lower levels of depression, anxiety, and PTSD symptoms. Their findings suggested a positive correlation between resilience and reduced PTSD symptoms among adults who had experienced

trauma. Additionally, a qualitative study by Volgin et al. (2018) found that despite their traumatic experiences, young females displayed post-traumatic growth, compassion, and empathy, indicating the potential for resilience even in dire circumstances.

### **Problem Statement**

The rationale for this study is founded on the urgent need to address the pervasive issue of internally trafficked domestic service workers in Nepal, a practice that, despite being illegal, continues to thrive due to socio-economic pressures and cultural norms. Families living in poverty often resort to selling their children into domestic servitude, perpetuating cycles of exploitation and abuse. Previous research has highlighted the alarming rates of PTSD, anxiety, and depression among trafficked individuals; however, there is a significant gap in understanding the mental health implications specifically for those engaged in domestic work. This study aims to investigate the prevalence of PTSD and levels of resilience among these workers, thereby shedding light on their mental health needs and the urgent requirement for targeted support services.

Additionally, exploring the concept of resilience in this context is crucial, as it may provide insights into how individuals cope with trauma and adversity. Understanding the factors that contribute to resilience can inform the development of interventions that empower these vulnerable populations to overcome their traumatic experiences. Furthermore, the findings of this research hold important implications for societal attitudes and policy frameworks regarding human trafficking in Nepal. By raising awareness of the complexities surrounding domestic trafficking and the psychological impact on affected individuals, this study seeks to inform policymakers and NGOs about the necessity of comprehensive legal protections and support systems, ultimately contributing to the well-being and empowerment of one of society's most marginalized groups.

### **Research Objective**

To explore resilience and post-traumatic stress disorder (PTSD) symptoms in female

domestic service workers who experienced internal trafficking in Nepal using qualitative methods. This involved coding interview data for themes related to resilience and PTSD symptoms.

## **Methodology**

### **Sample**

The sample consists of 13 participants who are or were domestic service workers and 14 participants who do not have a history of being domestic service workers in Nepal. Among those who were or are domestic service workers, their ages ranged from 19 to 48 ( $M = 31.17$ ,  $SD = 9.73$ ), and 61.54% of them were currently working as domestic service workers; while the remainder of them worked as domestic service workers in the past, but not currently. Among those who were not or are not domestic service workers, their ages ranged from 19 to 27 ( $M = 22.86$ ,  $SD = 3.01$ ). With regards to caste among those who were domestic service workers, 38.46% identified as Rai, 30.77% as Dhimal (Nagarkoti), 7.69% as Sherpa, 7.69% as Thakuri, 7.69% as Majhi, and 7.69% as Shrestha. With regards to caste among those who were not domestic service workers, 21.43% identified as Poudel et al. (2019) 21.43% as Newari, 14.29% as Gurung, 14.29% as Khadka, 7.14% as Tamang, and 7.14% as Magar. The education level among those who identified as domestic service workers ranged from four years of education to 15 years of education ( $M = 9.50$ ,  $SD = 3.93$ ). The education level among those who did not identify as domestic service workers ranged from 12 years of education to 16 years of education ( $M = 14.69$ ,  $SD = 1.65$ ). The amount of time in domestic service work ranged from two years to 21 years ( $M = 11.38$ ,  $SD = 5.26$ ) with 53.85% of them having begun domestic service work in childhood. There was missing data for two items for two participants and for one item for one participant, and to manage the missing values, the principal investigator entered the mean of those items as that missing data.

### **Instrumentation**

#### ***CD-RISC-10-NP***

For the current study, the investigators used the Nepali Version of the 10-item Connor Davidson

Resilience Scale (CD-RISC-10; Campbell-Sills & Stein, 2007; Sharma et al., 2018). The items on the CD-RISC-10 originate from the original 25-item CD-RISC that Connor and Davidson (2003) developed. The items that did not transfer directly to the Nepali Version were items one, three, and four. For item one, the word “change” was placed in parentheses after the word “adapt.” For item three, the word “fun” was placed in parentheses after the word “humor,” and for item four, the word “mental strength” replaced the word “strength.” Participants rated the items on a four-point Likert scale with response options that ranged from zero (Not true at all) to four (True nearly all the time). Total scale scores could thus range from zero to 40. The internal consistency reliability of the CD-RISC-10 had an alpha level of .85 (Campbell-Sills & Stein, 2007). In addition, scores on the CD-RISC-10 correlated highly with scores on the original 25-item CD-RISC,  $r = .92$ . In a normative sample of participants in Nepal with chronic pain, the mean at initial assessment was 27.05 with a standard deviation of 7.03 for the exploratory factor analysis sample, and the mean at initial assessment was 28.54 with a standard deviation of 7.62 for the confirmatory factor analysis sample (Sharma et al., 2018). The internal consistency reliability of the CD-RISC-10-NP ranged from .87 to .90, and the test-retest reliability of the CD-RISC-10-NP was .89. The construct validity of the CD-RISC-10-NP was moderate negative correlations, and the concurrent validity was .75, which indicated the CD-RISC-10-NP strongly correlated with the CD-RISC-2-NP.

### ***SPRINT-OBS***

For the current study, the investigators used the Short PTSD Rating Interview (SPRINT-OBS; Connor & Davidson, 2001). This version of the SPRINT was not the self-report version; it was the interview version. The administrator was a trained mental health provider whose primary language was Nepali, and she translated the items on the SPRINT-OBS. Examples of items on the measure were “In the past week, how much effort have you made to avoid thinking or talking about the event, or doing things which remind you of the event?”

and “In the past week, how much would you get upset when stressful events or setbacks happen to you?” Participants rated the items on a four-point Likert scale with response options that ranged from zero (Not at all) to four (Very much). Total scale scores could thus range from zero to 32. Mean SPRINT score for the general USA population for those with full ( $n = 14$ ), partial ( $n = 104$ ) and no ( $n = 320$ ) PTSD were 17.2, 17.5 and 7.0, respectively. The internal consistency reliability of the SPRINT-OBS had alpha levels that ranged from .77 to .87 (Connor & Davidson, 2001). When examining the correlation between the SPRINT-OBS and the Davidson Trauma Scale and between the SPRINT-OBS and the CD-RISC, the validity coefficients were .73 and .72, respectively.

### **Research Design**

For the qualitative investigation, content analysis methodology was used to develop a better understanding about the experience of child domestic service. Content analysis is “a systematic and objective means of describing and quantifying phenomena” Elo and Kyngäs (2008). When utilizing content analysis, words of text are classified into smaller units that relate to a common centralized theme. Participants volunteered for the study. After completing an informed consent process, each participant completed a one-hour focused interview. The informed consent and the interviews were conducted in participants’ native Nepali language. Interviews were recorded and transcribed prior to translation to English for coding. The narrative of the interviews are shared in aggregate descriptive statistics. Confidentiality was maintained by removing identifying characteristics of the participants’ entries at the time of transcription, prior to translation and coding. No individual identifying information remains.

Credibility, confirmability, and transferability of the data outcome are important in qualitative processes. Credibility was achieved by following structured phases and steps outlined for conducting qualitative analysis and by seeking peer coding agreement among co-researchers during data analysis. Confirmability, or trustworthiness, of data was assured through peer-coder agreements.

Journal/coding notes, and categorization of data, was peer reviewed and confirmed for agreement and support of the result findings. Transferability was supported by conducting a transcript autopsy with thoughtful attention to select quotes that would clearly support the quality of the research findings.

### **Qualitative Data Analysis**

The researchers followed the three primary phases used in content methodology: preparing the data, organizing the data, and reporting the data (Elo & Kyngäs, 2008). In preparing the data, the researchers reviewed the narratives several times to gain an overall sense of the experiences shared in the interviews. For organizing the data, open coding was used to identify major components or constructs that fully described all aspects of the units of analysis. Graneheim and Lundman (2004) defined units as “words, sentences, or paragraphs containing aspects related to each other through their content and context.” These units were listed with their respective headings and reviewed by peer coders to confirm that the data was placed into categories appropriately for best fit. An interpretive qualitative research design (Maxwell, 2005) was utilized to identify main themes that emerged to best describe the experiences shared by participants regarding their years in domestic service.

### **Quantitative Data Analysis**

The quantitative investigation included two groups of individuals: Those who experienced being domestic service workers, and those who did not experience being domestic service workers in Nepal. In addition, the outcome variables were scores on the CD-RISC-10-NP and scores on the SPRINT-OBS. Consequently, we conducted two analysis of covariance tests (ANCOVA) to determine if domestic service workers have higher levels of PTSD and lower levels of resilience than non-domestic service workers while controlling for education level.

### **Data Analysis and Interpretation**

#### ***Qualitative Results for PTSD***

Overall, the resilience-based narrative responses (41) outnumbered those of the PTSD

responses (32). The category of PTSD had four subcategories: Intrusion, avoidance, cognitive/mood, and arousal response to reflect the primary symptom categories of PTSD.

#### ***Intrusion***

In the subcategory of intrusion, six out of 13 (46.2%) participants who were/are internally trafficked, domestic service workers provided nine total responses reflecting intrusive thoughts or behaviors.

“I have so many sad memories related to that house. So many times she blamed me for stealing. (sobbing) This really still hurts me. Most of the time she scolded me with bad words for me and my parents like ‘she is bad because her parents are not good, she is the child of unfortunate parents.’”

#### ***Avoidance***

In the subcategory of avoidance, only four (30.8%) of the participants shared five responses indicating avoidance behaviors associated with their domestic service experience.

“I feel very scared if there are men in the house. I used to get so scared if I saw the motorcycle of the landlord from my first house where I started work. I used to check whether his motorcycle was there I entered to work only if I did not see his motorcycle outside.”

#### ***Cognitive/Mood***

In the subcategory of cognitive/mood, six (46.2%) of the participants shared a total of 13 responses related to mood changes directly associated with their domestic service experience.

“Now sometimes I even feel scared because of those experiences of fear always. I always had fear. Everyday I was scared. What if they scolded me, blamed me, or insulted me. I did not have enough to survive without them”

“I have a lot of experiences in my life that make me feel as if I am dead.”

#### ***Arousal Reactions***

In the subcategory of arousal reactions, four (30.8%) of the participants shared a total of five

responses related to arousal reactions associated with their service experience.

### **Qualitative Results for Resilience**

The category of Resilience was broken down into three subcategories to better code for understanding of the construct related to service work. The three categories were hardiness, grit, and self-efficacy.

“Even if I did not feel good about working in people’s house, in my mind I knew that this work is equally important for my family to survive. So I would tolerate the bad behavior.”

“I was missing my son so much, he was only 2 ½ years old. I was there almost 10:00 p.m. I had left him from the early morning that day and I was feeling horrible for him. It was so sad and I felt so helpless and annoyed from that family. I will never forget that day. I thought that if I had plenty of money they would not insult me, I would not need to leave my child alone. When I took my child to work it was so heart wrenching for me. My child would get a small bit and their children would get a whole packet of food. My child would only get something to eat if they felt to give. I felt like crying when my child stared at them but did not get any.”

### **Hardiness**

Hardiness had 18 responses by 10 out of 13 (76.9%) of the participants. These responses were statements related to the need to survive and endure in the face of few or no choices.

“and I started thinking differently. I can do other things, not only household work. This helped me raise my voice. Otherwise I felt so helpless and unable to talk for myself”

### **Grit**

Grit had nine responses by five (38.5%) of the participants. These responses were reflective of desire and the perseverance to achieve.

### **Self-Efficacy**

The final subcategory was self-efficacy and nine (69.2%) of the participants provided 14 responses referring to their belief in themselves to complete the tasks/situations they find themselves in life.

“I had the confidence I could do anything.”

### **Quantitative Result for PTSD and Resilience**

The results of the independent samples t-test indicated a significant difference in education levels between individuals who were current or former domestic service workers and those who were not. Specifically, the t-test yielded a statistic of  $t(23) = -4.22$ , with a p-value less than .001, suggesting that the educational attainment of domestic service workers is significantly lower than that of their counterparts. This finding underscores the socio-economic disparities that exist within this population, highlighting the need for targeted educational interventions to improve the prospects of domestic service workers. Following the establishment of a significant difference in education levels, ANCOVA was employed to control for this variable when comparing the mental health outcomes of the two groups. The analysis revealed that, when controlling for education, the group of domestic service workers had a significantly higher mean score on the SPRINT-OBS ( $M = 21.30$ ,  $SD = 4.68$ ) compared to the non-domestic service worker group ( $M = 15.04$ ,  $SD = 6.25$ ), with  $F(1,22) = 8.73$  and  $p = .007$ . This suggests that domestic service workers experience more severe symptoms of PTSD as measured by the SPRINT-OBS, indicating a pressing need for mental health support within this demographic. Conversely, when examining resilience through the CD-RISC-10, the ANCOVA results showed no significant difference between the two groups ( $M$  for domestic service workers = 26.63,  $SD = 6.16$ ;  $M$  for non-domestic service workers = 24.46,  $SD = 6.85$ ), with  $F(1,22) = .80$  and  $p = .38$ . This finding implies that despite the higher levels of PTSD symptoms, domestic service workers do not exhibit lower resilience compared to their non-domestic service worker counterparts, suggesting that factors contributing

to resilience may be present even in the face of significant trauma and adversity.

In the context of the current discussion, it is important to recognize that hotel workers, much like female domestic service workers, face a myriad of challenges and problems within their respective industries. These challenges include low salaries, workplace insecurity, mental and sexual harassment, job instability, limited opportunities for professional development, difficulties related to travel, and language barriers. Such issues reflect broader systemic inequalities and are emblematic of the theoretical framework of patriarchy, which perpetuates power imbalances and discrimination across various sectors.

The experiences of hotel workers highlight the intersection of economic vulnerability and gender-based discrimination, mirroring the struggles faced by domestically trafficked individuals. Both groups are often subjected to exploitative conditions that undermine their rights and well-being. By examining these parallels, we can better understand how patriarchal structures influence not only the labor conditions of hotel workers but also the mental health and resilience of those in domestic service roles. This contextualization underscores the need for comprehensive interventions that address these systemic issues, promoting equity and safeguarding the rights of all workers, regardless of their industry (Adhikari et al., 2024) this supports the findings.

Overall, these results highlight the complex interplay between education, mental health, and resilience among domestic service workers, emphasizing the need for comprehensive support systems that address both educational and psychological needs.

### **Conclusion**

The current investigation explored the presence of symptoms of PTSD and resilience among former or current internally trafficked domestic service workers in Nepal. The study identified a significant gap in research concerning domestic service workers, particularly regarding their resilience levels. The findings partially

supported the hypothesis, indicating that the group of internally trafficked, female domestic service workers exhibited higher levels of PTSD compared to individuals without a history of domestic service work. However, contrary to expectations, the results did not demonstrate that domestic service workers had lower resilience levels than those who had not experienced such work. This suggests that despite facing PTSD symptoms, domestic service workers possess resilience that aids them in coping with the demanding conditions of their employment, characterized by long hours and minimal pay. This indicates that resilience may serve as a protective factor, enabling individuals to navigate their traumatic experiences while fostering personal growth.

Future research should focus on examining individuals with PTSD who demonstrate high levels of resilience to better understand the interplay between these two constructs. It is plausible that exposure to hardship may enhance resilience, leading to non-significant findings when merely comparing groups based on their experiences. In a context like Nepal, where trauma is prevalent, individuals may develop resilience as a survival mechanism, irrespective of the specific nature of their trauma. This highlights the necessity for further studies to explore resilience in various traumatic contexts, including but not limited to domestic service work. Moreover, the findings underscore the illegal yet widespread nature of internal trafficking for domestic work in Nepal. This reality calls for interventions and preventive measures that raise awareness about human trafficking, particularly in domestic contexts. By fostering openness and understanding around this issue, it may be possible to shift societal perceptions regarding the acceptability of domestic service work and the complexities surrounding it. Addressing the stigma associated with being a domestic service worker is crucial, as it can hinder the recovery and reintegration of affected individuals into society.

The current investigation sheds light on the mental health challenges faced by internally trafficked domestic service workers in Nepal,

particularly the coexistence of PTSD and resilience. While the study highlights the need for more comprehensive research in this area, it also emphasizes the importance of understanding the resilience of this vulnerable population. By recognizing the strengths that individuals possess, even in the face of significant trauma, stakeholders can better tailor support systems and interventions that not only address mental health needs but also empower individuals to reclaim their lives and foster resilience in their communities.

#### **Additional Ethical Disclosure**

#### **Limitations**

The current investigation has some limitations including sample size and generalization. While the qualitative portion of the investigation had a sufficient sample size, the quantitative portion of the investigation had a small sample size, which limited the type of analysis that could be conducted. For example, a factorial analysis of variance with four groups would have revealed information about individuals with PTSD who also had high resilience, but due to having only 25 participants, that information was lacking. In spite of that information lacking, the qualitative data provided that information about individuals with PTSD who also had resilience, which could not be captured with the quantitative data. Moreover, in spite of having a small sample size, the results still found a significant difference between levels of PTSD for those who experienced being domestic service workers and those who did not experience being domestic service workers.

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