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Using the past to inform the future

Archival data analysis to improve evidence for
policy and practice for child labor trafficking
survivors in Sierra Leone

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RTA-HTRI Conference
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Using the Past to Inform the Future:
Archival Data Analysis to Improve Evidence for Policy and Practice for Child Labor Trafficking
Survivors in Sierra Leone

Deliverable 3: Collaborative Evidence-Informed Assessment Tool Re-design

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Collaborative Evidence-Informed Assessment Tool Re-design

Introduction

World Hope International's (WHI) anti-trafficking program based in Freetown, Sierra Leone, serves child trafficking survivors through a residential Recovery Centre (RC) and collaboration with other local shelters. This program is part of an ongoing community-based action research project, beginning in September 2021, involving this researcher and WHI staff based in Freetown and the United States. This paper explains the collaborative assessment tool re-design process conducted alongside in-depth case file data analysis¹ of survivors served by WHI from 2017-2020. This collaborative process utilized a WHI staff focus group, interactive activities, and capacity building to inform the next generation of assessment tools to improve survivor outcomes, reduce staff burden, and inform prevention policy.

Methods

In March 2022, I traveled to Sierra Leone to facilitate an assessment tools feedback session with staff and receive greater context for the operational use of the tools in daily operations. This consisted of two days of collaborative workshops and shadowing WHI's social workers, counselors, and house parents at the Recovery Centre (RC). Previous relationships formed via monthly check-ins on zoom and consistent email conversations created a foundational rapport between myself and the team that was integral to the workshop's success. During these activities, I collected field notes based on observations, conversations, and the RC environment.

The first workshop focused on sharing initial findings from the case files' data analysis, which naturally led to an interactive activity engaging with the current assessment tools. A cross-

¹ See Deliverable 2 for case file data analysis

section of different staff positions engaged with the workshop member including the RC Director, two counselors, one social worker, and one house parent, all with direct knowledge of how the current assessment tools are used in direct work with survivors. The activity involved each present staff member physically marking blank copies of the following forms: Intake Registration form and CCAT – Client Version (see Appendix 1) to encourage individual participation and record keeping. These two forms collect descriptive and qualitative data surrounding each client's background and victimization; they were explicitly used for the data analysis portion of this project.

Each participant received black, blue, and red pens and a yellow highlighter to "mark" different indicators on each form. Participants used the black pen to write general notes or explain how information is collected for different sections from survivors. The blue pen indicated items requiring adjustment (e.g., phrasing in another way, expanding or shortening explanation), and the red pen marked things that do not work for either survivor or staff (e.g., has no practical utility, phrasing is confusing, repetitive). Finally, the yellow highlighter indicated tool components that work well and provide important information. This activity allowed for details from each participant before discussing it within the larger group and a physical feedback record for analysis (See Appendix 2 & 3). After participants marked their copy of each form, I led a group discussion on each of the colored categories, recording specific points for thematic analysis.

Results

WHI RC staff provided rich information on current ways they use assessment tools in daily operations as well as recommendations for improvement. This information was compiled along with clinical best practices and the experience of analyzing previous client data. I

conducted thematic analysis from in-person staff feedback and relevant field notes, as well as follow-up meetings with staff (both Freetown-based and US-based) via zoom. In these following meetings, Freetown staff confirmed present themes and provided more general reflection.

From this data, three key themes for improving the WHI's assessment tools became apparent: (1) increase the practical utility of the forms, (2) improve the function and quality of data collection through the forms, and (3) prioritize trauma-informed, survivor-centered considerations in the implementation of the assessment tools (see Table 1). These themes aligned with the three levels of the forms' utility in capturing relevant data from survivors for the implementation of specific care plans and services, creating a record of service and information for staff use, and providing information for program funders and reporting.

The first theme, increasing the practical utility of the forms, focused on how staff collect data and ease the heavy burden of paperwork associated with client care. When working with survivors, the team reported balancing the need for collecting information to track survivor progress with spending time working directly with survivors. A consistent feedback point focused on the intake form's repetitiveness with multiple sections requiring qualitative information, often similar or overlapping with other questions. Other recommendations focused on the physical forms themselves. For example, adding a field describing where the survivor is placed (RC or partner shelter) would lessen the need for staff communication about this item. Another point of feedback indicated that survivors would often share more of their trafficking experience after being in services for some time, having built a deeper level of trust and rapport with staff. Currently, there is no mechanism for adding information to the Survivor Story portion of the intake form. This theme also corresponded to the CCAT, which consists of 62 questions, many of which measure similar constructs. Staff reported an intake appointment completing

these two forms could last up to 2 hours, a heavy burden for newly arrived survivors. Small shifts in form design and function can decrease staff time while maintaining quality data.

The second theme focuses on the need for the collection of quality data that is useful for outcome reporting and evaluating the effectiveness of programs. One overall recommendation was that staff consistency when completing forms with survivors is needed to create internal validity. For example, the Intake Form consists of areas where staff indicate a field through a series of checkboxes. The data analysis showed that the boxes were being used indiscriminately, and staff do not have any written guidance on when to indicate these fields. Therefore, this data point cannot be confidently used for reporting. Another important feedback point under this theme was certain CCAT questions that did not provide helpful data due to the specific wording of the question or lack of applicability. One example of this is CCAT question 22, “Do you think about hurting yourself or killing yourself?”. Staff reported that asking about suicidal ideation in this way did not culturally translate. This was confirmed by data analysis where over four years and three points in time, only one survivor reported “rarely” with every other observation being “not at all”. Rewording questions to capture different aspects of suicidal ideation could result in useful data.

The final theme concentrates on the main function of the program, supporting survivors. When analyzing data and processing policies and procedures, it can be easy to drift from prioritizing survivors for the purpose of meeting grant funder requirements or staff needs; however, keeping survivor well-being at the center of data collection creates an environment of sustainability and trust between staff and survivors. Recommendations that focused on protecting survivors from re-traumatization consisted of decreasing the number of times survivors have to recount their trafficking experiences. Staff indicated areas where data could be collected from

other sources to ease the burden on survivors. For example, law enforcement or the referring agency can provide specific information about the trafficker rather than the child being asked. Staff also indicated that some CCAT questions could have unintended complexities for children who experienced exploitation, especially by a family member or friend. CCAT question 33 asks, “Do you disobey your parents or caregivers?”, as part of the subscale measuring the concept of hostility. Instead of indicating a negative aspect of the child, disobeying an abusive caregiver could indicate a trauma adaptation that increased survivor safety at times. Viewing each aspect of the assessment tools through a survivor-centered lens increases their utility and decreases survivor discomfort.

Table 1.

Intake Tool Recommendation Summary

Recommendation Theme			Recommendation	Recommendation Source
Practical Utility	Trauma-Informed	Data Collection		
✓	✓	✓	Record all narrative information in one place without repetition	Staff, Best Practice, Data Analysis
✓		✓	Clarification on when to use checkboxes and how to use them consistently	Staff, Best Practice, Data Analysis
		✓	Clearer indication of whether human trafficking (sex or labor), sexual assault, or other type of victimization is reason for main referral	Data Analysis
		✓	Clearer indication of where the survivor is receiving treatment (e.g., RC, partner shelter, with family)	Data Analysis
✓		✓	Remove repetitive information from Referral form	Staff, Data Analysis
✓		✓	Remove repetitive information from Trafficking in Persons Assessment Form (e.g., Trafficking Means)	Staff, Data Analysis

	✓		Reconsider asking in-depth information about family members and/or perpetrator(s)	Staff
✓			Remove Plan of Action section as it is repetitive with Goals Sheet	
✓		✓	Create a consistent way that information can be added to Survivor Story/Interview Notes as survivor opens up over time	Staff
✓	✓		Use Legal Form to collect Perpetrator Information	Staff

Capacity Building & Next Steps

These analyses and collaborative efforts provide a foundation for continued efforts to strengthen WHI's evaluation processes. The above recommendations were discussed with WHI Freetown and US-based staff in a series of collaborative electronic sessions. To build capacity for the WHI Sierra Leone-based evaluation specialist, I led an interactive workshop connecting ways that the recommendations could translate into actual tool changes where this process was discussed in real-time. These capacity-building exercises increase local staff knowledge and allow the possibility of replication of this process in the future without the need for outside collaboration. This three-step researcher-practitioner process of case file data analysis, staff collaboration, and capacity building through interactive activities provides a rich opportunity for tailored replication among global organizations serving child trafficking survivors.

Appendix 1
 Assessment Forms for Activity
 (double click to open each file)

Clinical Care Assessment Tool – Client Version

Client #: _____

Date of Administration: _____

Counselor Name: _____

Counselors: Please read each question carefully to the survivor and ask her how much she currently experiences each symptom. Mark her *answer with an X* according to how much she experiences each symptom (One X per question). If she does not know an answer, explain the meaning of the question to her and then re-ask her how much she experiences that symptom.

	Not applicable	Not at all	Rarely	Sometimes	Always
Trauma					
1. Do you think a lot about bad things from the past?					
2. Do you feel as though the bad things that happened in the past will happen again?					
3. Do you have bad dreams?					
4. Do you cry when you remember bad things from the past?					
5. Are you avoiding activities that remind you of bad things from the past?					
6. Are you avoiding thoughts or feelings associated with bad things from the past?					
7. Are you nervous or scared?					
8. Are you conscious?					
Anxiety & Depression					
9. Do you have trouble in your heart?					
10. Do you have restless nights?					
11. Do you feel lonely?					
12. Do you find life difficult even if you are home or elsewhere?					
13. Are you afraid of losing your family?					
14. Do you feel helpless?					
15. Do you vex quick?					
16. Do you cry easily?					
17. Do you keep to yourself when you are worried?					
18. Are you easily bothered by things?					
19. Do you feel confused about things that are happening?					
20. Do you feel unloved?					
21. Do you feel hopeless about the future?					
22. Do you think about hurting yourself or killing yourself? *					
23. Do you worry about too many things?					
24. Do you think that everything you do is wrong?					
Hostility					
25. Do you destroy things that belong to others?					
26. Do you lie or cheat?					

World Hope International Sierra Leone	Title: Case Registration Form	Date: 20-03-2012 Revision: 00
TIP Recovery Centre	Author:	Page 1 of 6
Trafficked / Rape	Other:	Case No:

Intake/Registration

Date: ___/___/___

Time: _____

Location: _____

Referral Agency

 Police/Law Enforcement
 VPG
 TIP Task Force
 Other _____

Name of Source/Position _____

Phone Number _____ - _____

Information from representative of above organization

Victim Information

Gender: Male Female Age/ Date of Birth: _____

Name: _____

Other name: _____

Contact Information

Phone _____ - _____

Present Location (Address, Town, District, County) _____

Primary Care Giver and Contact _____

Nationality: Sierra Leone Other (please specify) _____ Tribe/ethnic background: _____

Language spoken _____

School grade completed _____

Father's name _____

Age _____

Live/Deceased

Occupation _____

Address _____

Phone Number _____

Appendix 2

Images from Interactive Feedback Session on Assessment Tools*



*All pictures taken and shared with permission

Appendix 3

Staff physical feedback during interactive activity

Clinical Care Assessment Tool – Client Version

Client #: _____

Date of Administration: _____

Counselor Name: _____

← Add location

Counselors: Please read each question carefully to the survivor and ask her how much she currently experiences each symptom. Mark her **answer with an X** according to how much she experiences each symptom (One X per question). If she does not know an answer, explain the meaning of the question to her and then re-ask her how much she experiences that symptom.

	Not applicable	Not at all	Rarely	Sometimes	Always
Trauma					
1. Do you think a lot about bad things from the past?					
2. Do you feel as though the bad things that happened in the past will happen again?					
3. Do you have bad dreams?					
4. Do you cry when you remember bad things from the past?					
5. Are you avoiding activities that remind you of bad things from the past?					
6. Are you avoiding thoughts or feelings associated with bad things from the past?					
7. Are you nervous or scared?					
8. Are you conscious?					
Anxiety & Depression					
9. Do you have trouble in your heart?					
10. Do you have restless nights?					
11. Do you feel lonely?					
12. Do you find life difficult even if you are home or elsewhere?					
13. Are you afraid of losing your family?					
14. Do you feel helpless?					
15. Do you vex quick?					
16. Do you cry easily?					
17. Do you keep to yourself when you are worried?					
18. Are you easily bothered by things?					
19. Do you feel confused about things that are happening?					
20. Do you feel unloved?					
21. Do you feel hopeless about the future?					
22. Do you think about hurting yourself or killing yourself? *					
23. Do you worry about too many things?					
24. Do you think that everything you do is wrong?					
Hostility					
25. Do you destroy things that belong to others?					
26. Do you lie or cheat?					