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Assessment of Survivor Outcomes

Validation Study

ASSESSMENT OF SURVIVOR OUTCOMES VALIDATION STUDY

For questions regarding the study, please email aftercare@ijm.org.

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Not all individuals pictured are actual victims; images taken with consent.

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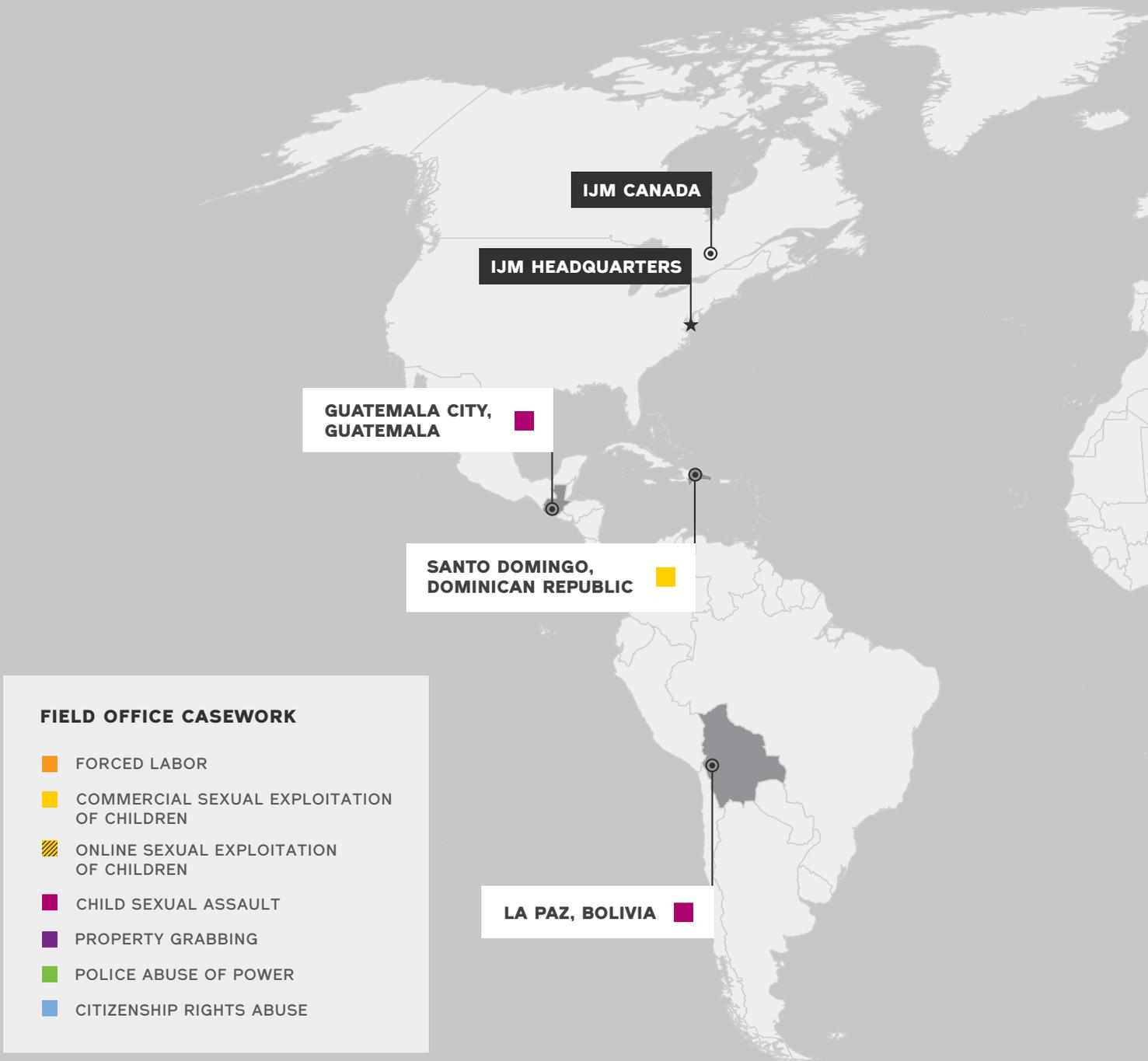


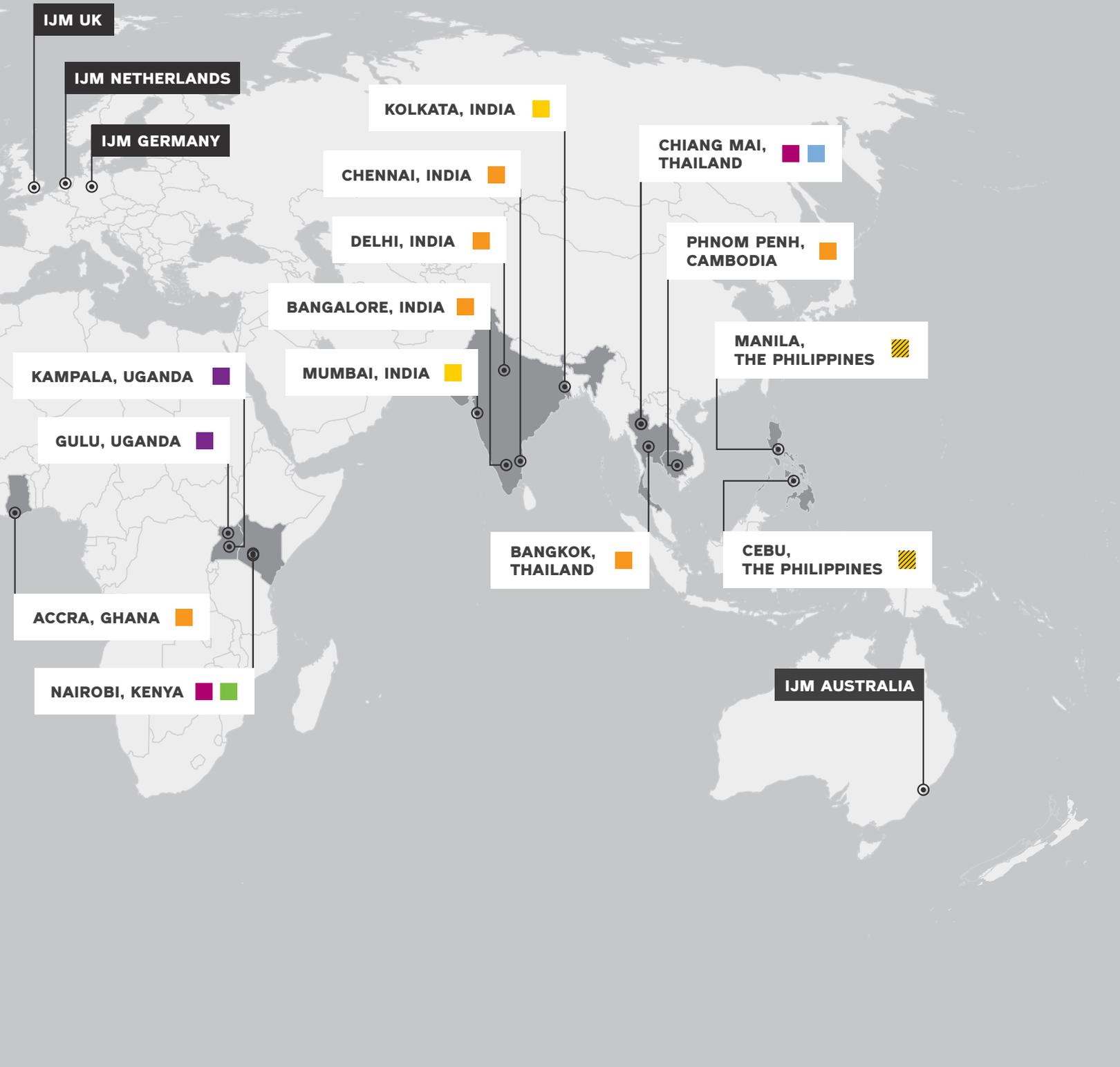
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KEY DEFINITIONS

AFTERCARE: Holistic services for survivors of abuse, whether in community-based or residential settings, designed to respond to acute and long-term needs resulting from the experience of abuse or the vulnerabilities that contributed to the abuse.

CASE MANAGERS: Trained social workers and psychologists who assess the needs of the survivor and, when appropriate, the survivor's family. They arrange, coordinate, monitor, evaluate, and advocate for care and services to meet the specific survivor's complex needs. All IJM case managers—who have experience working with survivors of violence, abuse, and exploitation—are nationals of the countries in which they serve and are viewed within their country-contexts as experts in rehabilitation of survivors of the specific forms of violence and exploitation IJM addresses.

CASE TYPE: Forms of violence, abuse, or exploitation, addressed by IJM and other organizations. The validation study covered six case types: forced labor/bonded labor, commercial sexual exploitation, child sexual assault, property grabbing, online sexual exploitation of children, and police abuse of power.

SURVIVOR: Survivor refers to an individual who has survived a major crisis or challenge.

DOMAIN: An area of functioning critical to a survivor's restoration. IJM believes that success in each of the domains will contribute to a survivor's ability to function in society with low vulnerability to revictimization. In the original ASO tool, domains included protection, trauma recovery, economic empowerment, education, support system, housing, and health. In the updated, validated version of the ASO tool, domains include safety, legal protection, mental wellbeing, economic empowerment and education, social support, and physical wellbeing.

INTERNAL CONSISTENCY: A measure based on the correlations between different items on the same test (or the same subscale on a larger test). This study measured correlations between subdomains within the same domain and between all domains. It is measured with Cronbach's alpha, a statistic calculated from the pairwise correlations between domains. Internal consistency ranges between negative infinity and one. The commonly accepted rule is as follows: $\alpha \geq .9$ = excellent; $.9 > \alpha \geq .8$ = good; $.8 > \alpha \geq .7$ = acceptable; $.7 > \alpha \geq .6$ = questionable; $.6 > \alpha \geq .5$ = poor; and $.5 > \alpha$ = unacceptable. The goal in designing a reliable instrument is for scores on similar items to be related (internally consistent), but for each to contribute some unique information as well.

INTRA-RATER RELIABILITY: The degree of agreement among repeated administrations of a diagnostic test performed by a single rater. In this study, case managers are tested on intra-rater reliability on the ASO tool in Exercise A.

INTER-RATER RELIABILITY: The degree of agreement among raters. In this study, inter-rater reliability on the ASO tool is tested in three ways: case manager to case manager; case manager to subject matter expert; and field office to field office (of same case types). The measure used herein to describe inter-rater reliability is the intraclass correlation coefficient (ICC).

RESTORATION: IJM defines restoration to be when a survivor is able to function in society with low vulnerability to revictimization. Within IJM's aftercare programs, restoration indicates readiness for case closure for survivors and is measured by restored survivors achieving a score of 3 or greater on the ASO.

SUBDOMAIN: Specific areas of functioning within each of the six domains that are critical to a survivor's restoration.

SUBJECT MATTER EXPERT: A professional with educational and field-based expertise within a particular subject matter (case type).



Executive Summary

THE ASSESSMENT OF SURVIVOR OUTCOMES (ASO) tool is a valid and reliable tool for measuring progress of survivors rehabilitating from various forms of violence and exploitation. The assessment serves two key functions: (1) a case management tool to identify areas of survivor strengths and vulnerabilities, enabling a tailored plan of service provision; and (2) an impact measurement tool to provide data on the effectiveness of aftercare programming by assessing survivor progress.

IJM defines restoration to be when a survivor is able to function in society with low vulnerability to revictimization.

BACKGROUND

Violent injustice is an everyday reality for many people in the world; experiences of rape and other gender-based violence, trafficking into forced labor and sexual exploitation, violent land and property theft, police abuse, and many other acts of violence are devastating the poorest communities in developing countries. These abuses not only cause immediate, significant harm and deprivation for the victims, but also create additional vulnerabilities due to the physical, psychological, social, and economic impacts of the crimes, thus creating risk of even further harm to the victim. While many government and civil society actors seek to secure protection for victims of crimes and deliver services to address the impact of victimization, few tools exist to measure whether the rehabilitative service delivery influences long-term protection, safety, and wellbeing for survivors of violence.

International Justice Mission (IJM) is a global team of lawyers, law enforcement professionals, social workers, community activists, and other professionals that work to protect the poor from violence in developing countries. As part of this work, IJM assists survivors of violence and abuse, through the rehabilitation or “restoration” process. IJM defines restoration to be when a survivor is able to function in society with low vulnerability to revictimization. A holistic and comprehensive approach to survivor care and treatment, one that addresses both psychological and physical needs, is an integral part of restoration for survivors of violent injustice.^{1,2,3} Without strategic support, survivors can encounter negative long-term effects, such as poor socialization, health disparities, lack of economic and educational opportunities, and severe mental health disorders.^{4,5} The term “holistic” infers that restoration focuses on multiple areas of survivors’ lives to produce a complete representation of recovery.

In 2012, IJM developed a tool called the Aftercare Successful Outcomes tool, later renamed the Assessment of Survivor Outcomes tool after the validation process. This filled a gap in holistic assessments that can measure survivor outcomes and progress toward restoration through IJM aftercare programs. IJM began utilizing case type-specific versions of the tool to measure progress of survivors rehabilitating from forced labor (bonded labor), commercial sexual exploitation, child sexual assault, property grabbing, online sexual exploitation of children, and police abuse of power. In 2015, IJM commenced a two-part validation study to better understand the ASO tool’s reliability in providing an accurate picture of survivor progress toward restoration. The process concluded in December 2017. Both the internal and external validation studies determined that the ASO tool is accurate, reliable, and usable for measuring progress of survivors rehabilitating from various forms of violence and exploitation.

METHODS

In 2015, as part of the internal validation process, the study team conducted three mixed method validation exercises in a total of 16 IJM field offices that combat various forms of violence or exploitation and span nine countries. All 16 field offices reviewed a global case study, and 12 field offices orally presented the cases of 4-8 survivors and conducted in-person interviews with 4-8 survivors. The analysis methods for these exercises included five types of quantitative, statistical testing (internal consistency of the tool itself; intra-rater reliability among case managers; inter-rater reliability between case managers; inter-rater reliability between case managers and a subject matter expert [SME]; and inter-office reliability between field offices combatting the same violence or exploitation) and one qualitative method involving each exercise’s guided discussion.

In 2016, as part of the external validation, the study team contacted external subject matter experts and a range of implementing organizations in various countries. In total, 25 SMEs reviewed and provided feedback on the ASO tool and supporting materials. Additionally, 15 organizations implementing aftercare programs across eight countries participated in the study by field testing the ASO tool with their clients, completing a survey on their experiences using the tool, and

conducting focus groups and in-depth interviews with a small number of survivors.

FINDINGS

The internal validation process revealed that the ASO tool has good reliability and internal consistency, and indicated that the assessment accurately demonstrates progress towards restoration for survivors of violence and exploitation. Overall, the internal consistency of the six case type-specific ASO tools (forced labor, commercial sexual exploitation, child sexual assault, property grabbing, online sexual assault of children, and police abuse of power) implemented in the 16 field offices ranged from acceptable to strong. This demonstrates that the subdomains within each domain, and the domains within the ASO, all measure the same concept.

The intra-rater reliability and agreement levels for the overwhelming majority of case managers were high in the forced labor, commercial sexual exploitation, online sexual exploitation of children, and child sexual assault offices; intra-rater reliability was good in the police abuse of power office, but low in the property grabbing offices. Furthermore, the inter-rater reliability between case managers in each of the offices was quite high; however, there were challenges in the offices combatting property grabbing. The inter-rater reliability between case managers and the relevant SME ranged from low to high, depending on the office and the case manager. Various factors could have influenced the reliability: varying case manager participation, leading to low sample size for common testing; case managers' levels of psychological training or experience working within the case type; case managers' usage of client background information unknown to the expert; translation gaps for the expert; and expert's lack of cultural understanding within the geographic context.

The overall inter-office reliability between offices addressing the same case type, measured with one case study, was generally low. The Bangalore, Chennai, and Delhi offices in India, which combat forced labor, showed positive signs that the case managers were rating similarly; however, the reliability coefficient for the ASO Total score was just below the acceptable threshold. The Cambodia, Cebu, the Dominican Republic, Kolkata, Mumbai, and Pampanga offices, which combat commercial sexual exploitation, showed quite poor inter-office reliability among the domains as well as the ASO Total score. The offices in Bolivia, Guatemala, Kenya, Manila, and Thailand, which address child sexual assault, showed quite low inter-office reliability on the ASO Total score and all domains except one. The offices in Gulu and Kampala, which address property grabbing, showed strong reliability for many domains but that the reliability coefficient for the ASO Total score was low. These findings, though limited, indicate a need for further strengthening of the form in balancing comprehensiveness with cultural relevance and accuracy.

All external SMEs participating in the external validation study affirmed that the ASO domains and subdomains are critical factors for survivor restoration, with a recommended addition of a domain that addresses legal aspects of a survivor's situation. Similarly, organizational field testers determined that the assessed scores using the ASO tool often matched with their professional assessments of survivors. Likewise, survivors reported the value and importance of the self-assessment, which was conducted as part of the feedback from organizational field testers, as a helpful tool for reflection. Survivors noted that the ASO tool allowed the case managers to better assist them in their recovery, and did not express any concerns about being rated by their case manager.

Overall, most external SMEs and field tester organizations felt the ASO tool was culturally appropriate and could be used across different cultural and country contexts with strong training, sound translation, and slight adaptations adjusted by the administrator. There are few SMEs and organizations working in the areas of online sexual exploitation and police abuse of power in the developing country context; therefore, a true critique of cultural competency for

The ASO is a valid and reliable tool for measuring progress of survivors rehabilitating from various forms of violence and exploitation.

The internal and external validation studies determined that the ASO tool is accurate, reliable, and usable for measuring progress of survivors rehabilitating from various forms of violence and exploitation.

this tool requires more review in the coming years from outside the Western world. While the majority of organizations that field tested the ASO tool agreed that it was easy to use, the main recommendation was to simplify the tool, both in terms of tool formatting and language, but also for the purpose of decreasing the length of time needed for completion. Lastly, both SMEs and organizational field testers highlighted the importance of increased and continual survivor feedback throughout the assessment process and also in future revisions of the ASO tool.

CONCLUSIONS AND USE OF STUDY FINDINGS

The internal validation study revealed that the ASO tool has good reliability and internal consistency, and indicated that the assessment accurately demonstrates progress towards restoration for survivors of violence and exploitation. Overall, the internal validation yielded positive results but also identified areas that needed change for the tool itself, its implementation, and the training and supplementary materials which accompany the tool. The IJM global aftercare teams agreed that the areas of divergence and the issues that needed clarification could be addressed through three recommendations: to refine the ASO tool in light of the findings; to develop a guidance manual to accompany the ASO tool with contextual adaptations where appropriate and a subsequent training plan for all ASO tool implementers; and to institute a data quality assurance protocol in each field office implementing the ASO tool. The external validation study commenced following the achievement of these recommendations.

The external validation study affirmed the ASO as a tool for measuring progress towards restoration, but again, identified key areas for needed adjustments and further recommendations for assessment of survivor outcomes. In response to external SMEs' and organizational field testers' feedback, IJM made the following critical changes to the ASO tool: renamed several domains from the original ASO tool for clarity; re-organized the Housing domain into other domains; added a subdomain within Social Support around access to community resources; and added a Legal Protection domain with three subdomains on awareness of rights and laws, legal status to protect against future violations, and ability to pursue justice for the experienced violation. Additionally, IJM simplified the language and format of the tool, adjusted the scoring to have equal weighting among all domains, and added an outlined supervision schedule and more contextual and case type-specific examples in the guidance manual. Continuous feedback by implementers and survivors remains critical for the tool's reliability, validity, and relevance. IJM will continue to explore opportunities to specifically incorporate survivor voice into the assessment process.



Background

2.1 BACKGROUND TO THE ASO TOOL

In order to better understand and monitor the progress of survivors through the rehabilitation or “restoration” process in its aftercare programs, IJM developed an assessment tool to measure a holistic array of “aftercare outcomes” after a significant review of literature yielded limited validated resources for the country contexts wherein IJM operates. According to literature, the largest gap in current aftercare programs is the difficulty in accurately assessing and quantifying survivor progress as a result of the program.^{6,7} Monitoring and evaluation verifies the effectiveness of the program, allows accurate information to be collected for funders, and provides feedback for continued improvement. While many programs implement comprehensive case management for people affected by violence worldwide, most

A holistic and comprehensive approach to survivor care and treatment, one that addresses both psychological and physical needs, is an integral part of restoration for survivors of violent injustice.

programs lack effective evaluative materials to accurately measure success and effectiveness of programs.⁸

In 2012, the IJM Program Design, Monitoring and Evaluation team and the IJM Aftercare SMEs drafted and piloted an initial ASO tool in multiple IJM offices. January 2013 marked the official roll-out of the ASO tool in 12 different countries around the world to measure progress of survivors rehabilitating from forced labor,⁹ commercial sexual exploitation, child sexual assault, property grabbing, online sexual exploitation of children, and police abuse of power (see Table 1 for a list of countries where the ASO tool has been implemented).

Depending on the type of violence or exploitation, the initial, pre-validated version of the ASO tool had five to seven domains. These were slightly modified based on case type, to assess the client's functioning and vulnerability to revictimization: protection, trauma recovery, economic empowerment, health, housing, support system, education (unique to child sexual assault case type), family relationships and community involvement (unique to forced labor case type), and documented ownership and savings (unique to property grabbing case type). The conceptual framework of the domains was solidified based on the findings of an extensive literature review and a review of field staff experiences. IJM developed this framework on the foundation that a holistic and comprehensive approach to survivor care and treatment, one that addresses both psychological and physical needs, is an integral part of restoration for survivors of violent injustice.

Each domain has subdomains that are important components of survivor restoration within that domain, and are expressed in behavioral and/or situational indicators to measure survivor progress towards restoration. Most assessment tools and research on the subject of aftercare for survivors of violent oppression use a similar domain model to increase usability and inter-item reliability.¹⁰ When completing the assessment, the survivor's case manager considers multiple viewpoints in the domain scoring process, including the survivor's own perspective, the case manager's own knowledge of the survivor, and other caregivers' perspectives on the survivor's progress. The ASO tool functions as an impact measurement in IJM's case management process and is administered at the time of intake, during the completion or exit from the aftercare program, and one year after this conclusion for restored survivors. Case managers assess survivors on both external situational factors and personal response factors in each domain, both of which influence the strengths and vulnerabilities within the domains of restoration.

TABLE 1: OVERVIEW OF ASO TOOL IMPLEMENTATION

COUNTRY	FIELD OFFICE LOCATION	CASE TYPE	ASO IMPLEMENTATION START	AVERAGE CASELOAD PER YEAR	NUMBER OF CASE MANAGERS
Bolivia	La Paz	Child Sexual Assault	January 2013	60 survivors	4
Cambodia	Phnom Penh*	Commercial Sexual Exploitation of Children	January 2013	40 survivors	3
		Labor Trafficking	January 2016	30 survivors	3
Dominican Republic	Santo Domingo	Commercial Sexual Exploitation of Children	August 2014	75 survivors	3
Ghana	Accra	Forced Child Labor Trafficking	March 2015	10 survivors	2
Guatemala	Guatemala City	Child Sexual Assault	January 2013	139 survivors	4
India	Bangalore	Forced Labor	January 2013	239 survivors	4-5
India	Chennai	Forced Labor	January 2013	497 survivors	5-6
India	Kolkata	Commercial Sexual Exploitation of Children	January 2013	74 survivors	3
India	Mumbai	Commercial Sexual Exploitation of Children	January 2013	96 survivors	3
Kenya	Nairobi	Child Sexual Assault	January 2013	70 survivors	4
Kenya	Nairobi	Police Abuse of Power	January 2013	24 survivors	4
The Philippines	Cebu*	Commercial Sexual Exploitation of Children	January 2013	172 survivors	6
The Philippines	Cebu* Manila*	Online Sexual Exploitation of Children	April 2016	35 survivors	6
		Commercial Sexual Exploitation of Children; Child Sexual Assault	January 2013	140 survivors (90 CSEC; 50 CSA)	5
The Philippines	Manila* Pampanga**	Online Sexual Exploitation of Children	April 2016	40 survivors	5
		Commercial Sexual Exploitation of Children	January 2013	43 survivors	3
Rwanda	Kigali**	Child Sexual Assault	January 2013	103 survivors	2
Thailand	Chiang Mai	Child Sexual Assault	January 2013	67 survivors	2
Uganda	Kampala	Property Grabbing	January 2013	317 survivors	3
Uganda	Gulu	Property Grabbing	January 2013	293 survivors	2
Zambia	Lusaka**	Property Grabbing	January 2013	230 survivors	2

* Three field offices changed case types since the ASO implementation: in Cebu and Manila, the change was from commercial sexual exploitation of children to online sexual exploitation of children; in Phnom Penh, the change was from commercial sexual exploitation of children to labor trafficking.

** The Pampanga field office closed in 2016, the Kigali field office closed in 2015, and the Lusaka field office closed in 2014.

IJM has roughly four years of ASO data on thousands of survivors, including ASO scores gathered at three points of collection.

2.2 LITERATURE REVIEW ON THE ASO TOOL DOMAINS AND SUBDOMAINS

Given the importance of the domains and subdomain indicators, the validation of the IJM ASO tool and implementation method required a thorough review of literature and scholarly research. The literature available on each of the case types focuses primarily on rehabilitation programs, their aims and outcomes, and their performance or measurement tools.

2.2.1 HUMAN TRAFFICKING

One of the most pervasive forms of everyday violence is human trafficking, with more than 30 million people enslaved worldwide.¹¹ Despite the extensive scope of the problem, there is no standard measurement tool used across the field to evaluate survivor outcomes, aimed at reducing vulnerability to revictimization. Survivors of human trafficking have similar basic needs regardless of the type of trafficking they have experienced.^{12,13} This creates a unique opportunity for a generalized, effective tool for forced labor, commercial sexual exploitation, and other forms of human trafficking.^{14,15} When researching scholarly and organizational literature, a clear pattern emerged that the main issues survivors face during the restoration process are a lack of social support, social exclusion, insufficient education and work skills, poor health, homelessness, trauma, fear and anxiety, lack of basic needs, and lack of confidence in themselves and their actions.^{16,17,18} To provide the best care, all of these components must be addressed in a holistic way and evaluated for effectiveness. A thorough review of research articles, organizational reports, and government reports detected eight articles that include a specific breakdown of domains for restoration with indicators for success.^{19, 20, 21, 22, 23, 24, 25, 26} Of these eight articles, 88% of the authors discuss the importance of medical health and trauma recovery, and the second most important domains gleaned from these articles are protection (safety), economic empowerment, vocational training, and housing.

2.2.2 FORCED LABOR

Forced labor is the term used by the international community to represent “situations in which the persons involved — women and men, girls and boys — are made to work against their free will, coerced by their recruiter or employer, for example through violence or threats of violence, or by more subtle means such as accumulated debt, retention of identity papers or threats of denunciation to immigration authorities”.²⁷ Forced labor and sexual exploitation are two of the main purposes of human trafficking, with trafficking into forced labor making up over 70% of the human trafficking cases in the world.^{28, 29, 30, 31} Forced labor, sometimes identified as labor trafficking or bonded labor, affects every sphere of a survivor’s life and has the unique characteristic of affecting entire families and communities. In the available literature, medical health is critical in the rehabilitation of forced labor survivors.^{32, 33, 34, 35, 36, 37, 38, 39} The eight chosen articles focusing on forced labor also emphasize the impact forced labor has on whole families and communities.^{40, 41, 42, 43, 44, 45, 46, 47} Within cases of bonded labor, families are often bonded together, which requires aftercare programs to focus on individuals of different ages and whole family units. Furthermore, whole villages can be affected by forced labor or can be a great source of support or discrimination. Having a social support system after trauma is a proven protective factor against PTSD.⁴⁸ Furthermore, these eight articles note the importance of addressing mental health and trauma recovery. Several authors stress the importance of teaching survivors their rights as free individuals and how to advocate on their own behalf to law enforcement.^{49, 50, 51, 52} This is even more necessary for victim protection in nations where forced labor is an entrenched part of the cultural and governmental climates.^{53, 54}

2.2.3 COMMERCIAL SEXUAL EXPLOITATION

The International Labor Organization estimates there are currently 4.5 million survivors of commercial sexual exploitation (also referred to as sex trafficking), a subset of human trafficking.⁵⁵ Unfortunately, research shows that children are increasingly the targets of commercial sexual



exploitation.^{56,57} Several studies focus on the exploitation of children; however, the same general restoration areas are applicable for adults.⁵⁸ When providing aftercare for minors, key areas for restoration include a focus on protection, reunification with family, and education. Research focusing on commercial sexual exploitation indicates that education and life skills are just as important for survivors as medical and mental health.^{59,60,61,62,63,64,65} More than other case types, survivors of commercial sexual exploitation depend on education and vocational skills training to avoid revictimization. Furthermore, aftercare programs for survivors of commercial sexual exploitation should place substantial importance on mental wellbeing and empowering survivors to restructure thoughts about themselves and the world around them.^{66,67} Research shows that to combat these internal struggles, aftercare providers should focus on empowerment and self-agency.

2.2.4 CHILD SEXUAL ASSAULT

Child sexual assault, a more common form of violence against children, presents similar aftercare needs to commercial sexual exploitation of children. The international prevalence rate of child sexual assault is 20% for females and 8% for males, indicating that child sexual assault is a global issue across cultures.⁶⁸ Research focuses on the psychological and emotional repercussions of child sexual assault, which include PTSD, anxiety disorders, guilt and shame, unhealthy boundaries, behavioral disorders, and depression.^{69,70,71,72} There is also evidence that child sexual assault victims have lower academic performance, long-term health risks, and are at a greater risk of adult victimization. These ramifications identify the need for aftercare to develop a comprehensive plan for survivors of this form of violence.^{73,74,75,76} Furthermore, research identifies that a critical need for child sexual assault survivors, when first referred for services, is an initial safety assessment, namely identifying whether or not the parents or caregivers are protective of the survivor.^{77,78,79} Attention is given to the impact of child sexual assault on mental health and trauma, as mental health and trauma related therapy are significant protective factors against the long-term negative effects of abuse.^{80,81,82} Finally, a child survivor's community and family are significant in the healing process, if they are engaged in a positive way.^{83,84}

2.2.5 PROPERTY GRABBING

After a thorough review of scholarly articles and non-governmental organization (NGO) resources, no known assessment tools are available to social services that work with survivors of property grabbing. Property grabbing (also known as land rights violations) disproportionately affects women and widows in Southern and East Africa and is considered a manifestation of gender-based violence.⁸⁵ Property grabbing, particularly when carried out through violence or coercion, places women at further risk of intensified violations of inter-related rights, namely the right to access basic needs such as water and health. Property grabbing can also lead to increased social inequality, social conflict, and segregation.⁸⁶ Noted areas of intervention include medical health, social support, and safety (against harassment) as important to empower survivors.⁸⁷ Furthermore, a greater understanding about legal rights and documentation of inheritance lines is identified as being a critical intervention.⁸⁸

2.2.6 ONLINE SEXUAL EXPLOITATION OF CHILDREN

The rapid development of information and communication technologies (ICTs) has led to the potential for an unprecedented increase in violence against children, as technology has made the production, distribution, and possession of child sexual abuse and exploitation material more pervasive. Online Sexual Exploitation of Children (OSEC)⁸⁹ describes the production, for the purpose of online publication, of visual depictions of the sexual abuse or exploitation of a minor for a third party who is not in the physical presence of the victim, in exchange for compensation. According to the National Center for Missing and Exploited Children (NCMEC), there have been over 15 million reports made to their Cyber Tipline since 2011, with the majority of annual reports

External subject matter experts and field tester organizations felt the ASO tool was culturally appropriate and could be used across different cultural and country contexts.

consisting of reports of child sexual abuse images available online.⁹⁰ In 2013, the International Association of Internet Hotlines (INHOPE) and its member hotlines experienced a 47% increase in the number of confirmed reports of child sexual abuse material and indicated that OSEC is likely to rise in the coming years.⁹¹

Literature highlights the need for an improved understanding of how OSEC is different from “conventional” (no ICT involvement) child sexual abuse, as some unique elements of OSEC include^{92, 93}: a lack of clear beginning and end to abuse when an image is circulated online with potential permanency⁹⁴; the increased engagement of family members or acquaintances who produce and distribute abuse images^{95, 96, 97}; the range of non-contact and contact abuse experienced^{98, 99}; the difficulty of disclosure¹⁰⁰; and the “layers of abuse” in which OSEC victims are being abused in real life as well as in a virtual world.¹⁰¹ Studies have shown that while survivors of OSEC tend to manifest similar psychological and emotional effects as that of conventional child sexual abuse, such as anxiety, depression, shame, and PTSD, the impact of the elements of online abuse are still unknown and need to be researched further in order to determine if they lead to additional or recurring trauma.^{102, 103, 104} There are no known assessment tools or treatment approaches that are specific to OSEC, but practitioners and researchers have recommended that traditional trauma frameworks and treatment modalities be adapted in order to better assess and understand the experiences of OSEC survivors.^{105, 106, 107}

2.2.7 POLICE ABUSE OF POWER

Police abuse of power¹⁰⁸ is a global problem perpetrated by corrupt police using unlawful force, arrest, and detention.¹⁰⁹ Within Kenya, the only IJM field office that addresses police abuse, abuse and misconduct¹¹⁰ routinely take the form of humiliation, brutal violence, torture, arbitrary arrests, charging and prosecution for crimes that victims have not committed, and extrajudicial killing (EJK).¹¹¹ A 2012 study found that 30% of prisoners awaiting trial in Nairobi’s Industrial Remand Prison had experienced assault, brutality, falsification of evidence, bribery, and threat of imprisonment.¹¹² Limited research is available to address the impact of these crimes upon victims and the psychosocial supports needed for recovery; thus the literature review additionally focused on needs of individuals who faced comparable abuses and experiences: survivors of torture, exonerees, and formerly incarcerated individuals re-entering the community.

High percentages of survivors of both torture and wrongful imprisonment manifest symptoms of PTSD, depression, anxiety disorders, prolonged shame and guilt, impaired quality of life, adjustment difficulties, and increased interpersonal aggression.^{113, 114, 115} Restoration of mental health is critical to successful community reintegration, specifically addressing fear and distrust of authority figures and the ability to advocate for one’s rights.^{116, 117} Furthermore, survivors of torture and wrongful imprisonment also face social isolation and disintegration in family and community connections,¹¹⁸ thus necessitating renewed social connections and interventions at a macro-societal level that empower survivors to engage in interpersonal and social contexts.^{119, 120, 121} Medical services are also critical: for survivors of torture, this intervention is critical due to injuries and other physiological impacts of torture¹²²; for formerly incarcerated individuals, a range of medical issues are common due to poor health conditions within prisons¹²³. Additional recommendations for individuals who have experienced arbitrary arrest and/or imprisonment include rights awareness and legal representation, particularly when victims face a sense of helplessness,^{124, 125} housing support and emergency financial assistance, and employment services.^{126, 127}

2.3 BACKGROUND TO THE ASO VALIDATION STUDY

IJM has roughly four years of data on thousands of survivors, including ASO scores gathered at three points of collection (intake, completion or exit from the IJM aftercare program, and

External subject matter experts affirmed that the ASO domains and subdomains are critical factors for survivor restoration.

one year after this conclusion for restored survivors). Before using this data for significant programmatic reform and decision-making, IJM embarked on a two-part internal and external validation effort in 2015. The internal validation study component included exercises in Bolivia, Cambodia, the Dominican Republic, Guatemala, India, Kenya, the Philippines, Thailand, and Uganda, and statistical analyses on the internal consistency of the tool, intra-rater reliability, inter-rater reliability, expert review, and inter-office reliability.

The main study purpose of the internal validation was to establish whether the ASO tool was valid, reliable, and internally consistent. The objectives included:

- 1) Understand how case managers in the field score survivors on the ASO tool, including the various subdomains considered, the use of professional judgment versus factors outside the ASO tool, and the key source of information for assessment (e.g. survivor perspective versus guardian or caregiver perspective);
- 2) Document emerging themes across all case types, including challenges with determining scores and consistencies across case managers;
- 3) Test the various case type ASO tools for statistical reliability, internal consistency, and cultural applicability; and
- 4) Identify areas for change with the ASO tool itself and its administration and implementation, as well as training needs for aftercare staff administering the tool.

The external validation of the ASO tool commenced in 2016, engaging global external SMEs and organizations providing services to survivors of violence to participate in one or more of the following ways: assess and review the ASO tool, implement the ASO tool with survivors served, provide feedback on the experience using the ASO tool, and collect insight from survivors on measuring outcomes.

The main purpose for this second aspect of the validation study was to provide external validation to the revised ASO tool, informed by the internal validation, and to gauge the level of applicability to other contexts. This process included gathering data from external SMEs, local implementing organizations assisting survivors, and survivors. The objectives included:

- 1) Assess the completeness and appropriateness of ASO tool domains and subdomains in relation to the intended outcome of restoration;
- 2) Assess the cultural competency and flexibility of the tool and supporting materials; and
- 3) Assess the validity of the ASO tool's scoring structure.

As part of the internal validation process, the study team conducted three mixed method validation exercises in a total of 16 IJM field offices.



Methods

3.1 METHODS FOR INTERNAL VALIDATION

A two-part internal and external validation study commenced in 2015, to better understand the reliability of the ASO tool in providing an accurate picture of survivor progress toward restoration. Sixteen IJM field offices spanning nine countries participated in a range of three mixed method validation exercises: all 16 field offices reviewed a global case study (Exercise B); 12 field offices participated in the in-country validation portion of the study by orally presenting the cases of 4-8 survivors (Exercise A) and conducting in-person interviews with 4-8 survivors (Exercise C). In total, IJM case managers presented 73 cases across six case types (forced labor, commercial sexual exploitation, child sexual assault, property grabbing, online sexual exploitation of children, and police abuse) and interviewed 68 survivors of violence for the internal validation study. They employed five types of quantitative, statistical testing for data analyses: internal consistency of the tool; intra-rater

25 subject matter experts reviewed and provided feedback on the ASO tool. Additionally, 15 organizations implementing programs across eight countries participated in the study by field testing the ASO tool with their clients.

reliability among case managers; inter-rater reliability between case managers; inter-rater reliability between case managers and a SME; and inter-office reliability between field offices combatting the same violence or exploitation. Across all three exercises, the SME conducted a qualitative review of the guided discussion and produced emerging themes which focused on the discrepancies in scoring and the areas of agreement.

All 16 field offices scored the case study (Exercise B) to determine the level of agreement (inter-office reliability) between all case managers of the same case type, across different IJM field offices. The case study provided the only opportunity to test for inter-office reliability, so the statistical analyst compared ASO tool scores between counterpart field offices (those combatting the same form of violence or exploitation) for this test.

The in-country data collection began in March 2015 and took place over a 3-4 day period in 12 field offices in India, Kenya, the Philippines, Thailand, and Uganda. These 12 field offices conducted case presentations (Exercise A) to test for intra-rater reliability (the degree of agreement among repeated administrations of the ASO performed by a single case manager) and inter-rater reliability (the degree of agreement among case managers in the cases presented). They also interviewed survivors for the study (Exercise C) to test for inter-rater reliability between case managers, and between the Aftercare SME based in IJM headquarters (HQ) and case managers. Both Exercises A and C tested for internal consistency, a method of reliability testing to show how well the domains on the tool produce similar results.

3.2 METHODS FOR EXTERNAL VALIDATION

In 2016, the external validation study team contacted external SMEs and a range of implementing organizations that provide services to survivors of violence in various countries to participate in one or more of the following ways: assess and review the ASO tool, implement the ASO tool with survivors served, provide feedback on the experience using the ASO, and collect insight from survivors on measuring outcomes.

Participation in the expert review included a desk review of the ASO Internal Validation Study Report, IJM's ASO Guidance Manual, a relevant ASO tool [original version (1.0) and revised version (1.2)], and the study's semi-structured desk review guide. Each external expert reviewer submitted an informed consent, a narrative report which addressed all three objectives through specific questions from the guide, and any additional supporting materials. In total, reviews from 25 external SMEs were analyzed using thematic analysis (See Appendix A).

Fifteen organizations implementing programs across eight countries participated in the study by field testing the ASO tool with the survivors in their programs, completing a survey on their experiences using the ASO tool, and conducting focus groups and in-depth interviews with a small number of survivors (See Appendix B). IJM Aftercare SMEs conducted a training on the ASO tool and guidance manual for all participating organizations. IJM requested each organization to field test the ASO in their context by administering the tool on a minimum of 10 survivors, preferably twice over a 3-6 month period. Following the administration of the tool, a representative from the organization completed an online "user experience survey", which asked critical questions addressing the study objectives. A few organizations already used some type of evaluation tool of their survivors, referenced as "alternative evaluation tool", and those organizations did a brief comparison of their tool with the ASO tool and provided feedback.

Capturing survivor voice was a critical component of the external validation, and some implementing organizations also conducted focus group discussions or interviews with survivors to assess the completeness and appropriateness of the tool's domains and subdomains from the

survivor's perspective. All participating survivors were adults and went through an informed consent process prior to their participation.

The study team analyzed the survey data and used thematic analysis around the guide questions to analyze the focus group discussions. They stored all submitted data (narrative reports, user experience surveys, ASO tool data, and focus group and interview transcripts) in protected folders on secure laptops and a secure online data sharing portal, only accessible to the analysts and IJM HQ Aftercare team.

3.3 STUDY LIMITATIONS

While the internal validation study covered nine countries in four regions of the world, the following were limitations in the study:

- The strength of internal consistency and reliability differed depending on the sample size of the number of cases presented for Exercise A, number of survivors interviewed for Exercise C, and varying number of case managers participating in each field office. Due to practical and logistical challenges, only one global case study for Exercise B constituted the inter-office reliability testing for offices combatting the same violence or exploitation. Therefore, while the sample size limits the true representation, the exercise provided a starting point for discussions around cross-cultural relevance of the ASO tool.
- This study did not comprehensively assess the effect of the case managers' varying levels of psychological training and familiarity with using the ASO tool. Additionally, some case managers provide direct services to survivors, but in other offices and contexts, a residential care facility provides services for the survivors. In the latter situation, case managers rely on a range of sources to assess the survivor on the ASO tool, including the staff of these facilities, their most recent interactions with the clients, and any other caregivers' perspectives. The case managers' level of knowledge of or proximity to the survivor is also not included in the reliability testing for this study. It is possible that these factors influence the reliability of the ASO tool, but the extent is unclear.
- The IJM Aftercare SMEs participating in each of the in-person interviews with survivors for Exercise C have significant experience or training in the respective case type. They are responsible for providing technical support and training to field-based aftercare staff on the ASO tool and aftercare program. However, these SMEs are not originally from these countries or areas and thus have either done little to no direct service provision with survivors in the specific context. This could be a limitation on the inter-rater reliability between case managers and SMEs.

While the external validation study included implementing organizations working in eight countries around the world and 25 external SMEs, there were two main limitations in the study:

- Each case type had varying levels of participation from external SMEs, implementing organizations, and survivors. Given the limited amount of expertise and organizational experience with certain forms of violence and exploitation that IJM seeks to address (e.g. property grabbing and police abuse of power), as well as experts' and organizations' limited time and resources, it was challenging to engage the same level of participation across all case types.
- IJM prioritizes the critical voice and wellbeing of survivors, but due to ethical issues of engaging with child survivors of violence or exploitation, there is limited representation across particular case types. Survivors of online sexual exploitation of children were not interviewed for the purposes of this study, and other case types had

limited survivor engagement. It was a challenge to solicit feedback from survivors on how their progress transpires and what is most important at each stage, particularly as they are going through a restoration process. The organizations working with survivors were to complement the views and experiences of the few survivors who were able to participate; however, their voice in this study is not representative of all survivors of these types of violence and exploitation.



Findings

4.1 FINDINGS OF INTERNAL VALIDATION

The internal validation yielded emerging themes by domain for each of the six case types (forced labor, commercial sexual exploitation, child sexual assault, property grabbing, online sexual exploitation of children, and police abuse of power), along with overall learnings from the qualitative review of the validation exercise discussions. These themes revealed the need to refine the tool, as well as additional guidance and training to consistently implement the tool. Across all case types, case managers highlighted terminology clarifications and standardizations, contextually-appropriate concepts or deviations within subdomains, differentiations around scoring a child versus the guardian or caregiver, challenges in scoring clients who live in residential care facilities, and scoring in the context of interconnected domains and subdomains. The teams felt the tool was helpful in assessing a survivor's progress toward the outcome of restoration, as well as identifying key areas that

need to be addressed in the overall case management process for the survivor's wellbeing. Overall, IJM Aftercare staff agreed that the areas of confusion and the issues that need clarification could be addressed in a refined version of the ASO tool, a guidance manual, and standardized training material.

Furthermore, statistical testing results on internal consistency, intra-rater reliability, inter-rater reliability between case managers and between case managers and SMEs, and inter-office reliability were analyzed. Overall, the internal validation exercises yielded positive findings around tool internal consistency and administrator reliability across all types of violence targeted, with the exception of the offices combatting property grabbing. The internal consistency of the ASO tool implemented in twelve field offices ranged from acceptable to strong, demonstrating the reliability of the tool when viewing the domains in totality.

4.1.1 ASO INTERNAL CONSISTENCY FOR FORCED LABOR FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the India offices combatting forced labor (Bangalore and Chennai), to analyze how consistent case managers rated each domain. A good internal consistency reliability coefficient should be $\alpha \geq .8$; however, an acceptable alpha coefficient could be .7 and above. The results for the offices combatting forced labor showed that all domains had strong internal reliability in both offices ($\alpha = .87$), with the Family Relationships domain having the highest Cronbach's alpha ($\alpha = .978$ in Bangalore, $\alpha = .962$ in Chennai). The ASO Total score for the two offices had high internal consistency reliability, indicating that the subdomains within each domain, and the domains within the ASO, all measure the same concept.

TABLE 2: FORCED LABOR – EXERCISE A, INTERNAL CONSISTENCY FOR DOMAINS AND ASO TOTAL SCORE

DOMAIN	CRONBACH'S ALPHA	
	BANGALORE	CHENNAI
Protection	.944	.872
Trauma Recovery	.946	.930
Family Relationships	.978	.962
Economic Empowerment	.908	.942
Community Involvement	.934	.876
Health	.963	.921
Housing	.935	.956
ASO Total Score	.974	.984

4.1.2 ASO INTERNAL CONSISTENCY FOR COMMERCIAL SEXUAL EXPLOITATION FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the offices combatting commercial sexual exploitation to analyze how consistently subdomain items within a domain measured the same concept, and the results for all four offices show that all domains exhibited a range of acceptable to strong internal reliability. All domains in Cebu and Manila were greater than an $\alpha = .8$ threshold. For Kolkata, the lowest internal consistency coefficient was found in the Trauma Recovery domain ($\alpha = .711$, an acceptable coefficient); whereas in Mumbai, it was the Protection domain ($\alpha = .734$). In Kolkata and Mumbai, the statistical analyst tested for internal consistency reliability on Exercise C as well. In both offices, similar to Exercise A, the coefficient results indicated a strong internal consistency for the ASO tool for commercial sexual exploitation. This case type presented the strongest internal consistency reliability across the various regions implementing the ASO tool, with all alpha coefficients for the ASO Total score higher than $.9$, indicating a high reliability of consistency in measuring the individual domain concepts and overall restoration.

TABLE 3: COMMERCIAL SEXUAL EXPLOITATION – EXERCISE A, INTERNAL CONSISTENCY FOR DOMAINS AND ASO TOTAL SCORE

CRONBACH'S ALPHA				
DOMAIN	CEBU	MANILA	KOLKATA	MUMBAI
Protection	.934	.813	.737	.734
Trauma Recovery	.824	.900	.711	.829
Economic Empowerment	.906	.953	.964	.867
Support System	.874	.960	.909	.949
Housing	.894	.802	.898	.915
Health	.963	1.00	.774	.765
ASO Total Score	.974	.979	.975	.926

4.1.3 ASO INTERNAL CONSISTENCY FOR CHILD SEXUAL ASSAULT FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the two offices combatting child sexual assault (Kenya and Thailand), and the results showed that nearly all domains had strong internal reliability. In Kenya, the lowest internal consistency coefficient was found in the Protection and Trauma Recovery domains, but the two were still acceptable. In Thailand, the only domain that dropped below an acceptable coefficient was Support System; all other domains were quite high. Overall, the ASO Total score had high internal consistency reliability, which suggested that the ASO tool was accurately measuring client restoration as a whole. The statistical analyst also tested for internal consistency reliability on Exercise C and found similar results with Exercise A. Trauma Recovery still had the lowest internal reliability coefficient in Kenya ($\alpha = .325$), but all other domains had strong coefficients, similar to Exercise A results. In Thailand, Exercise C showed improved internal consistency, with all domains exhibiting strong coefficients (all $\alpha > .85$). The ASO Total score still showed very strong internal consistency reliability.

TABLE 4: CHILD SEXUAL ASSAULT – EXERCISE A, INTERNAL CONSISTENCY FOR DOMAINS AND ASO TOTAL SCORE

CRONBACH'S ALPHA		
DOMAIN	KENYA	THAILAND
Protection	.765	.882
Trauma Recovery	.703	.812
Support System	.854	.696
Economic Empowerment	.953	.800
Community Involvement	1.00	1.00
Health	.935	.882
Housing	.976	1.00
ASO Total Score	.944	.92

4.1.4 ASO INTERNAL CONSISTENCY FOR PROPERTY GRABBING FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the offices combatting property grabbing to analyze how consistently each domain was affecting the ASO Total score. Internal consistency results showed a range of weak to strong coefficients for the seven domains for both Kampala and Gulu. The Savings domain had the highest reliability coefficient ($\alpha = .875$) in Kampala and ($\alpha = 1.0$) in Gulu. The ASO Total score had just below acceptable internal consistency reliability in Kampala and high internal consistency in Gulu. It was unusual to find the ASO Total score to have lower internal consistency than individual domains, as found in Kampala's case; however, further analysis showed that one case manager greatly reduced the internal consistency.

TABLE 5: PROPERTY GRABBING – EXERCISE A, INTERNAL CONSISTENCY FOR DOMAINS AND ASO TOTAL SCORE

CRONBACH'S ALPHA		
DOMAIN	KAMPALA	GULU
Documented Ownership	.798	.971
Protection	N/A	.333
Support System	.806	.333
Economic Empowerment	N/A	.702
Housing	.924	.738
Health	N/A	.762
Savings	.875	1.00
ASO Total Score	.695	.957

4.1.5 ASO INTERNAL CONSISTENCY FOR ONLINE SEXUAL EXPLOITATION OF CHILDREN FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the offices combatting online sexual exploitation of children, and the results showed that the internal consistency for each of the domains on this ASO tool is extremely high. The Protection domain had the lowest internal consistency score ($\alpha = .888$), but this score was well within the “good” range. All other internal consistency scores were above .9. Overall, the ASO Total score had high internal consistency reliability ($\alpha = .984$), which suggested that the ASO tool accurately measured client restoration as a whole.

TABLE 6: ONLINE SEXUAL EXPLOITATION OF CHILDREN – EXERCISE A, INTERNAL CONSISTENCY FOR DOMAINS AND ASO TOTAL SCORE

DOMAIN	CRONBACH'S ALPHA
Protection	.888
Mental Wellbeing & Trauma Recovery	.966
Economic Empowerment	.939
Support System	.925
Housing	.974
Health	.930
ASO Total Score	.984

4.1.6 ASO INTERNAL CONSISTENCY FOR POLICE ABUSE OF POWER FIELD OFFICES

The statistical analyst applied an internal consistency reliability test for the offices combatting police abuse of power, and the results showed that the internal consistency for each of the domains on this ASO tool is acceptable or strong. The Housing domain had the lowest internal consistency score ($\alpha = .784$). This was the only score below the “strong” range. Overall, the ASO Total score had high internal consistency reliability ($\alpha = .970$), which suggested that the ASO tool accurately measured client restoration as a whole.

**TABLE 7: POLICE ABUSE OF POWER—EXERCISE A,
INTERNAL CONSISTENCY FOR DOMAINS AND
ASO TOTAL SCORE**

DOMAIN	CRONBACH'S ALPHA
Protection	.851
Mental Wellbeing & Trauma Recovery	.957
Economic Empowerment	.955
Support System	.852
Housing	.784
Health	.902
ASO Total Score	.970

4.1.7 INTRA-RATER RELIABILITY

Intra-rater reliability provides the level of agreement between each case manager's scores and the consensus score determined by the group after discussing the case together, using Intraclass Correlation Coefficient (ICC). Using the findings of Exercise A, the intra-rater reliability across the six case types was mixed, but primarily high. For the offices combatting forced labor, commercial sexual exploitation, and child sexual assault, the intra-rater reliabilities and agreement levels for the overwhelming majority of case managers were high, demonstrating a strong understanding of the ASO tool and how to rate consistently across different survivor assessments. The ICC scores for four case managers (out of five) in Bangalore and five case managers (out of six) in Chennai were strong ($\geq .75$). Similarly, the offices combatting commercial sexual exploitation had mostly strong ICC scores. In Cebu and Kolkata, all of the case managers (five out of five and six out of six, respectively) had strong ICC scores. In Mumbai, four (out of five) case managers had strong ICC scores, and in Manila three (out of six) case managers had strong ICC scores. In Kenya and Thailand, the two offices that address child sexual assault, all ICC scores for each case manager were strong. All ICC scores were in the "good" range (.6 - .74) for the team that assessed the Police Abuse of Power ASO tool. Both the Cebu and Manila offices also tested the online sexual exploitation of children ASO tool, and the ICC values were all strong for this version of the tool.

Despite these positive results, the intra-rater reliabilities (ICC) and agreement levels (Kappa) for the offices combatting property grabbing displayed low intra-rater reliabilities. The intra-rater reliability strength derived mainly from the total scores and less so from similar scoring across each domain. Additionally, a few case managers in these offices struggled with consistency in scoring, and therefore, had low levels of intra-rater reliability. These staff were either relatively new to IJM, the ASO tool, or the case type, or were not as heavily involved in day-to-day case management activities.

The internal consistency of the ASO tool implemented in the 16 field offices ranged from acceptable to strong. This demonstrates that the subdomains within each domain, and the domains within the ASO, all measure the same concept.

4.1.8 INTER-RATER RELIABILITY (BETWEEN CASE MANAGERS)

The overall inter-rater reliability between case managers in each of the 12 field offices was quite high; however, there were challenges in offices combatting property grabbing. All six domains of the ASO tool for forced labor had a high inter-rater reliability, indicating that all domains in the ASO tool had strong agreement levels between all case managers, and that all case managers agreed with one another in scoring clients throughout all the cases. Furthermore, confidence intervals around ICC scores were relatively narrow, providing more evidence that suggested case managers on average had strong agreement with one another throughout the cases per domain.

Similarly, for Cebu, Manila, Kolkata, and Mumbai, the offices that combat commercial sexual exploitation, the inter-rater reliability between case managers was quite high. In Cebu specifically, all six domains of the ASO tool had a high inter-rater reliability, signifying good to strong agreement among case managers throughout the case presentations. Furthermore, results demonstrated that each domain led raters to assess each client consistently with no outliers in case managers' scores. In Manila, four of the six domains of the ASO tool had a high inter-rater reliability, and for both India offices, the ASO Total score showed that case managers had high agreement rates. Overall, the reliability analysis showed that the ASO tool implemented in Kolkata and Mumbai had high inter-rater reliability between case managers.

In Kenya and Thailand, the offices that combat child sexual assault, there was strong agreement among case managers when scoring most domains, as well as the overall ASO score. The reliability results showed that the ASO tool had high inter-rater reliability for the Kenya field office, and that case managers had high agreement rates when studying the tool in totality. Although there were individual domains that had low to acceptable agreement rates (Protection, Trauma Recovery, and Support System), inter-rater reliability for the Total ASO score remained strong. In Thailand, the results indicated that there was good to strong agreement across all of the domains. This suggests that most case managers were able to agree on similar scores for these domains.

The findings for inter-rater reliability for the field offices that combat property grabbing, Kampala and Gulu, revealed that the Document Ownership and Savings domain had the highest agreement rates among case managers, but the other five domains had low inter-rater reliability. The ASO Total score even showed a low inter-rater reliability, indicating that the case managers were not able to consistently score domains across cases of property grabbing.

In the Kenya office that combats police abuse of power, ICC scores were excellent (>.8) for all six domains and for the ASO Total score. This suggested that case managers had strong agreement in how to score cases of police abuse of power.

Regarding the offices that combat online sexual exploitation of children, all domains for inter-rater reliability between case managers in Cebu scored in the "good" to "excellent" range, and most domains had narrow confidence intervals that supported their high ICC scores. In Manila, there was slight variability in the inter-rater reliability scores, but in both field offices, there was excellent inter-rater reliability for the ASO Total Score.

4.1.9 INTER-RATER RELIABILITY (CASE MANAGERS AND SUBJECT MATTER EXPERTS)

The statistical testing for inter-rater reliability between case managers and respective SMEs yielded mixed results, with some case managers having perfect agreement scores with the SME for certain domains or the ASO Total score, while other case managers had little to no agreement with the SME. Various factors could have influenced the reliability, including variations in case manager participation (some case managers only had one case in common with the SME), leading to low sample size for common testing; case managers' levels of psychological training or experience

working within the case type; case managers' usage of survivor background information unknown to the SME; translation gaps for the SME; and SME's lack of cultural understanding within the geographic context. To have a better understanding of the results and to ensure the data was accurate, it would be essential to conduct the reliability exercise with a large sample size, as well as with less variability in group composition. This exercise supports the need for consistent and quality training of case managers and a deepened cultural knowledge and understanding of each case type for the SMEs. Furthermore, incorporating clear definitions, guidelines, culturally contextual factors, and underlying psychological core concepts into the guidance manual for the ASO tool will increase the accuracy of scoring.

4.1.10 INTER-OFFICE RELIABILITY

The overall inter-office reliability between offices addressing the same case type, measured by the same case study, was generally low. The Bangalore, Chennai, and Delhi offices in India, which combat forced labor, showed positive signs that the case managers were rating similarly; however, the reliability coefficient for the ASO Total score was just below the acceptable threshold. The inter-office reliability results for the forced labor offices showed that several domains had low inter-office agreement and failed to achieve significance. The offices in Cambodia, Cebu, the Dominican Republic, Kolkata, Mumbai, and Pampanga, which combat commercial sexual exploitation, demonstrated poor inter-office reliability among the domains, as well as the ASO Total score, resulting in a p value that did not achieve significance. The offices in Bolivia, Guatemala, Kenya, Manila, and Thailand, which address child sexual assault, showed low inter-office reliability on the ASO Total score and all domains except one (Economic Empowerment). The offices in Gulu and Kampala, which address property grabbing, showed strong reliability for many domains, but a low reliability coefficient for the ASO Total score.

Overall, this exercise illuminated the low reliability between offices, which reinforces the need for continued data quality assurance between offices combatting the same case type and implementing the ASO tool. When considering the lower reliability between offices with generally high reliability among case managers in the same office, these results could indicate that the inter-rater reliability of the tool is a result of close working relationships and similar cultural backgrounds among case managers, instead of the ASO engendering consistency. Though limited in scope, these case studies' results contributed to developing strategies that ensure the ASO domains are comprehensive but also have enough breadth and specificity (most likely through a guidance manual) to warrant vast cross-cultural relevance and accuracy.



4.2 FINDINGS OF EXTERNAL VALIDATION

All external SMEs believed the current ASO domains and subdomains in each case type were critical factors for survivor restoration and rehabilitation. However, on every case type, SMEs provided suggestions on additional definitions and factors which should be included; the Protection domain was the most discussed. Many SMEs recommended an added domain around the legal aspects of a survivor's situation. The overall feeling from the organizational field testers was that the scores created using the ASO tool often matched with their professional assessments of survivors. Likewise, survivors liked the self-assessment, which was conducted as part of the feedback from organizational field testers. The survivors saw it as a helpful tool for reflection. Survivors also did not express any concerns about being rated by their case manager, and several noted that the tool allowed the case manager to better assist them in their recovery.

4.2.1 EXTERNAL SUBJECT MATTER EXPERT FINDINGS

Overall, most of the 25 SMEs who participated in the study affirmed that the ASO tool is culturally appropriate and could be used across various cultural and country contexts with strong training, sound translation, and slight adaptations adjusted by the administrator. There are limited SMEs and organizations working in the area of online sexual exploitation of children and police abuse of power in the developing country context; therefore, a true critique of cultural competency for this tool in these contexts requires more review from professionals outside the Western world.

External SMEs provided the following cross-cutting feedback, applicable to all case types:

- Consider changing the usage of “successful” in the “ASO tool”. “Successful” should not be used as an overarching evaluator for success of individuals, which can be subjective and place stigma on survivors. The focus should rather be placed on the capabilities of the organization and staff to be consistent and thoughtful in the responsive delivery of services, support, and care provided to survivors to maximize their individual potential.
- Consider adding a “participant and case information section” which would identify demographic data, trauma type and experience, and stage of care. This would allow for global aggregation of data across professional disciplines, which could in turn clarify trends in service provision across victimization and country contexts. Currently, there are very few tools that can adequately capture quantitative data for research and analysis across a broad spectrum of professional disciplines that is confirmed, consistent, and able to be used to answer the basic questions of who, what, when, where, and potentially why. The value of these data coupled with the ASO data provides critical opportunities for evaluating existing processes, practices, and plans for successfully supporting survivors in rehabilitative and restorative life plans.
- Ensure that all versions of the tool are translated into the local language, adapt semantics in the manual, and agree upon substitute words.
- Restructure the ASO tool's format for simplification.
- Include measures of behavioral intention (in accordance with the Theory of Reasoned Action). In this theory, the most important influence on actual behavior is in identifying potential influences on a victim's behavioral intention. It would be helpful to track indicators that attempt to measure if clients are likely to avoid risky situations. By tracking indicators of this nature, programs can identify which responses are associated with increased levels of change in a victim's actual behavior and efficacy in accessing justice resources.

Capturing survivor voice was a critical component of the external validation. All participating survivors were adults and went through an informed consent process.

Many organizations reported that the ASO tool is a clear and systematic way for case workers to critically and holistically assess survivors, and external users affirmed that the domains covered all the important elements of restoration.

- Add definition, clarity, theoretical basis, and research to the concept of restoration. In the validation study, restoration is constructed as both process and outcome, and as dependent on three sub-concepts: restoration occurs 1) via an individual's functioning, 2) in society (integration), 3) as related to their reduced vulnerability. These need to be better operationalized in IJM's program conceptualization and documentation. Also clarify how the restoration process relates to the survivor's previous level of functioning in their community (prior to entering aftercare).
- Add an element of survivor self-report or self-reflection to the ASO assessment process. The current implementation of the ASO tool is based on provider observation and assessment, but is limited in providing survivor self-report.
- Include a component for case managers to document the context and rationale for scoring so that subsequent professionals working on a case can understand the decision and the survivor's circumstances.
- Clarify the criteria for administering the ASO assessment, particularly regarding the length of time for which a new implementer needs supervision and the breadth of skills needed, as both are precursors to, and ongoing quality assurance mechanisms for, implementation.
- Review subdomains from a case-type specific ASO for applicability to other case-types.

4.2.2 IMPLEMENTING ORGANIZATIONS AS FIELD TESTER FINDINGS

Fifteen organizations implementing programs across eight countries participated in the study by field testing the ASO tool with their clients, completing a survey on their experiences using the tool, and conducting focus groups and in-depth interviews with a small number of survivors. The research team gathered feedback from implementing organizations using the User Experience Survey. This covered a variety of aspects of the ASO tool's implementation and use, including training and guidance documents, ease of the ASO tool's use, assessment of the ASO implementation, overall assessment of the ASO tool's completeness and accuracy, cultural competency, and comparison with alternate evaluation forms used by the organization, if applicable. Many organizations reported that the ASO tool is a clear and systematic way for case workers to critically and holistically assess survivors, and external users affirmed that the domains covered all the important elements of restoration. Other reported benefits of the ASO tool included that it was easy to use and that it could be adapted to any culture.

Most (67%) external users agreed that the ASO tool implementation materials and training were well-organized and easy to understand, with 75% of external users agreeing or strongly agreeing that the materials and training adequately prepared them to implement the tool in their organization, and 92% of external users agreeing or strongly agreeing that the materials and training adequately prepared them to assess survivors using the ASO tool. While few external users (25%) reported having unanswered questions after training, only 58% of the external users reported feeling confident enough to train others in using the ASO tool, and 42% of users would have liked additional implementation materials or training. This may suggest that the training is adequate to prepare people to use the ASO tool, but additional training is needed to develop deeper understanding and expertise. There was also a consensus that the case studies were the most helpful part of the training, as these stories helped caseworkers move from a theoretical to a practical understanding of how to use the ASO tool. Most organizations (67%) agreed or strongly agreed that caseworkers would be able to quickly learn to use and implement the ASO.

The vast majority (83%) of organizations felt confident assessing survivors with the ASO tool, and about 70% of the external organizations agreed or strongly agreed that they could gather the information needed to complete the ASO tool during their regular casework contact with survivors. While the majority of organizations that field tested the ASO tool agreed that it was easy to use, the main recommendation was to simplify the tool, both in terms of formatting and language, but also for the purpose of decreasing the length of time needed for completion. More than 80% of

the external organizations that used the ASO tool agreed or strongly agreed that the tool was easy to use, but one-third of the organizations felt that the language was unnecessarily complex for implementers.

About 70% of the external organizations agreed or strongly agreed that the process of completing the ASO tool helped them to create a plan of care for the survivors participating in their programs, as it helped them prioritize areas of need within a care plan. Furthermore, about 70% of the organizations who used the ASO tool agreed or strongly agreed that they would like to continue using the assessment tool to monitor survivors' progress towards restoration.

From varying perspectives, both SMEs and organizational field testers highlighted the importance of survivor feedback. Over 75% of organizations agreed or strongly agreed that survivors had an appropriate level of participation in filling out the ASO tool for the purposes of this study, with the suggestion of simplifying the language of the tool, especially if it was being used with children or adolescents and/or translated into local dialects.

4.2.3 COMPARISON WITH ALTERNATE EVALUATION FORMS FINDINGS

All three organizations that combat child sexual assault that field tested the ASO tool also used an alternate evaluation form in their day-to-day practice. The feedback from comparing their tool to the ASO tool is as follows: one organization reported that there are no concepts on their alternate evaluation form that are missing from the ASO tool; the second organization noted that three concepts from their alternate evaluation form are missing from the ASO tool, namely trust and belonging, resilience and self-esteem, and self-efficacy; and the final organization reported that their alternate evaluation form does not use a scoring system, but the concepts in their form "almost align completely" with the domains and sub-domains in the ASO tool.

Three of the organizations that combat commercial sexual exploitation that field tested the ASO tool also used an alternate evaluation form in their day-to-day practice. The feedback from comparing their tool to the ASO tool is as follows: one organization uses a form with many overlapping domains (safety, emotional and behavioral, financial and employment, medical and dental) and the domains that do not clearly align with any ASO domains include independent living skills, family reunification and children (if applicable), and legal and system involvement; the second organization reported that three concepts from their alternate evaluation form were missing from the ASO tool, namely trust and belonging, resilience and self-esteem, and self-efficacy; and the final organization reported that their alternate evaluation form does not use a scoring system, but the concepts in their form "almost align completely" with the domains and sub-domains in the ASO tool.

Three of the organizations that combat forced labor that field tested the ASO tool also used an alternate evaluation form in their day-to-day practice. The feedback from comparing their form to the ASO tool is as follows: one organization reported that three concepts from their alternate evaluation form are missing from the ASO tool, namely trust and belonging, resilience and self-esteem, and self-efficacy; the second organization stated that the ASO tool matches with the score created by their alternate evaluation form; and the final organization reported that their alternate evaluation form is descriptive and does not use a numeric scoring system, and that the ASO tool is missing critical concepts, namely reason for the child leaving the house, number of siblings, wellbeing of siblings, location of school, distance between school and home, details about parents or guardians, and future aspirations of children.

4.2.4 SURVIVOR FEEDBACK FINDINGS

Survivor input fell into three primary categories: their own self-assessment, a description of the elements needed to have a high domain score or low domain score, and their reaction to the ASO as an assessment tool. While different elements comprised high and low domain scores across case types—and would likely vary further in different cultural contexts—the importance of Economic Empowerment and Education surfaced across descriptions of various domains. Financial stability aided scores in the Protection, Housing, and Health domains. Social Support was often seen as a means to financial stability. For example, forced labor survivors described how “supportive” family and friends should help procure and maintain employment for survivors. Survivors of property grabbing equated social support with financial stability, as a support system entailed people who could provide survivors with tangible support. Across case types, survivors made less frequent correlations between Economic Empowerment and Education and the Mental Wellbeing and Trauma Recovery domains; however, survivors of property grabbing made express connections between these two areas.

Across case types and contexts, the Protection domain highlighted the role of the government. A survivor of commercial sexual exploitation stated that they felt safe because their trafficker was incarcerated. Forced labor survivors noted the role of the government in the Protection domain as providing a protection letter, release certificate, and police filing a first information report on the owners. Survivors also felt safer if they were located near a police station.



Conclusions and Use of Study Findings

5.1 INTERNAL VALIDATION CONCLUSIONS

The ASO internal validation process revealed that the tool has good reliability and internal consistency, indicating the measurement tool as sound in accurately demonstrating progress towards restoration for survivors of violence and exploitation. The tool has additional benefits in identifying key areas of survivor vulnerabilities and strengths, thus

enabling a tailored plan of service provision. Overall, the internal consistency of the six case type-specific ASO tools implemented in the 12 field offices ranged from acceptable to strong. The intrarater reliability between case managers was high in the offices that combat forced labor, commercial sexual exploitation, child sexual assault, online sexual exploitation of children, and police abuse of power, but low in the office that combats property grabbing. The inter-rater reliability scores between case managers and SMEs ranged from low to high, varying significantly between case managers. The inter-office reliability between offices addressing the same case type was low.

Furthermore, the internal validation study enabled the identification of areas to refine the tool, as well as additional guidance and training on how to consistently implement it. Across all ASO case types, case managers illuminated necessary terminology clarifications and standardizations, contextually-appropriate concepts or deviations within subdomains, differentiations around scoring a child's status versus the caregiver's motivation and ability to change the child's status, and challenges in scoring survivors living in shelters. The teams believed the tool was helpful in identifying key areas that need to be addressed in a survivor's care plan, as well as in helping to track a survivor's progress toward restoration. Overall, the IJM Aftercare teams agreed that the areas of divergence and the issues that need clarification can be addressed through three recommendations that emerged from the validation process:

1. Refine the ASO tool in light of the findings;
2. Develop a guidance manual to accompany the ASO tool with contextual adaptations where appropriate and a subsequent training plan for all ASO tool implementers; and
3. Institute a data quality assurance protocol in each field office implementing the ASO.

Therefore, based on the findings, conclusions, and recommendations, the team revised the ASO tool, developed and disseminated a detailed guidance manual, instituted a data quality assurance protocol in all field offices, and designed an external validation study to engage other implementing organizations in varying contexts and SMEs to review and critique the ASO tool and its supporting materials.

5.1.1 CHANGES TO THE ASO TOOL BASED ON INTERNAL VALIDATION FINDINGS

Key changes in the ASO tool included the following:

- Aligned case type ASO tools to assess six domains: Protection, Mental Wellbeing and Trauma Recovery, Economic Empowerment and Education, Support System, Housing, and Health. While some subdomains varied across specific case type ASO versions, these six domains were found to be critical to restoration across all case types. The individual case type versions of the tool also standardized weighting of scores across domains, with Protection, Mental Wellbeing and Trauma Recovery, Economic Empowerment and Education, and Support System more heavily weighted within the overarching score than Housing and Health.
- Simplified the tool from having separate child and adult versions (relevant to forced labor and property grabbing case types) to one version of the tool for usage across all age levels. The research team included input on how to rate subdomains according to developmental stage in the guidance manual.
- Simplified the ASO tool for child sexual assault to a single assessment tool, instead of having separate versions for cases in which the perpetrator was a financial contributor versus cases in which the perpetrator was not a financial contributor. The revised, single tool maintained a subdomain to assess the economic impact of the crime on the survivor.
- Adapted the scoring framework so that the assessor inputs scores at the subdomain level, with the domain scores and overall tool score automatically calculated based on scoring inputs. This adaptation was an effort to reduce subjectivity in scoring by assessors.

- Created consistent language across subdomains to reduce subjectivity in scoring.
- Articulated a goal for each domain to provide clarity on how the subdomains align toward an overarching assessment goal.

5.2 EXTERNAL VALIDATION CONCLUSIONS

All external SMEs believed the current ASO domains and subdomains in each case type were critical factors for survivor restoration and rehabilitation. However, SMEs provided suggestions on additional definitions and factors which should be included in every case type, and many SMEs recommended an added domain around the legal aspects (e.g. legal status, access to justice, or legal aid). Organizational field testers also affirmed that the ASO scores often matched their professional assessments of survivors. Likewise, while there was limited survivor participation, survivors reported that they liked the self-assessment, which was conducted as part of the feedback from organizational field testers.

Overall, most SMEs felt the ASO tool and supporting materials were culturally appropriate and could be used across different cultures with strong training, sound translation, and slight adaptations adjusted by the administrator. There were no SMEs that felt the ASO could not be adapted into various cultural contexts. They viewed the subdomains and domains as broad enough to be universally applicable. Two points to note however: 1) nearly all the research on OSEC comes from the developed, Western world, and therefore, the near exclusive focus has been on trauma recovery and mental wellbeing. OSEC expertise more generally is also mostly found among Westerners, and therefore, a true critique of cultural competency of the ASO OSEC tool requires more review in the coming years from professionals working in developing country contexts; and 2) there are few organizations and subject matter experts with expertise in psychosocial programming for police abuse of power, as most programs are solely legal interventions.

The main recommendations coming from the SMEs surrounded training and supervision of administrators, and the inclusion of additional guidance and contextual and case type-specific examples. These included: 1) to add local terms, specific contextualization and “gendering” to concepts, and relevant examples into the guidance manual, both of which should be designed and explained by a group of relevant, local implementers; 2) ensure the tool is administered by well-trained and equipped nationals, in order to overcome any remaining cultural barriers; and 3) to incorporate an element of regularly-scheduled supervision, as well as feedback by implementers and survivors.

SMEs agreed with the concept of weighting standard and priority domains differently, as designed in the original ASO tool, but held widespread views on how the domains should be classified. The most common reasons cited for this disagreement was that every survivor is different, and the prioritization of particular domains changes as a survivor progresses through the restoration process or changes locations (e.g. from an aftercare facility to their home community). SMEs noted that these qualifications would be difficult to accommodate in a standardized measurement tool, but they were in full agreement with IJM’s decision not to weight the subdomains.

While the majority of organizations that field tested the ASO tool agreed that the tool was easy to use, the main recommendation was to simplify the tool, both in terms of tool formatting and language, but also for the purpose of decreasing the length of time needed for completion. Those who reported that the tool was difficult to use said that the language of the tool was too complex to use with survivors, and in particular, with children and those who do not speak English.

From varying perspectives, both SMEs and organizational field testers highlighted survivor feedback. SMEs strongly recommended that a survivor self-assessment be accommodated into the ASO tool or be a complement tool to it. Organizations reported that the survivor self-assessment, which was part of the study’s focus groups or interviews with survivors (not the ASO tool administration),

was received well by the survivors—they saw it as helpful for their own reflection and for the case manager in providing better recovery services. Additionally, survivors did not express concerns about their case manager rating them, which was an original concern by IJM when first developing the tool.

5.2.1. CHANGES TO THE ASO TOOL BASED ON EXTERNAL VALIDATION FINDINGS

In response to SME and organizational field tester feedback, the following domains were renamed for clarity: Protection renamed Safety, Mental Wellbeing and Trauma Recovery renamed Mental Wellbeing, Support System renamed Social Support, Health renamed Physical Wellbeing, and Housing merged into Physical Wellbeing.

In addition, the tool was adapted to include a Legal Protection domain which captures objective measures that are identified as being critical to restoration: awareness of rights and protections, legal status or level of documentation, and access to the justice system to pursue the best interest of the survivor. Multiple SMEs highlighted that what the victim needs to see or experience the most is their ability to stand for their own justice process and participate in it, or that they have such inherent value that someone else is fighting for them. Furthermore, the justification for a justice subdomain is that knowing one's rights can create a sense of empowerment and self-worth.

The phrase “trauma recovery” was eliminated from the Mental Wellbeing and Trauma Recovery domain based on the recommendation of many organizational field testers, as they reported that the phrase was too clinical. Based on the feedback of SMEs and organizations, the Housing domain was consolidated into the Physical Wellbeing domain, and the critical information is captured in the “Survivor has access to safe and stable housing” subdomain. Within the Social Support domain, SMEs and IJM field offices recommended the addition of a key subdomain, “Survivor has access to community resources,” to capture social integration into the community, spiritual support, and receptive local leaders. Finally, in accordance with the literature and recommendation of SMEs, Health was renamed Physical Wellbeing in order to place physical and mental wellbeing on the same priority level.

SMEs and organizational field testers confirmed that the ASO tools are culturally appropriate and can be used across different cultures with strong training, sound translation, and slight adaptations. The language of the tool was simplified and clarified with the intention of making sure that it can be accurately translated and culturally appropriate in various contexts. The importance of ensuring sound translation was a priority throughout the revision process, and the tool will be translated and back-translated in order to ensure accuracy.

Furthermore, the revision of the ASO guidance manual is a key component in addressing the cultural and contextual nuances of administering the tool. The guidance manual will incorporate contextual and case type-specific examples to ensure consistency and accuracy in understanding the terminology in the tool, in addition to guidance for scoring infants and young children. In addition, the guidance manual outlines regularly-scheduled supervision within the team utilizing the tool in order to ensure accuracy and consistency in usage. IJM aims to receive feedback from implementers and survivors in order to ensure that the tool continues to be a validated and reliable tool for measuring restoration of survivors.



Based on SMEs' and organizational field testers' widespread feedback about the length of the tool, the research team created a Likert scale to simplify and shorten the tool. Using a scale for scoring (1 = Highly Vulnerable, 2 = Vulnerable, 3 = Stable, 4 = Highly Stable), and simplifying language, have reduced the tool's length and the time required to complete it. Furthermore, there was consistent feedback to maintain scoring objectivity by following the guidance that already exists in the guidance manual: 4 (75-100% of the time), 3 (50-75% of the time), 2 (25-50% of the time), 1 (0-25% of the time).

The external validation results and literature review confirmed that all six domains (Safety, Legal Protection, Mental Wellbeing, Economic Empowerment and Education, Social Support, and Physical Wellbeing) are equally critical to restoration, and the tool has been adapted to equally weight the domains. Previously, the domains were weighted as either standard or priority domains, but the tool will now equally weight the six domains.

While there was limited survivor participation, the voice of those survivors who participated in the external validation was an important component of evaluating the language and relevancy of the tool. While the ASO is intended for a case manager to complete based on his or her understanding of the survivor's functioning and circumstances, the guidance manual addresses the importance of collaboratively completing the tool with the survivor's own voice and perspective captured in the evaluation. Further exploration will be given to find opportunities to incorporate the survivor's voice into the evaluation process.



Appendices

APPENDIX A – EXTERNAL SUBJECT MATTER EXPERTS

NAME	TITLE AND ORGANIZATION	YEARS OF EXPERIENCE	AREAS OF EXPERTISE	ASO TOOL REVIEWED
Amy Allen	Forensic Interview Specialist, US Department of Homeland Security	24	Child exploitation, human trafficking, human rights violations, child sex tourism	OSEC
José B. Ashford, PhD	Director, Office of Forensic Social Work; Director, Offender Diversion and Sentencing Solutions; Professor, School of Social Work, Arizona State University	38	Forensic and correctional mental health, criminal justice diversion and sentencing alternatives, managing and treating violence risks, community prosecution, procedural justice	PAP
Ginny Baumann	Senior Program Officer, Freedom Fund	30	Anti-slavery programs, program planning and evaluation, social research, social integration of vulnerable populations	FL
Luke Bearup, PhD	Research Officer, The Australian National University	15	Program evaluation and social impact assessment, human trafficking and victim protection, child protection and gender-based violence, reintegration	CSE
Erika Felix, PhD	Assistant Professor, University of California, Santa Barbara	20	Child trauma and recovery	CSA
Stephanie Goins, PhD	Director of Program Development and Africa, Love 146	27	International program development, monitoring and evaluation, trauma, resilience	CSE
Kristen Gustavson, PhD	Faculty Lecturer, UC Berkeley; Executive Director, Berkeley Christian Counselors	18	Mental health, trauma-informed care, CBT	OSEC
Simone Cavell & Katherine Leenhouts, MSW	Clinical Practice Development Coordinators, Hagar Cambodia	10	Trauma, mental health, gender-based violence	CSE
Cynthia Leynes, MD	Professor, Department of Psychiatry and Behavioral Medicine, University of the Philippines College of Medicine; Professor, University of the Philippines Medical School	40+	Child psychiatry, child protection, trauma	CSA
Jennifer Martin, PhD	Graduate Program Director and Associate Professor, Ryerson University	12	Trauma, child sexual abuse, online child sexual exploitation	OSEC

NAME	TITLE AND ORGANIZATION	YEARS OF EXPERIENCE	AREAS OF EXPERTISE	ASO TOOL REVIEWED
Willa Morris, MSW, Keeli Sorenson, Valerie Schmitt, MSW, and Sarah Jakiel	Willa Morris, Director, Survivor-Survivor Services, Polaris Keeli Sorenson, Director of Programs, Polaris Valerie Schmitt, Advisory Services Manager, Polaris Sarah Jakiel, Chief Program Officer, Polaris	20+	Poverty, trafficking, trauma (Willa Morris)	CSE & FL
Lisa O'Reilly	Monitoring, Learning, and Evaluation, Free the Slaves	15	Data collection, contribution analysis, gender-based analysis in evaluation	FL
Esther Obaikol	Land Tenure Expert, Inter-Governmental Authority for Development (IGAD)	24	Land governance, law	PG
Yvonne Rafferty, PhD	Professor, Psychology Department, Pace University	29	Child trauma, community mental health, international child protection, recovery for victims of commercial sexual exploitation	CSE
Brigadier Siachitema	Women's Land and Property Rights Programme Lawyer, Southern Africa Litigation Centre	10	Land rights violations, property grabbing, gender based violence	PG
Andrea Slane, PhD	Associate Professor, University of Ontario Institute of Technology	13	Legal aspects of online sexual exploitation of children, privacy law	OSEC
Sunnetta Slaughter	CEO/Principal Consultant, Sunny Slaughter Consulting, LLC	10+	Human trafficking criminal behavior and victimization	OSEC
Rebecca Surtees	Senior Researcher, NEXUS Institute	20	Research, reintegration, victim protection	FL & CSE
Jim Thomas	Director, MEASURE Evaluation Project; Associate Professor of Epidemiology, University of North Carolina	39	Measurement methods for social factors, structural interventions, public health ethics, complexity science, systems thinking	All forms
Robin C. "Gracie" Travis-Murphree	President, Heart of Christ (Corazón de Cristo Inc.)	15+	Special crimes and vulnerable groups	CSA & CSE
Eileen Wakesho	Women Land Rights Advisor, Oxfam International	7	Land rights, gender and development	PG

APPENDIX B – IMPLEMENTING ORGANIZATIONS

CHILD SEXUAL ASSAULT

Four organizations completed at least one CSA ASO tool. One of these organizations was based in the National Capital Region of the Philippines. The second organization worked in both Peru and Ecuador, with each of these country offices participating. The last organization was based in Vietnam, working with survivors from minor ethnic groups.

Only one organization provided demographic information on the staff members who implemented the ASO tool, and this organization provided information on only one staff member. This staff member was a female case manager in her mid-twenties with an educational background in social work and four years of experience, most of which had been with her current organization.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

Four organizations completed at least one CSE ASO tool. One of these organizations was based in Central Uganda and worked with survivors from a variety of ethnic and tribal groups (Acholi, Baganda, Batoro, Banyankole, Lugbra, Basoga). The second organization was based in the United States of America, working with ethnically diverse survivors. The third organization was based in Honduras, working with adolescent survivors of sexual exploitation and trafficking. The last organization was based in Vietnam, working with survivors from minor ethnic groups.

Only two organizations provided demographic information on the staff members who implemented the ASO tool, and these organizations provided information on only one staff member each. For one organization, the staff member who implemented the ASO was a female case manager in her mid-twenties with an educational background in social work and four years of experience, most of which had been with her current organization. For the other organization, the staff member who implemented the ASO was a female case manager with four years of college and six years of experience working with survivors. Both of these users were from the same ethnic background and spoke the same language as the survivors with whom they worked.

ONLINE SEXUAL EXPLOITATION OF CHILDREN

Only one organization completed the OSEC ASO tool, so the results should be interpreted with caution. This organization was based in the National Capital Region of the Philippines and worked with Filipino survivors.

FORCED LABOR

Six organizations completed at least one Forced Labor (FL) ASO tool. One of these organizations was based in Central Uganda and worked with survivors from a variety of ethnic and tribal groups (Acholi, Baganda, Batoro, Banyankole, Lugbra, Basoga). One organization was based in the United States of America, working with ethnically diverse survivors. One organization was based in Nepal and worked with a variety of indigenous groups and castes. Two organizations were based in India, one in Madhya Pradesh and the other in Tamil Nadu. Both organizations worked with survivors from the scheduled castes and tribes (Barela and Irular). The last organization was based in Cambodia, working with Khmer survivors.

Four organizations provided demographic information on a total of 15 staff members who implemented the ASO tool. These staff ranged in experience from one year to 34 years. These 15 staff members had an average of 8.6 years of experience, but nine staff had five or fewer years of experience, and six staff had 10 or more years of experience. Similarly, these staff members had a wide range of educational backgrounds. One staff member had less than a high school education, one was in the middle of a bachelor's degree, nine had achieved a bachelor's degree, and three had post-graduate education. One staff member's educational background was unknown.

PROPERTY GRABBING

Only one organization used the Property Grabbing (PG) ASO tool, so the results should be interpreted with caution. This organization field tested the ASO tool in Central Uganda with elderly Baganda adults (both women and men). These individuals all lived in impoverished circumstances and have experienced either the threat or actual experience of property grabbing.

POLICE ABUSE OF POWER

Only one organization used the Police Abuse of Power (PAP) ASO tool, so the results should be interpreted with caution. This organization field tested the ASO tool in Minnesota, USA, with ethnically diverse prisoners re-entering civil society.



INTERNATIONAL
JUSTICE MISSION

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Thank you for your interest in utilizing the Assessment of Survivor Outcomes (ASO) tool. The ASO tool is a valid and reliable assessment for measuring survivor outcomes and progress of survivors of violence and exploitation toward restoration. International Justice Mission (IJM) defines restoration to be when a survivor is able to function in society with low vulnerability to revictimization. The assessment serves two key functions: (1) a case management tool to identify areas of survivor strengths and vulnerabilities, enabling a tailored plan of service provision; and (2) an impact measurement tool to provide data on the effectiveness of aftercare programming by assessing survivor progress.

We are pleased to share this tool without a fee, as we believe that the ASO is a critical assessment for measuring survivor outcomes and progress toward restoration. However, for the ASO tool to be effective, it is essential that it be used correctly. **IJM requires that a user agreement be signed and adhered to in order to use the ASO tool.** The agreement is intended to ensure all organizations using the ASO tool agree to properly implement the tool, with the goal of helping survivors of violence heal.

If you have any questions about the ASO tool or if you would like to use the tool, please contact Global Aftercare [aftercare@ijm.org].

Assessment of Survivor Outcomes

GOAL OF ASSESSMENT

Evaluate a survivor's functioning and level of vulnerability to revictimization.

INSTRUCTIONS

Complete this tool based on your assessment of the survivor's functioning and circumstances within the last 30 days. Provide one score per subdomain on a scale of 1 to 4. Survivor input should inform the assessment of each subdomain and can include input from the survivor's caregiver or other household members, other providers, and/or the assessor's direct observations. The assessor should use professional judgment based on all available information, seeking to best reflect the survivor's strength or vulnerability in each subdomain. An accompanying guidance manual is available for guidance on scoring and specific assessment points, a sample interview guide, and other resources.

SURVIVOR DEMOGRAPHICS		
Survivor Name:		Type of Abuse Experienced: <input type="checkbox"/> Commercial Sexual Exploitation <input type="checkbox"/> Child Sexual Assault <input type="checkbox"/> Forced Labor Trafficking <input type="checkbox"/> Online Sexual Exploitation <input type="checkbox"/> Property Grabbing <input type="checkbox"/> Police Abuse of Power <input type="checkbox"/> Other: (please specify)
Date of Birth: (or age if unknown)		
Gender:		
Country of Origin:		
Ethnicity:		
Race:		Location in which the Abuse Occurred: (city, country)
Primary Language:		

ASSESSMENT INFORMATION		
Assessment Date:		Assessment Phase: (point at which the assessment is completed) <input type="checkbox"/> At time of case intake <input type="checkbox"/> At case closure <input type="checkbox"/> One year post-case closure <input type="checkbox"/> Other: (please indicate why)
Case Number:		
Assessor Name and Title:		
Organization:		
Assessment Location: (city, country)		

Scale:							
1. Highly Vulnerable		2. Vulnerable		3. Stable		4. Highly Stable	
Domain	Subdomains						
SAFETY	1. Survivor is free from abuse or neglect.	1	2	3	4		
	2. Survivor is free of threats from suspects or others who intend to revictimize.	1	2	3	4		
	3. Survivor is able to identify and manage unsafe situations.*†	1	2	3	4		
							SCORE: (sum of scores/3)
Notes:							
Domain	Subdomains						
LEGAL PROTECTION	1. Survivor is aware of rights and protections under the law and views violations as abusive.*†	1	2	3	4		
	2. Survivor’s legal status or level of documentation minimizes risk of future human rights violations.	1	2	3	4		
	3. Survivor is able to pursue justice for the human rights violation(s).*†	1	2	3	4		
							SCORE: (sum of scores/3)
Notes:							
Domain	Subdomains						
MENTAL WELLBEING	1. Survivor demonstrates risk-free behaviors.†	1	2	3	4		
	2. Survivor positively engages in daily activities.†	1	2	3	4		
	3. Survivor utilizes positive coping skills.†	1	2	3	4		
	4. Survivor demonstrates empowered attitudes and behaviors.†	1	2	3	4		
							SCORE: (sum of scores/4)
Notes:							
Domain	Subdomains						
ECONOMIC EMPOWERMENT AND EDUCATION	1. Survivor’s household maintains adequate income from non-exploitative work or productive assets.	1	2	3	4		
	2. Survivor’s household demonstrates financial management skills.	1	2	3	4		
	3. Survivor’s household has access to an adequate financial safety net.	1	2	3	4		
	4. Survivor positively engages with school, training, and/or work.†	1	2	3	4		
							SCORE: (sum of scores/4)
Notes:							

*For children ages 12 and under, please rate the caregiver rather than the child.

†For children ages 3 and under, please rate the caregiver rather than the child.

Scale:							
1. Highly Vulnerable		2. Vulnerable		3. Stable		4. Highly Stable	
Domain	Subdomains						
SOCIAL SUPPORT	1. Survivor feels emotionally supported in positive relationships.†	1	2	3	4		
	2. Survivor's household is supportive of survivor's wellbeing.	1	2	3	4		
	3. Survivor does not experience discrimination or negative social pressure.†	1	2	3	4		
	4. Survivor has access to community-based resources and support structures.	1	2	3	4		
							SCORE: (sum of scores/4)
Notes:							
Domain	Subdomain						
PHYSICAL WELLBEING	1. Survivor has access to essential medical services.	1	2	3	4		
	2. Survivor takes care of health needs.*†	1	2	3	4		
	3. Survivor has access to adequate basic needs that impact health.	1	2	3	4		
	4. Survivor has stable housing.	1	2	3	4		
	5. Survivor's housing is safe and free from hazards.	1	2	3	4		
							SCORE: (sum of scores/5)
Notes:							

FINAL ASO SCORE

(insert scores from above)

Safety Score _____

Legal Protection Score _____

Mental Wellbeing Score _____

Economic Empowerment & Education Score _____

Social Support Score _____

Physical Wellbeing Score _____

TOTAL: (add all) **FINAL SCORE:** (divide by 6)

*For children ages 12 and under, please rate the caregiver rather than the child.

†For children ages 3 and under, please rate the caregiver rather than the child.

FOOTNOTES

- ¹ Busch-Armendariz, N., Nsonwu, M. B., & Heffron, L. C. (2014). A kaleidoscope: The role of the social workpractitioner and the strength of social work theories and practice in meeting the complex needs of people trafficked and the professionals that work with them. *International Social Work*, 57(1), 7-18.
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