Violence Against Women: PTSD in Female Victims of the Former Sex Workers in Nana Sukhumvit Area, Thailand

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Article History
Received: 8 July 2019 **Revised:** 24 August 2019 **Published:** 30 September 2019

Abstract
Violence against women (VAW) is considered a severe violation of human right that needs to be reduced and eliminated. One out of three women worldwide experienced violence during her lifetime. This qualitative research aims to identify demographic factors of the victims of violence, to assess the psychological consequences of VAW, to identify the therapists' principles and techniques in treating PTSD, and to suggest ways of preventing and reducing new cases of VAW. The four methodologies for this research are an in-depth interview, focus group interview, PTSD Diagnostic Scale test, and documentary research. The research area focuses on the red light district in Nana Sukhumvit among the twelve former sex workers. The result shows that the prevalent factors of VAW among the sample group are poverty, education, women as breadwinners, and male-dominance (violence). Eleven out of the twelve voluntary participants who went through traumatic experiences have PTSD (91.7%) due to trauma-related difficulties that lasted for more than one month. Violence against women causes significant distress in mental health. Even though PTSD considered trauma and stressor-related disorders that occur following exposure to a traumatic event, PTSD symptoms often go undiagnosed. Trauma counseling is crucial to help enable violence survivors to gain personal traumas insights and overcome PTSD. The suggestions and recommendations to reduce news cases of violence against women are awareness-raising, education, resources, and advocacy.
Keywords: Violence, Mental Health, Former Sex Workers, Posttraumatic Stress Disorder

Introduction
Statement of the problem
Violence against girls and women is a severe violation of human right and is a social problem and public health that cuts across socio-economic, cultural, and ethnic boundaries. According to the United Nations Women, one in every three women around the world has been beaten, coerced into sex, sexually or physically abused and mostly by an intimate partner either at home, on the streets, or during the war (United Nations Women, 2015). Gender-based violence is one of the primary public health concerns. Gender-based violence is any violence, including physical, sexual, psychological, and economic abuse against women and girls (UN Women, 2015). The most typical forms of gender-based violence against women are intimate male partner abuse and coerced sex in all stages of life, including childhood, adolescence, or adulthood (Heise, Ellsberg, & Gottemoeller, 1999). The majority of women who are victims of domestic violence have been abused by their intimate partner more than one time (Heise et al., 1999). The victims' impact

from the traumatic event(s) ranges from the beginning of the incident to long-term multiple sexual, physical, and mental consequences, including death. Violence against women has negative impacts on their well-being and prevents them from fully participating in society. Besides causing them injury, violence escalates women's long-term risk of several health issues such as chronic pain, physical disability, depression, and drug and alcohol abuse (Heise et al., 1999). The violence is not the only impact on the victims, but also for their families, the community, and the country at large. The price victims have to pay is tremendous from higher health care to legal expenses and losses in productivity.

Human trafficking is violence against women and considered crime under international law. Trafficking in persons for sexual exploitation is the fastest-growing criminal enterprise in the world. The net income of this criminal activity is 99 billion USD each year, with 96% of victims being women and girls (Equality Now, 2018). Trafficking in persons is the inclusive term used to describe the modern-day slavery of people who are forced into the commercial sex industry and involuntary labor (Federal Law, 2017). The victims of human trafficking for commercial sexual exploitation can suffer from physical abuse, rape, sexually transmitted disease, and mental disorders.

Violence against women is a primary source of trauma to women. Posttraumatic Stress Disorder is the results of exposure to extreme trauma such as intimate partner violence, a victim of human trafficking, and rape. Victims of violence suffer from varieties of mental health problems and show a higher ratio of mental health difficulties than non-victims, such as anxiety disorders, depression, substance use disorders, and PTSD. Some of the PTSD symptoms are re-experiencing the traumatic event, flashbacks, nightmares, numbness, hyperarousal, and avoidance (American Psychiatric Association, 2013) These symptoms can begin immediately after the traumatic event or delay for months or years. However, even after the PTSD resolved, symptoms can return in response to an event that reminds the victim of her earlier experience.

The purposes and objectives of this research are to determine the demographic factors of the victims of violence, the mental health consequences of violence against women, the therapists' principles and techniques in Posttraumatic Stress Disorder treatment, and suggestions and recommendations for reducing new cases of violence against women.

Literature Review

Violence Against Women

Violence against women happened behind the back door until the early 1970s of the feminist movement in the Western nations and the United States of America (Kilpatrick, 2004). The significant component of the feminist movement was women discussing their life experiences and identifying the legal, personal, and societal barriers to fulfillment and opportunities for women. The result of this discussion shows that violence was a widespread part of women's lives, and it had a hugely negative impact on women's ability to live productive and happy lives. The movement inspected the criminal justice system's methods of essential types of VAW with particular attention to rape, wife battering, and other forms of sexual assault (Kilpatrick, 2004).

The feminist movement has a significant role in criminal codes defining the crimes of sexual assault, child abuse, neglect, criminal domestic violence, and other crimes against women (Kilpatrick, 2004). The movement also was establishing a system of community-based services for victim of rape and other types of intimate partner violence (Kilpatrick, 2004). Violence against women is a prevalent problem throughout the world and has increased the risk of several physical and mental health problems.

PTSD in the Clinical Definition

The psychological symptoms follow the traumatic experiences call Posttraumatic stress disorder or PTSD. PTSD used to characterize as an anxiety disorder until the recent edition of the Diagnostic and Statistical Manual of Mental Disorders or DSM. The DSM-V categorize PTSD as "trauma and stress-related disorders" (American Psychiatric Association, 2013). The cause of PTSD is individuals' exposure to either a traumatic event or a series of traumatic events. The traumatic event that occurs outside the normal range of human experience and causes tremendous distressing to almost anyone, such as rape.

Individuals may experience the event themselves, witnessing the event, learning about the event from others, or experiencing repeated or extreme exposure to the traumatic event. However, according to DSM-V, to be diagnosed with PTSD, an individual must have the following symptoms: re-experiencing the event in some way, avoiding stimuli associated with the event, exhibiting hyperarousal, and experiencing detrimental alterations in mood or cognition associated with the event (American Psychiatric Association, 2013). Individuals who suffer from PTSD symptoms have difficulty intentionally recalling the event and re-experiencing the event due to a rational role of memory storage and its relationship to individuals. The complication occurs when individuals trauma memory is poorly working into its context in place, time, subsequent, and previous information. Trigger refers to individuals' inability to associate the traumatic memory with a particular time and place in the past causes difficulty to recall details of the event intentionally and experiences a sense of current threat.

Another aspect of PTSD symptoms is emotional processing. Fear plays a significant role in emotional processing. For fear to decrease, the fear memory of the traumatic event must be stimulated and then place new information on the event. This technique allows a new memory to form and merge into the fear structure in which sends new information to the brain and promote emotional change. The fear structure of the traumatic event must be correct to reduce PTSD symptoms by the introduction of new information. Individuals who experienced traumatic events view the world as being unsafe and themselves as inadequate. The researcher of this dissertation uses DSM-V criteria in diagnosing and assessing PTSD. In order to diagnosis PTSD, specific criteria must be met, which included criterion A, B, C, D, E, and the symptoms last for more than a month

Human Trafficking

The aim of human trafficking is forced labor, removal of organs, commercial sex slave, and exploitation (Taephant, 2010). These acts are a violation of human rights. The victims of human trafficking usually come from poverty, not well educated, or have no skills training. For that reason, they have little to no opportunities to be independent financially. However, in some cases, individuals may be well educated but have little opportunity in their home country, and have fallen to the traffickers' trap of well-paying jobs. Despite the background of human trafficking victims, individuals usually experience tremendous guilt, responsibility, and shame for what happened. Victims experience different forms and degrees of exploitation in which impact individuals differently. Human trafficking victims experience like those who are victims of other types of crimes. However, human trafficking victims need additional services. For instance, human trafficking victims usually experience communication and language barrier and little to no knowledge about their rights under the national laws and legal process. The victims have limited knowledge of the assistance programs for them. The challenges of human trafficking victims in restoration are age, background, physical and psychological health, culture,

and duration of exploitation. The long-term restoration process for human trafficking victims are jobs, education opportunities, and psychosocial services (Taephant, 2010).

Research Methodology

The data collections in this research "Violence Against Women PTSD in Female Victims of the Former Sex Workers in Nana Sukhumvit Area," were through a qualitative study by conduct in-depth interview with 12 former sex workers in Nana Sukhumvit area. Conduct in-depth interview with a police officer and a social worker, Posttraumatic Stress Disorder Diagnostic Scale test, focus group interview among professional services providers, and exploring document related to violence against women and mental health. This research focuses area is in the red light district in Nana Sukhumvit. The focus group interview is with professional services provider who works closely with the trafficking in persons. The researcher's target population are both Thais and foreigners.

The researcher used the documentary research method to analyze documents that had information about PTSD and PTSD treatment. The researcher used documentary research to add additional information collected through the in-depth interview, PTSD diagnostic scale test, and recommendations on reducing new cases of violence against women. The documentary sources came from the written text produced by either an individual or groups for their own immediate practical needs. The researcher collected data from the 12 voluntary participants who were former sex workers in Nana Sukhumvit area. The researcher collected data from the voluntary participants who came for counseling services at Nightlight Foundation and were willing to be part of this research. The 12 voluntary participants came from East-Central Africa, Eastern Africa, South America, and Southeast Asia. They were connected to NightLight Foundation either were victims of human trafficking or used to work on the street or at a bar of Sukhumvit Soi 4 and became workers at NightLight Foundation.

The researcher collected data through an in-depth interviewed with a law enforcement officer and a social worker on human trafficking. The Interviews were goal-oriented with a purpose to draw out the desired information from voluntary participants. The length of time of in-depth interviews depended on each participant. The researcher did not fixed time duration for each interview and started to collect the data from January to December of 2018. The interviews were conducted face-to-face between the researcher and the voluntary participants in the counseling room at NightLight Foundation. The researcher used the one-on-one method to draw out more detailed information and a deep understanding of the listed questions. Each voluntary participants were encouraged to talk in-depth about each interview questions. The interview questions were open-ended. The researcher asked questions orally to the voluntary participants and noted the answers. An in-depth interview helped to explore more details and further investigation and description analysis.

The focus group interview facilitated to answer the researcher question number four. The researcher selected voluntary participants based on the topic of discussion in reducing new cases of violence against women. A focus group represented a small group of people who were brought together by the researcher to find out perspective and perceptions, feelings, and ideas about the topic. The six voluntary participants of the focus group interview represented five different countries, which were Argentina, New Zealand, Thailand, the USA, and the UK. Research method by practice and the researcher used the test based on DSM-V. PTSD diagnostic scale test based on DSM-V criteria. The PTSD Scale Test developed by the U.S. Department of Veterans Affairs National Center. The interview questions developed for clinicians and clinical

researcher used with the knowledge of PTSD. Participants provided the answer for each question from 1 (not at all) to 5 (extremely) to indicate the degree in which they have been distress by that particular symptom over the past month. Participants asked to designate the traumatic experiences that were still on their mind and currently still bothered them the most.

PTSD symptoms broke down into four separate clusters, which were re-experiencing, avoidance, hyperarousal, and negative thoughts and beliefs (Tull, 2017). The symptoms of re-experiencing or reliving the traumatic events had upsetting thought or memories about the trauma, recurrent nightmares, flashback, intense feeling of distress, and physically responsive such as heart rate and sweating, (Tull, 2017). Avoidance was when individuals were actively avoiding people, places, or situation that remind them of the traumatic event (Tull, 2017). When individuals felt like they were on edge or keyed up, this known as hyperarousal. The hyperarousal symptoms had a difficult time falling or staying asleep, difficulty concentrating, had outbursts of anger, continually feeling on guard, and being jumpy or easily startled (Tull, 2017). The last cluster of PTSD symptom was negative thoughts and beliefs. Individuals had negative thoughts and feelings about themselves and others. They can have a difficult time remembering the crucial parts of the trauma, feeling distant from others, lost interest in activities, and feeling as though their lives might be cut short (Tull, 2017).

The symptoms addressed above are the extreme version of human bodies' natural response to stress (Tull, 2017). The threat or danger situations could come in many different forms such as persistent worry, a work deadline, a broken relationship, and abusive situations. All of these could trigger stress hormones in which cause physical symptoms—human bodies' natural response to threat and danger known as the fight or flight response (Tull, 2017). This natural response evolved survival mechanism in which enabling individuals to react quickly to life-threatening situations (Harvard Medical School, 2016). The stress hormone changed with the physical response help individuals to fight the threat off or flee to safety (Harvard Medical School, 2016). However, long-term chronic stress had a negative impact on physical and psychological health (Harvard Medical School, 2016). Research advises chronic stress may contribute to high blood pressure lead to the formation of artery-clogging deposits promote brain changes, as a result, contribute to depression, anxiety, obesity, and addiction (Harvard Medical School, 2016).

The twelve voluntary participants did not need to have all of the symptoms in DSM-V for psychologist or psychiatrist to diagnose with Posttraumatic Stress Disorder. It was less likely that the entire voluntary participants with PTSD would experience all of the symptoms listed in DSM-V. However, to be diagnosed with PTSD, voluntary participants needed to have a certain number of symptoms from each cluster and lasted for more than one month. The instruments in which the researcher used were questionnaires by the American Psychiatric Association, Post-traumatic Stress Diagnostic Scale Test, focus group interview through group discussion of the topic of how to reduce new cases of violence against women, and documentary research.

Data analysis involves analyzed the connection between violence against women and mental health in which focused on Posttraumatic Stress Disorder. The researcher collected data from 12 former sex workers through an in-depth interview and PTSD diagnostic scale test to analyze and synthesize the qualitative data through context analysis. The researcher facilitated the focus group interview to collect data among the professional service provider for ways of preventing and reducing new cases of violence against women. The results of data analysis were crucial narrative points of the in-depth interview in connection of violence against women and Posttraumatic Stress Disorder.

Research Results

Demographic Factors of the Victims of Violence

The demographic factors connected to violence against women are poverty, education, women as breadwinners, and male dominance (violence). Poverty was distinct in all in-depth interviews with all continents. Violence against women seems to be connected to poverty. All of the 12 voluntary participants reported that they came from a very low-income family. The nine participants who were victims of human trafficking came to Bangkok, Thailand, hoping for better job opportunities and a promising future. Due to lack of resources, these women became vulnerable to violence against them. The cost of education is considered high in Eastern and East-Central Africa. Only two out of the 12 voluntary participants graduated from high school, and none have gone to a college or university. Due to the cost of education in Africa, women have little to no education in which caused little to no job's opportunities in which lead to high violence against them. The entire group of nine participants who were victims of human trafficking was not aware of currency exchange. All of them reported they did not know that in Thailand, the currency is in baht. They thought Thailand used USD. Southeast Asia voluntary participants' highest education level was some level of middle school. In all 12 interviews, all of them are the breadwinners for their household. The majority of them had their first child at a very young age, with no men to support them. They had to work hard to earn income to take care of themselves and their children. Male dominance (violence) was another demographic factor in all twelve participants. Due to poverty, little to no education, and became breadwinners at a young age, they became vulnerable to violence against them.

Mental Health Consequences of Violence Against Women

The results of PTSD Diagnostic Scale Tests show that 11 out of 12 voluntary participants have PTSD due to persistent symptoms which lasted for more than one month and caused distress or functional impairment at some level. The only participant who was not diagnosed with PTSD had symptoms which did not last for more than one month. The 11 participants who were suffering from PTSD were unaware of the everyday occurrences of triggers. The symptoms of PTSD can come and go for individuals who have it. Certain sounds, sights, smells, and thoughts can prompt memories of traumatic experiences. This process refers to triggers, which can bring back the strong memories of the traumatic experiences. The majority of voluntary participants felt like they were living through traumatic experiences all over again while they were telling their stories. The victims' brains do not process the traumatic events immediately with the PTSD, nor do they file the memory as being in the past. As a result, the victims always feel frightened and stressed, even when they are in a safe place.

Table 1 Highest Education Level

Education Level	Frequency	Percentage
Primary School	6	50
Middle School	4	33.3
High School	2	16.7
Total	**12**	**100**

Table 2 Age Range

Age Range	Frequency	Percentage
20-25 years	7	58.3
26-30 years	1	8.3
36-40 years	1	8.3
41-45 years	2	16.7
46-50 years	1	8.3
Total	**12**	**100**

Table 3 Place of Birth

Place of Birth	Frequency	Percentage
East-Central Africa	7	58.3
Eastern Africa	1	8.3
South America	1	8.3
Southeast Asia	3	25
Total	**12**	**100**

Table 4 Human Trafficking Victim

Human Trafficking Victim	Frequency	Percentage
Human Trafficking Victim	9	75
Not a human trafficking victim	3	25
Total	**12**	**100**

Table 5 Traumatic Experiences

Voluntary Participants	Traumatic Experiences
1	Physical assault, Sexual assault, Military combat or lived in a war zone, Child abuse, other trauma (threatened at gunpoint)
2	Serious, life-threatening illness, military combat or lived in a war zone, accident, other trauma (Heard gunshots)
3	Physical assault, sexual assault, military combat or lived in a war zone, child abuse
4	Child abuse and natural disaster
5	Child abuse, accident, and other trauma (human trafficking victim)
6	Physical assault and accident
7	Serious, life-threatening illness, military combat, and child abuse
8	Physical assault, child abuse, accident, and natural disaster
9	Physical assault, an accident
10	Serious, life-threatening illness, physical assault, sexual assault, and accident
11	Physical assault and sexual assault
12	Serious, life-threatening illness, physical assault, sexual assault, child abuse, and natural disaster

Table 6 Categories of Traumatic Experience

Traumatic Experience	Frequency	Percentage
Serious, life-threatening illness	5	41.7
Physical assault	7	58.3
Sexual assault	4	33.3
Military combat or lived in a war zone	3	25
Child abuse	6	50
Accident	7	58.3
Natural disaster	4	33.3
Other trauma	3	25
Total	**12**	**100**

Table 7 Current Traumatic Experience

Current Traumatic Experience	Frequency	Percentage
Serious life-threatening illness	1	8.3
Physical assault	4	33.3
Sexual assault	2	16.7
Military combat or lived in a war zone	1	8.3
Child abuse	3	25
Other trauma	1	8.3
Total	**12**	**100**

Therapists' principles and techniques in PTSD Treatment

The therapists' principles and techniques in PTSD treatment are established trust, emotional awareness, cognitive behavioral therapy, exposure therapy, and narrative exposure therapy. The therapist's first principle was to establish trust with the clients. Trust built after the clients felt that the therapist and the counseling process would be helpful for them. In general, from the therapist's practices, women, who went through broken promises, violations, and different forms of violence against them, were challenged to trust someone again. The majority of the clients reported that it was challenging for them to trust someone after what had happened to them—the traumatic experiences stored in the body. Due to the clients' desire to protect themselves, they were always on the constant alert. The sense of constant alertness prevented clients from getting to the root of traumas in their bodies as well as emotional awareness. The therapist's first step was to help the clients to work on their emotional awareness. Emotional awareness helped them process and recognize their own emotions. The clients were able to name their emotions, such as fear, guilt, shame, helplessness, low self-esteem, and anger. The second step was that the therapist helped clients let out their emotions by expressing their emotions verbally.

The healing process came when clients faced painful memories and possibly harmful behaviors. The therapist's role was to create a space where clients felt emotionally and physically safe to disclose their stories. The clients realized that healing came when they were able to address the symptoms, false thinking, and negative emotions about traumatic experiences. The therapist informed clients that without emotional healing, they had a significant chance of being revictimized. The clients became aware that it was unhealthy to live with emotional scars such as fear, shame, anger, and self-blame.

In cognitive-behavioral therapy, the therapist's technique was to encourage clients to confront their traumatic memories and replace them with positive thoughts. This technique helped clients reduce their anxiety levels as well as face any traumatic reminders. The primary technique that the therapist used with clients was to replace the negative thoughts with positive ones. The technique helped clients correct distorted thought patterns about trauma, self, others, and the world. The implementation of this technique resulted in a realistic understanding of their traumatic experiences and reduced their overall distress. Another technique the therapist used to help clients with PTSD symptoms was exposure therapy. The exposure therapy helped clients reduce or remove any anxiety and fear that were still reminded them of their trauma. The therapist's role was to help clients process and understand the traumatic memories as well as confront the trauma. The treatment goal was for clients to reduce fears and be able to live in everyday life as healthy as possible. The exposure therapy helped clients decrease avoidance behavior toward PTSD symptoms. The common avoidance behaviors of clients with PTSD were the avoidance of feelings, thoughts, or situations related to traumatic experiences. When clients avoided painful memories of the traumatic experiences, it had a negative impact on their well-being and quality of life. Furthermore, clients'avoidance behaviors hindered the healing and recovery process from traumatic experiences.

The therapist used the narrative exposure therapy technique to find out clients' thoughts, emotions, sensory information, and their physiological responses in detail. The clients were telling their story in narrative forms and relived the emotions that came with traumatic situations. The essential key of this therapy was for clients to re-visit the traumatic emotions without losing connection to the present. The narrative exposure therapy helped clients tell their whole life story without choosing one specific traumatic situation. The roles of the therapist were to accept, be sensitive, and empathetic with the clients. The clients were encouraged to tell their traumatic experiences with perceptions, emotions, cognition, and the sensory details that they experienced with the events. Narrative exposure therapy helped reduce the agony and stress from the traumatic experiences by organizing and reconstructing the impact of traumatic experiences. The therapist used this technique to help clients who were still in continuous trauma settings. The treatment outcome of narrative exposure therapy was beneficial due to the empathic therapist's listening skill, which created a safe and secure venue for clients to tell their stories. Successful treatment led to changes and development in individuals' lives.

Suggestions and Recommendations for Reducing New Cases of Violence Against Women

Suggestions and recommendations for reducing new cases of violence against women from the focus group interview were awareness, education, resources, and advocacy. The majority of the participants mentioned raising awareness of human rights. Increase education regarding the motives of violence, 'red flags' of violence, and cyclical actions. Educate adolescents in the school system about violence warning signs. Advocate for women's education is a positive step toward empowering women, which leads to a reduction in new cases of violence against women. Resources are essential to reducing new cases against women. By providing more resources for affected families to receive counseling; then, violence can be stopped through thoughts and actions in young children before they begin. Offer employment opportunities to women, especially those in abusive relationships can reduce new cases of violence against women. Male supremacy or dominance was a factor connected to violence against women. Women needed to know their rights. Advocacy for human rights, empowerment, and protection of women from all forms of gender-based violence needed to happen on all levels. In order to reduce new cases of violence against women and bring justice to the survivors of violence, every entity was required

to work together on prevention to improve the education system, social empowerment, the legal system, the policy framework, and response services for the survivors

Conclusion and Recommendation

According to this study, all forms of violence against women caused mental health consequences to the survivors of violence. The common mental health consequences are depression, anxiety, substance abuse, and PTSD. Violence is an incredibly complicated issue that is rooted in gender-based power relations, self-identity, and social institutions that impact women's mental health. The various types of violence against women are intimate partner violence, physical violence, sexual violence, psychological violence, economic violence, trafficking, honor killings, female genital mutilation, and forced or child marriage. Human trafficking in Thailand is critical and need attention, awareness, and collaboration from all agencies (Santa & Ratchadapunnathikul, 2018). Collaboration in awareness-raising, prevention, prosecution, and providing information to the volunteers, staff, public at the national and international levels. In order to combat human trafficking more effectively, the Thai government must realize that the critical problem comes from corruption and miscarriage of justice that contribute to the abuse of power (Muangtham, 2016). The corruption of government officials in the illegal prostitution business contributes to human trafficking, both transit and destination to the Kingdom of Thailand (Trimek, Jermsittiparsert, Akahat, Sieangsuan & Ratchaphan, 2016). The essential movement to ensure that violence survivors have access to service and support, therefore, provide services such as telephone counseling, crisis services for survivors of rape and sexual violence, support group activities, therapy, service for violent offenders, and services for witnessed or children of violence. The recommendation is public awareness of violence against women across all sectors (Jermsittiparsert & Kasemsukphaisit, 2016). Public awareness of the negative impact of violence against women will bring better understandings and perhaps modify the power structure of men toward women within society. Violence against women is the gender-based violence that needs further studies in many different areas to make impact changes in society.

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