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Trauma, extreme humiliation and coping strategies in migrant domestic workers' storytelling: Linguistic and psychological perspectives

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Abstract

This paper focuses on the experience of trauma in Indonesian migrant domestic workers' storytelling. It draws on a large corpus of narratives told by 131 migrant workers who share their traumatic experiences in small-group sharing sessions. The paper outlines the predominant themes that were identified across sharing sessions, and, using a discourse analytical approach that combines linguistic analysis with narrative therapy, it identifies three coping strategies that were common across narratives, and it analyses six examples as evidence. They show that the women (1) resign to fate in the face of insurmountable difficulties, they (2) normalize their abusive employers' abusive behavior, and they (3) advocate the retelling of trauma narratives to empathetic listeners in the attempt to recover. Finally, the paper discusses how we as analysts deal with other people's stories of extreme suffering and humiliation, and how language and social psychology scholars and students can contribute to a social justice agenda.

Keywords: trauma, narratives, migrant domestic workers, Indonesia, discourse analysis

Introduction

The International Labour Organisation (ILO) estimates that there are currently around 272 million migrants in the world (ILO Report, 2021). This is more than during any previous time in human history, and the number is expected to rise even further because of wars and violent conflicts in many parts of the world, and because of the increased disparity in wealth between the Global North and the Global South. Approximately 1/3 of the world's international migrants come from developing countries in the Asia-Pacific region and they work mostly in the service sector, especially domestic work. Migrant work has become essential not just for sustaining migrant workers' families, but for the economic development in the sending countries, such as Indonesia and the Philippines, the largest exporters of migrant labor in the region. Massive unemployment in the sending countries, and economic growth and increased demand for labor in the receiving countries, explain why labor export continues despite reports documenting widespread abuse and exploitation of especially female migrant domestic workers (MDWs) (Tyner, 1994; Philips, 2021; Ladegaard, 2024).

Migrant workers are typically hired for jobs commonly referred to as 3Ds: dangerous, dirty and difficult. They engage in precarious employment with increased exposure to environmental hazards, and they have poor working conditions, such as

low wages, long working hours, low job security, and increased risk of workplace abuse (Hasan et al., 2021). The precarity of their working conditions, in combination with individual and institutional discrimination and the stigma associated with their social inferiority, impact migrant workers' increased vulnerability to poor health outcomes (Sangaramoorthy & Carney, 2021). Female MDWs, or 'domestic helpers' as they are commonly referred to, arguably constitute the most vulnerable subgroup among international migrants. They usually have to live with their employer, they have no standard working hours, and since they have no colleagues and work at the mercy of their employer, it is difficult to ensure that their basic human needs are met. Many MDWs are also socially isolated and work for weeks on end without talking to anyone except the employer. Thus, migration is gendered as well ethnic and national: it singles out Asian women to 'do the dirty work' (cf. Anderson, 2000) in developing countries and, at the same time, engage in long-distance mothering via smartphones to support their children back home (Waruwu, 2022). While this division of labor reinforces traditional gender roles by restricting women to domestic work (Tyner, 1994), it also creates an additional role for migrant women as the main breadwinner of the family. They are responsible for the family's financial upkeep as well as providing emotional support, which adds to their stress and vulnerability, especially if they experience adverse working conditions (Ladegaard, 2017).

There are currently around 350,000 MDWs in Hong Kong. They come from the Philippines (55%) and Indonesia (42%), while a small minority (3%) is from other Asian countries like Sri Lanka, Nepal and Cambodia. MDWs come to Hong Kong on 2-year contracts to provide financial support to their families, not least their children's education. Extreme poverty in the rural areas of their home countries makes it necessary for at least one member of the family to go overseas to make money for the family's survival. Thus, migration severely impacts family structure and financial development in the sending communities, but unfortunately it also has devastating consequences for left-behind children (Vanore et al., 2022) as well as for the women who migrate and have to spend years on end separated from their loved ones (Ladegaard, 2018).

The research that will be reported in this paper highlights the precarity of MDWs' lives in the diaspora. It uses data from a project about trauma in MDWs' storytelling (henceforth, The Trauma Narratives Project), a project that has provided compelling evidence for the alarming prominence of domestic helper abuse and exploitation. MDWs who had experienced trauma were recruited through migrant worker NGOs in Hong Kong and Indonesia. The women were invited to participate in small-group sharing sessions to share their experiences with others, and data were collected in two locations: 1) on Sunday afternoon at a shelter in Hong Kong in the spring of 2022, and 2) in migrant worker communities in Java in October-November 2022. The women discussed what had caused the trauma: overwhelmingly working for abusive employers[1], but several other issues were brought up as salient, including coping strategies: the various ways in which the women dealt with trauma and, in some cases, found ways to initiate a healing process. This paper outlines the most important themes across sharing sessions, and, using a discourse analytic approach that

combines detailed linguistic analysis with a narrative therapy approach (White & Epston, 1990), it analyzes examples that illustrate these coping strategies. Before we turn to the presentation of the research and analysis of data, the paper briefly summarizes the characteristics of trauma storytelling.

Trauma storytelling

Narrative scholars have identified at least five key functions of storytelling (cf. Medved & Brockmeier, 2008): (1) it creates coherence by helping the storyteller bring together different personal experiences that may appear disconnected; (2) it helps the storyteller distance herself from the immediacy of her experiences by converting them to stories; (3) it serves an important communicative function by connecting the narrator to her audience and thus make the storyteller's universe shared; (4) storytellers evaluate their past through narrative: it provides perspective and the possibility to develop alternative stories; (5) it serves an explorative function because it helps the narrator compare two aspects of the human experience: the real and the possible. Cortazzi (2001) emphasizes the therapeutic function of storytelling; people use it to make sense of the world, and to come to terms with difficult experiences in their past: "they tell what they are and what they wish to be, and as they tell so they become, they *are* their stories (ibid. p. 388). The possibility to share your story with empathetic listeners is important for any trauma victim, but even more so for MDWs. Whether in Hong Kong or Indonesia, they rarely have access to professional counseling, or any other form of support from medical professionals, and the sharing session therefore gives them an opportunity to talk about their trauma in a safe environment and receive support from other trauma victims (Ladegaard, 2020). Storytelling thus provides traumatized MDWs with the possibility to "re-author their lives from victimhood to survival and beyond" (Duval & Beres, 2007, p. 233), as argued by narrative therapy (see below).

A simple definition of trauma is provided by Brison (2022, p. 39): "A traumatic event is one in which a person feels utterly helpless in the face of a force that is perceived to be life-threatening", and the immediate psychological responses to trauma include "terror, loss of control, and intense fear and annihilation." A feeling of isolation and intense loneliness is reported by trauma victims: they stop believing that they can be themselves in relation to others (Herman, 2015), and without this belief, "one can no longer *be oneself* even to oneself, since the self exists fundamentally in relation to others" (Brison, 2022, p. 40). Trauma storytelling (in this paper, conceptualized as talking about personal trauma in a group setting) poses several challenges: first, for the storyteller who needs to re-experience traumatic memories and the emotional impact they had on her. Trauma is not just an event that took place in the past but it leaves an imprint on mind, brain and body (van der Kolk, 2015). Second, it is challenging for the audience who must listen, no matter how distressing the telling is. Another difficult aspect of trauma is that it may "shatter the established ways in which we have previously understood our self, life, and the world" (McTighe 2018, p. 46). Trauma storytelling violates our expectations as listeners and analysts and therefore, it becomes difficult to come up with appropriate and believable

interpretations, and to position yourself as a witness and analyst in the process (Harvey et al., 2000).

Most of the existing research on trauma has been done by health professionals who pay little or no attention to language. These studies typically use clinical interview questionnaires or written narrative self-reports (Tuval-Mashiach et al., 2004) and the focus is on PTSD and other health-related issues (O'Kerney & Perrott, 2006). In a discourse analytic approach to trauma narrative as proposed by this paper, the emphasis is on language and what it signifies emotionally and psychologically. Language is not only part of the traumatic event: in the case of the examples analyzed in this paper, one of the essential 'tools' that was used to instigate the trauma, but it can also impact the victim's ability or willingness to speak: to use or abandon a language, to switch to a less emotionally charged L2, or to take refuge in silence (Busch & McNamara, 2020). What Galasinski and Ziólkowska (2013, p. 125) argue about suicidal thought also applies to trauma: "With its focus upon experience and how it is expressed linguistically, discourse analysis offers a detailed study of the ways in which meanings are attached to suicidal thoughts, intentions and behaviours."

In previous research drawing on a corpus of more than 300 narratives recorded at a church shelter for MDWs, I have argued that we should understand trauma narrative in terms of the emotional and psychological impact the experience has on the teller (Ladegaard, 2015). Thus, it should be the women's response to their experiences that determines whether the event should be defined as traumatic. However, a potential problem with this approach, as Trinch (2013) points out, is that stories may not comply with our stereotypical expectations of what a trauma narrative sounds like and yet, be experienced as traumatic by the teller. Based on an analysis of 175 stories, 41 of which were categorized as trauma narratives, I have previously suggested that the four criteria listed below could function as signifiers of trauma storytelling (derived from Ladegaard, 2015, p. 194-195).

Emotional characteristics: 1) Continuous crying, either throughout or repeatedly during the storytelling; 2) Fear is the overriding emotion as testified repeatedly throughout the narrative;

Psychological characteristics: 3) Experience of psychological or existential crises: the storyteller questions the meaning of life, her faith in God, or her very existence; suicide is sometimes mentioned as the only way out;

Linguistic characteristics: 4) Repetition: traumatic experiences are narrated repeatedly; the narrator returns to the events that caused the trauma repeatedly which suggests the experience is unfinished.

Health professionals tend to use physiological and psychological symptoms as an indicator that a patient is traumatized, and they have mentioned that trauma victims often suffer from PTSD including insomnia, anxiety, and depression (Herman, 1998), and other depression-related symptoms like traumatic grief, extreme sadness, suicidability, weight loss, and fatigue (Briere, Scott & Jones, 2015). Some of these symptoms are also visible in the narratives recorded for the current research, but because it aims to make a contribution to the language of trauma storytelling, the focus is on the discursive construction of trauma. Before we turn to the analysis of

narratives, I briefly outline the background of the research, the data collection process, and the theoretical and analytical frameworks that were used to analyze the narratives.

Background of the research

The Trauma Narratives Project that will be reported in this paper grew out of two previous projects on MDWs' lives and experiences. The first project, The Church Shelter Project, recorded sharing sessions at a shelter in Hong Kong over a four-year period. The shelter provides temporary accommodation to migrant women who had run away from an abusive employer, or whose contract had been prematurely terminated. The aims of the sharing sessions were to provide the women with a safe environment in which they could share their painful stories, and to provide evidence in case a MDW wanted to file a case against her employer, either to the Labour Tribunal for labor law violations, or to the police in case of criminal offences like physical assault (Ladegaard, 2017).

Because the women at the shelter had lost their job, they had to leave Hong Kong within two weeks of termination of contract. Going home was therefore a theme that was often brought up in sharing sessions, and the second project, The Returnee Narratives Project, thus grew out of the first project. It involved fieldtrips to Indonesia and the Philippines to interview migrant women who had gone home to reunite with their family after years of separation. One significant finding in this project was that a large number of the Indonesian returnees were haunted by traumatic memories. Even years after their return, they still remembered traumatic experiences they had while working overseas (Ladegaard, 2020). The current project, The Trauma Narratives Project, therefore focuses on the experience of trauma and how it affects migrant women's lives before and after their return to the home country. The three projects together have generated a corpus of more than 500 narratives, but this paper only draws on data from The Trauma Narratives Project.

Research methodology

Data collection

Prior to data collection, the research methods and ethical procedures of the project were approved by the Institutional Review Board (IRB) of The Hong Kong Polytechnic University. Before each session, the participants were informed about the purpose of the research and they were promised complete anonymity. It was mentioned that anonymity would be secured by not using their real names[2], or disclosing their exact location in Indonesia, or the exact location of their employers. They were also promised that they could request to have their stories removed from the project at any time. Each sharing session began by the research team reading the terms and ethical guidelines in English and Bahasa, and the women stated their name and gave their consent verbally and it was recorded. This IRB-approved procedure was chosen because of previous experiences with Indonesian participants with limited formal education who had difficulties reading the written consent form.

Two female Indonesian social workers, fluent in Bahasa, Javanese and English, were recruited for the project: one was based in Hong Kong (pseudonym Kezia) and one in Java (pseudonym Maya). They worked for the same Hong Kong-based migrant worker NGO and were in close contact with MDWs in the community. Both women were highly experienced caseworkers and trained to deal with migrant workers in distress and provide support. Data collection began in Hong Kong; Kezia invited migrant women who she knew had experienced trauma to participate in a small-group sharing at the NGO on Sunday afternoon, and she participated in all the sharing session in Hong Kong. Nine sessions were conducted in Hong Kong involving 17 migrant women.

Most of the stories were collected during a fieldtrip to Java. Through Maya and Kezia, who were well connected to migrant worker NGOs in Indonesia, invitations went out from local NGOs to migrant worker returnees in the area who had experienced trauma to come forward and tell their story. The participants signed up through a WhatsApp group and were given a time and location for the interview. Sharing sessions were organized by the local NGO at their building, or a migrant worker returnee would invite us to her house. A total of 36 sharing sessions were held in 14 different locations throughout West, Central, and East Java involving a total of 114 migrant workers, and Maya was involved in all the sharing sessions in Java. The complete data set for The Trauma Narratives Project thus consists of 45 sharing sessions involving 131 migrant workers.

A key concept in the research was the use of sharing sessions, as opposed to interviews, where the idea of sharing life stories was in focus. There was no traditional interview guide, but each participant was asked to explain what it was like for her to be a migrant worker and similar follow-up questions were asked in each session: ‘How did you cope with [the traumatic experience]?’ ‘What emotional impact did it have on you?’ ‘How was your relationship with your family while you worked overseas?’ ‘What has helped you recover from the trauma?’ The storytelling was organic rather than strictly controlled by the researchers, and there were no restrictions on how long individual storytellers could speak. Because of the sensitive nature of the topic, Kezia did the frontline work in Hong Kong and Maya in Indonesia: they asked the questions, and held the women’s hand when needed. I occasionally asked follow-up questions but most of the time, I stayed in the background and took notes.

Sharing sessions typically lasted between 40 and 90 minutes, with an average of 55 minutes. The difference in length is caused by differences in group dynamics. Little prompting was required in some groups because the women shared their stories spontaneously and one woman’s story would lead others to share similar stories, but in other groups, some of the women were quieter and more questions were needed to encourage the storytelling. There were between two and five people in a sharing session, but ten women were interviewed alone, mostly due to the sensitive nature of their trauma (such as rape or severe physical abuse), but in most cases, the group setting was ideal because it allowed the participants to support each other. Ochs and Capps (2001) propose a continuum between what they call the default narrative with

only one storyteller at one end, and a dynamic co-constructed narrative with multiple storytellers at the other, and they are argue that the default narrative is quite rare in natural conversation. This observation is confirmed in the current project where most of the storytelling had multiple co-narrators, often brought about by similarities in the women's stories. But even if there was seemingly only one storyteller, other group members often played a role in the storytelling by giving subtle linguistic (e.g., minimal response) and paralinguistic cues (e.g., smiling, nodding, touching) to support the storyteller. Especially touch played a vital role in helping a traumatized narrator tell a particularly difficult part of her story (Ladegaard, 2023). In sharing sessions where the storytelling had been difficult for the women, they were invited to come back and continue the sharing with a staff member or volunteer from the NGO.

Data transcription and analytical frameworks

All the sharing sessions were audio recorded and subsequently transcribed, and translated into English when relevant, using the CLAN transcription conventions (MacWhinney, 2000). Sessions were conducted in Bahasa as the default language, but codeswitching into English, Javanese, and, in a few cases, Cantonese, was common. Transcriptions and translations were done by two research assistants, both of them fluent in Bahasa, Javanese and English (one of them also in Cantonese), who checked each other's transcriptions/translations for accuracy. Transcriptions were also double-checked by me, with support from Kezia and Maya if there were any questions. Working with translators inevitably affects what we can do as researchers. In sharing sessions conducted predominantly in English, I was more involved, whereas I had to rely on Kezia and Maya for sessions conducted in Bahasa. They would give me brief overviews in English of what had been discussed with regular intervals, but they asked the questions based on clear instructions and intensive training.

Temple and Young (2004) argue that translation dilemmas are inevitable, and what is important therefore is critical reflection on the processes involved. They claim that one of the most crucial issues in translation is how we represent people and to do that as faithfully as possible, in-depth knowledge of socio-cultural and contextual norms is more important than knowledge of vocabulary and grammar (see also Bucholtz, 2007 on transcription dilemmas). Engaging Indonesian research assistants as translators and transcribers, as well as Indonesian social workers in the sharing sessions, has, if not eliminated the problems, then at least ensured that the project could draw on relevant socio-cultural expertise. We also frequently engaged in discussions and critical reflections on translation and transcription problems we encountered on the way.

The stories were analyzed using a combination of Toolan's (2001) linguistic approach to narrative focusing on identity construction, and White and Epston's (1990) therapeutic approach to storytelling. Toolan (2001) argues that by paying equal attention to narrative structure and function, and by analyzing the linguistic features of narrative, important information about the story and the identity of its narrator is disclosed. Any aspect of language can be indexical of the storyteller's identity from phonological and prosodic features to lexical choice and complex discourse structures (De Fina, Schiffrin & Bamberg, 2006).

Narrative therapy argues that we live storied lives and people should be encouraged to tell their stories in order to make sense of past traumatic experiences. A key assumption in narrative therapy is that "our stories do not simply represent us or mirror lived events – they constitute us, shaping our lives and our relationships" (Brown & Augusta-Scott, 2007: ix). This means that helping people change the stories about their lives has the potential to help them change their actual lives. There are two reasons for combining narrative therapy with a linguistic approach to narrative. First, that both approaches emphasize the importance of language: White (1995, p. 30) argues: "words are the world", and he recommends that analysts should pay close attention not only to the words people use in therapy but also how and why they are being used. Second, both approaches conceptualize narrative as socially constructed. Thus, social categories like 'personal/group identity' and 'trauma victim' are not seen as fixed cognitive constructions, which govern people's actions, but as discursive accomplishments; i.e., participants actively construct social categories together when they talk and engage in storytelling (Augoustinos et al., 2014).

Data presentation and analysis

The complete dataset was subjected to both quantitative and qualitative analyses. First, thematic analysis (Braun & Clarke, 2006) was applied to identify predominant themes across sharing sessions. Themes were identified by manually coding all the transcriptions and with help from the extensive field-notes from each sharing session. The coding was done by me as the principal investigator who was present in all the sharing sessions and checked by the two research assistants who transcribed and translated the data. We agree with Braun and Clarke (2019) that codes represent the researchers' interpretation of patterns of meaning in the dataset and therefore, a critical reflexive engagement with the data, as well as in-depth knowledge of the context in which the data were generated, are of paramount importance for agreeing on coding and identifying major themes. We found that keyword searches were of limited value in terms of identifying codes because relevant keywords often did not appear in the women's stories (e.g., the word 'sex/sexual' rarely appeared in stories of sexual assault). Therefore, the coding was done manually using Braun and Clarke's (2013) six-step analytical process: 1) familiarization of data: carefully reading and re-reading the transcripts and field notes; 2) generating codes: identifying trauma-related features across the dataset and annotating them; 3) combining codes into themes: collating codes into initial themes; 4) reviewing themes: ensuring that each of the initial themes is supported by sufficient number of codes; 5) determining significance of themes: combining some of the initial themes because of their similarity; and 6) reporting findings: applying the findings to research papers.

Predominant themes

As Table 1 shows, 19 major themes, with a number of subthemes, were identified in the dataset. The number in parenthesis indicates how many participants elaborated on and thus made the theme salient in their storytelling.

[Insert TABLE 1 around here]

Working for abusive/exploitative employers was highlighted by the majority of participants (Table 1, theme 1) who would, typically, later explain how they were traumatized by the employer assaulting them (themes 2, 3 & 4), locking them up in the house (theme 15), or not paying them (theme 13). Since participants were also asked to talk about the emotional impact of the trauma, this theme was also highlighted in the majority of stories (theme 6) with fear (theme 6a) and fatigue (theme 6c) being mentioned as the predominant emotions. Many of the participants who did not experience abusive employers were traumatized because they were illegal immigrants (theme 7) (without health insurance or legal protection) who had accidents or were arrested. Because we also asked the participants to reflect on their coping strategies during the crisis (theme 5), and subsequent recovery strategies (theme 19), these themes were also frequently discussed. Other important themes contributing to the experience of trauma include language problems and cultural barriers (theme 11), and problems caused by lack of money (no salary/underpayment; and overcharging/debt) (themes 13 & 14). Loneliness, homesickness (theme 12) and concerns about the children's wellbeing (theme 8) were also common themes.

Most participants' stories generated multiple themes and in order to get to the deeper meaning of traumatic experiences, we also need to engage in qualitative analysis of the data. Many of the themes outlined in Table 1 have been analyzed in previous studies on MDWs (see, for example, Jureidini, 2014; de Conceicao Figueiredo et al., 2018; Kouta et al., 2021; Kandilige et al., 2023), but the strategies employed by trauma victims to cope with their trauma is less well described (see Chan & Trahms, 2024 for an example) and will therefore be the focus of the remaining part of the paper.

Analysis of discourse

We now turn to an in-depth analysis of the coping strategies highlighted by the participants. Three of the strategies: Fate (5a), Normalization (5b), and Talking to others (5c) will be analyzed in this paper, whereas the last strategy, Faith in God (5d), which was brought up by fewer participants but covered in more depth, will be reserved for another paper. The first examples show that MDWs, who end up with abusive employers, claim they have to resign to fate because they cannot change their situation.

Resigning to fate. The first example is from a sharing session with five migrant women in Central Java. It is from the beginning of the sharing session and the women are responding to the question: 'What was it like for you to be a migrant worker?' Apart from the migrant workers, a male fieldworker (FW) and a female social worker (Maya) were present in all the sharing sessions (transcription conventions in the Appendix).

Example 1

Sumarni, 42 years old, 2 years in Singapore, back since 2002; Farah, 52 years old, 4 months in Singapore, 2 years in Saudi Arabia, back since 1993. Three more female migrant worker returnees were also present (original predominantly in Bahasa).

Sumarni: for me, very bad experience, I was in Singapore for two years
(1.0) and I'm not even allowed to pray for two years,
not enough food, I sleep at one in the morning and wake up at
four, I work already at five in the morning, there's too much work
and sometimes I eat breakfast late and sometimes no breakfast,
I just eat lunch and dinner (2.0) so I have trauma because uhm
the employer scold me about anything, with harsh words,
calling me animal names, but I tried to finish the contract
Maya: what names did they call you?
Sumarni: (barely audible) sheep, dog, shit (wobbly voice)
Maya: how did that make you feel?
Sumarni: I felt uhm (0.5) sad (Bahasa) it's so messy, my heart is so
messy (English), I want to go home but I must finish the contract,
I must be strong and I said to myself: 'be strong, be strong', I was
very thin, I lost several kilos, they gave me very little food, my
portion was like a baby portion, I ate very little (Bahasa) […]
Farah: similar situation for me, my employer wasn't good either (1.0)
they gave me leftover food to eat, and I was even sleeping in the
storage room, I was not allowed to bring my clothes inside the
house (1.0) I had to work continuously all night until 12 or 1
and wake up at 4, the house is big, six bathrooms, I had to clean
everything every day […] when I mop and it's not clean enough,
she will throw the mop stick at me
Maya: can you recall how that made you feel?
Farah: yes, I still remember, it hurts here [touching her heart], I want to
go home, where should I go? this is another country, I can't // I
don't have money, I don't know where I should go, I'm only crying
(1.0) I'm not allowed to eat inside the house, and I sleep in the
storage room
Maya: did you not think to run away?
Farah: **where**? run to **where**? you can't run away, in Saudi the fence is like
this [raises her right arm above her head]

With one exception, all the women in this group had been home for at least ten years, but they still recall in detail what happened to them when they worked overseas: they worked extremely long hours, they were only given leftover food and had to endure constant hunger. Note how Sumani repeats the same message – that she was starving - five times in lines 14-16 for emphasis, supporting the claim that trauma requires repeated tellings (Ladegaard, 2015). Judging from Sumani's emotional response, even worse than the excessive workload and lack of food is the verbal abuse

she was subjected to. As she later explains, the *popo* (grandmother) scolds her no matter how hard she works, humiliates her with harsh words (*kata-kata kasar* in Bahasa implying a rant of abusive words) and calls her demeaning names (line 8). She whispers the names in a wobbly voice as she remembers what was done to her more than 20 years ago (line 10) and reflects on the emotional impact it had on her (lines 12-13). Farah makes a similar point (line 25): that the humiliations she was subjected to in Saudi Arabia 30 years ago still hurt, which she indexes by touching her heart.

Herman (2015, p. 195) argues that trauma narratives need to be retold, again and again, and if that happens, most stories will eventually lose their emotional intensity. It does not mean that the trauma disappears but it fades as other memories do and the grief loses its vividness. Sumani and Farah cry about the humiliations they were subjected to more than 20 years ago, which suggests that the traumatic memories have not faded. Herman (2015) continues: "when the 'action of telling a story' has come to its conclusion, the traumatic experience truly belongs to the past" (ibid.). These women's traumas are still not in the past, and the reason may be that they have not engaged in repeated tellings. The core experience of psychological trauma is disconnection with others, and therefore, "recovery can take place only within the context of relationships" (Herman, 2015, p. 133). While there is evidence in the data that some women found support and healing relationships among neighbors and friends in the sending communities, there is also evidence that some felt condemnation upon their return to Indonesia (Chan, 2018). This is particularly true if their migratory journey had been a failure and they were unable to bring back any monetary gains (Ladegaard, 2024). Sumani was not paid for the last six months she worked in Singapore and she would probably consider herself a failure and therefore be reluctant to share her story.

When Sumani recalls the emotional impact the trauma had on her, she codeswitches to English: "it's so messy, my heart is so messy" (lines 12-13). The switch is intrasentential, which suggests that this is not an attempt to accommodate to the non-Bahasa speaking fieldworker (Gallois & Giles, 2015) but, more likely, related to the emotional impact Sumani is talking about. In a previous study, I have argued that codeswithing and emotion are aligned in MDWs' storytelling so that a change in emotional recall would be aligned with a switch in code, in this case to a language that is less emotionally charged because it is the speaker's L2 (Ladegaard, 2018; see also Dewaele, 2010). It is also possible English is more closely associated with the event ('the language in which it happened') and therefore, the preferred medium to convey the emotion (Tehrani & Vaughan, 2009).

Maya's question in line 30 leads to an emotional response from Farah. Although the question was not meant as an accusation, Farah's rather abrupt response including a heavily stressed 'where' suggests that this is how it was heard. She has already explained in lines 26-27 that there is nowhere for her to go and this sense of isolation, which is typical for the trauma victims in the data, makes her vulnerable. Muthia, who worked in Kuwait and was in the same sharing session, says: "I've never seen what was outside the house I worked in, the fence is higher than us (1.0) if we are mistreated by our employers and we scream, no one will help and no one will hear

us." Thus, the notion of the enslaved migrant worker (Bales, 2012) is more than a metaphor for these women; it is their lived reality and they therefore resign to their fate and conclude there is nothing they can do: "there are good employers and bad employers, it depends on your luck" (Farah). This becomes even clearer in Example 2 where a group of returnees from East Java are discussing whether there are stories in the sending community about MDWs being abused, which would have deterred them from going.

Example 2

Syifa, 44 years old, 6 years in Taiwan, 8 years in Saudi Arabia, back since 2022; Shinta, 59 years old, 12 years in Taiwan, 4 years in Saudi Arabia, back since 2017; Lia, 28 years old, 8 years in Taiwan, back since 2022. Two more migrant workers were present (original in Bahasa and Javanese).

1.	Syifa:	but we think about luck, people's luck is different (laughs)
2.	Shinta:	at the time I was not afraid that I would die there, if somebody
3.		dies it was their fate to die there, that's what I thought
4.	Syifa:	yes (laughs)
5.	Maya:	[translates]
6.	FW:	so fate, does that mean you can't do anything to change your
7.		overseas experience? [Maya translates] (general laughter)
8.	Shinta:	yes, probably, it seems so
9.	Syifa:	it seems so […] we resign to fate and we don't know anything
10.		about our fate
11.	Lia:	whether good or bad we resign, yes, we have that mindset
12.	Shinta:	when we work overseas, we are resigned to our fate […]
13.		when my grandma is angry what can I do except stroke my
14.		chest? (Javanese)

The women in this sharing session had shared stories of extreme exploitation and abuse: Syifa was not allowed to go out or talk to others, she had no salary for two years and was locked up in a room for two days when she complained; and Shinta worked extremely long hours and did not have single day off for four years. However, what came across in this and many other sharing sessions was that resigning to fate is a coping mechanism; a means to explain the inexplicable. Although the women's response to my question (lines 6-7) is somewhat hesitant: "probably, it seems so" (line 8) and they all laugh, which suggests this is a controversial question, they maintain that this is how they think (line 11). So, when Shinta is being yelled at by an angry grandmother, she thinks the only possible course of action is for her to stroke her chest (lines 13-14). The Javanese expression *membelai dada* signifies the process of putting your hands to your chest, which means trying to hold back emotion and be patient.

Prusinski (2016) concludes that fate plays several key functions in Indonesian women's migration narratives: first, it helps them cope with the decision to migrate

despite the risks involved; second, it helps them explain why some are treated well while others are treated badly; and third, it helps them make bold choices, such as running away from an abusive employer. Thus, "a belief in fate helped provide a unified thread that they could trace through their experiences, including those experiences that seemed not to make sense" (p. 508). However, while a discourse of fate may help migrant women explain the inexplicable, it also "obscures the level of control that the government and recruitment agencies have over women's migration options and access to information" (ibid, p. 499). Another coping strategy that came up frequently across sharing sessions was the women's attempts to normalize abusive employers' abnormal behavior.

Normalizing abnormal behavior. Example 3 is from a sharing session in East Java: the same group as Example 2. It is from the beginning of the session and the women are taking turns telling what happened to them while they worked overseas (original in Bahasa).

Example 3

1.	Syifa:	my first experience in Saudi for two years was okay but the
2.		second one was not good, I didn't get paid for two years, I'm not
3.		allowed to talk to others, no salary for two years (laughs) until
4.		my passport expired and I asked for permission to go home, I
5.		went back paying my own way
6.	Maya:	how did the employer treat you?
7.	Syifa:	I was not allowed to go out, and no holiday (laughs), I wasn't
8.		allowed any days off when I worked in Saudi, maybe three times
9.		in eight years, but that's normal in Saudi […]
10.	Maya:	why do you think the employer treated you like that?
11.	Syifa:	the people there are like that, even if the work is good, the
12.		people there are like that (3.0)
13.	Maya:	yes, please Mrs. Lia
14.	Lia:	I worked for three employers, the first one only a year, at the
15.		training center in Indonesia I was told to memorize the vocabulary,
16.		I was able to remember while I was at the training center but when
17.		I arrived at the employer's house, nothing (laughs) but the employer
18.		was good, even though I couldn't speak with them, but I was not
19.		allowed to take any days off, I was not allowed to go out […] they
20.		rarely give me breakfast and in the afternoon, they give me one
21.		packet of instant noodles, so when I throw the trash, without my
22.		employer knowing, I run to buy food and put it in the trash bag,
23.		but the employer is good, I'm not allowed to go out but they gave
24.		me extra money on payday

Of all the trials and tribulations MDWs confront, not being paid is among the worst. They go overseas, with huge sacrifices involved, with the sole purpose of

making money for their family, and when they are deprived of their salary, their journey is seen as wasted (Ladegaard, 2024). There are huge expectations on migrant worker returnees; a successful migratory journey would be the ability to support the family, not least their children's education, but the ability to build a house was also mentioned repeatedly as a token of success and a common recovery strategy (Table 1, theme 19b). Therefore, the sense of failure also becomes apparent when the women bring back no monetary gains (Chan, 2018). Money is also brought up in Lia's story as *the* mitigating factor that excuses the exploitation she had to live with: she was not allowed to go out, she had no days off and got very little food, but the employer is characterized as 'good' because she is paid her due salary and even gets additional money (lines 23-24).

Something similar happens in Syifa's story. She was trapped inside her employer's house and was not paid any salary for two years, she had no days off and was not allowed to talk to other people, but she mitigates the employer's offenses by normalizing them (line 9). This could be seen as a way to defend the employer but also as a coping mechanism: if abnormal working conditions are normalized, it is easier to accept them. Being exploitative is even made into a character trait: "people there are like that" (line 12), which taps into the fate issue discussed earlier: nothing can be done about it so it must be endured. Non-payment of wages is an extreme form of non-recognition, which essentially puts migrant work on a par with slavery (Bales, 2012). A worker is worth her wages (cf. 1 Timothy 5:18) so not paying them means not recognizing their worth and value and, as Taylor (1994) argues, non-recognition "can be a form of oppression, imprisoning someone in a false, distorted, and reduced mode of being" (p. 25). Non-payment/underpayment, which is a common theme across trauma narratives (Table 1, theme 13), is therefore not only detrimental to migrant worker families who are deprived of their subsidies, but it also adversely affects migrant women's sense of worth and self-confidence. This is also clear in the next example, which is from a sharing session with five women in Central Java.

Example 4

Aulia, 35 years old, 10 years in Singapore, back since 2022; Karina, 46 years old, 2 years in United Arab Emirates, 3 years in Taiwan, back since 2004. Three more migrant workers were present (original in Bahasa [B] and English [E]).

1.	Aulia:	I was being scolded every day when I was in Singapore, crying
2.		every day, I'm so stressed, there are three people in the house,
3.		the house is very big, if I do something that doesn't suit the
4.		the employer, she gets emotional and she throws food at me
5.		(1.0) her words hurt me, it's every day like that, it's like my
6.		daily consumption of humiliation (laughs) what hurts is that
7.		she'll throw the food at me, usually the employer is like that,
8.		actually they release stress on us, maybe she got stressed from
9.		work and she'll release her stress on me at home, and it seems
10.		like we make mistakes all the time (B) [Maya translates]

11. FW: how long did you work for them (E)
12. Aulia: four years (E)
13. FW: four years, why did you stay for four years? (E)
14. Aulia: no choice, because I need the money, because if I transfer
15. again the agent will cut my pay, so I'll pay for one, two months
16. to get another employer (1.0) so no choice, they don't slap me
17. so it's okay […] (E)
18. FW: do you remember how it made you feel? (E)
19. Aulia: uhm (0.5) (laughs) every day I cried, for three months every day
20. I cried, feel very stressed (E)
21. FW: yeah, but you still stayed because of the money, yeah, did you
22. think about running away or find a better employer? (E)
23. Aulia: I called the agent so so many times, then they just said 'don't
24. move, you **stay stay**' (0.5) until like, it just feels normal *lah:*
25. and I stayed for four years (E) […]
26. Maya: Mrs Karina, would you like to share? (B)
27. Karina: when I worked in Abu Dhabi I worked non-stop, when I took
28. a break I was scolded, I asked for my salary every month for 17
29. months but was not given any, then I ran away (B) (3.0)
30. Maya: did you get your salary? (B)
31. Karina: the most important thing is I'm able to go home, but I didn't
32. bring any money (1.0) none, I didn't bring any money at all (B) (3.0)
33. Maya: how did you feel at the time (B)
34. Karina: I just asked them to send me home, it's okay if they don't give me
35. any salary, the most important thing is I can go home (2.0)
36. Maya: how did the employer treat you? (B)
37. Karina: it was just normal, you work for someone and they're nagging, she
38. would scold me (B) non-stop (E)

A coping strategy in the face of continuous abuse is to normalize it. If MDWs get abused repeatedly for months, sometimes years, they will need to find a way to deal with the emotional distress caused by the trauma. Initially, they respond emotionally to the abuse, which we could describe as a 'normal' reaction. Aulia cried every day for three months (lines 19-20) and she describes it like her daily consumption of humiliation (line 6). Words are performative: they do not just describe things or actions but they *perform* what they mention (cf. Austin, 1975). As Melati, a 35-year-old returnee who worked eight months for an abusive employer, says in another sharing session in Central Java: "the feeling is like useless, the confidence is **really** low, because it's **every day** they keep yelling and yelling, and we become like what she says, like 'why am I stupid?'" If a person is being yelled at repeatedly and accused of being stupid, she eventually comes to believe it. 'We become like what she says' is a testimony to the power of language: verbal abuse destroys MDWs' confidence and leaves them in a state of inaction where they stay with abusive employers and thus, contribute to further their own denigration.

Aulia also reflects on what causes employers to abuse their domestic helper: they are stressed because of pressure from work and they take it out on the helper (line 8-10). By trying to explain the abuse, she also indirectly provides some form of justification that mitigates the employer's behavior. This is a pattern we see across trauma narratives in this study. Victims of human-inflicted trauma provide excuses to mitigate their tormentor's abuse, and they even blame themselves for the problems: "it seems like we make mistakes all the time" (lines 9-10). Brison (2022, p. 13), a survivor of sexual assault and violent attack, argues: "it can be less painful to believe that you did something blameworthy than it is to think you live in a world where you can be attacked at any time, in any place, simply because you are a woman." Aulia subsequently recounts that she stayed with her abusive employer for four years, not by choice but out of necessity. MDWs need the money and changing employer means starting over with agency fees so to endure the abuse, Aulia develops a new coping strategy. She finds a new basis for comparison in order to mitigate the abuse, render it more endurable and ultimately create a more positive identity for herself (Tajfel & Turner, 1986): the employer does not beat her so it is okay (lines 16-17). And because she stays and endures the abuse, it eventually feels normal (line 24). German poet Bertolt Brecht says: "When crimes begin to pile up they become invisible. When sufferings become unendurable the cries are no longer heard" (*Poems: 1913-1956*).

Karina takes over and testifies to an equally distressing situation. She worked non-stop for up to 18 hours a day, was yelled at if she took a break, and was not paid for 17 months. Despite the fact that this happened 20 years ago, she is still struggling emotionally to tell her story. She has lengthy pauses in the storytelling and needs prompting to continue (line 29, 32, 35), which suggests that her failed migratory journey still has psychological impact on her. This may be related to the fact that she worked hard for 17 months but brought back no money and her journey would thus have been deemed a failure (Chan, 2018). She reiterates three times in lines 31-32 that she did not bring back any money, and in the face of this defeat, Karina mitigates the seriousness of her situation by insisting it was okay for her not to be paid as long as she could go home (lines 34-35). Thus, being with her family becomes the only achievable goal and the abusive employer's abnormal behavior is therefore normalized (line 37). The last two examples illustrate how repeated storytelling can be a coping strategy.

Trauma storytelling as a coping strategy. The next example is from a sharing session with two migrant women at a shelter in Hong Kong. Jasmine worked for an abusive employer for three months and Example 5 is the beginning of her story. An Indonesian social worker (Kezia) is conducting the sharing session.

Example 5

Jasmine, 44 years old, from Central Java, 12 years in Hong Kong (original in Bahasa except line 28).

1. Jasmine: when I first arrived I didn't understand what they said, they didn't

2. speak English and they didn't speak Cantonese, but Hokkien and I
3. didn't understand, but they didn't use words to give instructions
4. about my work but they hit me, like pulling my hair, scratching,
5. hitting, kicking (1.0) and I feel so afraid because this is my first
6. time in Hong Kong and I don't know anything about the laws
7. and where to get help, I'm locked up in the house and not allowed
8. to meet other people, my mobile phone and luggage are confiscated,
9. I only have two sets of clothes (1.0) I sleep on the rooftop, it's not
10. a room, just outside and it's winter and I'm without pillow, without
11. socks, without uhm mattress, without blanket, and only given food
12. once a day (2.0)
13. Kezia: how did you feel at the time Jasmine?
14. Jasmine: scared, only scared, I tried to stay because I remember that the
15. employment agency informed me about the deduction, if I go
16. home I must pay the debt, so I stayed even though I was beaten […]
17. I stayed until I experience rape, after the first time I stayed (1.0)
18. before he raped me he beat me, I'm also the victim of
19. sadomasochism, so when he beats me, his sex drive goes up like
20. that, my hands are tied until they bleed and then I'm being raped,
21. I stayed after the first time but after the second time I did not stay
22. because I'm thinking 'if there's a first and a second time, he'll do
23. it again' (2.0) so I jump [from the balcony] but do not try suicide,
24. it's the only way out, and I don't think it could kill me […]
25. I experience trauma for four years sister, I try to cure the fear but
26. when people come near me I'm scared for four years (1.0) I
27. become an introvert, yeah, apathy and avoiding people (Bahasa)
28. and then I take drugs and alcohol, I feel it make me calm (English)
29. I think when I'm using it I'm not afraid, because I feel guilty,
30. I cannot forgive myself for what happened to me (Bahasa)

Jasmine's story is extreme because she appears to have been hired to not only do domestic work, but also be the husband's sex slave with the silent approval of his wife and mother. There is a shocking number of sexual assault cases in the trauma narratives collected for this project (Table 1, theme 3), but most of them are attempted rape or other forms of sexual advances. After being beaten, tied with rope and held down on the bed with a cushion over her head, Jasmine is raped twice by her male employer. It is also noticeable that no communication is possible between Jasmine and the family. Jasmine has received a crash course in Cantonese at the Indonesian training center, which would have allowed her to engage in simple task-related conversations. She also speaks a bit of English but the employers are from Mainland China and speak Hokkien (and presumably Mandarin) so they have no lingua franca. This is a common and largely unrecognized problem between Chinese employers and MDWs from Indonesia and often leads to premature termination of contract (Ladegaard, 2017). Indonesian MDWs are 'advertised' by the employment agencies

as proficient in Cantonese, and when this turns out not to be the case, some employers choose to terminate the contract because of communication problems (Philips, 2021).

However, in Jasmine's case, no words are required because the employers control her through violence. She is locked up in the house, beaten regularly, forced to sleep outside on the rooftop without a mattress, blanket or pillow, and only given one meal per day. This treatment constitutes shocking disregard for Jasmine's basic human needs, and since she has no phone and knows nothing about her rights, she is essentially a slave. In his therapeutic work with combat veterans from the Vietnam War, Shay (1994) concludes: "moral injury is an essential part of combat trauma that leads to lifelong psychological damage." Trauma victims can usually "recover from horror, fear, and grief once they return to civilian life, so long as 'what's right' has not been violated" (p. 20). 'What's right', or 'the rightness of the social order', is defined as the common moral codex by which we live in a given sociocultural context. A moral codex dictates certain norms for decency, and when these norms are violated, it becomes harder for the victim to recover from the trauma.

Fear is the overriding emotion in MDWs' trauma storytelling (Table 1, theme 6a; Ladegaard, 2015) and it keeps Jasmine in a state of inaction. And even if she were able to leave, she is compelled to stay with her abusive employer by the fear of debt (line 16). She is a single mother with two dependent children, and will go to almost any length to support her family. She is humiliated repeatedly from the beginning so when the male employer rapes her, she is already weak and vulnerable. It is noticeable that Jasmine retells the assault and rape in the present tense, which is common in trauma storytelling. Scholars of trauma have found that the victim has severe problems putting their experiences into words because there is no suitable vocabulary to account for atrocities and extreme humiliation (Langer, 1980). Another problem is that trauma victims need to use a language that insists on 'was' and 'will be' (i.e., you put the trauma in the past, or you look to the future) whereas "the trauma world knows only *is*" (Shay, 1994, p. 191) signifying that the trauma is ever present.

After being raped the second time, Jasmine rationally concludes that if the employer has done it twice, he will do it again. So, she jumps from the balcony, not to commit suicide but to get away. She survives but the fall causes severe damage to her body. The employer takes her back to the agent who takes her to Mainland China, and after being treated by a doctor in Shenzhen, she works for nine months for the Hong Kong agent's mother without payment. Jasmine describes it as being the victim of human trafficking while being traumatized by the horrors she experienced in Hong Kong. Brison (2022) argues that when trauma is intentional and human inflicted, "it not only shatters one's fundamental assumptions about the world and one's safety in it, but it also severs the sustaining connection between the self and the rest of humanity" (p. 40). Jasmine withdraws and avoids people, and as she later testifies: "I know it was rape, I know it was not consensual, but I blame myself, so when I meet people I feel I'm dirty, I'm not fit to be with them." Feelings of guilt and inferiority are universal among trauma victims and "it is the victims, not the perpetrators, who feel guilty" (Herman, 2015, p. 53). Herman explains that in rape, the victim's point of

view counts for nothing and the purpose of the attack is to show contempt for the victim's autonomy and dignity.

This explains the withdrawal and self-contempt that Jasmine experiences. She switches to English in line 28 to say that she turned to drugs and alcohol to calm her fears and not think about the rape. The sharing session is conducted in Bahasa, and although two of the people in this sharing session did not speak Bahasa, the switch in this case does not seem to be motivated by speech accommodation (Gallois & Giles, 2015). Neither is it because the teller does not have the vocabulary in her L1 since she has narrated the entire story in Bahasa, so a more likely interpretation of the switch is that it functions as a distancing strategy (Ng & Zayts-Spence, 2023), which allows her to stay emotionally distant to an aspect of her story that she is ashamed of. The use of drugs and alcohol is not condoned in Jasmine's socio-cultural context so switching to English, the less emotionally charged language, allows her to talk about this aspect of her story with less embarrassment (Dewaele, 2010). She does not codeswitch when she talks about the rape, which she says caused her to feel shame and guilt. The rape happened in 2013, ten years before she tells us her story, and it is possible that she has later realized that she is not to blame for the rape, whereas she was responsible the drugs and alcohol abuse.

The last example shows the way, and possibly the only way, to recover from trauma. For most trauma victims, the road to recovery is long and painful, and for some, complete recovery remains elusive, but scholars agree that sharing with others is the only way forward. Example 6 is the continuation of Jasmine's story.

Example 6

1. Jasmine: for four years I live in depression, yeah, always scared, crying
2. without cause, angry without cause, apathy and introvert, extreme
3. depression, blaming myself and (1.0) uhm no contact with my family
4. […] I was thinking 'how can the wound be healed', like that, and
5. then I like to write, at that time we don't have social media so I
6. keep a diary, and then there was this friend in the same building
7. and she invited me to this Communal Quran Reading, and I still
8. kept to myself until my friend said, 'Jasmine, just tell us, do you
9. know if you share something there is a little bit of relief', so I
10. tried, in the beginning I was embarrassed, that people will laugh
11. at me (1.0) but it turns out that as soon as I shared, everyone was
12. crying, everyone was hugging me so I think 'oh they welcome
13. me, like that' […] so up till now when I share my story, I feel
14. pain, yeah because I must remember, remember bad events, I
15. can feel it sister, seriously I can feel it (1.0) so when I begin to
16. share, when I was beaten, when I was raped, I can still feel the
17. pain but as time goes by, it was in 2013, the more frequently
18. I share, the more the pain is going

The problem with trauma storytelling is that "because the trauma is, to most people, inconceivable, it is also unspeakable" (Brison, 2022, p. 15), and because the emotions associated with the trauma are linked to shame, guilt and fear, they also become unspeakable (Howard et al., 2000). But if there is any one conclusion in the literature on trauma about what facilitates healing, it is that: "*saying* something about traumatic memory *does* something to it" (Brison, 2022, p. 56). For Jasmine, the first step is writing about the trauma: she keeps a diary and she writes poetry about her experiences, which provides her with an emotional outlet at the personal level. But another conclusion in the literature is that healing from trauma cannot occur in isolation. Shay (1994, p. 55) refers to this as 'communalizing the trauma': to tell others about the events that caused the trauma, to share the emotional impact, and to experience the presence of others. This is what Jasmine experiences at the Communal Quran Reading: people share in her pain and they show her that they care and do not condemn her. Shay (1994) emphasizes that to facilitate healing, the victim needs to tell her story, but what is equally important is a community of trustworthy listeners. And to be trustworthy, "a listener must be ready to experience some of the terror, grief, and rage that the victim did" (p. 189). Just as individuals can be reduced to objects through torture, they can become human again through the telling, and retelling, of their story to compassionate others (Brison, 2022, p. 57). Jasmine testifies that she can still feel the pain (note the repetition in line 15) every time she talks about the torture and the rape, but the more she shares, the less painful it is (lines 17-18).

Discussion

From a corpus of 131 narratives told by trauma victims, this paper has outlined the most salient themes and analyzed six examples to illustrate how migrant women deal with their traumas. It is a common coping strategy across narratives that the women resign to fate and thus, at least in their storytelling, portray a passive stance on their situation. They position themselves as powerless in terms of changing their life stories, which might be a widely accepted identity position in their community (Prusinski, 2016; Chan, 2018). However, if we consider the women's actions during the crisis, there is evidence that they did resist the abuse they were subjected to. Lia (Example 3) went out to buy food behind the employer's back, Karina (Example 4) ran away from her abusive employer, and Jasmine (Example 5) jumped off the balcony to escape her tormentors. Thus, given their limited options in the face of dire circumstances, what may come across as fatalistic responses in the women's storytelling can in fact be seen as agentive actions[3].

Another prominent coping strategy across narratives is to normalize the employer's abnormal behavior. The paper argues that this is a coping strategy, which helps the women explain why they put up with abusive behavior. It suggests a psychological mechanism in dealing with trauma whereby the victim mitigates the employer's crimes against her: by making abusive behavior 'normal', it helps her survive it. Buzzanell (2010) agues along the same lines that, in the face of dire circumstances, we talk, resist, and imagine new normalcies into being and by doing so, we develop resilience. However, even if this coping strategy helps the women build up resilience

and explain the inexplicable, it does not consider that enduring trauma has long-lasting impact on the victim's psychological wellbeing (Chan & Trahms, 2023). Prolonged exposure to degradation will lead to an altered sense of self-worth and potentially "undo an entire life-time of self-esteem" (Brison, 2022, p. 63). The examples in this paper provide evidence that trauma has long-lasting impact and several years after the abuse, its emotional impact is still audible in the women's storytelling. The last coping strategy, which came out in sharing sessions with women who had, to a greater or lesser extent, survived the trauma and moved on with their life, is the immense importance of sharing traumatic memory with listeners who will empathize and suffer with the storyteller (Shuman, 2005). Trauma leads to isolation and loneliness so healing is intimately connected to the victim's ability to connect with others and share their sufferings.

The remaining part of this paper discusses how we as listeners and analysts might deal with stories of other people's suffering. A natural reaction is to feel overwhelmed and powerless and be weighed down by the stories we hear and by the inevitability of human suffering. Several scholars of trauma have argued that finding a language that is true to the traumatic experience is daunting: "How can we speak about the unspeakable without attempting to render it intelligible and sayable?" (Brison, 2022, p. xvii). Primo Levi, an Auschwitz survivor, says: "our language lacks words to express this offense, the demolition of man" (Levi, 1985, p. 9), but the question is whether the problem is language, or other's refusal to hear trauma victims' stories. Brison (2022, p. 91) argues: "In order to construct self-narratives we need not only the words with which to tell our stories, but also an audience able and willing to hear us and to understand our words as we intend them." And Shay (1994) insists that healing from trauma depends on a trustworthy community of listeners who will not be 'freaked out' (Shay's term) by what they hear; they must also be strong enough to hear the victim's story without denying the reality of what they hear and without judgment; and they must be prepared to experience some of the terror, grief and rage that the victim did (Shay, 1994, p. 189). The suffering must be communal and "without emotion in the listener there is no communalization of the trauma" (ibid.). Thus, we need to demonstrate empathetic listenership and a willingness to be changed by the narrator's story.

Trauma narratives interrupt the complacency and distance of our everyday lives (Shuman, 2005); they force us to come face-to-face with a reality that is not ours. And while we who did not experience human-inflicted trauma can never claim to fully understand the victim's universe, to not listen and stay silent about it would be immoral. However, it is also contentious to insist that the listener must suffer with the storyteller. An unofficial credo in the migrant worker NGOs is that we need to keep emotional distance to the stories we hear, and Saville-Troike (1997), a prominent ethnography of communication scholar, advises researchers to keep "a mental distance from the objects of observation" so as to "maintain some of the detached objectivity for which anthropology is known" (p. 127). And yet, trauma researchers insist that listeners' empathy is part of healing process. As Jasmine (Example 6) testifies: when the audience cried with her and hugged her, she felt their acceptance.

Shuman (2005, p. 5) argues: “Empathy is one way that understanding can travel back toward the experience to recover the distance stories create when they are far from experience.” I acknowledge my position as a privileged academic with voice, visibility and resources whose life story will never be comparable to the women’s whose narratives I am studying. But I concur with Shay (1994) and Shuman (2005) that being empathic listeners can bring us closer to the teller, and this is particularly important in trauma storytelling because the victim’s experience is usually far from the listener’s.

Looking across the narratives that were collected for The Trauma Narratives Project, there is immense variability in the way traumatic experience is narrated. The women whose stories were analyzed in this paper were able to tell coherent stories, but this was not the case for all the victims. For women who had recently returned from overseas and reported on trauma experiences that were still emotionally ‘raw’, the storytelling was sometimes incoherent with gaps in the narrative flow and always very emotional (Brockmeier, 2008). Thus, the discursive manifestation of trauma is not uniform: some women cry continuously and struggle to tell a coherent story; others tell coherent stories with less apparent visible or audible signs of trauma, but this does not mean they are not traumatized (Matei, 2013; Trinch, 2013). This conclusion calls for a revision of the criteria for trauma narratives presented earlier in this paper (Ladegaard, 2015). The revision should acknowledge the immense variability in trauma storytelling and add as a new component that, across trauma victims’ stories, repeated retellings come across as an important factor in the healing process.

This paper has provided further evidence for the importance of focusing on language in trauma research (Busch & McNamara, 2020). Trauma is inflicted on migrant women *in*, *through* and *with* language; it is one of the key instruments used to belittle the women. They become powerless because of the demeaning discourses they are subjected to, and future research on trauma therefore needs to pay more attention to discourse as a means to inflict trauma on people. What Augoustinos et al. (2014) argue about stereotypes also apply to other social categories, such as victim and perpetrator: they do not exist in people’s heads but are “socially and discursively constructed in the course of everyday communication, and, once objectified, assume an independent and sometimes prescriptive reality” (p. 247). Traumatic thought and its multiple meanings is also conveyed *in*, *through* and *with* language, and that is another reason that discourse analytic research should inform the work of researchers and clinicians in order to deepen their understanding of the complexity of traumatic experience, and improve their ability to help the victims (Galasinski & Ziólkowska, 2013, p. 125).

Lastly, this paper echoes a recent call for language and social psychology (LSP) scholars to use their research for promoting a social justice agenda, which, far too often, has been neglected in humanities and social science research (Ladegaard & Phipps, 2020). In a special issue of this journal, the editors (Shrikant, Giles & Angus, 2022) “orient to social justice as created and maintained through communicative practices that foreground the humanity of racially marginalized groups as deserving of

justice and fairness." The repressive communicative practices that have been exposed in this paper have provided evidence that MDWs, one of the most marginalized and exploited groups in the global economy, are subjected to discriminatory inhumane treatment by their employers. These abusive employers come from all walks of life, they are found across ethnic groups, and they live in receiving countries across the world (Ladegaard, 2017), so the idea that some ethic groups, or well-educated people, are generally better employers can be dismissed. Our efforts as LSP scholars should therefore be focused on exposing discourse practices that demean and traumatize marginalized groups like MDWs, refugees and asylum seekers, trafficked sex workers, and homeless people among others, and give them a voice they often do not have. Giving marginalized groups the opportunity to tell their stories can function as "important interpersonal communication practices for instituting social justice" (Shrikant et al., 2022; see also Johnson, 2017). What has been attempted in The Trauma Narratives Project is to take the narratives back to the community in the attempt for empower migrant women to speak up when they are being mistreated by their employers. Thirty-eight migrant women in Hong Kong recently signed up for a half-day workshop about speaking up. The workshop was organized in collaboration with a local migrant worker NGO. The women shared their personal stories of discrimination and abuse, and they discussed how they could develop the courage to speak up and leave if they were subjected to inhumane treatment. Similarly, a migrant worker symposium, entitled *Migrant Worker Lives Matter*, was recently held at a local Hong Kong university. The symposium, which attracted 140 participants across the migrant worker sector, was organized in collaboration with two migrant worker NGOs, and it addressed some of the structural issues that discriminate against MDWs in the city, such as underpayment, unethical recruitment practices, and insufficient access to healthcare. Whether such events will have the desired impact on MDW policies and practices remains to be seen, but they are specific attempts to move us from *talking about* social justice to *practicing* a social justice agenda (Ladegaard & Phipps, 2020; see also Terrón-Caro & Cárdenas-Rodríguez, 2022 for policy recommendations on migration, gender and inclusivity in the European context).

Conclusion

This paper has provided evidence of the importance of language in perpetuating discrimination and subordination of MDWs. Trauma is instigated *in, through* and *with* language, and exposing the discursive strategies used for suppression and discrimination should be an essential aim for scholarship in LSP (Shrikant et al., 2022). From a corpus of trauma narratives told by 131 MDWs, the paper outlined the predominant themes across narratives and analyzed six examples, which illustrate the most common strategies adopted by trauma victims to deal with their trauma. They resign to fate, they normalize abusive employers' abnormal behavior, and they testify that sharing their stories with empathetic listeners who will suffer with the storyteller is the (only) way forward to recover, or come to terms with the trauma and what it has done to the women. A disconcerting finding was that many of the women remembered the trauma, and its emotional impact, several years after their return to

the home country, which suggests that if traumatic memory is not dealt with and processed, it leaves its marks on body and soul (van der Kolk, 2015). Therefore, giving trauma victims the opportunity to share their story, again and again, serves an important therapeutic function (Brown & Augusta-Scott, 2007). Melati's testimonial, 'We become like what she says' (p. 11) reminds us that language is performative in destroying the self, but it can also be restorative in rebuilding a new self, brave enough to face her traumatic past, but also envision a future where traumatic memory eventually fades.

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Notes

1) Some of the narratives that will be analyzed in this paper contain extreme and disturbing content. The justification for including data that may cause discomfort to some readers is that stories of extreme humiliation and suffering appeared with alarming frequency in the data that will be used in this paper.
2) Two participants in The Trauma Narratives Project could not be anonymous. The cases of Erwiana Sulistyaningsih and Kartika Puspitasari received widespread media attention because of the severity of the abuse they had been subjected to in Hong Kong. Both cases were reported to the police and went to court and because there was proof of the abuse on the women's bodies, the employers received heavy prison sentences. We interviewed both women individually in October 2022 about their experiences, and because details of their cases had already been disclosed in the press, they gave their consent for us to use their names.
3) I am grateful to an anonymous reviewer of an earlier version of the paper for pointing out the discrepancy between the women's seemingly fatalistic approach in their storytelling, and the agentive acts they engaged in during the crisis.

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APPENDIX

Transcription Conventions

Bold = pronounced with stress/emphasis

Italics = Cantonese

, = short pause, less than 0.5 second

(2.0) = pause in seconds

'give me that' = reporting direct speech

: (as in ah:) = the vowel sound is prolonged

// = interruption; //as I said// = overlapping speech

? = question/rising intonation

[…] turn(s) left out

Author bio

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Table 1: Major themes in MDW sharing sessions

1. Working for abusive/exploitative employers (96)
2. Verbal assault (44)
3. Physical assault (20)
4. Sexual assault (15)
5. Coping strategies (50)
    a) Fate (14)
    b) Normalization (12)
    c) Talking to others (16)
    d) Faith in God (8)
6. Emotional impact of trauma (115)
    a) Fear (25)
    b) Anxiety/stress (19)
    c) Fatigue/no rest/no leave (35)
    d) Depression (10)
    e) Low confidence (8)
    f) Shame (18)
7. The trauma of illegal immigration (21)
8. Leaving children & other family members (20)
9. Family problems/infidelity/divorce (17)
10. The humiliations of pre-departure training (16)
11. Language problems/cultural & religious barriers (35)
12. Isolation/loneliness/homesickness (23)
13. No salary/underpayment (28)
14. Agency scams/overcharging/debt (26)
15. Locked up in employer's house/not allowed to go out (13)
16. Friends' and family's judgemental behavior (11)
17. Hunger/starvation (14)
18. Discrimination/false accusations (10)
19. Recovery strategies (43)
    a) Support from family/friends (14)
    b) Ability to support family financially/build a house (19)
    c) Forgiveness/prayer as healing (10)