Korean Survivors of the Japanese “Comfort Women” System:

Understanding the Lifelong Consequences of Early Life Trauma
**Abstract**

Prior to and during World War II, thousands of girls and young women were abducted from Korea and forced into sexual slavery by the Japanese government. Termed “comfort women”, these girls and young women suffered extreme sexual, physical, and emotional abuse and trauma. Research on this group is not well-developed and we know little of impact of this early life trauma on the lives of these women who are now in later life. Using snowball sampling, 16 older adult survivors of the “comfort women” system participated in semi-structured qualitative interviews. Thematic analysis was conducted to gain an understanding of the trauma that these women suffered and how it impacted their lives. Results revealed the depths of the abuse these women suffered, including repeated rapes, physical beatings, humiliation, forced surgery and sterilization, and social exclusion. These early traumatic experiences appeared to reverberate throughout their lives in their family relations, their inability to marry and to conceive children, and their emotional and physical well-being throughout the life course and into later life. The experiences of these survivors illustrate the lasting impact of early-life trauma and can guide interventions with current survivors of sexual abuse or trafficking.

**Key words:** comfort women; trafficking; sexual abuse; trauma; life course perspective
Traumatic events are typically categorized in three ways: “(1) experiencing a serious injury to yourself or witnessing a serious injury to or the death of someone else, (2) facing imminent threats of serious injury or death to yourself or others, or (3) experiencing a violation of personal physical integrity” (National Child Traumatic Stress Network, 2016). These events include acts of violence, physical, emotional, and sexual abuse, natural and manmade disaster, accidents, war, and other extreme and threatening events. While not uniform in manifestation, trauma may lead to significant mental and physical health issues, including post-traumatic stress disorder (PTSD), depression, suicidal ideations and suicide, compromised social functioning, neurobiological problems, and higher rates of morbidity (Brodaty, Joffe, Luscombe, & Thompson, 2004; Davison et al., 2006; Szajnberg, Goldenberg, & Harari, 2010; van Wingen, Geuze, Vermetten, & Fernandez, 2012). Early life trauma typically occurs in childhood (often distinguished as “developmental trauma”) and adolescence/young adulthood. More so than later life trauma, early-life trauma is particularly impactful and can have lasting and pernicious effects over the life course (Gilbert, et al., 2015; Ogle, Rubin, & Siegler, 2013). In this qualitative study, we explore the experiences of Korean survivors of the Japanese “comfort women” system – a program in which girls and young women were abducted and forced into sexual slavery before and during World War II. While the “comfort women” system has received attention in the media, few researchers have examined the personal experiences of these women using a life course perspective. It is also critical to hear the voices of these women as they are now in later life and their stories are in danger of being lost or distorted by history. The experiences of these women can also help in the development of targeted and timely interventions to meet the needs of current and future survivors of early life trauma (e.g., sex-trafficking, child sexual abuse).

The “Comfort Women” System
The “comfort women” system was first established by the Japanese government in the 1930s to provide “comfort” to Japanese soldiers and to lower the risk of sexually transmitted diseases (Hirofumi, 1998; Izumi, 2011; Lee, 2003; Ueno, 2006). (Note: The term “comfort women” will appear in quotation marks as it does not accurately reflect the experiences of these individuals). It has been estimated that between 50,000 and 200,000 girls and young women were forced into the “comfort women” system, the majority of whom were from Korea (Izumi, 2011; Ku, 2015; Kuki, 2013; Soh, 2006; Suzuki, 2012; Zhao & Hoge, 2006). The range of these estimates is wide as existing documentation of the “comfort women” was largely destroyed by leaders of the Japanese Imperial Army to avoid prosecution (Herr, 2016). Furthermore, the names of the girls and young women who were taken were not well-documented, many died in the process, or others chose to remain silent about their experiences (Ueno, 2006). Most of the individuals who were taken were in their mid-teens to early twenties (Argibay, 2003; Ku, 2015) and the majority came from families who struggled with poverty (Chang, 2009; Dolgopol, 1995; Lee, 2003).

Once in the “comfort stations,” these girls and young women were regarded as military supplies and were physically, sexually, and emotionally abused (Arakawa, 2001; Dolgopol, 1995; Herr, 2016). They were repeatedly raped, in some cases 20 to 30 times per day. Many were deprived of sufficient food, water, adequate lodging, toilet and washing facilities and were subjected to torture upon efforts of escape or resistance (Askin, 2001; Lee, 2003). Further, threats were made to harm the families of these girls and young women if they attempted suicide (Lee, 2003). Medical care was limited to treating venereal diseases and preventing and terminating pregnancies. Some women were sterilized during these treatments (Arakawa, 2001; Askin, 2001). Following the Japanese surrender in 1945, the survivors of the “comfort women”
Limited information is available regarding the lives of these girls and young women following World War II. Many survivors have expressed a deep sense of shame as well as one of inferior position in comparison to others in society (Dolgopol, 1995). The sexual nature of their abuse was also linked to dishonor for families of survivors. Some survivors were rejected by their families upon returning to Korea or lived in silence (Ahmed, 2004; Askin, 2001). Korea was also a divided country following the war and some survivors could not return to their families who were now living in North Korea. In terms of support, there was little offered to the survivors following their release from captivity. Due to the shame of sexual abuse and conservative nature of Korean society at this time, the plight of the “comfort women” was largely held in secret and many Korean citizens were largely unaware of this issue until survivors began speaking out in the 1990s (Herr, 2016). In 1991, the first survivor shared her former “comfort women” experience with the public (Herr, 2016). Moreover, it was not until 2015 that the Japanese government officially acknowledged their military’s role in the “comfort women” system and promised restitution of $8.3 million dollars (Choe, 2015).

The Present Study

As mentioned, research on the “comfort women” system has focused primarily on the abuse that these women suffered during captivity and the political ramifications. Researchers have yet to gain an understanding of the impact of this early-life trauma on the lives of these women. In the current study, the researchers explored the experiences of survivors of the “comfort women” system using a life course perspective. There are five basic principles of the life course perspective: (1) lives are linked by relationships; (2) historical and social contexts
influence our lives; (3) transitions and timing shape life consequences; (4) individuals are active agents in their lives; and (5) human development is a life-long process (Bengston, Elder, & Putney, 2005). Drawing from research on other survivors of early life trauma, we know that these events can shape the life course and play a role in health and well-being. An illustrative example within this body of research is the Adverse Childhood Experiences (ACE) Study. The ACE Study was a large-scale epidemiological project examining the impact of childhood stressors (including trauma such as sexual abuse) in early life on well-being in adulthood. The researchers found direct relationships between the number of adverse childhood experiences and depression, suicide attempts, alcohol and drug abuse, liver disease, autoimmune disease, coronary artery disease, and early mortality (Felitti & Anda, 2010). Findings such as these support the hypothesis “that early stressors exert prolonged influence into later years through stress proliferation – a cascade of processes that accumulate stressful events in adulthood, increasing susceptibility to compromised psychosocial functioning” (Nurius, Green, Logan-Green, & Borja, 2015, p. 149.)

As with other groups of trauma survivors (e.g., Holocaust survivors, combat veterans), the experiences of the “comfort women” are unique and warrant inquiry. The early-life trauma that they endured was severe and the nature of the abuse was taboo. Context and culture also played a role in the immediate aftermath and for decades following the trauma. Based upon this understanding of trauma and the life course perspective, the following specific aims were developed for this study:

1. To gain an understanding of the types and depth of trauma that the survivors of the “comfort women” system endured.
2. To learn about the experiences of the survivors following their release from captivity
from the “comfort women” system.

3. To examine the impact that the early-life trauma had on the life course for these aged survivors.

Methods

Sample

The study was reviewed and approved by a university institutional review board prior to sampling. Sample selection and data collection were conducted in the summer of 2013. At the time, there were a total 59 known Korean survivors of the Japanese “comfort women” system living in South Korea. Snowball sampling was used to access this population as it is a particularly effective strategy to access hard to reach populations. The head researcher met with the leader of an organization that supports survivors to discuss the study and to gauge interest. The leader distributed information about the study to the group of survivors who, in turn, directly contacted the researcher to express their interest in participating. Following the interviews, the researcher asked participants to contact other survivors to see if they might have interest in participating in the study. A total of 16 survivors ($N = 16$) completed the qualitative interviews.

Data Collection & Analysis

Interviews were conducted at the homes of the survivors, at the support organization where several survivors lived, and at the homes of their children with whom they lived. Interviews ranged from approximately 20 to 60 minutes and were semi-structured interviews were used to guide the qualitative interviews. Four basic topics were included in the interview protocol: basic demographic questions, childhood memories prior survivors’ experiences with the “comfort women” system, deception and/or abduction into the “comfort women” system,
and life after release from the “comfort women” system. The researcher did not limit participants’ discussion if they chose to discuss other aspects of their lives. This approach provided participants with the latitude to share rich stories and experiences (Creswell, 2013).

Interviews were conducted in the Korean language and transcribed verbatim by a fluent speaker in the language. The interviews were then translated verbatim into the English language by a fluent bilingual speaker. Data analysis was a multi-step process. Thematic analysis was then used to analyze the qualitative data. First, three trained graduate-level researchers individually read the transcripts and jointly established an initial coding framework. The researchers then independently coded the data using this initial coding framework. Open or free coding was used for emerging themes that did not fit within the established framework. Multiple coding was used with data that was illustrative of more than one theme. The researchers then reconvened to compare coding outcomes. In those cases where the researchers disagreed on coding, the data in question was reviewed again until consensus was reached. This iterative process and the use of multiple trained researchers participating in the coding process improved inter-rater reliability and validity (Miles, Huberman, & Saldana, 2013).

**Results**

Participants were all former “comfort women” living in South Korea. On average, participants were in their late 80’s ($M = \text{age 88.1}; \text{Range } = \text{age 83-95}$) and reported being abducted in their mid to late teens ($M = \text{age 16.3}; \text{Range } = \text{age 14-21}$). The interview schedule was arranged in a chronological fashion and the stories that were told by the participants naturally began in early childhood and were eventually punctuated by their abduction in adolescence or early adulthood. The stories continued with their lives immediately after the “comfort women” period and on through the remainder of their lives. Reflective of this
chronological approach, the results are organized around participants’ life courses, beginning in childhood and ending in their present situation in old age. Themes are discussed within each period of time.

**Early Childhood**

Participants described their early lives with their families in communities in what are now North Korea and South Korea. For many participants, life was very difficult due to poverty and a lack of resources. Many lived in on farms where they worked along with their parents and siblings. Several participants reported that despite being raised in poverty and doing hard labor, their childhoods were relatively normal for the time period.

“We worked in a farm. It was different from these days through. I helped raise my younger brothers, fed cows, and walked with them and stuff.” “I had to stop schooling, but my brothers entered middle school. Sons were prioritized back then. My older sister didn’t even go to school at all. I spent at least three years in my elementary school because I am the second one. I had fun with my friends.” (ID #3)

For others, the extreme poverty had a much greater impact on their lives and on their families.

“My family was very poor. My father used to do manual work, but the pay wasn’t great. My father was an alcoholic too.” “One day my mother asked me, “There is an Udon restaurant by the Busanjin station. The owners don’t have a daughter. They have been looking to adopt a girl. Would you like to go there?” I decided to go to their family. Once I go there, the situation was different. I had to work for the family business and do house chores all the time.” (ID #12)

“What did my parents do? Hmm. It is hard to say. They used to work for other families. We made rice porridge for meals every day. There was not much to eat. We had to fill the belly with water. I was sold to another family when I was seven years old.” (ID #11)

**Deception & Abduction into the “Comfort Women” Program**

Participants were typically “entered” into the “comfort women” system in their mid to late teenage years. Entrance into the “comfort women” system typically occurred through two routes – deception and abduction, often deception leading abduction. It is important to note that
there were many Japanese military and civilians living in Korea during this time period (Uchida, 2011). Deception occurred through offers of employment in factories and preyed upon the poverty that these girls and their families were experiencing:

“They said I could work at a silk fabric company in Japan. They said I could make a lot of money and would have a better life. They said I could also send some money back home to help my parents. It sounded very plausible.” “I overheard someone’s talk and it sounded like we were not going to a factory. The guys touched some of the girls. I realized that I was not here to work at a factory. I cried every day.” (ID #7)

“A Japanese leader told us that we could make a lot of money if we worked at a munitions factory. He pressured that at least one person of each family had to go. I decided to go as a representative of their family and to pay back my adoptive parents’ favor and kindness.” “The soldier told us to take the military train. All the girls were in one railcar and there were soldiers on the other railcar. There were about 50 girls.” “The windows were covered with black papers. All of us were sad being away from home.” (ID #17)

Other participants reported being forcible abducted by Japanese and, in some cases, Korean civilians and Japanese soldiers:

“One day a Japanese guy pulled over his car and called me out. I couldn’t do anything. I had to get into the car. I was only 15 years old, so I couldn’t defy him. All of us in the car were very scared sitting there. Nobody said anything. Nobody tried to fight against or argue with them. We couldn’t because they were holding guns.” “I was abducted on my way to do laundry.” (ID #6)

“It was an evening. I ran errands when I lived in Ulsan. Two strangers caught me on the street and took me somewhere. I refused to go, but they covered my mouth and abducted me. They took me to Ulsan station.” “There were a couple other girls at the station. Five of us took the train. We took the cargo train. It didn’t have any windows. Three Korean guys were watching us. Besides, we didn’t see any other people. After two days without any food, we got to Doumen, China. It was July, 1942. My family didn’t know what had happened to me.” (ID #12)

**Captivity as in the “Comfort Women” System**

Captivity in the “comfort women” system was marked by extreme hardship and abuse. Some participants shared vivid and graphic details of the abuse, while other participants were
hesitant to discuss the traumatic events of this experience. For those who shared their stories, there was physical, sexual, and emotional abuse. These abuses occurred over extended periods of time in captivity, in some cases lasting several years before they were finally released from captivity.

“I hadn’t even started my first menses at that time. We were called to go to the room in turn. It was my first time and I was very young. I even got sick from it. I had to get treatment because there was blood when I urinated and it was swollen too. However, then they called me, I still had to go. I was scared when I saw blood, and it hurt a lot. If I screamed in pain, they kicked me. They hit my head and beat me too. I still have a scar on my head. They broke my arm too. It still hurts whenever it rains.” (ID #14)

“It was my first time and I was very young. I hadn’t dated before, but I still had to deal with a lot of guys. On my first day, I had seven guys in a row. At first, they couldn’t even put theirs into my vagina. I even had to go to the hospital.” “I also got syphilis, but it was not around my vagina but inside of my belly. I got bumps on my belly. It was as big as my fist. One was right on my ribs, and the other two were on my crotch. They hurt a lot.” “Some girls were trying to escape from the house. If they were caught, they were beaten. There were still a lot of girls who tried to escape from the house. Actually, I took rat poison and hung myself to kill myself. I wanted to die. My life was miserable.” (ID #7)

“They said, “Poor girls. You guys will be dead soon.” We asked them about our job. They said, “It is a job but not a job. Just do whatever you are asked to. Otherwise, you will be beaten to death.” “Every girl had to deal with 30-40 soldiers every day.” “Most of the girls got messed up after one year. Many girls got pregnant two or three times over the period of time and also got an STD. If girls got an STD, the medical office tried to treat it only up to the second time. If girls got an STD for the third time, soldiers took them out somewhere and girls never came back.” (ID #17)

“I was beaten a lot. They burned me with a soldering iron too. I got scars all over my body including my breast and hip. They were trying to kill me.” “A few months later, I got pregnant. They asked me what I would want to do. I told them that I didn’t want a baby. They removed the baby and also my uterus. I was only 18 years old at that time. I was hospitalized for the surgery. Within two weeks, however, they forced me to work again.” “The Japanese soldiers were like animals. They were animals.” (ID #16)

**Initial Period following Release**

Following the Japanese surrender in 1945, many survivors of the “comfort women”
system returned to Korea. Others were forced to start their lives again in China. Many participants in this study reported that they faced new hardships, including the disruption and disintegration of families, emotional distress, and shame and social isolation.

“My brother was killed at the war and I was abducted. My family was a mess. My dad passed away because of this.” “My mom eventually found me. I finally came back home with her, but I couldn’t stay there longer because I was very shameful of myself. My parents knew what I had done. I just had to move out of their house.” (ID #9)

“I couldn’t say anything about what had happened to me. If I had said I am a comfort woman victim, they would have thought that I was a whore. I didn’t tell them anything at all although I lived with them for about one year.” (ID #5)

“After the Japanese military retreated, Chinese armies started occupying places. All of the girls had to spread out and find a way to live. What were we supposed to do? We had to live. We didn’t have any options. We had to marry Chinese guys. Oh my God. It was ridiculous, but we had to survive. We were like let’s do it, let’s go. You know I cried a lot every night.” (ID #11)

Lifelong Impact of Early Life Trauma

Unsurprisingly, participants universally reported that their traumatic experiences in the “comfort women” system had made a lifelong impact on them and had shaped their lives in many ways. Several themes related to lifelong impact emerged, included stressed relationships with men, difficulties in having children, loneliness and depression, physical pain, and continued hardship influenced by their experiences in the “comfort women” system.

“Life is hard. I have emotionally suffered. I get sick all the time.” “I don’t have my child and I am very lonely. I wish I had a son or a daughter. I am sad, so I still cry.” “If I was married and had children, I would have been less lonely.” (ID #4)

“I told him to forget about me. I said that he would live his life better without me because I couldn’t have a baby and I would only make his life more difficult. He left me.” (ID #7)

“Still I feel like I have got a bee sting. My body aches while I am sitting.” “I have osteoporosis because my entire uterus was removed when I lived in a comfort house when I was younger. I had my uterus removed before I was 30
years old. I have had a big surgery on my belly three times. My intestines, gall bladder, and a gallstone were removed before my 40’s.” “I couldn’t have my own child. I couldn’t do anything that normal people do in their lives. My life was different from any other people. As someone said, my time has passed like the wind or waves.” (ID #15)

“I want to think that I am already dead.” (ID #9)

Other participants appeared to still be processing their experiences and this was expressed as anger toward the Japanese and a strong desire for an apology and compensation for their exploitation.

“Dirty bastards, they have to answer to me as soon as possible while I am still alive. They are waiting until all of us die. Even if we are dead, the history doesn’t go away. Even if we are gone, their sin will stay and issues won’t be solved.” (ID #8)

“Whenever I think about my time in Japan, I only want to kill all of them.” “They need to apologize to Korea and Koreans. They need to apologize to the Korean government. I want the younger generations to make better weapons to fight with other countries.” “I don’t have any feelings left for this world. If I can ever be born again, I want to be a man who can fight for this country. That’s why I want to be a man in the next life.” (ID #5)

At least one participant seemed to have come to terms with the past trauma that she suffered, possibly related to her resilience, her ability to have children, and their continued presence of family in her life.

“I am happy now. I have wonderful daughters whom I am very proud of. I, this old lady, have clothes, food, and money that I receive from my daughters. I have no reason to be upset. I am trying to forget about my past. I don’t want to think about it. Everything is going well these days.” (ID #11)

Discussion

The first aim of this study was to gain an understanding of the types and depth of trauma that the survivors of the “comfort women” system endured. The qualitative data revealed that many of these women suffered intense and sustained physical, sexual, and emotional trauma as they were captured and forced into sex slavery. These findings were not unanticipated given the
well-developed body of literature on the trauma suffered by these girls and young women (e.g., Soh, 2008). Nonetheless, the stories of abuse told by these survivors were graphic and moving. Several participants in the present study shared experiences of physical torture through beatings, electric shock, threats of death, deplorable living conditions, and sexual assault resulting in hospitalization and permanent disability. Consistent with available literature on the “comfort system,” (Askin, 2001; Dolgopol, 1995), several participants also described being forced to have sex with as many as 30 to 40 soldiers per day. Many of these women were very young when they were taken and mournfully recounted their lost innocence during this time in their adolescence. The psychological and emotional trauma of being raped and abused consistently over the course of months or years was also evident in the stories told by the participants. Some participants attempted suicide or desperately tried to escape at the risk of their lives. Secondary trauma was also reported, as many of these women learned of or witnessed directly the death of the other girls and women with whom they were held captive. From a life course perspective, one would anticipate that the trauma suffered by these survivors at such a young age and with such intensity would leave an indelible mark on the remainder of their lives.

The second aim of this study was to learn about the experiences of the survivors following their release from captivity from the “comfort system.” Essentially, this is the initial phase of understanding the impact of this early life trauma from the life course perspective. For some of the survivors, this was the beginning of a long silence where they hid the fact that they had experienced the abuses of the “comfort women system”. A key aspect of this silence resulted from social stigmas attached to being a former “comfort woman” and the personal shame that the survivors felt in being forced into sexual slavery. As in previous studies, some survivors disclosed that they could not return to their families or even share their stories with
family members (Askin, 2001; Chang, 2009; Herr, 2016). Several survivors remained separated from their families in order to spare them further suffering and grief, as some families had thought their daughters had died during the war. They felt that returning to their families would reintroduce grief and suffering. Some participants shared that they found that their family members were no longer alive upon their return and discussed issues of grief and loss surrounding this discovery. Finally, the vast majority of the participants returned to their lives in abject poverty. The life course perspective holds that lives are linked by relationships (Bengston, Elder, & Putney, 2005). For the survivors of the “comfort women” system, the relationships that seem most important in life were broken by the trauma that they experienced. The term “bereft” seems to summarize the experiences of these young women upon their return to Korea – they were bereft of their former selves, their family, and their community.

The final and most important aim of this study was to examine how the early-life trauma experienced by the survivors influenced the remainder of their lives through adulthood into older adulthood. The results revealed four primary areas that were most affected: strained relationships with men; difficulties in having children; physical pain; and emotional suffering. These four areas are not discreet and seem to have interactional effects with each other. During this time period in Korea, it was culturally expected that women would marry and bear children. As Ahmed (2004) explains, relationships with men and ultimately marriage were key challenges for many survivors of the “comfort women” system as society viewed them as having “been ‘sexually defiled’” (p. 135). Further, the ability to give birth was highly valued during their reproductive years (Ahmed, 2004; Askin, 2001). The trauma experienced during captivity in the “comfort women” system included being infected with sexually transmitted diseases, aggressive and debilitating treatment of these diseases, miscarriages, forced abortions, and forced
sterilization. For these women, the prospects of being in a supportive, loving relationship were bleak. This seemed to result in these women engaging in relationships with men simply out of the need for companionships, financial support, and security. The participants reported that these relationships often ended up in abusive situations, marital infidelity, and eventual dissolution. Most were left with relationships with men and without children – issues that would reverberate in mid- and later life.

As the survivors of the “comfort women” system grew older, many reported physical issues that eventually emerged because of the early-life trauma experienced in the “comfort women” system. These physical health issues were often related to damage to the reproductive system. For example, one participant noted that she had trouble walking and had been disabled due to aggressive and harsh treatment for an STD by a government-operated hospital. Another participant noted that she struggled with osteoporosis due to her uterus being removed during her time as a “comfort woman” and the resulting hormonal dysregulation. Some of these physical health problems could have been related to secondary effects of the early-life trauma, including the corrosive impact of poverty, malnutrition, and manual labor. These findings are consistent with existing literature on the health and well-being of this group (Herr, 2016).

Emotional distress was a common theme in mid- and later life for the participants. Some had lived on their own during their lives with limited contact with their family members. This is consistent with available literature as well, as survivors of the “comfort women” system have noted that there was no one with whom they could share their stories, not even within their family members (Dolgopol, 1995). Feelings of intense loneliness were reported combined with a sense of remorse on never marrying and never having children. Other strong emotions included resentment and anger at being forced to experience the early-life trauma and the lasting
consequences that it had on their lives. These emotions were directed at men in general and at the Japanese government for failing to recognize them, apologize to them, and pay reparations. Finally, some of the participants reported anxiety regarding their deaths and their legacies. There were concerns that the failure of the Japanese government to formally acknowledge and apologize for their role in the “comfort women” system would devalue the lives and experiences of these women. Some indicated that this apology would be vital to their ability to process their experiences of trauma within the “comfort system,” validate their lives, and allow them to die in peace. Others simply wished for death and an end to their unfulfilled lives.

Several tenets of the life course perspective can be applied here (Bengston, Elder, & Putney, 2005). The historical and social contexts of life in Korea during time impacted societal views of the survivors of the “comfort women” system and for many marriage and children were not an option. The timing of the trauma, early in life and at a stage where marriage and childbirth were common, shaped the lifelong consequences and outcomes for survivors. The survivors were active agents in their lives, yet they were disabled and disenfranchised from maximizing their potential due to ramifications of the early-life trauma, emotionally, physically, and socially. In applying the life course perspective, it is important to note that these women survived through the trauma of the “comfort women” system and lived into later life. Their lives were shaped by the traumatic experiences that occurred early in their lives, but their lives did not end. Acknowledging their resilience is essential and their willingness to tell their life stories is indicative of this strength.

It should be noted that there may be two sources of trauma that some of these women were exposed to – developmental trauma occurring prior to their abduction and then the subsequent trauma of abduction and captivity. Developmental trauma is typically defined as
exposure to repeated or cumulative abuse and/or neglect during early childhood. Developmental trauma disrupts caregiver attachment and can lead to problematic sequelae, including biopsychosocial dysregulation and medical and psychiatric diagnoses (Ford et al., 2013; van der Kolk, 2009). Some of the women in this study undoubtedly suffered developmental trauma as they were raised in abject poverty and subject to deprivation and harsh childhood labor. This childhood trauma may have contributed to or exacerbated the problematic reactions to the trauma that they suffered in the “comfort women” system. As researchers have found, trauma and adverse experiences in childhood are often cumulative and greater exposure to these negative experiences is related to higher rates of disease and dysfunction in later life (Gilbert et al., 2015). Rather than parsing out the two different sources of traumas, the life course perspective suggests that both the developmental trauma and the adolescence/young adulthood trauma influenced the later lives of the women in this study. The severity of the trauma suffered in the “comfort women” system should be taken into account, however, and may have had a greater impact than the hardship endured during early childhood.

**Limitations**

There are several limitations to consider in interpreting and applying the findings from this study. First, convenience and snowball sampling was used and this may have resulted in response bias. The researchers only captured the experiences and words of those survivors who were interested in sharing. Caution should be used in viewing these experiences as representative of all survivors of the “comfort women” system. The primary investigator and interviewers were male and this may also have resulted in response bias. The survivors may have been reluctant to share details of a sexual nature due to cultural norms and gender roles. As mentioned in the Methods Section, the researchers translated the data from Korean to English.
prior to analysis. Resources precluded the researchers from back translating from Korean to English to control for quality in the translation process. Some of the data, therefore, may not have captured the nuances of the original data. The translator also discovered that some participants used dialects and terms that are no longer in common usage among later generations in South Korea. Additional steps were taken to research these terms before translating to English. As in all qualitative studies, the researchers also recognize that their own biases may have influenced the analysis of the data. The “comfort women” system touches upon sensitive issues related to social justice and feminism. The researchers were cognizant of their emotional responses to this data set and used peer-to-peer checking to help moderate analytical biases.

**Practice Implications**

The findings from the current study have implications for direct, clinical, and advocacy social work practice. While this work provides specific insight into the challenges faced by survivors of the Japanese “comfort women” system, the implications should be applicable to other groups, specifically survivors of sexual trafficking, currently and as they age into later life. This study identified four main themes in regards to the lifelong impact of trauma including: stressed relationships with men, difficulties in having children, physical pain and emotional suffering. To effectively address each of these themes, a comprehensive, holistic and culturally aware approach to aftercare services, including wrap around expertise from medical, psychological, legal, and social service professionals, is recommended for direct practice (Gajic-Veljanoski & Stewart, 2007; Macy & Johns, 2011). Macy and Johns (2011) advocate four primary aftercare practices (1) filling out a comprehensive needs assessment, (2) ensuring safety and confidentiality, (3) practicing trauma informed care and (4) establishing holistic and streamlined case management. In addition, extensive time must be dedicated to each survivor of
sexual trafficking. Researchers have found that the time spent on a single trafficking case is the equivalent to approximately 20 domestic violence cases (Clawson, Small, Go, & Myles, 2003). While the experiences of trafficked women are unique, the literature suggests that utilizing existing programs for similar populations such as survivors of sexual abuse, domestic violence, torture victims, and exploited laborers, may be appropriate in some circumstances (Zimmerman et al., 2003).

In terms of clinical modalities, cognitive-behavioral therapy has proven to be a beneficial clinical intervention for individuals with rape-related PTSD (Foa & Rothbaum, 1998; Resick & Schnicke, 1993). The goal of utilizing cognitive-behavioral therapy with survivors of sexual trafficking is to assist in the integration of traumatic memories into a pre-trauma schema, in order to establish a schema that can best serve the survivor as they work to interpret the world around them (Foa & Riggs, 1993; Resick & Schnicke, 1993). Previous researchers have found that when cognitive-behavioral therapy is administered with consideration of trauma-informed practices, symptoms of depression and PTSD can be effectively reduced (Clawson, Salomon, & Grace, 2008).

With these specific interventions, the consequences of geriatric depression and other quality of life reducing consequences of trauma may be mitigated or reduced. However, it is important to note that as individuals age, social supports and coping mechanisms can erode, making geriatric populations particularly susceptible to depression and re-emerging symptoms of PTSD (Kuhlman et al., 2013). The complexity of the issues faced by this population can make treatment especially challenging. In fact, researchers have found that the combination of individuals with depression and a history of trauma and abuse were at greater risk for being treatment-resistant (Shamseddeen et al., 2011). It is therefore crucial that survivors of sexual
trafficking receive comprehensive and holistic services throughout the lifespan. A life course approach to assessing, understanding, and treating older adults with early life trauma is key.

As demonstrated in this study, long held resentments and the desire for reparations and public apologies were strongly voiced by the former “comfort women”. In the coming years, particularly with a growing number of survivors emerging from ISIS related captivity, discussions on reparations, international recognition, public commemoration, and other forms of restorative justice will become more prevalent. van Wormer (2009) discussed the recovery and closure of restorative justice, describing it as “being heard, receiving an apology and beginning the process of healing” (p. 109). Advocacy in international governmental structures, such as the United Nations, to adopt gender-specified violence into the language of the Convention on the Prevention and Punishment of the Crime of Genocide will be important in addressing the sexual trafficking that targets girls and women worldwide (Taylor, 2016).
References


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