Navigating Counter-Trafficking National Referral Systems: The Survivor Experience in Bangladesh and Cambodia

ACKNOWLEDGEMENTS

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SUMMARY OF KEY FINDINGS

This research provides an analysis of 104 in-depth interviews with survivors of human trafficking, Counter trafficking in persons (CTIP) civil society organizations (CSOs) and non-governmental organizations (NGOs), and government officials in Bangladesh and Cambodia. The original purpose of this research was to analyze formal referral mechanism policies and the gaps in CTIP service delivery with the aim to develop an understanding of policy gaps. However, in a short time, we realized that the archetypal referral mechanisms in place, which we were measuring against, were not necessarily the right fit for these countries. Essentially, the aim of a referral mechanism is to create links across services and provide a pathway for survivors to navigate both a unique and complex set of needs. However, if the services do not exist or are not sustainable, creating such policy structures essentially builds bridges to nowhere.

Findings from this research show that we cannot build a referral mechanism without taking into consideration the wider protective system/referral system in the country. What we mean by this is that a survivor engages with and seeks support from a wide range of actors to meet their needs and not just what is outlined in the policies. These actors include families, communities, religious organizations, local organizations, and many others.

Our findings show that we need to build referral mechanisms that take on a wider systems approach – taking into consideration contextual and cultural aspects. Our policies must be built around realistic understandings of family and community life and the barriers survivors face on a daily basis. For example, the policies in Bangladesh and Cambodia need to reflect the fact that families and communities act as important gatekeepers and service providers, particularly in the stages of rescue and return. Both countries reported that the laws in place are strong, but coordination still fails. It shows that perfect laws and policies are not the silver bullet. Commitment from the government and sustainable funding matters more than the right pathways drawn

on paper. For both countries, the space between what is mandated and what is available remains unclear; survivors can easily fall through the cracks.

For example, in Bangladesh, we know civil society is a big part of service delivery and they are well positioned to create the right services through grassroots engagement. However, the central government and donors need to be building their policies and objectives around these understandings, rather than intervening in a top-down manner. Their role should be one of ensuring sustainability and longevity. For example, a collaborative of CSOs/NGOs and survivor organizations may be well positioned to take on this role and bridge some of the gaps listed below, but it needs a long standing and well-funded partnership with the government, with clear channels of communication.

Cambodia faces similar issues, but for different reasons. The centralized system means that the voices of the most knowledgeable are not regularly heard and a major gap exists from policy to the actual navigation of services. Findings showed that, local governments need to be engaged and empowered, while CSOs and survivors need to feedback into the system in a more formalized manner. Similar to the case in Bangladesh, the short-term funding model results in temporary service provision with a fixed timeline; when the funding runs out, that link in the referral system disappears. Overall, and much like Bangladesh, sustained oversight and long-term planning is needed to ensure that the referral mechanism is not disintegrating every few years.

More often than not, the community and family are the service providers that fill in these gaps and they become the gatekeepers of services. For example, our research showed that one committed family member can make all the difference in the world to a survivor. The referral system cannot treat family and community as separate – referral mechanisms must take the role of the family as part of it. For example, in a country like the United States or the Netherlands, if a family is unwilling to assist a female survivor or admit what happened to her, the survivor will likely still have opportunities to independently access services. In a place like Bangladesh, this is much less likely. These aspects must be built into the system.

Further, community awareness, engagement, and support are beyond crucial at every stage of a survivor's journey – from migration to every subsequent phase. A strong and knowledgeable community can help migrants navigate around

brokers who seek to do them harm. During rescue and repatriation, families can step in and help by contacting NGOs or diplomatic missions to assist as they are almost always the first point of contact. NGOs mentioned they sometimes work with families to prepare them for return, but this must be standard practice as families play a significant role in shelter, basic needs, and mental health. In addition, family can facilitate access to justice and livelihoods, as well as other services. Not working directly with communities and families as regular practice is a missed opportunity for everyone.

Access to justice was something discussed at length by survivors, service providers, and government officials. The issues are complex and deeply embedded at the community level. The central level needs to play a role in accountability. As researchers, we do not have sufficient insight into the legal system, but the aspects of capacity and funding feel secondary to the issues embedded in client-patron relationships at the community level where access is determined by power structures. While the referral system should involve communities and local government, regarding legal recourse, the central government must play a stronger role to ensure accountability and safety for survivors.
Survivors' organizations like ANIRBAN show us what gaps exist and how survivors can and should be empowered to facilitate their own services. ANIRBAN shows us that survivors indeed are not helpless victims but can and should be key players in the referral system. Survivors' groups should be built and maintained to ensure positive reintegration outcomes as they are well positioned to fill in the gaps highlighted throughout this paper.

The feedback from survivors showed that some services, such as the Life Skills training in Bangladesh, lead to overwhelmingly positive outcomes. Our assumption, based on the evidence from this research, is that the Life Skills interventions are useful because they incorporate complexity, something that standard referral mechanisms tend to neglect. Setting expectations, learning what someone is good at, what capital they already have, and understanding what their villages need allows for a targeted and individualized approach that results in positive livelihood and psychosocial outcomes. All interventions need to be approached from the Life Skills perspective, acknowledging the interplay and complexity of reintegration needs. As of now, the policies in place are far from survivor centered. Referral mechanisms need to be built around the complexity instead of assuming some sort of linear experience.

INTRODUCTION

The purpose of this research is to build an understanding around the complexities of referral systems for survivors of human trafficking from developing countries in Asia, using Bangladesh and Cambodia as case studies. This research seeks to answer the question:

How are survivors' reintegration outcomes determined and influenced by CTIP referral systems and their interrelating complexities in Bangladesh and Cambodia?

Initially, this research was undertaken with the aim to better understand the referral mechanisms, the underlying policies and subsequent service provision, in the Asia region, using two countries as case studies. The purpose was to highlight gaps and provide learnings, including positive experiences, to share with other countries in the region, especially those also struggling to develop and actualize their referral mechanisms.

However, once embarking on this research, it became apparent that the framing of the research, within the prescribed referral mechanism framework, was not necessarily applicable within the context of either country. The "model" referral mechanisms, such as those put forth by IOM and other international bodies, are generally prescribed based on examples of countries with strong social protection systems already in place, which are inapplicable to most countries in Asia. Even further, models might be a bad fit for some countries; the over-emphasis on replicating these models may even detract from service delivery.

In order to better understand the services available to survivors and the potential barriers and enablers, this research closely examines the entirety of what we will refer to as referral systems as they sit within the wider welfare regime within the countries of Bangladesh and Cambodia. The research builds around an understanding of the context and history that influences these systems, to shed light on how survivors are currently protected. The aim is to reflect on how these contexts can be built upon and strengthened, rather than disregarded, to take advantage of the most effective elements of their current systems.

METHODS

Data for this research was collected using 104 semi-structured interviews conducted with 46 survivors; 39 NGO representatives; and 18 government representatives from varying entities, including local police, consular officers, and ministry officers. The research tools used for data collection were constructed based on the findings from a desk review of country policies conducted in March 2021 and were conducted from May to October 2021. In order to streamline data collection and make use of pre-existing networks during the COVID19 pandemic, where travel was strictly limited, our partner research institute, the Institute of Development Studies (IDS), collected data for this research (apart from 12 interviews carried out by USAID Asia CTIP). IDS used pre-existing networks and research teams on the ground in each country to collect data whilst conducting related research on victim identification in Cambodia and Bangladesh. Given the COVID19 pandemic, research teams in Cambodia and Bangladesh carried out the interviews remotely via phone or Zoom, Microsoft Teams, Jitsi, or Whatsapp. Combining research tools and only interviewing survivors one time, by one trained research team, also eliminated the need for survivors to retell their traumatic experience.

TABLE 1: PARTICIPANT DETAILS

BANGLADESH				
Participants/Interviewees	**Type**	**#**	**Total**	**Interviewer**
Formal Service providers	NGO representatives	13	23	IDS
		5		USAID Asia CTIP
	CTIP police	5		IDS
Survivors	Female	8	26	IDS
	Male	18		
Bangladesh Total			**49**	
CAMBODIA				
Formal Service Providers	NGO representatives	15	35	IDS
		6		USAID Asia CTIP
	CTIP police	9		IDS
	Consular officers	2		IDS
	Ministry officers	1		USAID Asia CTIP
		1		IDS
Survivors	Female	19	20	IDS
	Male	1		
Cambodia Total			**55**	
Grand Total			**104**	

Analysis

Thematic analysis was conducted to identify patterns in the data and organize patterns into emerging themes. All 104 transcripts were read by the research team to gain a general understanding of the themes. The team identified the major, overarching themes to the research then created a framework in which to conduct a second round of analysis (see Figure 1 below). The identified themes were then categorized and tagged according to the framework and sub themes, using the open-source software Taguette.

Ethical Approval

Ethical approval for the interviews with survivors was obtained as part of an earlier research on reintegration and followed the institutional protocols at the Institute of Development Studies (IDS). As part of this process, the research proposal, safeguarding risk assessment form, and a research checklist was submitted for a peer review process. The research was considered a "medium" risk therefore, several discussions were held with the standing ethics committee on the research plan before receiving approval from the Director of Research.

Risks were examined regarding including TIP survivors in the study. As participants met with local partner staff for 2-3 hours each week, over the course of five months, an identified risk was the potential harm for participants in discussing their experiences and recreating the effects of their trauma. To mitigate risks, respondents were chosen via a sampling strategy that avoided selecting people who were unable to freely give informed consent (e.g., individuals under 18, people with learning disabilities, people in prison). Informed consent was obtained from all survey and story respondents.

A set of protocols by the research team were established to ensure there was a standardized process for discussing potential risk and providing support to respondents if needed. These included trainings held with local partner organizations on IDS' Safeguarding Policy, setting up activities in safe location (i.e. avoiding places in secluded locations and using locations with accessible exits), and setting up direct channels for respondents to report any issues they may have related to the research's activities. Although respondents selected were not facing immediate trauma from their experiences and had received prior support from service providers, maintaining anonymity was prioritized throughout the study.

Limitations

Embarking on research during a global pandemic presented many challenges. While USAID Asia CTIP was well positioned to utilize wide reaching networks with and carry on with adjustments, such as moving interviews online, there is no replacement of in-person field work. Being able to interact with relevant actors and engage in observational methods is invaluable as it provides deeper insights. In this sense, our engagement with survivors was light touch. The risk of retraumatization is extremely high during virtual interactions and it is crucial to not press too hard for more information when not readily

volunteered. In this sense it was difficult to draw out details that may have been useful for building the most comprehensive understanding possible. In addition, conducting virtual interviews also mean that there were breaks in conversations due to lost connections and at times interruptions from family members. Finally, in order to interview survivors, it meant that they must be identified as such, either self-identified or formally identified by the government. This means we do miss a large portion of the population: survivors who have never been identified. In this sense, we cannot understand some of the most fundamental barriers to entry into the referral system.

In addition, do to snowball sampling methods and utilization of pre-existing networks, the survivor from Cambodia

CONCEPTUAL FRAMEWORK

General Definitions

REFERRAL MECHANISMS

According to IOM, referral mechanisms, which can be transnational, national, or subnational, are "a process of cooperation [among] multiple stakeholders to provide protection and assistance services to vulnerable migrants" (IOM, 2019, p. vii). While the form a referral mechanism takes varies from country to country, most include the process of identification, case management, and the provision of protection services (Ibid). Taking directly from the *IOM Guidance on Referral Mechanisms* (2019), protection services can and should include

- Shelter and accommodation;
- Water, sanitation and hygiene;
    - Food and nutrition;
    - Safety and security;
    - Health care (physical and psychological);
    - Education and training;
    - Livelihood, employment and income generation;
    - Family tracing, assessment and reunification; and
    - Access to justice.

Throughout this research, the term *referral mechanism* is only used if the government also refers to their policies and processes as a referral

mechanism. For example, at the time of writing Bangladesh and Cambodia do not have formalized mechanisms, as put forth by key stakeholders and policy makers interviewed.

REFERRAL SYSTEMS

The term *referral system* pre-dates *referral mechanism* has been used in the last decade with varying definitions. The ADB (2009: 14) describes a referral system as not only a network of agencies and services one with a "fast and efficient set of communication and information lines" to meet the needs of a person in a particular situation. Additionally, ILO (2009: 13) defines a referral system as a "cooperative framework" where state actors fulfil their obligations to protect and promote the rights of victims in collaboration with civil society. For the purposes of this research, a referral system will refer to the policies and guidelines in place which currently serve as the designated path for survivors to follow to obtain services. The use of this term expands the meaning of referral mechanism and gives us a frame of reference. While long-term, in-country experts and practitioners who took part in this research did put forth that no official referral mechanism existed, per se, systems are most certainly in place. For the sake of simplicity and clarity, this general term will be used to describe the existing policies and guidelines. However, the term "system" will encompass the entire protective system. In this sense the idea of a referral system can be derived from the 4Ps framework[1]: prevention, protection, prosecution, and partnerships.

USAID defines protection as a survivor-centered approach, that includes

> **judicial and non-judicial** measures to provide redress to victims of human rights abuses seek accountability for perpetrators, and potentially deter future violations. Protection programs focus on **identifying** victims; **reporting** the crime; and developing national and regional **referral mechanisms** that ensure survivors are safe and receive shelter, food, counseling, health care, and legal assistance, as well as **repatriation and reintegration** services. They also include providing **victim-centered training** to law enforcement officers, prosecutors, civil society organizations, and judges; and strengthening international frameworks and cooperation.

> USAID's programs utilize survivor-centered and trauma informed approaches to foster recovery, resilience, and empowerment (USAID, 2021: 11[2]).

For the purposes of this research, this terminology is inclusive of all aspects of *protection* and all entities and individuals who offer protection, including formal and informal institutions[3]. From this understanding, the referral system is just a targeted extension of the country's protections system.

While shifting to an understanding to referral system does not undermine the need for a strong referral mechanism, it does, however, expand the focus of who is responsible for or capable of providing services to survivors. In this sense, it also allows for a more complete picture of how services can influence reintegration outcomes (see Assumptions below for more information).

REINTEGRATION OUTCOMES

The concept of *reintegration outcomes* is directly derived from research conducted on survivor reintegration in Bangladesh and Cambodia (Kasper and Chiang, 2020). According to Kasper and Chiang, in order to successfully integrate, survivors needed to achieve the following outcomes,

> **Financial health**

> **Mental health**

> **Connection with family**

> **Acceptance within society**

To achieve the above outcomes, survivors need access to many interrelated services and elements of support. For example, to achieve financial health, a person needs access to livelihoods opportunities; however, to attain a livelihood, a person needs to have opportunities and connections in their community. Another example, to feel mentally healthy, which requires a feeling of safety in their community, and financially healthy, a person will often need for their trafficker to be prosecuted, face accountability, and pay compensation to the survivor[4].

This research will commonly refer to these four

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1   USAID, Countering Trafficking in Persons (C-TIP) December 2021. https://www.usaid gov/sites/default/files/documents/December-2021_Revised-C-TIP-Policy.pdf

2   Bolding is our own

3   IOM has a definition of the concept of protective systems, it is slightly different, but perhaps useful https://publications.iom.int/books/iom-handbook-migrants-vulnerable-violence-exploitation-and-abuse

4   Please see page 9 of the study for a visual representation of these complex relationships https://winrock.org/document/survivors-perspectives-on-success-

interrelated and subjective reintegration outcomes throughout this paper. The term will be defined as the outcomes, both positive and negative resulting from access, or lack thereof, to services needed to achieve successful reintegration. However, due to their interdependent and reinforcing nature, these needs become part of the process and not just outcomes themselves (more on this in Part II).

SERVICE PROVIDERS

The term *service provider* is meant to be a broad, catch-all term for those providing services or referrals to survivors. Service providers can be both formal and informal. The term can include public services in place which incorporate the national social protection policy, and not meant for one particular group (for example local personnel in a medical clinic or in a shelter). Services provided can also be free or at a cost, such as from the private sector. For the purposes of this research:

- **Formal service providers** are those with assigned roles through policies and laws (e.g., police, border patrol, social workers, government entities, health clinics, etc.), and

- **Informal service providers** are those who are informally part of service delivery and protection (e.g., volunteers, survivors' groups, family or community members, neighbors, religious leaders, etc.).

While it may cause some confusion, we choose to describe the most informal actors as service providers. We want to be clear that all service providers play an integral part of the process. With the risk of conflation, we choose to combine these groups to highlight their equal importance and equal influence on outcomes.

Formal service providers will at times be further delineated by their role, whether it be NGO/CSO or government entity, such as police or law enforcement, judges, lawyers, etc. This is not to be confused with "government officials" who comprise those working at the policy level as either politicians or civil servants and rarely work directly with survivors. When describing local government officials, who have a dual role, this will be specified. At times the designation between non-governmental organizations (NGOs) and civil society organizations (CSOs) will become blurred, as they do indeed have

overlapping definitions in the field of international development. However, generally speaking, NGOs will be used to describe service providers who are officially registered and receive funding from government or non-governmental donors. For the purposes of this research only, this term CSO will be used und the *informal* designation and will describe grassroots organizations, community groups, religious entities, or others who work in a more informal capacity to assist survivors. The below section, *Assumptions,* will describe why designating groups can be so difficult.

Assumptions

The aim of a referral mechanism, in the strictest sense, is to create links across services and provide a pathway for survivors to navigate both a unique and complex set of needs. However, if the services do not exist, creating such policy structures essentially builds bridges to nowhere.

The national referral mechanism model, as put forward by IOM, OSCE[5], and other international organizations are generally based on geographically specific notions of the welfare state, in countries where more government resources are allocated to service provision and there is often more transparency and trust in government systems. The forced application of these models, without considering the varying welfare regimes that exist, runs the risk of producing policy frameworks that run counter to what is feasible when it comes to implementation. Worse yet, it very well may lead to missed opportunities.

Overall, these "model" referral mechanisms can result in strong words on paper, but may not actually support the survivor:

> even if there really is a good national referral mechanism, … it doesn't really seem to work well or support the survivor. I can say that some part, we have a lot of paper, we have a lot of guidelines, but it seems like we cannot implement the guidelines (NGO Representative, Cambodia 1597168).

In this case, understanding context, practices, existing resources, and capacities of the existing protective system can allow for the development of more realistic recommendations for a more

ful-reintegration-after-trafficking/

5   OSCE. National Referral Mechanisms: Joining Efforts to Protect the Rights of Trafficked Persons. January 2022. https://www.osce.org/files/f/documents/f/5/510551.pdf

sustainable referral system. As such, we need to better understand the needs of survivors in varying contexts through a more holistic approach. Based on a wider understanding of the welfare state (Gough, 2004), we begin by acknowledging that countries, where resources and services are not provided by the state, either because of scarcity or varying other factors, an individual will seek protection from a wide range of actors. Often in more insecure or low resource settings, the more informal the institution, the more pathways one will seek to meet their needs, at times with detrimental tradeoffs (Tauson, 2017). These pathways can include communities, NGOs, religious organizations, even criminal syndicates (Gough, 2004a; Gough, 2004b). In such contexts it is difficult to determine who service providers are and how one navigates systems to meet their needs. Due to this, to strengthen protection systems and subsequent referral systems, we need to better understand the context in which these varying actors and entities exist to find workable solutions for the gaps in the protection services available.

Framing Referral and Protection Services

Upon their exit from trafficking, survivors immediately find themselves navigating their reintegration process, often struggling to access support and services. Figure 1 below shows our framework for understanding the referral system for survivors of human trafficking, taking a wider view of protection as defined above in both Bangladesh and Cambodia (and most likely most middle- and low-income countries in the region). The referral system has been framed in a way that centers on a survivor's struggle to navigate and achieve positive reintegration outcomes.

From this diagram, it is visible that the referral system, sitting within a wider definition of protection, comprises three interconnected dimensions: community and family, formal/informal governance, and wider contextual factors, which also include embedded cultural aspects that create the overarching setting.

FIGURE 1: THE REFERRAL SYSTEM
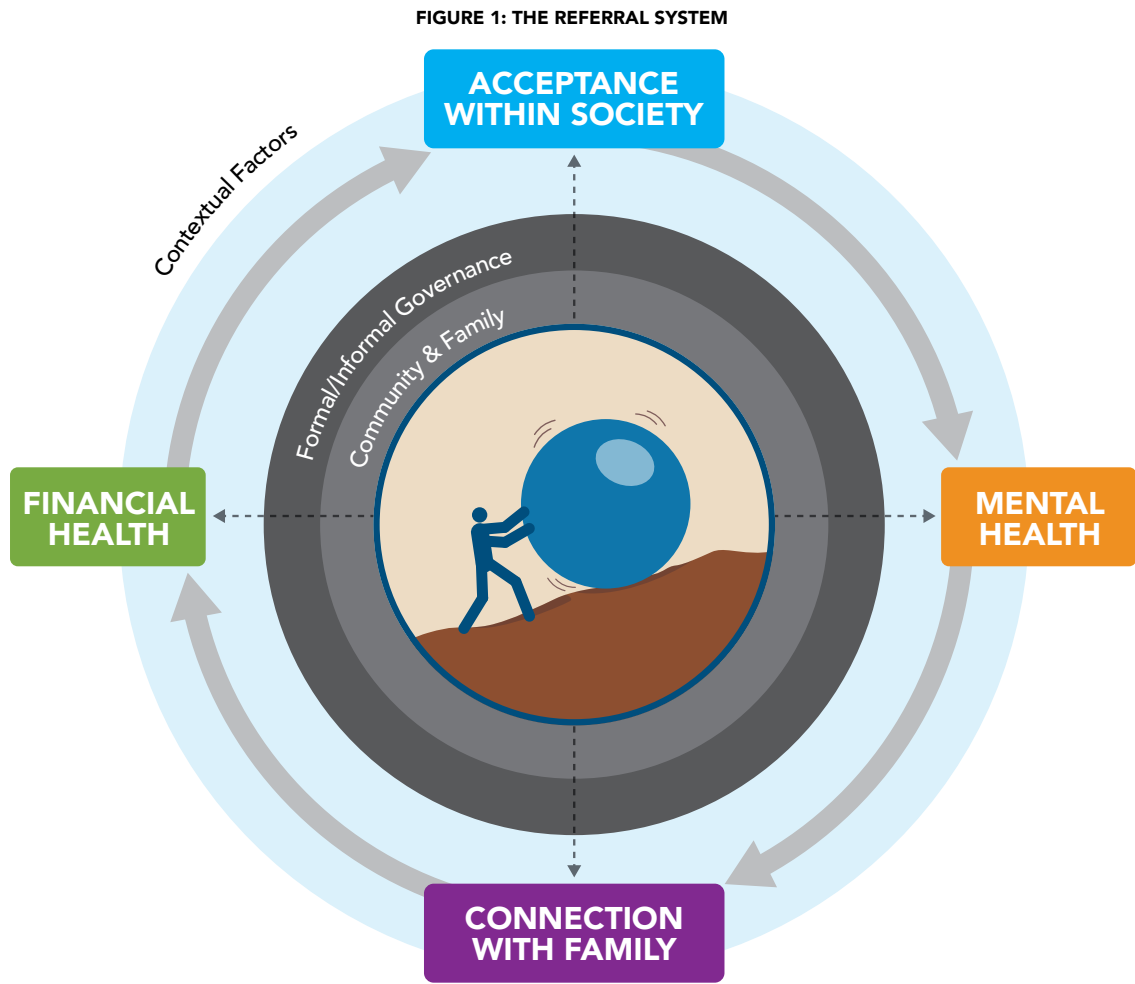
In the above framework, reintegration outcomes, seen in the colored boxes, are positioned on the other side of *Community & Family* and *Formal/Informal Governance*. The purpose is to illustrate that survivors are required to navigate through these complex aspects to have any chance of achieving successful reintegration outcomes. It shows that these aspects play a significant role in this navigation. Overall, support and services are not simply provided to survivors; survivors must actively struggle to achieve successful reintegration, which is neither an inevitability nor a passive process.

COMMUNITY AND FAMILY

At the very heart of the protection system is community and family. Post-trafficking, these actors are very often the first to help survivors make sense of their situation, provide basic needs, and guide them towards the support and services that are potentially available. Whether inadvertent or purposeful, the community and family are, in a very real way, both the providers and the initial gatekeepers of the support and services that survivors need. Although the community and family are capable of opening doors to support and services, they can equally obstruct survivors from accessing the support they need. A lack of acceptance and support can mean that survivors are left to fend for themselves, stuck in a precarious and seemingly helpless situation where none of their key needs are met. In short, community and family are a central and pervasive influence in a survivor's journey towards reintegration.

FORMAL/INFORMAL GOVERNANCE, STRUCTURES, AND INSTITUTIONS

With the family and community near the center, we show the survivor moving outwards, encountering both formal and informal governance, structures, and institutions. As briefly discussed above, these two layers represents the mix of support available to survivors. This second layer is composed of the complex formal/informal governance structures which exist in both countries and create the mosaic of support and services for survivors. These include some of the more formal structures in the mix, such as laws and policies and the formal services made available through the government, NGOs, and international donors. It also represents informal structures which can include religious organizations and grassroots organizations. From this research, we

see that these actors do not always work in unison. From the diagram, it is possible to see how a survivor must work with and through these concentric circles to achieve positive reintegration outcomes.

CONTEXTUAL FACTORS

The referral system is set within a country's wider contextual factors, which heavily influences other variables of the system. Context, from our perspective, can include factors such as culture, societal values, historical narratives, religion, ethnic identity, geographical landscape, wealth, and others. While a country will not just have one of each of the above, the intersecting nature of the varying aspects will make up this wider context.

Context also includes factors which are more deeply engrained and harder to pinpoint. For example, factors that shape the welfare state, as discussed above, such as the level of transparency and governance, the acknowledged role of the government, levels of discrimination and bias in and among groups, relationships with other international actors and blocs, and so on, make up this significant level in the framework. This level also includes the power and influence of international actors, bodies, laws and covenants (i.e., the Palermo Protocol). Although, for higher-income countries, this influence may be less significant. This general context creates the overarching environment of protective services and directly influences the on-the-ground experiences of survivors of human trafficking.

As a whole, the referral system comprises, but is not limited to, the aspects listed below. These aspects exist as components that make up the dimensions or circles described above. While in some cases they can be seen as "belonging" to one dimension, in other cases, there is no clear delineation. However, we have chosen this framework to deconstruct the complex protection system and provide a comprehensive picture of the interrelating complexities of CTIP referral systems and how do they influence reintegration outcomes.

The Elements of the Referral System

- **the survivors**, as well as what they want and need to achieve positive outcomes;

- **family and community,** which both provide and gatekeep services and deeply shape outcomes and needs;

- **policies and laws of the country**, which both influence and are influenced by donors;

- **the service providers**, whose roles may be formalized or assigned through policies and action plans or may not be formalized, which can include informal safety nets such as family, the community, or local authorities;

- **donor/international policies,** which are an extension of the international frameworks and can include foreign and national agendas (e.g., religion, gender, particular supply chains) and comprise I/NGOs, religious organizations, private sector, UN agencies, and foreign governments.

- **the available services** that can come from government mandates, donors, or the grass roots (e.g., civil society organization, local authorities such as the village chiefs, family, and powerful community members); and

- **the resulting reintegration outcomes**, that are subjective and objective; can be positive, negative, or neutral; and are mutually reinforcing and related.

A final note: while the protection system does certainly include victim identification, we will not be discussing this concept in an in-depth manner, and instead, will focus on the steps proceeding: referrals and services. USAID Asia CTIP partnered with the Institute of Development Studies, out of the University of Sussex, and Humanity Research Consultancy, to conduct similar research specifically on barriers to victim identification (Kasper & Chiang, 2022). Please refer to this report for more information on victim identification.

Organization of the paper

Part I of this paper attempts to make clear the contextual aspects of the protective framework and clearly describe the subsequent referral system in place in both countries. Part I builds an understanding of the context by laying out:

the socio-political context, which includes historical and cultural aspects around social protection and social services and the complex role of civil society in service provision (filling the gaps between government and the people);

a brief overview of the actual policies in place that make up the bulk of the referral/protection framework; and

a top-down analysis of how services are delivered within the socio-political context, basically how the policies are filtered through the context and end up in reality.

Part II of this paper, in contrast, will provide a bottom-up approach of the survivor experience, following survivors through their reintegration journeys showing:

how family and community make up a significant role in gatekeeping and providing services;

the major, interrelated aspects that restrict services and access to referrals; and

key findings that show how, holistic and targeted approaches can greatly contribute to access to services and subsequent positive reintegration outcomes.

PART I – UNDERSTANDING THE CONTEXT: POLICY IN PRACTICE

It would be naïve to dismiss the complexity of policy implementation in any area in international development. Even when enacted, laws and mandates can take years or even decades to translate into access to services. Social policy, which can include education, public health, criminal justice, child protection, and general social welfare, can be extremely difficult to implement, particularly in settings that lack well developed and well-funded social protection systems. Systemic and engrained issues such as clientelism, informality, adverse political incentives, lack of transparency, nepotism and incompetence, inadequate budget allocation, and poor governance are some of many such factors that can interfere with policy implementation.

In the field of counter-trafficking, we should not be surprised to find similar barriers to the implementation of appropriate and effective referral systems. We should be equally unsurprised at the strength of the wider protection system, including survivors, family, community members, civil society organizations to navigate such poorly translated systems, but more on that in Part II.

While creating a functional and contextually appropriate referral mechanism should be the highest aim, it is important that we are realistic about the context in which we find ourselves attempting to implement and actualize policy so that we are better able to work with, rather than against, the obvious constraints. In this section we will provide this understanding and outline how the referral system sits within the context.

Policy Within Context

As stated in the introduction, even with the best policies and laws, a referral mechanism is only as good as a government and a society's ability to actualize those policies into every day social services for its citizens. Figure 2 below provides a visual depiction of how the right policies and practice can be in line with gaps and needs, but once funneled through some of factors discussed above, the end result can only be spotty service delivery and a weak referral mechanism.

FIGURE 2: HOW WEAK REFERRAL SYSTEMS ARE GENERATED
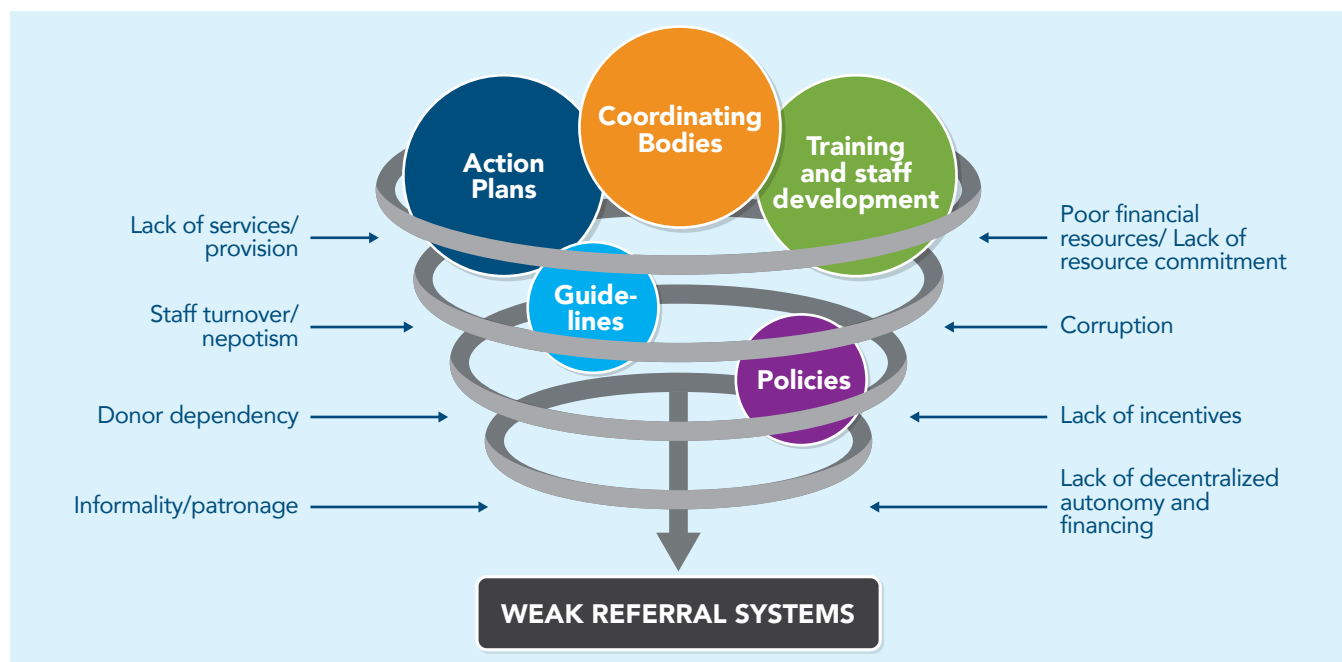
When discussing the governments of Bangladesh and Cambodia it is important to highlight that neither country is a singular actor. The many individuals working within the varying government entities of both countries, including both elected officials and civil servants, will have many competing values, drives, and incentives.

Further, the varying entities themselves, for example the many ministries, diplomatic missions, law enforcement agencies, and courts, will also have their own aims and incentives. All of these are embedded within a political context, molded by a rich history and culture, which all run parallel to a variety of, sometimes competing, international political and economic pressures. In this section we will briefly highlight some of this context, to make sense of how a well-intentioned policy can lead to weakened or diluted service delivery[6].

BANGLADESH

Bangladesh, being one of the largest countries in the world, with a population of over 160 million people[7], faces a unique set of challenges. Bangladesh can be characterized as a dominant party democracy, with strong client-patron relationships and is marked by a high level of informality. Essentially, this means that Bangladesh operates under formal and informal power structures. In this sense, those with either formal or informal power can work around formal rules, laws, and structures to achieve their aims. With a strong patronage system, those with power are supported by those who can offer protection, services, and resources. Under these informal structures, there is a sense of differentiated citizenship – or those with informal power can determine who gets access to what resources.

Local level/Decentralized power

An example of this might be national government leaders creating allegiances on the local level by offering access to natural resources or economic advantages. Those at the local level are incentivized to support the national government and garner their own support by establishing similar relationships with those less powerful. For example, in this case of Bangladesh, these local level clientelist relationships can be seen at the Union Parishad (UP) level, an administrative level that plays a particularly important role in this research. The UP is the smallest administrative unit in Bangladesh, of which there are over 4,000. Each UP is divided into nine wards which are considered its jurisdiction. Each UP comprises a total of 13 members: one chairman, nine elected members, and three female members from reserved seats (Uddin, 2019).

Members of the UP historically maintain power through "clan, landholding, and patronage" (Lewis & Hossain, 2019, p. 360) and have control over local resources. UPs work with the national government to allocate development resources (such as determining which and where agriculture, physical, and socioeconomic infrastructure projects are implemented), conduct dispute resolution in the area, and issue licenses for marketplace participation and fishing. In this sense, the UPs can operate with discretion and choose which groups to include or exclude based on who provides patronage, e.g., obeys, provides favors, etc. (Lewis & Hossain, 2019; Panday, 2017). This complex interaction between formal and informal power often exacerbates inequalities throughout the country.

At the same time, while UPs and other local administrations are crucial for the governing and distributing of resources, according to the World Bank[8], the legal framework does not allocate much fiscal or administrative autonomy. According to Panday (2017), the central government has yet to properly transfer sufficient administrative and planning power. In addition, the government may even take over or closely monitor mandated duties as they see fit. Overall, this has resulted in the limited capacity regarding both skills and effective influence of UPs. In this sense, the power, influence, and capacity of the UPs will be determined by what resources in which they already maintain control and how much the central government interferes at the local level.

Social Policy, Services, and Civil Society

Over the last several decades, Bangladesh has prioritized and successfully achieved significant poverty reduction. However, poverty reduction has slowed in Bangladesh as much of the population is not able to access the resources that they need to make sustainable economic gains. This is attributed to Bangladesh's history of limited social services and social welfare which deprive services to the most in need, and a social protection framework that has been mostly incoherent in the past (Faguet, 2016; Jalil & Ali Oakkas, 2018). For example, Bangladesh's 114 disparate social protection programs are operated by 20 ministries[9], likely a cause of

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6   Understanding the who and why is outside of the scope of this research. Forthcoming research by Kasper and Chiang (2023) will dive into more deeply into the perverse incentives that drive the systemic and reinforcing gaps in law enforcement, service delivery, and diplomatic protections abroad.

7   The World Bank Open Data. Population Total, Bangladesh. 2021. https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BD

8   The World Bank. Decentralization in Bangladesh. n.d https://web.worldbank.org/archive/website01061/WEB/0__CO-25.HTM

9   ILO, Social protection in Bangladesh. n.d https://www.ilo.org/dhaka/Areasofwork/social-protection/lang--en/index.htm; Hulme. Social protection in Bangladesh: Book overview. April 2014 https://www.slideshare.net/BrooksWorldPoverty/national-social-protection-strategy-in-bangladesh

duplication, waste, and general confusion. Further, social and economic gains have varied across the country, potentially due to local incentives and accountability (Faguet, 2016), but likely also dependent on the strength of civil society movements across the country. Bangladesh has a long and rich history, since independence, of grassroots organizations filling service delivery gaps[10]. The grassroots continue to do so today, partnering with international donors to deliver services where the government falls short (ADB, 2008). Some poverty alleviation programs are implemented jointly by the government and NGOs; however, most receive support from international donors (Jalil & Ali Oakkas, 2018).

Essentially, the role of the government has traditionally been limited in delivering social services in Bangladesh, although it is currently growing (Jalil & Ali Oakkas, 2018). Civil society, on the other hand, has made major contributions to social service delivery and advancing rights in Bangladesh, particularly when they are able to utilize the power of local governments. As noted by Faguet (2016, p. 1) civil society and local governments have been able to effectively make "transformative change from the grassroots upwards".

CAMBODIA

Cambodia, like Bangladesh, is characterized by a patronage system with high informality. Like Bangladesh, power structures can be highly informal, and access to services can be dependent on power and patronage. However, Cambodia, being a unitary, one-party state with one long-term political power (since 1979), has a deeply institutionalized top-down patronage system. This means that government entities have client-patron relationships with one party and are incentivized to continue to support the party. This is in contrast, for example, with Bangladesh that has two main parties, which compete for favorable public opinion. Overall, the one-party model, can have several problematic results when it comes to protecting vulnerable citizens (Levitsky & Way, 2010) . First, accountability has to be imposed from the top down. This means that local authorities are unlikely to provide support to the disenfranchised have little incentive to support grassroots movements, as opposed to Bangladesh where political parties can gain power from voters.

Secondly, because political parties are not competing for votes or political support, this can result in decreased interaction from the government at the local level. As a result, with reduced incentive to influence voters, this may also disincentivize local authorities from ensuring service delivery or social protection at all. Furthermore, this embedded patronage system tends to enable and perpetuate nepotism, which by and large defines bureaucratic behavior in Cambodia (Loring, 2022; Socheat, 2018).

Local Level, Decentralized Power

As mentioned above, Cambodia is a unitary state[11] and that all citizens are subject to the same laws. This is in contrast to a federation, something like Australia, Malaysia, or the United States, where power can be distributed down to different regions. Under this unitary government, Cambodia is divided into three administrative tiers – provinces and the capital (25); districts, municipalities, and Khan[12] (203); and communes (1,621) (Boret, Gawande, & Kibb, 2021). However, while these tiers do exist, Cambodia still has a very centralized power structure.

Some decentralization initiatives[13], however, have been enacted; for example, the 1999 Constitutional Amendment created the three administrative tiers. The next relevant law, the 2001 Commune Law, established commune councils, which are elected bodies of 5 to 11 officers who hold office for five-year terms. The purpose of the councils is to support the policies and the central government and address some basic needs. The 2008 Organic Law and the 2008 Public Finance Law have further outlined the decentralized powers. For example, council indirectly supervises villages by electing village chiefs.

However, much like Bangladesh, local power is still limited, and what power is given is dictated by the central level (GIZ, n.d; The World Bank , 2021; Eng & Ear, 2016). While resources and autonomy are slowly being transferred to local governments, the local officials tend to lack experience and autonomy. Financial allocation meant for local social services is also still limited. Coupled with a lack of coordination with and among relevant ministries and limited transparency and accountability overall, efficient delivery of public services is extremely difficult.

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10   For example, Bangladesh Rural Advancement Committee or BRAC was started in 1972 to respond to the millions of refugees returning from India post war.
11   OECD. Making Decentralization Work: A Handbook for Policy-Makers March 2019
https://doi.org/10.1787/g2g9faa7-en
12   Municipalities are urban; Khan are sub-division of the capital
13   Niazi, Tariq H. Deconcentration and Decentralization Reforms in Cambodia: Recommendations for an Institutional Framework. 2011
https://www.adb.org/sites/default/files/publication/28879/deconcentration-decentralization-cambodia.pdf

Social Policy, Services, and Civil Society

Cambodia can also be described as a security focused state, which helps to characterize the approach to social service delivery. A state-centric, security focus means that the State is more interested in maintaining the security, as opposed to focusing on inclusive growth, social protection, and social services. As a result, defense ministries that focus on national security carry more power and have higher budgets than social welfare ministries, this results in decreasing influence of these other ministries over time (Jacob, 2014). As a result, social policy has not traditionally been a main area of concern, further contributing to the limited availability of social services. For example, the Ministry of Social Affairs is heavily underfunded and provincial budgets are most commonly assigned to infrastructure projects.

In contrast with Bangladesh, there have been few grassroots movements to fill in the service delivery gaps created by underfunding, and few movements push the social agenda forward. Instead, Cambodia has a long history of relying on international organizations and INGOs to provide funding for services and their delivery. According to the ADB (2011, p. 2), Cambodia

> retains the characteristics of a post-conflict civil society. For example, some of these NGOs continue to use models more suitable to humanitarian relief than long-term development, such as parallel service delivery and informally seconding government staff into projects.

Therefore, Cambodia still heavily relies on foreign aid for social services and civil society mainly comprises NGOs that were created by foreign donors and organizations, establishing a supply driven, humanitarian model for service delivery.

This model of service delivery, first, has created and perpetuated a parallel system where foreign donors fund services. For example, overseas development assistance (ODA) makes up almost 30 percent of the central government's total expenses, as compared to 17 percent in Bangladesh. Further, ODA makes up five percent of its entire gross national income, compared to an average of .8 percent for all other lower middle-income countries in the world[14].

Second, the humanitarian model disincentivized a focus on long term development, which means social services are provided on an unsustainable, project by project basis. Third, the supply driven characteristics of the model, without a strong grassroots foundation, means that needs and subsequent services are determined by foreign donors and not citizens. This results in a lack of ownership, rendering sustainability virtually impossible. However, according to GIZ and the ADB[15], progress has been made in regard to government entities working more closely with NGOs through the commune councils, and this should be continued.

SECTION SUMMARY

Overall, what can be seen from this analysis is that both the central governments of Bangladesh and Cambodia have a number of disincentives for delivering services. In Bangladesh, grassroots civil society often fills in the gaps when the central government is does not offer services. Cambodia has a similar, yet distinct problem, where NGOs, created and funded by international donors, fund unsustainable and short-term service delivery, creating parallel systems. Both countries are characterized by an informal and client-patron setting, which generally means that those with power, from the central to the local level, will only provide services when incentivized to do so, either by the central government, external donors, or the grassroots. As such, survivors will be tasked to navigate a complex and informal system, with uneven distribution of services that are dependent on locale.

The purpose of the next section is to, first, outline the central government's role in their respective referral system and the policies that support them, i.e., the mechanisms for coordination, budgeting, and capacity (or the lack thereof). Second, this section presents a discussion of the analysis and findings around the general functioning of the referral systems and the issues both countries encounter, set within the wider context established above. While this part of the paper, Part I, focuses mainly on the role of the central government and policies themselves, Part II will look more closely at how policies translate into direct service delivery and the major issues encountered on the ground by survivors and service providers.

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14   World Bank. Net ODA received (% of GNI)- Cambodia, Bangladesh, Pakistan, Nepal, Sri Lanka, Indonesia, Philippines, Lower Middle Income. n.d https://data.worldbank.org/indicator/DT.ODA.ODAT.GN.ZS?end=2020&locations=KH-BD-PK-NP-LK-ID-PH-XN&start=2020&view=bar

15   ADB & GIZ. Decentralization and Administrative Reform. n.d   https://www.giz.de/en/worldwide/17335.html

Counter Trafficking: National Policies and Protection Systems

BANGLADESH

A summary of CTIP policies

Bangladesh is primarily an origin country for human trafficking, although internal trafficking among citizens and foreign nationals does take place within its borders. The Prevention and Suppression of Human Trafficking Act (PSHTA), 2012, alongside the constitution and several other acts, codes, and ordinances, make up the body of the TIP legislative framework[16]. Chapter 5 of the PSHTA calls for the government to set procedures for the identification, rescue, repatriation, and rehabilitation of the survivors, emphasizing the welfare and special needs of women and children. It also provides details on the repatriation of survivors, on their rights, and of the actors involved in the process. The National Plan of Action for Suppression and Prevention of Human Trafficking 2018-2022 (NPA) puts forth the actions and delineates responsibility for the procedures mentioned in the Suppression Act and outlines five objectives related to prevention, protection, justice, partnership, and monitoring. Further, the Government of Bangladesh ratified the Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, or commonly known as the Palermo Protocol, in 2019. Finally, Standard Operating Procedures (SOPs) have been established between the Government of Bangladesh and a few Indian states, including West Bengal and Maharashtra for the rescue, recovery and repatriation of Bangladeshi women and children. The SOP aims to make the repatriation procedure for Bangladeshi survivors of trafficking more efficient and reduce the expected waiting time for repatriation[17].

In regard to identification, none of the above outlined policies or plans put forth formal identification guidelines for Bangladeshi citizens who have already returned to Bangladesh. Regarding direct services, Chapter 5 of the Suppression Act mandates the provision of some basic assistance, such as shelter and rehabilitation, social integration, and the right to pursue legal recourse. Further, the main protections mentioned in the act surround the establishment of protective homes, which provide physical and psychological treatment and

family reconciliation[18]. As stipulated in Article 6.3 of the Palermo Protocol, Bangladesh is required to "consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons".

Aside from these rights, there does not appear to be other specific TIP policies or guidelines for the protection and assistance of survivors. For example, employment, educational, and training opportunities are not explicitly mentioned, and other services such as health services, are only stipulated for those currently residing in protective shelter.

One way the government has worked to better enable protection is through the creation of the Counter Trafficking Committees (CTCs) at the union level in Bangladesh. CTCs are directly linked with the Ministry of Home Affairs and tasked to help identify survivors as well as help survivors navigate services.

Interviews with government officials and both formal service providers show that much progress has been made at the central level in Bangladesh when it comes to policies and implementation since the establishment of the PSHTA in 2012. Some formal service providers see this as an important development in counter-trafficking, and a sign that there is increased political will among Bangladeshi lawmakers to tackle the issue of human trafficking,

> Some of the positives to take away would be the national plan of action… that the government of Bangladesh has already outlined in terms of how to proceed with the issue of human trafficking. It's a part of the national plan of action. Other positive factors can be, there are special laws and tribunals against human trafficking and trafficking in persons which were established in 2012 (NGO Representative, Bangladesh 1592368).

Further, according to some formal service providers, the impact of the PSHTA 2012 on access to legal recourse, in particular, is already being felt. This law has created a clear legal channel for survivors to pursue justice and compensation, through the national criminal justice courts. In addition, the Overseas Employment and Migration Act (2013, p.12) ensures that migrant workers who have become victims of fraud on the pretenses of overseas employment by recruitment agencies have the right to file a civil suit for compensation

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16   See page 12 of the English version of The National Plan of Action for Suppression and Prevention of Human Trafficking 2018-2022 for a complete list of national policies and international covenants that make up the complete body of the legislative framework.

17   Operational Guidelines for West Bengal on Rescue, Safe Return and Repatriation of Women and Child Victims of Trafficking and Cross Border Movement from Bangladesh

18   The National Plan of Action for Suppression and Prevention of Human Trafficking 2018-2022

and can be eligible for legal aid to undergo this process. After much consultation with Bangladeshi stakeholders, including experienced CTIP practitioners, we understand that victims of fraud can seek compensation from recruitment agencies through the arbitration system at the Bureau of Manpower, Employment and Training (BMET). Victims are required to provide clear documentation of their interactions with the recruitment agency, including proof of transactions, in order to negotiate compensation under this arbitration system. Some victims prefer to file their cases under the arbitration system at BMET and receive some form of compensation, as undergoing the legal process through the criminal justice system is often expensive and lengthy. One problem with this system is that these cases are not prosecuted as TIP cases. This means that agencies and brokers escape tougher punishment.

While other formal service providers are keen to emphasize that the enacted trafficking laws are great developments, consistency of implementation remains a crucial challenge,

> The Bangladesh Government has already done a good job by making a new law. But now it's important to apply the law (Lawyer, Bangladesh 1585742).

The section below highlights some of these crucial challenges which interfere with the application of the policies and coordination systems, as described in the quote above.

Understanding the Referral Process/ System in Bangladesh

The referral process in Bangladesh can be characterized as ad hoc and decentralized according to the participants who took part in this study. According to the government officials and service providers interviewed, there is no clear national guidelines in place for identification or referral. Referral and identification guidelines vary and are based on CTCs, local level governments, or NGOs, based on geographical location. Therefore, the level of protection and the service model will be dependent on what is taking place at the local level. The quote below encapsulates much of the thinking from the practitioners' perspective in Bangladesh that was captured in this research.

> Since there are no defined roles, it's a very generalized service that's provided to the survivors, so if everything fell under the national referral mechanism that may get built eventually,

> everything would obviously get documented much better… all the departments and all the ministries that are working, sort of haphazardly right now... Since there is no particular umbrella for all of them to fall under, since they're all working haphazardly, they need to work collectively (Lawyer, Bangladesh 1592333).

As mentioned in the context section above, Bangladesh has a long history of civil society stepping in to bridge gaps from policy to the grassroots level. Many of the practitioners interviewed mentioned that they had worked to build distinct referral systems in their geographical locations. According to one NGO representative, each district level will have its own referral system in place.

> Right, the referral system that we have in in place Instead, it works entirely on district levels. So, they work with like different district bodies. That's the extent of, let's say, the involvement from the Government of Bangladesh, it all works on district levels (NGO Representative, Bangladesh 1591888).

The varying NGOs interviewed, all from different regions of the country, discussed how they had built their own district directory or service mapping and use this to help survivors navigate the referral system. The directories help connect survivors to health care, legal services, counseling, and livelihoods training. The same representative, for example, described an identification and referral system that they built that not only includes service providers, but members of the community.

> And using this mapping it has become very easier to get the information of the survivor, and like I would say that maybe your volunteers, union parishad, or CTC member, teacher and even the shop keeper of the local market or even the survivor also can help to identify the other survivors. So here 25 to 27 sources we have identified to assist the survivors. So here I can say that according to our own strategy and own guideline, and sometimes we are oriented or and guided by ourselves we have been identifying the survivor (NGO Representative, Bangladesh 1591888).

From the interviews, it seems that organizations can create very effective systems where they establish their own direct networks with the governments, both local and national level ministries, through the creation of MOUs and SOPs. As such, it seems that

many of these district level systems are created by the grassroots level and then taken on by the local government through advocacy initiatives.

When the local government and NGOs work well together, it can create an effective system and in increase service availability for survivors.

> The district level directory is actually helpful to get all the assistance from government. Due to the to the presence of this district level directory, they get all types of services and assistance from the government. These actually makes them easier (NGO Representative, Bangladesh 1638891).

However, breakdowns in the system are susceptible to several factors. One major factor is that the functioning of the system is dependent on the local government representatives. Representatives must be committed and have buy-in to make sure the system stays intact. Also, there must be funds in place for the representatives to stay active in the process. If the government changes or funding is lost, the directory will essentially cease to function.

> But problems occur when government workers change, or there are insufficient funds or funds become insufficient then actually problems arise. So, what happened is actually that when these funds are sufficient, adequate and government workers are more diligent and active then only then they can properly use the district level directory and then and afterwards they can reap the most benefit out of it (NGO Representative, Bangladesh 1638891).

Overall, the lack of centralized laws and accountability systems in place means that district level policies and practices are guided by whomever has power – if policies are personality driven or guided by an individual's ideology, there could be a risk of discrimination and progress can be lost quickly. Many representatives believe if a system was supported by the central government, with centralized funding, the system would be sustainable over time.

> We feel that it's our own initiative and sometimes is depend on the mentality and cooperation, attitude of the respective officer. But always, it may not be functioning effectively sometimes it may face some challenges. So, from that experience we think and we realize that these types of system should be developed at the national level. But till now, at the national level we don't have any national level referral

> mechanism (NGO Representative, Bangladesh 1591888).

Temporary funding is extremely problematic because the establishment and continued maintenance of the referral systems and associated services are supported by NGOs. NGO funding is usually project based, and when the project ends, the services end.

> So, the tenure of the service usually runs out when the tenure of the project itself. So, if the project ends, the services provided to the victims also ends accordingly, so that's not very sustainable. That's not a very sustainable way of integration or repatriation of victims of human trafficking (NGO Representative, Bangladesh 1592368).

Another major factor to consider in this district-by-district system is that of capacity. In terms of capacity, for example, one participant in the study mentioned that some district level leaders do not know what trafficking is. Others mentioned that the lack of a national referral system means that local level government officials and service providers are not trained and do not understand the complex set of survivor needs. This can lead to a lack of willing service providers.

Another concern of this heavily decentralized and disjointed system is the lack of a centralized monitoring mechanism; data collection is not systematic and is sometimes lacking completely. Organizations do not know what others are doing: how many people are being served and what services are being offered. Due to this there is no way to gauge the issue aggregately, understand what services are needed, or determine what roles should be established nationally.

Overall, the bottom-up, ad hoc design of the referral system in Bangladesh, lacks clear central government oversight. In interviews, NGO participants highlighted that the lack of any type of central level referral mechanism results in a general lack of accountability that leads to an unsustainable system. With the responsibility on the local government being pushed upwards from the grassroots leads to varying levels of understanding and commitment from the local government.

As a result of these factors, the district in which a survivor resides will heavily impact access to services. In the next section, Part II, we highlight how these systems translate to the level of service delivery and the survivor experience in Bangladesh.

CAMBODIA

A brief summary of CTIP Policies in Cambodia

Cambodia, like Bangladesh, is primarily an origin country for human trafficking, although its role as a destination country has recently been increasing in the region. Cambodia has a comprehensive set of policies and laws in place for the protection and assistance of survivors[19]. The 2008 Law on the Suppression of Human Trafficking and Sexual Exploitation provides the key definitions and concepts and criminal offenses and penalties related to TIP. Policies such as the Policy on the Protection of Rights of Victims of Human Trafficking (2009) and the Minimum Standards for Protection of the Rights of Victims of Human Trafficking (2009) delineate the protections offered to survivors of trafficking. Currently, the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) is in the process of finalizing the guidelines of a national referral mechanism.

The current process for the identification and referral of TIP survivors is outlined in the 2015 Guidelines on Forms and Procedures for Identification of Survivors of Human Trafficking for Appropriate Service Provision[20]. This document outlines the identification procedure and assigns roles and responsibilities to varying ministries and departments. The formal identification of survivors is done by varying government entities (such as the Ministry of Foreign Affairs and International Cooperation (MOFAIC); anti-trafficking departments of varying ministries; and the Anti-Human Trafficking Police, Cambodia's specialized police unit for countering TIP) following a set of formal instructions set forth in the guidelines.[21] NGOs and other stakeholders can do a preliminary identification of the survivor and refer them to police for formal identification, but cannot formally identify.

Section 3 of the 2015 Identification Guidelines provides a clear flow chart on the referral process in Cambodia.

FIGURE 3: "A CHART OUTLINING REFERRAL SYSTEM"[22]
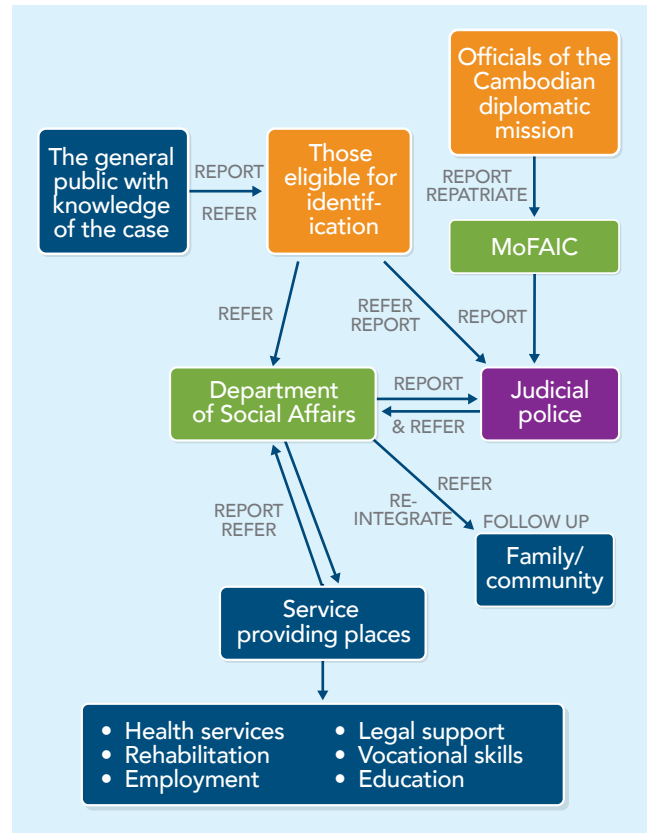
Essentially, those eligible for identification are referred to the judicial police for formal identification. Once formally identified, according to the guidelines, the judicial police refer the victim to the Department of Social Affairs, who further refer the survivors to service providers and available assistance in the community. Service providers in Cambodia are mainly NGOs, as the government has limited resources for providing assistance. For example, while the Prakas on Minimum Standards for Protection of the Rights of Victims of Human Trafficking and Policy on the Protection of Rights of Victims of Human Trafficking put forth the right to be sheltered, the few remaining shelters for TIP survivors are run by NGOs.

One notable difference in policy between Cambodia and Bangladesh is the existence of the Standard Operating Procedures on the Support of Reintegration of Men who are Victims of Human Trafficking (2012). Male victims remain vulnerable if society refuses to acknowledge the trafficking of men.

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19 Nexus Institute. Trafficking Victim Protection Frameworks in Cambodia, Indonesia, Lao PDR, Thailand and Viet Nam: A Resource for Practitioners. 2020 https://winrock.org/document/trafficking-victim-protection-frameworks-in-cambodia-indonesia-lao-pdr-thailand-and-viet-nam-a-resource-for-practitioners/

20 Ministry of Social affairs, Veterans and Youth Rehabilitation of the Kingdom of Cambodia, 2015. Guidelines on Forms and Procedures for Identification of Survivors of Human Trafficking for Appropriate Service Provision

21 Ibid

22 Ibid

Understanding the Referral Process/ Protection System in Cambodia

The referral process in Cambodia, on paper, is, more or less, straightforward. For example, if the survivor avails themselves to, or is found by, the diplomatic mission in the destination country, they are referred to the MOFAIC by letter from the diplomatic mission. Next, MOFAIC has to refer and transfer to the case to an institution that provides formal identification: police or immigration, Ministry of Social Welfare, the related department in the Ministry of Interior etc. Finally, they are referred to other government entities or civil society organizations, more commonly, who work with them directly and provide all of the services including the entirety of case management.

Alternatively, if the survivor is identified after their return, the process looks slightly different. Either the survivor goes directly to the police to be formally identified or they are informally[23] identified by an NGO. At this point they may choose to receive services and not be formally identified, or they can be brought to one of the government entities named above that can formally identify the survivor. However, if they are not formally identified their preliminary or informal identification interview cannot be used court.

According to both government officials and civil society organizations, this process can work fairly well if all the pieces fall into place. However, this is rarely the case. Although several consular officials mentioned how much more streamlined the identification and referral process in destination countries had become in recent years, diplomatic missions are not always able to identify victims abroad. According to the 2022 US TIP Report, Cambodian diplomatic missions are not adequately funded and lack capacity to identify and repatriate victims. The TIP report also mentions that some diplomatic staff are unresponsive to survivors, something uncovered in this research as well.

Several NGO representatives noted that the system is designed to work well for victims identified in the destination country.

> When they work through the tools just as they are from the destination country – there are few problems. The procedures are very clear. It is when they arrive without screening that it is a problem (NGO Representative, Cambodia 1592368).

First, if the survivor returns on their own, without the support from the government or NGOs, identification and referral are extremely difficult (the critical analysis of how a survivor experiences this complex navigation process makes up the entirety of the Part II, so we will leave this point for now). Second, the actual process requires extra steps for the survivor and NGOs when identified in the country. Essentially, they must get informally identified, then taken to the appropriate government entity, then the NGO can start helping them to find services. In addition, if they were trafficked to or within Cambodia, no identification mechanism exists.

> …in the process of interviewing the client, it [takes] many times so that sometimes when the victim arrived in Cambodia, we need to accompany the client to police for case statement. After we believe the case statement and the survivor sent to the NGO sector, also here they Interview and after the NGO interview, the Ministry of Social Affairs also interview. So, we have many times for the interviewing for the client. It makes the client not want to interview again and again so the flow of repatriation and the reception of a victim, we don't have any flow or any mechanism, so how should we do to provide in order to duplicate the time of the interviewing for client. So that I think this is not, we need to work on that side as well (Law Enforcement Representative, Cambodia 1602332).

GUIDELINES AND TOOLS

Another major concern regarding the referral process is that, while the guidelines are in place, all service providers across the country are not willing and/ or not able to follow them. Some NGO providers pointed out that the guidelines are too complicated and "too top down". As a result, they do not work with the local context; the process that is put forth in the referral guidelines do not line up with what is available and or the needs of the survivor.

Government officials and NGOs also mentioned that capacity and lack of training was another reason guidelines are not used. This is an extremely important point and should not get lost in the over generalized use of the "lack of capacity" explanation for all things being stagnant in development. In this particular case, because the referral system in place only allows for a very limited group of people to conduct identification at the local level, survivors

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23   Meaning they are recognized by the NGO and classified as a survivor, but not formally identified by the government under the 2015 Identification Guidelines described in the section above

have very few options and be easily deterred from entering the referral system,

> So right now, victim identification, in that guideline, it says clearly who has the competence, who can do the victim identification. Community chief, social affair at district level, local authority, police. Those are the people with authority. But unless those people receive the training, if we just give that form that lists or checkup form to them, they don't understand they cannot use the form, they cannot understand it clearly. So those people who already have competent authority, they need to receive it (NGO Representative, Cambodia 1592368).

While many trainings do take place, they tend to be one-off with no follow up. Further, some aspects, like case management, are very complex when it comes to trafficking reintegration and require more in-depth, regularly occurring, and sustainable training,

> Yeah, it's very important, but I think the government has the form guidelines for working but some at the provincial level, they also have a limited understanding of the process of that case management. So, I think we also need to provide more training to the provincial level, or community level, or district level in order to have understanding how the process of case management or reintegration supports so that it is strengthened on this side in order to provide the effects and see to the services to survivors (NGO Representative, Cambodia 1597088).

One participant pointed out that the highly centralized system requires that the NGOs have MOUs with the government in order to be part of the referral system. While this would be useful if it led to better monitoring and more coordinated case management, it tends to impede service delivery. The MOUs take a long time to set up an while NGOs work through this, survivors are not referred to those service providers. According to this research participant,

> MOUs only exist for shelters and medical support and not for legal support or livelihoods support. So, survivors miss out on this from the start, unless they are further referred by the shelters or health providers (Lawyer, Cambodia 1597277).

Another respondent pointed out that, rather than strengthening the policies and guidelines in place, and fixing current issues, the government tends to just replace them with new systems. However,

every system will have issues that need ironing out and trends will change over time. Without the commitment from the government to stay actively engaged and flexible to changes, regardless of the quality, the policies and guidelines will not lead to improved protection systems.

> They are trying to establish or to create new policy or guidelines, but they rarely strengthen what they have (Awkward laugh*). For example, they have the old policy or guideline, but I feel like the implementation is not reaching 50%. And, when they create the new referral mechanism, I think it's still the same… (NGO Representative, Cambodia 1608491).

Reflecting on the sections above, this statement highlights Cambodia's donor driven agenda setting, where they put the "right" policies in place that may not reflect the reality.

Further, respondents reflected on the fact that tools can become outdated very quickly, particularly since trafficking is an ever-evolving crime.

> Tools need to be adaptable – crime changes: I think it looks like it's enough with the document, but sometimes it was made in one time, right? It was then good. But now, with the new trending of crime technology etc., when the time move forward, it might not be enough anymore in the future. New modus operandi, technology or some other forms of crime that are operated by the bad guys, the perpetrator, so it's never enough (NGO Representative, Cambodia 1608491).

Overall, if the tools and guidelines are not particularly useful and provide no incentive for the NGOs (funding, support, etc.), one would question why they would be used. NGOs often create their own tools and guidelines, which are easier to use, but do not link to a wider referral process, which could contribute to coordination issues across service providers.

COORDINATION AND COMMITMENT

Participants in the research mentioned that Cambodia has improved in recent years regarding coordination. With the establishment of the National Committee for Counter Trafficking, one government body now steers the ministry, departments and service providers, for example. Through this body, and more overall commitment by the central government, coordination has seemingly improved,

> Which is different from the past that NGO and the government do not talk with each other in each other. For example, the government they have the meeting with their own official, but not include NGO or service provider. Right now, they try to engage all the service providers for the annual report for the national plan. This is what I could see as a big improvement (NGO Representative, Cambodia 1608491).

However, some coordination and commitment issues still exist. First, the effectiveness of the NCCT is in question. Service providers mentioned that the complex referral system in place has many moving parts and the lack of coordination results in an ineffective referral system as NGOs cannot follow up on cases.

> We have the NCCT, which include on a relative institution, but it seems like it does not work really well. Some parts, when we try to connect with the Ministry of the Interior, they connecting with the Ministry of Foreign Affair. And then, the gap is that we the lost contacts in the Ministry of Foreign Affair, and we cannot follow up on all the individual intervention serious cases or get any update from them (NGO Representative, Cambodia 1597168).

According to one NGO representative, survivors cannot navigate this system without ongoing support from NGOs. If they try to seek help by themselves, they will not move through the system due to the lack of coordination in the system.

> If the NGO didn't accompany the client to file any complaints or to post the client to the process, the case will start anywhere like in the police or in the ministry of social affairs or something. So, it seemed like the client is not really in the flow of the process, that really not work well (NGO Representative, Cambodia 1597168).

The above may also be attributable to a lack of government commitment to fund much of the referral system. As mentioned at the beginning of this section, the referral system works through a clearly defined process where after identification, the government entity then refers the survivor back and the civil society who, in theory, work with them directly and provide all of the services including the entirety of case management. Further, this system of service delivery will very much likely be created by a local NGO and will not fall in line with the government guidelines.

According to research participants, this model has several issues. The most important is that, at this stage in the process, the government is essentially providing a list of institutions and organizations, and, from the perspective of service providers, considers their job done with zero follow up or accountability. Due to the limited funding and the access issues addressed in Part II, this is the point where survivors can easily fall through the cracks.

Participants in the research felt that it is a crucial missing step that requires more commitment from the government.

> This it should be the Ministry of Social Affairs and Department of Social Affairs staff who is the case manager who provide further support and to refer them from one to another as well and make sure they are able to access services (NGO Representative, Cambodia 1597168).

In this sense, the government should be holding service providers accountable and ensuring survivors can navigate the complex system. Service providers, being mostly NGOs, do not have the power to influence other parties and offer the same amount of protection as the central government.

The lack of government commitment includes a lack of budgetary commitment. As a result, the service provision is almost completely funded by foreign aid.

> Sometimes, there is a lot of issue behind that, like they have the national strategy, the national action plan. They have something such as this. But then, in reality, they don't even allocate the budget for the implementation. And for such activities, the implementation budget is provided by NGOs (NGO Representative, Cambodia 1597168).

Like Bangladesh, this funding model results in temporary service provision with a fixed timeline. When funding runs out, that link in the referral system disappears. As we know, NGOs tend to have project-based funding and with NGOs taking the lead on the services. Based on the referral system in place, this means that MOUs and SOPs have to be constantly updated and developed as projects end and start up all over the country.

Furthermore, not only will the government ask NGOs to cover the costs of the vast majority of service provision, the government will also ask NGOs to cover costs of formal identification and prosecute traffickers.

> So, we can see that. And some activity, there is the national allocated budget, but in reality, this budget cannot be used to implement these activities. So, I can raise one example related to even the staff for Ministry of Social Welfare or department of social affairs. When we inform and we invite them to receive the client, it is their role and responsibility. But they request the money for their transportation, accommodation and other food, coffee or something. And for arrest the broker as well, the suspect, when we inform them of these cases and for the investigation, for collecting detailed information, they even request budget from us and sometimes not really cooperate with us. I can say even the existing guidelines, the existing law, they are not implemented, so how can the guidelines? (Lawyer, Cambodia 1597277)

Summary

In these two countries we find two distinct models; in Bangladesh, the referral system is ad hoc and decentralized, while in Cambodia the system is very centralized and controlled. What we do find is that both models face similar problems of commitment, coordination, capacity, quality and accountability.

A takeaway from this analysis, looking at both countries side by side, is that there is a strong need for an integrative mechanism that takes advantage of the context. This is opposed to the idea of creating laws and policies that may look useful on paper but do not work with the protective system already in place. For example, both countries have long term dependencies on civil society – for very different reasons – and foreign aid. In both cases, the central government needs to commit to bridging the gap between policy and practice, by building stronger partnerships with local level actors, both engaging with and supporting. The policies being developed need to take into account the shortcomings and be made stronger and more relevant, rather than focusing on prototypical models that do not improve the reintegration outcomes of survivors.

Part II below will highlight how these gaps and shortcomings, particularly the complexity and informality, translate into the lived experience of survivors and service providers. It will also highlight other on the ground challenges faced by survivors and families. The paper will conclude by recommending approaches to minimize gaps and maximize opportunities for survivors.

PART II SURVIVORS' REINTEGRATION AND NAVIGATING THE REFERRAL SYSTEM

Reintegration outcomes depend heavily on how and which services are available and their quality; these services are dependent on the context and the wider protection system, including formal and informal actors. However, the impediments and enablers to quality service delivery and subsequent reintegration outcomes are much more complex than is often acknowledged in the literature. The lack of access to services is often attributed to limited capacity on the side of formal service providers and/or gaps in government or donor funding. In the best cases, issues such as culture are discussed, but are often treated as separate from the overarching country context.

However, findings from this research show that there are additional factors embedded in the wider context which may matter more than capacity and funding. For example, informal factors might be influenced by clientelist relationships. This plays out for instance in cases where a trafficker is powerful in a community and the local police officer may not have any interest letting a survivor file a claim against the trafficker. No matter how much training or however high the government budget allocation, fear for personal safety or of retaliation in a patron-client relationship such as this is a very real barrier for survivors to access justice.

The purpose of this section is to provide an analysis of the complex and interrelated factors, such as these from the perspective of formal service providers (NGOs, governments, police), informal service providers (families, volunteers, religious groups), and the survivors who must navigate this complex system. This section includes a deeper understanding of how varying factors interact with and impact the delivery of specific services and the referral system (health and mental health, shelter, livelihoods and financial health, safety and security, and access to justice) by tracing the journey of a survivor and how each individual set of circumstances impact reintegration outcomes.

This section, Part II, will first highlight the complexity by which we should understand the reintegration process. Second, the section will lay out how formal service providers struggle to respond to complexity within the context. Third, it will discuss how family and community fit into the system. Finally, this section will demonstrate gaps in the referral systems by following how survivors navigate the system and the process by which they seek to achieve positive reintegration outcomes (financial health, mental health, connection with family, acceptance within society).

UNDERSTANDING COMPLEXITY

Before we dive into this analysis and the journey of the survivor, it is important to build an understanding around the complexity of survivor needs. Previous research from Kasper and Chiang (2021 and 2022) shows the needs of survivors as complex and interrelated, where barriers to any service or support will almost always diminish access to others, therefore reducing the chance of a positive reintegration outcome. The opposite is also true. For example, the level of financial health directly is influenced by level of debt, which, in turn, directly contributes to appetite for risk and vulnerability to re-trafficking. For example, if someone is facing severe debt, they may take on risks to remigrate that can lead to re-trafficking that they would not necessarily take on if their financial position was more stable.

Research by Clark (2021) provides a useful description of this complexity by repurposing the concepts of ecological connectivity models,[24] which are models commonly used in the natural sciences. While she specifically discusses gender-based violence in her research, the application is the same for all human trafficking survivors who face similarly complex needs, as confirmed by this research. Through her research, she argues that the "survivor-centered" approach that is often applied in literature is too narrow in its current definition and application, as it disregards this complexity. She puts forth that,

> that survivor-centred discourse marginalizes, or neglects, the fundamental webs of connectivity in which the everyday lives of those who have suffered conflict-related sexual violence are intricately interwoven (Clark, 2021, p. 1067).

Further, much earlier research out of the University of Bath (Gough & McGregor, Wellbeing in Develping Countries: From Theory to Research, 2007) argues that human beings, particularly those from lower resource countries, are constantly attempting to achieve wellbeing by negotiating within a complex

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24 "Ecological connectivity can be defined as the degree of connection between the various natural environments present within a landscape, in terms of their components, spatial distribution and ecological functions" https://ecologicalconnectivity.com

ecosystem. McGregor submits that current life circumstances are not something that transpire or happen to someone through a passive experience (although the aspect of sheer luck cannot be overlooked), but are part of a wider, active process and navigation, where wellbeing outcomes are relational, subjective, and objective. Later research built on these foundations, conducted with urban refugee populations, provide evidence that those constantly negotiating and navigating ever increasing obstacles, will be forced to implement negative coping strategies and will be incapable of achieving wellbeing (Tauson, 2017).

Therefore, using the models put forth by Kasper and Chiang, Clark, and McGreggor allow us to figuratively zoom out and see the entirety of associated and reinforcing needs, placing the survivor at the center, understanding reintegration as both an outcome and on ongoing process.

Recognizing this complexity, we may take pause when we examine the referral systems and services available to survivors. In both Bangladesh and Cambodia, we can easily see that *survivor-centeredness* and general complexity are not fully taken into account. Indeed, the referral systems present service delivery in a simplified and linear way. In these incidences, needs are simplified by creating neat lists and flow charts, as if needs sit separately and can be addressed one by one. For example, this is reflected in Cambodia's referral flow chart (the full chart can be seen above)[25].

FIGURE 4: REFERRAL PROCESS IN CAMBODIA
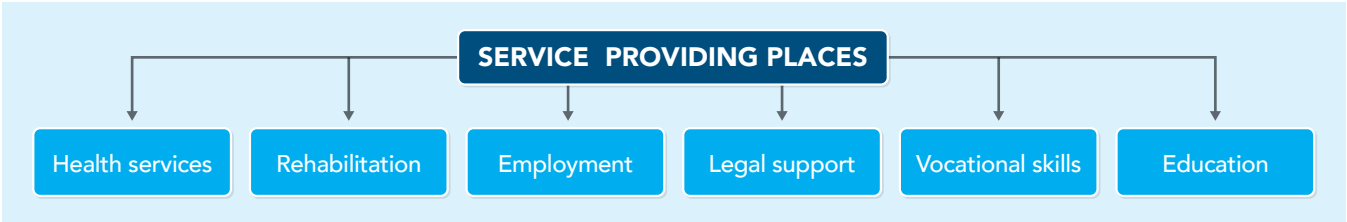
In reality, service provision and survivor navigation should look something like the diagram below. Where it is possible to see that integrated, inter-connected services are needed for a person to be well and achieve positive reintegration outcomes. For example, if there is not enough to eat you will not be able to work or receive an education. If you are not able to earn a livelihood, you will not achieve positive mental health outcomes, and so on and so forth.

FIGURE 5: INTEGRATED DEPICTION OF THE COMPLEXITY OF SURVIVOR NEEDS

25   Ministry of Social affairs, Veterans and Youth Rehabilitation of the Kingdom of Cambodia, 2015. *Guidelines on Forms and Procedures for Identification of Survivors of Human Trafficking for Appropriate Service Provision*

In this section, we will attempt to provide nuance to the traditional narrative, where a lack of access to services is almost exclusively attributed to a lack of capacity and funding. While these factors will be addressed below, as they are undeniably true, this over-simplified narrative produces similarly over-simplified recommendations and interventions. As this research shows, much of a survivors' ability to navigate the scarcity of quality services, will be heavily dependent on factors outside of their control: biased communities, family dynamics, corruption, proximity to a CSO, and livelihood opportunities.

Operating in Complexity: Non-Governmental Service Providers

It is only fair to highlight that both formal and informal service providers clearly show they are very well aware of the complex ecosystem of survivor needs. They see the necessity of establishing strong links in services and ensuring multiple needs are addressed at once. In addition to the complexity, they acknowledge that survivors have unique needs that cannot be addressed with generalized support.

> It's a very comprehensive crime, an organized crime, so to meet up their different types of needs we need to [build capacity] all the relevant organizations and it is of course important to link them with different services from different

government and private organizations (NGO Representative, Bangladesh 1591888).

However, formal service providers acknowledge their limitations in addressing that complexity, based on a narrow donor mandate and limited budget and capacity, as well highlighted by a Cambodian service provider:

> So, it is not in the system hand, it is in the hands of the justice system, related to the court process. So, for the service, some part they are satisfied. I can say for some NGO, they provide support and survivors are satisfied. However, there are some funding gaps that make it difficult to fulfill the ambitions of the people. Sometimes, the victims have a lot of needs, from one to another. We have our mandate, but we have our limited budget to provide from one victim to another and their family as well (NGO Representative, Cambodia 1597168).

As mentioned in Part II, foreign donors fund the vast majority of services in both countries – apart from the limited number of services provided by the government. While this may mean that service providers can act with some autonomy from the government, foreign funds greatly influence what services are provided. Foreign government donors are often driven by political agendas and/

or ideology, rather than the context or needs. This means that they will provide funds for projects and programs that further push their domestic and international agendas.

Forthcoming research by USAID Asia CTIP (Chua and Tauson, Forthcoming) demonstrates limited feelings of autonomy on the side of local service providers when it comes to designing projects or creating iterative interventions. There is limited ability to integrate survivor feedback or for service providers to speak up when projects are not meeting survivor needs. As a result, services are top-down and donor driven.

> I think this is the thing when we go back to the referral system, to victim identification we may miss in the victim-center approach. So, what do we need when they return to their country? They need the police or the NGO or they need [inaudible]? We need to identify their needs based on their rights, not to identify their feedback based on our needs (Lawyer, Cambodia 1597277).

As also discussed in Part I, governments fail to fund and coordinate services and formal service providers must do what they can to supplement and fill in gaps without duplicating, over-stepping, or creating parallel systems. This all takes place within a very uneven system, where engagement is dictated by the will and capacity of the government.

As such, survivors are nowhere near the center of service delivery, as is necessary for creating an ecosystem that allows for survivors to achieve positive reintegration outcomes.

As noted in the framework above, family and communities are at the core of the informal protection system (in yellow), and thus extremely important to the reintegration outcomes of survivors. The community and family can be a part of the wider referral system, particularly in countries such as Bangladesh and Cambodia where 1) resources are scarce and 2) engagement and acceptance by family are crucial for reintegration outcomes. Communities and families are at times well positioned to offer services such as shelter, psychosocial support, livelihoods opportunities, and a general sense of safety and security.

This section aims to shed some light on the role of community and family as both providers and

inadvertent gatekeepers of support and services which survivors require, in their struggle towards successful reintegration outcomes. To understand this, we trace each major step of a survivor's journey towards reintegration where the role of community and family becomes crucial, starting from the moment the survivor is identified, to the point where they are employed in dignified work and capable of contributing to household livelihoods.

Survivors' Perspective: Navigating Complex Referral Systems

STORIES OF THE STRUGGLE FOR POSITIVE REINTEGRATION

The below tells the fictionalized reintegration stories of two survivors, drawn from the real-life experiences of survivors in Bangladesh to elucidate aspects of the reintegration process[26].

The narration serves to highlight the struggle of survivors on their path toward reintegration and the integrated role of family and community. Bangladeshi survivors interviewed through this study shared their experience of repatriation and referral in great detail, describing clearly their struggle towards reintegration, which was often characterized by several distinct phases. On the other hand, interviews conducted with Cambodian survivors focused more on the realities and abuses they faced as victims of forced marriage in China. Hence, we chose to compile the real-life stories of Bangladeshi survivors and create a fictional narration which would provide readers with a clearer picture of the stages survivors often have to brave in their struggle towards reintegration.

We are keen to stress that although the fictional narration centers on the Bangladeshi survivor experience, it is clear that Cambodian survivors undergo similar experiences upon their exit from trafficking. Indeed, we understand that the role of family and the community is highly significant in both countries. Ultimately, the narration elucidates the interconnecting factors that shape a survivors struggle for reintegration, and it depicts a complex referral eco-system which survivors in both Bangladesh and Cambodia need to traverse.

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26   Bangladesh was chosen merely as an example case. Experiences captured from Cambodian survivors were equally compelling and can just as easily exemplify this level of complexity.

ANWAR

Anwar is a 24-year-old Bangladeshi man from Cox's Bazaar. He was trafficked to work in the construction industry in a nearby country. After spending nine months working under forced labor conditions, the hostel, which he shared with dozens of other laborers, was raided by the police. Anwar was sent to a detention center as he had no official work documents and was thus treated as an illegal migrant by the authorities. After several months of investigation, Anwar was finally deported and repatriated back to Bangladesh.

FAHMIDA

Fahmida is a 26-year-old Bangladeshi woman from a nearby community and was trafficked to Country X. Fahmida worked as a domestic servant for several years without pay. After two years of being held in a household, she became injured in an accident and the head of household agreed to let her return home, at her own expense. She was forced to ask her family to pay for her return.

✈ REPATRIATION – BEFORE ARRIVAL IN COUNTRY OF ORIGIN TO THE RETURN TO THE COMMUNITY

Anwar takes a flight back to Dhaka and a train to his hometown of Cox's Bazar. His parents and older brother are there to greet him, along with the family and friends of another survivor who had also been repatriated, heard Anwar's story, and wanted to show support. Anwar and his family are filled with joy and return together to their village which is about 30km outside of Cox's Bazar.

Fahmida returns home on a flight to Dhaka. She finds no authorities there to great her and at passport control they ask no questions and stamp her passport and wave her through. She walks through the airport to find her husband quietly waiting. They return via bus to Cox's Bazar and walk the remaining 10kms back to his family's home where they live. There is much tension in the home as they enter, she knows his family sees her as tarnished.

COMMUNITY/FAMILY ACCEPTANCE

At home, Anwar is grateful for the support and understanding of his family. He feels privileged to be back in a safe and secure environment, especially as he knows that one of his childhood friends, Fahmida, is experiencing the opposite fate. However, because he was not paid for the nine months that he was abroad, Anwar was not able to afford his deportation fees and his family was forced to pay; they had to take out a small loan. Due to this, Anwar feels shame for burdening his family and much pressure to return to work as quickly as possible.

Upon return, Fahmida is expected to contribute and work in the home, but the family does not want her going out. They are afraid it will bring shame to the household if people see her and are reminded of her potential actions while abroad. Fahmida's sister-in-law is still unmarried, and they are afraid they will not be able to find her a suitable match with Fahmida in the house. Her father is also concerned no one will come to his shop. For the time being, she stays at home, helps with housework, speaks to no one of her traumatic experiences, and blames herself for being so "stupid" and "greedy".

ACCESS TO JUSTICE AND COMING FORWARD TO REPORT

After several days of rest, Anwar's brother, Mohammed, suggests that they go to the local police station to report Anwar's case. Mohammed has been talking to some friends about Anwar's experience and they have told him that they must go report so that Anwar can bring his perpetrator to justice. Although Anwar is at first hesitant, as the perpetrator is a powerful member of the community and Anwar is afraid that he could retaliate against his family. Anwar feels supported by his family who believe him. He takes on Mohammed's advice and reports his case to the authorities. After reporting his case, Anwar is told that while the police will do their best to arrest the perpetrator, the process will be complicated and could take some time as the police are understaffed and very few are trained on how to investigate trafficking crimes.

Fahmida is aware that she was mistreated when she was abroad, she was locked in a house and was never paid for her work. But she has never heard the words "trafficking" or "labor exploitation". She does not have any idea about any of the anti-trafficking laws and policies in place in Bangladesh and has no clue about any legal remedies available. Although the crime is not uncommon, she has never heard of a woman who has had the same fate, probably because the stigma keeps women sharing their experiences in her conservative community. Since she cannot go out and her family actively discourages her from sharing her story, she has no opportunity to hear about what options might be available.

REFERRAL AND ACCESS TO SERVICES

Anwar's family provide him with the necessities he needs to recover physically, such as food and shelter. However, he struggles with constant anxiety whenever he recalls his traumatic experience. He has tried to work but finds it difficult because the anxiety can interfere with his work. Although his family does their best to support him, he struggles constantly with his mental health. In the village community, word spreads about Anwar's struggles to get back to his "old self". Several weeks later, Anwar is surprised to find a man at his house who identifies himself as a volunteer from a local CSO. The CSO is a well-organized network of former survivors called ANIRBAN; it has a wide community outreach program. When the volunteer heard Anwar's story from an acquaintance, he went to check on him and make sure he was aware of all the resources available. The volunteer also tells Anwar about his own experiences abroad and his difficult reintegration journey. He assures him that everything will be OK and that many are willing to help. Anwar feels understood for the first time, offering him some relief and a feeling of hope for the first time in a very long time. The volunteer connects Anwar with a local NGO that offers mental health support. After several counselling sessions Anwar feels much more at ease and can start thinking about the future. This a relief for Anwar and his family, as attaining a sustainable livelihood is a main priority.

Fahmida suffered a serious back injury in the household where she was working. After some time, she is able to go out to see a doctor. The closest medical clinic is a two-hour commute, one way. She tells the doctor about her accident and symptoms, but he does not physically examine her due to cultural taboos. He asks why she has waited so long to seek treatment. She tells him she was not able to leave the household she was in while abroad and was forced to work through the pain. He listens and is not unkind, but he has never heard of human trafficking, so he prescribes her something for the pain and Fahmida leaves the office. She had to pay for the visit by borrowing money from her family, which she feels shame to ask for, since she believes her injury was her fault and she never should have gotten herself in trouble in the first place. She desperately wants to leave her current living situation as her husband's family is unkind to her. She has made some quiet inquiries into local NGO and government shelters and has heard that those places are much worse than her current living situation. She feels trapped and depressed.

LIVELIHOOD OPPORTUNITIES AND DIGNIFIED WORK

Anwar is looking for work in the community. He does not want to remigrate at this point but is struggling to find work – it is why he migrated in the first place. Anwar's family advise him to seek help from the Union Parishad chairman, to see if the chairman can provide any support. Upon seeking help, the Union Parishad chairman refers Anwar on to an NGO in the nearby town, which regularly provides free vocational training courses. Prior to being trafficked, Anwar worked as a barber in a local village barbershop. As such, the NGO suggests that Anwar enrolls into a beginner course in business management. After six-weeks, Anwar completes the course. The NGO provides Anwar with a small grant and some haircutting tools. Finally, Anwar starts up a small barbershop in the neighborhood village and is able to earn a small but decent income, enough to contribute to the livelihood of his family.

Fahmida is still struggling. She has no chance to work in the community as she is shunned and left out. Fahmida still owes her family money from the repatriation and has no financial independence at all. Seemingly without options, she goes to the local broker and asks if he can assist her in finding work abroad. He agrees to help, but she must pay for the services and travel. Fahmida seeks is unable to take out a loan from a formal institution. The broker introduces her to an informal agent where she can borrow money at a higher interest rate. She agrees to the conditions and remigrates abroad.

Through the journey of Anwar, it is clear that very little is possible without the support of community and family. At every step of Anwar's journey, the community and family played an irrefutable role as both providers and gatekeepers of services and support. For instance, to physically recover, Anwar's basic physical and emotional needs are met by his immediate family. The community also played a dual role as service providers and informal mediators to ensure that Anwar could access psychological support as well as subsequent livelihood opportunities.

In contrast, we observe through Fahmida's character the real-life consequences for survivors when there is a lack of community and family support. Indeed, formal support and services may exist in the referral system; however, for survivors like Fahmida, a lack of community and family support renders formal services invisible, and to some degree obsolete. Any changes within the community and family dynamics could have resulted in a reversal of fortunes for Anwar and Fahmida. In many ways, community and family hold the key to what reintegration looks like for survivors.

The stories are used for illustrative purposes and are broken down into what we are calling phases. While the concept of "phases" does imply some chronology, it is likely that phases overlap and some factors that we discuss in detail can take place across multiple or all phases. Also, we acknowledge the reintegration is not linear and not necessarily as immediate as these stories might suggest. The below section breaks down each phase of the referral system and the barriers and enablers of positive reintegration from the perspective of survivors and service providers – both formal and informal.

Phases of Reintegration and the Referral System

PHASE I – REPATRIATION

From the context section in Part I, we know that when a survivor is identified and repatriated through diplomatic missions, particularly in the case of Cambodia, they are more likely to be matched with services and assisted in repatriation to their community of origin. Coordination is easier and survivors are less likely to fall through the cracks. However, return and repatriation are rarely straightforward, and survivors are rarely returned via diplomatic channels. Overall, repatriation experiences vary widely. How a survivor returns and how they are received by the family and community sets the stage

for their entire reintegration journey and contributes to how and if they receive services at all.

For example, the two reintegration stories above provide two very different repatriation experiences. One is open and supportive, even joyous, and the other is shameful and quiet. Data from this research showed that how a survivor returns and is received is dependent on factors such as how they are rescued, who pays for repatriation, and gender and cultural expectations.

The How

Families and community members can play an important role in the first stages of repatriation and directly contribute to rescue if they are able to access and work with formal service providers. As stated in the introduction, this research does not cover victim identification extensively and essentially begins where Kasper and Chiang's 2022 study on victim identification ends. However, findings from their and this research make it clear that community and family members are often the first point of contact for survivors, often using social media to reach out while they are in their trafficking situations.

When survivors were able to contact families from abroad, their families could contact NGOs, which, in turn, allowed NGOs to pressure diplomatic missions to assist in rescue and provide financial support for repatriation, particularly in the case of Cambodia. Survivors who have family members or close friends who understand the formal and informal channels that exist within the protection system ended up with more favorable outcomes than those who do not. Survivors shared that supportive and knowledgeable family and community members are likely able to facilitate a safe passage home,

> I began to contact my [mom] describing to her of what we were undergoing through in China. She told us that if you both can't live there, you better return home. But I told her, I can't go anywhere how can I return. She filed a complaint with some NGOs including ADHOC. I was once contacted by an NGO, asking me about my location in China. After they gathered information from me, they advised me to go to Khmer Embassy in Shanghai because it was closer than going to Beijing (Survivor, Cambodia 1592326).

NGOs also play a significant role in facilitating positive reintegration outcomes, not only in rescue, but also in their journey and transition home. If NGOs were contacted and informed, they could help both families and survivors through this difficult time,

in some cases paying for transit, helping survivors enter the referral system, and mentally preparing and counselling families for what lies ahead for the survivor so that they can provide support. However, for this to happen, the survivor and the family have to be somewhat aware of trafficking as a crime and the associated entitlements for survivors before the survivor migrates.

In other instances, survivors are not able to locate their families and NGOs and authorities will help to conduct family tracing to ensure survivors have somewhere to return to.

> And what is challenging is that the ministry, the reintegration office, have to provide the information to the provincial level. And then, the provincial level passes the information to the district level and the district continues to collaborate with the community and with the village chief, to reach out and find out whether the family is there in the community (NGO Representative, Cambodia 1585627).

Although we were unable to verify through this research if family tracing steps are implemented consistently in real life scenarios, evidence from data collected showed that survivors may not be able to find their families if they repatriate on their own, limiting their options and diminishing their chances for positive outcomes.

IMMEDIATE RECEPTION OR REJECTION? CULTURE AND SHAME

More commonly, survivors seem to repatriate on their own, often because they are sent back by traffickers or employers or are rescued and/or deported without being able to contact their family or NGOs in advance. They also may not be aware of their rights and entitlements and do not know that they can reach out to an NGO for support in this process. For these survivors, how they will be received by the family and community can be uncertain. Some survivors will face outright rejection and will not be welcomed and allowed in the household. In those cases, survivors are denied the support and informal services that families and communities can offer and that puts them in a disadvantaged position. These survivors must attempt to navigate shelter systems or remigrate as quickly as possible as a means to meet basic needs.

This type of outright rejection is more likely to happen in more religiously conservative places and is more common in Bangladesh as compared to Cambodia. Not only are they rejected because the family cannot mentally come to grips with what happened to the survivor, families are also afraid that "tarnished individuals" can bring dishonor to a family, [27]

> …Then the families of the victims think that they cannot bring them back home because their social status will be ruined. And even if they are taken back home by their families, they are mentally tortured by their own families. In remote areas, they become ostracized due to constant bullying by society and even their own families (NGO Representative, Bangladesh 1592700)

Cambodia, in contrast to an honor culture like Bangladesh, can be considered a "face culture"[28], where, generally speaking, there is a societal hierarchy and individuals have an expectation to fulfil duties within the community and maintain social harmony. As such, a trafficking survivor in Cambodia, as compared to Bangladesh, can more easily find their way back into their former position in society, particularly if they are previously from a lower position in the hierarchy. This is as long as they fulfil duties and act deferentially to those of higher social status.

Even so, shame does seem to be a common consequence of trafficking in almost any culture, where an individual's self-view lies in their social interactions and reputation (Aslani, et al., 2016). That means that even when survivors want to return home "quietly" to avoid this shame, or any dishonor or loss of face, they will struggle to do so, especially in smaller villages or towns. In these areas, knowledge and information about households spreads quickly.

> Once we supported and accompany survivors arrived at the community. Sometimes there's a lot of people come to join during the reintegration process at the village. Like, there's the village leader, there's a community leader, district level, and sometime the police also come. So, a lot of people. Sometimes, its' not really a good welcome because [the survivor] arrives from the destination country which she has experienced a lot of shame and abuse. …..so it makes the survivors feel ashamed and also feel

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27   For more information on honor culture versus dignity culture, please see Smith et al. Is an Emphasis on Dignity, Honor and Face more an Attribute of Individuals or of Cultural Groups?. July 2021. https://www.researchgate.net/publication/295084961
    Aslani et al. Dignity, face and honor cultures: A study of negotiation strategy and outcomes in three cultures. February 2016. https://doi.org/10.1002/job.2095
28   Ibid

> uncomfortable. Not only the survivors but also the family of the survivors are feeling the same (NGO Representative, Cambodia 1585627).

FINANCIAL PRESSURES AND RECEPTION

In some cases, survivors were greeted with warmth and a sense relief that their loved one had returned. However, joy can be overshadowed by associated financial pressures, making it difficult for families. Families may have to take out loans to pay for the initial migration and they may have had to pay for survivors' return journey, paying deportation or repatriation fees. This may put a large burden on a family that is already in debt or struggling to get by. There is a danger that this may create or exacerbate already negative feelings surrounding the survivor and their circumstances, and further pressure the migrant to find work and/or remigrate immediately, without time to access services or heal accordingly.

Overall, this reception is a part of the navigation of the referral system *and* reintegration outcomes. First, this reception/return will inadvertently set the tone the survivor's interaction with and navigation of the referral system going into the next phases. We can see from the research that community and family with some understanding of trafficking can play an integral role, opening the door to the referral system for survivors. At the same time negative reception and shame can add to already severe mental health issues, putting survivors on a more difficult path to recovery. Further community acceptance and connection with family are primary reintegration goals that can be completely cut off from the start. Findings from this research show that the first phase in the reintegration process of repatriation and return is an important step and revolves around the community and family.

PHASE II – COMMUNITY AND FAMILY ACCEPTANCE

In the introduction we discussed how reintegration outcomes are both a process and an outcome, as some reintegration outcomes are preconditions to accessing other support and services. Community acceptance and family connection are in fact outcomes, but their acceptance and connection are important for access to other services, as families and communities act as informal service providers. Without their support, the outcomes of mental health and financial health are also not likely.
As such the role of the family and community are crucial for services, and factors such as cultural

and physical geography and collective beliefs, and ways of life can influence how and if survivors are referred to formal service provision as laid out in the referral system. For example, in Bangladesh, in more conservative areas, there can be a general denial of the concept of trafficking, for both men and women.

> North Bengal and Chittagong are somewhat different in terms of social content. Chittagong is simply called conservative. We have seen that no one wants to admit that women can be a victim. No one wants to admit when we go to inquire. No one wants to admit that the victims have returned from being tortured and they need treatment. No one wants to admit it. Once they are tortured and then they came back, if they are tortured again, that is a problem. We face many problems during identifying the victims. Male victims show no interest in legal aid. They accept it as the writing of their destiny. The word human trafficking is unfamiliar to them. Male victims say their fate was bad, God didn't help so they had to come back (ANIRBAN member & Survivor, Bangladesh 1586009).

In more conservative settings, it may even be difficult for survivors themselves to understand that they did not cause or contribute to their own outcomes, as this is a common narrative. Most, if not all, of the interviewed survivors from conservative backgrounds did feel like they were paying for their bad behavior and their "greed" and that they did not deserve any assistance.

> I didn't ask for any help. I didn't ask for help because I thought it was my fault (ANIRBAN member & Survivor, Bangladesh 1587275).

As a result of the substantial shame and stigma, many needs that, in theory, can be met easily, simply are not. As mentioned in the repatriation phase above, outright rejection may result in women having to relocate and live in capital cities away from family and communities, which is more expensive for service providers. For those like Fahmida, who return to their community of origin, and are mistreated by family or the community, may prefer to remigrate before they are psychologically ready.

Another possible consequence for community stigma is isolation, where survivors remain in their homes, away from the judging community. Of course, this has wide-reaching implications for livelihoods, mental health, and both short and long-term reintegration outcomes.

> After coming back, the society would not accept me, if I went out, they would taunt me by saying a lot of things. My family accepted me, so they were not able to do anything. I was unable to get out of my home because of this taunting (Survivor, Bangladesh 1596928).

Very simply, if a survivor cannot leave their home, they cannot access adequate services.

In the cases where the survivor is brave enough to come forward and seek services without community support, the community stigma may directly impede any referrals, particularly in the case where local government officials determine who can access what services.

> Government assistance is not available until a recommendation is made. There was no one to recommend for me. When I came back, the Muslim community said I was a bad person, my character was bad (Survivor, Bangladesh 1596928).

From our analysis, it is easy to see how women are likely to suffer rejection by family and community and suffer the consequences of this rejection more often. Whether or not a woman is sex-trafficked, she can be completely marginalized and treated as immoral. Further, some women may be divorced by

their husbands due to their "immoral" behavior. This, of course, increases the level of stigma and therefore increases the chances of marginalization. As a result, women survivors are more vulnerable to poverty as livelihood options decrease, gravely impacting their reintegration outcomes.

Overall, the above points demonstrate how a family or community can be an impediment to services and referrals. However, the analysis did show the opposite to be just as true. Most families, across both contexts, want to help survivors, and community members very often do care. Examples, such as the one below, show how communities, with the right beliefs, knowledge, and mindsets can make a great deal of difference in the lives of survivors.

> *B: Once I became pregnant, the Khmer community there collect their money to help me to return to Cambodia. A little bit from everyone. Then I was able to return. At that time, when I returned, I was five months pregnant.*
>
> *A: How many months?*
>
> *B: Five months. I came to back to live with my mom. When I had to deliver the baby at the hospital, I was also helped by the people I know. Every one of them chip in a little bit. Then it was just enough to deliver the baby.*

> *A: Who are those people who helped you financially?*
>
> *B: The neighbors and the people at the hospital. They had charitable hearts, so they helped (Survivor, Cambodia 1592121).*

In another case, we can see how one committed family member can help tear down stigma in the community. Below, a respondent explains how, even though she was ostracized by the community, unwavering support from her husband did provide her safety and did allow her to reintegrate over time.

> Society did not accept me. My husband accepted me, but society didn't. I was trafficked in 2017. Now the year is 2021. I had to hear a lot of bad comments from society for about 1 year. I couldn't get out of the house at that time. Now the environment is slowly getting better. A very difficult time has passed in that situation (Survivor, Bangladesh 1596928).

This incidence does provide evidence that if you can build up knowledge and change attitudes at the family level, having just one advocate in the family can change the entire course of reintegration. Made clear from this research is that families and community members may not necessarily have the knowledge, understanding, and skills to welcome survivors and help them to reintegrate. However, changes in mindset can open doors for survivors, and make families aware of the doors they may not even know they were guarding.

PHASE III – ACCESS TO JUSTICE

Access to justice is a vital aspect to achieving positive reintegration outcomes. First, it is important when it comes to financial health. Survivors need the money that was stolen from them or is due to them from their hard work to survive and contribute to their family's livelihood. Second, it is important for mental health. Survivors want to feel safe in their communities, feel like wrongs have been righted, and put the past behind them. Third, although, filing a criminal report or opening a case with the police should, in theory, not preclude a survivor from accessing the referral system and services; however, it does informally happen. In this sense, access to justice is closely tied to the entire reintegration process. However, many impediments exist, particularly those linked to conspiracy, clientelism, capacity, corruption and cost.

CONSPIRACY, CLIENTELISM, AND THE COMMUNITY

From the prospective of respondents, for the crime of trafficking to be carried out, it requires deeply rooted, complex, informal power structures to be in place.

> Because, in my deep thoughts, it's not possible to handle such a big crime without having enough power. I had a case somedays ago. The girl's name was Jannat. She isn't of enough age. Her NID was made in another way. A passport was made as well without her concern. At the flight time, she was caught before getting into the plane. She didn't face any medical test. She was caught alone whereas the others somehow managed her clearance. So here you can see, it's not possible without a powerful source. Those who were working at the Airports they were included. This human trafficking has links with the insiders (NGO Representative, Bangladesh 1585772).

> Traffickers have a chain from the community level to the union level, to the ward level, to the sub-district and district level. I have been working with this organization since 2010 and I have seen that the brokers of Cox's Bazar are trafficking people from different regions of the country. This means they were able to create links with different brokers all over the country. So, I think there is some involvement of the government (Lawyer, Bangladesh 1585742).

As such, these power structures can create complex barriers to justice. First, respondents noted that sometimes police, high-profile community members, and local government officials can be involved in trafficking cases. This means there is no recourse against their crimes at the community level. Particularly, if traffickers are powerful, the survivor may not be believed and may be further stigmatized

> However, in many cases, we found that we were against a powerful source. For example, in [the victim's] case, a police officer was involved in it. His wife is a human trafficker, and he helps his wife in it. No one was filing the case. It's because the case was against a police officer (Lawyer, Bangladesh 1585742).

Second, and linked to the informal patronage system which exists in both Bangladesh and Cambodia, client-patron relationships underpin how some members of the community gain access to social services and economic opportunities. In this context,

brokers who are prominent or powerful members of the community are exactly the type of individuals whom survivors are afraid of antagonizing, because it may lead to further complications and worse still, detrimental outcomes for them and their families. As a result, they are afraid of voicing their experience,

> Some cases, I found very challenging is that victims sometime did not want to reveal the identity of the perpetrators which was very hard for us to help them. I assumed that some time the perpetrators are their relatives, or someone is very powerful which they afraid of being reprisal (NGO Representative, Cambodia 1601789).

If the broker is a community member and is afraid the survivor will file a complaint, they may turn to physically threatening or intimidating the survivor and their family members to ensure that the case is closed or never even reported in the first place. In these cases, survivors may feel unsafe to go outside and may be afraid to seek out services or file a complaint with the police. They may also threaten and intimidate NGO frontline workers, impeding community outreach or support.

> For example, when [NGO workers] go to talk with the victims the people that are with the brokers follow them. A lot of the time they know that they are getting followed and they get scared (NGO Representative, Bangladesh 1592683).

Community and family factors can influence whether survivors end up reporting their case. Families may actively discourage survivors from reporting if they fear stigma and marginalization by the community. In the instance that survivors have managed to keep their situation secret from their family and community, they will often want to keep that secret to avoid stigmatizing or public shaming themselves or their families. Survivors may live in isolation, lie and hide their experience, or re-migrate to get away. As a result, they will never receive the services they need and are entitled.

> After a victim is identified they file a lawsuit against the brokers with the help of the government or the NGOs. But in my case, I did not receive this help because no one except my younger sister knew that I was trafficked, no relatives or neighbors knew I was trafficked (Survivor, Bangladesh 1597000).

In some cases, family members are the traffickers, which can complicate how a survivor sees their experience. What starts as a perceived instance of human smuggling may be a situation of trafficking

unbeknownst to the victim. A victim may ask for assistance to migrate from a broker who is a family member, community member, or considered a friend. The broker, in this example, may be part of a wider network and may refer the victim to the next person in a crime syndicate or criminal organization. In this example, the victim may never know the malintent of the friend/family member/community member.

> She does not want to file a complaint against the Cambodian broker because in her view, the broker didn't do anything wrong (Survivor, Cambodia 1592365).

CAPACITY AND CORRUPTION

> Even when a survivor, as in the case of Anwar, feels empowered and knowledgeable enough to report, there are other barriers in place, specifically related to capacity and corruption. Even though both countries have clear laws in place that criminalize trafficking and provide legal recourse for victims, implementation does not always happen.

> The Bangladesh government has made an absolutely beautiful law for us regarding human trafficking, but we are not able to utilize this law in the police stations. When you go to the police stations, they say which law? When was this law made? So, then they do not want to take our cases (ANIRBAN member & Survivor, Bangladesh 1586009).

Lack of capacity, as can been seen throughout Part I, is an issue that permeates all aspects of referral systems and direct service delivery. In the case of prosecution and access to legal services there were many ways in which this transpires. In the first instance, in rural areas, the limited experience of the police force plays an important role. For example, in one case, a respondent from Cambodia highlighted an instance of how the provincial police mishandled information and the trafficker evaded capture.

> For instance, when I was dealing with one case, I already got the information of the alleged perpetrator from the victim, then I informed the provincial police to make an arrest, but then they contacted the local police and the local police contacted the village chief to go to verify the information, and of course when the perpetrator heard about the arrest, he fled the village for sure. This is what it called lack of skills and professionalism in combatting human trafficking. When receiving such information, the police must act immediately without any further delays

> and without letting the perpetrator knows about the arrest (NGO Representative, Cambodia 1601789).

Another respondent pointed out that very few provinces have this capacity, and arrests can go awry without regular and direct support.

> The local authority does not have capacity to arrest the broker who lives in other provincial territory. For instance, one broker is living in Kampong Thom province, the counter trafficking department sent officials from national level to cooperate with provincial police to arrest one broker. If was solely relied on our capacity at the provincial alone it would have not been successful because we do not have enough expert (NGO Representative, Cambodia 1601789).

If cases finally do go to court, it is important that prosecutors and judges are well trained and understand the nuances of trafficking. Training can even have adverse consequences if they are poorly messaged and delivered or if trainees are not fully grasping messages. A Bangladeshi respondent relayed a story of when a case was poorly adjudicated because the judge misunderstood the concept of trafficking.

> We have also faced another problem in our last case, the judging panel has told us that if the person is transferred by boat, then it is called trafficking, but if the person is transferred via airplanes then it is considered migration not trafficking (NGO Representative, Bangladesh 1592700).

In addition, the poor treatment of survivors by police can keep survivors from filing cases. In one instance, a respondent from Bangladesh discussed that they do not have the practice of sending survivors to police stations and, in fact, actively discourage it.

> If they are sent to the police stations where there are negative things like criminal activities, they would not have many positive things to learn. In Bangladesh, we don't even send the Rohingyas to the police stations. When the Rohingya's were rescued as victims they were sent to court, and they were returned to their camps. I do not think sending the victims to the police stations is a good idea. We do not have this practice in our country (NGO Representative, Bangladesh 1592683).

Respondents who work for NGOs in Bangladesh also describe instances where cases are rejected by police, seemingly for no reason or because they do not have the right paperwork.

> When these people go to the police stations to file a case, they have a bad first impression and because of that, the people at the police stations don't consider their cases at all. When my organization ourselves went to the police stations to file a case and we talked about law and justice the people there did not want to take our case. They asked for various documents that the victims did not have so eventually we are forced to take our case back (NGO Representative, Bangladesh 1592700).

The lack of evidence is another major issue that keeps cases from going forward. In cases where people are forcefully abducted rather than coerced, as we heard from survivors in Bangladesh who were pulled onto vessels in the night, it was impossible for them to identify the traffickers.

> …I didn't know where the culprits were. Without knowing any details about the broker, how could I put my objections? I also needed witness and proof for all these which I didn't have. He was neither my neighbor nor someone from the same village. He was far away from me (Survivor, Bangladesh 1597382).

In other cases, survivors knew their culprits, but had no documentation or proof of the crime. Then it becomes their word against the brokers. When this happens, survivors may choose to not file or may choose to file labor abuse/breach of contract cases because it is quicker and often results in some compensation.

> I went to file a case. But as I had no proof, I couldn't do anything. There was no proof that the broker took money from us or documents like that. That's why the case wasn't filed (Survivor, Bangladesh 1597356).

Some service providers mentioned that corruption is built into the reporting system, which can keep survivors from ever filing. Bribes are part of the overall cost of filing a case in Bangladesh that is expected and paid. In this sense, corruption is part of the system.

> *A: Victims have claimed that the police mostly caused the problems they faced during filing a case. Such as, they don't take the case or*

demand money. How much do you know about that?

B: It's true that they take money. Police has their specialty here. But we have to keep in our head that how we can file the case at a minimum cost (NGO Representative, Bangladesh 1592638).

COSTS – TIME AND MONEY

Related to the above, a final, but very important, factor in lack of access to justice is the cost, in terms of time and money, of the legal process. Many do not even want to start to the process as a respondent in Cambodia described.

> Based on my experience, most of victims do not want to seek for justice to themselves for being victimized. When they returned home, they start to look for other jobs immediately due poverty and some of them even tried to avoid meeting us when we learned of their return (Law Enforcement Representative, Cambodia 1601969).

For survivors who file a case, they will face a very difficult process that is expensive, time consuming,

and very unclear. The NGO representative below, who is also a lawyer describes the complexity of the process very clearly in the case of Cambodia and the many issues a survivor will face in criminal cases.

> You know the legal process is not just only one day, one weeks two day or two [weeks]. We need years and years to work on that. Sometime the victim may not understand, the survivor does not understand right? But when they ask for 100,000 USD, they said I need to get 100,000 U.S. dollars. Actually, it is not true. It depends on the judge who made a decision right? For their compensation. Secondly, most of the traffickers in Cambodia I think 90%, especially for those whose cross border to travel in Thailand with the broker or with the little broker. So, when we arrest the broker. The broker do not have any property that the judge can confiscate to pay off the debt that can confiscate and are sold to pay for the compensation I think also this is a problem for the compensation in Cambodia. Thirdly, I can say I can tell you. It's also like it cannot right from the capacity of the NGO. You know in Cambodia we have the system that we need to follow up (Lawyer, Cambodia 1597277).

The representative further describes the complexity of filing a civil case to get compensation. It is much more expensive for the survivor – as they have to pay out of pocket to file the case and pay the lawyer, and if the judge awards them compensation, the trafficker often cannot pay because the local broker or trafficker is what this respondent calls "a small fish". The bigger fish are harder to catch and prosecute.

> When the case of human trafficking because when you work for civil compensation, the civil judgment you need to pay the money to the court to do the job. Not like the criminal thing... First the perpetrator does not have money to pay the compensation. Why though? Perpetrators are poor and the local broker [inaudible]. Another thing I can say is that they are small fish. It's not a big fish. Secondly, the process on the on the court process in Cambodia it takes time from one year two year, another year is four or five years. Sometimes the victim just participates in the early process, but they cannot [continue]. They cannot participate in another court process because they need to migrate again (Lawyer, Cambodia 1597277).

Overall, whether criminal or civil, the case usually leads to disappointment as it is rarely completed and when it is, compensation is rarely received.

In Bangladesh, the procedures are equally expensive and difficult and many of the same deterrents are in place. While interviews did not reveal the cost of filing a case in either country, respondents mentioned that costs include direct and opportunity costs: transportation, taking time off to attend court, lawyers' fees, and others. When a case drags out for years respondents noted that they may not be able to find money to continue the case, particularly when facing competing survival needs. In addition, they may not be able to keep participating in the process if the need to re-migrate, as mentioned above.

In Bangladesh and Cambodia, survivors discussed having to prioritize these needs:

> A: After coming back do you ever think about to filing case or legal action against the broker and people who are involved of human trafficking?
>
> B: No, I didn't.
>
> A: Why you didn't take any legal action?
>
> B: We have some weakness financially. We had to spend more money for the process of legal

> action. That's why we didn't take any action (Survivor, Bangladesh 1597157).

Overall, if survivors are surrounded by well-informed and supportive community and family members, they are more likely to be aware of their right to file a complaint and to do so. However, when they are living in fear of members of the community and their family is too afraid or ashamed to support them, they will not have access to justice. Communities who have an understanding of trafficking can support and protect survivors and family members even report the crime on the behalf of survivors before or after their return (as discussed in Phase I).

However, when survivors do feel safe enough to report, there are few functioning systems or reporting mechanisms in place to ensure the police and other authorities do their jobs in this regard. According to one participant, in cases where NGOs can pressure police, the incidence of reporting can go up. The central government must also support and protect the survivor; there must be a mechanism of accountability to support those who lack the appropriate client-patron relationships to be able to access justice. Overall, accountability systems are limited and power differentials in the community tend to stay intact.

> Finally, the crime of trafficking will often come down to one person's word over another; however, the onus to uncover evidence should be on law enforcement and investigators and less so on the survivor. While the survivor should assist in cases to the best of their ability, law enforcement should be leading on this and taking this responsibility seriously. While a lack of capacity is to blame to some extent, respondents in Bangladesh do blame that lack of government commitment and pressure. Without the backing of the national government, this can leave some survivors without legal recourse. As the NGO representative below describes,

> ….[traffickers are] not really prosecuted as effectively as they would have been, if there was a backing by the government of Bangladesh, if the government of Bangladesh back the legal system or the legal same place, if the government of Bangladesh actually help the legal system that's in place, you know, with the follow-ups or with the implementation of specific laws that apply to human trafficking (NGO Representative, Bangladesh 1592368).

PHASE IV – ACCESS TO OTHER BASIC SERVICES

In the section Counter Trafficking: National Policies and Protection Systems in PART I, the TIP Legislative Frameworks of both countries are outlined. These frameworks put forth services that should be provided or available and make up the referral systems in each country. Services, such as those detailed above – identification, rescue, repatriation, safety and security, and justice – are mentioned alongside additional protection services – shelter and accommodation, healthcare, education and training, and mental health (livelihoods will be handled separately in Phase V below). While the right to these services is assured in the legislative frameworks, numerous complex and interconnected impediments exist to both access and delivery.

As also mentioned in the introduction, in countries like Cambodia and Bangladesh, the referral system, according to the lived experience of the survivor, is made up of both formal and informal service providers, such as family and community. Informal service providers are important players as they can provide for survivors, services such as shelter, basic survival needs, and mental health support, being the most common. Of course, we do acknowledge that formal service provision completes the referral system and leads to more positive reintegration outcomes. However, we should not be seeing these as separate parts. When comparing the stories of Anwar and Fahmida we can see that when survivors lack either (or both) formal and informal support, their chances of achieving positive outcomes diminish.

To understand the complexity of accessing these services and their associated outcomes, we can unpack the stories of Anwar and Fahmida.

Health

At this phase in the process, Fahmida, as we can see, is struggling with family and community rejection. She barely leaves her home and is in physical pain due to an injury she experienced abroad. Findings from this research show that health and mental health issues are very typical. Participants in this research often returned after experiencing both psychological and, often, physical mistreatment or torture. At minimum they experienced overwork, often in adverse conditions. Physical health problems were common among interviewees, and they described issues such as broken bones, pain, illness, and pregnancies. Also common were mental health issues such as despair and hopelessness, shame and self-blame, withdrawal and isolation, and thoughts of suicide.
Fahmida, attempting to solve her physical health issues, attends a doctor's appointment. She is in much pain and travels very far to access a doctor. The doctor is somewhat helpful, although he does not physically examine her, he prescribes her pain medication and tells her to take it easy. However,

with as much pain as she is experiencing, she likely needs a more thorough examine and further treatment that she is not receiving. One important thing to note is that, even though she tells the doctor how and what happened to her, he is not able to identify her as survivor and an opportunity to access other services via referral is missed.

In Bangladesh, the lack of quality health services was mentioned many times over. Not only is medical treatment scarce, making access difficult, one NGO representative reported that health clinics or health providers will only offer the bare minimum of support and then do what they can to offload the patient and not offer services. Often, the survivor does not get the help they need, and will certainly require the intervention of a service provider.

> When you see the government district hospitals, when you go there for emergency purposes, you wouldn't find doctors on some occasions, on various occasions they were, and [we] find doctors to treat them... survivors were so mentally frustrated that some, some even hurt themselves. They had to be taken to the hospital immediately. And whenever [we] have taken over them there on some occasions, there are no doctors or even on multiple occasions... Two to four hours are required to get the appropriate treatment, like the hospitals and stuff like that and also in district hospitals (NGO Representative, Bangladesh 1634598).

In Cambodia, health services were not mentioned to any great extent by service providers or survivors, in contrast to Bangladesh. This may be because Cambodia has a fairly comprehensive public health care system. Some services do have a fee, but it is essentially free for the citizens of Cambodia. The provision of health services by the government, is something encouraging and well received. It keeps NGOs and international donors from creating parallel systems. Through health support, the governments can provide systematic services. The major area of concern for service providers interviewed is that health care providers are not trained well enough to recognize trafficking, treat accordingly, and refer survivors on to the next step in the referral process. As aptly pointed out by several NGO representatives, trafficking is a complex crime with complex outcomes for the survivor. Service providers must be trained properly on how to work with survivors and how to refer them on to other services. However, this level of knowledge and understanding is often lacking. For example, if someone goes to a publicly available health facility, perhaps due to complex physical and mental health issues caused from trafficking,

medical personnel may not know how to treat the survivor or understand their needs. Further, without understanding what trafficking is, the survivor will not be referred further along in the system.

> We observed that the government have some services. Social welfare director of women social affairs appears they have some services, normally for the victims or vulnerable people, but they don't have specified services for the human trafficking survivor. So normally, we try to link them to the types of services we think comply with trafficking survivor. Especially when the NGOs have taken initiative under any project there, we focus on the special group. The trafficking survivors are on the very special group and their needs are very special (NGO Representative, Bangladesh 1591888).

SHELTER

In addition to health issues, Fahmida is struggling at home. She no longer feels like she can stay but sees no option as shelter services are limited. While the issue of shelter and housing did come up by almost everyone interviewed in both countries, the issue related to housing is very complicated. Outside of family support, there are limited options; government and NGO shelters exist but are limited and third options, such as relocation are very difficult for NGOs to orchestrate.

Regarding shelter, both government and NGO actors have some shelter options for repatriated survivors in both countries. However, there are not enough shelters throughout both countries and some areas of the country do not have shelters at all. In Cambodia, shelter services were not discussed as often as in the case of Bangladesh. When they were, it was almost exclusively by NGO representatives and only to mention there were no local shelters, they were full, or when presented with the option to access them, survivors had no interest in living in them (as they did not meet the needs of the survivors). According to one interviewee, in Cambodia, most shelters have closed and there has been a shift to community repatriation, which may limit survivors' options when they cannot return home.

> According to the procedure, we need to transfer the victim to the provincial office of social affairs. But in Preah Vichear, we do not have shelter to host the victim, but we do cooperate with the provincial office of women's affairs (Law Enforcement Representative, Cambodia 1608487).

It seems that there are other options for housing, such as foster care or integration into a new community, however, this was not mentioned by interviewees. Only when fact checking the report did we hear about how survivors are increasingly being reintegrated in their home community or new communities upon repatriation, rather than in shelters. Further, community-based approaches to reintegration face issues such as culture appropriateness, safety, and cost.

Apart from a shortage in shelters, another barrier to accessing government shelters in Bangladesh, according to the US TIP report (2022) and corroborated by NGO representatives, is that they are only available through a court order, meaning a survivor must be officially placed there.

> Even they have a practice that the trafficking survivors have to ask for assistance or government shelter through court process. Directly they cannot ask or take the services from the shelter home. Even the NGOs cannot directly ask. They have a process through court negotiation and court order. Then they can get the services (NGO Representative, Bangladesh 1591888).

The need for a court referral to access temporary shelter is problematic for many reasons. First, some survivors may have escaped trafficking and returned to Bangladesh without assistance from authorities, which makes it challenging for them to seek assistance from the courts upon return due to lack of knowledge of how to navigate the system. Second, survivors may be unwilling to avail themselves to authorities if they are afraid of speaking out for fear of being shamed by their community or retaliation of the trafficker. Third, since survivors are placed in shelters with a court order, they are not able to leave without permission from the courts, which can be a complicated process. According to the TIP report, survivors can be stranded in shelters for many years.

Respondents regularly reported that when shelter services are available and provided by the government in both countries, the services are too generalized, and no specific government shelters exist for trafficking survivors. The quality is also seen to be very low. As a result, the complex issues survivors face are not addressed even if they are able to enter shelters.

Mental Health

Mental health is not only an important reintegration outcome, but, when lacking, it acts as a barrier to positively achieve all other reintegration outcomes. At the same time, all other reintegration outcomes need to be positive for mental health outcomes to also be positive. For example, a person with issues in mental health will struggle to achieve financial health, connections with family, and acceptance in community and society. The other side of the same coin shows that a person who is lacking in financial health and positive social outcomes, will struggle to achieve mental health. As such, mental health issues act as a barrier and can render services ineffectual.

Multiple respondents spoke on the link between mental health and livelihoods, for example.

> the first process, the first step of the organization is to ensure a satisfactory level of mental health conditioning of the survivor. In in similar vein, the second step is equally crucial, which is the economic empowerment process. However, the first, successfully completing the first step will only result in success in the second step. Hence, counseling is a crucial component of reintegration, and her organization is directly provides counseling support directly to the Survivors and their family members and their communities (Lawyer, Bangladesh 1592333).

The next spoke of how all three aspects play out in terms of service delivery when it comes to trauma

> I've been working with them for ages. So, in terms of the funds to support them, even if we give them the financial support, if we don't then clearly [inaudible] about the finance management, the family management and also their psychosocial support – it is not enough. For example, I mean the psychosocial support here is very important to the victim of trafficking. Because when they were trafficked in their destination country, I can say they were transmitted some kind of abuse and also trauma and the way they live in the other countries also transplant into their source community. So, make sure that before we provide support to them, we have the professional psychologists or counselor to make sure they could seek for financial support (NGO Representative, Cambodia 1608491).

Mental health services were mentioned as a major gap in service provision by respondents in both countries, which is of importance in distinct ways.

NGO representatives generally acknowledge that mental health is an all-encompassing aspect of reintegration. However, there are very few psychiatric or psychological support services available throughout the two countries. For example, Bangladesh has 260 trained psychiatrists, roughly 1 per 640,000 people[29]. In Cambodia, there is 1 per 260,000, compared to the UK with 1 per 9,000[30] or the US with 1 in 6,000[31].

As a result, integrated services are very rarely available. For example, due to generalized shelter support, specific mental health services provided by trained mental health professionals are lacking.

> But we also have some challenges for the mental of the client, that which is very hard for finding support for the client because our staff is not high skill like the mental care or mental issue. But what we provide is only for counseling, only counseling support and when we have some mental case it really had to find shelter to support a client. Even though the government has one shelter to support the mental care for the client. But the service is not appropriate are not the good services to provide (NGO Representative, Cambodia 1597088).

In addition to direct mental health services, as alluded to above, all other services must be trauma informed. This means that a survivor will receive appropriate services that will not cause any distress or exacerbate any mental health issues. When trauma informed care is lacking, it can be risky because, when service providers, including police, lack the capacity to assist survivors, it can lead to re-traumatization of the survivor. Without appropriate training, service providers may even experience second-hand trauma and that can lead to the mistreatment of survivors.

> When the police interview you, they are really scared, they said that sometimes the police shout at me, sometimes they will ask me loudly, so I am really scared. You know, this is the nature of the routine. When they were exploited or when they were abducted abroad, they are really frightened by the employer or by the authority and the destination country, and when they return the

> experience the same thing. So, you know, you say OK, what I really need is to go back home and see my mother (Lawyer, Cambodia 1597277).

One respondent commented on nepotism and its important connection to the risk of re-traumatization and burn-out. Essentially, if those hired to work as social workers for the government are not properly trained and educated, they will struggle to deliver services and assist survivors.

> I mean the nepotism here, they recruited the unskilled staff, or the staff that have no basic knowledge of social work. Many students who [inaudible], can I say they graduate from University of Social Affairs but they do not have work with Ministry of social affairs. But the other students, or the family of the staff, they are put in the Ministry of Social Affairs which is very hard. They do not understand very basic social work. This is very hard when we make the referral mechanism or services to the victim of trafficking (NGO Representative, Cambodia 1608491).

Due to the lack of mental health support available and the limited trauma informed care, it is important that communities and families understand how to support survivors. Although family and community support cannot replace proven mental health interventions, families can play a role in mitigating re-traumatization. Further, if survivors are receiving appropriate mental health services, issues at home and in the community can act as a barrier to recovery.

> This helps with the acceptance from the family and community as well which is also crucial towards the reintegration of a survivor. So, in addition to let's say the legal support or the health support or the shelter support that the survivor is getting through counseling, one to one counseling sessions and through counseling of his or her immediate family and community, all of these factors combined towards successful reintegration (Lawyer, Bangladesh 1592333).

29   WHO. Bangladesh: WHO Special Initiative for Mental Health Situational Assessment. 2022. https://www.who.int/docs/default-source/mental-health/spe-cial-initiative/who-special-initiative-country-report---bangladesh---2020.pdfWHO. Mental health workers, data by country. Updated in April 2019. https://apps.who.int/gho/data/view.main.HWF11v

30   Parry, Sarah J & Wilkinson, Ewan. Mental Health Services in Cambodia: An Overview. November 2019 https://doi.org/10.1192/bji.2019.24

31   KFF. Mental Health Care Health Professional Shortage Areas (HPSAs). September 2022 https://www.kff.org/other/state-indicator/men-tal-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22as-c%22%7D

COMMUNITY AS A PATHWAY TO REFERRAL

In the story of Anwar, we see that he is not able to access the services he needs in regard to mental health. He suffers and struggles to work, when suddenly a member of the local survivors' group, ANIRBAN, shows up at his house. From the interviews with survivors, we found this to be common practice and the outcome to be remarkably positive.

As previously discussed, Bangladesh has a rich history of civil society and grassroots organizations making major contributions to social service delivery and advancing rights in Bangladesh. Through this analysis, the role of survivor-led, community groups in survivor outreach and psychological support is paramount. This is particularly well highlighted through the work and positive outcomes of ANIRBAN.

ANIRBAN, which means *the flame will not fade*, is a civil society organization made up of trafficking survivors and defines itself as a Survivors' Voice group. ANIRBAN, a network of groups around the country, has worked to raise awareness around human trafficking and advocates for survivors and their rights. The groups give voice to survivor issues and concerns in local communities to engender a positive attitude toward survivors. They facilitate sessions in schools and madrassas on safe migration; conduct interactive meetings with journalists, local government and civil society organizations; provide leadership and facilitating training to members and other survivors; and promote human rights, women's rights and safe migration days in their communities[32].

Survivor interviews in this research strongly relayed the impact of ANIRBAN on linking survivors to services and positive reintegration outcomes in general. These survivors, turned frontline workers, regularly receive tip-offs about returning survivors from local authorities or members of the community; they then take proactive steps in seeking out survivors to make sure their needs are met. It appears that ANIRBAN and groups like them play a unique, yet understated role in the protection system in Bangladesh, in identifying and providing assistance to survivors who may otherwise be lost in the system and left to fend for themselves,

> I didn't know about any NGOs [back] then. One

day a person from Anirban contacted me. Then I share my incident with him. Then he told me about YPSHA, and I got help and support from YPSHA (Survivor, Bangladesh 1597000).

> When I came back from Sri Lanka, the ACT project of the USAID Winrock International program was ongoing. After six days of coming back, a field officer called me. I do not know how he collected my phone number. They called me and asked me if my name was Ishak, I said yes. Then they asked me if I came back from Sri Lanka, I said yes. Then they said tomorrow they are going to come to my area and that I had to give them my time. After that, they took all of my details and made sure that I actually was a victim (Survivor & ANIRBAN member, Cox's Bazar, Bangladesh).

Based on previous studies (Pandey et al., 2018), the role of frontline workers with similar traumatic experiences is crucial, as it can be therapeutic for survivors to connect with individuals that can share a deeper understanding of the emotional and psychological challenges they face.

> They want to tell their story freely with us because we are also the victim. Firstly, they don't want to say about the physical and mental torture. But when we tell them that we are also the victim and we faced the same torture before, they want to tell the whole story to us. We tell our story too. That's why they can trust us (Survivor, Bangladesh 1597000).

Through this shared experience, they can convince survivors to get the help they need and pair them with the right providers in their area.

> After I did not get any help, I got completely helpless, as helpless as someone with a broken waist would be. I was talking to people; I was doing what I would do but I had no morale to get back to my feet. After 3 months of coming back, Mr. H… of ANIRBAN told me that there was an office of SOCHETON at Rajshahi and if I gave my name there, they would help in some way. My husband did not believe it. My husband said that he was cheated by people once, he would not get cheated again. So, he did not want to give my name anywhere. After that, a guy named N… who worked at the SOCHETON office of Rajshahi came to my home. He listened to my story. Two other people were trafficked

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32   Winrock International. Bangladesh Act Program Helps Give Voice to Trafficking Survivors. n.d https://winrock.org/bangladesh-act-program-helps-give-voice-to-trafficking-survivors/

> with me, one from Dhaka another from my area, he also collected the details about them. He encouraged me, he told me that I, had to reclaim what I had lost, he told me I had to get my employment back, he told me that I could not just sit at my home, he told me that I had to keep hustling. Then he took my name and details and after a few days, SOCHETON called me. After I went there thanks to the training of Ms. H… and Mr. P…, I got my mental strength back. I got a lot of training and counselings (Survivor, Bangladesh 1596928).

As stated above, survivors will sometimes not come forward for identification because they feel culpable for their situation, or they simply do not have knowledge around what they are entitled to. Survivor networks play an integral role in this regard, as they can use their experience to help survivors understand that trafficking is a crime against a person that is of no fault of their own. Linked to this aspect, the transformational journeys of grassroot volunteers may become a source of motivation and inspiration to survivors, in their struggle towards reintegration.

PHASE V – LIVELIHOODS AND FINANCIAL HEALTH

Often, repatriated survivors in Bangladesh and Cambodia were initially motivated to migrate under precarious, if not desperate, financial circumstances coupled with a lack of job opportunities in their home communities. Other survivors told stories of being kidnapped from the beaches of Bangladesh, where their families were extorted, forced to pay ransoms. Survivors also told stories of their families paying traffickers extortionate fees to be able to travel, with the promise of making much more, but never being paid, exacerbated a family's financial distress. As a result of these financial stresses, survivors will often feel extreme pressure to begin working as soon as possible. However, they will somehow need to find income generating activities whilst facing stigma, judgement, and a general collapse of their social capital, meaning that social connections, the most important mechanism for finding wage employment, are cut off.

Due to their importance, livelihood interventions are provided by governments and NGO service providers in both countries. Respondents discussed the livelihood programming offered by the Cambodian government, and from the interviews it seems that several ministries in Cambodia provide TVET as a wider public social service. For example,

the Ministry of Foreign Affairs provides some free vocational training for survivors specifically with the aim to build the skills they see as necessary to fill gaps in the economy. However, vocational training is not survivor centered and does not seem to reflect any of the complexity around survivor needs. As a result, these interventions do not seem relevant to survivor needs and do not often lead to employment for survivors.

For example, data from this research show that survivors, overwhelmingly, want to be in their home communities, close to their families and contributing to livelihoods, even if they are problematic settings. Survivors highlighted that livelihoods training did not match their interests and needs and/or they did not provide them opportunities that would allow them to stay in their communities. If survivors do take the time to receive TVET they may find that the training has no pay-off. This mismatch between training and job placement can mean that survivors forgo income unnecessarily.

> This is one of the challenging and otherwise the most of the client after reintegrate back to community so what they want is to find a new job in their home, their province because the client also the main person who support who earning to support the whole family so when sometime when we introduced the vocational training or shelter sometimes is not interest to the client and but what they want is to want to go back to their community and finding a new job that would be the earning the money to support for their family. However, in their home country it is really hard to find a new job for them and the vocational training at the home province is very limited access to provide as well (NGO Representative, Cambodia 1597088).

Findings from interviews showed that most geographically hard-to-reach places tend to have lower quality services or no services at all. This is also true regarding livelihoods training. In this case survivors must leave their families to receive training or go without the training completely.

> So, some of the client they also suggest to have the vocational training or the finding the new job in their home and the country in their home province. So, the resource in the NGO, who provide the resource in their home country in the home province, is very limited access to provide the support for the client. Only in Phnom Penh has some many the organization that provide for short term and long-term vocational training or other skill that is needed is the their victim or the survivor required to want to learn. But in

> the country, in the province does not have high standard [or] specific organization that work to provide the grassroot level to support for survival after the reintegrate back to community (NGO Representative, Cambodia 1597088).

This creates additional problems for a survivor. We know that earning a decent income is crucial for financial health; however, this is not sufficient for financial health and positive reintegration outcomes. From the survivor perspective, in both countries, earned income is part of a wider household livelihood strategy, where overall reintegration outcomes depend on the family being financially healthy. This can put a lot of pressure on the survivor, particularly when their trafficking experience may have exacerbated the family's financial predicament.

> When the person who was supposed to work abroad comes back [from] being trafficked, the person is not able to support the family financially. So, what happens next is since the family is large, it's hard to support them financially. So, what happens is one of the members spoils their life, one of them commits suicide (NGO Representative, Bangladesh 1638891).

The above is a striking quotation from the interviews, but it does show the importance of immediate income generation and the consequences of a lack of feasible options. Failure to provide for the family, coupled with a sense of vulnerability and guilt, can have serious and sometimes devastating consequences.

As stated above, many trafficking victims originate from socio-economically disadvantaged areas, where there are few jobs. When a survivor returns home to the same disadvantaged community, they will face the same scarcity of jobs and will still lack the capital to start up entrepreneurial income generating activities.

> The client (survivor) is also the main person who earns to support the whole family, so sometime when we introduced the vocational training or shelter sometimes is not interesting to the client because what they want is to go back to their community and find a new job, that would be earning the money to support for their family. However, in their home country it is really hard to find a new job for them and the vocational training at the home province is very limited access to provide as well (NGO Representative, Cambodia 1597088).

However, even when high- quality livelihood skills training is available, survivors will often have to remigrate in order to apply those skills. Whether it is the lack of jobs available or the wrong jobs available, migrating so soon after trafficking is extremely common and problematic. When survivors leave their home community, they risk re-trafficking; leave behind a great psychosocial resource; and forgo services as they are lost to NGOs and the government.

> I think the resources from the provincial level is very important to support the client because when they arrive, they arrive at their home. They also try to get some services from the government. But anyway, the government does not have the resources to support them. That's why they try to, whenever they get right back to the community, and they try to find a new job in Phnom Pehn, or they can migrate to other provinces to find another job. That's why the survivor has already moved from one place to another place in order to find a new opportunity for the new job (NGO Representative, Cambodia 1597088).

As a final point, psychological distress inhibits a survivor from re-entering the workforce. This is another reason why livelihoods training alone may not be sufficient for survivors. Although it is apparent that psychological well-being can be derived from financial health, which in turn is necessary for successful reintegration outcomes (Kasper and Chiang, 2020), the converse should also be considered. In other words, some survivors require psychological rehabilitation in the first instance, in order to then be able to undertake livelihood training, seek employment and ultimately contribute to the livelihood of their family. Without this rehabilitation, survivors are not likely able to maintain long term and sustainable income generation,

> I've been working with them for ages. In terms of the funds to support them, even if we give them the financial support, if we don't them clearly about the finance management, the family management and also their psychosocial support (it is not enough). For example, I mean the psychosocial support here is very important to the victim of trafficking. Because when they were trafficked in their destination country, I can say they were transmitted some kind of abuse and the way they live in the other countries also transplant into their source community. So, make sure that before we provide support to them, we have the professional psychologists or counselor to make sure they could seek for financial support (NGO Representative, Cambodia 1608491).

Although these targeted livelihoods projects, when well designed and properly targeted, do seem to have positive results, survivors and service providers report that they do not sufficiently address the insecurity faced by newly returned migrants. Mainly, survivors need to meet very basic survival needs before they can think in a longer-term capacity.

> It's really challenging to work with those people too. I have like two or three cases before you know. They always ask [org name] if we can provide money to pay off the debt, you know why they are in in that situation. Even we explained to them a lot and how we can under the issue step by step. But they said that no, I need the money now I need the money to pay off the debt. So, I think sometimes it's really challenging for that (Lawyer, Cambodia 1597277).

> When an only earning person comes back from the abroad being a victim, the society and family don't accept them. They treat them like a sinner. We helped them to survive here. We gave them 25000 Taka only. But nowadays it's not enough money for them. It will be better if we can give them few more money. Also, we cannot help financially all of the people. We can help only 20 persons out of 100 people. It will be good

> if we can support all of the people. We need more support of our government Union Parishad chairman. If they can get financial help from them, then they can lead a better life. Without government help we cannot have success in this project. Government has the committee for reducing the trafficking. But they are not aware about this. If they can be aware about this like us, Human trafficking can be reduced (NGO Representative, Bangladesh 1592619).

Respondents in both countries believe that the government should take the lead on providing emergency funds such as these. Respondents reported that this very difficult financial stress puts pressure on survivors to re- migrate, putting them at greater risk for re-trafficking.

Overall, most survivors need emergency funding to get back on their feet. Without these funds the survivor will not have the opportunity to file cases, to take the time to receive training, and will suffer from such heavy levels of stress they will struggle to plan for the future and work towards recovery and positive reintegration.

LIFE SKILLS BEFORE LIVELIHOODS AS A SOLUTION

NGOs in Bangladesh have developed interventions to overcome the barriers listed above, working directly with survivors to acknowledge and address the complexity in the form of Life Skills Training. These trainings are provided by several NGOs in Bangladesh. From the interviews, it is clear that the life skills training 1) provide emotional and psychological support to help survivors come to terms with their situation, 2) help the survivor to understand basic money management and income generation, 3) teach social and inter-personal communication skills, and 4) help the survivor set realistic expectations for their recovery.

> It was about building skills to lead a better life. They gave an example of orange juice; I still have it in my memory. How to improve in life and go ahead even with any little business, they taught me that. If someone buys 200-300 oranges and sells orange juice in Cox's Bazar, he can profit 3.5k-4k a day. I [also] learned to behave well with others. I learned that I would have to talk in such a way that others feel interested to talk to me. I will have to enter into others' minds. A lot of other things were there in the training (Survivor, Bangladesh 1597382).

The reason these trainings seem to be so effective is because they work closely with the survivor during the sessions to identify individuals needs when it comes to reintegration. It helps survivors to set realistic goals and expectations and helps them to find the right fit when it comes to livelihoods and the support they will need to ensure sustainable income generation.

> All survivors are given life skill training over there…and they try to understand their needs and strengths and field of work. By understanding their strengths and what they're good at, they try to offer them scopes in that employment sector. For example, if someone used to drive vans, they are given vans and something like that (NGO Representative, Bangladesh 1638891).

Of the 26 survivors interviewed in Bangladesh, almost all mentioned both ANIRBAN and Life Skills training. Besides one survivor who never received the training due to a cancellation and no follow-up, the response to these life skills courses was overwhelmingly positive.

> At first, I did not have any expectations as I was in a very bad situation. After I received the training that they gave us, the time that they spent for us, the advice that they gave us, we were happy and hopeful. But before that, we had no expectations, no hope (ANIRBAN Member & Survivor, Bangladesh 1585885).

> The main thing about SOCHETON is their training. I do not know if you know about the training, but the training helps each of the victims massively (ANIRBAN member & Survivor, Bangladesh 1585885).

> Then I went there, and I received my first life skill training during the 3 days. The life skill training changed my life a lot. I did not think that it would change me so much. I think everyone deserves to receive life skill training not only the trafficking victims, everyone (ANIRBAN member & Survivor, Bangladesh 1586009).

ANIRBAN volunteers also highly recommended the trainings to survivors. The encourage people to attend to start their process towards recovery and financial health.

> The organization gives some training to them like life skill training. You can know many things from the training. After getting training if you want to do something, the organization will help. They will help you financially also. Suppose you want to build a shop; in that case they will provide you the goods for sell from your shop. That's why I am telling you that it will be good for you (Survivor, Bangladesh 1597199).

Overall, ensuring the right fit for livelihoods, should take into account a wide range of factors that make up the life of the survivor, their geography, skills, experience, and interests. This training is likely so useful because it does not compartmentalize the lives of survivors and takes into account the complexities they face in their reintegration journey. In the end, this type of holistic and participatory practice can lead to much more positive reintegration outcomes regarding livelihoods and income generation. Overall, Life Skills training in Bangladesh and the livelihoods matching schemes seem to provide sustainable paths forward.

CONCLUSIONS AND RECOMMENDATIONS

From both Parts I and II of this paper, one can conclude that the services available to survivors in Bangladesh and Cambodia are insufficient. Of course, funding, coordination, and capacity matter for quality, accessible services. However, and as formal service providers and NGO representatives aptly pointed out, even with the increase of funding and capacity, services will still be insufficient and poorly targeted.

One major issue is that, although service providers clearly see the complexity, the barriers, and what works well, project design rarely reflects their level of knowledge. Simply, service providers understand what is not working, but they do not have much say in what is funded and what the services look like. Survivors are well positioned to express their needs and provide input, but this bottom-up approach is rarely utilized, and their voices are rarely heard. In Bangladesh, some approaches are well developed, but stay localized and are not scaled up, even when they work well. In Cambodia, on the other hand, bottom-up approaches are far less common due to the contextual factors outlined in Part I, such as highly centralized government and an ongoing post-conflict aid model. Due to this, services are anything but survivor centered.

Findings from this paper show that survivors and groups such as ANIRBAN should be shaping services alongside NGOs, while governments and donors should be supporting the identified needs and solutions. Donors and centralized government officials need to listen and respond to survivors and service providers to ensure that the right policies, sufficient budget, and correctly targeted programming are in place. One thing for certain is that this is not new information. It is about willingness to trust and engage with survivors and investment in appropriate feedback mechanisms to ensure survivor centered programming and policy.

Part II describes the complex referral system in which survivors must navigate. We show that services are rarely survivor centered and do not reflect the interrelating nature of the needs of the survivors. A major finding is that community and family play an extremely important role in reintegration. Families and communities are crucial entities and can keep survivors from having positive reintegration outcomes or can protect survivors and help set them on a path to recovery. Their roles need to be reflected in both policy and practice, referral mechanisms must be designed including the importance of family and community.

Further, community awareness, engagement, and support are beyond crucial at every stage of a survivor's journey – from migration to every phase listed above. A strong and knowledgeable

community can help migrants navigate around brokers who seek to do them harm. During rescue and repatriation, families can step in and help by contacting NGOs or diplomatic missions to assist as they are almost always the first point of contact. NGOs mentioned they sometimes work with families to prepare them for return, but this needs to be standard practice as families play such a significant role in shelter, basic needs, and mental health. Families and communities also facilitate access to justice, livelihoods opportunities, and other services. Not working with communities and families as regular practice is a missed opportunity for everyone.

Access to justice presents a wide range of complications and barriers for survivors. What is notable here is that traditional issues of capacity and funding matter, but within a referral ecosystem where numerous integrated barriers exist, it is not likely that an increased amount of funding and capacity would increase access to justice in a significant way. Local power structures create incentives for corruption, and the fear of retaliation disincentivizes action. The central governments in both countries need to play a stronger role to ensure accountability and protect survivors from powerful local actors.

Central governments should work closely with grassroot organizations who can play a crucial role in ensuring that survivors can navigate the legal process. At the grassroots level, community organizations are well placed to counteract the influence and intimidation tactics of perpetrators. In Bangladesh for example, grassroot organizations clearly hold some influence in local communities, through their role in the last few decades as informal service providers in partnership with international donors. Because of this, communities are in a position to assert their leadership in the local setting, by holding local government actors to account, and calling for justice against traffickers, no matter the perpetrators rank or status in local society.

Clearly, this is by no means a straightforward task; however, in partnership with local and national government, we argue that grassroot organizations have the potential to neutralize the influence of perpetrators at local level, and in some sense provide survivors protection against abusive patron-client relationships and potentially prevention from trafficking in the first place.

Survivors' organizations like ANIRBAN show us what gaps exist and how survivors can and should be empowered to facilitate their own services. ANIRBAN shows us that survivors indeed are not helpless victims but can and should be key players in the referral system. Survivors' groups should be built and maintained to ensure positive reintegration outcomes as they are well positioned to fill in the gaps highlighted throughout this paper.

The feedback from the Life Skills training in Bangladesh was overwhelmingly positive. Our assumption based on the evidence from this research is that the Life Skills interventions are useful because they incorporate complexity. Setting expectations, learning what someone is good at and what capital they already have, and understanding what their villages have and need allows for a targeted and individualized approach that results in positive outcomes. All interventions need to be approached from the Life Skills perspective, acknowledging the complex interplay of reintegration needs. As of now, the policies in place are far from survivor centered. Referral mechanisms need to be built around complexity instead of assuming some sort of linear experience.

CSOs and NGOs do not have to sit idly and wait for international donors and high-ranking government officials to come to these conclusions. They can start now by organizing coalitions and working more closely with survivors. For example, survivors widely mentioned that services and support provided by grassroots community groups like ANIRBAN alongside Life Skills training given by local NGOs pave the way for positive reintegration outcomes across many areas. This combination of formal and informal service provision, led by survivor engagement, highlights the interconnectedness of the protection system and how when properly utilized has the potential to address the complex needs of survivors.

Further, as an organized coalition, CSOs and NGOs can work to challenge the status quo and advocate for the right interventions. With USAID's 2022 CTIP policy that focuses on survivor centrality and empowerment, advocating the funding of coalitions, as they have the capability to empower local service providers, maybe the right way to go. USAID's CTIP policy also puts forth the objective of better measuring and using evidence to develop interventions. There is no better way to uptake evidence than receiving inputs from survivors as part of well-integrated learning process.

Regarding the more traditional issues of capacity and funding: capacity building from large NGOs or international organizations such as Winrock or UN agencies needs to focus more on sustainable knowledge dissemination and retention, rather than one-off trainings. Factors like nepotism and high

staff turnover where new people are coming in with limited to no knowledge of trafficking is a barrier that is unlikely to change any time soon, thus the capacity building approach must. Initiatives such as creating self-paced training courses, training of trainers, and disseminating research through informational videos may help. Also, creating partnerships with universities would likely be in the best interest of future social workers, lawyers, and politicians.

Of course, insufficient direct funding for survivors is a massive impediment to service delivery – whether it is accessing services from remote areas, staying engaged in the legal system throughout the process, or obtaining relief of serious financial pressures, direct funding to survivors is needed. Even for donors such as USAID, which are reluctant to provide cash transfers, financial gaps can be bridged by in-kind support, transportation vouchers, or direct payment to lawyers or NGOs to cover extra costs for the survivor.

Overall, the archetypical models of referral mechanisms, where the aim is for the government to fund all survivor services through well designed, transparent programming, run by fully trained CSO staff, are not feasible or realistic in countries like Bangladesh and Cambodia. Rather than pushing for policies and practices based on Western-centric ideals of protection, focusing on perfectly worded legislation, international donors are better placed to help design policies and practices that align with the subjective, objective, and relational wellbeing objectives of the countries in which they work. In countries with strong community support systems, it is better to work within these systems to strengthen and support them to ensure that every survivor's needs are met, rather than building infrastructure that will not be utilized, and may even impede access to local, available resources.

Future research

Findings from this research show that only when the complexity of survivor needs are understood and fully integrated into programming are interventions truly successful. Designing and implementing such interventions requires survivor engagement. However, up to now, very few participatory action research studies have been undertaken with survivors. In addition, survivor voice is systematically left out of program design and monitoring and evaluation frameworks. To develop an understanding of the needs of survivors, more participatory research must be conducted and shared widely across the sector.

The realities that Bangladeshi and Cambodian minors face when going through the referral system was beyond the scope of this research. However, we encountered numerous cases of Cambodia women who were victims of forced marriage, who were under the age of 18 at the time of being sold to men in China. As we found through this research, the lack of specialized support and services for survivors, let alone services that cater to the physical and emotional needs of minors means that the role of family and community in reintegration is potentially even more vital. However, this can be complex as issues surrounding guardianship of minors arise. This is further complicated as we learnt through this research that cases of trafficking sometimes involve close relatives or immediate members of the family. Hence, we would encourage future research to focus on the referral process of minors in countries such as Bangladesh and Cambodia.

Further, discriminated groups such as the LGBTQIAN+ community, ethnic minorities, and religious minorities were not represented in this research. This does not mean that are not trafficked or do not exist in Bangladesh and Cambodia. On the contrary, these discriminated groups represent some of the most vulnerable individuals to human rights abuses, including human trafficking. Yet, they are rarely encountered and difficult to seek out as they are hidden or marginalized on the fringes of society, particularly in more conservative countries like Bangladesh. We encourage future research on national and transnational referral mechanism to focus on the realities faced by marginalized groups, and the distinct obstacles that they face in receiving support and services.

Finally, the issue of cyber slavery in Cambodia, well documented recently by mainstream media outlets such as Al Jazeera, the BBC, and others in 2022, brings up the question of why existing support and services have been ineffective in identifying and assisting foreign victims. Indeed, more research needs to be undertaken to understand the links between the low identification rate of victims and the resources available to identifying authorities and service providers. Unless there is closer scrutiny of the low identification rate of victims of trafficking, demands for greater government investment into existing support and services for survivors could be seen as unwarranted and difficult to justify. More simply, if we cannot identify victims, how can we ask for government and donor support in assisting them?

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