Protection in CTIP Briefing:
Learnings from the Survivor Experience of Referral Systems in Bangladesh and Cambodia

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USAID ASIA COUNTER TRAFFICKING IN PERSONS

This learning brief was developed from “Navigating Counter-Trafficking National Referral Systems: The Survivor Experience in Bangladesh and Cambodia”, written by Michaelle Tauson, John Luke Chua, and Catalina Diaz in 2023. It has been prepared with brevity and accessibility of language in mind to reach individuals and organizations working to combat human trafficking at all levels, including grassroots.

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Introduction

The problem:

The “model” referral mechanisms for survivors of human trafficking are generally prescribed based on examples of countries with strong social protection systems already in place, which are inapplicable to most countries in Asia. The over-emphasis on replicating these models may even be counter-productive, as they create policy structures that essentially build bridges to nowhere.

“Even if there really is a good national referral mechanism, ... it doesn’t really seem to work well or support the survivor... we have a lot of guidelines, but it seems like we cannot implement the guidelines” - NGO representative, Cambodia.

Purpose of this briefing:

• 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.

• Aim to reflect on how these contexts can be built upon and strengthened, and take advantage of the most effective elements of their current systems.

• Provide a summarised version of the original report, which can be found here.

Key concepts defined:

• **Referral mechanisms** include the process of identification, case management, and the provision of protection services to survivors of human trafficking (IOM, 2019).

• **Reintegration outcomes** can be measured by a survivor’s level of financial health; mental health; connection with family; and acceptance within society (Kasper and Chiang, 2020). These needs become part of the process and not just outcomes themselves.

• **Referral systems** refer to the policies and guidelines in place which currently serve as the designated path for survivors to follow in order to obtain services. These systems can be formal or informal.

• **Service provider** is a broad term for those providing services or referrals to survivors. This is done formally by those with assigned roles such as the police, or informally on a community level, such as family members.
Framing Referral and Protection Services

Support and services are not simply provided to survivors, as they must actively struggle to achieve reintegration. Reintegration could be relative success in financial or mental health, connection with family, and acceptance within society. Figure 1 shows our framework for understanding the referral system for survivors of human trafficking, taking a wider view of protection as defined in both Bangladesh, Cambodia, and other countries in the region.

**Figure 1: The referral system**

- **Community and family**: post-trafficking, local support networks are 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. However, they can equally obstruct survivors from accessing the support they need.

- **Formal/informal governance, structures, and institutions**: with the family and community near the center, survivors move outwards, encountering both formal and informal governance, structures, and institutions. Formal governance and structures include laws and policies and the services made available through the government, NGOs, and international donors, whereas informal structures may include entities such as grassroots and religious organizations.

- **Contextual factors**: a country’s wider contextual factors heavily influence other variables of the system, creating the overarching environment of protective services and influencing the on-the-ground experiences of survivors.

**Organization of this briefing:**

**Part I** of this paper clarifies the contextual aspects of the protective frameworks and describes the referral systems in Bangladesh and Cambodia.

**Part II** of this paper will provide a bottom-up approach of the survivor experience, following survivors through the phases of their reintegration journey.
Key Findings:

- The archetypical models of referral mechanisms, where the government aims to fund all survivor services through well designed programmes run by fully trained CSO staff, are not realistic in countries like Bangladesh and Cambodia.

- 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.

- Survivors can be well positioned to express their needs and provide input, but this bottom-up approach is rarely utilized, and their voices are rarely heard.

- Survivors and groups such as ANIRBAN should be shaping services alongside NGOs, while governments and donors should be supporting these localised initiatives. Donors and centralized government officials need to listen and respond to survivors and service providers.

- CSOs and NGOs can start now by organizing coalitions and working more closely with survivors and survivor groups.

- Community and family play an extremely important role in reintegration. Their roles need to be reflected in both policy and practice, and referral mechanisms must be designed to include the importance of family and community.

- Central governments should work closely with grassroots 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.

- Capacity building from large NGOs or international organizations need to focus more on sustainable training programs. Initiatives such as creating self-paced training courses, training of trainers, and disseminating research through informational videos may help.

- Reintegration should be understood as both an outcome and an ongoing process. These outcomes depend heavily on the availability of quality services, which are themselves dependent on the context and the wider protection system.
PART I: Understanding the Context: Policy in Practice

Even with the best policies and laws, a referral mechanism is only as good as a government and a society’s ability to implement those policies into everyday social services for its citizens. In Figure 2, referral mechanisms are represented in each colored circle, and the systemic issues in which the referral system exists are highlighted down the left and right side. Although these referral mechanisms may be in line with victims’ needs, the systemic issues prevent the referral mechanisms from reaching the victims. The end result can only be a weak referral mechanism.

Figure 2: How weak referral systems are generated

In Bangladesh and Cambodia, survivors must navigate a complex and informal system, with an uneven distribution of services that are dependent on local contextual factors. Bangladesh operates under formal and informal power structures, with those in power working around formal rules to gain the support of the less powerful. As the role of the government has traditionally been limited in delivering social services in Bangladesh, grassroots organizations tend to fill in these gaps. Power structures in Cambodia can also be highly informal. However, local authorities are unlikely to provide support to the disenfranchised. Like Bangladesh, local power is still limited. Cambodia still heavily relies on foreign aid for social services, and civil society mainly comprises of NGOs that were created by foreign donors and organizations.

In these two countries, we find two distinct models of referral systems, yet both face similar problems of commitment, coordination, capacity, quality, and accountability. There is a strong need for an integrative mechanism that considers these contextual factors, rather than simply creating laws and policies that may look useful on paper but do not work with the protective system already in place.
Counter Trafficking: National Policies and Protection Systems

Bangladesh

In Bangladesh, the ‘Prevention and Suppression of Human Trafficking Act’ (PSHTA) calls for the government to set procedures for the identification, rescue, repatriation, and rehabilitation of human trafficking survivors. The government also ratified the ‘Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children’ (UN TIP Protocol) in 2019. However, overall, there are limited specific policies or guidelines for the protection and assistance of survivors.

Interviews with government officials and formal service providers show that progress has been made at the central level in Bangladesh when it comes to policies and implementation since the establishment of PSHTA in 2012.

“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.

Consistency of implementation remains a crucial challenge. The referral process in Bangladesh can be characterized as ad hoc and decentralized, according to the participants who took part in this study. Government officials and service providers interviewed said there are no clear national guidelines in place for identification or referral.

From the interviews, it seems that organizations can create very effective systems and increase service availability for survivors when they establish their own direct networks with the government. Yet breakdowns in the system are susceptible to several factors, such as systems dependency on local government representatives. Many representatives believe if a system was supported by the central government, with centralized funding, it would be sustainable over time.

“Problems occur when government workers change, or there are insufficient funds... 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.
Cambodia

Cambodia has a comprehensive set of policies and laws in place for the protection and assistance of human trafficking survivors. The formal identification of survivors is done by government entities; anti-trafficking departments of varying ministries; and the Anti-Human Trafficking Police. NGOs and other stakeholders can do preliminary identification of the survivor and refer them to police for formal identification, but cannot formally identify themselves.

“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.

Several NGO representatives noted that the system is designed to work well for victims identified in the destination country. However, if they were trafficked within Cambodia or returned home informally, no identification mechanism exists. Another major concern that some NGO providers pointed out is that the guidelines are too complicated and “too top down”. As a result, they often do not work with the local context. Government officials and NGOs also mentioned that capacity and lack of training was another reason guidelines are not used.

“So right now, victim identification, in that guideline, it says clearly who has the competence, who can do the victim identification... But unless those people receive the training, if we just give that form that lists or check up 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.

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.

Participants in the research felt that there is missing accountability that requires more commitment from the government, although some mentioned that Cambodia has improved in recent years regarding coordination with the establishment of the National Committee for Counter Trafficking.

“They are trying to establish or to create new policy or guidelines, but they rarely strengthen what they have” - NGO representative, Cambodia.
Part II: Survivors Reintegration and Navigating the Referral System

Making Sense of the Complexity

In the traditional narrative, a lack of access to services is almost exclusively attributed to a lack of capacity and funding. This over-simplified narrative produces similarly over-simplified recommendations and interventions. 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.

The “survivor-centered” approach that is often applied in literature is too narrow in its current definition and application. 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. For example, a survivor won’t be able to work or receive an education if they don’t have enough food to eat.

A key factor in navigating the complexity in countries such as Bangladesh and Cambodia is to understand that engagement and acceptance by family are crucial for reintegration outcomes. Communities and families are at times well positioned to offer services such as shelter, livelihood opportunities, and a general sense of safety and security.

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. However, formal service providers acknowledge their limitations in addressing that complexity, based on a narrow donor mandate and limited budget and capacity.
Survivors’ Perspectives: Navigating Complex Referral Systems

To better illustrate the real-life complexities of a survivors struggle towards reintegration, we created a fictionalized parallel story of two survivors, drawn from the real-life experiences of survivors in Bangladesh. Although the fictional narration centers on the Bangladeshi survivor experience, Cambodian survivors undergo similar experiences upon their exit from trafficking. The narration showcases 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.

<table>
<thead>
<tr>
<th>Anwar</th>
<th>Fahmida</th>
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<tbody>
<tr>
<td><strong>About</strong></td>
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<tr>
<td>Anwar is a 24-year-old Bangladeshi man. He was trafficked to work under forced labor conditions in a nearby country. After months of informal and dangerous construction work, the police raided Anwar’s hostel and treated him as an illegal migrant. Anwar was repatriated back to Bangladesh after several months in a detention center.</td>
<td>Fahmida is a 26-year-old Bangladeshi woman who 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 was allowed to return home, at her own expense. She was forced to ask her family to pay for her return.</td>
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<td><strong>Repatriation</strong></td>
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<td>Anwar took a flight back to Bangladesh, ultimately getting back to his hometown close to Cox’s Bazar. His family and other members of the community greeted him. Anwar and his family were filled with joy.</td>
<td>Fahmida returned home on a flight to Dhaka. The authorities were unaware of her trafficking situation. Although her husband met her at the airport, there was no celebration, and she knew his family saw her as tarnished.</td>
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<td>Community/family acceptance</td>
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<td>Anwar was grateful for the support and understanding of his family. He felt privileged to be back in a safe and secure environment. However, Anwar was not able to afford his deportation fees and his family were forced to take out a small loan to pay. Anwar felt shame for burdening his family and must return to work as quickly as possible.</td>
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<td>Fahmida was expected to contribute and work in the home, but the family did not want her going out. They were afraid it would bring shame to the household if people saw her. She stayed at home, spoke to no one of her traumatic experiences, and blamed herself for being so “stupid” and “greedy”.</td>
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<th>Access to justice and coming forward to report</th>
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<td>Anwar’s brother suggested that they go to the local police station to report Anwar’s case to bring his perpetrator to justice. Anwar was at first hesitant, as the perpetrator was a powerful member of the community. However, Anwar felt supported by his family who believed in him. He reported his case to the authorities. After reporting his case, Anwar was told that while the police would do their best to arrest the perpetrator, the process would be complicated as they were understaffed and insufficiently trained.</td>
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<td>Fahmida was aware that she was mistreated when she was abroad. But she had never heard of “trafficking”. She did not have any idea about any of the anti-trafficking laws and policies in place in Bangladesh. She had never heard of a woman who experienced the same fate, probably because the stigma keeps women from sharing their experiences. Since she could not go out and her family actively discouraged her from sharing her story, she had no opportunity to hear about what options might be available.</td>
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<th>Referral and access to services</th>
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<td>Anwar’s family provided him with the necessities he needed to recover physically, such as food and shelter. Although his family did their best to support him, he struggled constantly with his mental health.</td>
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<tr>
<td>Fahmida suffered a serious back injury while being trafficked. She visited her nearest doctor, two-hours away. The doctor has never heard of human trafficking, and just prescribed her pain relief.</td>
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ANIRBAN, a well-organized network of former survivors, found out about Anwar’s struggles and sent one of their members to see him. He told Anwar about his own experiences and his difficult reintegration journey. Anwar felt understood for the first time. The member connected Anwar with a local NGO that offers mental health support. Anwar felt much more at ease and could start thinking about the future.

She had to pay for the visit by borrowing money from her family, which she felt ashamed to ask for, since she believed her injury was her fault and she never should have gotten herself in trouble in the first place. She desperately wanted to leave her current living situation. She made some quiet inquiries into government shelters, but they seemed just as bad as her current situation. She felt trapped and depressed.

**Livelihood and opportunities for dignified work**

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<tr>
<th>ANWAR</th>
<th>Fahmida</th>
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<td>Anwar did not want to re-migrate but is struggling to find work – it is why he migrated in the first place. Anwar’s family advised him to seek help from the local authority chairman, who referred Anwar to an NGO in the nearby town which provides free vocational training courses. They helped Anwar enroll in a business management beginner course. They ended up providing Anwar with a small grant too, which Anwar used to start a small business and was able to earn a decent income, enough to contribute to the livelihood of his family.</td>
<td>Fahmida still struggled. She had no chance to work in the community as she was shunned. Fahmida still owed her family money from the repatriation and had no financial independence at all. Without options, she visited a local broker and asked if he could assist her in finding work abroad. He agreed to help, but she had pay for the services and travel. Fahmida was unable to take out a loan from a formal institution. The broker introduced her to an informal agent instead. She agreed to the conditions and re-migrated abroad.</td>
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Scan the QR code, or click here, to watch a short animation detailing Anwar and Fahmida’s reintegration journey.
Phases of Reintegration and the Referral System

Phase I – Repatriation

How a survivor returns and how they are received by the family and community sets the stage for their entire reintegration journey. Yet return and repatriation are rarely straightforward, and survivors don't usually return via diplomatic channels. A survivor's reception is dependent on factors such as how they are rescued, along with gender and cultural expectations.

Survivors who have family or community members who understand the formal and informal channels that exist within the protection system end up with more favorable outcomes than those who do not. When survivors were able to contact families from abroad, their families were able to contact NGOs, who can pressure diplomatic missions to assist in rescue and provide financial support for repatriation.

“I began to contact my [mom] describing to her of what we were undergoing through in China... she filed a complaint with some NGOs including ADHOC... 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, Cambodian.

Survivors seem to usually repatriate on their own, often because they are sent back by traffickers or employers. Some survivors will also face rejection because the family cannot come to grips with what happened to the survivor, and they are also afraid that “tarnished individuals” can bring dishonor to the family. In both cases, survivors are denied the support and informal services that families and communities can offer and that puts them in a disadvantaged position.

“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.

Communities and families 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.
Phase II – Community and family acceptance

This research shows that families and community members may not necessarily have the knowledge, understanding, and skills to welcome survivors and help them to reintegrate. In more conservative areas in Bangladesh, there can be a general denial of the concept of trafficking for men and women.

Women survivors are more vulnerable to poverty as livelihood options decrease, gravely impacting their reintegration outcomes. Some women may be divorced by their husbands due to their “immoral’ behavior”. This increases the level of stigma and therefore increases the chances of marginalization.

“We have seen that no one wants to admit that women can be a victim… 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.

Most of the interviewed survivors from conservative backgrounds felt like they were paying for 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.

Community and family dynamics 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. However, most families, across both contexts, want to help survivors, and community members very often do care.

“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... The neighbors and the people at the hospital... had charitable hearts, so they helped” - Survivor, Cambodia.
Phase III – Access to justice

Access to justice is a vital aspect to achieving positive reintegration outcomes. Survivors need the money that was stolen in order to survive and contribute to their family’s livelihood. Survivors also want to feel safe in their communities, feel like wrongs have been righted, and put the past behind them.

The crime of trafficking requires deeply rooted, complex, informal power structures to be in place. These power structures can create complex barriers to justice. Respondents noted that sometimes police, high-profile community members, and local government officials can be involved in trafficking cases.

“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.

Survivors are afraid of antagonizing brokers who are prominent or powerful members of the community. The broker may physically threaten or intimidate the survivor and their family members to ensure that the case is closed or never reported in the first place.

Lack of capacity, as can be 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, the limited experience of the police force in rural areas limits access to justice.

“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.

A final factor in lack of access to justice is the cost, in terms of time and money, of the legal process. Overall, whether criminal or civil, the case usually leads to disappointment as it is rarely completed and when it is, compensation is rarely received.

“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.
Phase IV – Access to other basic services

Informal service providers in the system can provide shelter, basic survival needs, and mental health support. Access to formal services completes the referral system and leads to more positive reintegration outcomes. However, we should not consider informal and formal service providers as separate parts of the system.

In Bangladesh, the lack of quality health services was mentioned many times over in our interviews. The major area of concern for service providers interviewed is that health care providers are not trained well enough to recognize trafficking. Service providers must be trained properly on how to work with survivors and how to refer them to other services.

“Bangladesh has 260 trained psychiatrists, roughly 1 per 640,000 people. In Cambodia, there is 1 per 260,000, compared to the UK with 1 per 9,000 or the US with 1 in 6,000.” (WHO, 2022; KFF, 2022; Parry & Wilkinson, 2019).

Mental health issues such as despair, hopelessness, shame, isolation, and thoughts of suicide were also common. A lack of mental health acts as a barrier to positively achieve all other reintegration outcomes. A person with issues in mental health will struggle to achieve financial health, connections with family, and acceptance in community and society. Mental health services were mentioned as a major gap in service provision by respondents in both countries.

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. There are not enough shelters throughout both countries and some areas of the country do not have shelters at all. According to the US TIP report (2022) and corroborated by NGO representatives, shelters are only available through a court order in Bangladesh, 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.
Phase V - Livelihoods and financial health

Survivors in Bangladesh and Cambodia often feel extreme pressure to begin working as soon as possible following their repatriation. Their families may have had to pay traffickers and brokers extortionate fees to be able to travel in the first place.

Many survivors were initially motivated to migrate as they come from socio-economically disadvantaged areas, with limited jobs. Once back home, they face the same scarcity of jobs and will somehow need to begin generating an income whilst also facing stigma and judgment.

Cambodian survivors discussed the livelihood programming offered by their government, and it seems that several ministries in Cambodia provide ‘technical and vocational education and training’ (TVET) as a general public social service. However, these interventions do not seem relevant to the specific needs of survivors and do not often lead to employment. Data from this research show that survivors want to be in their home communities, close to their families and contributing to livelihoods.

“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.

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

“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.

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

“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.
Conclusion: Community as a pathway to referral

Through Anwar’s journey, it is clear that very little is possible without the support of community and 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. 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. Any changes within the community and family dynamics could have resulted in a reversal of fortunes for Anwar and Fahmida. Community and family hold the key to what reintegration looks like for survivors.

“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.

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 gives a voice to survivor issues and concerns in local communities to bring about a positive attitude toward survivors. They facilitate sessions in schools on safe migration; conduct interactive meetings with journalists, local government and civil society organizations; provide leadership and facilitate training to members and other survivors; and promote human rights, women’s rights and safe migration days in their communities.

Survivor interviews in this research strongly relayed the impact of ANIRBAN on linking survivors to services and positive reintegration outcomes in general. 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.

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 here, as they can use their
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’. From the interviews, it is clear that the training:

- Provides emotional and psychological support to help survivors come to terms with their situation.
- Helps the survivors to understand basic money management and income generation.
- Teaches social and interpersonal communication skills.
- Helps the survivors set realistic expectations for their recovery.

“All survivors are given life skills 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.

These trainings seem to be so effective because they work closely with survivors during sessions. Survivors are able to set realistic goals. The training is likely so useful because it does not compartmentalize the lives of survivors, and takes into account the complexities survivors 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.

“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.
For the full bibliography, please refer to the full report "Navigating Counter-Trafficking National Referral Systems: The Survivor Experience in Bangladesh and Cambodia" here.