



# Optimizing Screening and Support Services for Gender-Based Violence and Trafficking in Persons Victims

## REGIONAL ANALYSIS

### CONTEXT

Gender-based violence (GBV) and trafficking in persons (TIP) continue to be major concerns in India, Nepal, and Sri Lanka. In India and Nepal, the number of both GBV and TIP cases is high. In Sri Lanka, while GBV is high, but TIP shows comparatively fewer registered cases. Commercial sexual exploitation and forced labor are the two dominant forms of trafficking in India and Nepal whereas trafficking for forced labor (especially of outward-bound migrants) emerges as more common in Sri Lanka. In India both internal and cross-border trafficking is prioritized; in Sri Lanka external trafficking for labor is prioritized; and in Nepal, more attention is now shifting to internal trafficking, especially of women and girls, along with cross-border trafficking. Over time the modus operandi along with the traditional methods of recruiting victims into trafficking includes cybercrime or online trafficking, and cybercrimes against women are on the rise in India and Nepal. There are challenges of data collection and its' accuracy in all three countries due to many reasons ranging from lack of reporting to institutional and legal gaps in recording instances, especially of human trafficking.

### METHODOLOGY

The research is informed by secondary data and literature analysis, study of legal frameworks and, qualitative analysis through key informant interviews (KIIs), focus group discussions (FGDs), and case studies gathered from the field. The regional analysis was based on the major findings and key recommendations from the three country-level reports.

### KEY FINDINGS

#### Understanding of TIP and GBV

In India, Nepal, and Sri Lanka, the discourse on GBV narrowly focuses on 'physical' violence against women, further restricting it to domestic violence. KIIs suggest limited comprehension of TIP as mostly forced prostitution (India),

mostly cross-border (Nepal), and TIP of women resulting from external labor migration (Sri Lanka). There is also very limited understanding of the intersections of TIP and GBV, which ultimately impacts the screening and identification of victims. This research confirms the 'feminization of victimhood' in TIP as well as GBV situations. Often severely exploited as a consequence of their trafficking or facing violence and abuse in interpersonal relationships - men and other genders are often overlooked or side-lined in legal, policy, and in service delivery frameworks.

#### Challenges to Screening and Identification of TIP & GBV Victims

Some common challenges in screening and identifying victims are lack of protocols and specific set of indicators; lack of appropriate training and capacity building among the first responders (police, border and immigration officials); lack of understanding among victims of their situation; victim's perception of shame, stigma, and societal pressure; and lesser priority and focus on internal trafficking especially in Nepal and Sri Lanka - were identified as some of the common challenges.

#### Gaps and challenges in the legal framework

Even though there is scope for improvement in the TIP and GBV laws in all three countries, the existing legal framework is quite effective but is impaired by its weak and uneven implementation. Interpretations of legal provisions by legal responders, especially the definition of TIP, and consent are problematic in all three countries, impacting the identification of victims, investigation of cases, and justice delivery to victims.

Delayed legal processes in recording complaints, investigations and trials of TIP and GBV cases have been reported in all three countries - primarily due to the inherent systemic challenges associated with the broader justice delivery system, and deficiencies in the capacities of legal responders, beginning with the police and culminating with the courts.

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## Barriers to accessing services

Some common barriers to accessing services were highlighted as:

- Differential access to services on the basis of gender (which excludes males and other genders) and type of TIP (services focus on TIP victims of sexual exploitation)
- Unequal geographical distribution of services (lack of services in small towns and rural areas)
- Inadequate responses from law enforcement officials
- Difficulties in accessing services due to the Covid-19 pandemic
- Victims' reluctance to access services (due to lack of knowledge on available services, fear of stigmatization or shame, not knowing ones' rights, feeling of isolation and lack of social support, fear of re-integration into the family/ community)

## Challenges to service delivery

Whilst each country has its own set of challenges in service delivery, the following emerged as common impediments:

- Lack of funds – Shelters that operate with government funding often face lack of or irregular disbursement of funds, which impacts service delivery.
- Limited number of shelters – Shelters are mostly concentrated in urban areas, making it difficult to provide services or to continue providing services to victims who have gone back home or are re-settled in the community, which may be in smaller towns or rural areas. There are no shelters for men and other genders who may be victims of TIP or GBV.
- Lack of composite rehabilitation mechanisms - Rehabilitation services are very limited, and are usually restricted to sending victims back to their families, which often leads to loss of access to services for their economic and other rehabilitation.

## Integration or Separation of Services for GBV and TIP Victims

An overwhelmingly large number of respondents in India believe that services should not be integrated for GBV and TIP victims.

Majority of the interviewed victims in Nepal advocate integration of services, whilst the NGOs and law enforcement agencies are equally divided between integration and separation of service delivery.

Most of the service providers in Sri Lanka support separate services for TIP and GBV as an ideal situation; whereas law enforcement officers believe that access to a safe shelter is paramount over maintaining a separate shelter. Even with divergent opinions on separate or common shelters, almost all stakeholders believe that services can and should be integrated wherever possible.

Perspectives on integration or separation of services are predominantly based on the existing service delivery frameworks 'in theory' vis-à-vis their implementation 'in reality', availability of financial and human resources, and the lived experiences of the victims and service providers.

The question on whether support services for TIP and GBV victims should be integrated or remain separate would need to be explored with a deeper contextual understanding of the following – i) availability of state and non-state resources, ii) understanding and capacity of services providers to deliver through an integrated system, iii) legal provisions guiding the delivery mechanisms of different services, and iv) the socially driven perspectives of stigma and discrimination that drives a victims' choices and options.

The research found that the conversation is relatively new and must be contextualized keeping in mind the challenges listed above.

## RECOMMENDATIONS

Some key recommendations based on the study's findings are divided based on a mapping of relevant stakeholders and their responsibilities.

Recommendation	Stakeholder	India	Nepal	Sri Lanka
<b>Legal Framework</b>	Government	<ul style="list-style-type: none"> <li>Strengthen legal and policy framework by adopting comprehensive laws on TIP and GBV; amend the ITPA, 1956; fast track courts for trial in TIP and GBV cases; and enforce strict implementation of the laws.</li> </ul>	<ul style="list-style-type: none"> <li>Enforce existing laws to protect victims while also amending them to reflect new developments in the field.</li> <li>Implement and monitor standardized protocols.</li> <li>Specify the functions, roles, and duties of the federal, provincial and local governments.</li> </ul>	<ul style="list-style-type: none"> <li>Design a cohesive framework for access to services.</li> </ul>
<b>Screening and Identification</b>	Government Police Border Officials Immigration Officials NGOs	<ul style="list-style-type: none"> <li>Standardize guidelines and protocols for screening and identification of victims.</li> <li>Upgrade existing SOPs and Protocols on investigation and prosecution of TIP cases.</li> <li>Training and capacity building to improve screening and identification of trafficked victims and criminal justice delivery system.</li> </ul>	<ul style="list-style-type: none"> <li>Expand screening and identification beyond official border crossings and potential female victims only.</li> <li>Establish systems such as 24-hour hotlines to report GBV and TIP crimes.</li> <li>Practice victim-centric investigation procedures and victim participative criminal justice processes.</li> <li>Provide intensive GBV and TIP specific training to all the law enforcement personnel.</li> <li>Conduct public awareness programs for uninformed or misinformed and vulnerable people.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen capacity of Police</li> <li>Officers at the local stations.</li> <li>Provide specialized training to help in the screening and identification process.</li> <li>Improve referrals by expanding proactive role of NAHTTF.</li> <li>Focus on preventative measures/efforts.</li> <li>Strengthen understanding among officers at the Divisional Secretariat level.</li> </ul>
<b>Service Delivery</b>	Government and NGO Service Providers	<ul style="list-style-type: none"> <li>Ensure reach and access to services in smaller towns and rural areas.</li> <li>Develop an individual care and exit plan for victims.</li> <li>Consider separate shelter homes for GBV and TIP victims, especially those rescued from commercial sexual exploitation; but integrate services at a common location, like the One Stop Crisis Centre model, under one roof.</li> <li>Integration of possible services for GBV and TIP victims may be done for medical and legal aid services.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure effective screening and identification of victims in coordination with law enforcement agencies.</li> <li>Establish shelter homes that cater to the needs of men and sexual minorities.</li> <li>Avoid concentrating services in urban and border areas.</li> <li>Develop effective referral mechanisms.</li> <li>Increase the number of shelters across Nepal.</li> <li>Allocate an annual budget to support shelters and service providers.</li> <li>Set up shelters that cater to the needs of men as well as sexual minorities.</li> </ul>	<ul style="list-style-type: none"> <li>Expand awareness at the community level to improve preventive efforts.</li> <li>Cross-fertilization of knowledge about GBV and TIP through trainings.</li> <li>Conduct needs assessment on shelter services.</li> </ul>



## ABOUT THE STUDY

The Asia Foundation, with support from the Office to Monitor and Combat Trafficking in Persons (J/TIP), United States (US) Department of State conducted a multicountry qualitative research study to improve the efficiency and effectiveness of screening and service provision to victims of trafficking in persons (TIP) and gender-based violence (GBV) in diverse contexts. **TAF partnered with local organizations in the three countries to conduct research, and disseminate its findings: FXB India Suraksha in India, Social Science Baha in Nepal, and Centre for Poverty Analysis in Sri Lanka** to conduct the research. The study's primary objective is to identify promising practices and challenges in integrating or separating services for GBV and TIP victims in the three target countries of India, Nepal, and Sri Lanka. GBV and TIP victims often suffer similar and intersecting forms of abuse, however, at the screening process these multiple vulnerabilities are often not identified, and hence care is delayed. This study is premised upon a deeper study of these intersections, their resultant impact on the identification of victims, leading to a concluding exploration of effective service delivery to the victims, and whether these stand in need of integration. The qualitative data collection for the research was completed between 2020-2021.

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