
TRAUMA-INFORMED PRACTICE IN ANTI-TRAFFICKING MOVEMENT IN URBAN CENTRES, NEPALRita Dhungel¹ & Breanna Webster²**ABSTRACT**

The purpose of this paper is to critically examine the intersectional oppression experienced by trafficking survivors and the cumulative trauma they experience post trafficking in Nepal, with a special focus on urban centers. A community-based participatory study with eight trafficking survivors was designed in Kathmandu, Nepal to achieve this goal. This study found that despite the involvement of the Government of Nepal (GoN) and community-based organizations in anti-trafficking practices, survivors' aspirations and needs are not met. This paper begins with a brief review of human trafficking and the programs and services available for trafficking survivors in their reintegration to urban centres and then highlights the research methodology before presenting the key results. The results reveal that trafficking survivors experience intersectional oppression, negatively impacting their mental health and psychological wellbeing. Finally, this article concludes with a discussion of the implications of this study for practice and research. Overall, the need for a trauma-informed approach focusing on the post-trafficking period is highly recommended. This article does not discuss the victimization of trafficking survivors during the COVID-19 pandemic.

Keywords: post trafficking, trauma-informed; anti-oppressive, Nepal, urban crime

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Introduction

While Nepal is currently one of the least urbanized countries in South Asia and the world, with rapid urbanization taking place across South Asia, Nepal faces increasing difficulties in providing adequate security as populations in cities grow rapidly. Many of these issues disproportionately affect youths due to the draining of young workers from rural areas. There is a paucity of research examining the connections between unemployment, urbanization, and crime” (World Justice Project, 2014). Nepal currently has 58 urban and semi-urban areas, all of which are classified as “municipal areas.” Urban areas in Nepal cover only 2.2 percent of the country’s area. The smallest urban area covers 5.6 km, while the largest spreads across 319.9 km. The average size of an urban center is 56.5 km. The Kathmandu Valley has a population of 2.5 million (Gupte & Bogati, 2014). Devkota (2012) reported, "Ad hoc urban planning without consultation of local people has been hindering public life. As urban poverty occurs hand-in-hand with the expansion of urbanization, issues of crime have also arisen” (p.17). Community-based organizations have been continuously working to help the victims of urban crime and protect their rights, but a preventive solution to protect people at risk before crimes occur is currently lacking (Khanal, 2020). Local agencies develop and implement programs that support survivors with rescue operations, conduct awareness campaigns targeting vulnerable populations in rural areas, provide security to rescuers, and track down traffickers. However, inadequate surveillance is a significant setback and contributes to the failure of anti-trafficking actions (KC, 2015).

Trafficking victims are typically referred to one-stop crisis management centers, government-run emergency shelters for victims of trafficking and gender-based violence, or various Non-Profit Organizations (NGOs) for shelter, medical, and legal services. According to Trafficking in Persons (TIP) (2019), although the Government of Nepal (GoN) has national minimum standards for victim care and referral to services, its efforts remain ad hoc and inadequate. In January 2020, a memorandum of understanding (MoU) was created to allow labour trafficking victims to file complaints at local police stations instead of requiring them to travel to Kathmandu. Unfortunately, the GoN did not communicate this change to local police stations (Human Rights Commission, 2021). Although urban areas account for only 2.2 percent of the country, the incidence of violence

and insecurity in these areas is severe and problematic and has grown with over-population and the recent rise in conflict. Social-economic and political concerns remain despite the political transition to a republic carried out in 2008. Armed groups have continued to prevail in Kathmandu and Terai. It is alleged that many of these groups collude with the political elite while others are criminal in nature (Gupte & Bogati, 2014). Obtaining accurate data on human sex trafficking is difficult due to under-reporting, fear, and the fact that victims are taken across international borders (Dhungel, 2017). “There are many reasons why it is difficult to estimate the prevalence of international sex trafficking. It often occurs in tandem with other illegal or ethically dubious practices such as sex tourism, the mail-order bride industry, the pornography business, drug trafficking, and the broader problem of trafficking for labour exploitation” (Crawford, 2017, p.104). The National Human Rights Commission (2020) reported that 5% of Nepalese are highly vulnerable and that each year 35,000 people are trafficked.

By signing the TIP, 2000 Protocol, Nepal has demonstrated its commitment to preventing trafficking and protecting survivors through the 3P (prevention, protection and prosecution) approach (Dhungel, 2017). The Constitution of Nepal (2015 A.D or B.S. 2072), the foundation of all Nepalese legislation, sets the legal framework against trafficking and sexual exploitation in Nepal. Children’s Act, 2018 (B.S. 2075); Human Trafficking and Transportation (Control) Act, 2007 (B.S.2064); Sexual Harassment in the Workplace (Prevention) Act, 2015 (B.S. 2071); and the Child Labor (Prohibition and Regulation) Act, 1999 (B.S. 2056) were also adopted to increase protection. These laws and policies fail to meet the minimum international standards, however, and, as a result, Nepal is ranked 149 out of 189 countries on the Human Development Index as gender discrimination remains a social problem in Nepal. Women are vulnerable to human trafficking "due to caste discrimination, political and social discrimination” (Thapa, 2021, p.30). In the past, girls and women were trafficked mainly from rural areas such as *Kavrepalanchowk, Makwanpur and Nuwakot*, but urbanization has changed the trends of human trafficking due to urbanization. People come to urban centers hoping to improve the quality of their lives and obtain employment or education, but, sadly, they become vulnerable to domestic trafficking (urban centres such as Kathmandu and Pokhara) and international trafficking (India and Middle Eastern countries (Dhungel, 2017). Women and children trafficked from rural to urban areas in Kathmandu

are exploited, mainly in dance restaurants, massage parlours, carpet and garment factories, brick-kilns, and other places of work (Shrestha, Karki, Suwal & Copenhaver, 2015).

Existing Knowledge on Anti-trafficking Practice

This section examines the current programs and services available for trafficking survivors in urban areas, using critical and social justice lenses. The services include temporary shelters/rehabilitation centers, psychosocial support, education and/or vocational training and legal services. Despite those services, it was reported that they experienced significant physical and psychological trauma after being trafficked. NGOs have recognized the need for psychosocial support for victims, and many rehabilitation centers provide this sort of support to help victims work through their trauma and move forward, which will be discussed in the subsequent sections. Many rehabilitation centers have implemented a holistic approach to healing and employ a new integrative reintegration model that includes peer support, mentorship, and therapies such as dance, play and recreation (Dhungel, 2017).

Local agencies in urban centers provide in-house rehabilitation programs and shelter options to survivors to assist them in transitioning back into society. They also offer survivors a safe place if they are shunned or disowned by their family and/or community. They also provide housing to children and women who have been freed from human sex trafficking. Children's homes are among the housing programs that NGOs offer. The children's programs help protect orphaned, underprivileged, and destitute children and high-risk girls (Maiti Nepal, 2015). Rehabilitation centers are crucial in the comprehensive effort to address human trafficking and play a significant role in the trafficking of women and children. Dhungel (2017) found that many survivors spend time in rehabilitation centers after being rescued from brothels. These centers are opened with the support of the GoN and international agencies, such as Save the Children and the United National Children Program, to prepare victims to reintegrate into either their home or new communities. They provide psychosocial care, education, vocational training, and legal services. The TIP (2021) reported that although the 10 shelters in Nepal aided 1,158 victims of crime, including trafficking victims, the shelters had to restrict or stop services in 2020 due to pandemic restrictions. Some organizations attempted to bridge this gap by offering online services such as mental health counselling. The same study highlighted that many NGOs were unable to continue offering their full services to support victims due to the pandemic-associated reduction in funding streams.

Survivors were offered psychosocial support such as counselling to help them learn how to address and cope with the hostile environments they had been forced into before their rescue. Basic health support is also provided to survivors for their physical recovery from the inhuman conditions, along with legal services to help them navigate the legal system throughout if they decide to make a statement and prosecute their abusers (Maiti Nepal, 2015).

Formal education and vocational training are significant opportunities NGOs offer to survivors and children. Offering education to survivors helps to minimize re- and double-victimization in urban centres because educated survivors can advocate for their human rights. Providing survivors with the skills and resources they need to find employment also helps reduce re-victimization (Deckota, 2012). Although decreasing crime rates is a major component of debates about urbanization, improving employment opportunities is rarely given consideration. Lack of employment and opportunities are key determinants of poverty in urban centers. NGOs offer education to survivors to help them obtain long-term sustainable employment. For example, one NGO offers training to become a paralegal, and another offers training to work in the tourism sector. NGOs also offer education to children, providing them with an opportunity they would not have had otherwise. They also provide education through school-based programs that promote awareness about human sex trafficking. NGOs also provide education to at-risk communities through advocacy and school-based awareness programs to educate children about human trafficking. They also offer programs that promote equal rights and the elimination of gender discrimination (Samrakshak Smuha Nepal, 2021).

Most human trafficking survivors who stay in rehabilitation centers or shelters in urban areas are provided with non-formal education in literacy classes and vocational and skill-building training to promote economic independence. The skill areas offered include hospitality, sewing, weaving, and handcrafting. The training offered at rehabilitation centers can be considered an obstacle to successful reintegration as it does not provide survivors with adequate skills for sustainable economic stability. NGOs have recognized this barrier, and some organizations now provide microloans to survivors to operate their small businesses and thereby establish long-term financial independence and security for themselves in a community. To address this shortcoming, programs and reintegration-strengthening models are critically important.

Although NGOs have been providing critical care and support to survivors since 2019, a large part of reintegration is a connection with the community, and, unfortunately, there is a significant

amount of stigma attached to trafficking. Many women and children face rejection from their families and communities upon their return. This response results in barriers and social exclusion when victims try to reintegrate. Despite the continued efforts of NGOs, there is still a significant gap regarding psychosocial support and crisis intervention when meeting the needs of survivors. In 2018, 19 emergency shelters and 19 community service shelters were opened, but in 2019 there were still only 10 rehabilitation homes, 36 emergency shelters and 36 community service centers for females facing gender violence, including trafficking, in the entire country (Kiss et al., 2019). According to the TIP (2021), the GoN referred victims to one of the 10 shelters for trafficking victims that NGOs operated with some assistance from the Ministry of Women, Children and Senior Citizens (MWCSC). The government did not report how much funding was allocated to the 10 shelters or to its embassies abroad to care for victims. Shelters assisted 1,158 victims of crime, including trafficking victims. Shelters had to restrict or halt several services due to pandemic-related restrictions. While organizations offered some services online, such as counselling, some NGOs could not maintain all their operations in support of victims as funding streams were reduced or diverted due to the pandemic.

The question of the sustainability of rehabilitation efforts remains. Survivors are grateful for the immediate care and support NGOs offer; however, when they are discharged, they do not consider themselves prepared with the skills they need for successful reintegration. Because NGOs face resource constraints, they can focus only on short-term support, typically lasting around three months. Survivors reported being unaware of community resources, not having the needed skills to find long-term employment and feeling too suppressed to raise their concerns (Dahal, Joshi & Swahnberg, 2015; Dhungel, 2017).

The rehabilitation and reintegration of trafficking survivors supported by NGOs is a bit incomplete. As The government does not fund NGOs, there is no guarantee of funds to support these programs, and when the money stops, the programs stop. For example, local agencies cannot guarantee what will happen when a survivor leaves the shelter or stops getting support (Dahal, Joshi & Swahnberg (2015). Also, the fact that programs are primarily externally funded means that the funding is not guaranteed, and there is no way to provide support and services to survivors without funding. Thus, rehabilitation programs must focus on equipping returnees with the skills to stand on their own feet if the services stop or are cut back.

Research Methodology

Using a convenience sampling strategy, community-based participatory research (CPR) was conducted with eight female survivors, ranging from 24 to 40 years of age. All were born in rural areas, trafficked to brothels in India and rescued. Seven women had migrated to an urban center (Kathmandu) from different rural areas for employment and education opportunities before they fell victim to trafficking. All eight survivors were living in Kathmandu, and some were involved in anti-trafficking movements. Using a qualitative approach, focus group discussions and individual interviews were used to critically understand the challenges they experienced in post-trafficking. All tape-recorded interviews and focus group discussions were transcribed into Nepali and transcribed into English. Transcripts were subsequently analyzed to identify, verify, and clarify themes to ensure they authentically reflected the participants' views. The key results of the study will be briefly presented in the subsequent section.

Results of the Study

This study identified many challenges survivors in urban centres face, including gender oppression, a deficient criminal justice system, exclusion, and rejection. The identified challenges are not isolated; on the contrary, they are interlinked and mutually reinforcing, which escalates survivors' vulnerability to social, economic, and mental health marginalization. Gender oppression is a compounding factor hindering women from accessing the resources and the services available for trafficking survivors. To elaborate, the patriarchal norms and values deeply embedded in the Nepalese society devalue the knowledge and wisdom of women, especially trafficking survivors. For example, one woman reported, *“Our agency was formed by trafficking survivors, but anyone can tell me how many survivors are working in a leadership team in our agencies...It is very sad that most positions were captured by men and non-trafficked women, and our roles are solely to execute the decisions they make...is it a joke?”*

Additionally, the deficiency of the judicial system is another factor escalating the vulnerability of survivors in their post trafficking. For elaboration, because of the lengthy process of finalizing a human trafficking case, most survivors do not file their case to the court. For instance, one woman shared her experience to illustrate how the Nepalese judicial system discourages survivors' pursuit of justice, *“Seven years ago, I filed a case within one year of having returned to Nepal and the court process is still going on. Just last month, they called me when I was with my family at home.*

I did not answer the phone. My family does not know anything about me or the case. After an hour, my husband answered the phone when they called me again. He found that I was involved in a trafficking case and was called to the court two weeks later as a part of the investigation. I became very nervous and told him I was supporting a trafficked woman in her case through my work, but he did not believe me ... it may damage our relationships...". Exclusion and rejection from communities and families push women victims to come to urban centers, where, too, they are treated badly and unfairly. For instance, one woman highlighted, "I was exiled from my own family, and nowhere people treat me as an object... When I refused to sleep with them, they told me not to pretend I was a nice girl because they knew my past."

The harmful consequences of intersectional oppression as experienced by trafficking survivors, especially in the process of their reintegration, are multi-levelled and result in multifaceted trauma. The women's multifaceted trauma post-trafficking included physical, emotional, psychological, behavioural, and social trauma. The word "trauma" was chosen to avoid pathologizing survivors while still acknowledging the deep impact of their experiences. The participants reported feeling distressed and anxious post trafficking. One woman, for example, reported having experienced an array of emotions and sentiments, ranging from anger, irritation, frustration, fear and depression to marginalization and hopelessness. A co-researcher narrated, "*I have been diagnosed with severe depression and bipolar disorder... People insulted me all the time during my reintegration. When people ask me if I learnt everything I know, including make-up, fashion sense, and so forth in brothels it reminds me of the past...I must live with this trauma every day, an experience which is even more harmful than the time I was in the brothels. I worry about what each day will bring as it is very unpredictable...and I feel fatigued all the time.*" Another woman echoed, "*I feel that I am nothing and that I am dumb...I am becoming very moody and wild these days. I wish I could behave normally like others...but how? People do not want me to live in peace.*" Isolation and exclusion were identified as social consequences of rejection and microaggressive behaviours against the survivors. They said they no longer had any interest in attending social/community gatherings. For instance, one woman highlighted, "*I have lost my confidence. I do not enjoy people's company at all...The way they look at me, the way they treat me and talk to me makes me wonder why I am here. I prefer to be alone. I suffer from social anxiety now.*"

Moving forward

By recognizing the intersectional oppression experienced by the survivors and its impact on their post-trafficking, this paper argues for the need to focus on the mental health and psychological trauma of survivors using trauma-informed practice. Despite all the programs and services, the epidemic of human sex trafficking has continued to grow, especially after the Covid-19 pandemic. Therefore, it is critically important for the local agencies working in anti-trafficking practice to develop and implement programs and services using a trauma-informed lens.

Trauma-Informed Practice

Trauma-informed practice is an ever-evolving model designed to promote healing, trust, and resilience. Trauma-informed practice recognizes the impacts of trauma on the lives of those who access healthcare and social services. Trauma-informed systems avoid the re-traumatizing of individuals and offer support, safety, choice, and control to promote healing. (Schmidt, 2018). It is also essential to recognize that “the earlier the onset, the more likely it is that someone will face significant trauma and the effects of trauma. Being blamed or shamed will also make the trauma worse” (Williamson, 2021, 7:40). Pre-disposing trauma as an adolescent will contribute to how a survivor copes and responds to trauma as an adult. Trauma-informed services can look different depending on the service setting and organization. Similarly, healthcare services look different from counselling services, just as community outreach services look different from services offered in schools. However, all aim to provide safe, welcoming spaces and offer choice and consent to clients while promoting their voices and control over their treatment. Services aim to provide physical, emotional, and cultural safety to everyone who enters the space in which they are provided. They provide and create educational opportunities to learn wellness and coping skills for managing trauma responses and provide psychoeducation regarding trauma resources, trauma symptoms and responses, and working with people's strengths rather than weaknesses (Schmidt, 2018). Trauma-informed practice is based on four major principles. The Substance Abuse and Mental Health Services Administration (2015) claimed that the service providers need to be aware of the following components of working with trauma:

- (1) realizing the widespread impact of trauma exposure.
- (2) identifying how trauma may impact families and staff in the system.
- (3) responding by applying this knowledge to practice and institutional policies; and
- (4) preventing further trauma.

There is no right way to be a good trauma-informed practitioner. It is up to the practitioner to implement these four principles into their practice when they fit. Levenson (2017) argued, “Trauma-informed social work incorporates core principles of safety, trust, collaboration, choice, and empowerment and delivers services in a manner that avoids inadvertently repeating unhealthy interpersonal dynamics in the helping relationship” (p. 106). When using a trauma-informed approach, the practitioner must be aware of how the client's current problems are connected to his/her past victimization. For example, the service providers are required to critically understand the potential implications of the survivor’s willingness (or lack of willingness) to enter into a working relationship. Any hesitation may stem from the survivor's core beliefs of hostility towards others and difficulty forming positive relationships (Knight, 2015). The practitioner must address the fact that, early on, the survivor holds power in the relationship.

Table 1 below was created to offer a step-by-step illustration of working with human sex trafficking survivors using a trauma-informed and anti-oppressive-practice lens. Table 1 must be adjusted to meet the individual survivor's needs, but it does provide a broad and simple way to implement trauma-informed care into an anti-trafficking movement.

Table 1: Trauma-Informed Care Practices in the Reintegration of Trafficking Survivors

Step 1: Safety	Create Safety within your clinical space. Ensure that the survivor feels comfortable. “Make sure that the Physical setting is safe, make sure that the psychological space is Safe, make sure that the interpersonal interactions are there to promote a sense of safety. Look around your agency and ask yourself is this a safe place? Would a survivor coming here and feel safe in our interactions and conversations?” (Williamson, 2021, 11:10).
Step 2: Trust and Transparency	Know that trust takes time. Build trust slowly with your client. Understand that their trust has been broken in the past and they are slow to trust. “Build trust within the agency, transparency helps build trust, tell people what they are getting at the agency” (Williamson, 2021, 11:25).
Step 3: Choice	Let the client decide how they would like to move forward. Be open to suggestions and offer the client choices between therapy models or conversations. For example, “How would you feel about discussing this today? Or was there something else you wanted to focus on?” Giving the client power will let them feel in control of their recovery. “Tell people what they can voluntarily say yes I would like that service or no I don’t want that service, make sure the people really understand the limits to confidentiality and their options” (Williamson, 2021, 12:10).
Step 5: Collaboration	You work for the client. Remembering that we are not in charge as the practitioner but there to help guide the client. Eliminate any power dynamics and work together on the common goal. “The relationship should be reciprocal and empathetic; you should build the relationship we are not working on the medical model where the professional is the expert.” (Williamson, 2021, 12:55).
Step 6: Empowerment	Use a strength-based approach to encourage empowerment. Shine a light on the client’s resiliency and encourage positive coping skills. “We want to be concerned with adapting principles and practices that promote safety, empowerment and healing” (Williamson, 2021, 9:50).

Safety

A trauma-informed practise begins with the working process by creating safety. Many survivors in urban centers lack a sense of safety due to overpopulation and high rates of re-victimization. Creating a safe environment for trafficking survivors starts with providing the services. It is essential to recognize the traumatic history of survivors. Thus, the first step is to ensure that the physical environment is safe and that the working relationship between the survivor and the service provider is healthy. The likely existence of a traumatic history in the lives of social service consumers is the first step in facilitating safety in the physical environment and relationships between clients and providers. Warm and welcoming surroundings will create a sense of serenity

for clients (Elliott et al., 2005; Fallot & Harris, 2009). When survivors feel safe and comfortable, the working relationship can build trust and transparency. Trafficking survivors face social challenges and complex physical changes that may require immediate medical attention. However, even when a survivor requires medical attention, the practitioner must also address social challenges such as safety, housing, and access to food. If the provider manages social challenges, he or she helps establish trust and build a relationship with the survivor (Branche, Edwards & Pursnani, 2019).

Trust and Transparency

Trust and transparency are critical while addressing the challenges of sex trafficking survivors post trafficking. Erikson (1993) proposes that trust is formed in our early relationships with our caregivers. This trust creates a foundation for successful relationships as an adult. If a person's early relationships are compromised, trust, initiative, competence, and intimacy will be affected. When a practitioner works with someone whose trust has been compromised, building trust at the client's speed is important. Trust takes time to build and is created over time. Eliminating power imbalances and vagueness can help a client feel safe. A client knows what the expectations are and what to expect moving forward also helps a practitioner build trust (Harris & Fallot, 2001). When trust and transparency have been established, survivors can be offered choices regarding the services they want to engage and participate in.

Choice

A key element of trauma-informed practice is offering clients choices regarding services. Trauma-informed services attempt to control clients' recovery (Fallot & Harris, 2009). Giving clients power and choice over their recovery offers them the opportunity to heal and explore their trauma at their own pace. Every client progresses at different rates, and it is up to the practitioner to meet all clients where they are in their recovery journey. "Facilitating choice can include asking clients about their preferences in service delivery, helping clients to identify options and ponder alternatives for themselves, and guiding clients in their own informed decision making" (Levenson, 2017, p. 108). After trafficking survivors feel in control of their recovery, the practitioner can provide a wide range of opportunities with which they can empower themselves.

Collaboration

Collaboration is the opportunity to relieve any power dynamics that may be part of a working relationship. Often the professional can be seen as the power figure and the client as the vulnerable one. A collaborative working relationship, in contrast, is when the client and professional work together using both professional and personal expertise. When professionals allow clients to participate in the intervention, professionals engage clients and eliminate barriers to change. It is important to use the helping relationship as a therapeutic tool as it helps facilitate connecting with others and provides exposure to an emotionally corrective experience for clients. Survivors of abuse are susceptible to unquestioning compliance and may need to be assured and reminded that they have the right to ask questions, decline services and make requests (Levenson, 2017).

Empowerment

When survivors feel empowered, they feel as if they can handle day-to-day life without constant support. “True empowerment occurs with a strengths-based approach that reframes symptoms as adaptation and highlights resilience instead of pathology. Too often, an intense focus on fixing problematic behaviours neglects the importance of acknowledging and reinforcing strengths. Instead of asking “What’s wrong with you?” we should get in the habit of asking, “What happened to you?” (SAMHSA, 2014a). Awareness of language and how practitioners speak to their clients, especially human sex trafficking survivors, is crucial to the therapeutic relationship. Practitioners need to use language that feels safe and is simple for their clients to understand.

It is vital to acknowledge the importance of each of the above five components and how it contributes to a trauma-informed space. Although the service providers may not offer or accomplish each component in the first visit, they should build on each over time. That said, trauma-informed practice is only one component of this transformative model; anti-oppressive practice and social justice also contribute to the model by acknowledging systematic barriers and suggesting how some of them can be overcome. Re-victimization will stop only when survivors acquire the ability and opportunity to lead their lives independently (Dahal, Joshi & Swahnberg, 2015). Those who work with trafficking survivors need to address personal and professional biases before providing support to survivors. It is the duty of those working with survivors to recognize risk factors, trafficking indicators, assessment strategies, trauma-informed care modalities and tools so service providers can better advocate for sex trafficking survivors (Brown-James, Litam & McRae, 2021).

Judge (2018) recommended that trauma-informed care and knowledge of complex trauma is only the beginning of mental health services for trafficking survivors. The systemic barriers faced by survivors must also be addressed to provide further support. Survivors require long-term approval that reduces attrition rates and fosters reintegration by allowing time to build trusting relationships. The rehabilitation and reintegration of trafficking survivors need to be addressed on a micro (family), meso (community) and macro (government) level. Moving forward, there is a need to focus on what steps the GoN needs to take to truly address the trafficking epidemic. There remains a significant lack of support and follow-up from the GoN on behalf of human sex trafficking survivors in the effort to successfully reintegrate those survivors. Research on the constraints the government faces would help bring progress to the sector.

Conclusion/Discussion

The GoN and local agencies are working against trafficking in urban centers to come together to better support trafficking survivors, especially in their efforts to reintegrate; they all need to utilize a single platform. Communities must be educated about human sex trafficking to reduce the stigmatization of those being reintegrated into urban centers. For NGOs to be able to provide more education, the government needs to provide more funding. NGOs cannot be the only organizations accountable for education. However, the government itself needs to implement additional curriculum starting in primary school. The GoN also needs to increase funding to NGOs so they can provide long-term sustainable support to trafficking survivors. Additional funding to police is also needed so investigation and protection in urban communities can help curb the high crime rates. Community support is needed for survivors and their families after leaving shelters. To continue moving forward, a trauma-informed practice should be used when working with survivors, especially when providing social support, including emotional and psychological services. The reintegration of human sex trafficking survivors must continue to evolve at the micro, meso and macro levels.

Creating physical and emotional safety for survivors will help them learn to trust the system, community, and government again. Trust and transparency within agencies and the government will help survivors understand what possible and what expectations they are should have throughout their recovery. Providing a choice regarding services and involvement will provide a feeling of control and start to build survivors' confidence and hope in the future. The collaboration

will remind survivors that they control their recovery and empower them to continue moving forward. Empowerment is the final step as survivors need to feel comfortable with the skills they obtain from treatment if they are to go on with their lives without consistent support from services. With empowered survivors, Nepal, too, will be able to move forward in its battle against human trafficking. Thus, the implementation of trauma-informed will help survivors in their healing journey and help the nation as a whole advance. The GoN, NGOs, survivors, and communities at large themselves must work together to successfully reintegrate trafficking survivors. All parties need to be on the same page in instilling safety, trust, choice, collaboration, empowerment and social justice in survivors and communities.

In concluding, this study identified the need for considering the trauma-informed meaningful engagement of trafficking survivors while designing and implementing anti-trafficking measures in urban environments. Urban centers must continue to be a priority due to their high rates of rape, kidnapping and robbery, and resulting insecurity. Lack of economic opportunities in rural areas and poverty in urban centers are directly linked to the high crime and re-victimization rates among survivors (KC, 2020). Overall, given the long historical roots of dehumanization and trauma and the prevalence of contemporary trafficking, addressing the aspirations of survivors is of the utmost importance from social justice and equity lenses.

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