

Sex Trafficking in Nepal: Survivor Characteristics and Long-Term Outcomes*

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Sex trafficking, the coercion of girls and women into forced prostitution, is a global problem. South Asia is a particular trouble spot for trafficking. Source countries in this region include Bangladesh, Vietnam, Myanmar (Burma), and Nepal. Destination countries include India and Thailand (Farr, 2005). The present research focuses on sex trafficking from Nepal. Although accurate figures are difficult to obtain, the best estimate is that 5,000 to 7,000 Nepali girls and women are trafficked each year, primarily to India, and at least 200,000 Nepali girls and women currently work in Indian brothels (Huntington, 2002).

Within Nepal, the girls and women who are most at risk are those who are multiply disadvantaged. If there is a typical Nepali victim of trafficking, she is from a rural village. She is poor, unschooled, from a low caste or a minority ethnic group, and she may have been displaced or forced to migrate due to poverty, gender discrimination, gender-based violence, or the local effects of the Maoist insurgency. Once trafficked, she is subjected to a life of degradation, gender-based violence, and sexual slavery. Case studies compiled by various non-governmental organizations (NGOs) document rape, gang rape, burning of breasts and genitals with cigarettes, beating, and chaining with fetters (Institute for Integrated Development Studies, 2004).

What is the fate of girls and women who are rescued from sexual slavery in Indian brothels? There has been little systematic research on therapy, rehabilitation, and social reintegration of formerly trafficked women. However, it is widely recognized that reintegration is difficult, for two reasons. First, the survivors are mentally and physically traumatized. Second, Nepali society as a whole may stigmatize and reject them, and they may also be rejected by their immediate families.

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This study examined characteristics and long term outcomes of Nepali sex trafficking survivors through systematic analysis of case files. Twenty case files of survivors of sex trafficking rehabilitated in the shelter of an anti-trafficking nongovernmental organization (NGO) in Nepal were randomly selected for analysis. Survivors in the sample suffered a variety of physical symptoms including sexually transmitted infections and abdominal pain. Psychological symptoms included depression, social withdrawal, and aggressive behavior. However, after being provided with shelter, basic medical care, counseling, and skills training for gainful employment, three quarters of the survivors in the sample eventually were able to return to their villages to live. Most were gainfully employed, and a majority of the women married. These results suggest that, despite the trauma of having been trafficked, and the stigma with which trafficking survivors are faced, it is possible for some to return to normal life in Nepal.

This study suggests that, at least for the single NGO studied, rehabilitation and reintegration programs for survivors are producing positive results. However, there is still a great deal of room for improvement. In particular, there is a need for more systematic diagnosis using standard diagnostic categories. Also needed is more complete record-keeping. Moreover, very few NGOs do systematic outcome studies to determine whether their counseling and care programs are having the desired effects, and these are vitally necessary to build more effective interventions.

Finally, there is still a need for educational programs to reduce stigma against trafficking victims. A recent survey of residents in Kathmandu showed that a large minority have erroneous beliefs about HIV and continue to blame victims of trafficking (and those who offer them shelter and rehabilitation) for spreading HIV/AIDS (Kaufman & Crawford, 2006).

International aid agencies could play a big role in improving standards of care and rehabilitation for trafficking survivors by generating high-quality research on the issue. For example, NGOs within Nepal could work with international NGOs to develop a universal system of outcome assessment. This system should foster empirical evaluation of intervention effectiveness for prevention and remediation efforts, using attitudinal and behavioral outcomes. Donor INGOs should take the lead on developing such a system and requiring it as a prerequisite for funding in their calls for research proposals.

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