

**Graduate Programs in Sustainable International Development
The Heller School for Social Policy and Management
Brandeis University**



**An analysis of rehabilitation and reintegration services for
children who are survivors of sex trafficking in India and
elsewhere**

Submitted by
Pasang Lhamu Bhutia

A paper submitted in partial fulfillment of the requirements for the

**Master of Arts Degree
In
Sustainable International Development**

Academic Advisor

Date

Director, Programs in Sustainable International Development

Date

In signing this form, I hereby authorize the Graduate Programs in SID to make this paper available to the public, in both hard copy and electronically over the internet.

Student Signature

Date

“I am no bird, and no net ensnares me: I am a free human being with an independent will”

-Charlotte Bronte, Jane Eyre



Table of Contents

1. Abstract.....	4
2. Executive Summary.....	5
3. Acknowledgements.....	7
4. Abbreviations.....	8
5. Introduction.....	9
6. Background and Development Problem.....	12
7. Methodology.....	19
8. Literature review.....	21
8.1 Reports evaluating or assessing Government rehabilitation programs for sex trafficked child survivors in India.....	21
8.2 Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere.....	27
8.2.1. Psychological rehabilitation.....	28
8.2.2 Economic rehabilitation.....	30
8.2.3 Social reintegration.....	33
8.3 Understanding the perspectives of survivors availing rehabilitation and reintegration services from Government or NGOs rehabilitation programs in India and elsewhere.....	34
9. Findings, Substantive Discussion and Recommendations.....	40
10. Conclusion and Recommendations.....	53
10.1. Recommendations.....	54

1. Abstract

Re-trafficking, stigmatization and mental instability continue to be a growing concern for sex trafficked child survivors availing rehabilitation and reintegration services from Government homes in India. This paper aims to look into reports evaluating and assessing the Government rehabilitation programs in India and learn from the good/best practices of rehabilitation programs provided by NGOs in India and elsewhere. It also captures the voices of the survivors availing the rehabilitation and reintegration services. Based on the synthesis of these three components the paper seeks to provide recommendations for the Government rehabilitation homes in India keeping the best interest and needs of the child survivors at center.

2. Executive Summary

Human trafficking is one of the most extreme violations of human rights. It is the second largest illegal trade after drugs sale. Men, women and children are equally vulnerable to trafficking globally for purposes of commercial sexual exploitation (CSE), domestic labor, agricultural labor, forced marriages, adoption and organ harvesting. Of all the purposes that trafficking serves CSE is highest in the list and constitutes 75% of global trafficking. Every year around 150,000 children from South Asia are trafficked for CSE. The Government of India reports that 90% of human trafficking within India is for CSE. There are more than 5 million children in the CSE sector, brothel based prostitution being one of the forms of CSE. The Government of India reports that out of the 2 million prostitutes in India, 15% of them are children below the age of 18. Children below the age of 18 lack the capacity of making the decision or choice of entering to work as a prostitute/sex worker. As such all children below the age of 18 associated with prostitution is illegal.

Trafficked victims especially the ones who are trafficked for forced prostitution suffer chronic and long term psychological and emotional trauma given the exploitation and abuse they go through at the hands of the traffickers. It is reported that there are up to 18 different forms of violence that traffickers use on the sex trafficked victims in order to punish and gain control over them. When children forced into prostitution are rescued from brothels it is critical for them to have access to rehabilitation and reintegration services that includes a safe shelter, food, clothing, medical services, psychological counseling added with economic rehabilitation and social reintegration. So that they are able to cope with the trauma they have gone through and get assistance in regaining their life to stability.

The Palermo Protocol developed by the United Nations to which India is a signatory, directs the State Party to provide housing, counseling, medical, psychological and material assistance, employment, educational and training opportunities to survivors of trafficking.

Ujjawala and Swadhar schemes were initiated by the Ministry of Women and Child Development (MWCD) India to provide rehabilitation and reintegration services to sex trafficked child and women survivors. However, the rehabilitation and reintegration services under these schemes have not been very effective leading to child survivors to get re-trafficked, stigmatized and to lose mental instability while residing in the homes or when they were reintegrated into the society.

This paper examines the Government of India's policy on rehabilitation and reintegration services for sex trafficked survivors added with an observation of gaps and limitation around it. It also seeks to learn from the good/best practices of rehabilitation and reintegration services provided by NGOs in India and elsewhere. Understanding the importance of survivor's voice in the whole process of rehabilitation and reintegration process, the paper also aims to capture their perspectives on the services made available to them.

The paper recommends changes in the Government rehabilitation homes that brings to attention the need of re-educating the home staff, strengthening the current monitoring and evaluation

system, hiring committed leaders and staff, bureaucratic reforms in decision making and budget allocation. It also emphasis on initiating survivor centered research and conducting evaluation studies of rehabilitation programs. I have also made suggestion for advocacy strategies that can possibly help to push the problems pertaining to rehabilitation and reintegration services in the Government priority list. The paper also highlights the importance of NGO and Government collaboration in fighting stigma and creating an environment and giving dual support to the child survivors that can help them regain their life of stability and dignity.

3. Acknowledgement

I would like to express my appreciation and special thanks to my advisor Professor Susan Holcombe for her guidance and encouragement throughout the journey of writing this paper. Without her support I would not have been able to complete this paper. Thank you for listening to me and believing in me. I really appreciate it.

A special thanks to Mei-Mei A. Ellerman a Resident Scholar at Brandeis Women's Studies Research Center for her support in helping me get through to NGOs in Cambodia and to my dear friend Sudha Venkatramanan for her help in retrieving resources for this paper.

I would also like to thank my colleagues in India Ms. Veena Lakhumalani and Santosh Das for their time and valuable information. I am also thankful to Sreoshi Patranabis, Ronita Chattopadhyay, Akemi Takahashi, and Sylor Lin for referring me to appropriate resources for this paper.

A big thank you to all the Heller staff and Professors for their constant support and guidance they extended throughout my stay here. Thank you for making this experience a wonderful one for me. Thank you to Professor Mary Brooks for her words of encouragement. Thank you to all my friends at Heller who were kind, caring and supportive.

My family and friends back home, thank you for being there for me.

I also wish to express my appreciation to Gina Bastone for her assistance with managing the bibliographies. Last but not the least I would like to thank all the children I have worked with back in India who were the motivation behind writing this paper. Thank you for allowing me to be a part of your world.

4. Abbreviations

AFESIP:	Ager Pour Les Femmes En Situation Precaire
CBOs:	Community Based Organizations
CSE:	Commercial Sexual Exploitation
CWC:	Child Welfare Committee
DWCDSW:	Department of Women and Child Development and Social Welfare
DWWC:	District Women's Welfare Committee
ILO:	International Labor Organization
ITPA:	Immoral Trafficking Prevention Act
M&E:	Monitoring and Evaluation
MWCD:	Ministry of Women and Child Development
NGOs:	Non-Government Organizations
NHRC:	National Human Rights Commission
PMES:	Performance Monitoring and Evaluation System
PPPSPT:	Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons
PTSD:	Post-Traumatic Stress Disorder
RFD:	Results Framework Document
UN:	United Nations
UNICEF:	United Nations International Children's Emergency Fund

“Women might just have something to contribute to civilization other than their vaginas”

Christopher Buckley, *Florence of Arabia*

Title: An analysis of rehabilitation and reintegration services for children who are survivors of sex trafficking in India and elsewhere

5. Introduction

Human trafficking is the second largest illegal trade in the world after drugs sale (Dunne, 2012). The reason why it has managed to climb this high on the crime ladder is because of the tall demands worldwide for Commercial Sexual Exploitation (CSE), domestic labor, agricultural labor, forced marriages, adoption and organ harvesting. Of all the purposes that human trafficking serves, the demand for CSE is highest in the list. CSE constitutes 79% of global trafficking (United Nations Office on Drugs and Crime 2009, p. 6). Trafficking of children for CSE is one of the fastest growing forms of trade in the world, generating billions of dollars annually. Of the 400 billion dollar CSE industry that exists globally, CSE of children accounts for 110 billion dollars (Government of India, n.d., p.31, “*Child Protection in*”).

More than 1 million children are trafficked worldwide for commercial sexual exploitation on a yearly basis. Studies largely done to identify the vulnerability factors agree that the underlying reasons that lure or force individuals into human trafficking are numerous and include specifically poverty, violence in the family, unemployment, sexual abuse, physical abuse, gender discrimination, false marriages, globalization, industrialization, corruption, organized crime, and natural disasters (Nair, 2002-2003). The traffickers take advantage of the helplessness of the desperate and force their services largely for sex industries (Brewer, 2008).

Every year around 150,000 children from South Asia are trafficked for CSE. Most of them are trafficked from, via and to India (End Child Prostitution, p. 2). India is considered to be the source, transit route and the destination point of human trafficking. The Ministry of Home Affairs, Government of India, states that 90% of trafficking for CSE happens within the country and many of those trafficked are children, who are as young as eight years old or even younger (Government of India, Ministry of Women and Child Development, n.d., p. 31). The Eleventh Five Year Plan 2007-2012 report by the Ministry of Women and Child Development (India) on Child Protection states that out of 2.3 million prostitutes in India, 15% of them are children below the age of 18 (Government of India, n.d., p.32, “*Child Protection in*”).

Several international instruments like the United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1949), the Convention on the Elimination of all Forms of Discrimination Against Women (1979) and the Convention on the Rights of the Child (1989) laid the foundation for taking an action against human trafficking but the most recent and reputed instrument that has set the course for the definition, prevention, protection and prosecution of human trafficking is the United Nations Convention against Transnational Organized Crime, the Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons (PPPSPT) 2000 (King, 2008, p. 88).

The Palermo Protocol defines Trafficking in Persons as the “recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs”. Every country that signs and ratifies the Palermo protocol is bound to look into the 3Ps: Prevention of trafficking in persons, Protection of survivors of trafficking and Prosecution of trafficking offenders.

India signed the Palermo Protocol in December 2002 but ratified it only in May 2011. However, on the national front India formulated several legal instruments to address human trafficking of different forms:

- Prohibition of Child Marriage Act, 2006
- The Commission for Protection of Child Rights Act 2005
- The Juvenile Justice (Care and Protection of Children) Act, 2000
- The Immoral Traffic (Prevention) Act, 1986
- The Child Labor (Prohibition and Regulation) Act, 1986

Human trafficking is one of the most extreme violations of human rights which subjects the trafficked victims to immense physical, emotional, mental and sexual abuse. Trafficked victims, especially ones who are trafficked for sexual exploitation suffer from frequent and long term psychological and emotional trauma, given the type of mistreatment and abuse they go through at the hands of the traffickers. The victims are raped, beaten, drugged and tortured by the traffickers as a way to gain control over them, which in the long run inclines them to commit suicide or leads to mental imbalance (Banović & Bjelajac, 2012). As such, when these victims are rescued from their place of confinement (brothels), it is critical to have a rehabilitation and reintegration system in place that provides them immediate safe shelter, medical care, psychological counseling, emotional healing and also assists in economic rehabilitation and their social reintegration.

Understanding Rehabilitation and Reintegration:

The words rehabilitation and reintegration are used interchangeably by different organizations and authors when referring to a survivor’s return into a stable life. I have taken information from two sources namely Rebecca Surtees (Chattopadhyay, 2012, p. 12) and AFESIP Cambodia (Cambodia, 2005-2012) and rearranged the definition into three broad dimensions.

Rehabilitation and reintegration components of child survivors should have the following three dimensions namely psychological and economic rehabilitation and social reintegration augmented by providing a safe shelter, food, clothing and basic amenities;

- Psychological rehabilitation: assisting survivors to cope with their past trauma, rebuilding self-worth, self-confidence and decision making abilities through intensive counselling, care, emotional support and medical services
- Economic rehabilitation: equipping survivors with market value employable skills so that they can become self-dependent and have access to a sensible standard of living
- Social reintegration: survivors go back to her own community/family or a new location where she is accepted and can live with dignity

Through my experience of working with sex trafficked child survivors in a Non-Government Organization in Darjeeling district (India) I learnt about the challenges associated with psychological and economic rehabilitation and social reintegration of these children in Government rehabilitation homes. Girl children rescued from Mumbai and Delhi brothels were transferred to our NGO home from the Government rehabilitation homes at the rescue points for their social integration. During their stay in our home and through counseling children shared some of their experiences from the Government rehabilitation homes. Stories from the children suggested that the Government home services were not adequate, especially with respect to psychological support, which is a critical component in assisting them to cope with the trauma they have gone through. Apart from that, children reported that the staff and fellow inmates mistreated them. Children were treated like outcasts and received no respect, love or affection because they were prostitutes before being rescued. One of the children had lost her mental stability. In another case, the shelter staff had shaved off the hair of one girl because she had tried to run away. These experiences that the children shared raise the presence of gaps and limitations in the implementation of rehabilitation and reintegration services at the Government rehabilitation homes in India. The services need to be reformed because these gaps can contribute to push the child survivors to get re-trafficked and lose their mental stability, and deprive them from having a stable and dignified life.

Through this paper I will be looking into three different components which are as follows:

- Examining the efficacy of Government rehabilitation programs for sex trafficked child survivors in India
- Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere
- Understanding the perspectives of the child survivors availing the rehabilitation and reintegration services from Government or NGO rehabilitation homes in India and elsewhere

6. Background and Development Problem

Human trafficking fits the definition for modern day slavery. Humans are traded for cheap labor, sex, human organs, child marriages etc. pushing many vulnerable children, women and men into a vicious cycle of exploitation and abuse that strips off almost all their fundamental rights: right to a life of dignity, right to liberty and security, right to freedom from torture and cruelty, right to a home and family, right to education, right to employment, right to self-determination and right to health and health care. Human Trafficking serves various exploitative forms of modern day slavery like commercial sexual exploitation (CSE), domestic labor, agricultural labor, forced marriages, organ harvesting and adoption. 79% of global trafficking constitutes CSE, which puts it at the top of the demand list for different forms of sex trade.

It is not possible to measure the accurate number of people trafficked globally but studies conclude that it is on the rise both nationally and internationally. Among the most quoted figures are the United Nations (UN) estimates that each year “4 million people are traded against their will to work in some form of slavery, many of them children and in the last 30 years, trafficking in children and women for sexual exploitation in Asia alone has victimized more than 30 million people” (Nair, 2002-2003, p. 21). International Labor Organization (ILO) states that more than 2 million people endure involuntary slavery as a result of human trafficking. The United States Department of State report 2008, shows a figure of 600, 000 to 800, 000 persons especially children and women trafficked across national and international borders every year.

Men, women, and children are equally vulnerable to human trafficking in order to serve different purposes. However, this paper will be specifically focused on looking into the Commercial Sexual Exploitation (CSE) of girl children in India who are below 18 years of age. CSE can be categorized into four different forms namely prostitution, sex tourism, cyber-sex and pornography. This paper will be looking into only one form of CSE i.e. brothel based prostitution.

The Oxford dictionary defines prostitution as “the practice or occupation of engaging in sexual activity with someone for payment” (Oxford Dictionaries). Mackinnon defines prostitution “as a product of lack of choice, the resort of those with fewer choices, or none at all when all else fails...prostitution is a practice of serial rape” (MacKinnon, 2012, p. 274). The words prostitution and sex work is often used interchangeable by non-profit organization, scholars and Government bodies. Some countries have legalized prostitution and thus it is termed as sex work whereas some have made it illegal or criminalized surrounding activities of prostitution but not prostitution per se. However, to avoid the hijacking of the term involuntariness in human trafficking and to avoid the conflation of the word prostitution with trafficking, I would like to state here that I will be using the word prostitution in this paper in terms of involuntary/forced prostitution.

India has a population of over 1.21 billion (Office of the Registrar General and Census Commissioner India 2011) and 40 % of India’s population are children below the age of 18. 17 million children are involved in different forms of modern day slavery like child labor, sex prostitution, domestic labor etc. Approximately 2 million children between the age of 5 to 15 years and about 3.3 million children between 15 to 18 years are in commercial sexual

exploitation, which is one of the most exploitative forms of modern day slavery. They form about 40% of the total population of prostitutes in India. Every year 500,000 children in India are forced into CSE (Child Rights and You, n.d., para.6).

In India intra-country trafficking forms the bulk of the trafficked victims. Cross border trafficking also takes place, especially from Nepal and Bangladesh, which seems to be a one way traffic into India without any occurrence of reverse trafficking. “There are 100,000 to 160,000 Nepali girls in Indian brothels, with about 5,000 to 7,000 being sold every year. According to Reuters, 30,000 women in Kolkata brothels are from Bangladesh and another 10,000 are in Mumbai and Goa”(Nair, 2002-2003, p. 22). As such, India is seen as a country of origin, transit and destination of human trafficking. Economic deprivation, false marriages, fake job opportunities, booming sex industry and the lack of implementation of anti-trafficking law/child labor laws have only added to increased human trafficking.

The report by Nair states that out of 1,402 persons interviewed, the highest percentage of children and women trafficked for sexual exploitation were from the states of Andhra Pradesh (25.9%) followed by Karnataka (15%), West Bengal (12.5%) and Tamil Nadu (12.3%), which can be more or less classified as the origin point of sex trafficking. Trafficking of children and women within their home state is also high in India, out of the 156, 106, 41, 101 and 133 people interviewed in Tamil Nadu, Rajasthan, Assam and Meghalaya, Bihar and Uttar Pradesh the percentage of intrastate trafficking for prostitution was 94.8% in Tamil Nadu followed by Rajasthan at 88.5%, Assam and Meghalaya at 88.4%, Bihar at 80.26% and Uttar Pradesh at 73.5% (Nair, 2002-2003, p. 50). Among those trafficked, children as young as 5 years old worked as prostitutes. The figures mentioned above suggest that the states within India function both as a point of origin and destination of sex trafficking.

The push and pull factors that lure or force vulnerable people into human trafficking can be divided into two categories namely individual and fundamental circumstances:

- Individual circumstances include characteristics like low self-worth and self-will added with lack of education, awareness and information. Economic deprivation in the family is another factor that leads to greater vulnerability to human trafficking. The report by Nair states that a greater percentage of trafficked people are from low income sector. Added factors are unhealthy home environment, physical abuse, sexual abuse, family pressure, gender discrimination, fake job opportunities, false marriages and unemployment.
- Fundamental factors include the lack of employment prospects, industrialization and globalization, economic disaster, poor development, privatization, increase in sex tourism, discriminatory practices like social exclusion of low castes, exploitation of agriculture for business gains and loss of customary livelihood (Nair, 2002-2003).

In addition to this, reports by United Nations International Children’s Emergency Fund (UNICEF) and National Human Rights Commission (NHRC) of India points out another reason of coercing girl child into CSE. There is a huge demand for young girls in the commercial sexual trade because they are perceived as less likely to spread sexual diseases and presumed to cure people from HIV/AIDS.

It is very difficult to identify whether an individual is voluntarily or involuntarily engaged in sex trade unless a lot of time and resources is spent to categorize them. Some rescue organizations have their staff members pose as decoy customers which helps in the identification. Forced prostitution is very different from voluntarily working for sex work. Children below the age of 18 lack the capacity to make the decision or choice to enter into a contract to work as a sex worker (Dunne, page 409). As such, any child associated with child prostitution is illegal.

Trafficking organizations specific to sex trafficking operates at four different levels “(i) the master trafficker or the kingpin (ii) primary traffickers or procurers (iii) secondary traffickers and (iv) the spotters or the grass-roots chain of intelligence gatherers” (Nair, 2002-2003, p. 139).

- The master trafficker or the kingpin is in charge of all the events and transaction. He/she works behind the scene and remains unnoticed but takes the lion’s share of the profit that comes along. The profit master traffickers make is dependent on the demand and supply trends, where the traffickers make sure that there is a continuous demand for prostitution and a constant supply of women and children to fulfill this demand.
- The primary traffickers are there to carry out the tasks related to identification of demand areas and supply sources. This group of people includes the field level purchasers, transporters, master operators, procurers, the pimps, brothel owners, brothel managers etc. The primary traffickers are basically the “merchants in human trade” (Nair, 2002-2003, p. 140).
- The secondary traffickers are the ones who supply the trafficked women and children to the primary traffickers. They work at the grass-roots level as sellers who help to carry out the sale process. Most of the time secondary traffickers constitute families, friends, neighbors, fake job agencies and local criminals who lure or force the vulnerable women or children into trafficking.
- The spotters are the ones who collect information from the ground and then pass it on to the primary traffickers or the master trafficker who then directs the secondary trafficker to proceed with the trade.

In this whole process of trafficking there are other circles of people as well who support the trafficking structure namely “financiers who finance the transaction at various levels, the goons, hotel owners, transporters, and the officials at immigration clearance and security” (Ibid, p.140).

“Alison Phinney puts forward the notion of a trafficking triangle, which refers to the space created by the demand, supply and impunity with which trafficking occurs. According to her, “sex trafficking is driven by a demand for women’s and children’s bodies in the sex industry, fuelled by a supply of women denied equal rights and opportunities for education and economic advancement and perpetuated by traffickers who are able to exploit human misfortune with near impunity” (Nair, 2002-2003, p. 10).

“The sex industry exists because millions of men whom no one is forcing exercise it. Their free (if conditioned) choice to buy women to use sexually produces immense profits for the traffickers and pimps who provide the supply. It is this that makes coltish thirteen-year-old girls into sole meal tickets for families of five ” (MacKinnon, 2012, p. 293).

International laws that laid the foundation for taking action against human trafficking include: “the Universal Declaration of Human Rights (1948), International Covenants on Civil and Political Rights (1966), the United Nations Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1949), the Convention on the Elimination of all Forms of Discrimination Against Women (1979)” (King, 2008, p. 88) and Convention on the Rights of the Child (1989). However, these laws mentioned above did not have a clear definition of human trafficking which created confusion during conviction and prosecution of traffickers. The United Nations Convention against Transnational Organized Crime was framed in 2000, it was well accepted because it set the course for defining human trafficking and looked into the prevention, protection and prosecution components of human trafficking. The related protocols to United Nations Convention against Transnational Organized Crime are:

- The United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children (also known as Palermo Protocol)
- The United Nations Protocol against the Smuggling of Migrants by Land, Sea, and Air” (King, 2008)

These protocols came into force in 2003-2004. The first protocol mentioned above, also known as the Palermo Protocol laid the foundation for a worldwide effort to fight against human trafficking. Palermo Protocol assigned an umbrella term for human trafficking that included different forms of exploitation like “ forced labor, bonded labor, forced prostitution, child prostitution, child forced labor, and organ harvesting” (Dunne, 2012), which in the earlier definition was absent of. Article 6 of the Palermo Protocol states that each State Party shall look into providing appropriate accommodation, counseling, medical, mental and emotional assistance, livelihood opportunities, education and training opportunities that shall contribute towards physical, mental, economic and social recovery of survivors of sex trafficking. Article 9 states that State Parties will establish policies and programs that will look into protecting the survivors of trafficking in person, specifically children and women from further victimization. (United Nations Office on Drugs and Crime 2004, pp. 44-46).

India signed the Palermo Protocol in December 2002 but ratified it only in May 2011. The Constitution of India follows dualistic theory as such International treaties once ratified by the country does not automatically become a part of the national law. It needs to be integrated into the national legal system by a legislation made by the Parliament and this at times takes a long time (Agarwal, 2010). Despite that being an obstacle, India has still formulated several legal instruments to address human trafficking of different forms:

- Prohibition of Child Marriage Act, 2006
- The Commissions for Protection of Child Rights Act 2005
- The Juvenile Justice (Care and Protection of Children) Act, 2000
- The Immoral Traffic (Prevention) Act, 1986
- The Child Labor (Prohibition and Regulation) Act, 1986

In India, prostitution (exchanging sex for money) is not an offence but the surrounding activities of prostitution like operating brothels, pimping, soliciting sex 200 yards away from a public place are illegal (Ilona Bhattacharya 2010). The law in India attempts to criminalize various

aspects of sex work in order to limit or abolish prostitution/sex work. Despite this, there are countless brothels in India that supply young girls and women as prostitutes.

The Government of India prohibits some but not all forms of sex trafficking through the Immoral Trafficking Prevention Act (ITPA) 1986; the penalty ranges from two to seven years. ITPA prohibits prostitution of a child, which in this case is a person below the age of 18 (Government of India, n.d., "*The Immoral Traffic*"). It also mentions the provision of a protective home for trafficked survivors after their rescue. ITPA Section 8 is not supportive of the trafficked survivors and is sometimes used to criminalize them. It says that any person who prostitutes within an area of 200 meters from a public place are punishable, which further exploits the trafficked survivors and violates their rights. The ITPA amendment bill was introduced in the lower house of the Indian Parliament in 2006 which proposes deletion of provision that penalized prostitutes but the bill is still pending. Corrupt law enforcement officers and the lack of awareness of laws have been major hurdles, when it comes to prosecution of offenders. Frequently law enforcement people are involved in trafficking at different levels, which makes it difficult for the trafficked survivors to trust them. In 2008 nine officials from the Delhi Regional Passport Office were charged with human trafficking (HAQ Center for Child Rights 2008, p. 215). Law enforcement people, at best see human trafficking as a crime or an act of exploitation not as a violation of human rights. The cultural resistance of accepting human trafficking as a serious form of human rights violation explains widespread impunity given to traffickers.

Through laws like Bonded Labor System (Abolition) Act, Child Labor (Prohibition and Regulation) Act 1986 and Juvenile Justice Act 2000, bonded and forced labor is prohibited in India, but from what I have observed during my work experience these laws are occasionally enforced. Often Government officials and police officers are not even aware of these laws. Moreover, the penalty under these acts is not very stringent. The law includes a maximum of three years in prison but cases are rarely prosecuted and more rarely are the sentences imposed on offenders, due to the lack of evidence and witnesses or because of political connections these convicted offenders have.

In India rescue raids in brothels are carried out by NGOs with the help of the police department. Often they are not successful because the victims are transferred to another place through clandestine routes before the raid. Brothels are tipped off by corrupt police officials. The ones rescued are referred to rehabilitation homes as directed by the Immoral Trafficking Prevention Act 1986. These rehabilitation homes are operated by the State Governments or by Non-Government organizations either funded by the Government or functioning independently.

The Ministry of Women and Child Development (MWCD) in India started rehabilitation homes under Swadhar Project in 2001 that helps women in difficult circumstances including sex trafficked survivors. Ujjawala Program was initiated in 2007. It seeks to protect and rehabilitate women and young girls who are sex trafficked survivors. In addition to these homes MWCD also operates homes for juvenile in conflict with law and for juvenile in need of care and protection under the JJA 2000. But in this paper I will be focused on Swadhar and Ujjawala rehabilitation homes. Both the schemes provide short term and long term support which goes up to a maximum period of 3 years¹. Since there is no separate Ministry for children in India, the rehabilitation schemes provided by the MWCD also serve children as well as women. The rehabilitation and

¹ (Government of India, 2007, p. 2); (Government of India, 2011, p. 5)

reintegration services include providing “shelter, food, clothing, medical treatment including counselling, legal aid and guidance and vocational training” followed by reintegration of the survivors. time (Government of India, 2007, p. 2). A home can house up to 30 to 50 beneficiaries at any given.

The implementing agencies of these homes are either the State government or NGOs who are registered under the Indian Societies Registration Act 1860. NGOs can place an application with the Department of Women and Child Development and Social Welfare at the State level for establishing rehabilitation homes. To qualify NGOs must hold experience of working in the field for three years. Two years of experience of working in social welfare or women’s education and they should have capital, personnel and the commitment to run the homes on a non-profit basis (Government of India, 2011, p. 6).

It is vital to understand that trafficked survivors, especially the ones who are trafficked for sexual exploitation, undergo different levels of exploitation at the hands of the trafficker and as such suffer from severe and long term psychological and emotional trauma. The traffickers use various mechanisms to gain control over the trafficked victims. Rozario reports (as cited in Nair, 2002-2003, p. 15) that traffickers use upto 18 different forms of violence on victims to intimidate, punish and control them. The list includes starving, solitary confinement in a dark room, physical, mental and sexual abuse, forced to do drugs and alcohol, choking, wounding with sharp objects or even killing if they do not agree to comply with the demand of the traffickers and clients. Under this pressure the victims surrender to the demand of the traffickers, which in the long run inclines them to commit suicide or leads to mental imbalance.

As such, when these victims are rescued from their place of confinement (brothels), it is critical to have a rehabilitation system in place that provides them immediate safe shelter, medical care, psychological counseling, emotional healing and also assists in economic and social reintegration. The rehabilitation homes can play an important part in psychological, social and economic rehabilitation of the survivors. It is believed that rehabilitation is the most challenging process after the rescue of sex trafficked victims, because it requires a practical and rational approach of action to restore the trafficked survivor in her social life².

MWCD has developed operational manuals, protocols and plans with guidelines for carrying out psychological, social and economic rehabilitation of sex trafficked survivors in the rehabilitation homes. But these guidelines and plans fail to get successfully implemented in the Government rehabilitation homes in India because of the lack of effective sharing of knowledge among the duty bearers followed by ineffective monitoring and evaluation system. The survivors are considered to be a shame and seen as “bad girls” as such they receive very little or no love, respect and acceptance in the rehabilitation home and in the society at large. The element of understanding, loving and accepting them are vital for the survivors to regain their self-esteem and dignity in life.

Even though India has moved up from the list of Tier 2³ Watch List Countries to Tier 2 Countries in 2012 (United States Department of State, n.d.) there is still a lot that needs to be

² The information in this paragraph and in the following one comes from my work experience and personal correspondence with my colleagues in India

³ **Tier 1**

Countries whose governments fully comply with the TVPA’s minimum standards for the elimination of trafficking.

done in order to bring in effective rehabilitation and reintegration services for sex trafficked survivors. Trafficking in Persons Report (United States Department of State, 2012) states that the Government rehabilitation shelters in India are still filled beyond their capacity, offer poor food and are unhygienic and provide limited services.

The other major problem why the protection component has not been able to improve much in India is the limitation of data on the number of children trafficked within India for commercial sexual exploitation and number of girls rescued and rehabilitated. The absence of this data makes it difficult for one to comprehend where the problem stands and what efforts from the Government have worked and what haven't. The MWCD together with UNICEF created a database to keep track of trafficked children and traffickers but this database is not yet operational. Every year an estimated 500, 000 children in India are forced into CSE but the National Crime Records Bureau shows only 340 reported cases of children in prostitution (HAQ Center for Child Rights, 2008, p. 211). There is also a dearth of research based information on the Government rehabilitation and reintegration processes in India.

The preliminary literature review will focus on:

- Examining the efficacy of Government rehabilitation programs for sex trafficked child survivors in India
- Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere
- Understanding the perspectives of the survivors availing the rehabilitation and reintegration services from Government or NGO rehabilitation homes in India and elsewhere.

Tier 2

Countries whose governments do not fully comply with the TVPA's minimum standards but are making significant efforts to bring themselves into compliance with those standards.

Tier 2 Watch List

Countries whose governments do not fully comply with the TVPA's minimum standards, but are making significant efforts to bring themselves into compliance with those standards AND: a) the absolute number of victims of severe forms of trafficking is very significant or is significantly increasing; b) there is a failure to provide evidence of increasing efforts to combat severe forms of trafficking in persons from the previous year, including increased investigations, prosecution, and convictions of trafficking crimes, increased assistance to victims, and decreasing evidence of complicity in severe forms of trafficking by government officials; or c) the determination that a country is making significant efforts to bring itself into compliance with minimum standards was based on commitments by the country to take additional steps over the next year.

Tier 3

Countries whose governments do not fully comply with the minimum standards and are not making significant efforts to do so

7. Methodology

The methods that were used to capture the three broad components that I am addressing in this study were: literature review, case study, personal correspondence with colleagues who are currently working on this issue in India and my work experience.

The three broad components of focus in this study are to explore:

- The current rehabilitation and reintegration services provided by the Government of India through schemes for sex trafficked child survivors and examine the efficacy and limitations of these programs
- The good/best practices of rehabilitation and reintegration services provided by NGOs in India and elsewhere
- Understanding the perspectives of the survivors availing rehabilitation and reintegration services from Government or NGO rehabilitation homes in India and elsewhere

Initially I was planning to conduct interviews with beneficiaries availing rehabilitation and reintegration services from NGOs in Nepal, India and Cambodia and with staff providing services to them. I had completed the IRB and had also prepared different sets of questionnaire but this visit did not work out given the sensitivity of the topic, policies of NGOs on research studies and the reluctance of NGOs to be a part of the interviews given the re-traumatization it might cause to the beneficiaries. However, in the process of contacting them I was able to build some relations with NGOs in Cambodia and Nepal who shared some documents and reports with me which were helpful for the purpose of this study.

Considering the paucity of journal articles on the above three components, the literature review also includes information from reports written by international organizations and NGOs, government reports, some newspaper articles, personal correspondence, organizational annual reports and organization's web page. The personal correspondence that I have used in the study is basically email interviews. I had emailed set of questionnaires to five of my colleagues in India. The reason why I chose these colleagues was because they are actively involved in the protection component of human trafficking. However, given the busy schedule that they had, only two of my colleagues wrote back to me. Both of them have been working in the protection component for many years and have good experience of working with government and NGO rehabilitation homes in West Bengal, India.

Some of the documents/reports that I have used in the literature were sent across to me by NGOs in Cambodia and Nepal, which were available online but I could not access them during my research earlier. I presume that this was probably because I used incorrect list of words during my research. The rest of the literature in particular journals was accessed from the Academic Search Premier made available to students by the Brandeis University. I must admit that it was difficult to find the right choice of words while accessing journals because the search results came up with lots of articles which were not related to my study. I also took the help of one my friends in McGill University who helped me with finding some journals which otherwise were not available at Brandeis University library.

The case study method was used to assess and draw lessons from different organizational approaches in delivering rehabilitation and reintegration services to child survivors in India and elsewhere that affect the psychological and economic rehabilitation and social and reintegration of a sex trafficked child survivor.

8. Literature Review

This section will explore the literature on the following three components:

- Reports evaluating or assessing Government rehabilitation programs for sex trafficked child survivors in India
- Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere
- Understanding the perspectives of the survivors availing rehabilitation and reintegration services from Government or NGOs rehabilitation homes in India and elsewhere

8.1. Reports evaluating or assessing Government rehabilitation programs for sex trafficked child survivors in India:

In this section I will talk about the policy that is in place for rehabilitation of sex trafficked survivors in India and then explore the gaps and limitations in the Government run rehabilitation homes that have contributed to re-trafficking, stigmatization and mental instability of sex trafficked survivors.

Currently there are 322 Swadhar homes (Government of India; Government of India, Ministry of Women and Child Development, n.d.) and 97 Ujjawala homes. Out of the 97 homes only 57 of them provide rehabilitation and reintegration services (Government of India 2012). Swadhar homes are established in 21 states and Ujjawala homes in 15 states. Many states have both Swadhar and Ujjawala homes. Thus, almost 9 states in India possibly do not have access to Government rehabilitation and reintegration services for the sex trafficked child survivors. NGOs are probably filling in their roles in these states. These homes can house from 30 to 50 inmates at one given time and are run by the state Governments or by local NGOs who are registered under the Indian Societies Registration Act 1860. Both state and non-profit organizations can apply for a grant to start these homes. In addition to these Government homes, the MWCD has also established homes for juveniles in need of care and protection and in conflict with law. The sex trafficked child survivors are categorized under children in need of care and protection. For the purpose of this study, I am focused on Ujjawala and Swadhar homes. However, some of the literature in this section talks about all Government homes in general.

The type of assistance provided by the Government of India under Ujjawala and Swadhar schemes includes food, clothing, medical treatment, legal aid, formal/informal education and vocational training. The number of staff hired to run the rehabilitation program in the Swadhar program includes a residential superintendent, counselor, office assistant, multipurpose worker and a guard. Whereas Ujjawala homes includes a project director, social worker, clinical psychologist, accountant, guard, part time doctor and a part time psychiatrist (Government of India, 2007, 2011).

The monitoring and evaluation system that is documented for both the schemes are as follows:

- Swadhar scheme: The monitoring of the scheme is divided into three different levels namely district, state and central. At the district level a District Women's Welfare Committee will be convened by the District Collector/District Magistrate. This body will be responsible for periodic monitoring of the functioning of the Swadhar homes, which would further send recommendations for release of another portion of funds for the homes depending upon their performance. The committees will be required to submit quarterly progress reports to the state Government. At the state level another committee will be formed, where "the Secretary in-charge of the Social Welfare/ Department of Women and Child Development in the State Government/UT Administration shall be the chairperson of the State Level/ UT Administration Monitoring Committee for the scheme" (Government of India, 2011, p. 12). It will meet bi-annually to monitor the Swadhar project. At the Central level the MWCD will assess the effectiveness of the Swadhar homes every five years. The evaluation of the scheme will be carried out after three years by an independent agency that will look into the impact and gaps in execution of the scheme.
- Ujjawala scheme: The monitoring of this scheme will done at two levels the state and central Government level. At the state level, like the Swadhar scheme "the Secretary in-charge of the Social Welfare/ Department of Women and Child Development in the State Government/UT Administration shall be the chairperson of the State Level/ UT Administration Monitoring Committee for the scheme" (Government of India, 2007, p. 9). It will meet bi-annually to monitor the project. At the central level, MWCD will assess the operations of the Swadhar homes once a year. Additionally a mid-term evaluation of the homes will be carried out in the middle of the Eleventh Five-Year Plan (2007-2012).

The Juvenile Justice (Care and Protection of Children) Act, 2000 (India) directs the Department of Women & Child Development and Social Welfare at the State level to form Child Welfare Committee (CWC) an autonomous body at all district levels. One of its primary functions is to visit State or NGO run rehabilitation home in their district once in three months to assess the situations of children in the home and suggest necessary changes or improvement (Government of India, 2009, p. 48). CWC comprises of 5 members who are common citizens of the country with background of working with children in the field of education, health or protection and one of whom needs to be a woman.

Under the Government of India "Performance Monitoring and Evaluation System (PMES) for Government Departments.... each Department/ Ministry is required to prepare a Results Framework Document (RFD)" that gives information on the primary targets that will be achieved in the financial year. MWCD has been working on this document since 2009-2010. For MWCD's RFD for the year 2011-2012 one of the priorities is providing care and protection to children in need. The Five Year Strategy Plan for Women and Children (2011-2016) is based on the RFD (Government of India, Ministry of Women and Child Development, n.d., p. 9).

The Ministry of Women and Child Development (MWCD) has developed 7 protocols and manuals that govern operations of state Government and NGO to run rehabilitation homes. All

the documents give emphasis to a minimum standard of care and protection that the rehabilitation homes should be providing to the beneficiaries. The list of protocols and manuals are as follows:

- Protocol for Pre-rescue, Rescue and Post Rescue Operations of Child Victims of Trafficking for Commercial Sexual Exploitation
- Protocol for Inter State Rescue and Post Rescue activities relating to Trafficked Persons
- Judicial Handbook on Combating Trafficking of Women and Children for Commercial Sexual Exploitation
- Manual for Social Workers: Dealing with Child Victims of Trafficking and Commercial Sexual Exploitation
- Manual for Medical Officers dealing with Medico-legal Cases of Victims of Trafficking for Commercial Sexual Exploitation and Child Sexual Abuse
- Care and Support through Psychological Interventions Plan of Action for Rehabilitation of Survivors of Trafficking (Government of India, n.d., “*Trafficking*”)

The stated strategies laid out in these documents place central focus on serving the best interest of the child and aims to provide an effective psychological and economic rehabilitation added with successful social reintegration of the sex trafficked child survivors into the society. I have chosen two manuals in particular to highlight the three components: psychological, economic and social reintegration that the Government recognizes in theory.

The Manual for Social Workers dealing with Child Victims of Trafficking and Commercial Sexual Exploitation provides a detailed strategy to manage the rehabilitation home. It lays emphasis on psychological and social rehabilitation by laying out behavior pattern of the child survivors and their different needs and strategies for behavior management. It also lays emphasis on the need of counseling for trauma, post-traumatic stress disorders (PTSD), and sexual and physical abuse and accepts that trauma can have a prolonged impact. Additionally, the manual points out a behavior change model for the staff that can help in effective rehabilitation of the survivor. It mentions staff training and incentives as one of the ways of approaching this model. It addresses economic rehabilitation by involving children in decision making be it education they are interested in or vocational training.

The Care and Support Psychological Intervention Plan of Action talks about 7 Core Quality Standards that should be offered by Government and NGO run rehabilitation homes namely:

- Accommodation: Location and Security
- Living Standards: Food, Health and Hygiene
- Mental Health Issues: Behavior Management and Psychotherapy
- Education: Formal/ Functional and Vocational/Trade Based
- Relationships Management with Staff and amongst children
- Child’s participation in Decision Making processes
- Contact with Family and Friends

The Eleventh Five Year Plan on Child Protection (2007-2012) by MWCD talks about capacity building of staff on child rights, minimum standard of care and protection added with employing skilled and sensitive staff. It also lays emphasis on providing child protection professional

services for exploitation and abuse, psychological stability etc. and child impact monitoring where by all types of services provided to children will be monitored and documented and the reports then made available to the public and children as well. This plan also lays importance on the development of training modules and course content that are in line with the need of child survivors, it prioritizes on training of all personnel involved in child protection sector whether it is a Government or NGO run rehabilitation homes (Government of India, n.d., p.153, “*Child Protection in*”)

These documents developed by the MWCD look very effective in paper and it appear to well capture the need of the survivors. They address every possible issue that would impede effective implementation. However, these protocols and manuals are mere guidelines and are not enforceable. As a result of which there appears to be a big gap between the theory and implementation of rehabilitation and reintegration services.

From the research that I have conducted so far I was not to find any document that has done a detailed evaluation of the Government run rehabilitation homes in India. This reflects the lack of reporting and knowledge sharing from the Government side. Documentation of good practices and key learning are ways of strengthening the knowledge and practice base of people, organizations and Government bodies and is also a monitoring tool that introduces accountability among the duty bearers. Hameed et al. reports that out of the 49 anti-trafficking NGOs interviewed only 9 of them have actually published or shared reports about their programs in their websites, which states that NGOs are also lacking in documentation and reporting.

A report by a graduate student team at Stanford University did a report for Asia Foundation to outline the effort of NGOs, donors and Government on human trafficking in India. The report states that there are only a few state Government run rehabilitation homes that are involved in providing direct rehabilitation and reintegration services because NGOs have taken over this responsibility. It further states that the ones run by the state Governments are often poorly resourced in terms of funds, staff and skills and the homes are operated like jails. Except for Andhra Pradesh and Tamil Nadu none of the other states in India have adopted the compensation programs for survivors of trafficking. The report also claims that human trafficking has little importance in law enforcement in India. The law is insensitive towards the needs and mental state of the survivors. As a result of which survivors end up getting re-victimized. The Government at the State level and the local population do not see human trafficking as a problem. Additionally, it highlights the lack of collaboration between the NGOs and Government on solving problems related to human trafficking because this issue is not a Government priority (Hameed et al. 2010).

Hameed et al. states also that from the 49 anti-trafficking NGOs interviewed from 9 states in India, more than half of them stated that they had mixed perceptions about the Government’s effort towards addressing anti-trafficking programs. However, most of their views were optimistic. Later in the report Hammed et al. states that NGO perceptions may not reveal the truth and may be a way of safe-guarding their relationship with the Government in the future. Some of the issues raised by NGOs on the existing gaps in implementation were the lack of effective jurisdiction and legal framework, lack of funding and political will, lack of coordination between agencies and staff, low standard of services in shelter homes and limited collection of data of trafficking in persons.

Trafficking in Persons report (2012) shares the assessment of NGOs on Government rehabilitation homes in India. The NGOs mention that the conditions of the homes vary from state to state and a number of them are congested, unhealthy, offer poor food and limited services. Additionally, the report also talks about the restrictions imposed on the movement of the survivors. The report also states that there is a delayed disbursement of funds from the central Government for running the rehabilitation homes.

An example from my own experience illustrates gaps in services. Sharmila (name changed) was transferred from a Government rehabilitation home in Mumbai to a NGO rehabilitation home in Kolkata and then to the NGO home I was working with in Siliguri, India. When she arrived to our NGO she was completely out of her mind, violent and suicidal. She was 16 years and was sold off by her husband. Four weeks of my association with her was frustrating and excruciating because we couldn't do much to help her. She lived in her own world and didn't remember anything that had happened to her but one thing she would do religiously was strip herself naked, whenever she saw a man. The trauma she had gone through had made her so. We couldn't send her to a Government home because Darjeeling district doesn't have one. After sending out emails to friends to assist her with medical treatment, we were able to put her in a Psychiatric Rehabilitation Center. Had the Mumbai Government home looked into her mental state or provided her with psychological support at an early stage Sharmila would have perhaps suffered less.

To me what has been the striking revelation from this research is that mental/psychological rehabilitation and understanding the effect of psychological health on sex trafficked survivors is given little importance in academic research as well as in international and national reports on trafficking. I was able to find very few research studies on mental/psychological health.

The health aspect of sex trafficked survivors is largely high-jacked by HIV/AIDs issues. Not that I see HIV/AIDs as an issue less important than the other impacts of sex trafficking. But given the work experience I have had, I see psychological rehabilitation as important an issue as HIV/AIDs among sex trafficked survivors that needs equal consideration. When talking about health recovery we should not limit our focus on HIV/AIDs, STI and drug addiction but also include psychological recovery of survivors.

To illustrate the psychological impact of trafficking on children, Deb et al. (2011) comparative study findings concerning 120 sexually abused trafficked children from Government and NGO rehabilitation homes and 120 non-sexually abused children from the local schools in Kolkata revealed that 4.2 % from the former group belonged to the saturated aggression (extremely frustrated and rebellious) category whereas in the case of the latter only 0.83 % belonged to that category. Additionally, 26.7 % of the former group belonged to the highly aggressive group whereas in the case of the latter it was 13.33% who belonged to that category⁴. These results indicate that sex trafficked child survivors are more likely to develop aggression than non-sexually abused children. While the study revealed that psychological interventions like individual and group counseling had a positive impact on the sex trafficked children. Only three out of the four rehabilitation homes from where the sexually abused girls were interviewed gave in-house counseling. Deb et al. points out that the rehabilitation homes in the sample taken lacked trained counselors.

⁴ (Deb et al., 2011, p. 757)

A study by Magar (2012) on Sex Workers Anti-trafficking Response in India reveals that the Government rehabilitation homes are not only insufficient but also insecure and abusive. She also brings out the community perspective on sex trafficking. She narrates an incident in the study where a girl was rescued from a brothel by a Sex Worker Community Based Organization and sent to her village. A few days later the girl was back in the red light area, she said that she could not stay in her village because the villagers would kill her. The stigma against survivors still runs at large in many parts of the country. It is still the victim who is further victimized. Though the Government has community awareness program as a part of the anti- trafficking agenda, stigma still persists. We have still not been able to create a safe and accepting social attitude for sex trafficked survivors despite the Government's efforts.

A colleague who has been working with children in need of care and protection (including sex trafficked survivors) directly for 3 years and indirectly for 12 years in the city of Kolkata shares that she hasn't seen serious rehabilitation and reintegration services in Government run homes up until now. She points out that most of the Government rehabilitation homes in Kolkata do not abide by the minimum standard of care and protection services that have been laid down in the protocol. The homes are understaffed; they are not well trained to handle the children in question. The employees lack understanding of children's needs and their rights and are not very open to change in terms of trying out new approaches to enhancing the services. Children who are survivors of sex trafficking are usually treated badly by the staff, they are referred to as "bad girls" because they worked as prostitutes. She stresses on the point that the Government homes should focus on therapy and counseling. She states that the girls who are survivors of sex trafficking might not fully recover from their experience if they are not given adequate psychological support and would prevent them from having a stable life in the future. However, she states that very recently some NGOs from Kolkata were able to introduce dance therapy as a medium of healing in the Government homes. A group of girls from an NGO rehabilitation home in Kolkata under the Dance Movement Therapy upon reintegration were able to find jobs as Dance Movement trainers, they are now married and have children too. The added constraints are low salaries of the staff; they are overburdened with various job responsibilities added with the lack of support from their leaders (V. Lakhmalani, personal communication, January 7, 2013)

Another coworker who is actively involved in working with rehabilitation and reintegration of children in need of care and protection that includes sex trafficked child survivors in Siliguri, India shares that the Government homes that he has worked with has a lot to improve. He states that they are unhygienic, limit the amount of food given to children, practice solitary confinement of children, and have poor services in terms of medical treatment and counseling. He also adds that the staff has poor knowledge in handling children and lack understanding of their situation. He highlights the lack of case to case management system, market value income generating skills and monitoring mechanisms after reintegration (S.Das, personal communication, December 19, 2012).

Navjeevan Mahila Sudhar Vastiruha is a rehabilitation home for trafficked survivors run by the state Government of Mumbai, India. The escape of 9 girls from this home last year (2012) was the third in the year which led the Mumbai High Court to form several committees to look into the situation. There were allegations of sexual abuse against the home as well. One of the members from the committee described the home as " a living hell with stinking toilets, abusive

staff and lack of supervision of senior officers of the department of women and child” (Rajadhyaksha 2012, para. 2). Another committee that was appointed to look into the allegations of sexual abuse said that the women and girls living in the home were re-traumatized, ostracized, rejected and now had very little trust and faith left in the system. The home housed children more than its capacity, there were 300 children whereas the home had capacity for 100 only. Out of the 22 posts in the home, 8 of them were still vacant. The frequent escape of children from the home is the shortcoming of the state Government’s system towards rehabilitation approach of trafficked girls and women that needs immediate attention.

In 2006, Supreme Court of India had directed the state as well as the central Government to prepare a scheme to provide compensation on to the survivors of crime like rape, human trafficking, acid attack etc. After 6 years of that direction, Goa is the only union territory in India that has approved the Goa Victim Compensation Scheme 2012 ("Compensation scheme for victims of rape, acid attacks," 2012).

The annual report 2011-12 (Government of India, n.d., “*Annual Report*”) published by the MWCD does not cover much information on the two schemes: namely Swadhar and Ujjwala in terms of their performance. More emphasis is given on the allocation of funds and about the category of target population addressed. There is no information on the database of the survivors nor does it demonstrate the performance of the schemes. It talks about conducting trainings but there is no clarity on the type of trainings provided and why was it provided. Also there is no mention of the mid-term evaluation that was due in the Eleventh Five Year plan for Ujjawala scheme and the evaluation report for Swadhar homes. As such, the report lacks to record important information of the rehabilitation program.

Hence mere framing of policies and developing protocols to run rehabilitation homes will not ensure sex trafficked child survivors a life of dignity and stability. In order to see an effective implementation of these policies there needs to be a change of leadership, bringing in people who carry more commitment to this purpose of assisting the survivors regain their life, added with change in the mindset of the people who are providing this assistance. This should be brought in through training programs on soft skills, life skills etc added with incentives for the staff because handling such an environment does become frustrating and stressful at times. Furthermore, there should be engagement of survivors in evaluating these programs and integrate their perspective on the services that are more in line with the existing needs of the survivors.

8.2. Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere

In most countries where human trafficking is highly prevalent, NGOs have greatly filled in the role of providing direct rehabilitation and reintegration services to the sex trafficked survivors be it Cambodia, Thailand, Bangladesh, Nepal and India too. As such, it might be rare to find documents that record the best practices of Government rehabilitation and reintegration services. The reason for this might perhaps be the lack of positive impact from the practices that have been implemented by Governments so far or the lack of support to comprehend and document it. Most of the best practices that have been published so far are that of NGOs.

In this section, I will be exploring good/best practices of rehabilitation programs provided by NGOs like Sanlaap, Prajwala, Prerana, Swift Wash in India, Maiti Nepal in Nepal and Ager Pour Les Femmes En Situation Precaire (AFESIP) in Cambodia.

8.2.1. Psychological Rehabilitation:

Psychological rehabilitation helps the child survivors to cope with the trauma, exploitation and abuse they have been through at the hands of the traffickers. It is vital because it starts the healing process for the survivors. It helps in rebuilding and regaining their self-esteem, confidence, self-respect through counseling, care and support, medical services, love and acceptance.

Ostrovski et al. (2011) conducted a longitudinal study to evaluate the mental health of Moldovan women who were survivors of human trafficking and had returned to Moldova. The authors interviewed these women at a minimum reintegration period of 2 months and a maximum of 12 months. It was observed that 54 % of the women interviewed still suffered from PTSD, anxiety and mood disorders. Ostrovski et al. points out that one of the reasons that can give an explanation for this would be the nature of trauma they went through at the hands of the traffickers.

Alegria et al. states that women and girls who were trafficked for CSE have higher rate of depression regardless of HIV/AIDS infection status (as cited in Tsutsumi et al., 2008, p. 1842). Studies by Farley and Barkan (1998) and Degenhardt and Copeland (2006) both state that the sex trafficked women and girls have a higher rate of Post-Traumatic Stress Disorder (as cited in Tsutsumi et al., 2008, p. 1842). Gilchrist et al. (2005) says that prostitutes who were trafficked and are addicted to drugs have higher probability of suicidal thoughts and experience depression (as cited in Tsutsumi et al., 2008, p. 1842). Tsutsumi notes that despite these findings not much has been done for improving the psychological and mental health of survivors of human trafficking.

Deb, Mukherjee, Mathews (2011) aptly speaks about the lack of academic research on the effect of mental health support services provided to the sex trafficked child survivors. Shipman and Taussig states (as cited in Deb et.al, 2011, p.750) that a country like the United States too is able to provide limited mental health support to sex trafficked child survivors. As such, this limitation of mental support services is likely to be more in India.

Sanlaap a non-profit organization is based in West Bengal, India, it has been involved in addressing anti-trafficking issues for the last 25 years. Sanlaap operates four rehabilitation homes in Kolkata and all are named SNEHA, which means affection in Hindi. It houses more than 250 girls. It takes a holistic and an integrated approach while delivering its programs in education, mental health, vocational training coupled with economic options, dance movement therapy, youth empowerment and leadership coupled with legal aid (Sanlaap, n.d., para. 8). It employs a case to case management process in terms of providing mental health services, which means that each child is given psychological support appropriate to the intensity of trauma they have been through. Children who are highly traumatized and depressed are given individual counseling

sessions and places under the care of a psychiatrist who visits the home twice a month (Sanlaap., 2011-12, p. 9). The counseling staff in Sanlaap undergoes repeated training to enhance their care and support program. Issues that concern all children are handled through group counseling or group discussions by group captains such as issues related to their participation, developing ownership in the rehabilitation home, taking responsibility, building confidence and HIV/AIDs support group. Every month there is a medical checkup for all the girls in the local Government hospitals.

Sumi, one of the girls who lives in the home said,” it feels good after getting a new home after years of trauma and isolation, guided and surrounded by friends.....I love dancing.....” (Sanlaap., 2011-12, p. 10)

Children at the home celebrate Durga Puja, New Year’s Eve, Christmas, Children’s day, Sports day etc. They decorate the home, serve food to guests and perform songs, dance and recite poetry. They also have weekly movie day, which the girls enjoy a lot. They also have dancing movement classes and all the girls participate in it. Dancing has extensive use in psychological and emotional healing of a survivor, but it is very rare that dance or art therapy is used as a healing process for survivors of trafficking in India. It is encouraging to see Sanlaap making an effort towards exploring different approaches that can help towards the survivor’s recovery. Each child who comes to the home is given a scrapbook, where they can write about themselves, their experience, about their future and what they like and don’t like etc. Sanlaap also organizes arts and crafts competitions and storytelling competition at the home. These are ways of allowing them to bring out their state of mind, which are unspeakable most of the time. In order to enhance the confidence level and self-esteem of the child survivors Sanlaap facilitates the Youth Partnership Program (YPP) for children at the rehabilitation home and youth at risk of CSE to participate in the fight against Commercial Sexual Exploitation. As a part of this program a few of them were trained to become “young reporters”. They developed newsletter that spoke on child trafficking and child soldiers. The reporters also made two short videos on trafficking and environmental pollution. One of the girls from YPP was selected to talk in front of the Parliamentary Forum on Children in the Indian Parliament. She spoke about her experience at the brothel and recommended effective protection of children from trafficking. There is an advocacy group of children, which gives them a chance to voice their opinions, raise awareness about issues like gender, violence and issues related to their re-integration. A group of girls are selected and they are responsible to run their home, take charge of organizing events, workshops and seminars, attend to the visitors and show them around, it is called the Captain System. This system has helped the girls to manage difficult situations and allowed them to attend to their responsibilities. There is also another group of girls that looks into resolving conflicts between girls, staff and any other issue that needs to be solved. This platform has helped the girls to have a positive self-image and have harbored confidence in making decisions concerning others and themselves. Some of these girls are trained as peer counselors; they have played a vital role in counseling their peers (Sanlaap., 2011-12).

Ager Pour Les Femmes En Situation Precaire (AFESIP) an NGO in Cambodia founded by Somaly Mam has been working towards rehabilitation of survivors of trafficking since 1996. It uses Art Therapy as one of the components for healing the survivors from the trauma they have been through. In collaboration with Art 2 Healing Project, which is a non-profit creative arts therapy organization based in Asia, AFESIP conducted art therapy in their shelter homes. The

report on this project by Art 2 Healing project stated that it had wide benefits because it was able to provide insights into the survivor's emotions and unresolved issues that could then be further used to make treatment plans for each of one of them (Tan, 2012).

Having taken a class on theatre, art, trauma and memory at Brandeis University, I do realize that Art is quite a tool when it comes to expressing one's feelings without having to say a word at times.

8.2.2. Economic Rehabilitation:

Economic rehabilitation is one of three components that is vital for a survivor's reintegration into the society. When we talk about economic rehabilitation it is a way of equipping the child survivors with educational and vocational skills that will help to fetch them a sustainable livelihood.

a. Education:

Child survivors living in Sanlaap rehabilitation homes who do not have legal restrictions go to school outside the shelter home and the ones who are restricted of movement by court are provided non-formal education within the home. The school in the home is under the formal education system and is a way of paving the way to mainstream the children after the restrictions are lifted. The teachers in the home continuously update themselves with innovative teaching methods from a group of well know formal school teachers. Children who are interested in computers are given classes on it as well. There are also regular interaction platforms that the girls from the home can go to. It allows them to interact with children from formal schools. Children form an important part of planning their future with the staff at the rehabilitation home. They decide what they want to do in terms of pursuing their education or a vocational training they are interested in (Sanlaap, n.d., para. 10).

b. Cash assistance support:

Through the cash assistance support Sanlaap helps to provide assistance to reintegrated survivors to start small businesses that help them to maintain their economic independence and dignity. It also operates as a tracking mechanism. This support that Sanlaap gives to the reintegrate survivors requires regular interaction of CBOs⁵ with the survivors as such the staff is regularly updated about them, which helps them to keep track of the survivor's progress. Pinky was trafficked to Mumbai from West Bengal, India and forced to sell sex in a brothel for two years. She was rescued and sent to Sanlaap (NGO) rehabilitation home in West Bengal, India. Her reintegration process was a mix of both positive and negative feelings. She got married but her in-laws taunted and harassed her. She left her husband and started a small enterprise, a tea stall with her father, which was further supported by Sanlaap's financial assistance component. She has well established the enterprise as of now and is economically stable. Najia and Anowara both rescued survivor of sex trafficking were given financial support through Sanlaap. They received

⁵ CBOs are defined as voluntary associations of community members who reflect the interests of a broader constituency. They are generally small, in formal organizations; often membership-based, initiated by local residents and located within the communities they serve" (Yachkaschi, 2010, p. 196).

Rs 5,000 (\$ 92) and Rs 7000 (\$128) to start their enterprises. Najia started her business in zari work whereas Anowara started a business of polishing and selling rice that was lucrative for her. For Najia, her business was affected during off season and household responsibilities limited her engagement in the business (Chattopadhyay, 2012).

c. Vocational training

The income generation training program in Sanlaap is done on a small scale and the important aspect of these trainings is that besides give skills to the girls it also identifies market for the products that the girls make. The girls in the home are trained in different skills like block printing, tailoring, jute embroidery, card and candle making, tie and dye, blanket, sandal and bangle making. Sanlaap organizes exhibition cum sale of the products made by the girls. Funders of Sanlaap like Kindsland Baptist Church and organizations like Sasha, Destiny and Jadavpur University buy products from Sanlaap. Sanlaap has also collaborated with Government Emporiums where the products are sold. The girls who are employed under this get their wages deposited in their bank accounts. Sanlaap also has a Job Counselor in place who conducts sessions with girls regarding their job interests and future employment prospects (Sanlaap., 2011-12, p. 9).

Maiti Nepal extends employable skills to girl survivors which has market value in the local areas. The girls are trained in making candles, soaps and tailoring which can be easily sold in the local areas (Nepal, 2011).

NGOs like Prajwala, Prerana and Swift Wash have a larger platform of providing vocational training and opportunities of placement for survivors.

One of the successful collaborations that Prajwala started, was with National Academy of Construction⁶ (NAC) and Lanco Constructions⁷. This was a daring collaboration for Prajwala because it was stepping into the male territory, exploring how to equip girls and women survivors to be mainstreamed in construction livelihoods as equals as men. This is a domain that is gender labeled in most parts of India. This partnership was unique in itself because the survivors were not beneficiaries but partners in the collaboration. 25 girls were chosen to take part on masonry training imparted by NAC. Lanco offered job placements after the training and Prajwala provided shelter and life skills training to the trainees as a way of building their confidence and keeping their focus. Prajwala also pulled in the Department of Youth into this collaboration; they provided financial support for the training cost, uniforms and tools. Each one of them are employed till date and they earn INR 7500 (\$140) per month. It is difficult to bring in so many stakeholders to work together on the same platform and Prajwala has managed to do so through most of its economic rehabilitation models. This venture looks like a likely model that can be replicated in other parts of India given the support from the Government and corporate sector.

The other interesting collaboration was Prajwala- Amul (Indian Dairy Cooperative)⁸ and International Office of Migration (IOM) collaboration, which was another step forward from philanthropy to partnership. Prajwala wanted to explore on taking over franchises of Amul and

⁶ (National Academy of Construction n.d.)

⁷ (LANCO n.d.)

⁸ (Gujarat Cooperative Milk Marketing Federation n.d.)

see if it would prove to be an employable option for survivors. The founder of Amul Dr. Kurien agreed to it. This led to a unique tri-partite model between an NGO, the corporate sector and an international organization. The Department of Women and Child Development also supported this partnership. The basic idea here was to open up Amul parlors that would sell Amul products like milk, cheese, curd etc. and would be managed by survivors. This how the model looks:

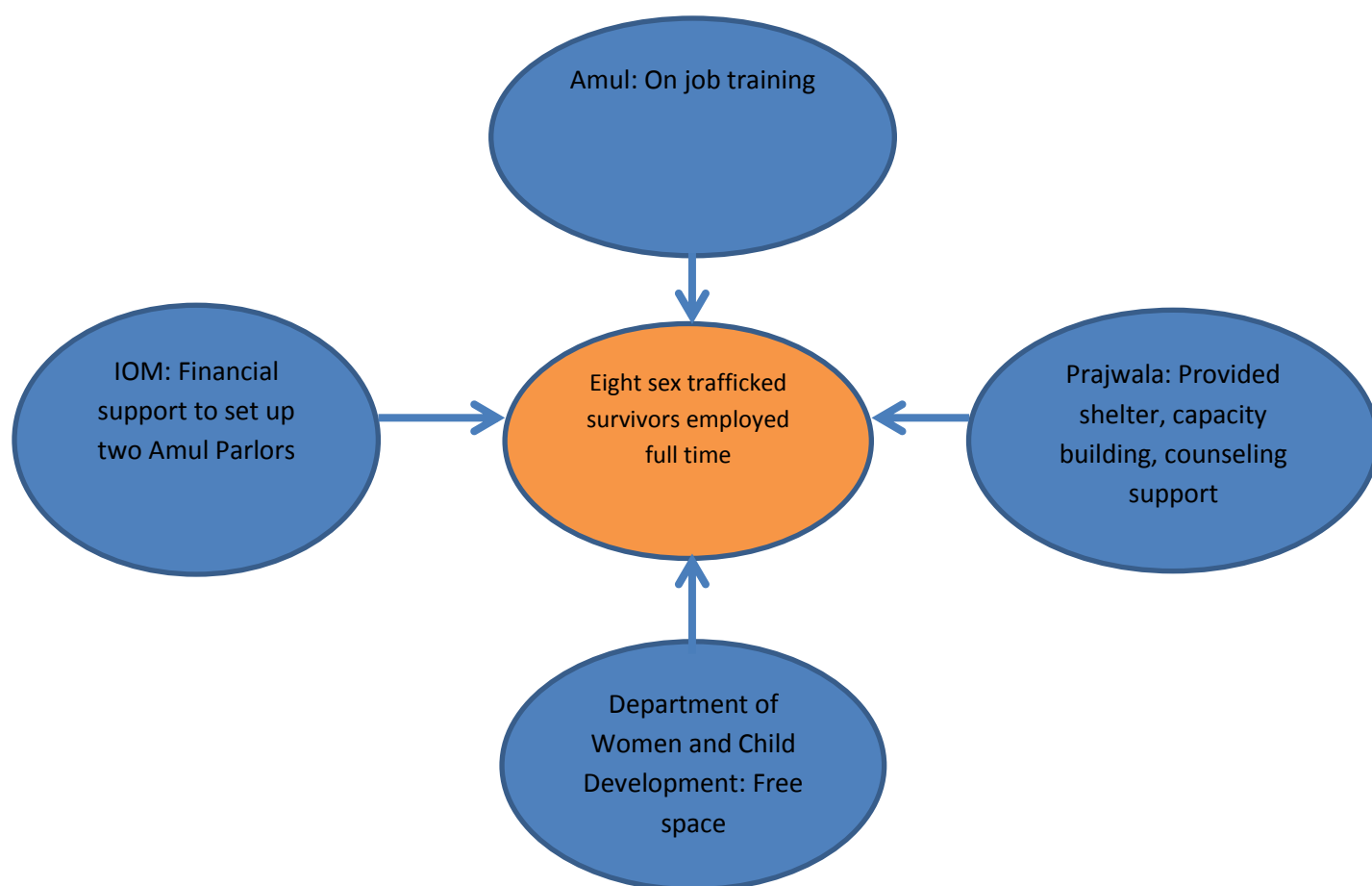


Figure 1: Tri-partite model of Prajwala for economic rehabilitation of sex trafficked survivors

Eight survivors are employed through this partnership. Prajwala employs a bottom up approach in most of its models where the survivor themselves are involved in the decision making process regarding their needs, strength and limitations. This venture has been a totally self-sustaining means of earning for them. However, of the two parlors only one is operational now (running for 5 years) the other had to close down because it had a publicized inauguration and the community people around that area came to know that it was run by survivors of sex trafficking. Since the community at large still holds rigid views of prostitutes being bad, of loose character and a shame to the community. It would take a long time to bring a change in people's attitudes behavior, which should be another area to work on. Prajwala states that this was a learning experience for them and notes that they should be equipped enough to meet any difficulties with courage. The single parlor which is still running is partly supporting Prajwala's shelter home for

children, which is an illustration of social enterprise model. I am not sure whether there has been further replication of the above two models because there is no updated information available regarding these ventures (Ali & Menon, 2008, pp. 3-7).

Prerana (encouragement) is an NGO in Mumbai. The Government of India had adopted some of its services in the first national policy for child trafficking in 1998. Its collaboration with Bharat Petroleum Corporation has been one of its NGO-Corporate sector successful ventures. With IOM on board this collaboration was able to train and employ 27 girls as petrol fillers. They earn INR 3000 (\$55) per month. The collaboration with the Information for Technology and Management (ITM) Institute was a good example of local resource mobilization. The Institute designed a special course on Hospitality and Catering Management and agreed to train young survivors for free. The training was designed to be more practical that would further enable the survivors to find employment. 25 girls who were aged between 16 to 19 years were a part of this course. Prerana also encourages illiterate girls to be a part of this training and simultaneously provides them with functional literacy support. The girls were awarded with a certificate after they finished the course. These certificates from a renowned institute helped girls to find jobs and social status (Ali & Menon, 2008, pp. 39-43).

Swift Wash a mechanized laundry unit is a unique venture of an NGO named Anyay Rahit Zindagi (Arz) in Goa. It is unique because it has taken an initiative to look into the underlying causes of trafficking i.e. family poverty by seeking to employ one of the family members of the survivors along with the survivor in the unit. This step taken by Arz would help create a financially stable environment in the survivor's family that would help prevent the survivor from getting re-trafficked or exploited in any way. It employs 25 females and 10 males. Women have also been trained to drive vehicles to collect and deliver clothes from customers. These women are proud of themselves and take this skill as an achievement. They earn INR 2000 (\$36) for 6 hours of work. Arz also imparts trainings and counseling to the survivors working at the unit on issues like self- development, psychiatric assistance, team building, leadership, motivation, awareness of their rights, children's education, health issues etc. (Ali & Menon, 2008, pp. 44-46).

8.2.3. Social Reintegration:

Social reintegration is of great importance because it is the final step towards a child having a stable life after effective psychological and economic rehabilitation. It is vital to reintegrate a child into a society which is accepting.

In Sanlaap the reintegration component is solely dependent on the will of the child/girls. There is a cash assistance component that provides financial support or loans to survivors to start something of their own once they are reintegrated in the society. It is also a mechanism that helps Sanlaap to keep track of the survivors and prevent them from getting re-trafficked. Community Based Organizations play an important role here, they are like a vigilance team that keeps track of the survivors progress or problems. The CBOs help the survivors with obtaining an identity card like a ration card or voters ID card which has proven to mean a lot to them, it gives them a feeling of dignity and identity. Additionally, the CBOs facilitate survivors meeting for those who

have been reintegrated. It is a platform where they can share and discuss their difficulties and experiences and support each other (Chattopadhyay, 2012, pp. 17, 19, 110).

Sanlaap also created a position for Reintegration officer. He/she facilitates the follow up of the survivors and acts as a channel between Sanlaap and the CBOs. Capacity building training programs is arranged for CBOs by Sanlaap that helps to strengthen the social reintegration component (Chattopadhyay, 2012, pp. 114, 116). There have been challenges and constraints for Sanlaap during the reintegration process. Some of the reintegration processes have failed because of limited resources, relapse of trauma or depression of survivors, and the possibility of survivors getting re-trafficked because parents got their girls married to boys without a background check, lack of support from the Government and other NGOs. One of important constraints has been the staff turnover rate that impedes the relationship building process with the survivors. It is difficult for the survivors to build a new relationship every time a staff leaves. This was noted to create a gap in the reintegration tracking process.

AFESIP in Cambodia also provides a similar kind of cash assistance support to the survivors at the approach of reintegration. Each one of the beneficiaries who undergo vocational training and are ready to get reintegrated is provided with a “business starting kit” that helps them to become economically independent. This kit helps them get started with whatever they want to do (Agir Pour Les Femmes En Situation Precaire, 2012, para. 8). Once they are reintegrated, a continuous monitoring mechanism is developed by AFESIP that keeps track of each one of these beneficiaries for the next 3 years so that they do not get re-trafficked (Agir Pour Les Femmes En Situation Precaire, 2010, p. 22).

NGOs like Sanlaap have been able to carry out comparatively better rehabilitation and reintegration services than Government rehabilitation homes in India especially in psychological rehabilitation because of the funding support they receive from international donors, trusts and foundations. Additionally, the international funding support also allows NGOs like Sanlaap to explore new ideas and practices from within India and elsewhere to enhance psychological, economic and social rehabilitation and reintegration processes. It also contributes towards improving the motivation of the staff and survivors and in enhancing the management system of the organization.

8.3. Understanding the perspectives of survivors availing rehabilitation and reintegration services from Government /NGO rehabilitation programs in India and elsewhere

In this section I will be looking into the perspectives of the survivors on the rehabilitation and reintegration services that are made available to them through International Organizations (IOs), NGOs and government rehabilitation homes. I believe that there is an existing knowledge gap when it comes to learning about how survivors perceive and value the rehabilitation and reintegration services made available to them. Most of the studies done in human trafficking are focused primarily on the administrative, legislative and assistance frameworks for anti-trafficking. Very little is done to capture the voices of the survivors. Additionally, given the sensitivity of the topic, safety of the information and confidentiality of informants, it also becomes challenging to gather the perspectives of the survivors because issues like re-traumatization, re-victimization, ethical considerations and survivors’ willingness to talk come

into play here. However, this section will try to capture the responses of survivors from limited literature that is available. Since there is a paucity of literature on this topic in India, I have integrated literature available on Cambodia, Nepal and South Eastern European countries as well to bring out the survivors voice.

For the purpose of this paper I was planning to visit Cambodia, Nepal and India to conduct interviews with beneficiaries at NGO rehabilitation homes but I was turned down by some given the sensitivity of the topic. While some said that the policy of the NGO allowed visitors with a longer period of stay (6 months or more) to interview survivors, they were concerned that the survivors would be re-traumatized if people just came in and interviewed them without building a relationship first, which I do respect and understand. Two NGOs turned me down saying that the policy of the NGO does not entertain research studies. However, I did not approach any government homes in India because that would involve bureaucracy and paper work, which was too long a process given the short time I had. I also imagine that after knowing about the topic I was exploring on, the government institutions might not have given me permission to conduct interviews unless there was a higher authority backing me up.

A report by Sanlaap (NGO) and Terre des Hommes (Chattopadhyay, 2012) brings out the reintegration experiences of 10 sex trafficked survivors in West Bengal, India. Most of the survivors shared that the shelter home staff were nice and treated them well, one of them shared that one of the staff was not very good to her in particular. They all cherished the moments they spent together during the vocational training, which was a means of therapy for many. Most of the survivors shared that though the shelter home was a good place, they longed to go back to their family. All 10 girls chose to return to their family and they were reintegrated by Sanlaap with the help of CBOs. Two girls resumed their education after their return to their families and were happy. One of them expressed her experience at the community, she shared that her community looked down on her and this made her feel vulnerable even when she was living with her caring family. One of the reintegrated survivor commented that people stop discriminating against survivors if they are married to a good and supportive man. Most parents of the reintegrated survivors had this opinion that marriage would give their daughters a better position in society. As such some of the girls were married off quickly after their return to the family without even doing a background check of the boy she was getting married to. This kind of decision made by the parents could further expose the girls to the possibility of being re-trafficked. The beneficiary component support given to some reintegrated survivors helped them to start their small business, which provided them economic stability.

The study by Chaulagai (2009) interviewed 18 survivors (14 were trafficked for sex and 4 were trafficked for circus where they were sexually exploited) from two NGO rehabilitation centers in Nepal: Maiti Nepal and Shakti Samuha. The interviewees' ages ranged from 15 to 45 years. The interview findings show that many respondents found the staff at the rehabilitation homes nondiscriminatory, they shared that the staff were polite and treated them like sisters. They also stated that the food and clothing provided were good added with free medical treatment. The survivors liked the fact that they had a TV hall where they enjoyed watching TV with the other children. Some of the survivors were trained and employed in the NGO office. Most of the survivors interviewed shared that the counseling process they went through made them feel happy and less stressful. A few stated that they were satisfied with the services provided at the home but were unhappy over the restriction on their movement outside the home. Additionally,

some of them also shared that the employable skills provided to them at the homes were not of their interest. Seven out of the 18 survivors interviewed shared that they went through with the reintegration process with the help of Maiti Nepal and Shakti Samuha. But it was not successful because their community did not accept them. They were looked down by their community people, which they could not bear so they came back to the rehabilitation home. One of the survivors stated that everyone at the rehabilitation home would want to go back to their family and community, if they would get back their previous status in the society.

Chaulagai's findings from the community focus group discussion state that prostitutes are considered to be loose and of bad character by the community and some think that they would pollute their community if they returned. Most of the survivors said that they would return home only when they are economically independent. They felt that if they went home with no money it would add to the family's burden and bring shame to the family. They wanted to return home with a new image of themselves and be able to maintain that image through self-dependency. Some survivors wanted to set up their small businesses when they were reintegrated and one of them wanted to employ vulnerable girls in her business. One of the survivors who was working at the rehabilitation center and studying too, stated that she wants to become a social worker and counsel survivors so that they can have better lives. Some survivors expressed that after their rescue from the brothel and during their rehabilitation and reintegration process in India and Nepal, media and the police used their names and photos in the newspaper. They said it hurt them and made them "feel psychological abused and shameful" (Chaulagai 2009, p. 70)

A study conducted by Surtees (2007) and her team in Albania, Bosnia and Herzegovina, Moldova, Romania and Serbia captures the assistance and protection experiences of trafficked survivors⁹ who availed services from Government, NGOs and International Organizations (IOs) rehabilitation homes at their home country and abroad¹⁰. The survivors experienced both "positive and negative" (Surtees 2007, p. 10) feelings about these services. The positive feelings were that of safety, well-being, a sense of acceptance, liberation and gratefulness. The negative feelings were feelings of fear, shame, confusion, perplexity and mistrust. Fear for many survivors was associated with being tracked down by their pimps/owners and being sent back to the brothels or being punished with beatings, abuse against them and their families. Some of the survivors declined assistance because they were suspicious. The overarching findings of the study were as follows:

- Rules and regulations: Some of the respondents shared that some assistance programs restricted their movement outside the rehabilitation home. Survivors who did not have legal documents were housed in closed shelters. However, respondents had varied opinion on their experiences in a closed shelter. One felt like being in a prison, another got used to it and one wanted to leave the shelter home. Some expressed that staying in a closed place contributed to psychological pressure, one of the respondents shared that a girl had lost her mind in the home. Some respondents shared that contact with family members were restricted and monitored in some of the assistance programs. They were allowed to call once a month, whereas the family members could call more often. One of the respondents expressed her frustration against this, she said her son did not have

⁹ For more information on the profile of interviewees see page 29 of (Surtees 2007)

¹⁰ It is important to mention here that the survivors who were interviewed in these countries traveled to other countries during their identification and assistance phase, as such their experiences shared above also involves their experiences in countries like Bulgaria, Croatia, The UN administered territory of Kosovo, Macedonia and Montenegro as well.

money to call her whereas another said she wanted to leave the home and go back to her family. Some countries' assistance programs allowed survivors more liberty, they could call their family and friends whenever they wanted.

- Timetables and schedules: A number of respondents who were mostly adult women found the timetables and schedules in the rehabilitation homes to be restrictive and excessive. One of the respondents stated that the rehabilitation home was a good place but the problem was that they made her get up at a certain time in the morning and then made her go to sleep at a certain time in the afternoon. She shared that she would rather watch TV than go to sleep in the afternoon but she wasn't allowed to.
- Penalties and punishments: Some of the assistance programs had penalties and punishments if rules were not followed. Survivors were punished for fighting with another inmate or if they refused to do their chores. Punishments were given in the form of solitary confinement; they had to stay in their room for the entire day. Some of the survivors felt that punishments and penalties were needed to keep the discipline in the homes but they felt that they were being punished for very trivial and irrelevant reasons. One of the respondents shared that the rules of the assistance program were adjusted after the staff had a discussion with the beneficiaries, the changes were made depending on the needs and prevailing circumstances. This shows that some of the programs had the ability to be flexible and had taken the opinion of the beneficiaries into consideration. A respondent reflected on her past experiences and said that these restrictions have an impact on them. She said it impedes the relationship building and recovery process for some of the survivors.
- Exploitation and abuse: Some respondents shared that the staff at the rehabilitation homes were insensitive and discriminatory, they said they were treated poorly, judged and were abused if the staff thought they did something wrong. A minor girl who was kept in a juvenile home with boys who were offenders, said that she sexually abused by the boys and the staff did nothing about it. She stated that this experience was worse than her trafficking experience. Some shared that they were called to the guardian's room where they were shown their private parts. They were verbally abused, beaten and made to do sit ups. One of the survivors shared that they should have been treated better at the home, it shouldn't have been like this, she says. These incidents that happened to the survivors further traumatized and hurt them because they were discriminated and abused by people who were expected to help them. The homes where such abuses happened were not well supervised and monitored by senior officials.
- Staff lacked skills and insufficient services: Some survivors shared that some of the programs had staff who were not equipped with skills and experience to help them, they added that the food provided to them was bad and the home was unhygienic. The survivors also shared that the facilities in some of the homes were not adequate for girls who were mentally disturbed, they were left unsupervised. She shared that one of the mentally disturbed girl often went sleep walking and there was no one to take care of her. Some of the South Eastern European countries did not provide a long term rehabilitation program, as such even when some girls who did not have a safe home to return to they were still sent back. For instance a survivor shared that she was returned to her mother who had sold her off and to the stepfather who had abused her.
- Cultural and language barriers: It hindered communication with the others and made the survivors feel lonely.

- Staff turnover: Every time a staff left the job, they had to repeat their story from the beginning to the new staff. They felt that the staff didn't care much and that the new one would leave too.
- Conditional assistance: Some survivors were told that they would receive assistance only if they agreed to testify against the traffickers, the survivors were pressurized to cooperate.
- Sense of acceptance: There were findings where the respondents felt that the assistance through the rehabilitation homes gave them a sense of acceptance that helped them in the healing process and towards gaining stability in life. They shared that the staff treated them like there were one of them, which made them feel good and helped them in the recovery process. Rehabilitation homes where beneficiaries had greater autonomy over their daily activities were largely accepted by the survivors.
- Trust and mistrust: Survivors linked trust to staff keeping their promises, confidentiality and privacy of what they shared with them, feeling of being understood and being treated well. The successful reintegration cases had a common element; the survivors had someone to rely on. Many survivors found this reliance among the staff from the assistance programs from NGOs or government homes whereas others found it among their family and friends.
- Overdependence on assistance programs: Some survivors expected assistance programs to help them on a daily basis even after their reintegration in terms of their housing, economic support and counseling. These responses echoed their high dependency on the program and counselors.

Most of the girls interviewed in the Butterfly Longitudinal Research Project Cambodia (Mile et al., 2012) gave a positive response about the services that were provided by NGO shelter homes in Cambodia. The girls were interviewed from 10 different NGO shelter homes in Cambodia. They shared that the counseling support provided to them at the homes gave them support, confidence, made them feel loved, gave hope for the future and helped to express themselves better. Many participants showed gratitude towards the program for providing them food, shelter, education, entertainment, skills and awareness which otherwise were not available at their own homes. The respondents shared that they learnt about personal development, advocacy and public speaking. Another respondent said that she is happy to live in the shelter because she gets enough food to eat, clothes to wear and can study too. Some respondents said that they liked the flower planting activity in the shelter home, it made them feel at peace.

On the contrary some of the respondents shared that they had a bad experience with the staff at the rehabilitation home, they shared that the staff treated the beneficiaries unequally some got more attention than the others which seemed unfair to them. One of the female respondents shared that she was unhappy at the shelter home because some of the staff spoke rudely to her another said that the shelter home should not receive disabled girls because the staff then spent more time with them. A few of them complained about the restriction on their movement, they said that they were not allowed to access anything outside the shelter home which was frustrating for them. Some respondents were dissatisfied because they were not getting enough support to continue their education from the NGO who had reintegrated them whereas some NGOs gave educational support even after their reintegration. Some respondents wanted to come back to the shelter home so that they could go back to school. One of the respondents returned to Karaoke

after her social reintegration because she was not able to survive on the assistance provided to her by the NGO (Mile et al., 2012) .

When the respondents were asked about how an ideal rehabilitation home should be like, they came up with the following list of words “study allowed, providing school supplies, teachers who teach about safety, good discipline, other class activities, outings, good staff in center, well-wishing and caring housemothers and counselors, good-mannered security guards, cars and motorbikes, car to take to church, sermons on disc, go to church, trees, big garden, big play ground, providing clothes, food, a lot of friends, TV, computers, (ability to go on) home visit” (Miles, 2010, p. 51). These association of words that were listed out by the respondents points out that all that they wanted at the shelter home was an environment that has love, care, fun, education and above all a safe environment.

Given the findings in this section I feel that it is essential to capture the perspectives of survivors on the services that are provided for their rehabilitation and reintegration purposes because they know best in terms of what they need. They are ones who can best identify if their needs are being fulfilled or not. Engagement with survivors and integration of their views in the planning and implementation of rehabilitation assistance programs would allow for a survivor-centered approach. That will serve to provide information in improving the development of the rehabilitation interventions and ensuring that the needs of the survivors are at the center. However, it is also essential to keep in mind that the research and documentation of their perception should be voluntary and should safe-guard their confidentiality.

9. Findings, Substantive Discussion and Recommendations

In this section I will be discussing the findings from the literature and bring out my field experience and understanding as well findings on barriers and successes of psychological, social and economic rehabilitation and reintegration processes in Government and NGO rehabilitation homes with focus on the following issues:

- **Gap between theory and implementation of rehabilitation and reintegration services**

The first and foremost finding that stands out from the literature is the fact that the MWCD in India does realize the importance of having a survivor centered approach to rehabilitating a child survivor into society. The manuals and protocols are all well documented; survivor centered and touches upon the importance of psychological, economic and social rehabilitation of child survivors. However, this knowledge and understanding that is well documented frequently does not get transferred to the duty bearers who are implementing these programs. These guidelines sit in the draws of senior officials and fail to be discussed at the table resulting in a gap between the theory and its implementation. Also since guidelines are not enforceable it is difficult to monitor them. As such, it is vital to have a platform where all the State level Department of Women and Child Development and Social Welfare (DWCDSW) can be informed about these guidelines and the importance of exercising it. A thorough understanding of the guidelines is essential to have the rehabilitation homes running effectively.

To bring all the duty bearers on the same page and have the same level of knowledge to implement the rehabilitation programs effectively. There should be trainings of the duty bearers at DWCDSW on how these protocols and manuals can be exercised for the best interest of the survivors. They should be made familiar with the guidelines and the importance of having it implemented. Furthermore, a staff should be identified from the State level, who can be appointed as a trainer and train the key officials at the district level office and superintendents of Government rehabilitation homes. This orientation on knowledge sharing could be carried out by NGOs who hold expertise. Such as HAQ Centre for Child Rights based in New Delhi in India, which is well reputed in carrying out training and capacity building, public education and advocacy on child and governance, and child protection. It has also worked with MWCD on several national reports on child protection. They can be roped in to design training modules and perhaps conduct the trainings as well. This orientation should be followed up by regular trainings focused on international and national laws, best practices of rehabilitation programs existing in India and elsewhere, and by creating a platform for learning and sharing between NGOs and Government officials. It is vital to have such follow up trainings/meetings to bridge the existing knowledge gap. Additionally, with all this going on one side it is essential to have funds to have such trainings/meetings and orientation executed added with a staff/official who should be appointed especially to carry out this responsibility and monitor the effective implementation of the guidelines.

- **Lack of committed leaders**

A leader's commitment and passion makes a lot of difference when it comes to working with rehabilitation and reintegration of sex trafficked child survivors. The work requires a more thoughtful understanding, skills and sensitivity towards the needs of the survivors. The literature shows that NGOs like Prajwala, Sanlaap, AFESIP and Maiti Nepal were successful in most aspects of their rehabilitation and reintegration work because they had one thing in common: committed and passionate leaders. The other important component that the leaders have demonstrated in the NGO rehabilitation homes is the element of "acceptance" and "love" for the survivors which is core to the survivor's identity and the healing process. Such commitment and passion of the leaders helps to create mutual commitment among the staff as well, which therefore helps in better service delivery. The literature does suggest this through the positive reaction of survivors towards the staff of the NGO homes.

Additionally, the experiences leaders have had also contributed towards their intensity of commitment for a cause. Sunitha Krishnan who is heading Prajwala, and Somaly Mam who is heading AFESIP, are both survivors of grievous form of sexual exploitation. Sunitha was gang raped at 15 (Krishnan, 2009) and Somaly was sold off to become a prostitute when she was 16 (Mam, 2009). Both these leaders had suffered greatly as young girls and perhaps did not want others to go through what they went through. They rightfully understood what it feels like to come back to an accepting, loving and caring environment which is safe and supportive and did create one.

It is not essential for one to go through the same experience to better understand the situation of sex trafficked child survivors but it is important for leaders to have an element of commitment towards a certain cause which can act as a catalyst for motivating the staff as well. In Government rehabilitation homes, such commitment among the Superintendents of the homes is a rare sight, given the operational and financial constraints that they go through. They are overburdened with various job responsibilities, compounded by low salary and no appreciation or incentives for the work they do. Considering the fact that the Government rehabilitation and reintegration services are uniform across the country, there is very little autonomy for the Superintendents to design or implement the program in their own way, and some are also not very open to change due to the autonomy they lack. The decision making power lies with the MWCD at the Central Government level. The centralization of power does not allow modification and participation and thus can lead to demoralization of the employees. Hence, in order to reform this environment, decentralization of decision making capacity for the leaders at the Government rehabilitation homes is essential. Moreover, hiring committed and passionate leaders, regular education and re-learning for leaders at the Government homes on care and support component for child survivors.

- **Attitude of the staff**

From my experience and the understanding I have of the literature, I feel that the prejudice Government home staff have toward sex trafficked child survivors, as being "bad girls" or girls with bad character because they worked as prostitutes often contributes to the discriminatory attitude they have towards the child survivors. These attitudes translate into physical, mental and

sexual abuse. Such an attitude stands true for NGO staff as well. In this paragraph, I will focus on the attitude of Government home staff. The literature shows that the community at large has this kind of understanding and attitude towards the prostitutes. Accepting that the staff too is a part of the community they are bound to have similar prejudice. As mentioned earlier the MWCD protocols, manuals and plans does talk about capacity building of service providers/staff on child rights, standards of care and protection and employing sensitive and skilled staff in the homes. But given the damaging attitude of the staff and the lack of their accountability reflected in the literature, it seems that the Government has not taken much initiative in utilizing their capacity to imparting these skills to the staff. This suggests that the capacity building is either not done or is of poor quality that has failed to bring a change in the attitude of the staff. I would suggest introduction of incentives for home staff as a sign of appreciation for their work through rewarding the staff with extra holidays, staff awards or by adding small perks to their salary. This would perhaps motivate the staff to change their negative attitude and improve their performance. Adding to this, I would also suggest re-education and re-training of the old staff in order to re-establish their understanding on the needs of the child survivors and prerequisites for providing them standard care and protection, interpersonal skills and soft skills. This training should not end just there but should be accompanied with follow up trainings for at least a year because behavior and attitude change requires time and training. Followed by documentation of the impact the trainings have. This could be observed through the relationship between the staff and the survivors. I feel that there is also a need to revise the training contents through exchange of knowledge and experience from NGOs who hold expertise in it.

Sanlaap has regular trainings for staff at their NGO homes which has enhanced their care and support component. As for the hiring of skilled and sensitive home staff in the Government homes it should be made mandatory for the staff to have experience of working with children. The staff should be hired on probation for the first six months. This will give the officials at the district level Department of Social Welfare a window period to monitor the attitude and commitment of the staff.

In the case of NGOs, the literature describes that in most cases the attitudes of the staff were good, however, there were instances of poor delivery of services added with abuse and exploitation in some NGO homes as well. But in most homes they treated the children as equal, gave them a sense of belonging, gave respect and helped to rebuild their trust, which suggests that the NGO homes perform relatively better than the Government rehabilitation homes. I feel that this is because of their commitment and better understanding of the needs of the child survivors. From my experience of working with child survivors of sex trafficking I have observed that most of these children crave for a hug, touch and a pat from someone. If you manage to give them of any of these you will not fail to see a smile and joy on their face. . I think these gestures are important for such children because it gives them the assurance that they are being loved and cared for, which is vital for their self-esteem and healing. “Love” and “Acceptance” they receive from people around them help them to shape their life. When they feel and understand that they are loved and accepted, no matter what their past has been. It helps them to open up, trust people, and be themselves. This further helps them in the healing process. A mere hug, touch or a pat from the staff can change lives. All the staff in the shelter home should have the ability to be able to feel such love and acceptance for the children.

It is therefore essential for the MWCD and NGOs to work towards bringing that element of love, care and acceptance for child survivors among their staff. Additionally, there should be a way of penalizing the staff if they are found guilty of abusing survivors. If the MWCD or NGOs neglect on this responsibility then the survivors who are availing the services will lose their faith and trust in the system. The mistrust, helplessness and the anxiety that they have been through at the hands of the traffickers is only going to escalate, thereby impeding their recovery process to a stable life and also making them vulnerable to re-trafficking.

The other practical reasons that contribute towards the damaging attitude of the staff in a Government or an NGO facility include low salary, heavy work load, no incentives or appreciation for their work and above all lack of motivation and support from their leaders. It is important to realize that the staff working in these homes is exposed to difficult situations that have elements of anger, trauma, abuse, rebellion and resentment. They can easily become frustrated and exhausted dealing with this environment without much help, appreciation and incentives. It is vital for the home staff to go out for short vacations, be appreciated by their leaders for their work and above all have a fellow staff to talk to and share the work load with. Most of the Government homes are equipped with one residential staff, the Superintendent who has to handle 50 girls at one given time. The NGO home that I was working with in India had a single staff handling around 14 to 15 girls at one given time. The girls who came into the home had undergone different forms of exploitation and as a result had a lot of anger in them, some were rebellious, and others didn't talk or listen to what one had to say. Amidst this environment, this staff became frustrated after a few months. She would scream at the children and punish them. She was upset with herself and the environment around her. Realizing what she was going through, we hired a part time helper for her with whom she could share her work load and exchange conversation. We made it a point to appreciate her work by adding more holidays and permitting outings for at least twice a week. This helped her cope better with the job responsibilities.

It is important for MWCD and NGOs to understand that the operational and financial constraints hinder the performance of the staff. There should be reforms in the system starting with providing a decent salary, introducing incentives, enhancing relationship between home staff and leaders through meetings, retreats or one to one interaction, and hire additional staff to share the work load. Female staff should be hired in rehabilitation homes for girl child survivors in order to avoid further problems.

- **Lack of effective Monitoring and Evaluation system**

The literature highlights cases where both Government and NGO homes were found to be unhygienic and congested. It also states instances of beneficiaries running away from homes, delivery of poor quality food, poor medical services followed by physical, sexual and mental abuse of survivors. All of which are consequences of a poor Monitoring and Evaluation (M&E) system in the homes. The situation also suggests that probably the District Women's Welfare Committee (DWWC) is not able to carry out an ineffective monitoring. Though there is a mention of submission of quarterly progress reports by the DWWC in the monitoring schemes, the MWCD website does not have these reports uploaded. Additionally, none of the research studies carried out by the MWCD have a focus on evaluation of rehabilitation programs for sex

trafficked survivors(Government of India, 2013). Given my work experience, I have observed that monitoring from the state and the central level rarely happens. However, in the documents formulated for the monitoring of the schemes there is no mention of monitoring and evaluation system within the Government homes.

Commonly, the external accountability for the Government homes is more to do with the maximum utilization of funds allocated and the number of beneficiaries reached out. Quality implementation of services is rarely monitored. During my work experience, I have had the opportunity of working and observing the functions of the CWC. Often most of the CWC members hold permanent jobs besides being a part of the CWC and thus have limited time for monitoring visits. Additionally, I have also observed that the Chairperson of the CWC has greater influence over the Committee and at times tends to guide the Committee in favoring some homes or gearing the visit in his/her best interest. Most of the homes are informed about the monitoring visits therefore giving time for the home staff to fix and prepare for it. Such kind of negative accountability from the monitoring body instigates an environment of corruption and nepotism that contributes in impeding effective monitoring and evaluation of rehabilitation programs. Not all states in India have convened the CWCs which creates further problem in monitoring Government homes in those states.

The literature also showed NGOs with similar problems. But I am tempted to state that NGO homes tend to have a better M&E system than Government homes given the external accountability they have towards the international and national donors, trusts and foundations funding them. NGOs usually have a reporting system in place depending on the needs of the donor. These reports carry information on the successes and challenges of the program and data as well. The reports are given on a quarterly, bi-annual on annual basis depending on the interest of the donor. Most of the NGOs have their annual reports shared on their website which is one way of fulfilling their external accountability. However, during the process of delivering external accountability the internal accountability towards the beneficiaries can be compromised and neglected. This then leads to delivery of poor quality services combined with abuse and exploitation of child survivors.

The Government and NGO rehabilitation homes can check their internal accountability by holding regular meetings, probably on a monthly basis, where the home staff, beneficiaries and the Superintendent can come together and discuss the effectiveness of the services and what needs to be improved. A children's steering group could also be formed within the rehabilitation home who would meet up every month to discuss both positive and negative aspects of the rehabilitation and reintegration services. The minutes of this meeting could be shared with the concerned residential staff who could further discuss with them and see what changes can be brought about. Also in cases of sexual, mental or physical abuse, the child might be afraid to complain about the staff in question, so there should be an anonymous complaining system where on one hand the child feels protected after she makes a complaint and on the other the complaint is addressed. Such an action is required to bring in accountability among the staff and equally important for the survivors to help them build their trust and faith in the system.

The literature also touches upon how State Governments in India failed to implement directions from the Supreme Court, only Goa, Andhra Pradesh and Tamil Nadu have implemented compensation scheme for survivors of rape, trafficking etc. There is a failure of monitoring from the Government of India or from the Supreme Court of India to see that all States has this

compensation in place. It also shows the lack of accountability from the people at the highest level and suggests that human trafficking is perhaps a low priority for the Government. A strong advocacy strategy is required from anti-trafficking activists and NGOs to push human trafficking up in the priority list of the Government and policy makers. Additionally, the literature also touches upon the reluctance of NGOs to hold the Government accountable for the lack of addressing anti-trafficking issues. The focus is more on maintaining good relationship with the Government. The lack of documents on comprehensive evaluation of Government run rehabilitation homes and documents capturing voices of survivors availing rehabilitation and reintegration services are the other evidence suggesting the lack of accountability and appropriate reporting system from the Government. More field based research is required in order to re-examine the incorrect pre-conceptions the program components has and in demonstrating the performance of the program. Given the lack of information on this, MWCD would fail to learn about the effectiveness and failures of the rehabilitation programs, which would further result in the lack of modification and improvement of rehabilitation and reintegration services.

Thus, there arises a need for MWCD to revisit its M&E system and introduce greater accountability among the duty bearers by emphasizing on the importance of documentation of successes and challenges on the three components of rehabilitation and most importantly recording the data of children coming and leaving the homes. The Results Framework Document (RFD) requires the MWCD to prioritize issues concerning women and child development that it will focus on for a particular year. The identification of such priority issues should be guided by a participatory approach by involving NGOs working on rehabilitation and reintegration services and field/home staff implementing rehabilitation and reintegration services in the prioritization process. The reason why their involvement is necessary is because they are active actors in addressing the issues in the field. They have more knowledge about the ground and can best highlight the needed issues. Indicators should be developed to make the prioritized issues measurable. By involving NGOs and field/home staff in this process, it tends to create greater sense of ownership towards the prioritized issues and M&E system. Additionally, appropriate reporting system should also be highlighted here where all Government homes should generate quarterly reports on the implementation of the rehabilitation and reintegration services with focus on the success and challenge components of the services. This report should be sent to state and central level senior officers and should be used in building the senior officer's capacity to understand the ground situation and better support and deliver services that can assist in effective recovery of survivors. The Government needs to take the lead in enforcing its laws and standards effectively. An independent monitoring task force can be formed to hold the Government accountable if it is unable to perform its role effectively. The members in the task force should include representatives from NGOs providing rehabilitation and reintegration services, research institutes, human rights groups and media. The indicator values of the prioritized issues should be shared with the monitoring task force towards the end of the each year. This task force should then generate a report showing the performance of the Government and disseminate it among different stakeholders for further discussion, thinking and innovative solution of issues.

Understaffed homes and the lack of understanding of the importance of the M&E system could also be contributing towards the lack of data and documentation of appropriate components. As such, there also arises a need for hiring additional staff and generating awareness on the importance of M&E system. There is also a need for restoring the effectiveness of the monitoring

committees like DWWC and CWC through re-education of the existing members or by dissolving the old ones and convening new committees.

- **Approach of providing rehabilitation and reintegration services**

- a. Psychological Rehabilitation:**

From my experience of having worked with child survivors I think it is essential to prioritize psychological rehabilitation over economic and social rehabilitation because only when a person is mentally stable can she learn skills to earn a living or be ready to go back into the society. Psychological rehabilitation helps survivors to cope with trauma, regain their self-esteem, confidence and fosters decision making abilities.

In the literature Degenhardt and Copeland (2006) states that trafficked women have higher rate of Post-Traumatic Stress Disorder (PTSD). Algeria et al. also supports the same view and claims that women and girls who are survivors of sex trafficking have higher rate of depression regardless of HIV/AIDs status.

Trauma is subjective and different survivors react to it in different ways given the intensity of trauma one has faced. To some this trauma of having suffered exploitation and abuse at the hands of the traffickers has a lifelong impact whereas for some it is short. As such, they require special counseling, care and support and medical services to get through with the healing process. The Government homes in India provides a one size fits all services with very little emphasis or understanding of the mental state of survivors. Despite the protocols and manuals developed by MWCD stressing on a survivor centered approach of rehabilitation and reintegration services, the Government homes still lack on this approach. It still operates on the traditional top down approach. I remember this one incident where one of my staff had gone to visit a mentally disturbed child we had handed over to a Government home in West Bengal for assisting her with medical services. When she was with us she could remember our names, she enjoyed playing with the other kids, singing and enjoyed watching TV. She was chained to the bed when my colleague visited her. She barely remembered my colleague's name. This kind of attitude towards the psychological needs of the child reflects inhumane behavior and should be reformed.

In order to reform the present system of psychological rehabilitation in Government homes, a case to case management system similar to that followed by Sanlaap should be established, where each survivor is served according to their psychological needs. This approach works well because each survivor gets full attention of the counselor or staff and proper care and support which are vital in regaining mental stability.

NGOs like Sanlaap and AFESIP have introduced new methods of therapy to deal with trauma: Dance Movement Therapy, survivors sharing their thoughts on a scrapbook and Art Therapy. These therapies are unique and different from the traditional way of addressing trauma or mental health. It gives a safe space for the survivor to express the unsayable. Having taken a class on Drawing on Memory, I can very much say that it has been a stress reliever for me. When I sketch and draw I feel peaceful and relaxed. I imagine this feeling to be mutual for a child going

through trauma. Painters and artists like Edward Munch, Mona Hatoum, Yochved Weinfeld, Ari Folman and Frida Kahlo experienced trauma as holocaust survivors, Sabra and Shatila massacre survivors, trauma from the loss of their mother, child etc. The trauma that each of these artists faced reflects in most of their work, repetition of a certain element or subject in a series of their art work shows that the trauma is still unresolved. Through Art, most of these artists were able to come in terms with their trauma. From the child's art work we can learn about the survivor's emotions and unresolved issues and use this information to make treatment plans for them.

The Youth Partnership Program, the advocacy group, parliamentary forum facilitated by Sanlaap is an effective way of allowing child survivors to stand against human trafficking, give them self-confidence and a chance to voice their opinions which is vital in the healing process. The responsibility given to girls to run the home also helps the girls to have a positive self-image and harbors self-confidence. Sanlaap also trains survivors to do peer counseling which I think is possibly more effective because a person who has gone through similar trauma can be the best person to help another person overcome it.

Given the positive results of these types of therapies MWCD should also introduce it in the Government homes. In my view, the officials at the MWCD or DWCD SW probably would not understand the importance of this medium unless they are educated about it through engagement of NGOs who have expertise in it. An exhibition of the survivors art work can be a good platform for educating the senior officials from MWCD and for advocating it to be introduced in Government homes. Art 2 Healing Project had also used survivor's art work to make policy makers from Cambodia aware of psychological scars that sex trafficked survivors carry and advocated for the need to improve the standard of psychological care in the Government homes.

Additionally, with HIV/AIDs hijacking the health aspect mental health receives less attention. International and national reports on trafficking also fail to capture the psychological needs of survivors worldwide. This call for more research work on sex trafficked child survivor's mental health and on therapies for the healing process.

b. Economic Rehabilitation:

When we talk about economic rehabilitation the child survivors should be allowed to decide what they want to do. Their interest could be in continuing their education, which the home should be able to provide until they are socially reintegrated, or learning some skills to earn a living because some of them might be too old to go to school and would prefer to go into some vocational training course.

From what I have seen and learnt about Government rehabilitation homes in West Bengal, India economic skills training is imparted to survivors on a small scale and often on traditional skills that have little market value. For example in one of the Government homes, survivors are trained in making jute bags, which do not have much market value. When these survivors are reintegrated into the society with this genre of skill, it helps them very little in terms of earning a living because there isn't much demand for such skills. As such this might add on to being another push factor that can make them vulnerable to re-trafficking. NGOs like Prajwala, Prerana and Swift Wash were successful in initiating market value employment for survivors because

they did an assessment of the market demand, and chose specific trainings to equip the survivors with market value employable skills. This kind of assessment is critical because it helps one to plan, design and make particular trainings available for survivors according to the market demand and makes economic rehabilitation more successful.

The employment opportunities Prajwala initiated in partnership with the corporate sector, international organization and the Government of India is an effective platform of getting together stakeholders from different areas and putting their resources to a common cause. This kind of platform can be a good way for MWCD to learn and initiate similar platforms for Government rehabilitation homes survivors. MWCD should be looking into such practices within NGOs in India and collaborate with NGOs and Corporations to seek support or exchange of services in employable skills trainings and placement opportunities.

The MWCD could also focus on imparting entrepreneurial skills to survivors by building collaboration with business schools, corporations or agencies that fund entrepreneurs and help the survivors get trained and assist in setting up small businesses. The MWCD should assist the survivors with job skills: train them to adjust with new people, environment and their job responsibilities. This should be further accompanied with coping skills: counseling support given the emotional upheavals they might go through at any point given their past experiences. This could come from a support group of survivors; the group should meet at least once a month to give the survivors a sense of belonging and support.

c. Social Reintegration:

Social reintegration of a child should be done when the child is ready. If she does not choose to return to her family given the abusive environment or lack of acceptance from the family then provisions should be made by the Government homes to see where she can be safely reintegrated. The Juvenile Justice Act approves for adoption, foster care and after care components for children who do not have anywhere else to go or do not chose to go back home. The Government rehabilitation homes staff should be made aware of these options in case the child is not willing to go back home. However, effort should be made by the home staff to reintegrate the child safely back into her family through regular interaction and counseling of the family members. The family no doubt is the best place for a child to grow and thrive, provided it is safe for her.

Stigma and discrimination against prostitution and prostitutes persists at large in the communities in India and elsewhere, which impedes social rehabilitation and thereby leads to failed reintegration of survivors. The literature touches upon the return of reintegrated survivors to prostitution or to the rehabilitation homes because the community did not accept them. The shame and the burden of being looked down upon gave survivors no other option but to return to a place where they were accepted, which was either the brothel or the home. This situation on the whole is challenging for both the Government and NGOs because we are looking at people who hold firm traditional views about prostitutes. There is a big hurdle of a mindset barrier that needs to be crossed to help survivors get successfully reintegrated into the society.

A collaborative process between the MWCD at the Central and State levels and NGOs is much required to tackle the stigma and discrimination in the society by involving and training religious leaders, local leaders, local Government officials and Community Based Organization on human trafficking issues and sharing the stories of survivors. After they are trained, they can further deliver the knowledge to the community at large. Information coming from people that the community knows and respects would be more effective and might be accepted. The awareness can also be done through theatre, art, showing documentary films, interactive dialogues and talks from respected leaders. Knowing that behavior change takes time, the MWCD and NGOs should be committed to work towards it by sharing their resources, knowledge and expertise to make this development possible or else the hard work put on psychological and economic rehabilitation of the survivors would be useless.

There should also be a way of shaming people who look down upon the reintegrated survivors. This can help to bring in a check and balance system on the attitude of the community people along with awareness generation. Additionally, it is also important to work on the survivor's behavior because from what I have seen some tend to unconsciously display the body language they got used to at the brothels, they dress up, use a lot of makeup and are accustomed to using abusive language, which gives them little credibility in the community. It is therefore essential that this change be inculcated among the survivors while they are still at the rehabilitation homes.

While providing rehabilitation and reintegration services for the survivors, it is vital to share information with them on the help and assistance that is available for them within and outside the rehabilitation home. It is imperative to well inform them about what is going to happen next, why a particular action was taken and what would be the consequences of it. This will help them to understand and know what is going on in their lives and around them. Information delivery is a fundamental component to having an effective program.

- **Financial constraints**

The reason why NGOs like Sanlaap, Prajwala, Prerana, Swift Wash, Maiti Nepal and AFESIP appear to have addressed most of its rehabilitation and reintegration services in an effective and efficient way is because they have access to international donors, trusts and foundations. The Government of India, on the other hand, has limited funds for Child Protection programs. In the 2010-2011 financial year the children's share in the national budget was 4.6% i.e. 514 billion dollars, which is a bit higher than the 4.21% that was allocated in 2009-2010 (Childline India Foundation n.d.). The budget of 4.6% allocated to children is divided into different components as shown in Figure 2 below: health, protection, education and development of children. Less than 0.5% of 4.6% allocated to children goes into child protection programs. Moreover, the amount allocated to child protection supports various other components apart from funding the rehabilitation homes ranging from setting up anti-trafficking units, incentives for CWC members, compensation funds, trainings for staff and officers and for construction of rehabilitation homes. As such, with a small amount of fund allocated to child protection it is difficult for the MWCD to foster services like NGOs for sex trafficked child survivors.

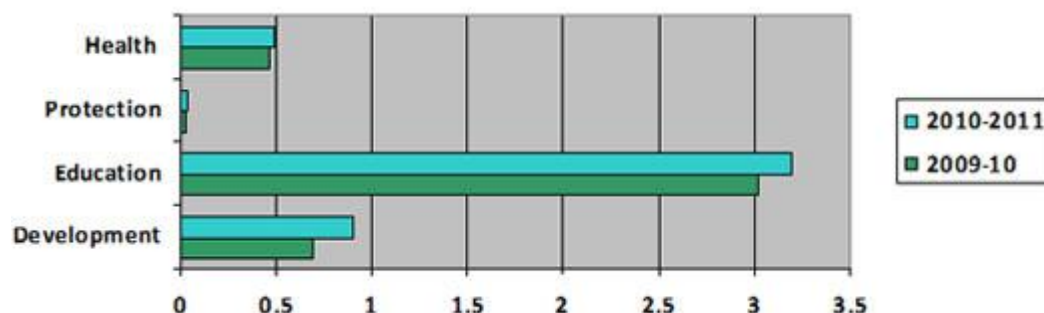


Figure 2: Budget allocation to Child Protection component in India

(Source: Childline India Foundation)

Allocation of limited funds gives rise to inadequacies of services at Government homes in India that contribute towards re-trafficking and poor delivery of services. Hence, looking at these existing problems there should be an increase in the allocation of funds for child protection in India. Additionally, it is also essential to build a bridge between the Government and NGO rehabilitation homes so that there can be an exchange of services that can help minimize the constraints.

Delayed disbursement of funds from the MWCD to the State Department accompanies financial constraints for Government homes in India. This too impedes the service delivery process where both the beneficiaries (survivors) and staff have to face difficulties. Thus, realizing this obstacle, MWCD should decentralize certain financial powers to the DWCDSW at the State level. This can prove to be efficient because the duty gets divided. It is easier to have the State handle this than having it controlled by the Central Government. India is a country with 28 states and numerous districts, centralization of power would not prove to be efficient here in order to bring out the effectiveness of Government rehabilitation program.

- **Lack of post reintegration follow up**

Another important component that is lacking in Government rehabilitation homes is a tracking mechanism of reintegrated survivors. Once the survivors are reintegrated in the society almost no effort is made by the Government homes to track the survivor's progress. Perhaps it is taken as creating an over dependence on the program. However, this mechanism is important in order to see the impact of the rehabilitation program and learn from it, and also to avoid the survivors from getting re-trafficked. It is more like creating a safety net for the survivors. Hiring an extra staff and introducing the cash assistance component like Sanlaap and AFESIP to foster their tracking mechanism would probably not be feasible for the MWCD India, given the financial burden it would entail. But initiating a collaborative tracking mechanism might not require a lot of funds. MWCD through the DWCDSW at State level can direct the district level Department of Social Welfare and Government rehabilitation homes to collaborate with local NGOs and CBOs working on components of human trafficking in their district area. These NGOs and CBOs could be asked to initiate a tracking mechanism to assist the Government homes. The cost of maintaining this tracking mechanism should be covered by the MWCD in terms of salary for the

time a staff puts in and travel cost. If the local NGOs and CBOs already have this mechanism in place the cost can be shared. The information collected by the NGOs or CBOs can be shared with the Government home on a quarterly basis to keep them updated and informed of the survivor's progress. This mechanism should be active for at least 2 years after the survivor has been reintegrated.

- **Over dependence on rehabilitation programs**

The literature touches upon the over dependence of survivors on NGOs rehabilitation programs especially in terms of support for housing, employment and counseling. I imagine it is the same for survivors reintegrated by Government rehabilitation homes too. As for the counseling support it cannot be assumed that the survivors who are re-integrated would not need further counseling. They can go through psychological and emotional upheavals at any point after their reintegration given the experience they have had that can yet again make them vulnerable to re-trafficking or they can end up losing their mental stability. As such, it is vital to have a support system in place that can foster support to the survivors after their reintegration. A community of fellow survivors can be formed as a support system similar to what Sanlaap had organized. The support system that they created with the help of CBOs gave survivors a platform to share their challenges and fostered support when needed. Creating a community of people who have same experiences creates a bonding between people and allows them to understand that there are people who are going through similar situations and that they are not alone. As such, it tends to create an environment of reassurance (Caruth & Erikson 1995). This model does not appear to entail much financial burden and can be used by MWCD in order to extend a support system for the survivors.

Survivor's dependence on rehabilitation programs for housing and employment probably depends on the kind of skills that is imparted to them in the rehabilitation homes. The importance of being self-dependent should be addressed among the survivors in the initial phase at the rehabilitation homes. By strengthening on the employment skills training component and equipping them with marketable skills that will fetch them long term employment that can lead to self-dependency. Also, it is vital to assist the survivors in finding jobs in the market where they are accepted despite their past. This plays a vital role in their attachment with the job.

- **Lack of inclusion and participation of survivors**

Government rehabilitation homes in India still have a top down approach when it comes to providing rehabilitation and reintegration services despite the protocols and manuals being survivor centered. The Government homes lack inclusion and participation of child survivors. Not all NGO homes are also inclusive or participatory. The literature identifies instances where both Government and NGOs are strict in their service delivery, imposed a lot of rules and regulations, punishments, rigid timetables and have little flexibility to adjust. As a result survivors resort to rebellion, creating difficult situation for the staff and some wanted to go away. It is important for the service providers to understand that the survivors availing these services have just come out of a situation where they have been isolated, punished and restricted from

doing anything that they like. When they come to the rehabilitation home, we should be able to give them space and some autonomy to decide what is best for them in relation to their needs, strengths and limitations. There should be room for discussion and adjustment for rules, timetables and discipline. The protective environment that we create for them often tends to become a difficult place for them to live in given the amount of restrictions and authority we throw on them. However, maintaining discipline in the rehabilitation homes is also important. In order to establish a survivor centered punitive body. A group of survivors can be chosen to act as a disciplinary body. This group of survivors should decide on penalties for survivors given the regulations violated by them. This can create a better way of maintaining discipline in the homes.

Not all demands of the survivors can be fulfilled but there should definitely be a platform in every rehabilitation home be it Government or NGO where they can sit with the staff and Superintendent of the home and give their perception on the services that are being delivered to them. Whether their needs are met and suggest on what positive changes can be brought about. This kind of environment and autonomy builds responsibility and fosters greater acceptance. Additionally, involving them in planning their future should be vital in all rehabilitation homes because child survivors would know what they want best based on their needs, interest, strengths and weaknesses. To serve any population honestly and effectively it is required to know and learn about their needs continuously. A two-way communication helps in capacity building of the duty bearers thus allowing for improvements and in fostering effective recovery of survivors.

If possible the perspectives of the survivors should be documented so that their assessments can help direct NGOs and MWCD on improvements and changes in the service delivery processes.

The above discussions are intended as a constructive analysis of how the gaps and limitations at the Government homes in particular can be enhanced through sharing of knowledge, improved understanding and commitment towards the need of the child survivors. This is not an advocacy for NGOs to take over the rehabilitation and reintegration programs of child survivors. But more of a suggestion to allow NGOs with expertise and commitment to give a hand holding support to the Government rehabilitation homes to enhance their service delivery process. The MWCD and NGOs should work together to safeguard the child survivors and give them the support needed to regain their identity and dignity.

One can argue that there is duplication of services or parallel services created by NGOs in line with the rehabilitation and reintegration services of MWCD. But given the current situation of rehabilitation and reintegration practices that exist in India, it is imperative to have an external agency like an NGO with expertise, commitment and understanding to guide, support and share the responsibility of providing a safe and enabling environment for child survivors of sex trafficking.

10. Conclusion and Recommendations

Human trafficking is one of the worst forms of violations of human rights that subjects trafficked victims to extreme exploitation and abuse. People who are trafficked for CSE often go through long term psychological and emotional trauma even after their rescue from the brothels that shatter their self-esteem and dignity. Given such a situation a sex trafficked survivor goes through, it is important to have a place which can provide them safety, food, clothing, medical care, support, skills and trainings, and above all acceptance and love that can help them heal and regain their self-confidence and stability in life. Rehabilitation homes operated by Government and NGOs make such services available to the survivors. But each of these homes varies in the way they function which contributes towards the successes and barriers in the survivor's rehabilitation and reintegration process into the society.

The aim of this study was to provide a picture of rehabilitation and reintegration services delivered to sex trafficked child survivors in Government and NGO homes in India and elsewhere. The study was guided by three main components:

- Reports evaluating or assessing Government rehabilitation programs for sex trafficked child survivors in India
- Identification of good/best practices of rehabilitation programs provided by NGOs in India and elsewhere
- Understanding the perspectives of the survivors availing rehabilitation and reintegration services from Government or NGOs rehabilitation homes in India and elsewhere

The significant factors contributing towards the gaps and limitations in delivering rehabilitation and reintegration services in Government homes in India were the gap in knowledge among the duty bearers regarding the guidelines and plans developed, the discriminatory attitude of the home staff which made the child survivors vulnerable to physical, mental and sexual abuse exposing them to stigmatization, re-trafficking and hindered their mental health. One size fits all services and the lack of effective monitoring and evaluation system also contributed towards it. Lack of committed leaders was also seen as another element that lacked in the Government homes added with the lack of a tracking mechanism of the child survivors after their reintegration. All these factors stated above suggests that these need to be addressed immediately or else it would only contribute towards survivors getting re-trafficked, stigmatized and losing their mental stability.

Within India itself there are a couple of NGOs that have effective practices of approaching psychological, economic and social rehabilitation of child survivors. They are survivor centered and employ a case to case management approach that attends to the individual needs of the child. They are inclusive and foster survivor's participation in different aspects of the survivor's rehabilitation and reintegration processes, ranging from planning for their future to taking some responsibility in running the rehabilitation homes. One of the NGOs also made an effort to move into a new zone of providing therapy for the healing and recovery of survivors: Dance Movement Therapy, which reflects their concern and understanding of the survivor's needs. Two important factors that stood out in these findings was the role of committed leaders and international funding that allowed exploration of new ideas and effective delivery of rehabilitation and reintegration services in NGO homes.

The literature on the perspectives of survivors availing rehabilitation and reintegration services revealed both positive and negative feelings of the survivors. There were many cases where survivors showed gratitude towards the NGOs and Government rehabilitation and reintegration services and staff for the caring and supportive environment. That contributed towards their stabilization, recovery and reintegration. But there were instances where survivors highlighted the rules and regulations being imposed on them, commented on the reluctance of the rehabilitation homes to have had less flexibility to adjust. Survivors faced physical, mental and sexual abuse from the people who were expected to care for them; as such they were re-victimized and re-traumatized within the protective system. Looking at these findings from the literature I feel that the survivors perceptions are fundamentally important and different from what is intended from the rehabilitation and reintegration services, which makes it all the more important for it to be considered and evaluated.

Considering the findings on the barriers, challenges and successes around the three components that has guided my literature. I have come up with some recommendations that put stress in adopting new practices and in improving existing ones that will contribute towards effective implementation of rehabilitation and reintegration services in Government homes in India. These recommendations were also discussed in Section 9 and are mentioned here in detail.

10.1. Recommendations:

- a. Bridge the knowledge gap between theory and implementation:** The theory that is in place which centers on survivor centered approach does not get adequately transferred to the implementing duty bearers. It suggests an insufficient prioritization of knowledge sharing. There is a critical need for transfer of knowledge from the policy makers and senior officials to the implementers. Firstly, to start with, the policy makers and senior officials at the MWCD should be made aware of the importance of knowledge transfer that will allow them to scale their improvement in terms of service delivery. This awareness generation should be done by Civil Society Groups and institutes like HAQ Centre for Child Rights. Secondly, considering the fact that knowledge transfer is a gradual process, regular sessions on knowledge transfer should be arranged by the MWCD where most importantly the implementing duty bearers (field/home staff) should attend. Thirdly, there should be an agreement as to where the documents, policies and manuals should be located so that it is easily accessible by field/home staff. HAQ Centre for Child Rights can be a good source of information and expertise as far as training on this subject is concerned. Government should prioritize such trainings and allocate funds for it under the child protection component.
- b. Strengthen the Monitoring and Evaluation system:** Mistreatment of survivors in the rehabilitation homes is a matter of concern because this should not happen while they are in care. This calls for a revisit of the current mechanisms of monitoring and quality assurance in Government rehabilitation homes. Internal accountability and monitoring should start from the rehabilitation home itself by forming a children's steering group that can help to bring out the positive and negative aspects of the rehabilitation and reintegration services. This should further be accompanied by an exchange of this

information from the steering group with the home staff so that the survivor's voices can be heard, understood and the services improved. This exchange of information can be done on a monthly basis in the presence of one of the committee members from DWWC or CWC. Their presence would perhaps create more accountability for the staff and the information also gets recorded by the DWWC or CWC member. The MWCD should introduce a punitive system within all rehabilitation homes to address abuse or exploitation of a child survivor by staff. This helps create a check and balance system among the duty bearers. Also, maintaining discipline among the survivors is important in effective functioning of the homes. As such, MWCD should also make it essential for every home to establish a survivor centered punitive group of child survivors that can formulate penalties for violation of regulations. This initiates a self-monitoring body to check the survivor's attitude towards the system, which is also inclusive and participatory. This would help generate responsibility among the survivors and positive acceptance of rules and regulations.

It is essential for the Government to take lead in enforcing its policies and standard effectively. To hold the Government accountable when it is unable to perform its role effectively, an independent external body should be there to address that. An independent monitoring task force that includes representatives from NGOs working on rehabilitation and reintegration services, research institutes, human rights group and media should be formed to carry out this responsibility. It should be important to note that the representatives are well versed with human trafficking issues. It should be well understood by the media that their involvement in this task force is to act as a medium of holding the Government accountable and keeping in mind the policy that exists for confidentiality of survivors availing these services. This body can be established by Civil Society groups in India and should be recognized by the Government. The Government's performance in terms of indicator values in the field of child development and reporting mechanism should be shared with this body. A report should then be generated by the monitoring task force on the performance of the Government and shared with stakeholders for discussion, thinking and innovative solutions of issues.

The annual reports developed by MWCD should focus more on delivering information on the implementation of the schemes: successes, challenges and data of survivors coming and leaving the homes. This kind of information generated from annual reports should be used as a tool to improve or change the current mechanism of the services. The monitoring committees at the district level: Women's Welfare Committee and Child Welfare Committee should also be strictly monitored by the state and central level Government. Importance should be stressed on the committee's obligation to written inspection reports on the functioning of the homes and sharing them with the officials. Since most of the Government staff may not be aware of the importance of the M&E system, an awareness of this should be generated through trainings. More staff should be hired to effectively take on the responsibility of M&E. The monitoring committee's members of DWWC and CWC should be re-educated or dissolved depending on its effectiveness and convene new ones.

- c. Re-education of old staff in the rehabilitation homes:** The discriminatory attitude that most staff have at the rehabilitation homes often take the survivors back to the trafficking experience therefore re-traumatizing and re-victimizing them. The MWCD should arrange for a re-education of the home staff in all Government rehabilitation homes making them aware of the negative impact their attitude have on the well-being of the survivor. It is vital to familiarize the staff with the experiences and stories of the survivors that might perhaps help them to understand and accept the survivors without prejudice. The staff should also be made aware of the love, care and the acceptance component that is vital to have or inculcate while dealing with children at the homes. They should be educated on the importance of a friendly touch, hug or a soft pat that can change life for most of these children added with interpersonal skills and soft skills. Such re-education trainings on behavior change modification should be conducted by MWCD with the help of NGOs like Sanlaap and HAQ Centre for Child Rights. Such training should be followed up by regular trainings, may be twice a year and the change in the staff's attitude should be measured by listening to the perspective of the survivors in the rehabilitation homes. Also, a revision of the training modules is much required.

Additionally, it is also very important to create a system of rewarding the staff for discarding discriminatory attitude and behavior towards the children. This can be done by introducing incentives like: extra holidays, increase in salary or handing down an appreciation certificate. This act of appreciation can help boost the morale and improve the motivation and behavior of the staff.

- d. Need for more Government supported assistance:** Low salary, heavy work load and the lack of appreciation were other factors that were seen as contributing towards the damaging attitude of the staff. There is a need for the MWCD to look into the needs of the staff in terms of hiring additional staff to share the work load. Provide decent salary given the kind of work the staff is exposed to and appreciate their work by adding more holidays or incentives. These factors are important in order to bring out that passion and commitment in the home leaders and staff towards their work.
- e. Hire committed leaders and staff:** The lack of committed leaders and staff in Government rehabilitation homes commonly contributes towards ineffective monitoring and poor delivery of quality services resulting in abuse and exploitation of the survivors. MWCD, DWCD, DWCD, DWCD should hire people who have passion, understanding and some experience of working with children. It is important for the leaders and staff to be familiar with issues of human trafficking so that they understand what they are dealing with. The other most important factor that they should possess is the sensitivity and the ability to show love towards the child survivors. This sensitivity and love helps to bring in the feeling of acceptance for the survivors which is vital in the healing and recovery process of the survivors.
- f. Decentralization of power:** Most Government homes are powerless when it comes to creating new approaches and mechanisms in improving the rehabilitation and reintegration services. The MWCD should transfer more autonomy to Superintendents of the Government homes and allow a platform for innovativeness and new approaches in

delivering the rehabilitation programs. Introduction of new approaches by the leaders in the rehabilitation homes should be appreciated and awarded as a result of the impact it would have. This transfer of power here does not include creating a new Governmental structure; it only signifies the transfer of limited administrative authority that should not create major power dynamics. To make this kind of decentralization work, there needs to be an advocacy from NGOs and activists to bring in the political will (Kolehmainen-Aitken).

- g. Approach to rehabilitation and reintegration services and protection:** Government homes seem to lack in providing effective psychological, economic and social rehabilitation programs considering which survivors appear to be vulnerable to re-trafficking, re-traumatization and re-victimization. The individual case-by-case approach implemented by Sanlaap is an effective way of addressing the needs of the child survivors. Survivors have different needs depending upon the intensity of trauma, abuse and exploitation they have been through at the hands of the traffickers. As such, each child coming into the rehabilitation homes should be considered as a unique case and the staff should respond to their needs on an individual case-by-case basis. Additionally, the staff should involve the children in planning their future in terms of their economic rehabilitation. The social reintegration should be done only when the child is ready and the environment where she is going is safe and accepts her. Since reintegration is not a direct process and can involve setbacks for the survivors. As such there is a need of a tracking mechanism that can monitor the reintegration process of the survivor for at least two years. There should also be a support system in place for the survivors in the form of a survivor support group that can extend counseling and support to each other in moments of distress and emotional breakdown.
- h. Inclusion and participation of survivors in implementation plan:** Establish children's disciplinary body that can keep a check and balance of violations of regulations in the rehabilitation instead of having an authoritative body of adults/home staff doing it. Initiate platforms through meetings or special events where there can be a dialogue between the child survivors and home staff on the positive and negative aspects of the rehabilitation and reintegration services. Take their opinion on how it can be improved. This kind of environment would create more responsibility for both the survivors and staff and establish more respect, understanding and compliance with the home rules and regulations from the child survivors.
- i. Financial constraint:** The NGOs in India and elsewhere are able to carry out effective implementation of rehabilitation and reintegration services because of the international funding support. The Government of India has a small allocation for the child protection component, just 4.6% of the total national budget. Given the various components that come under child protection, the funds that go to the implementation of the rehabilitation and reintegration services in Government homes probably do not receive adequate funding. As a result, there appears to be a need for the Government to re-examine the financial needs of the rehabilitation and reintegration services and probably increase the budget for child protection component.

- j. Need for survivor centered research and Government rehabilitation program evaluation documents:** One of the most important conclusions of the study was the paucity of survivor centered research and documents on comprehensive evaluation of Government run rehabilitation homes. Trafficked survivors are the ones who best understand their needs and to know their perspective on the services being delivered to them is important in order to understand whether their needs are taken care of. As such, getting their perspectives is vital that can help in the development and improvement of the rehabilitation and reintegration services. This opportunity would also allow the survivors to feel empowered of having being able to put toward their opinion and heard. This can boost their self-esteem and can play an important role in the recovery process. A comprehensive evaluation document of the current rehabilitation programs is necessary because this would help to examine the incorrect pre-conceptions of the rehabilitation program and in demonstrating the effort, successes and challenges of the Government towards the implementation of the rehabilitation programs in India.
- k. Need for a strategic advocacy:** The literature suggests that to the Government of India the effective delivery of rehabilitation and reintegration services to the sex trafficked survivors is perhaps not a priority. From my understanding, I think it is important for the Government to realize that mere rescue of the trafficked victims from the brothels does not give them a stable life. The rehabilitation and reintegration process thereafter does. Thus, it is essential for an effective rehabilitation and reintegration process to be in place so that the survivor can have a life of dignity and stability. In order to bring this to the notice of the Government and to prioritize the rehabilitation and reintegration services in the Government list of priorities, a strong and effective advocacy campaign is required. NGOs and activists in anti-trafficking issues should formulate this.
- l. Introduce a Government policy for corporations and private sector to invest in rehabilitation and reintegration services:** The Government of India should come up with a policy which directs Corporations and Private sector to contribute 5% of their profit to the rehabilitation and reintegration services for sex trafficked survivors. This funding could be resourceful in funding trainings, salary of the staff, trying out new and innovative ideas concerned with therapy for survivors etc. Overall it would complement the Government fund for child protection and would assist in effective implementation of the rehabilitation and reintegration services in the Government homes.
- m. Government and NGO partnership:** Given the current situation of rehabilitation and reintegration services in Government homes. There is a need for a hand holding support for the Government homes from NGOs with expertise in rehabilitation and reintegration services. This can be done by creating a platform where there can be an exchange of knowledge, best practices and services as well. Additionally, the partnership is highly important in tackling the mindset barrier of the communities towards the prostitutes. Given the fact that this change of mindset is a long and gradual process the Government and NGO should commit to work together towards this by involving religious leaders, district officials and different mediums of awareness like theatre, arts and films to bring change in the behavior of the community. The Government and NGOs could also collaborate to raise funds from foundations to introduce new innovative activities like

dance therapy, art therapy etc. in the Government homes. This dual force would help in improving the rehabilitation and reintegration processes of the survivors and support in providing them a life of dignity and self-respect.

I hope this paper has been able to throw light into the gaps, limitations and successes of rehabilitation and reintegration services in the Government and NGO homes in India and elsewhere. The findings call out for a need to develop and improve on these rehabilitation and reintegration services especially in the Government rehabilitation homes in India. All the recommendations suggested above are given keeping in mind the needs of the sex trafficked child survivors.

References:

- Agarwal, Sunil K. (2010). Implementation of International Law in India : Role of Judiciary.
- Agir Pour Les Femmes En Situation Precaire. (2010). *AFESIP Cambodia: Annual Report 2010*. Retrieved from:
http://www.afesip.org/attachments/article/115/AfesipAnnualReport2010FINAL_PUBLISHED.pdf
- Agir Pour Les Femmes En Situation Precaire. (2012). What We Do: Reintegration. Retrieved December 9th, 2012, from <http://www.afesip.org/what-we-do/rehab-vocational-training>
- Ali, Bharti, & Geeta Menon. (2008). *Compendium of Best Practices on Anti-Trafficking by Non-Governmental Organizations*. Retrieved from: http://www.unodc.org/documents/human-trafficking/India_Training_material/Compendium_of_Best_Practices_by_NGOs.pdf
- Banović, Božidar, & Željko Bjelajac. (2012). Traumatic experiences, psychophysical consequences and needs of human trafficking victims. *Traumatska iskustva, psihofizičke posledice i potrebe žrtava trgovine ljudima.*, 69(1), 94-97.
- Brewer, Devin. (2008). Globalization and Human Trafficking. 46-57.
- Cambodia, AFESIP. (2005-2012). What We Do: Rehabilitation & Vocational Training. Retrieved March 30th, 2013
- Caruth, Cathy, & Kai Erikson (1995). *Trauma: Explorations in Memory*: The Johns Hopkins University Press.
- Chattopadhyay, Ronita. (2012). *Our Stories Reintegration Experiences of Survivors of Trafficking and Exploitation*. Retrieved February 23rd 2013 from Terre des hommes and Sanlaap:
http://s3.amazonaws.com/webdix/media_files/1209_OurStorieslayout8X6inch_original.pdf
- Chaulagai , Ganesh P. (2009). *Trafficking Survivors in Nepal: An Exploratory study of trafficked women's experiences and perceptions of their reintegartion*. (Master of Philosophy in Gender and Development), University of Bergen. Retrieved March 3rd, 2013 from
<http://www.childtrafficking.com/Content/Library/?CID=38db3aed920cf82ab059bfccbd02be6a|515c5a>
- Child Rights and You. (n.d.). Statistics: Indian Children - Statistics of Underprivileged Children in India. Retrieved January 19th, 2013, from
http://america.cry.org/site/know_us/cry_america_and_child_rights/statistics_underprivileged_chi.html
- Childline India Foundation (n.d.). Child Protection and Child Rights - Child Budgeting. Retrieved Jan 20th, 2013, from <http://www.childlineindia.org.in/HAQ-Budget-for-Children-2010-2011.htm>
- Compensation scheme for victims of rape, acid attacks. (2012). *The Times of India Goa*. Retrieved from
http://articles.timesofindia.indiatimes.com/2012-11-29/goa/35434561_1_section-357-a-compensation-scheme-loss-or-injury
- Deb, Sibnath, Aparna Mukherjee, & Ben Mathews. (2011). Aggression in Sexually Abused Trafficked Girls and Efficacy of Intervention. *Journal of Interpersonal Violence*, 26(4), 745-768. doi: 10.1177/0886260510365875
- Dunne, Joseph L. (2012). Hijacked: How efforts to redefine the international definition of human trafficking threatens its purpose. *Willamette Law Review*, 48(3), 403-426.
- End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes. *Stop Sex Trafficking of Children & Young People*. Retrieved from:
http://ecpat.net/EI/Publications/Trafficking/Factsheet_India.pdf
- Government of India. (2009). *The Juvenile Justice (Care and Protection of Children Act, 2000) [Act No. 56 of 2000]* Delhi: Commercial Law Publishers (India) Pvt. Limited.
- Government of India. (n.d.). *The Immoral Traffic (Prevention) Act, 1956*. Retrieved from
http://www.ncpcr.gov.in/Acts/Immoral_Traffic_Prevention_Act_%28ITPA%29_1956.pdf.

- Government of India, Ministry of Women and Child Development. (2007). *Ujjawala A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation*. Retrieved from <http://wcd.nic.in/schemes/ujjawala.pdf>.
- Government of India, Ministry of Women and Child Development. (2011). *Swadhar Greh Scheme for Women in Difficult Circumstances*. Retrieved January 6th 2013 from: <http://wcd.nic.in/schemes/sg08112011.pdf>
- Government of India, Ministry of Women and Child Development. (2012). Trafficking : Schemes - *Minutes of Meeting on Swadhar: State-wise Details of Swadhar Home in the Country as On 28/09/2012*. Retrieved February 18, 2013, from <http://wcd.nic.in/>
- Government of India, Ministry of Women and Child Development. (2013). Publication and Reports. Retrieved April 15th, 2013, 2013, from <http://wcd.nic.in/>
- Government of India, Ministry of Women and Child Development. (n.d.). *Annual Report 2011-2012*. Retrieved April 15th, 2013 from: <http://wcd.nic.in/>
- Government of India, Ministry of Women and Child Development. (n.d.). *Child Protection in the Eleventh Five Year Plan (2007-2012)*. Retrieved from: <http://wcd.nic.in/>
- Government of India, Ministry of Women and Child Development. (n.d.). Trafficking. Retrieved February 19th 2013, from <http://wcd.nic.in/>
- Government of India , Ministry of Women and Child Development India. (2012). *List of Protective & Rehabilitation (PR) Home under Ujjawala Scheme* Retrieved February 17th, 2013 from: <http://wcd.nic.in/schemes/ujjawalist12102012.pdf>
- Gujarat Cooperative Milk Marketing Federation (n.d.). GCMMF. Retrieved February 22nd 2013, from <http://www.amul.com/>
- Hameed, Sadikai, Hameed Hlatshwayo, Evan Tanner, Metlem Turker, & Jungwon Yang. (2010). *Human trafficking in India: Dynamics, Current Efforts, and Intervention Opportunities for The Asia Foundation*. Retrieved from: <http://asiafoundation.org/resources/pdfs/StanfordHumanTraffickingIndiaBackground.pdf>
- HAQ Center for Child Rights (2008). *Child Trafficking*. Retrieved from: <http://www.haqcrc.org/publications/status-indias-children-2008>
- HAQ Center for Child Rights. (2008). *Still Out of Focus: Status of India's Children 2008 - Trafficking*. Retrieved March 31st, 2013 from HAQ Center for Child Rights, : <http://www.haqcrc.org/sites/default/files/Trafficking%2008.pdf>
- Ilona Bhattacharya (2010). *Vulnerability of Children Living in the Red Light areas of Kolkata, India*. Retrieved January 20th 2013 from SANLAAP: www.ecpat.net/ei/Publications/CYP/YPP_Research_india.pdf
- King, Lindsey. (2008). International Law and Human Trafficking. 88-103.
- Kolehmainen-Aitken, Riitta-Liisa. Decentralization and Human Resources: Implications and Impact.
- Krishnan, Sunitha. (2009, December 2009). Sunitha Krishnan: The fight against sex slavery [Video file]. Retrieved from http://www.ted.com/talks/sunitha_krishnan_tedindia.html
- LANCO (n.d.). About Us. Retrieved February 23rd 2013, from <http://www.lancogroup.com/DynTestform.aspx?pageid=4>
- MacKinnon, Catharine A. (2012). Trafficking, Prostitution, and Inequality. *Harvard Civil Rights-Civil Liberties Law Review*, 47(1), 271-309.
- Magar, Veronica. (2012). Rescue and Rehabilitation: A Critical Analysis of Sex Workers' Antitrafficking Response in India. *Signs: Journal of Women in Culture & Society*, 37(3), 619-644.
- Mam, Somaly. (2009). *The Road of Lost Innocence*. United States: Spiegel and Grau, The Random House.
- Mile, Siobhan, Heang Sophal, Lim Vanntheary, Orng Long Heng, Julia Smith-Brake, & Dane So. (2012). *The Butterfly Longitudinal Research Project A Chab Dai study on (Re-) integration: Researching*

- the lifecycle of sexual exploitation & trafficking in Cambodia*. Retrieved March 5th, 2013 from: http://www.chabdai.org/download_files/Butterfly%20Reduced.pdf
- Miles, Siobhan. (2010). *The Butterfly Longitudinal Research Project- The Chab Dao Study on (Re-) Integration Researching the lifecycle of survivors of sexual exploitation & trafficking*. Retrieved October 17th, 2012 from: http://www.chabdai.org/download_files/Butterfly%20Progress%20Report%202010.pdf
- Nair, P.M. (2002-2003). *A Report on Trafficking in Women and Children in India*. Retrieved 16/07/2012 from: <http://nhrc.nic.in/Documents/ReportonTrafficking.pdf>
- National Academy of Construction (n.d.). About NAC. Retrieved February 23rd, 2013, from <http://www.nac.edu.in/about-nac.php>
- Nepal, Maiti. (2011). *Annual Report*. Retrieved from Maiti Nepal: http://maitinepal.org/admin/categoryimages/Maiti_Nepal_Annual_Report_2011.pdf
- Office of the Registrar General and Census Commissioner India (2011). *Census 2011 Provisional Populations Total*. Retrieved January 20th from Ministry of Home Affairs: <http://pib.nic.in/prs/2011/latest31mar.pdf>
- Ostrovski, Nicolae V., Martin J. Prince, Cathy Zimmerman, Mihai A. Hotineanu, Lilia T. Gorceag, Viorel I. Gorceag, . . . Melanie A. Abas. (2011). Women in post-trafficking services in moldova: diagnostic interviews over two time periods to assess returning women's mental health. *BMC Public Health*, 11(1), 232-240. doi: 10.1186/1471-2458-11-232
- Oxford Dictionaries.). Prostitution. Retrieved Jan 28th, 2013, from <http://oxforddictionaries.com/definition/english/prostitution?q=prostitution>
- Rajadhyaksha, Madhavi. (2012). A living hell, can't be called rehabilitation centre. Retrieved February 21st, 2013, from <http://timesofindia.indiatimes.com/city/mumbai/A-living-hell-cant-be-called-rehabilitation-centre/articleshow/17471342.cms>
- Sanlaap. (n.d.). Programmes: Shelter Home. Retrieved February 23rd, 2013, from <http://www.sanlaapindia.org/>
- Sanlaap. (2011-12). *Annual Report 2011-12*. Retrieved February 24th, 2013 from: <http://www.sanlaapindia.org/AnnualReport.pdf>
- Surtees, Rebecca. (2007). *Listening to Victims -Experiences of identification, return and assistance in South-Eastern Europe*. Retrieved March 2nd, 2013 from: http://www.childtrafficking.com/Docs/listening_to_victims_1007.pdf
- Tan, Lydia Atira. (2012). Art therapy with trafficked women. *Therapy Today*, 23(5), 26-31.
- United Nations Office on Drugs and Crime (2004). *United Nations Convention Against Transnational Organized Crime and the Protocols Thereto*. Retrieved February 17th, 2013 from: http://srsg.violenceagainstchildren.org/sites/default/files/documents/docs/A-RES-55-25_EN.pdf
- United Nations Office on Drugs and Crime (2009). *Global Report on Trafficking in Persons*. Retrieved from: <http://www.unodc.org/unodc/en/human-trafficking/global-report-on-trafficking-in-persons.html>
- United States Department of State. (2012). *Trafficking in Persons Report 2012*. Retrieved January 20th 2013 from: <http://www.state.gov/documents/organization/192595.pdf>
- United States Department of State. (n.d.). Trafficking in Persons Report 2011-Tier Placements. Retrieved January 20th, 2013, from <http://www.state.gov/j/tip/rls/tiprpt/2011/164228.htm>
- Yachkaschi, Schirin. (2010). Engaging with Community-based Organizations. Lessons from Below: Capacity Development and Communities. In N. Acquaye-Baddoo, A. Fowler & J. Ubels (Eds.), *Capacity Development in Practice* (pp. 194-208): SNV Netherlands Development Organization, Earthscan. Retrieved from http://www.snvworld.org/sites/www.snvworld.org/files/publications/capacity_development_in_practice_-_complete_publication.pdf.

