

# Rehabilitation of Minor CSE Victims at Alternate Care Protective Homes

Institutionalised Children Explorations  
and Beyond  
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## Abstract

Globally, child trafficking continues to be an organised crime violating the human rights of children, resulting in their psychological, physical, sexual and economic abuse. Once rescued from commercial sexual exploitation (CSE), minors are either restored to families or placed in protective homes, till they turn 18. These homes are ill-equipped to deal with the complex needs of minors who have undergone traumatic experiences, lost the security of a family and the chances that educational attainment or social capital can provide. This article will look at an intervention to rehabilitate minors living in a protective home in Mumbai, and presents lived experiences and perceptions of former residents, who have participated in this intervention and additionally discuss the effectiveness of the exercise. Numerous cases showed positive outcomes and suggest that alternative care for minor victims of CSE can be a noteworthy option, when supported adequately with trauma counselling and robust rehabilitation plans.

## Keywords

Alternative care for out-of-home-care (OHC), human trafficking, rehabilitation, social policy

## Introduction

Globally, trafficking of minors continues to be an organised crime violating human rights, resulting in their psychological, physical, sexual and economic abuse. The Immoral Traffic (Prevention) Act, 1956, defines minors as persons who have completed 16 years but have not reached 18, and though sex trafficking of minors is highly prevalent in India, there is no uncontested data. According to

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the Trafficking in Persons Report (2020), authorities in India had identified 1,853 victims in sex trafficking, of which 45% were below the age of 18 and about 61% were female, in 2018 alone.

In India, minors rescued from trafficking are produced before Child Welfare Committees (CWC) who conduct a home investigation and restore them to their families if their home conditions are safe and suitable. While a family is the foremost protective environment for minors and is considered the best option for restoration (Hallet, 2016), when found unsafe and not in the best interests of the minor, family-based placements such as adoption, kinship, foster care or sponsorship must be explored thoroughly (UNGA, 2010). Unrestored minors largely stay back in alternate care options run by state such as juvenile justice homes or privately run residential care, till they reach 18. Post that, victims have the option of continuing in after-care residential homes, live independently or go back to their families.

Government-run protective homes often run above capacity, lack material resources, sensitised staff or trained counsellors. In several homes, residents face corporal punishment do not get adequate medical and legal assistance and are not enrolled in education or skills development (Trafficking in Persons Report: India, 2020).

Often home personnel do not understand the complexities of commercial sexual exploitation (CSE) resulting in stereotyping of behaviour (Clutton & Coles, 2007) and potentially neglect, abuse or violence that can continue unobserved and unchecked, having negative effects in the long term (Eapen, 2009). Moreover, originating from various source areas, residents struggle to connect with the staff and other victims, leading to a feeling of isolation and of loss of freedom and familiarity that manifests in provocative behaviour. The separation from their families (Dutta, 2016) is further exacerbated by closed facilities that do not allow adequate engagement with the outside world and often survivors have expressed that protective homes are 'prison like' (Surtees, 2013, p. 197). These factors together with the desensitised processes in the home, compound the effects of trauma that victims already contend with and can lead to diminished social and intellectual development (Johnson et al., 2006). Decidedly, this trauma that residents face has to be addressed for any rehabilitation to be meaningful.

There are a limited number of studies that show how addressing trauma in alternate care homes can lead to positive outcomes (La Valle & Graham, 2016), but there is a telling need for further exploration and evidence that the emotional and mental trauma that victims face can be handled through viable intervention models in protective homes.

Furthermore, victims are typically from marginalised backgrounds with minimal education, social capital, employable skills and often do not possess any identity documents. Also, several victims were sole earning members in their families and may need to take up employment, immediately, on leaving the protective home. These elements make reintegration challenging as they neither get any entitlements nor are they fit for the labour market, increasing their vulnerability to getting re-trafficked. Furthermore, rehabilitation in the form of

education and skilling, in protective homes, are narrow in scope, stereotypical and outdated, with most homes providing girls with cooking and sewing skills, while some homes also advocate marriage as a rehabilitation plan. Also, residents often feel they do not have any agency and do not feel prepared to make a life for themselves (Dahal et al., 2015).

Under the Juvenile Justice (Care and Protection of Children) Act, 2015, protective homes are mandated to provide minimum standards of care including professional counselling, education and skill development and CWCs are obligated to ensure that protective homes create and follow individual care plans. These state actors are the permanent entities and custodians of victims' protection and rights and therefore interventions that strengthen systems that are overseen by these critical stakeholders will have a higher potential to succeed and become sustainable in the longer term.

Limited research exists on rehabilitation interventions for victims of CSE, and although there are a number of organisations working with victims, there has been no concerted effort to explore their efficacy and generate an evidence base. The intervention in this study supported a state-run protective home to provide rehabilitation to minor female victims of CSE, and obtained favourable results in a number of cases. The article presents findings gathered by interviewing five former residents to understand what works when rehabilitating minor victims under alternate care and generate recommendations to inform policy and practice.

## Methodology

There are very few studies available from the view of the survivor and very limited longitudinal studies tracking survivor experiences after reintegration. This study looked at the lived experiences of former minor victims of CSE in a state-run protective home, who were also supported by a rehabilitation intervention called Sahas Kendra, conducted by Save The Children India, in Mumbai, India.

A qualitative methodology was employed to understand the experiences and perceptions of the group, using in-depth interviews to enable participants to speak comprehensively. This study did not focus on their experiences with sexual exploitation but on their stay at the protective home and their engagement with the intervention. The tool was designed based on a literature review conducted and the interviews were carried out telephonically—due to the lockdown in Mumbai, induced by the COVID-19 pandemic—and is a limitation in the study. Verbal consent was taken and responses were recorded using a Pen and Paper Personal Interviews method.

## Sampling

The study employed purposive sampling to get five, female, minor victims of CSE, former residents of the protective home for at least six months, with similar life experiences and who were participants of the intervention.

The recommendations of the WHO ethical and safety recommendations for interviewing trafficked females (Zimmerman & Watts, 2003, pp. 1–3) were followed because recruiting participants is difficult for such a study, as victims are reluctant to talk about their experiences and fear their victimhood would become known amongst their extended family and the community. Intervention staff members approached them, explained the reasons for the study and obtained their consent, prior to the interview. There is also the risk of re-traumatisation and therefore the intervention trauma counsellor was available as a silent participant during the interviews. As a part of the intervention, staff track survivors after restoration for up to a year and, therefore, younger victims still in the home were not considered for this exercise.

Additionally, staff of the intervention inclusive of a social worker and a trauma counsellor from the intervention were also interviewed. This allowed a triangulation of experiences at the protective home and the services received by the intervention. The total sample is shown in Table 1. Further, it was not possible to conduct an interview with the staff of the home, which could have contributed additional insights.

## *Analysis*

A narrative approach was used, and the responses were analysed and coded under common areas, important points for interviewees or based on the literature review. They were then regrouped in higher order themes that arose as a part of an iterative analysis. The study found many incidences that were common to all and perceptions that differed amongst participants but there were no largely deviant cases in this study.

## **Findings and Analysis**

All the five girls spoken to were minor when placed in the state-run protective home and stayed till they attained majority age. Duration of stay in the protective home ranged from six months to over a year, and all of them came from economically marginalised backgrounds with most of them not having had much education. Three girls were 17 while one was 16 and another 15 when they were placed in the homes. Currently, two girls are in an after-care home, while three have been restored.

**Table 1.** Sample Size of the Study.

<b>Sample for the Study</b>	
Former residents	5
Intervention Staff	2

**Source:** Author on participants in the study.

The higher order themes from the analysis included (a) victim's experiences at the protective home and (b) the Sahas Kendra Intervention (SKI). Trauma, interactions, education and skilling were lower order categories and are presented below.

### *Protective Homes*

The experiences at the protective home were described at length by the girls, including their admission process, their daily routines and how they interacted with the staff and residents. Girls said that the initial days were traumatic and confusing, with no one giving them any information on what was happening. They said that they cried a lot and took about three months to come to terms with their situation. The feeling of being punished for doing something wrong and having to be separated from their family as a result was strong among all girls. While they were not asked about their exploitation or rescue, on their own volition they described it, using words such as 'horrible', 'could not speak to anyone about it', 'no one should ever have to go through this' and 'darkest moment of my life'.

Girls said that living in the home was 'fine' as all basic necessities were provided and the place was reasonably clean. They were expected to complete their chores in turns, which included cleaning the floors, grounds, bathrooms, washing their clothes and linen and helping in the kitchen. If they did not, they were scolded by the staff. After 6 pm, the doors would be locked and movements were restricted to their rooms. Often, due to the lack of resources, daily items such as sanitary pads were distributed meagrely and girls struggled with that. Girls said that they did not like being told what to do all the time, with no freedom or choice and one girl remarked that she felt like she was in prison. However, they said that as time passed the routine was probably good for them.

Interaction with the other girls was difficult initially, though over time they made a lot of deep friendships, though they are not in touch now. Girls said that their assigned counsellors at the home were supportive and asked them to participate in activities. The activities were comforting and helped them forget their situations for a while. They said that counsellors encouraged them to 'forget their past', educate themselves and look ahead towards a better future.

The staff also included two caretakers, who encouraged residents to call them 'mamma', in order to make them feel at home. Though the girls said that the caretakers encouraged them to participate in all activities, they often spoke rudely, mistrusted them and shouted at them, when they were angry. The SKI counsellor revealed that home staff do not understand the victimhood of the girls and tended to believe that their 'character' is not very good and they deserved to be here because of their deeds. The social worker from the intervention said that they visited the home and interacted with the staff regularly and encouraged them to look at the girls as victims of exploitation and work towards their effective rehabilitation.

Girls said that their interactions with the superintendent and the probation officer were limited to asking for information about their cases and the superintendent gave them options of skilling and advised them to build their lives

before leaving. The SKI counsellor said that unlike in other homes, the superintendent here was mindful of the need to rehabilitate the girls appropriately. Further, the home had several NGOs conduct activities on an everyday basis, such as jewellery-making or embroidery and took sessions on life skills. However, intervention staff said there were no targeted skilling and education linkages, that would help girls to reintegrate back with better opportunities for a productive life. Keeping this in mind they continuously interacted with the superintendent and probation officer, advocating for stronger rehabilitation plans. Furthermore, they engaged actively with the state department of women and child development and the CWC and coordinated with the protective home staff to initiate the rehabilitation project, at their own day-care centre, located a few miles from the protective home. Everyday staff came to the home and accompanied the minors to and from the intervention centre.

### *The Sahas Kendra Intervention*

Project staff stated that *trauma counselling* is critical and the intervention has a certified trauma counsellor who engaged with the girls closely and continuously, using group and individual sessions. The counsellor said that whatever the girls said about how they got into sex work was accepted and never challenged, even when the versions were often inconsistent. She said most of the girls had severe issues in trusting anyone as almost all of them have been pushed into the trade by an immediate family member or someone known to them. Over several sessions, girls began trusting her and realised that they would not be judged or further incriminated on any possible issues and after this stage, she said, it was far easier to work with them. Girls said that the staff were very nice to talk to, very 'encouraging', that they loved the atmosphere at the centre, felt free and looked forward to going there every day.

Staff said that *formal education* plays an important role in the rehabilitation process and basic literacy and numeracy are offered to all residents, depending on their abilities. Girls are given the choice and support to enrol in a school close to the centre and tutorship to finish their grade X examinations. Enrolment into schools for these victims who neither have the documents with them or relevant educational backgrounds was challenging. Social workers supported the protective home by making home visits to obtain their documents, however far they originated from. Moreover, whenever these identity documents were not available, they aided the home in the process of acquiring the required credentials. They said that since the home has approximately 40 children at any given point, they are hard pressed for time and also needed guidance in the procedures.

Simultaneously, girls are also given the choice to get skilled in certified, market-driven *vocations* including hospitality, housekeeping, beauty and wellness and tailoring. The courses were at a basic level and when girls showed promise, they were taken to professional centres to take up advanced levels. Furthermore, there are sessions on life skills and digital literacy.

Additionally, staff said that due to their mental and emotional state, girls are unable to concentrate and therefore finish their education or skilling modules at varied times and no one is rushed to do so. Girls said that some of them were happy to study but few girls had language issues or were simply not interested. Staff said that several girls from the intervention went on to take up higher education or other courses, and three of the study participants are pursuing under graduation degrees, one has taken up a technical course and one is working on setting up a micro enterprise while taking an advanced course in beauty and wellness, supported by the intervention.

Girls who were restored to their families faced discriminating behaviour from community members, with one girl saying that her family moved to start life afresh. Intervention staff keep in touch with the girls to continue supporting their rehabilitation and reintegration and also to ascertain that they have not been pulled into trafficking again. Girls have reached out to them, whenever in need, especially during the lockdown induced by COVID-19.

## Discussion

The study looked at an independent intervention that worked with a protective home to determine what are the possible elements that work when rehabilitating minor victims of CSE living in alternate care.

Findings show that over time and by living with other victims, residents normalised their experiences and developed a level of resilience by constantly adjusting to their new contexts, building coping mechanisms and blocking their anxieties. There was a strong feeling of discomfort, self-blame and a feeling that they deserved the punishment and separation from their families. Moreover, the attitude of home personnel and the lack of agency—being made to feel like ‘in prison’—reinforce their vulnerable emotional states.

Intervention staff clearly saw the effect of trauma in the girls’ inability to concentrate, which slowed their learning process considerably. At the home, counselling was targeted at distracting girls to help ‘forget their bad experiences’ and build a view of the future. This indicates a need for robust counselling at the protective homes—which is their primary care place—to deal with the deeper trauma caused by the exploitations that they have gone through, to reframe it and address the guilt and self-blame that inhibits emotional and intellectual development of these girls.

Appreciation for the environment at the centre in contrast to the feeling of being imprisoned at the home indicates that a friendly, non-judgemental and non-threatening space can be nurturing, ultimately leading to positive learning outcomes. Home personnel are the most important stakeholders as they deal with residents on an everyday basis and findings show that they were unable to engage with the residents considerably, though this was possible by the intervention staff, due to their qualified and sensitised attitude towards the victims.

Protective homes as an alternate care option are designed as a safe place, with the ability to take in a large number of victims at one time and offer uniform basic services to all the residents (Children in Alternate Care, n.d.). However, residents come with different contexts, experiences and levels of trauma and rehabilitation options here seem generic with a ‘one-size-fits-all’ approach, where residents do not have much choice and all decisions seem to be made for them. Most of the girls in this study came from economically distressed families and were exploited for financial gains. When they are restored back, many of the contextual factors may not have altered significantly and therefore it is critical that minors leave the homes considerably more empowered than when they came in.

There is enough evidence that formal education increases the potential for better livelihoods and the intervention focussed on it. Additionally, they gave the girls agency, created individual plans, supported their choices and, notably, gave them the time to develop at their own pace, which is ill afforded at state-run protective homes. The linkages to livelihood options can foster economic security and can potentially help minors from being systemically vulnerable to re-trafficking. Moreover, intervention staff kept track after they left the home and this continuity of the rehabilitation helped maintain the equation long after they left the home.

It was seen that the success of the rehabilitation is also dependent on the extent a superintendent is mindful of the need for an empowerment-based rehabilitation for the girls. The continuous interaction and coordination with the superintendent, other home staff and the engagement with the state machinery implies that the intervention worked well in conjunction and coordination with these primary stakeholders.

Overall, this study finds that the intervention worked well towards rehabilitating and empowering minor victims of CSE. However, systematically providing training to home counsellors in addressing trauma, to caretakers on dealing with victims of CSE or to home staff for creating individualised plans for the victims would indeed make the rehabilitation holistic and the processes more sustainable. Further, a rigorous evaluation of the model and a longitudinal tracking of survivor trajectories, if conducted, would generate relevant evidence that could be used to inform policy and practice.

## **Annexures**

### **Annexure I. Education and Skills Pursued by the Participants.**

Basic literacy	Three of the five girls
Digital literacy	Two of the five girls
Grade X completion	Two of the five girls
Currently pursuing further education	All five
Other skills	Beauty and wellness: Four out of the five girls Spoken English: One Interviewing skills: One Course to become a flight attendant: One
Linkages to work	Two of them post 18 years of age

**Source:** Author on participants in the study.



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## References

- Children in Alternate Care. (n.d.). <https://www.unicef.org/eca/definitions>
- Clutton, S., & Coles, J. (2007). Sexual exploitation risk assessment framework: A pilot study. Cardiff, Barnardo's Cymru.
- Dahal, P., Joshi, S. K., & Swahnberg, K. (2015). 'We are looked down upon and rejected socially': A qualitative study on the experiences of trafficking survivors in Nepal. <https://doi.org/10.3402/gha.v8.29267>
- Dutta, S. (2016). Institutional care in India: Investigating processes for social reintegration. *Children and Youth Services Review*, 66, 144–153. <https://doi.org/10.1016/j.childyouth.2016.05.010>
- Eapen, D. J. (2009). Institutionalized children: The underprivileged. *International Journal of Nursing Practice*, 15(5), 349–352. <https://doi.org/10.1111/j.1440-172x.2009.01785.x>
- Hallet, S. (2016). An uncomfortable comfortableness: Care, child protection and child sexual exploitation. Oxford University Press. <https://orca.cf.ac.uk/58234/1/SophieHallettPhDThesis%20-%20ORCA.pdf>
- Johnson, R., Browne, K., & Hamilton-Giachritsis, C. (2006). Young children in institutional care at risk of harm. *Trauma, Violence, & Abuse*, 7(1), 34–60. <https://doi.org/10.1177/1524838005283696>
- The Juvenile Justice (Care and Protection of Children) Act, 2015. Government of India. [www.indiacode.nic.in/handle/123456789/2148?sam\\_handle=123456789/1362](http://www.indiacode.nic.in/handle/123456789/2148?sam_handle=123456789/1362)
- La Valle, I., & Graham, D. (2016). Child sexual exploitation: Support in children's residential homes. Department of Education. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/582354/Child-sexual-exploitation-support-in-childrens-homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582354/Child-sexual-exploitation-support-in-childrens-homes.pdf)
- Surtees, R. (2013). After trafficking: Experiences and challenges in the (re)integration of trafficked persons in the Greater Mekong sub-region. UNIAP/NEXUS Institute. <http://un-act.org/publication/view/trafficking-experiences-challenges-reintegration-trafficked-persons-greater-mekong-sub-region/>
- Trafficking in Persons Report: India. (2020). <https://www.state.gov/reports/2020-trafficking-in-persons-report/india/>
- UN General Assembly (UNGA). (2010). Guidelines for the Alternative Care of Children: Resolution/adopted by the General Assembly, 24 February 2010, A/RES/64/142. <https://www.refworld.org/docid/4c3acd162.html>
- Zimmerman, C., & Watts, C. (2003). *WHO ethical and safety recommendations for interviewing trafficked women*. World Health Organization.