

**AN EXPLORATORY QUALITATIVE STUDY OF SERVICE PROVISION TO
SURVIVORS OF SEX TRAFFICKING IN MUMBAI, INDIA**

By

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Abstract

Objectives: To explore service provision to survivors of sex trafficking in Mumbai, India by two non-governmental organizations.

Methods: Interviews with staff were conducted (n=13) to determine client needs, program services, and challenges in service provision. Interviews were coded and common themes were explored.

Results: Client needs were identified that are consistent with previous research. Programming is focused on trauma-focused counseling, building economic self-sufficiency, and supporting reintegration. Challenges include lack of trained service providers, strained relationships with government aftercare homes, and insufficient time to provide needed services.

Conclusions: Aftercare for survivors of sex trafficking provides an opportunity for sustainable recovery and rehabilitation for this population. Research should be directed at identifying and evaluating evidence-based best practices. National and global policies should support expansion of aftercare services.

Problem Statement

Sex trafficking has emerged as a major health and human rights concern throughout the world.^{1,2} However, because of the underground nature of this form of abuse, it is difficult to obtain accurate estimates^{3,4} and the estimated number of children, women, and men who have been trafficked for sexual purposes ranges dramatically. For example, the International Labour Organization estimates there are currently 1.39 million victims of commercial sexual servitude, including both transnational and within country trafficking⁵ while UNICEF estimates that 1.2 million children *alone* are trafficked each year, the majority of whom are trafficked for sexual purposes.⁶ The US. Department of State also provides a conservative estimate that between 600,000-800,000 persons are trafficking across international borders each year, with 80% being women and children.² In particular, estimates regarding the number of children subject to prostitution and commercial sexual exploitation range widely as is stated in a study published in the Lancet in 2002, which estimated there are between 1 and 10 million children worldwide who are subject to commercial sexual exploitation.⁷

Survivors of sex trafficking experience unique and complex consequences as a result of the abuse they have suffered. Such victimization leads to significant health, mental health, and social needs. For example, persons who are trafficked for sexual purposes are at increased risk for injury due to multiple forms of violence perpetrated at the hands of pimps, clients, police, and intimate partners.⁷ Research indicates that persons who are prostituted can experience a wide range of violence, including physical assault, sexual assault,^{8,9} rape,^{10,11} and murder.¹¹

The violence, trauma, and abuse experienced as a result of victimization can have severe long-term impacts on survivors. There are many long-term health problems that can ensue, including HIV/AIDs,¹² sexually transmitted infections, chronic diseases such as

tuberculosis,¹³ malnutrition, and serious injury.^{7,13} Survivors of sex trafficking can also experience significant mental health consequences. Children who are prostituted report high levels of depression, stress, anxiety, behavioral disorders,⁷ and PTSD.¹³ Sixty seven percent of sex workers in one study met the diagnostic criteria for post-traumatic stress disorder.¹⁰ Multiple barriers to services exist for women and children who experience trafficking, such as real and perceived stigma, psychological abuse, social isolation, and restrictions on movement, further compound health and mental health concerns.^{14,15,16}

India is experiencing a sizeable problem with child prostitution and sex trafficking. India has been identified by the US Department of State as a source, transit, and destination country for human trafficking.^{17,18} Women and children are trafficking into India across international borders, many from Nepal and Bangladesh, in addition to within-country trafficking of women and children from rural areas to large cities.^{2,18,19} In May 2009, India's Central Bureau of Investigation issued a statement indicating there are more than 1 million children being prostituted in the country.²⁰ Mumbai has been identified as the largest center of trafficking inside of India.²

Studies have found that women and children who are engaged in sex work in India, whether victims of trafficking or not, have increased prevalence of HIV and other STIs.^{21,22,23,24} In one study conducted in Mumbai, it was found that the majority of trafficked women and children in the sample had been trafficked as minors.²³ It has also been found that many women and children who had been trafficked in India experienced violent rape as a means of coercing initiation of sex work, inability to refuse sex, lack of ability to negotiate condom use, substance use as a coping mechanism, and lack of access to adequate medical care.²⁴ Owing to the high number of women and children who are being trafficked in India, there is a significant need for

targeted and effective rehabilitation and recovery services for survivors.^{7,22,23,24} However, to date a dearth of research exists to shed light on effective approaches to providing rehabilitation services for survivors of sex trafficking.^{7,22,25,26}

Research Question

Using a qualitative, exploratory approach, this research project was conducted to elucidate the successes, challenges and areas for growth present in the current rehabilitation (hereafter referred to as aftercare) programming for survivors of sex trafficking provided by two non-governmental organizations in Mumbai, India. The study investigated aftercare service providers' perspectives and opinions regarding the following issues:

- Unique rehabilitation needs of trafficking survivors in Mumbai, India;
- Successes and areas for growth in aftercare program development; and
- Challenges, gaps in needed services, and possible barriers to aftercare service provision for survivors in Mumbai, India.

The descriptive findings of this research project will be used to identify further areas of research with the aim of developing evidence-based best practices for use in facilitating recovery and rehabilitation for survivors of sex trafficking.

Literature Review

Professional aftercare service provision to survivors of sex trafficking is a relatively new development, and little research has been conducted in this area. This gap in research has been identified throughout the literature.^{7,22,25,26} A growing amount of important research has been directed toward better understanding the global scope and impact of sex trafficking, but very few studies examine how to best provide services for survivors to assist in their recovery and rehabilitation.^{7,25,27,28} Even within organizations that have been providing services to

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survivors for years, no interventions have emerged as evidence-based best practices to address the complex health, social, emotional, and mental health needs of survivors that have been identified by current research.²⁹

USAID conducted an extensive literature review of publications from around the world to identify best practices for working with victims of trafficking, not all of whom are exposed to commercial sexual exploitation. The review concludes that recovery must be client-centered, include the three elements listed above, and that “there can be no single approach: programs and shelters must provide a tailored approach to each case based on the victim’s experience and resultant needs. A comprehensive victim-centered approach to residential shelter facilities inevitably requires well-trained and committed staff, a good understanding of the issues, a well-developed set of standards, and individualized approaches.”^{30, p 10}

Suggested frameworks for service provision to this population indicate that services must be comprehensive and long-term, and must focus on three important elements: psychosocial and emotional recovery, building of economic self-sufficiency through education and job training opportunities, and reintegration of clients into society - either by returning them to their home of origin or assisting their assimilation into a new community. A study funded by The Asia Foundation investigating rehabilitation services for trafficked women and children in Cambodia found that the essential components of programming are all encompassing, and include preventing stigmatization, education, job training and employment services, legal services, access to medical services and health care, social services, and psychological services.³¹ Reports and publications from multiple organizations providing services for survivors of sex trafficking in developing countries have suggested the inclusion of similar services.^{32,33,34}

Methods

Design

This study utilized a qualitative exploratory case study research design. This approach was used for a number of reasons. As discussed above, there is currently a dearth of research regarding services provision for survivors of sex trafficking. It is hoped that future areas of research will be identified to further support the development of best-practices and interventions for the rehabilitation of survivors of sex trafficking. Because there is so little in the literature about service provision for survivors of sex trafficking, this type of study allows for a detailed description of services provided by NGOs that have significant experience in this field and allows for in-depth exploration of the opinions of service providers about the challenges inherent in working with this population in this particular setting. The institutional review board of the sponsoring university approved the study prior to data collection.

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Sample

A convenience sampling method was used for this study. Based on the relationship of the research team with the participating agencies, all appropriate aftercare staff were recruited to participate. Staff who did not speak English were excluded in order to avoid the use of translators and to ensure the highest level of comprehension of the questions asked.

The sample consisted of aftercare service providers from International Justice Mission (IJM) and St. Catherine's Home. IJM is a U.S.-based NGO with a field office in Mumbai, India. IJM is a human rights agency that works to secure justice for victims of various types of human rights abuses, including sex trafficking and forced prostitution. IJM partners with local law enforcement and legal authorities to ensure victims are removed from abusive situations, to convict the perpetrators of the crimes, and to connect clients with effective aftercare services. IJM has multiple offices around the world that provide services for survivors of sex

trafficking. Based on conversations with aftercare leadership staff at IJM headquarters, the Mumbai, India site was identified as a potential fit for this study. A variety of factors played into this decision, including the field office's long history of work in Mumbai, quality of partnerships with local aftercare providers, large size of the aftercare staff, and the research team's past experience working in India. The IJM Mumbai office has been operating since 2000.

St. Catherine's is a women's home located in Mumbai, India. St. Catherine's provides services including international adoption services, a home for HIV positive girls and women, a home for pregnant teenagers who cannot return to their families, and a home for abandoned girls. The sex trafficking aftercare residential facility, Karunankur Cottage, was established in 1998 in response to a large police raid of a red light district in Mumbai, which resulted in the removal of more than 100 minor girls from brothels. Many rescued minor girls were placed at St. Catherine's, even though St. Catherine's did not provide targeted services for this population. Karunankur Cottage was established in response to this need. The facilities for survivors of sex trafficking consist of two buildings – a dormitory for sleeping, eating, and living, and an activities building with staff offices, classrooms, and space for group therapy sessions.

The original goal of this project was to interview all aftercare staff at IJM Mumbai (n=11), IJM Headquarters (n=1), and St. Catherine's (n=6). The research team recruited participants from IJM Mumbai and IJM Headquarters via email, and from St. Catherine's in person. A member of the research team traveled to Mumbai to conduct the interviews in person. Two of the St. Catherine's staff were excluded from the study because they did not speak English, one St. Catherine's staff person was unavailable due to scheduling conflicts, one IJM Mumbai staff person declined participation, and one IJM Mumbai staff person was unavailable

for an interview due to travel and illness. The total sample size was 13, with a participation rate of 72.2%.

Data Collection

Data were collected through in-depth interviews using a semi-structured interview guide. Each interview was conducted in a private office with the door closed. The length of interviews ranged from 29 to 90 minutes, with the median length being 64 minutes. Interviews were recorded using a digital audio recorder and notes were taken by the interviewer after the completion of each interview session.

Data Analysis

Two interview transcripts were identified as being the most comprehensive and were independently coded by two members of the research team. Codes were compared and a master code list was developed to assist with analysis of the remaining interview transcripts. Common themes were identified using the master code list. All analysis was conducted using Atlas.ti qualitative data analysis software.³⁵

Contextual Information

IJM's and St. Catherine's services have developed within the local, state, and national context in Mumbai, India. The Indian Immoral Traffic Prevention Act indicates that "Whoever recruits, transports, transfers, harbours, or receives a person for the purpose of prostitution by means of, (a) threat or use of force or coercion, abduction, fraud, deception; or (b) abuse of power or a position of vulnerability; or (c) giving or receiving of payments or benefits to achieve the consent of such person having control over another person, commits the offence of trafficking in persons."³⁶ Such an offense is punishable with "rigorous imprisonment" for no less than seven years. Any act of prostitution with a minor, under 18 years of age, is punishable with

“rigorous imprisonment” for no less than seven years, but may extend to life. The state is able to appoint a magistrate to adjudicate trafficking cases. This statute also requires the establishment of “protective homes” for major and minor victims of trafficking and provides authority to state and local magistrates to grant operating licenses.³⁶ The Indian Juvenile Justice Act establishes state Child Welfare Committees to determine placement for minors who have been identified as victims of trafficking.³⁷

In partnership with local law enforcement and legal authorities, IJM lawyers and investigators identify locations where women and children are being victimized by sex trafficking. IJM then collaborates with local police to raid identified brothels, rescue the women and children who are being victimized, and arrest perpetrators involved in the case. Once a client is rescued from the brothel, IJM social workers begin case management services and IJM lawyers begin developing a legal case against the perpetrators. During the initial days after rescue, IJM social workers accompany clients to various appointments including medical examinations, age verification, meetings with the magistrate, and hearings before the Child Welfare Committee.

If it is determined that a client is a major (18 years of age or older) and has been forced into prostitution (trafficked), she is placed in a government aftercare home for majors where she stays for a minimum of 21 days. During that time, she can determine whether she wants to return home or continue to receive rehabilitation services.

If it is determined that a client is a minor (younger than 18 years of age), she will be placed at a government aftercare home for minors. A Home Inquiry Report (HIR) is conducted to determine if it is safe for her to return to her family and whether the family was complicit in her trafficking. If the family is deemed fit, she is returned to her home community, state, or country

and IJM social workers conduct follow-up visits to ensure her continued safety. If the family is not deemed fit, she then is placed under the custody of the Child Welfare Committee. IJM social workers then work with the client to identify her needs, desires, and educational and vocational interests. Within three to four months, IJM makes a recommendation to the Child Welfare Committee to have the client transferred to a long-term aftercare facility. IJM does not directly provide aftercare services, but partners with licensed aftercare homes to provide services to clients.

IJM has been partnering with St. Catherine's since the establishment of IJM operations in 2000. Based on IJM social worker recommendations, many clients have been placed at St. Catherine's by the Child Welfare Committee. In 2009, IJM developed an official partnership with St. Catherine's Karanunkar Cottage to establish a "model aftercare home." IJM provides strategic planning, program planning and management, funding, and staff to St. Catherine's to develop a comprehensive aftercare program addressing the complex needs of survivors.

Results

Participants identified five short-term and seven long-term needs experienced by clients served by IJM and St. Catherine's. Participants indicated that service provision has become increasingly structured and strategic over the past 5 years. In addition to initial crisis counseling and ongoing legal and case management support, three core services were identified: trauma-focused counseling, economic self-sufficiency, and reintegration services. Finally, a number of common themes arose that were identified as challenges to service provision to this population.

Client Needs

Multiple client needs, which were separated into short-term and long-term, were identified by participants. Short-term needs include safety, crisis counseling, medical services, legal support, and case management. Long-term needs include long-term placement, trauma counseling, ongoing medical care, ongoing legal support, education, job training, and reintegration.

Short-term needs. The short-term needs identified by participants are consistent with prior research indicating that victims of sex trafficking experience myriad mental health, health, educational, occupational, and social needs.^{7-16, 21-24}

Safety and crisis counseling. All participants indicated that the most important initial client need is safety immediately after rescue. Participants identified two types of safety that are critical for clients at this stage: emotional and physical. Case workers discussed the importance of being with a client and providing crisis counseling through the entire rescue process, to ensure each client has a trustworthy advocate to turn to for comfort and information. One participant stated that “the immediate need is to be with her and comfort her.” A rescue, whether conducted by police or in conjunction with IJM staff, is often a time of confusion and fear for clients who do not understand what is happening to them.

I think one of the primary immediate needs is for her to know that she’s safe. That she’s in a safe place, that she’s not a criminal. Because a lot of the girls have the idea that when they go to a shelter home, they are in a jail. So it’s not that she’s under punishment, she’s not a criminal, that she’s not in jail. And whatever her needs are they will be provided for her.

Participants also indicated a need for physical safety for recently rescued clients. Although IJM partners with local police to conduct raids, there have been instances where clients have been treated poorly by the police. In addition, traffickers and/or brothel owners have been known to attempt to kidnap and harass clients who have been recently rescued.

Also soon after rescue, you have the traffickers or the traffickers' relatives who have not been arrested, or some other traffickers who have not been arrested or their relatives coming to the homes. So, the security needs to be there...At some point, this was something the superintendent [of the aftercare home] pointed out to us, the gap between the wall and the gate [at the home] was pretty big. So even from there, people used to stand and try to communicate with the girls. So she asked IJM to come and put barbed wire between. That made a difference. So, main thing is for them to be safe, to feel safe, and not to allow all these people to have access to them.

Immediate medical care. While in a brothel, IJM's clients may experience a myriad of medical problems, including increased incidence of STIs, HIV/AIDS, communicable diseases, and bacterial infections, malnutrition, and violence, among others. All participants indicated that an immediate need for clients after rescue is to be provided quality medical examinations and treatment for any medical concerns they may be experiencing.

Even if they don't have an emergency medical need, they do have other medical needs. And so they need to have a forensic medical exam, they need to have a very thorough general medical exam, then plus of course the gynecological exam. And [if they] have venereal disease, STI, testing and treatment. They need to have HIV counseling and the option for testing if they will. So, just the whole comprehensive package of medical care.

Legal support. Participants indicated a significant immediate need is to provide advocacy and assistance for clients to navigate the immediate legal steps necessary to secure government services, placement in a safe and secure aftercare facility, and to develop a strong legal foundation for future charges against traffickers and brothel owners.

Once the girl has been rescued, she's then taken to the police station where the casework girls help [her] to give the right statement. The next day she is taken to the court...for the first remand she's to be presented to the court within 24 hours of the raid. And there the judge will take them for age verification and medical examination and all of it. As well as judge will ask them which government shelter home that she will be going. Then you have the entire process of taking their statements and preparing them because they have to have them once the age verification is done.

Long-term needs. Participants identified a number of long-term needs experienced by survivors of sex trafficking as they recover from the abuse they experienced and move into new lives of independence and unique challenges. Full rehabilitation can take years, depending

on the duration and severity of the survivor's individual case. Many of the needs identified are ongoing and complex.

Placement and case management. Once a minor client has been approved by the Indian Child Welfare Committee (CWC) for placement in a long-term aftercare facility, participants indicate there is a need for assessment of the client's needs and interests, and to find vacancies in available facilities that will provide programming to meet the needs and support her long-term interests.

They need to be placed in an aftercare home that is secure and that has programming that's designed to meet the needs that they have. And so, since they're going to be in a facility all of their needs need to be met in that facility. So they need to be given clean water, nutritious food, they need to be able to have follow up medical care, they need to have education provided, whether it's basic literacy, or continue it if they do have some education background, they need to have that continue.

Participants also indicated an ongoing need for individual case management. Because the rehabilitation process takes place over multiple years, clients need focused and individualized case management. According to the participants, this type of case management is not provided by government bodies due to a variety of factors such as an overloaded system, corruption, and lack of committed, trained government employees. Participants indicated that those survivors who do not receive case management from either IJM or other similar NGOs, often end up staying in the government aftercare home until they age out of the system, receiving no tailored programming or support to prepare them for life outside of the aftercare facility.

For some girls, maybe another NGO is involved with rescuing them, so they will follow up with the girls. There are some girls who are rescued by the police, and they generally do not have anyone.

Trauma-focused counseling. Recovery from trauma, which includes decrease in psychological symptoms that interfere with everyday life, is often a long process. Based on the severity and duration of the abuse experienced by clients, they may require years of counseling

and support to recover. All participants identified long-term counseling and psychosocial support as a significant need experienced by all clients. In addition, many participants indicated that counseling was a central need to support all aspects of rehabilitation and foundational to the future success and safety of clients.

Their past has always been very traumatic. So even to talk about it, it takes a long time. You can't in just one or two sessions go into that. Because they have a tendency to just bury it. Then it gets into a bit of a regressive because you've just kept it and kept it, and then it just suddenly pops out in some kind of behavior.

(A long-term need is) counseling because the girls are very much traumatized. They have a lot of unsettled issues, and because of which they behave in a particular manner. And until we cater to those needs, we cannot move ahead with the girls.

This view of trauma-focused counseling as foundational to recovery is consistent with prior research of PTSD experienced as a result of sexual abuse in both children and adults. Untreated PTSD can lead to a number of deleterious results such as increased risk-taking behaviors, cycles of abusive relationships, inability to develop trusting relationships, self-harming behaviors, and substance abuse, among others (CITE). Participants reported that clients experience many such symptoms throughout the rehabilitation process, indicating a need for counseling and psychosocial support to address these concerns.

Education and job training. Participants indicated that many of the clients IJM and St. Catherine's work with do not have sufficient education, training, or skills to secure and keep a job that pays well enough to support living independently. Among the educational needs identified by participants were education in Hindi, English, or the local state language of Marathi due to the fact that many clients are trafficked from rural areas in other states in India; basic access to literacy skills and education, due to many clients being from deeply impoverished backgrounds with little to no prior education; and tutoring in the aftercare homes to support the

accelerated curriculum necessary to complete educational requirements prior to aging out of the aftercare system.

Another thing in long-term care needs for education. We get the girls from all over India. And they have different languages that they speak, and that makes it very difficult to provide uniform services to the girls... (in) St. Catherine's home – so we have girls from 5, 6 states and they're talking different languages, they have completed their education in another language. And now our ideal situation is for them to complete their education in English medium at a formal school.

Poverty is a huge issue because (the survivors) are undertrained, undereducated, so they're out there competing for the same jobs that everybody else is, with no skills and very little education. So, if they haven't been prepared well, they are very vulnerable to just being re trafficked, and that unfortunately is sometimes just what happens.

Job training in fields where survivors can make a living wage was identified as a significant long-term need. Many participants discussed the short comings of training in skills regularly offered to survivors such as candle-making, handicrafts, and jewelry making, indicating that the money earned from these trades is not sufficient to provide for the needs of a client once she is living independently. In conjunction with job training, many survivors need to learn basic "soft skills" such as time management, grooming, and etiquette to help them be successful in future employment. An additional need is to provide training in skills and trades that will earn a client a living wage if she decides to return to her home state.

What happens when she goes back to her village, what happens to those particular skills that she has been receiving over here? Will she be able to get that amount of money? Will she be able to earn that much when she goes back? Whether there are opportunities there? So, that's one of the challenges.

Reintegration. Once a client has aged out of the aftercare system, she often moves on to start an independent life, either in her original home state or in the city of Mumbai. All participants discussed the many difficulties faced by clients once they move from the highly structured facility setting to independent living. Some of the difficulties include daily hassles

such as shopping, commuting, and the monotony of holding down a job; making healthy relationships, both platonic and intimate; finding a community and social support; securing housing; discussing her past with family and community members; and facing stigma if she returns to returning to her home state. All participants indicated that ongoing support during the reintegration process is a significant need for survivors.

Close follow up, at least for a year, is very important with them. And see what difficulties they are facing...How do you go? Where do you go? Whom do you approach? And things like that... But we saw that the girls needed some support in terms of doing this basic thing. So, we helped in doing that. But I think it's important to have a close association with the girl for some years, you need to gradually come out of it. But it is very difficult for the girl to start living independently.

Ongoing medical care. Medical needs appear to be ongoing for many survivors of sex trafficking as a result of illness acquired while in the brothel (i.e. STIs, HIV/AIDS, respiratory illness, or other types of viruses or infections.) In addition, many survivors are malnourished after rescue, required ongoing nutritional monitoring, supplementation, and meal planning. Finally, survivors experience a need for education in and provision of family planning services such as birth control and reproductive health services. Participants identified medical services as a long-term need experienced by all clients.

Program Services

IJM's model for aftercare is to partner with local agencies and organizations that are already providing services for survivors of sex trafficking. In Mumbai, IJM partners with all aftercare facilities that are licensed by the Child Welfare Committee (CWC) to provide long-term care for survivors. Participants who had been employed by IJM for more than four years discussed the drastic programming changes that have taken place in the aftercare department over the past two to three years. In the past, aftercare workers main objective was to follow-up with clients to ensure their needs were met by the aftercare homes. Long-time staff discussed

how once clients were placed in aftercare homes, IJM would assume they were receiving everything they needed. Participants also indicated that in the past the aftercare department was understaffed for the number of clients they were serving, and remembered “running around all over Mumbai” with a lack of strategy or direction for programming.

With the addition of new leadership in the Mumbai office and in the aftercare department at IJM headquarters, IJM began to realize that their aftercare efforts were not producing the results needed to support effective rehabilitation of clients. Participants in this study indicated that restructuring began internally at IJM Mumbai, by focusing on building the aftercare department from two to three caseworkers, to the current staff of fifteen (at time of interviews). IJM began to be more strategic in planning aftercare services, developing long-term goals and desired impacts for clients. It was suggested that these improvements help to systematize, organize, and structure programs and support for partner aftercare homes and clients, focusing on long-term outcomes rather than “knee-jerk” reactions to needs that arise.

I would say that now we are really at a stage where we are thinking through the programs. It's not like you see something and you're just implementing it and all. We want to see that it fits into the larger [scope of] what we are trying to achieve for the girls. So we want to see a long-term impact, a long-term effect of the program that we're implementing. And we really want the program to fit in the scheme for the girls, we're thinking about independent living, and a girl starts working and things like that.

Participants discussed the growing knowledge that many local aftercare homes were solely “warehousing” clients until they aged out of the system at eighteen, and many were operating from a “charity based” approach, where programming was not a priority, but they were “basically providing the girls with food, clothing, and shelter.” Participants described how IJM began developing more structure and systems within the aftercare department in order to support improved programming within partner aftercare homes. This has resulted in increased strategic focus in the support provided to local aftercare homes.

I think that there is intentional programming in most of the aftercare facilities, I mean in all of the aftercare facilities where we have clients. That more and more there's an understanding that this is really necessary. Whereas, even five, four or five years ago, that wasn't necessarily the case. There were many facilities that were just basically warehousing girls, and they were just, the girls were just sitting around doing nothing all day for days on end, and years on end. I think that's happening less and less now, so I'm very happy about that.

Many IJM participants identified the development of the model aftercare home at St. Catherine's as one of the largest successes in aftercare programming.

Starting the transformational aftercare program at St. Catherine's home...is one of the biggest achievements, because we have started to bring structure in that particular home, in spite of all the hurdles that we have come across, we are putting structure in place, we are making a path for the girl that she gets all sorts of training skills, where everything is nurtured, she will be a better person in near future.

Since the time we have started this project we are providing various services to the girls. It's not like these services were not provided earlier, but there was no structure. Now we are looking at more quality, more structured things, and there would be a process to it so that we reach the end result that we want to achieve.

It is IJM Mumbai's hope that as other local aftercare homes see the success of the model aftercare home at St. Catherine's, they will adopt similar structures and strategies to ensure programming meets the short- and long-term needs of survivors.

All aftercare programming at IJM and St. Catherine's is built upon a foundation of empowerment and structure. Participants identified empowerment of clients to live independently and "stand on her own two feet." In addition to crisis support during rescue, ongoing legal support, and case management, IJM has developed a framework for aftercare programming focusing on trauma-focused emotional healing, economic self-sufficiency, and reintegration.

We make sure that the girl is reintegrated back...in whatever services, she has benefitted from it, and she is empowered, and we want to see her successful in her life. So then tomorrow, what will be done, 2, 3 years down the lane, I know that she's working, she's sustaining herself, she's able to protect herself, keep herself safe. So all of these

things...whatever services, counseling, vocational training, education, all of that. I want to see the girl actually successful and living like how we would. Facing the challenges.

Trauma-focused emotional healing. While no evidence-based trauma therapy has been identified for use with survivors of sex trafficking as of yet, current practice focuses on the use of trauma-focused therapies that have been proven effective for use with survivors of domestic violence and sexual abuse.^{29,38} The main therapy modality being used by IJM programming is Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is an evidence-based approach to therapy used with children and adolescents who have experienced trauma, especially as a result of sexual abuse.^{39,40,41,42} The therapy used by IJM is a form of TF-CBT that has been adapted by a researcher in the United States and IJM headquarters aftercare staff to ensure cultural competence and applicability to the context in which IJM works(insert participant statement here). All IJM aftercare staff have been trained in Adapted TF-CBT, and use it in varying degrees in their interaction with clients. St. Catherine's has an on-site counselor who conducts individual and group TF-CBT, along with other forms of therapy, including music, art, and dance. In addition, IJM caseworkers conduct TF-CBT groups at the government aftercare home for minors. The current setting for TF-CBT groups at the government aftercare home is not ideal for therapeutic purposes, but participants reported positive responses from clients and were encouraged by the experience so far.

The TF-CBT groups at the government aftercare home were recently started. All clients at the home are invited to participate in the groups, whether or not they are IJM clients. Three groups are conducted at the same time, in a large gathering room. Between 60 and 70 clients attend the groups each week, making it the most attended program at the home. Many study participants identified the TF-CBT groups at the government aftercare home as one of the programs they are most proud of, reporting that as a result of the groups, many clients have opened up to IJM staff and have become interested in other programming offered. In addition, TF-CBT groups create an opportunity for IJM

aftercare workers to interact with non-IJM clients, who often do not receive individualized care and attention.

TF-CBT has like 67 girls there, now 70 have joined, maybe more. So, these girls, sometimes they don't go to other vocational training, but if TF-CBT is there, they will come at right time and sit. It's very good. Because the girls they don't get people to talk with them and sometimes they want to talk. IJM girls, if I'm going, I'm allowed to talk with IJM girls. They will come running. Other girls [non-IJM clients], they will think that they don't have anyone. So with this TF-CBT we can also talk with them.

The success of the counseling services provided by IJM and St. Catherine's has caught the attention of staff at other aftercare homes in Mumbai. Participants indicated that as a result of IJM's partnerships with aftercare homes throughout Mumbai, more service providers are recognizing the importance of including counseling as a program necessary for rehabilitation.

One [success] is our push to provide counseling services for the girls. Now, everybody talks about counseling, even at other NGOs, and other partner organizations, who are not working with IJM also. We see that counseling has become a sort of buzz word, at least among the NGOs that are working with trafficking survivors. So, I think that was a lot of our big success in terms of putting counseling on the forefront of basic - now it's kind of termed as a basic necessity for the girl. Like you provide clothing and you need to provide counseling for these girls.

Participants also reported that because of being trained in TF-CBT, aftercare staff have become more aware of the psychological reasons behind many clients' destructive behaviors and non-compliance with programming. This increased awareness of the challenges of recovery from trauma has helped IJM and St. Catherine's staff to be more compassionate and patient with their clients.

Economic self-sufficiency. IJM Mumbai's programming to develop economic self-sufficiency with clients is based on a model created by the IJM office in Cebu, Philippines. Intensive market analysis is conducted in the local economy to identify the industries available to clients for employment. Based on the findings of that analysis, IJM staff develop individual

education and training plans to equip clients for employment in those field. Partnerships are then developed with NGOs, corporations, and job training agencies who, in the best-case scenario, agree to employ IJM clients once they complete training.

IJM staff provide case management for all clients to assess interest and fit for various industries, to ensure clients are receiving the educational services they need, and to partner with clients to jointly develop and monitor progress on individual goals and objectives.

At St. Catherine's, clients interested in formal education are sent outside of the aftercare facility to a local, government-run alternative school. At this school, they receive instruction in Hindi or English and have the opportunity to work toward completing their 12th standard (equivalent to 12th grade in the U.S.). The curriculum is more individualized to allow for faster completion of educational requirements. Many participants identified this educational program as a successful step in program development because the clients have taken ownership of their education and have the ability to interact with peers outside of the aftercare home. They have experienced much greater success with sending clients out for school, as compared to a prior program where a teacher was brought into St. Catherine's for instruction.

They are all neat and clean and well dressed and enthusiastic, and they are going out to a classroom and there are other girls as well. It's not just them. So they are really particular, they want to make sure they finish their homework, they feel really, they do not like if they are being pulled out by the teacher...and they take extra efforts as well, and they study very hard. And they push themselves and they really want to succeed. So that has been good.

At St. Catherine's, the government aftercare homes, and other partner aftercare homes, IJM coordinates literacy classes, English training, and individual tutoring to support learning. IJM also provides tailoring and beautician training for clients who may not be interested in formal education. Participants indicate that these skills are often useful for clients

who plan to repatriate to their home state in India or Bangladesh upon completion of aftercare services.

To support future job training and employment, St. Catherine's provides "soft skills" training to clients. Many clients do not have experience working in the formal marketplace and training inside the aftercare homes often do not address needed work skills such as customer service. To be successful in a work environment, it is essential that they are equipped with basic skills for a professional work setting. Soft skills include personal care and appearance, time management, work ethic, professional communication, problem solving, and other skills critical to achieving success in the workplace.

We kind of realized they needed much more basic skills. Like, how do you talk on the phone? How do you speak to people? How do you dress? How do you, what are your basic etiquettes in terms of conversation?...You know, many times they are not told what are the right behaviors, things to do and all. So soft skills is a model where they will be taught about these basic things, about behavior, and then we are looking at job preparedness. That will be progression of the soft skills program.

At this stage, IJM is primarily focused on providing basic education for clients, while building partnerships with job training agencies and corporations to ensure adequate opportunities are available for clients once they meet educational and age requirements. Indian labor laws prevent employment of persons under the age of eighteen, which is ironic, considering India has one of the largest child labor problems in the world.

Reintegration. Participants reported that the most difficult aspect of programming is reintegration, where a client either returns to her home state/country, or moves to live independently outside of the aftercare home. IJM services to support reintegration include follow-up with clients after being released from aftercare services and, when available, transitional housing to prepare clients for independent living.

IJM staff provide monthly follow-up with clients for a minimum of one year after completion of aftercare services. Many clients continue to seek help and assistance from IJM for longer than one year.

[IJM follows up with clients for] two years, but there have been cases where the girls have been repatriated and they're still in touch. But, sometimes, it is both ways. That the girls are still in touch with the case managers, but sometimes they don't want to be in touch. So, once they are out of the home, our protocol is to try and see, look through the case for a year or two.

St. Catherine's and some other homes in Mumbai provide transitional housing as a type of "step-down" facility for clients who complete aftercare programming, but are not ready to live independently. Participants indicate that this service has been particularly helpful in assisting clients in reintegration and desire to have additional opportunities to provide this type of service.

There are girls, in St. Catherine's group home who were rescued in 2007, and they're still there. They've got jobs, they go - they live in a group home. Which means that they've transitioned from the home to the group home, independent living. So, that's been a step for them, and they've been pretty good so far. No problems. Quietly go to their work, live as a family in the flats.

Once they become majors typically whatever they do, they do on their own volition. So, nobody is keeping them in a facility anymore. For the girls that are wanting to continue to learn and to work, there are some opportunities for them to go from the institutional 24/7 aftercare home into a flat where they live with other young major girls who have been in aftercare homes, that may have even been in the same one. Where they are either going to school, or they're going to vocational training, or they may be working by that point. And so they're living together, they're kind of being supportive of each other, and they have more independence because they are out and about, they are not always in an aftercare home. We have some ability to place girls in situations like that, but not enough. We need more of those kinds of settings, so that the girls that want to participate in that have a place to do it. Because it's not culturally acceptable for a single, Indian girl to live by herself. She can't even get a place to rent, a landlord wouldn't even rent to her. Girls really need to be able to live together and support each other in that way, we're always looking for more opportunities, but they do exist.

Challenges

Although IJM, St. Catherine's, and other organizations in Mumbai have made significant strides in providing comprehensive services for survivors of sex trafficking, there are a number of challenges and barriers in place that prevent optimal service provision. While participants identified a large number of challenges, lack of trained service providers, difficulty with government aftercare homes, and lack of time to provide all needed services were, by far, the most commonly discussed.

Lack of trained service providers. Most participants identified finding trained services providers as a significant barrier to providing optimal services. In particular, it is difficult to find counselors and social workers trained in counseling and therapy who are dedicated to working with poor and vulnerable populations. While Indian universities do train clinical therapists, some participants indicated these professionals usually choose to do private therapy with wealthier clients, due to higher compensation levels. There is strong competition within the NGO community for the few professionals who are committed to working with this population.

We can't seem to be finding [counselors]. We've been looking for the past year now, for more counselors because we want counselors in government homes, you know things like that. There are hardly a handful, you can count them all on one hand. All of five counselors that all of the organizations are aware of. So all of the organizations working in anti-trafficking seem to know these 3 or 4 or 5 counselors.

We have just got one counselor, and we want to have more counselors because we realize, everybody knows the importance of counseling, and we know that St. Catherine's should not be the only home that there is a full time counselor. We want the counselors in all the homes, not just one, but probably two. And getting Christian counselors, it's real difficult, so that's one of the challenges.

Most of IJM's aftercare staff have received their Master's in Social Work, but Indian social work schools do not teach clinical, counseling skills. While staff are well-trained in many

areas of service provision and enthusiastically provide counseling as they are able, they do not have adequate training or experience in this area.

Where (trauma-focused counseling) is happening, it's being provided by very inexperienced counselors, because they don't have the background. And so we don't have good supervision or thorough supervision. Everyone is doing the best they can, and I'm very encouraged by the positive changes that have occurred, but I still think we have a ways to go with providing really excellent care.

In addition, participants reported that many of the caretakers in both government and private aftercare homes are not adequately trained to provide services to survivors. Multiple participants told stories of cases where caretakers had mistreated clients in the homes. Workers in government aftercare homes were viewed as particularly problematic; due to lack of commitment to their work and that an appointment in an aftercare home is viewed as "a punishment post."

The aftercare staff in the homes are not always trained well, so they may treat these girls like criminals too, or like they've done something wrong, or they've deserved it. And so they're just operating basically out of ignorance and not knowing another way, and so the staff of these aftercare homes really need to be trained, oriented and trained. They need to be trained in behavioral management, so that they understand why these girls are acting the way they do and they have strategies for dealing with them that are positive rather than reinforcing negative beliefs.

Participants at IJM and St. Catherine's regularly expressed frustration with client non-compliance and negative attitudes. In some instances, it appeared that participants believed the "missing piece" for success in programming was that the clients would participate. At the same time, many staff seemed to have a basic understanding of how their actions impact the attitude and reactions of clients. One participant stated, "You know, we find that sometimes our behavior is not really good for the girl, we may get irritated, get angry, and react in ways that are not suitable for them." Such frustration may be due to a lack of training in basic counseling or behavior management skills.

Government aftercare homes. The most common challenge described by participants was working with the government aftercare homes. After rescue, each IJM client must be initially placed in either a government aftercare home for majors or for minors. Therefore, IJM is required to work in partnership with these facilities. One area of challenge identified by participants is inadequate infrastructure at the government facilities. The facilities are often “rat infested,” in “squalid condition,” have inadequate water supply, and are not considered by staff or clients as a welcoming, comfortable place where clients can feel safe and secure. Because the government homes are the first setting clients experience after rescue, participants were concerned that this first impression deters clients from participation in future rehabilitation services. In particular, the government facility for major clients is currently operating over capacity – the facility has room for around 60 clients, but regularly operates with over 100.

The home for majors currently is running out of space. So many girls have been rescued - they’re trying to do as much they can with limited resources. But sometimes there is a shortage of clothes, sometimes there is a water problem - so these things can create an impact on the girl, and they will feel that - even the conditions if it was spruced up and if it looked nice and all that, then maybe the girls would feel like staying there or they would be more open to rehabilitation.

We feel that when a girl is rescued and she comes from a difficult situation...Her first point of contact is the government home. And, if the government home is unable to give the girl a positive or a welcome feeling...then she becomes quite hostile in terms of her subsequent rehabilitation or transition to the long-term home, or her attitude towards the entire thing.

Relationships with staff at the government facilities are also strained. Participants described government workers as having a mindset of “territorialism” rather than partnership. IJM staff are only allowed to enter the minor aftercare home facility for a limited time period two times per week. During that time frame, they must provide TF-CBT group sessions and follow up with all IJM clients in the home. This was cited multiple times as a stressor for case

managers. Participants often felt the employees at the government home took advantage of the funding IJM provides, did not trust IJM staff, and did not facilitate open communication.

In the government home, we have a lot of challenges. You are always treading on thin ice. You never know what you do can trigger a negative response with them. Sometimes, with the probation officers, because they don't communicate with you...The hostility that we have. This thing that you are always being carefully watched, you never know what you say or what you do can upset them. They make a mountain out of a mole hill.

Many participants indicated that a significant programmatic need is to develop effective partnerships with the government aftercare homes, in order to provide services at the level needed to support rehabilitation of survivors. The IJM headquarters aftercare staff person indicated that such a partnership has been developed by IJM aftercare staff in Cebu, Philippines. Although operating in a different setting and context, the model used in Cebu may be adaptable to the situation in Mumbai.

Lack of time to provide adequate rehabilitation. Many participants expressed frustration and sadness over the fact that there is often simply not enough time to provide all the needed services for clients to be able to rehabilitate and live independently upon reaching the age of 18. In particular, it was extremely frustrating for participants to not be able to conduct all educational and job training requirements before a client is released.

We are finding that we need to spend a lot of time in just providing them with education. By the time we are just trying to complete their education, the government is almost ready to release them. And, the period that we have to train them and put them into a job, we don't have that kind of period to do that. So there is a kind of - we want to do all the things simultaneously. We want them to have all these services before they turn 18 and the government releases them out. But you know, at times it becomes very difficult...So you, there are a lot of things which are overlapping - not overlapping, but they need to be done simultaneously at the same time for the girls. And it is quite challenging. Like right now, we are just focusing on education. The girls are occupied with education, they need to go to the school, it doesn't leave them with much time to do anything else.

As discussed above, participants expressed frustration at clients' lack of motivation for education and job training services. Many conceded that this was to be

expected if clients do not have adequate counseling and time to process the trauma they have experienced.

Participant: I think that is a huge struggle that I have with the girls, this lack of motivation, the hostility sometimes towards us, just a general, not wanting...I think there is where we kind of need to focus our energies, in getting them motivated and excited and focusing on getting them to study.

Interviewer: And you think that lack of vision is due to the trauma that they have experienced?

Participant: Absolutely.

You know, we can have the best training and the best employment providers and you can have your best partners, corporate partners, you can have all that, but we need to have your girls ready to take those services on. I find that is one big gap, big gap. And I'm kind of pulled. So while on the one hand I've got all of this in place. So you have your training institutes, you have your funders, you have your corporate, you have all of this ready. And now I need my girls. So my struggle is, "Where are the girls? Who are the girls that are going to say 'Yeah'?"

Without exception, all participants expressed a shared vision that the ideal program would provide comprehensive services to address the multiple areas of need experienced by survivors of sex trafficking. When describing IJM's approach to aftercare, one participant stated, "It's a continuum of care, it's a holistic approach, it's like we – of course – it's mind, body, healing." While there are inspiring stories of success, the unfortunate truth as expressed by many participants is that the span of time from rescue until completion of aftercare services is more often than not insufficient to provide survivors with the skills, healing, and support necessary to successfully move ahead.

Discussion

This exploratory, qualitative study describes unique needs of survivors of sex trafficking and programmatic activities carried out by two organizations for survivors of sex trafficking in Mumbai, India. This study also gathered service providers' opinions on the most significant successes and pressing challenges within service provision for this population.

Considering that there has been very little research to date conducted on service provision for survivors of sex trafficking in general, this study provides important information that can help shape service provision at IJM, St. Catherine's, and others in the anti-trafficking community; future research; and policy.

Implications for Service Provision

This study shows that comprehensive programming focusing on multiple domains of recovery such as emotional healing, economic self-sufficiency, and reintegration, in addition to crisis services and basic needs provision, has the likelihood of offering survivors of sex trafficking a pathway to rehabilitation and successful independent living. Similar approaches to rehabilitation services are suggested in the limited literature on this subject.^{30,31,32,33,34} IJM and St. Catherine's are implementing promising interventions, particularly in regards to counseling services, that have been proven effective in treating PTSD and trauma in clients with similar experiences of abuse, such as child and adolescent sexual abuse, that may prove to be effective for use with this population.^{29,38} The fact that participants indicated other organizations are taking note of and emulating IJM's and St. Catherine's success in certain aspects of programming provides a sense that the sex trafficking aftercare community in Mumbai will continue to build comprehensive programming and strategies within aftercare services for survivors.

This study outlines programmatic activities and approaches that could be used to create evidence-based best practices to be shared within the local and international anti-trafficking community. Many participants lamented the fact that there are few best practices available for service to this population. There have been recent efforts by anti-trafficking organizations to provide manuals and training resources for service provision to survivors of sex

trafficking.^{29,43,44,45} Such resources are largely based on organizational experience and interventions that have been successful with populations similar experiences, but have not been formally evaluated and proven effective with this particular population as of yet. Considering the depth and complexity of the problems experienced by this population, there is much room for additional resources in this area.

One specific recommendation to augment service provision is to create official networking opportunities for the anti-trafficking community in Mumbai. The IJM Headquarters aftercare staff person indicated that IJM's office in Phnom Penh, Cambodia participates in a local service provider network.⁴⁶ Participation has allowed for NGOs and other organizations to share best practices, avoid duplication of efforts, build more productive partnerships, and provide encouragement in an often confusing and discouraging field of work. IJM Mumbai has attempted to organize a gathering of service providers, but efforts have fallen by the wayside due to more urgent demands on time. However, multiple participants indicated they would like to have more opportunities to network with other local organizations. One participant stated:

I also think it's important, and I don't know how, but to be part of networks and which I'm doing by myself anyway for the job, and this is what I've found to be a need to connect people from the churches and other NGOs, and that's so that you learn what they are doing. Because everyone is in the same area of work, so we find that there is duplication of services. So you actually want to come to a stage where you can meet together and work together for the girls, so I think I want to also invest more time in meeting with those people.

Such networking opportunities could go far in building trust between organizations providing health and educational services to women working in the red light districts and active anti-trafficking organizations, who are often at odds about approaches to the issue. Although this challenge did not arise as a major theme from the participants, some did mention that tensions and disagreements with other organizations working with women and children impacted by sex trafficking and prostitution. Such disagreements over approaches to services to this population

are also represented in the literature. Some consider the practice of rescuing women and children from brothels and red light districts as destructive to public health outreach programs to sex workers and a violation of women's right to choose their own profession.^{47,48} However, others argue that the identification and rescue of victims should be a key focus of a comprehensive public health approach to decreasing the spread of HIV and other deleterious health outcomes experienced by this population.^{7,22} Such networking opportunities may provide a forum for organizations with differing service approaches to meet in a neutral setting and develop helpful relationships based on common goals of improved social and health outcomes for women and children impacted by the sex trade. Finally, networks may provide an opportunity for relationship building with government aftercare homes, a challenge that was repeatedly discussed by participants.

An additional implication for service provision based on the responses of participants is to provide increased opportunities for training of IJM staff, St. Catherine's staff, and the broader NGO community. There are many resources available for basic behavioral management techniques that can be utilized by aftercare home and NGO staff to improve relationships with clients who may be difficult to manage.³³ Also, considering the growing interest in counseling services and the lack of available trained therapists, it would be useful to provide in-depth training in counseling techniques that can be used by case managers and service providers to support survivors in their recovery. IJM has recently hired a staff person based at their headquarters office to design and implement training for all aftercare staff. Such trainings could be extremely useful and create far-reaching impacts if they are made available to the broader NGO community, in addition to IJM and partner aftercare homes.

A final implication for service provision is to develop increased opportunities for in-depth training in clinical counseling services. The Indian university system provides excellent educational opportunities, including multiple options to obtain quality social work and psychology degrees. Indeed, the majority of the Indian national staff interviewed for this study have earned graduate degrees. Such a strong local university system provides an excellent opportunity for outside universities that offer counseling, clinical social work or psychological training to develop partnerships to provide targeted education in needed skill areas. Such partnerships could build capacity within the Indian anti-trafficking community. As systems are strengthened, improved comprehensive services can be provided to empower survivors to full rehabilitation, and therefore help decrease the long-term individual, societal, and global consequences of sex trafficking.

Research, Funding, and Policy Implications

The findings of this study, combined with the dearth of research that has been conducted in the area of service provision to survivors of sex trafficking, indicate a need for additional research to develop evidence-based interventions for this population. Especially important is for interventions to be culturally relevant for the specific population for whom they are intended. Because trafficking is a global issue, one intervention will not fit all situations. As discussed above, Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is utilized by IJM as the counseling modality for clients. Although TF-CBT has been identified as an evidence-based practice for treating child and adolescent trauma, especially in regards to sexual abuse, it has not been studied to determine if this type of therapy is effective with survivors of sex trafficking. Sex trafficking is a different form of abuse, the implications of which are just recently beginning to be studied.²¹⁻²⁴ In addition, many interventions have not been studied in a developing world

context and may not be culturally or contextually appropriate. The field needs research into this area in order to develop and identify targeted, effective interventions that can be adapted for use in varying contexts and cultures. Such research is also needed in other areas of service provision.

Domestic and international funding for services to survivors of sex trafficking should be increased. The issue of trafficking has been garnering increased global attention over the past decade as more and more individuals and governments are realizing the devastating implications of allowing this type of abuse to continue. The international community has come a long way in encouraging governments to combat trafficking and to implement programs to prevent trafficking from occurring.⁴⁹ However, funding should be increased in the area of service provision and research in light of the long-term impacts of the abuse.

As discussed, India has important laws and policies in place to protect women and children from trafficking. It is because of these laws that organizations such as IJM and St. Catherine's are able to provide services for clients who are rescued or leave trafficking situations. However, based on the findings from this study, there are several policies that could be developed or expanded. First, governmental support in the form of funding, licensure, or expediting permits could provide the opportunity for new or existing NGOs to build and support transitional housing for women as they move into independent living. Second, the Indian government could allow tax breaks for corporations that develop training and employment programs for survivors of sex trafficking. This would expand options for women to receive training in industries with the potential to provide a living wage, thus decreasing the likelihood of returning to prostitution. Finally, international pressures to combat trafficking should increase their focus on rehabilitation services. For example, the U.S. Department of State in its 2010 Trafficking in Persons Report identified its top priorities as prosecution, protection, prevention,

and partnerships, which are largely based on law enforcement.⁵⁰ The report does indicate a need for victim-centered approaches to the identified priorities, but does not discuss the need for increased services for survivors or increased research into best practices of rehabilitation services.

The reality is that in India alone, millions of women and children are victims of trafficking. Based on what the limited body of research has revealed about the devastating mental, social, and health outcomes of women and children who have been victimized by sex trafficking, it stands to reason that additional funding and policies should support the expansion and development of services for and research with this population. The implications of providing less than optimal services for women and children impacted by this issue will likely prove to be devastating – not only on an individual level, but nationally and globally as well.^{7,51}

Conclusion

The findings from this study show that the survivors of sex trafficking in Mumbai, India experience myriad of needs in multiple domains of life. The work of IJM and St. Catherine's provides a glimpse into two organizations that are actively seeking how to best provide comprehensive services to meet such expansive needs. The findings indicate that these organizations are developing promising interventions, but also point to significant challenges impeding the provision of services that can be effective and sustainable.

In an ideal world, the recommendations offered in this paper would be realistic and achievable. However, it should be mentioned that these services are being offered in a resource poor setting with many other urgent social, economic, and public health concerns. These recommendations are also being offered at a time when many governments, organizations, and donors are finding it difficult to maintain current programs and policies, much less develop and

expand into new areas. As such, priorities should be established with these and other constraints in mind. Initial efforts should focus on filling the immediate gaps identified in this study, such as increased training for aftercare staff in trauma-focused counseling and behavior management techniques, and development of aftercare networking opportunities. Also, research should focus on developing, evaluating, and disseminating best practices for interventions for this population. Efforts can then be focused on broader policy goals that may take more significant time and funding to achieve.

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