

Experiences of survivors of commercial sexual exploitation availing rehabilitation at R&P homes in India

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Key points of interest

- Survivors of commercial sexual exploitation report physical, psychological, and economic victimisation. The long-lasting psychological trauma impacts the day-to-day lives of victims.
- Inclusion of various stakeholders through legal, medical, psychological, health, and financial assistance is vital in rehabilitation of survivors of commercial sexual exploitation.

Abstract

Background: Sex trafficking constitutes the primary form of human trafficking and involves predominantly young girls and women. Rehabilitation of victims rescued from commercial sexual exploitation is critical for efficient reintegration into society.

Aims: To explore the narratives of survivors of commercial sexual exploitation, analysing various factors associated with eventual rehabilitation in Rehabilitation & Protection (R&P) homes in India.

Method: The study involves mixed method qualitative study at R&P Homes in India. In total, 30 victims of commercial sexual exploitation, aged 29-50 years, participated in the study. Conversational interviews guided the data collection through a dedicated interview protocol.

Results: Thematic analysis explored factors promoting or inhibiting rehabilitation in R&P Homes. The results reflected positive change in respondents' individual and social behaviour and identified facilitators for rehabilitation through R&P Homes. The result highlighted various barriers to rehabilitation, including lack of dedicated focus on psychological assistance, financial stability, and sense of safety and security within society. The analysis also reflected various internal and external factors contributing to effective rehabilitation.

Conclusion: The results provide insight into creating an inclusive model of rehabilitation for victims of commercial sexual exploitation.

Keywords: Coping Strategies, Protective Homes, Rehabilitation, Victims of Commercial Sexual Exploitation, Ujjawala Homes.

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Introduction

The United Nations (2000) Protocol to Prevent, Suppress, and Punish Trafficking in Persons, especially Women and Children, define Human Trafficking as: *»the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation«*. The term 'Trafficking' implies the involvement of movement, but in fact, the victim of trafficking could be transported across borders or remain close to their home (U.S. Department of State, 2006). Table 1 details various definitions provided by multilateral organisations, The United States,

and India associated around human trafficking. The terminology within India's Immoral Traffic (Prevention) Act (1956) has received consistent criticism from various social workers and organisations working with commercial sex workers. Various judicial judgments in India have refuted the terminology, but the legislature remains unamended.

Internationally, 98% of Commercial Sexual Exploitation (CSE) victims are women and girls (International Labour Organization, 2012). CSE involves both human trafficking and sexual violence. The International Labour Organization (2005) estimates that 43% of all human trafficked survivors are trafficked for sexual exploitation, and a further 32% are exploited for commercial purposes. UNICEF (2012) reported nearly 2.5 million individuals as survivors of human trafficking, with

Table 1. Key Definitions around Commercial Sexual Exploitation (CSE)

Organisation/ Institution	Indicators	Definition
World Health Organisation (2002)	Sexual Violence	<i>Any sexual act, attempt to obtain a sexual act advances, sexual comments, directed against a person's sexuality by coercion, by any individual irrespective of the relationship with the survivor, including but not limited to workplace or home</i>
United Nations High Commissioner for Refugees (2003)	Sexual Violence	<i>Any act, attempted or a threat of sexual nature that results or is likely to result in physical, emotional or psychological harm</i>
U.S Trafficking Survivors Protection Act (2000)	Commercial Sexual Act	<i>Any sexual act on account of which anything of value is given or received by a person</i>
First World Congress Against Commercial Sexual exploitation of Children (1996)	Sexual Exploitation	<i>Sexual abuse by an adult and remuneration paid in cash or kind to a child or a third person or persons.</i>
The Immoral Traffic (Prevention) Act (1956) - India	Prostitution	<i>Sexual exploitation or abuse of individual for commercial purposes or remuneration in cash or kind</i>

children representing as many as 22-50%. The number of individuals trafficked in Asia is nearly half of the global trend (Rasheed, 2004). Large countries like India and China have reported that a greater number of children are trafficked for sexual exploitation within the country than are trafficked abroad (Dottridge, 2008). A Coalition Against Trafficking in Women (CATW) - Asia Pacific study (1997) identifies Asia as a focus of sex tourism, prostitution, and females trafficked for marriage. The expanding sex trade industry in Asia grows through the mobility of the population, migration policies, lack of employment, and growing infrastructure for sexual tourism

Individuals recruited into commercial sexual exploitation through trafficking face repeated physical and sexual victimisation from their trafficker (Raymond et al., 2001). A mixed method study with 31 child welfare-involved children highlighted that one-third (35.5%, n=11) underwent psychiatric hospitalisation, and that most of the sexually exploited participants (80.1%, n=25) suffered Post-Traumatic Stress Disorder (PTSD) (Sprang & Cole, 2018, p. 189). Due to prolonged physical and sexual victimisation, survivors experience significant psychological trauma and adverse effects varying from depression, to stress, trauma, PTSD, and suicidal thoughts (Zimmerman et al., 2006). Survivors also develop mistrust (Smith et al., 2009), suffer stigmatisation (Curtis et al., 2008), and social isolation (Klain, 1999). These psychological harms restrict survivors from normal life and thus limit the scope of rehabilitation, supported by psychologists, social workers, and other mental health professionals. Lederer and Wetzal (2014) focused on awareness and involvement of efficient medical and mental health professionals to provide requisite care.

Effective rehabilitation programs and initiatives are essential to help survivors of com-

mercial exploitation cope better with past victimisation. Wilson & Butler's (2014) systematic review of literature reaffirmed challenges faced by survivors of CSE in pre- and post- entry to, and post exit from, the commercial sexual exploitation scenarios. A study utilizing semi-structured in-depth interviews of 61 teens emphasised various facilitators and barriers towards the escape of children from commercial sexual exploitation. The facilitators stressed proper food and basic amenities, social support, and emotional support. The challenges faced by children to escape commercial sexual exploitation were isolation, drug dependency, and financial necessity (Williams & Frederick, 2009). Coping mechanisms of female adults with a history of commercial sexual exploitation include substance misuse and self-harm (Barnert et al., 2020). Loza et al. (2010) found that the vulnerabilities of adult female sex workers becoming survivors of commercial sexual exploitation were based on the need for basic amenities, and lack of education and skill.

The aim of this study is to explore and understand the lived experiences of survivors who reside in Rehabilitation & Protective (R&P) homes in India. The research examined factors contributing to the restoration of normalcy in the lives of survivors of commercial sexual exploitation and any inhibiting factors to rehabilitation, to inform the foundation of a holistic model of rehabilitation

Methods

Research Design

The research utilised mix methods and was conducted at R&P Homes¹. The R&P

1 R&P Homes are institutions partly sponsored by the Ministry of Women and Child Development, Government of India & UN Office on Drug and Crime under the Ujjwala Scheme:

Homes are a Non-Governmental Organisation (NGO) that focuses on rehabilitating survivors of commercial sexual exploitation referred by local police anti-trafficking units. Each R&P home in India includes 5-25 female-only beneficiaries, based on various legal and circumstantial factors. The research structure considered the beliefs, values, culture, and environment of the participants. The study incorporated suggestions from participants from the earliest stage of research to the analysis of the data. Active participation promoted effective data collection for the qualitative research through continuous engagement with the participants. A comprehensive meeting with respective R&P home coordinators was arranged to clarify and establish the premise of the research. The research objectives were shared and discussed with all beneficiaries of the R&P Homes and informed consent was acquired. The research utilised conversational interviews as the data collection tool. The data collected was analysed through content and thematic analysis.

Ethics

O. P. Jindal Global University approved the study through its JGU Research & Ethics Review Board (JGU RERB)

Sampling

The study participants were survivors of commercial sexual exploitation residing at R&P

homes. The inclusion criteria for the R&P Homes were: a) R&P Homes in or near a metropolitan zone; b) functional R&P Homes for at least past 5 years; c) opportunity for interactions of various stakeholders of R&P Homes with the beneficiaries of R&P Homes in past. The inclusion criteria for the participants of study was a) Female beneficiary of R&P Homes; b) participants should be above the age of 18; c) participant should be a full-time beneficiary of the R&P Homes.

The purposive sampling was indicative of providing opportunity to relevant beneficiaries of various R&P Homes across India. Sampling continued through interviews of agreed participants till saturation, and 30 beneficiaries (i.e., survivors of commercial sexual exploitation) from 12 R&P Homes across seven states in India were interviewed for the study. Multiple locations were chosen to avoid biased participation of respondents across R&P Home locations in India.

Procedure

In accordance with mixed method study design, consent and active engagement of participants were obtained. Emails were sent to R&P Homes coordinators to ascertain participant availability, and meetings with beneficiaries were scheduled as per participants' consent, obtained by the coordinators. During the meeting, consent was obtained from participants to take part in the conversational interview. Conversational interviews were audio-recorded for 18 participants and meticulous journal entries were made with the remaining participants in an interview journal. The coordinator of each respective R&P Home was available for moral and psychological support of the respondent with minimum involvement during the interviews.

Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation, and Reintegration of the survivor of trafficking for commercial sexual exploitation . The Ujjwala scheme focus on rehabilitation as essential amenities, legal aid, medical care, and educational provisions for restoration of the beneficiaries . (Ministry of Women and Child Development, Government of India & UN Office on Drug and Crime, 2008)

Data Analysis

Data generated through interviews were analysed simultaneously by the principal investigator, and sampling continued until no new themes were generated. The analysis was conducted in three stages. First, the entire data was utilised to generate codes through content analysis. Second, the codes were categorised, aligned with the coding framework generated through the literature review. Finally, the generated categories were assigned with relevant themes answering the research question.

Findings

Socio-demographic Characteristics

Participants (n=30) were between 29-50 years old (M= 40.16, SD= 5.15). Four participants were illiterate, seven had enrolled in primary schooling, and around two-third (n=19) were literate at varying levels. 90% participants (n=27) were involved in commercial sex work as

survivors of trafficking for more than 15 years. 93% participants (n=28) deliberately kept themselves out of contact with their family members before arrival at the R&P Homes to avoid social stigma or negative labels for their family.

Factors affecting Rehabilitation of Survivors of Commercial Sexual Exploitation

The factors determined to affect the rehabilitation of survivors of Commercial Sexual Exploitation (CSE) are categorised under two headings: facilitators and barriers of rehabilitation. As shown in Table 3 and Table 4, each category contains themes supported by participant statements.

Facilitators towards effective rehabilitation: Rehabilitation can be initiated with the empowerment and development of individuals and their social, professional, and personal lives. Categories and themes for the above are reflected in Table 3.

Getting back into a normal routine: All participants felt that following the daily routine in the R&P Home would instil structure and help them return to a productive life:

I like waking up early.... (P7)

We follow the daily timetable set by our teacher...they help us get back on feet...

(P12)

.... I complete my daily work as allocated and then perform other tasks... (P20)

I enjoy performing activities assigned.... each day we have different activities to do.... we do ask for different routine for different week to keep ourselves occupied... (P13)

Working on individual behaviourism: participants were united to work on their attitude and behaviour to instil optimism, determination, confidence, and other positive characteristics:

Table 2. Socio-demographic data of Commercial Sexual Exploitation survivors in R&P Homes

Indicators	n	M	SD
Age		40.16	5.15
Education			
• Literate	26		
• Illiterate	4		
Education			
• Primary Schooling	7		
• Uneducated	23		
Years survived in Commercial Sexual Exploitation (12-29 years)		20.54	6.18
Prior Family Contact			
• Yes	2		
• No	28		

...Earlier I was afraid to put my opinion out or share anything but now with my friends around, it's easier for me to communicate and share things...it has given me further confidence in me (P22)

I believe, I can face the cruel world outside... I am a strong woman now...time here has provided me with a positive attitude...it feels good here (P11)

I think of a better future now...it gives me a sense of positivity... (P26)

We are safe here...people here are good...they make me believe in humanity (P9)

I have made few friends here, who understand me.... (P27)

We play a lot of team activities in our free time.... It's fun time more us... all of us together... I like to spend time with all of them (P30)

We always make time to sit together and discuss with each other.... This helps is to know each other better and support each other in case of any difficulties faced by anyone... even our coordinator (Didi) sits with us occasionally and listens to our problems.... (P14)

Improving social behaviourism: Interaction with other individuals of similar backgrounds developed a sense of unity and belonging in respondents. Social bonding within the R&P Home created a family-like environment, fostering the process of rehabilitation and return to life:

Working on ones' personal growth: Participants mentioned that they focus on working on themselves and wish to see a better and improved version of themselves in a few years. They have developed a few habits and hobbies for self-development at R&P Home:

Table 3. Identified themes and codes of facilitators in effective rehabilitation at R&P Homes

1. Getting into normal routine

- Waking up early
- Maintaining timetable
- Getting work done on time
- Participation in activity
- Daily routine

2. Improving individual behaviourism

- Positive outlook
- Decision making
- Adaptability
- Determined
- Optimistic
- Good human being

3. Improving social behaviourism

- Interaction with others
- Participation in group activity
- Discussion with friends
- Team games
- Healthy group dynamics

4. Contribution to ones' self-growth

- Learning new things
- Reading books
- Listening to the news and current affairs
- Enrolling for courses
- Solving puzzles

5. Contribution to financial independence

- Vocational course
- Skill development
- Training
- Workshops
- Job opportunity
- Remuneration from crafts

6. Focus on individual needs

- Safety
- Food & clothing
- Health & hygiene

I couldn't complete my schooling but here I had chance to study different subject and I wish to continue it even further.... (P19)
We have so many books here...I love reading books.... (27)
I spend my morning time in watching news or reading newspaper... (P29)

Working towards financial independence: Participants have stated that they have been trained in various vocational programs that have boosted their confidence in financial freedom:

We are trained in various skills like embroidery, stitching, diya making, painting, beautician course etc...it has helped us make clients that would be helpful for future...(P10)
I learned painting and I love doing it...last month we have small exhibition and I earned money by selling my painting... (P17)

We take small orders for festivals and make money that help us survive better... I believe that this would help me in future as a skill (P3)

We have been told that there would be many other modern day training that would help us get better jobs like computer training, car driving etc.... (P5)

Focus on individual needs: Participants disclosed that R&P Home gives them a sense of belongingness and a family environment fulfilling their basic needs without any selfish motive attach to their past experiences:

I feel safe here, and people here are very helpful...(P11)
We are given food in regular basic, and we make the food on rolling basic as per our roster.... (P28)
We all maintain healthy habits, and I have also complained about a girl, who did not take a bath that day... So, cleanliness is very important here, or we all would get sick... (P6)

Barriers towards effective Rehabilitation: Rehabilitation can be obstructed by various individual choices, behaviours, and societal responses. The roles of various stakeholders play

Table 4. Identified themes and codes of barriers in effective Rehabilitation at R&P Homes

1. Maladaptive practice

- Drug Use
- Alcohol use
- Self-Isolation
- Self-Blame

2. Issues in psychological assistance

- Counselling needs
- Occasional triggers
- Slow improvement

3. Issues in financial assistance

- More food & resources required
- Money for education
- Equipment for training
- Lack of funds

4. Issues in social security

- Lack of respect
- Labelling in society
- lack of support

5. Doubts about future

- Lack of acceptance
- Future aim not clear
- past to haunt
- family life jeopardised

a significant role in steering an efficient rehabilitation approach. Related categories and themes are shown in Table 4.

Addictive maladaptive practices: The majority of the participants have reported to have a habit of either drug (inclusive of smoking or tobacco) or alcohol use. These negative coping mechanisms may help victims avoid past trauma temporarily but are associated with severe health issues:

I am addicted to tobacco, and I cannot help it...it gives me instant satisfaction...(P24)
I need alcohol occasionally... I have overcome the addiction part...but I still crave for it, and they have it in little amount.... (P20)
I feel good here, but sometimes it feels so painful inside that I feel like hurting myself.... it all feels that everything in past is my mistake.... (P13)

Need for psychological assistance: Mental health has been a prime focus in holistic rehabilitation. Most participants stated that time spent with the counsellor was beneficial in a the short-term but does not entirely resolve the problem:

Counsellor didi helps us but then next day its all the same.... (P5)
I still get those painful flashbacks, and then I wake up and sleep net to my friend. Counsellor didi tries to help me out but it does not go...she said we will go to bigger doctor... but...we have not gone yet.... (P21)
I feel sad at times and next day even more sad and then all fine...I discuss this with counsellor didi and it gets better, but then again, after a few days, it's all the same...maybe it will get better in sometime.... (P6)

Lack of sufficient financial resources: Both participants and R&P coordinators pointed

out the shortage of funds, leading to compromise on various necessities and resources:

At times we want to celebrate some festival, but we know that sir (coordinator) does not have money...(P8)
We need a lot of items at our centre, so that we can learn a lot of new things...but the purchase is taking a lot of time as there is money problem...(P1)
Didi and Sir gets us new dress and gifts from their money...we know that centre doesn't have enough money.... (P10)

Fear of societal reaction: Society plays a crucial part in rehabilitation. Participants were stressed about their reintegration to society and were afraid of the reaction of society when they go back:

They see us in such a bad way....it seems like we get polluted, every time we step outside... (P7)
I am afraid, if my family members and relative would accept me back...if not I would have to stay alone and survive on my own... (P15)
We were called with such bad names before...I am afraid if the same would continue after we go back to the society...(P18)

Uncertainty in future events: A secure future suggests the best possible way of rehabilitation. Participants were doubtful over the next actions as they return to society:

I feel I would not be able to settle down in my life.... (P14)
I pray to god that I never have to return to my past life or never come in contact with me ever (P11)

We are trained here on number of things but I doubt if anyone would be willing to give us jobs without any ulterior motive.... (P26)

Discussion

The research explored various narratives of people who survived CSE and now reside at R&P Homes, identifying various contributing and inhibiting factors to efficient rehabilitation. The study investigated pertinent factors including individual development, social support, financial freedom, educational facilities supporting rehabilitation, and subsequent reintegration into society. It is imperative to re-establish and impart a sense of belonging and support through the process of rehabilitation. This study also explored certain negative factors impeding the rehabilitation of CSE survivors. These factors can be categorised into individual characteristics (maladaptive coping, self-harm) and social structure (acceptance, labelling, respect). Adolescents with a maladaptive substance abuse or any health and behavioural conditions are at higher risk of sexual victimisation (Smith et al., 2009). This study highlighted that dedicated efforts to overcome the obstacles to rehabilitation would aid effective reintegration into society. Smith et al. (2009) note that traffickers use a combination of assault and acts of kindness to control the victim, making it more difficult to escape the abuser.

This study also finds a critical need for regular psychological and medical assistance for survivors of commercial sexual exploitation. The participant narratives demonstrate that experience of past trauma triggers issues in physical and mental well-being at times. Traffickers cause psychological trauma through terror and destroy the sense of self in the survivor (Herman, 1997). Lederer & Wetzel's (2014) previous study on 107 sur-

vivors of sex trafficking in the United States documents adverse physical and emotional effects, including depression, weight loss, and PTSD. Another study indicated that survivors reported insomnia, worthlessness, shame, trapped, and fear (Raymond et al., 2001). Lederer & Wetzel's (2014) study supports the current findings, reflecting the need for frequent medical assistance towards survivors of CSE. Medical professionals should be adequately trained to identify high-risk patients, treat them with respect and without bias, limit secondary victimisation, develop trust, overcome language impediments, and prevent any revelation of their victimisation (Baldwin et al., 2011; Estes & Weiner, 2002; Institute of Medicine and National Research Council, 2013).

The role of Non-Governmental Organisations (NGOs) is crucial to the rehabilitation of survivors of sexual exploitation. The current study suggests the active participation of stakeholders of NGOs through various initiatives employed by the Rehabilitation & protective homes. UNICEF (2003) suggested that the most effective preventive and proactive measures to prevent sexual exploitation and deter sexual revictimisation are conducted by organisations which are close to the source of the problem and connected to the community. Barnert et al. (2020) emphasise the role of care providers through behavioural health treatments to overcome various psychological traumas related to experience. This study focused on extensive vocational and employment training for the beneficiaries to increase financial independence. These services towards survivors of CSE are vital towards their reintegration towards society. Many service providers and NGOs insist that trafficked survivors' need is of far greater importance than other marginalised groups due to past trauma and environmental experiences (Herman, 1997). Mendonca (2014) discussed the importance

of a survivor-centric approach to the crime of CSE at every stage. The current study, consistent with Mendonca (2014), focusses on emphasis on survivors within the R&P homes for efficient rehabilitation.

Limitation

R&P Homes in India are limited to 19 states. The sample was predominantly collected from the R&P Homes around metropolitan cities of seven states. The limited sample of R&P Homes was due to the shortage in resources and manpower. Further research should document experiences of beneficiaries at R&P Homes in other states, primarily rural settings, with bare minimum facilities and resources. This approach would increase diversity of the sample and would better represent India as a whole, for generalisation. The refusal rate of participants across the 12 R&P Homes was 83%. The most common cause of refusal to participate in part of study was lack of interest in engaging with the study. A further limitation of the research is the lack of intercoder reliability in the extensive qualitative data collected in conversational interview.

Conclusion

The current study provides insight into the experiences of survivors of CSE at Rehabilitation & Protection (R&P) Homes in India. The study highlighted various barriers to effective rehabilitation including a lack of psychological and financial assistance, issues in societal acceptance, and survivors doubt over their future. The study investigated the experience of survivors of CSE and expressed factors like development of individual and social behaviourism, self-growth, focus on financial independence and individual needs that facilitated effective rehabilitation through R&P Homes. With this foundation, the study envisions an

inclusive model of rehabilitation with diligent partnership with various stakeholders. It guides mental health professionals and medical practitioners with strategies to overcome the risks to rehabilitation, especially psychological and physical care. It will enhance the knowledge base of social workers and practitioners in creating interventions, developing research, and formulating effective policy towards rehabilitation. The facilitators and barriers of adequate rehabilitation, as suggested by the study, provide various factors for a strong foundation towards the efficient rehabilitation of CSE survivors.

The research findings suggest cumulative efforts from various stakeholders in anti-human trafficking to enhance the rehabilitation experience of the survivors. The various organisations in allied fields such as Boat People S. O. S. (2009), have helped various trafficking survivors towards refuge through their initiatives. Similarly, other organisations can integrate their knowledge and experience and contribute with available resources to achieve more effective rehabilitation. Consistent with Barnert et al., (2020) and Mendonca (2014), the findings of the current study recommend an inclusive rehabilitation model for the survivor of CSE involving every stakeholder that acts as a pillar of efficient rehabilitation, namely the legal profession, criminal justice professionals, mental health professionals, social workers, medical practitioners, NGOs, government representatives, and volunteers from the general public. This would promote the involvement of all relevant stakeholders, reducing the risk of any lapse in attaining the goal of R&P Homes. Such combined efforts will provide a firm foundation in the field of anti-human trafficking. The research advocates the inclusion of participants especially from critical and marginalised populations. This research contributes a rich, descriptive narrative, paving the way for further

research on survivors of sex trafficking. Furthermore, this research provides a voice to CSE survivors through active participation in each stage of research.

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References

- Baldwin, S., Eisenman, D., Sayles, J., Ryan, G., & Chuang, K. (2011). Identification of human trafficking survivors in health care settings. *Health human rights*. Retrieved from <http://www.hhrjournal.org/2013/08/20/identification-of-human-trafficking-survivors-in-health-care-setting/>
- Barnert, E., Kelly, M., Godoy, S., Abrams, L. S., & Bath, E. (2020). Behavioral health treatment “Buy-in” among adolescent females with histories of commercial sexual exploitation. *Child abuse & neglect*, 100, 104042. DOI: <https://doi.org/10.1016/j.chiabu.2019.104042>
- Boat People, S. O. S. (2009). Boat people SOS joins community protests against racially motivated violence in Philadelphia: BPSOS.
- Coalition Against Trafficking in Women. (1997). ‘Debate: Is Prostitution Work or Human Rights Violation’, KASAMA.
- Curtis, R., Terry, K., Dank, M., Dombrowski, K., & Khan, B. (2008). Commercial sexual exploitation of children in New York City, volume one: The CSEC population in New York City: Size, characteristics, and needs (NIJ Doc. No. 225083). Washington, DC: U.S. Department of Justice. Retrieved from <https://www.ojp.gov/library/abstracts/commercial-sexual-exploitation-children-new-york-city-volume-two-formative>
- Dottridge, M. (2008). Child Trafficking for Sexual Purposes. ECPAT International. Retrieved from http://www.ecpat.net/sites/default/files/Thematic_Paper_Trafficking_ENG.pdf
- Estes, R. J., & Weiner, N. A. (2002). The commercial sexual exploitation of children in the U.S., Canada and Mexico. 2002. Center for the Study of Youth Policy, University of Pennsylvania. Retrieved from http://www.sp2.upenn.edu/restes/CSEC_Files/Complete_CSEC_020220.pdf
- First World Congress against Commercial Sexual Exploitation of Children. (1996). Declaration and agenda for action. Retrieved from www.ecpat.net/sites/default/files/stockholm_declaration_1996
- Herman, J. L. (1997). Trauma and Recovery. Number v. 551; v. 1992 in Art of Mentoring Series. Institute of Medicine and National Research Council. (2013). Confronting commercial sexual exploitation and sex trafficking of minors in the United States. Washington, DC: The National Academies Press.
- International Labour Organization. (2005). A global alliance against forced labour. In International Labour Conference 93rd Session 2005.
- International Labour Organization (ILO). (2012). ILO global estimate of forced labour 2012: Results and methodology. Geneva, Switzerland: Author. Retrieved from http://www.ilo.org/global/topics/forced-labour/publications/WCMS_182004/lang-en/index.htm
- Klain, E. (1999). Prostitution of children and child-sex tourism: An analysis of domestic and international responses. Washington, DC: National Center for Missing and Exploited Children. Retrieved from <http://www.uvm.edu/rsen/rm230/sex%20tourism%20report.pdf>
- Lederer, L., & Wetzel, C. (2014). The health consequences of sex trafficking and their implications for identifying survivors in healthcare facilities. *Annals of health law*, 23, 61–91. Retrieved from <https://heinonline.org/HOL/P?h=hein.journals/anoahl23&i=68>
- Loza, O., Strathdee, S. A., Lozada, R., Staines, H., Ojeda, V. D., Martinez, G. A., Amora, H., Patterson, T.L. & Segura, P. M. (2010). Correlates of early versus later initiation into sex work in two Mexico-US border cities. *Journal of adolescent health*, 46(1), 37–44. DOI: <https://doi.org/10.1016/j.jadohealth.2009.06.011>
- Mendonca, M. (2014). A Survivor-Centric Approach towards Crimes of Commercial Sexual Exploitation. *Journal of the national human rights commission*. India, 15.
- Ministry of Women and Child Development,

- Government of India & UN Office on Drug and Crime. (2008). India country report: To prevent and combat trafficking and commercial sexual exploitation of children and women. Retrieved from http://www.childtrafficking.com/Docs/mwcd_08_india_report_1009.pdf
- Rasheed, S. (2004). U.N Warns on South Asia Child Sex. BBC News, Interview on 29th September 2004.
- Raymond, J. G., Hughes, D. M., & Gomez, C. J. (2001). Sex trafficking of women in the United States. *International sex trafficking of women & children: Understanding the global epidemic*, 3-14.
- Sprang, G., & Cole, J. (2018). Familial sex trafficking of minors: Trafficking conditions, clinical presentation, and system involvement. *Journal of family violence*, 33(3), 189. DOI: <https://doi.org/10.1007/s10896-018-9950-y>
- Smith, L., Vardaman, S. H., & Snow, M. (2009). The national report on domestic minor sex trafficking: America's prostituted children. Retrieved from http://sharedhope.org/wp-content/uploads/2012/09/SHI_National_Report_on_DMST_2009.pdf
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York: Cambridge University Press
- The Immoral Traffic (Prevention) Act (1956). India. Available at: <https://www.refworld.org/docid/54c210604.html>
- United Nations. (2000). Protocol to prevent, suppress and punish trafficking persons, especially women and children, supplementing the United Nations convention against transnational organized crime. Retrieved 6th October, 2010 from <https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx>
- UNICEF. Innocenti Research Centre. (2003). *Trafficking in Human Beings, Especially Women and Children, in Africa*. United Nations Publications.
- United Nations Children's Fund (UNICEF). (2012). *State of the World's Children 2012*. Retrieved from www.unicef.org/eapro/SOWC_2012.pdf
- United Nations High Commissioner for Refugees (2003). *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons*. Retrieved from: http://www.unicef.org/emerg/files/gl_sgbv03.pdf
- U.S. Department of State. (2006). *Trafficking in persons report*. Retrieved from <http://www.state.gov/j/tip/rls/tiprpt/2006/index.htm>
- U.S. Trafficking Survivors Protection Act (TVPA). (2000). Public Law 106-386. Retrieved from www.state.gov/documents/organization/10492.pdf
- Williams, L. M., & Frederick, M. E. (2009). Pathways into and out of commercial sexual victimization of children: Understanding and responding to sexually exploited teens. Lowell, MA: University of Massachusetts Lowell. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.360.3854&rep=rep1&type=pdf>
- Wilson, B., & Butler, L. D. (2014). Running a gauntlet: A review of victimization and violence in the pre-entry, post-entry, and peri-/post-exit periods of commercial sexual exploitation. *Psychological trauma: theory, research, practice, and policy*, 6(5), 494. DOI: <https://doi.org/10.1037/a0032977>
- World Health Organization, & Krug, E. G. (2002). *World report on violence and health*. 2002.
- Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L., & Watts, C. (2006). *Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe*. London School of Hygiene and Tropical Medicine, London, UK.