

# TRAUMA INFORMED CARE



A Holistic Guide on  
Trauma Informed  
Care for Victims of  
Commercial Sexual  
Exploitation

Commercial sexual exploitation of children or sex trafficking of minors encompasses a range of sexual crimes committed against children and adolescents, including the process of recruitment, harbouring, transporting, provision or obtaining a person for the purpose of commercial sex through force, fraud or deception. Victims of commercial sexual exploitation report high rates of physical and sexual violence. The health ramifications of this abuse are well documented.

Commercial sexual exploitation leads to immediate and long-term physical, mental and emotional harm to the victims. Furthermore, due to the consistent violence, threats to life, tactics of manipulation and intimidation, victims of commercial sexual exploitation experience severe mental health concerns. However, their mental health needs continue to remain overlooked and under addressed, especially in the Indian context.

Since 1999, Prerana has been working closely and consistently with minor girls rescued from commercial sexual exploitation and trafficking. Prerana coined the term 'Post Rescue Operation (PRO)' to represent a domain in the anti-trafficking interventions and nurtured this field with observation, analyses and ground level experiences. PRO involves a series of positive interventions, provisions, and measures to help the rescued victim in her journey, starting immediately after the rescue to the point of economic rehabilitation and social reintegration. PRO also covers the physical and mental recovery of the victim from the traumatizing experience of being trafficked and sexually exploited.

Prerana believes that the holistic rehabilitation and reintegration of victims into the society cannot be completed without addressing the mental health needs of the victims. Furthermore, a collaborative and consistent effort among stakeholders, especially mental health professionals, social workers, resident caregivers and parents, is essential in addressing the unique mental health concerns of the victims.

This document is our effort in the direction of bringing forth such concerns. Through this document, we endeavour to share our learnings from the field about the mental health needs of the victims of commercial sexual exploitation. The scope of the document specifically covers the mental health needs of a victim prior to their rescue as well as during the process of rehabilitation, while they reside in child care institutions. The aim of this document is to encourage and equip the stakeholders specifically social workers, caregivers and other non-mental health professionals who interact with victims of commercial sexual exploitation with an understanding of the victim's psycho-social needs along with practical suggestions on managing challenges arising from these needs.

The document has been divided into two major sections. Section A explores the theoretical underpinnings of trauma and the context of victims' experience of trauma. Section B explores the impact of trauma on the mental well-being of the victims and suggests practical strategies of trauma informed care.

# SECTION I



## Understanding trauma

## Understanding Trauma

A traumatic event refers to any sudden or unexpected event, situation or incident which is either directly experienced or otherwise witnessed. The traumatic event causes overwhelming feelings of distress and invokes feelings of intense fear and helplessness. It overwhelms the individual's existing capacity to cope.

The traumatic experience has a profound impact on the victim's overall well-being. It not only affects their physical health, but also alters their way of thinking, learning, remembering, their view of themselves, their view of others as well as their understanding of the world.

### Immediate physiological reaction to traumatic incidents

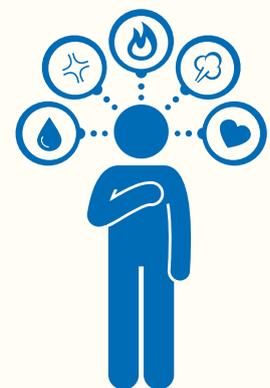
Our biological evolution has equipped us to protect ourselves against danger through the 'fight-flight-freeze' response of our body. For instance, if an individual sees a tiger on the loose, they are likely to respond in one of the three ways. They would either run away which is the flight response, or try to injure the animal which is the fight response. If either of these responses fail, they might fall unconscious which is the freeze response.



Hence, the fight response refers to management or containment of the threat through physical, rational or emotional means. The flight response refers to escaping or avoiding the threat. However, if neither of the two responses are possible and the individual becomes overwhelmed with distress, their body might shut down and collapse, this refers to the freeze response. Any exposure to a real or perceived threat elicits the above mentioned physiological response. Overtime, this physiological response alters the individual's physiological and psychological well-being. The traumatic incident's long term impact on an individual's thoughts, emotions, and behaviours has been discussed below.

### Mental Response to Trauma

The experience of such emotionally overwhelming incidents destabilizes our internal system of emotional arousal. Usually, our emotional responses are moderated according to the intensity of the stimulus presented. However, after a traumatic incident, this capacity to moderate emotions is weakened. Hence, victims often tend to be constantly emotionally aroused. They are likely to be irritable and hyper-vigilant. Thus, incidents which may not be perceived as threatening by others, may seem frightening to the victims. Since, they are already at a higher rung on the emotional scale, they are likely to give an intense emotional reaction. A common statement such as 'I can't talk right now' may be perceived as intimidating or invoke negative feelings in a victim. The victim may respond to it by screaming or name calling.



During such heightened emotional responses, our brain's ability to process information decreases significantly. The victims often find it difficult to do a risk assessment in situations. Furthermore, instead of understanding the long-term consequences of the situation, the victim's actions tend to emerge from a position of self-protection. Hence, they are more likely to be impulsive, reckless and violent. It increases the victim's risk of re-traumatization.

In some situations, intense emotional reactions may be physically damaging to the body and mind. Thus, the brain in a bid of self-preservation, separates the emotion from the traumatic experience leading to 'emotional numbing'. Victims may not respond in a manner which is considered appropriate or normal after the traumatic incident. This may lead many to falsely believe that they are coping well, when in fact they might have merely detached themselves from the incident.

Overall, such experiences heighten the risk of re-traumatization and re-victimization. This continuous vicious cycle alters the victim's perception of themselves as well as their understanding of the world. Many victims may begin to view the world as a terrifying place which will continue to always cause harm to them. They may begin to see themselves helpless against the ongoing experiences of trauma.

Using our theoretical understanding of trauma, we now attempt to understand the socio-cultural context of the victims of commercial sexual exploitation and the experience of trauma associated with it.

## **Understanding the context of the victims of commercial sexual exploitation**

The mental health need of every individual is unique and cannot be generalized. Each victim's experience of trauma is different, and hence their response to the situation also tends to show individual differences. While many victims of violence and sexual trauma may experience overwhelming feelings of shame, guilt, self-doubt among others, these emotions are neither all-encompassing nor universal. The experience of trauma is derived from the incident itself. Therefore, it is important to understand the context of the victims including the challenges and abuse they experience prior to the rescue and in some cases after their rescue as well.

The points mentioned below discuss **the socio-cultural context of the victim's experiences, as understood by their narrative of their life and the challenges** they have experienced. Please note, these points aim to offer a glimpse into the life of the victims and are in no way an attempt to encompass all aspects of their lives.

### **1. Impoverished backgrounds and lack of positive opportunities**

Many victims come from impoverished backgrounds having experienced extreme poverty, difficulty in procuring meals, lack of safe living quarters, substance abuse in the

neighbourhood, experienced or witnessed severe domestic violence including sexual violence at home as well as the community, among others. The exploiters misuse the victim's vulnerable position and, often through deception and manipulation, lure them into the sex trade.

Shivani (name changed) is the eldest of four siblings. Her mother is the sole earning member for their family. Shivani confided in a friend about her family's financial challenges. Initially her friend encouraged her to join a beauty parlour as a way of alleviating some of her family's financial distress. However, soon after, the same friend lured Shivani into meeting and accompanying men as a way of earning more money.

In addition to financial challenges, many victims are also denied the buffer of positive opportunities or choices. This is especially true among the victims of intergenerational trafficking

Madhu (name changed) belongs to the Bediya community. She has had no access to education, was abandoned by her mother, and her sister whom she considered as a confidant and was forced to be responsible for her younger siblings while she was still a child herself. Madhu's extended family, such as her aunts and other cousins, used to work in a dance bar. Soon she began to accompany them and started to work in the dance bar while she was still an adolescent. Madhu was trapped within a cycle of abuse, without any medium or support to overcome it. During sessions with the counsellor, Madhu shared that if only someone had been there for her in the beginning to support and guide her, she would not have been pushed into the sex trade.

## **2. Abuse and violence**

Victims of commercial sexual exploitation are not only traumatized by the sexual violence they experience but also by physical and emotional abuse. The narratives of many victims indicate that they are often physically restrained and abused by the perpetrators, and in some incidents by the police. Additionally, the victims are emotionally abused by the perpetrator through threats and manipulation. The perpetrators terrorize the victims by threats of divulging their involvement in the sex trade to their parents, social ostracization, use of victims' identity for pornographic content among others.

### 3. Manipulated narrative

The victims are deceived and manipulated to believe that their worth is limited to their ability to offer sexual services. Statements such as *'What will you even do apart from this?'* or *'You are only worthy of this work'* are internalized by the victims. The victims normalize the abuse and re-victimize themselves by invalidating their own experience of trauma. The society further strengthens this manipulated narrative by statements such as *'They know nothing outside the trade'*, *'They enjoy the easy money'* and *'Sleep and sex is all they know'* among others. Such interactions of the victims with society and stakeholders create a sense of despair and hopelessness among the victims. Many victims find themselves unable to visualize a life outside of the trade. Soon they also begin to share statements such as *'I only know how to do this, what else will I even do?'*

### 4. Invalidated trauma

**a. By society** - The society does not believe that the victims of commercial sexual exploitation have been victimized by the sex trade. Many members of the society believe that the victims have not really suffered as they have been monetarily or materially compensated for their experience of harm through money, make-up, jewellery or food among others. Statements such as *'You were paid, weren't you?'* or *'You get to wear such expensive clothes'* among others, belittle their experience of trauma. However, some victims question how these material goods could be considered as compensation when these conditions furthered their abuse. For instance, one victim shared, *'I have to dress up and wear makeup to get more customers . I need to take as many customers as possible to be able to feed my child.'*

**b. Intergenerational trafficking** - Intergenerational prostitution is considered to be a customary social practice by some communities in India. Certain communities from several villages on the confluence of Uttar Pradesh, Rajasthan, and Madhya Pradesh are notorious for the rampant practice of trafficking their family girls/young daughters and sisters into the sex trade. Since it is a cultural practice, many members of the society believe that it could not be as traumatizing to the victims as they were mentally prepared for being in the sex trade. However, the lack of agency and positive opportunities are violating and harmful for the victims. Invalidating the victims' experience of this trauma by legitimizing the cultural practice can add to the victims' distress.

**c.State structures** - Many state agents such as police, lawyers and judges believe that the victims of commercial sexual exploitation do not need to be compensated like other victims of sexual violence. State agents often confuse payment for consent. Since they believe victims of commercial sexual exploitation are paid for the sexual activity, their experience of trauma is not as severe, and therefore the need to compensate the victims is less. The victims of commercial sexual exploitation often encounter such invalidating statements and incidents. While interacting with stakeholders, the victim's experience of trauma is often left unaddressed and has a significant impact on their well-being and recovery. Often, victims internalize their traumatic experiences and fail to identify that they have been wronged. Hence, they cannot begin to take appropriate steps to reprocess their experience.

## 5. Re-victimisation

Insensitivity on the part of stakeholders can lead to their re-victimization of the victims. The narratives of many victims indicate that the stakeholders encourage them to move forward in life by constantly reminding them of their past. For instance, telling the victim that the only she won't go back to the trade is by studying and working hard. One victim shared that whenever she expressed distressing emotions, the caregivers would often remind her to be grateful for all the opportunities that she had been given since her rescue. They would say 'Now you have the option of doing so many things. Listen to us and make use of all these opportunities. Don't waste time crying, otherwise you will end up back in the trade.' Such statements re-victimize the victims by denying them the power of deciding how they feel. This is further worsened when the victims are denied the opportunity to participate in determining their preferred path of rehabilitation. Similar to their experience of being forced into the trade, the victims are once again unable to exert their agency in determining their future, and instead are forced to accept the decisions of others. One victim shared that when she told the caregivers that she wanted to pursue baking, the caregivers told her '*How will you earn money from baking? Do a beauty parlour course instead. You will have money and you will be safe. This is the best option for you.*' Through comments and statements such as these, the onus of control is once again shifted from the victim to an external individual. Such experiences re-traumatize the victim as they re-experience the helplessness and lack of control they faced during the traumatic incident.

Due to such incidents along with a general mistrust of the society, many victims are likely to engage in reckless and self-harming behaviour such as dependence on substances (prior to their rescue), thoughts of self-harm and acting on these thoughts by slashing their wrists, consuming poison, etc. or running away from child care institutions. For instance, three victims of commercial sexual exploitation residing in a child care institution decided to run away. However, none of the girls could be traced as they had not gone back to their original place of residence or to their families. Some stakeholders believed that they may have reconnected with their partners, who were also the alleged perpetrators in the case.

Hence, victims distressed by the traumatic incidents and an invalidating environment are more likely to engage in reckless and harmful behaviour. These behavioural patterns make them more vulnerable and can often lead to re-exploitation.

## 6. Lack of acceptance by society

The victim's behaviour has been conditioned for survival in the traumatic environment of the sex trade. Many victims may find it difficult to adjust to the rules of the child care institutions. For instance, many victims have been trained to stay awake during the night and sleep through the day.

Hence, they are unable to follow the sleeping pattern as instructed by the child care institutions. Similarly, many caregivers protest against the victim's use of crude language. However, a victim once shared "How else will I talk, when I have only seen people talk like that? (using expletives and crude language)".

Thus, the victim's behaviour is learned from the abusive environment in which they lived prior to the rescue. The behaviour is the problem and not the victims themselves. These behaviours can be unlearned in a safe, accepting and understanding environment with significant effort and trauma informed care. However, it is important to know that unlearning of past inappropriate behaviours and relearning of new appropriate behaviours, requires considerable time and patience. It cannot be achieved in a span of a few weeks. However, many stakeholders are unable to understand this and are unwilling to accept the same. This also invalidates the victim's experience of trauma and makes them more susceptible to re-victimization.

The above sections focus on understanding the theoretical framework of trauma and the context of the victim's traumatic experiences. The section below explores how it impacts the mental health of victims and suggests practical trauma informed strategies to stakeholders engaged in the rehabilitation process of the children.

# SECTION II



**Mental health concerns of  
victims and strategies of  
trauma informed care**

## **Understanding trauma informed care**

Trauma informed care is taught in three stages of stabilization, reprocessing and reintegrating of traumatic memories. Although it may seem like a linear process, it does not always follow this pattern. Furthermore, trauma informed care does not solely refer to counseling from the trauma lens, but also includes an integrated approach involving all stakeholders.

For instance, a victim of commercial sexual exploitation was placed in a child care institution. The child was referred for regular counselling and the process of stabilization began. After several months of counselling, stabilization appeared to be successful and the child began to engage in reprocessing of their traumatic memories. However, due to a conflict within the child care institution, the child is deeply distressed. Hence, the counselling sessions revert to re-stabilizing the child and gradually move towards a simultaneous process of re-stabilization and reprocessing. The psychological functioning of the victim and the counselling process are highly influenced by factors beyond the counselling space. Hence, an intersectional approach to providing trauma informed care is always in the best interest of the child. Stakeholders interacting with children can not only assist in stabilizing distressed children, but also encourage use of appropriate coping mechanisms outside of the counselling space.

## **Role of trauma informed counselors**

Trauma informed counselors are trained professionals who understand the theoretical underpinnings of trauma and can provide appropriate intervention. They assist the victims in reprocessing the thoughts, feelings, memories and emotions associated with the traumatic incident. Thus, under trauma informed care, their purview of work extends across stabilization, re-processing and reintegration of traumatic memories.

## **Role of non-mental health professional, caregivers and other stakeholders**

Stakeholders other than mental health professionals interacting with children are essential in ensuring children have access to holistic trauma care. The stakeholders trained in trauma care understand the theoretical underpinnings of trauma. They view the victim's behaviour as a reaction or survival mechanism to the traumatic incident. Furthermore, they aim to create a safe, sensitive and supportive environment to foster the process of healing. This space is created through a non-judgemental attitude, acceptance and sensitive communication. Hence, under trauma informed care the stakeholders can assist in the process of stabilization.

## Mental health concerns of victims and strategies of trauma informed care

Every individual's experience and response to traumatic events differs. However, through our work with victims of commercial sexual exploitation we have observed various commonalities in our clients' narratives. In line with the existing literature, victims tend to show symptoms of post-traumatic stress disorder (PTSD), depression, anxiety, and in some cases, dissociation as well. Additionally, the victims due to their history of complex trauma tend to have concerns across different domains such as relationships, boundaries and emotional regulation among others.

Mental health concerns of a victim are a result of factors and conditions beyond the counseling space. Thus, managing these concerns within the counseling space is often not enough. A collaborative approach between mental health professionals, caregivers and other stakeholders interacting with victims can lead to a more effective and efficient change in their mental well-being. Hence, an intersectional approach to mental health intervention is in the best interest of the child.

The points mentioned below discuss the **key concerns identified in counselling, gleaned from the narrative of many victims**. These points aim to offer a glimpse into the **psychosocial concerns of the victims** and do not account for any individual difference which may occur throughout the counselling process. **Some recommendations of collaborative trauma informed strategies** that could be used by stakeholders have been suggested to promote the best interest of the child.

### 1. Post-traumatic stress disorder

Many victims with their history of trauma develop symptoms of post-traumatic stress disorder. Radha (name changed) was rescued from a dance bar and placed in a child care institution. It was observed that the child would generally be very active and participate in all the events organized in the child care institution except dance classes. The child eventually confided to one of the team members that she could no longer enjoy dancing as it was an acute reminder of her time in the dance bar.

Through our work with the victims, we have observed that children like Radha, not only tend to vigorously avoid memories, incidents or thoughts that remind them of the traumatic time, but they also show significant alterations in their mood and arousal. Additionally, some victims may also report acute sleep disturbances including nightmares, change in eating patterns, they would find it difficult to regulate their mood, and tend to be aggressive and irritable in their interactions.

A collaborative approach between trauma informed therapy, and sensitive, trauma informed caregivers can be of great assistance for children struggling with symptoms of post-traumatic stress disorder. In instances of insomnia and nightmares, the caregivers can have regular conversations about sleep hygiene with the children. The key elements of sleep hygiene include establishing a structure for daily tasks, healthy eating, avoiding long naps during the day, exercise and consistent bed timings. However, in spite of maintaining sleep hygiene, victims struggling with nightmares may find it difficult to sleep. The caregiver can have regular individual interactions especially before bed times with the victims, normalizing their fears and reiterating their safety in the child care institutions. Statements such as - 'Bad dreams are frightening but they are our mind's way of protecting us', 'Our mind believes that as long as we are awake, we are safe. You are safe here even when you are sleeping', 'I am sure you are terrified whenever you wake up from bad dreams. You are safe here, the bad dreams won't harm you now' can help to stabilise the victims. Caregivers can also practice stabilization with children before bed time to equip them to self-stabilize after a nightmare. One strategy of stabilization which can be practiced is a combination of deep breathing and progressive muscle relaxation. For example, taking a deep breath for a count of four and holding our fists tightly, subsequently slowly exhaling for a count of four and releasing our fists. Positive affirmations such as 'I am safe here', 'I am okay' among others can further help.

## **2. Depression and anxiety**

In addition to post-traumatic stress disorder, comorbid symptoms of depression and anxiety are commonly seen among the victims. The victims show increased irritability, difficulty in concentration and indecisiveness. Some caregivers are often left confused when physical ailments do not have any medical explanations. For instance, Shivani (name changed) had been residing in the child care institution for only a few weeks when she began to complain about headaches and neck pains. Despite medical intervention, there was no relief. During the counseling sessions, she would share that she was worried about her family's well being. Despite interventions, Shivani's distress regarding her family did not lessen. Shivani was relieved of the pain gradually after she was restored to her family. In the counseling session after her restoration, she shared that she felt at ease and relieved to be back with her family. Hence, mental distress may manifest itself in the form of physical illness such as ulcers, stomach aches, headaches among others. In such situations, the caregiver should consult with the respective counsellor. The counsellor could provide insights about the possible causes of these psychosomatic concerns as well as suggest prompts to the caregivers for their discussions with the children. In case, the counsellor is unavailable, the caregivers could interact with children with the aim of identifying the cause of their distress.

Open ended questions such as 'How have you been feeling?' 'Would you like to share what's on your mind?' can assist in starting such discussions. Caretakers in the institution also commonly complain about significant changes in sleeping patterns and eating habits of the residents. The caretakers would often call Priyanka (name changed) 'lazy' and would blame her for sleeping extra to avoid her duties. However, the counselling sessions indicated that Priyanka was showing symptoms of depression.

She had not only rapidly lost weight in one month but had also begun to lose interest in activities that she once enjoyed such as music, and the company of her friends. The counsellor observed that Priyanka was hopeless about her future and would have recurrent thoughts of self-harm. Like Priyanka, the narrative of many victims consists of hopelessness and despair. Hence, caregivers should be equipped to identify symptoms of mental distress. Some of the key symptoms to look out for are mentioned below:

- Changes in appetite - a sudden increase or sudden decrease in food intake
- Changes in sleeping pattern - hypersomnia or insomnia
- Decline in maintaining personal hygiene - irregular bathing, not changing clothes, not bathing
- Changes in mood - low mood, sadness, anger, irritability
- Fear or nervousness
- Inability to make decisions

Additionally, sensitive enquiry about self-harm is an important strategy in assisting distressed children. Please note, it is important to have a strong rapport with children before beginning enquiry about self-harm. Statements such as 'You seem to be upset for some time now, do you have thoughts of self-harm?', 'Does the thought of self-harm make you feel better?' made in a calm and non-judgemental tone could help. If such concerns arise, a quick self-harm assessment, focusing on planning and likelihood of self-harm, should be done. The caregiver could also attempt to develop a safety plan with the child. Safety planning can be an extremely challenging task. It requires patience and practice. It is recommended that caregivers practice with the counsellor before engaging with children. A safety plan typically includes the following:

- Recognizing warning signs - identifying thoughts, feelings and behaviours that precede the behaviour of self-harm
- Self-soothing strategies - deep breathing, grounding activities, distancing self from distressing situations among others
- Alternative solutions - how to manage the current distress through strategies other than self-harm. For example - confiding in someone, crying, use of art, exercise, journaling among others
- Seeking support - interaction with caregivers, counsellors, friends

Please note, these concerns should be immediately brought to the notice of the counsellor.

### 3. Parenting

The narrative of many of the victims indicates that there are shortcomings in the parental relationships. Through our work, we have identified that among other factors, parenting styles play a critical role in the development of complex trauma for the victims.

While Sanchi enjoyed excessive freedom, Drishti (name changed) was restricted at every step. It seemed that Drishti's parents had an authoritative parenting style, where they would constantly keep tabs on her movements and discouraged her from following her heart's desires. Another common shortcoming, we have observed in parenting, is the replacement of affection with material goods. Priyanka (name changed) was restored to her family. However, in a few weeks of her restoration, conflicts at home began to emerge. Sessions with Priyanka's father revealed that he did not understand Priyanka's frustrations since he would ensure that she had all the necessities needed such as a cellphone, TV, washing machine among others. However, Priyanka consciously and subconsciously sought for more. Eventually, she decided to move back to the institution. In her last joint session with the father, Priyanka shared that she did not want her father's money, especially if he was only going to keep reminding her of all that he had done for her. Thus, while material goods are essential for a child's survival, they cannot be a replacement for love in children's lives.

Hence, inappropriate parenting strategies may be linked with increased vulnerability of children. In such situations, detailed discussions about effective parenting strategies becomes essential. Caregivers could have detailed discussions with the parents about the same.

Some of the key areas to cover in these discussions include:

- a. providing resources for children's emotional and material well-being-
  - providing financial resources for their educational or vocational training needs
  - Spending time with children
  - Actively listening to their opinions
  - Asking children open ended questions such as *'how are things?'*, *'how do you spend your day?'* among others.
- b. Encouraging parents to balance between affection and discipline - They are mutually exclusive, a parent has to love a child but also place appropriate boundaries on their behavior.
- c. Reinforce the positive behaviour of their children through positive comments such as *'good job'*, *'you worked so hard'* etc.

d. Discouraging the parents from sharing hostile comments and criticizing the children as a way of punishment – Instead use verbal disciplining strategies, the components of which include telling the child:

- what they did wrong
- why was it wrong
- what could be done instead

Please note, discussions with parents can be extremely challenging. The strategies would have to be reiterated several times across meetings before they begin to be implemented.

#### **4. Difficulty in building trust**

Due to the deception, fraud and manipulation experienced by the victims of commercial sexual exploitation, they have difficulty in establishing trust and honesty in relationships. Many victims tend to view the world as a dishonest and hurtful place, and believe that every individual interacts with them with a malicious intent. In some cases, this belief is further solidified by the victim's experience in a child care institution. For instance, one victim shared that during their placement in a child care institution, the staff had promised that they would only be residing there for a few weeks. Eventually, the victim's stay was stretched to several months. Thus, the victim's experience did not match the staff's statements.

Hence, staff members should avoid promises and assurances to children which they cannot, or do not intend to keep. Many victims have also shared that their past has been used to label and shame them even within the confines of the child care institutions. Such experiences discourage the victims from seeking support. Hence, they tend to not be forthcoming in sessions and often react aggressively to any perceived mal-intent.

Caregivers equipped with sensitive communication strategies which include maintaining confidentiality, active listening and asking for clarifications rather than making assumptions could be essential in counteracting the victim's narrative of general mistrust.

#### **5. Challenges in accessing medical assistance**

In child care institutions, many victims' requests for healthcare have been denied on grounds of 'seeking attention'. During one counselling session, Heena (name changed) seemed unwell, yet she had not taken any medication. Upon probing, Heena shared that the medical officer had refused to give her medicines and accused her of pretending to be sick to avoid going for training. The inability to access medical resources are not limited to child care institutions. Even within the community, social stigma makes it difficult for victims to access health care.

Drishti's (name changed) family and some neighbours were aware of Drishti's rescue and her subsequent placement at the child care institution. She would often complain about the taunts and backhanded comments that she had to bear at family gatherings. A few months after her restoration, Drishti developed a gynaecological infection. However, she refused to visit the doctor. Drishti shared that she was afraid that her visit to the gynaecologist would provide fodder to her extended family to make comments. Thus, Drishti not only bore the physical pain but also had to deal with feelings of shame and fear over the possibility of visiting the gynaecologist over any issues related to her reproductive functions. Due to such social stigma, many victims may not visit the doctors when needed. The resulting lack of medical attention may also lead to unwanted pregnancies and medical terminations. Empirical evidence indicates that such experiences have a long-term impact on their mental health.

## **6. Parentification**

Parentification is the process of role reversal, where children and adolescents are assigned roles and responsibilities typically reserved for adults. Parentified children often fulfil either instrumental caregiving roles, such as financial management, ensuring well-being of siblings, or emotional caregiving roles, such as acting as confidant or guide to other adults and their parents. Due to parentification, many children are expected to respond and manage situations beyond their developmental age. Shivani (name changed) was the eldest of four siblings. She lost her father when she was very young and had witnessed her violence against her mother by her paternal family. Shivani's mother would often confide to her about the financial difficulties they were facing. Shivani believed that she was her mother's biggest support and was lured into the trade as a way of supporting her mother. Parentification is known to cause adverse effects on the psychological wellbeing of children including difficulty in interpersonal relationships as adults, aggressive behaviour and increased tendency towards recklessness and self-harming behaviour. Caregivers, in collaboration with counsellors, may have detailed individual discussions about roles and responsibilities with children and their caregivers. Please note, consulting the counsellor is essential prior to initiating any such discussions as they may have an adverse effect on the well-being of the child.

## **7. Unhealthy boundaries**

Setting appropriate boundaries is an essential component of maintaining healthy and safe interpersonal relationships. However, many victims, due to dysfunctional family relationships, and lack of appropriate role models may not develop this critical life skill. The .

narratives of many victims indicate that they sought the love and affection, that they were deprived of in their immediate families, from others in their vicinity. This often exposes the victims to vulnerable and exploitative situations. Many times, the victims forego their own personal safety and well-being out of fear of losing this affection

Priyanka (name changed) sought affection more than the material goods such as a cell phone, or clothes that her father bought for her. Priyanka found this love in Arik (name changed), a boy in her neighbourhood who soon became her boyfriend. Arik physically abused Priyanka on a few occasions, however she rationalised it as love. Arik would often ask her to stay over at his place and she would seek out his company despite experiencing violence. Like Priyanka, many victims are unable to establish healthy boundaries to ensure personal safety. These unhealthy boundaries may develop into unhealthy attachments which in cases of some victims manifest as Stockholm syndrome. Many victims refuse to divulge details about their abuser as they believe they have a significant romantic attachment with them. Due to the victims believing that their captors or abusers are their boyfriends, they vehemently protect them in spite of adverse effect on their cases. This is an extremely complex concern having interlinkages with other domains of interpersonal concerns such as future romantic relationships. Hence, it is recommended that a trained counsellor addresses these issues. If the caregiver notices such incidents in the victim's narrative, they should share it with the counsellor.

## **8. Difficulty in emotional regulation**

Traumatic incidents reduce an individual's capacity to process and respond to varying emotions. Thus, for victims seemingly small events can lead to overwhelming emotional distress. Furthermore, many victims have not had role models or opportunities to learn appropriate emotional regulation skills. Therefore, seemingly non-threatening situations such as a delay in a regular interaction or a minor frustration can cause significant emotional responses from victims. Priyanka (Name changed) expected her boyfriend to immediately respond to her calls and messages. However, when her boyfriend did not respond to her calls and she heard a rumour that he was spending time with another girl, she was infuriated. Without informing the appropriate authorities, she abandoned her vocational training class and went to her boyfriend's house. She aggressively demanded an explanation. Like Priyanka, many children may take impulsive decisions that could lead to crisis situations. Many times, the caregivers have to immediately respond to such situations. Caregivers could assist the children in stabilizing through grounding strategies such as asking them to name 5 objects, 4 colours, 3 sounds and 2 smells from their immediate surroundings.

Once the child is grounded, they could actively listen to their perception of events and encourage them to name their emotional states. Many times, children may again become distressed, engaging them in art-based activities such as colouring within shapes can assist in re-stabilizing them.

## **9. Aggressive behaviours**

Sometimes, due to the victims' inability to regulate their emotions, they often respond to situations aggressively. A simple disagreement among residents can turn into a full-blown fight. Sanchi (name changed) shared that she dealt with the frustration of living in the child care institution by picking a fight with her friends. Sometimes the children may also behave aggressively with the caregivers. Verbal de-escalation techniques can assist in stabilizing the child. In some cases, victims may not only respond aggressively to others but themselves as well. Radhika (name changed) shared that whenever she felt distressed, she would prick her forefinger to draw blood. Thus, self-harm is a common distress regulation strategy among the victims. In such situations, if the caregivers believe that the risk of self-harm is imminent and lethal, they should immediately inform the counsellor and engage children in safety planning. Additionally, the caregivers could encourage other coping strategies such as deep breathing, counting backwards, art work among others. A key approach to encouraging effective use of such strategies is to incorporate them in the child's everyday life. Hence, it is recommended that caregivers schedule a part of the day to practice these coping mechanisms.

## **10. Dependence on substances**

Many victims report dependence upon addictive substances. As we delve into their history, we find that many times either their traffickers or customers had encouraged them to use the substance eventually leading to their dependence. With the stories of many victims, we have observed that eventually the involvement in the trade and the substance dependence become a vicious cycle. The victims continue to be in the trade as means for procuring the substance, while they may use the substance as a way of coping with the physical and mental impact of the sex trade. Thus, victims placed in child care institutions often struggle with coping with their traumatic past as well as their withdrawal symptoms. In some cases, the withdrawal symptoms could lead to medical emergencies such as seizures, severe abdominal cramps and nausea. Appropriate medical aid is essential in managing these symptoms. Addiction is an inappropriate coping mechanism utilized to manage distressing emotions. Hence, caregivers could engage the children in discussions about alternative coping mechanisms and encourage their use by including them in the children's daily routine

The victims of commercial sexual exploitation experience several traumatizing incidents that have adverse effects on their sense of self, interpersonal relationships and psychological functioning. In many situations, the caregivers become the first respondents to the victim's psychological distress. Hence, it is essential that they are trained in trauma care and are able to provide basic psychological aid to stabilize the victims. However, it is also imperative that children have access to appropriate mental health resources such as trained counsellors and therapists who enable and empower them to reprocess their traumatic past. Thus, a collaborative approach among stakeholders can assist in providing holistic trauma care to the victims.



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Years of ATC

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