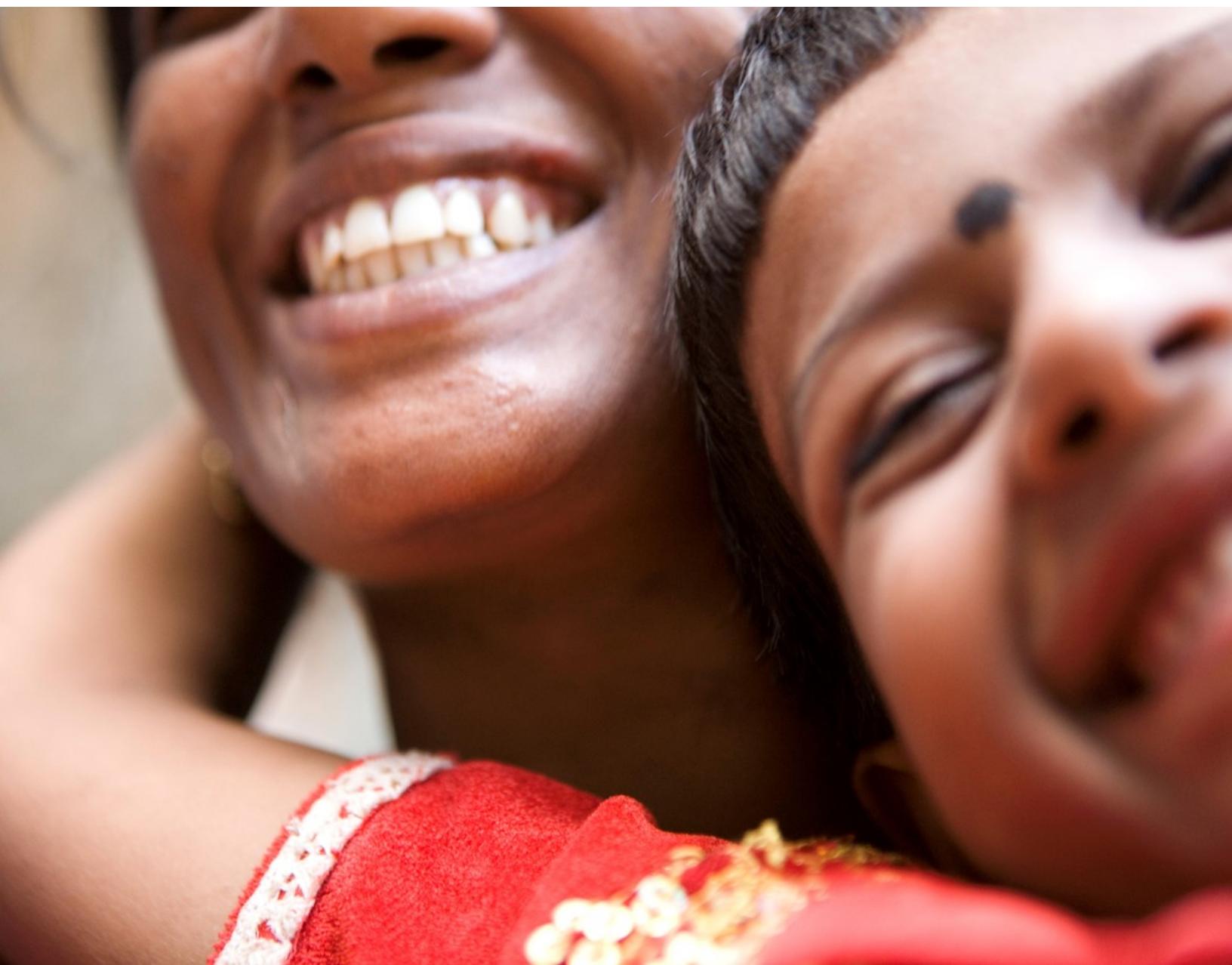


NURTURING GROWTH

CLIENT-CENTERED AND TRAUMA-INFORMED CARE



CLIENT-CENTERED AND TRAUMA-INFORMED CARE

PRERANA'S NAUNIHAL APPROACH

Since its inception in 1986, Prerana has been working with women and children, actual and potential victims of trafficking and commercial sexual exploitation in the red-light areas of Mumbai. Prerana has always believed in the credibility of on-field learning, and as a result has held on to its roots in the infamous red-light areas of Mumbai and Navi Mumbai like Kamathipura, Falkland Road and Turbhe.

Prerana's work has focused on post rescue operations, rehabilitation being an integral part of our work. Ensuring that children born in brothels or otherwise susceptible to trafficking or any form of abuse, are protected and given a chance to lead a dignified life has been the central concern. In response to the local need, Prerana initiated an Educational Support Program and established Night & Day Care Centers in the midst of the red-light areas.

Some of the prostituted women that we came across during our outreach drives, shared their fear of falling short in their efforts to protect their children from the dangers inherent to the sex trade. Hence, their children will be shifted away from the red-light districts and placed in a Boarding Home (that is the term they used to refer to the state sponsored or charity sponsored residential care and education facility for children). They did not want their children to be taken away or delinked from them.

Prerana found the need to consider the option of institutional placement in order to de-link the child from the red-light area, and place her/him

in a safe and healthy environment conducive to the child's growth and development. Thus, Prerana focused on supporting these mothers, helping them consider the option of relocating the child away from the red-light area to a place that provides long term safety, residential care and development.

GENESIS: Prerana comes from the belief system that institutional placement is not the best way to rear children; that it should probably be the last resort to bring up children. However, in the face of a huge problem of children in need of care and protection seeking safe shelter and societal compassion falling too short; often apathetic, of rooting for a successful family based foster care program; the only practical immediate option remains that of institutionalized care and protection services.

Although Prerana kept away from setting up its own residential facility for years, it became inevitable as the conventional institutions housing children were found unable to properly accommodate girl children from the red-light areas, often at short notice, especially those in distressed and dangerous circumstances.

Thus, Naunihal, children's home, was established to address this need. Naunihal is a safe place for any girl 'child in need of care and protection'. It strives to make its intervention replicable in other similar places and situations.

UNDERSTANDING

CHILD-CENTERED & TRAUMA-INFORMED CARE



THE ARRIVAL

BUILDING RELATIONSHIP WITH CHILDREN

Savita (name changed) was around 15-16 years when she was rescued from the sex trade by the police and placed in Prerana's shelter facility **Naunihal (meaning childhood)**.

It was a little after lunch time that Savita was brought to Naunihal by the police. Upon arrival, she was offered food and water. After Savita had lunch and felt reassured, the social worker introduced herself and asked if she wanted to see the facility. Savita was curious to know how long will she be kept in Naunihal. The social worker told her that she could stay as long as she wanted, till Savita's family was traced and the Child Welfare Committee (children refer to it as 'court') passed an order for her discharge/restoration.

Once her question was addressed, Savita expressed interest in seeing the facility. Four of our older girls from Naunihal accompanied by one of Naunihal's social workers showed Savita the facility, including Savita's personal locker and sleeping space (bunk bed).

Savita seemed exhausted post the orientation, so the social worker asked if she would like to bathe and rest. Savita said she would like to sleep. After a two-hour nap, Savita had tea and snacks with the other girls.

During that period, there were 46 resident girls in Naunihal between the ages of 12 and 19.

All Naunihal resident girls are provided with a toiletries, undergarments, bed sheet, 2 pairs of clothes, lock and key for her locker.

Later, Savita was given her kit, introduced to the Naunihal team and informed about each member's roles and responsibilities.

Next, she was informed about the rules of the shelter home and told that she would be taken to the studio to get her photograph clicked (**This is a part of Naunihal rules as precautionary measure to track missing or runaway cases. This is also a requirement as a part of the Juvenile Justice Act (Rules).**

The photo needs to be kept in her case file. The thought of stepping out of the shelter facility for the photograph made Savita very happy.

Savita was also reassured (ensuring no one was around during the conversation) that her identity will be kept confidential and she need not share any information about her past/background unless she wanted to.

When a new girl comes to Naunihal, the social worker fills out the child's case sheet. Explaining the importance of case sheet to Savita, the social worker asked her to provide as much information as she was comfortable with.

Savita asked if this could be done the next day; the social worker agreed.



THE MENTOR-MENTEE PROGRAM

ENSURING EASY TRANSITION THROUGH HANDHOLDING

Next, Savita was assigned a mentor. The mentorship process in Naunihal is a volunteer based program to help incoming children easily transition into Naunihal. A senior resident child mentors and handholds the newly admitted resident through the core values, norms, rules and culture of Naunihal, along with the resources in the facility.

The program is designed to create a feeling of Inclusiveness and support for new entrants, to empower them to choose their own path of adjustment. And who is better to handhold through this than someone who has been in Naunihal for a while and is among the peers!

Girls at Naunihal are asked if they would like to mentor new entrants. If interested, they can mentor only when the counselor has made an assessment and found the girl "fit" to be a mentor.

Of course, the mentoring is no substitute for the adult duty bearers' and care givers' duties and responsibilities towards the newly admitted resident child. The staff makes every effort to ensure that no mentor becomes a "bully".

At Naunihal, mentees are also asked after two weeks, and subsequently every month if they wish to continue with the same mentor. A joint review of the mentor and mentee is taken by the social worker, sometimes if need be in the presence of a counselor.

Generally, it is observed that girls above 12 years like to be mentored for a period of 3 to 6 weeks only. Post 6 weeks, they generally opt out of the mentee-mentor relationship. There is no compulsion.

WHO IS A MENTOR IN NAUNIHAL

A resident child/ adolescent who

- *has stayed in Naunihal for over a period of one year*
- *is interested in the mentoring relationship and is prepared for it*
- *exhibits enthusiasm (Person who consents to be mentor)*
- *takes a personal interest in the mentoring relationship*
- *demonstrates a positive attitude*
- *acts as a positive role model*
- *is familiar with Naunihal's rules, regulations and culture or knows whom to ask in case of lack of knowledge*
- *has the ability and willingness to communicate what she knows*
- *likes to provide guidance, (not a doer but someone who understands the need to empower the mentee)*
- *is approachable and available*
- *is able and willing to listen*
- *is compassionate and genuine*
- *is open to respectfully receiving opinions and feedback from the mentee*
- *Is able to spend an appropriate amount of time with the mentee*
- *Is able to say when the relationship is not working and withdraw appropriately*

*The above is discussed with the girls before appointing them as mentors. Mentors are asked not to handle any emotional concerns of their mentees and oriented to understand their boundaries. It is ensured that Mentors have an understanding of the **Child Protection Policy**.*

After Savita was assigned a mentor, on day two, a girl approached the social worker and shared that Savita was asking her if she could arrange for tobacco. This news spread across the shelter, and became the talk for every girl.

Savita threw a fit and said she wanted to leave or else she would harm herself. The social workers had to handle this very patiently and sensitively. She was subsequently referred to the de-addiction department at the local hospital. For Savita as well as the team, handling withdrawal was a challenge.



Savita was very quiet for the first couple of weeks, not responding much to anyone and always wanting to know when she could leave. She did not disclose anything about her family or about her life in the sex trade.

She also did not sleep much in the night and would sleep for long hours during the day. There were a few clashes between the other girls and her because of this. A social worker had to intervene and help the other girls understand that Savita would take some time to adjust to Naunihal.

Savita would panic and get angry every time she was 'confronted' by the girls over her sleep routine. She once got physically violent and verbally abusive with the girls. The social workers and the care takers were also overwhelmed trying to sort out the issue with the girls.

We as a team understood that Savita stayed awake in the night as that was her routine in the sex trade but this was a bit difficult to tell the other girls as not all girls in Naunihal were rescued from the sex trade.

At this stage Savita was asked if she would like to talk to a counselor. As mental health, unfortunately, is still considered to be a stigma, Savita under the misconception of being perceived as 'mad' or 'insane' refused to talk to the counselor.

We realized may be some girls had discussed this with Savita during their interaction(s).

There are times when girls have mentioned that only girls with "mental" issues are referred to the counselor. The role of a counselor has been discussed with the girls, but it does surface and we understand that this is not a one-time discussion.

Efforts were made to convince her that counseling is a facility for every resident girl in Naunihal to acquire a better understanding of one's situation and develop a more fitting approach to help oneself deal with the situation.

Savita was also explained that sometimes people have problems; they feel the need to discuss it with someone in an attempt to find solutions. And that these "problems" are emotional in nature and counselors are trained to work with people who have such problems. Additionally, the team told her that the counselor could better help her cope with her feelings of anger, fear, anxiety, shyness and panic.

Initially, Savita wasn't convinced, but about a week later she approached the counselor on her own.

THE COUNSELLING

PROVIDING PSYCHO-SOCIAL SUPPORT

Savita's counseling sessions began. It took Savita two months to open up. She spoke about her family, stressing that she did not want to go home because she felt they were the cause for all the 'mess' she was in.

As mentioned above, all girls in Naunihal have an option to have a peer mentor from among the senior resident girls. By the 3rd month, Savita said she did not want any mentors as she felt none of the girls in Naunihal understood her feelings. The social workers explained to her that having a mentor was not compulsory.

Savita was further asked if she would like to enroll into the National Institute of Open Schooling (NIOS). Initially reluctant, she agreed later. She was given an orientation to the curriculum and assessment pattern in open schooling. She would get very restless in the NIOS coaching classes and sometimes aggressive and abusive towards the others. Learning to read, write and do Math was difficult for her. After discussing with her, she was assigned a volunteer who came to the shelter thrice a week to help her with her formal studies.

During one of the sessions, the counselor asked Savita to consider enrolling in different activities at the shelter such as jewelry making, fitness training, computer soft skill training, spoken English classes, etc. It was also suggested to her that she could try and spend a couple of days in each class and then decide.

Special care is taken to ensure that like the staff members, the volunteers too receive an orientation to the Child Protection Policy and are refrained from bringing up or dwelling upon the special background of the children.

Initially, Savita was reluctant, however, eventually decided to give it a try. After spending time in each of the classes, she chose to attend jewelry and 'Spoken English' classes.

Just as Savita's situation seemed to be improving, she started getting panic attacks. She would lose control of herself and faint while playing, studying or even on an outing with the other girls. She complained of blackouts lasting a few seconds. She frequently complained of stomach pain, headaches, and other unexplained ailments. She would often find it difficult to get out of her bed or feel panicked to go out of the shelter. This was a major hindrance in the path of preparing her for a career and eventually for an employment. Her trauma needed to be addressed.

In the process, looking at Savita's worsening condition, the counselor referred her to a Doctor at the Public Health Care Center and prescribed a number of investigative tests. The social worker informed the doctor of her background and together they discussed on things that stirred anxiety, panic and anger in her along with other ailments, and therefore, the need to show sensitivity during their conversation.



THE CHALLENGES

EXTERNAL AND INTERNAL BARRIERS

From the moment a child is rescued till the time she rises above the trauma, every step is a challenge. However, there were certain challenges that acted as strong impediments in the healing process.

Once during the visit to the public health center, a staff there asked Savita whether she was faking blackouts. This triggered a bundle of emotions in Savita and it took a couple of sessions with the Naunihal in-house counselor to explain Savita to rationally respond to such questions.

On yet another occasion, a health worker in an external facility asked Savita if she had herself invited the trouble and implied that perhaps that was why she had ended up being sexually exploited. This further hindered our attempt to stabilize the situation. However, the counselor used this incident to empower Savita to change the way she reacted to such remarks/situations. The counselor explained to her that it was going to be difficult for her to change the outside world or find the outside world to be sensitive to her all the time. However, she could work on herself by introspecting and accordingly react and respond, exercising control over her emotions.

The Counselor helped the residential social workers understand how to respond to Savita's panic attacks. The Social workers were given the following tips:

- Be present with her and show understanding.
- Don't Multi task when she approaches for help.
- The focus has to be her.
- Listen to her and restate what she said.
- Ask her related questions and help her work through the next positive steps.

During this period, Savita finally confided in the counselor. She shared her life in the sex trade (disclosure), how she was betrayed, and the physical violence she had experienced. She also told the counselor nightmares of being confined and raped. She did not want anyone else to know about all that she had shared.

The counselor discussed with Savita that she may have to share some or all the things she had shared, with other helping professionals in the system. The counselor also explained to her the reason for doing so. In one such subsequent meeting, the counselor also discussed with Savita about prosecution and how Savita will have to narrate the entire incidence to the prosecutor, to the Judge, during the recording of evidence and cross examination.

During this phase, Savita went through a lot of emotional disturbance and needed a lot of support. She would also get anxious about her future and have bouts of eating disorder. Close to her testifying in the court, she started bedwetting (this was almost after 18 months in Naunihal). Savita also shared with the social worker and the counselor about experiencing flashbacks, nightmares, and intrusive thoughts.

Though the social workers and the counselors had an orientation and were trained in working with victims and survivors of sex trafficking and other forms of sexual violence, they experienced blocks sometimes while working with Savita.

In one of our case management meetings the counselor helped the team to understand the importance of not making "wrong" statements in front of the girls. She also helped the team understand:

- **how to put forth their point positively**
- **never to delve into their special past especially if an argument breaks out**
- **never to sound as if giving a girl shelter and other provision was a favor that was extended to them**
- **not to compare between girls with respect to their pace of responding to the assistance or recovery**

TRAINING FOR SERVICE PROVIDERS

ONGOING TRAINING AND SELF-CARE SESSIONS

In order to effectively provide Trauma Informed Care services, Prerana conducts various trainings, counseling sessions and meetings/discussions for internal and external care-givers.

FOR NAUNIHAL STAFF MEMBERS

Every month, Prerana conducts case management sessions where the reactions of the caregivers are discussed and collective solutions found. It also serves like a support group for the caregivers. Principles of client interventions are reiterated in these sessions. The reference document on **CLIENT-CENTERED AND TRAUMA-INFORMED CARE** is also discussed once in three months.

We have a counselor to work with the caregivers and for caregivers to have individual sessions. We have Self Care sessions for caregivers twice a year. We also have counter burnout activity for the caregivers. The team not only benefits from the in-house trainings, but also, from external trainings, for example recently the counselor and the social worker attended a two-day training in Narrative Therapy.



FOR COLLABORATORS & EXTERNAL SERVICE PROVIDERS

As an organization, we realize our resource limitations and hence, understand the significance of collaborations. So, we network with other organizations that provide services for trauma victims, such as a neighborhood hospital providing specialized mental health services; in Savita's case, to the psychiatric department of the local hospital for her enuresis (bedwetting). Bedwetting was affecting her self-esteem and impacting her response to other positive developments in life. She was experiencing shame and guilt which resulted in anger and withdrawal from peers. The counselor felt it was important that the bedwetting stopped; so, Savita was referred to a physician.

As we were constantly working with the health center, we created awareness among the health professionals there regarding human trafficking and its impact on the victims. Similarly, we approached another agency to help Savita with de-addiction.

The third agency we involved was to help us in prosecution, to ensure that the prosecutor in the court would understand victim trauma and follow the best practice protocol during the trial. In the process of refreshing her memory and preparing her for the court trial, every attempt was made not to make Savita feel re-traumatized.

THE FOLLOWING IS ENSURED

- The prosecutor or the social worker explains the justice system and its participants: the judge, jury, defense attorney, court staff, stenographer, and, if applicable, interpreter.***
- Discuss and share with the client who else might be in the courtroom in order to alleviate some of the victim's nervousness.***
- The Prosecutor explains the process of the case from charging through conviction and sentencing, and discuss what could happen at each stage. During victim interviews and when preparing victims for direct and cross-***

examination, prosecutors should proceed with a consciousness that each of the stages may trigger traumatic memories that could exacerbate the trauma. A challenge exists in balancing the prosecutor's need to elicit detailed information about the crime with the victim's comfort level. It helps to have an advocate or other support person with the victim during interviews and at trial and, as much as possible, to pay attention to the victim's emotional state and identify when s/he may need a break. Indian laws have made provision for the victim to have such a support person with him/her from pretrial to trial period.

THE PARTICIPATIVE APPROACH

FACILITATE DECISION MAKING, TEAM WORK AND LEADERSHIP SKILLS

Keenness to nurture and ensure child participation is one of Prerana's key strengths. Child participation is an ongoing process of children's expression and active involvement in decision-making at different levels in matters that concern them. It requires information-sharing and dialogue between children and adults, based on mutual respect and full consideration of children's views in the light of their age and maturity.

Within Naunihal attempt is made to ensure that there is democratization. Opinions and participation of the residents are always sought in the functioning of Naunihal. The provision of a SUGGESTIONS Box has also been made with the aim of promoting child participation.

Naunihal has the provision of a sealed Suggestions Box whereby beneficiaries can put in anonymous suggestions, share ideas with regards to running of the Home. A meeting is held once a month where the suggestion box is opened in front of a third party and in the presence of all the girls (beneficiaries) and the staff. Solutions are sought to the issues raised for the month in collaboration with the beneficiaries.

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Naunihal beneficiaries are active participants in a multitude of processes involving day-to-day activities as well as are the focus of all activities pertaining to their Individual Care Plans.

Individual Care Plan is developed by involving the client and helping them introspect on their agency, capacity, strengths, liking, aptitude, available opportunities, and short-term/long-term goal setting, etc.

In order to make children's participation meaningful, every attempt is made to share information with them e.g. the government policy which governs running of shelter homes, information on nutrition, career guidance etc. Every effort is made to empower the client, help her make her own decisions and support her even if she experiences 'failures' in the decisions taken by her.

Beneficiaries are representatives of various committees that help run day-to-day activities in the Home. Beneficiary meetings are also conducted in groups as well as on an individual basis.

THE CHILDREN'S COMMITTEES: NURTURING LEADERSHIP SKILLS, TEAM WORK AND DECISION MAKING

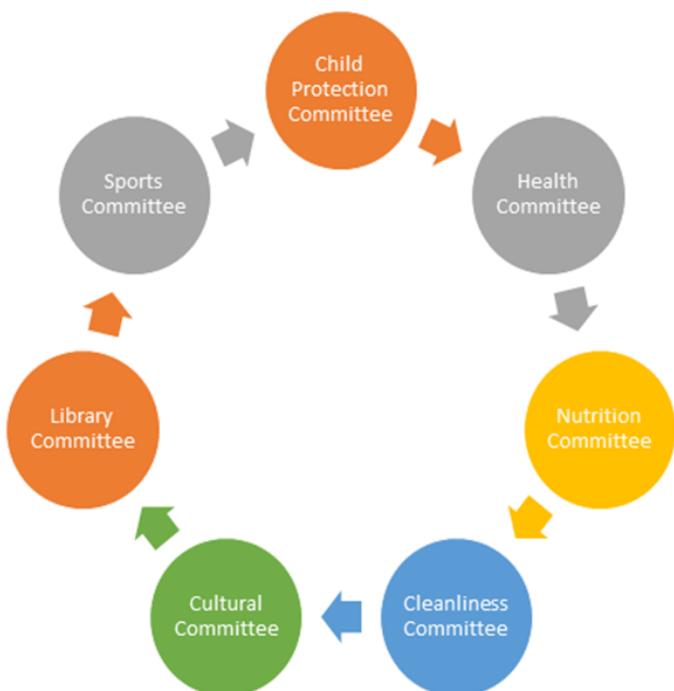
*Participation of children in the decision-making process of Child Care Institutions (CCIs) is one of the key features of rights-based child care. By providing children a choice/platform to discuss and decide on matters that affect their lives, institutional care makes the process of decision-making inclusive. This is in tune with rationale behind **United Nations Guidelines for Alternative Care of Children**, India's **National Policy for Children (2013)** and other international and legal instruments. The systems and rules under which children's participation in decision-making is ensured are the following:*

CHILDREN AS MEMBERS OF MANAGEMENT COMMITTEE

According to Rule 39 (3) of the JJ Rules 2016, the management committee of a child care institution shall have 'two child representatives from each of the Children's Committees' as members.

At Naunihal, there are 7 committees. These committees ensure children's participation in each activity and are not the substitute for staff. Staff facilitates and ensures that every child participates while executing each and every activity. It's a way to instill a sense of ownership in the child.

It enhances a child's confidence, communication skills and leadership skills and gives her exposure to all activities running at the center. Each committee is assigned a staff and each staff takes a meeting at least once a month with their respective committees.



CHILD PROTECTION COMMITTEE (CPC)

The Child Protection Committee is composed of a minimum of 5 members. In January 2014, Naunihal formed its first Child Protection Committee. The idea behind the Committee was to provide the resident children with a platform to discuss and present before the management, issues pertaining to child protection from the residents' point of view and also to provide the residents with a communication channel whereby they can share their concerns with the management through spokespersons they choose. The resident girls volunteer to be the members of the Committee.

The responsibilities of the CPC are as follows:

- To identify and report if resident girl is discriminated on the basis of religion, caste, language, color, or other background.

- To identify and report if anyone especially a new entrant is bullied or bullies others.
- To identify and report any breach of the CPP by any resident or staff.
- To observe that all rules of the Child Care Institute are followed when children are on an outing.
- To identify and report if any child, service provider, or duty bearer uses abusive language or abuses physically.
- Ensure that the personal boundaries are maintained when anyone interacts with them or vice versa.

On these lines, other specialized Committees are constituted and facilitated.

THE PROGRESS

SAVITA TODAY



It's been 4 years since Savita came into our lives. Over the years, Savita began to realize that whatever happened with her was not her fault. She started interacting with more girls in Naunihal and reaching out to them on her own. She was also seen having conversations with the visitors in Naunihal. She also started expressing what things were making her feel safe and stable. She laughed more and said she slept well.

Since then, she has testified against her perpetrators, completed her 10th grade from open schooling (NIOS) and also finished a vocational course in beauty care. She works in a parlor now. Savita has moved from an assisted group living to an independent Group Home. She has requested the organization not to follow-up with her stating that in case she needs help she would approach the organization on her own. Great! Now we know, together we have created a safe world, a world she is no more afraid of facing alone!

COPING SKILLS THAT SAVITA LEARNED TO CONTROL AND OVERCOME HER POST TRAUMATIC STRESS SYMPTOMS

She learned to express her feelings in words e.g. she started using words like sad, worried, anxious. Express where her feelings were in her body. She learnt to think through what happened right before she started to get upset. She learnt to identify situations which are toughest, what were her triggers. The counselor helped her identify a list of things she likes to do e.g. reading, playing chess, helping in the kitchen work. She also learnt to approach an adult care-giver (Social Worker) when she felt the triggers.

* Please note that the case study is a work in progress. We welcome any suggestions, feedback or comments.