

RESTORATION CARE MODEL



MODELS OF CARE





Restoration Care Model

Copyright © 2021 by Prerana

All rights reserved. No part of this document may be reproduced or used in any manner without written permission of the copyright owner. For more information, address: ppatkar@gmail.com or preranakp2010@gmail.com

Published on 30th July 2021

www.fighttrafficking.org

ACKNOWLEDGEMENT

Dear Users of our Knowledge Products,

On the observance of the World Day Against Trafficking in Persons we are dedicating this document – Models of Care in the service of the known and unknown child victims of commercial sexual exploitation & sex trafficking as well as to those state and social forces who have been caring for them with unwavering dedication and commitment.

The movement against CSEC & T cannot spread wider and hold firmer roots without a strong knowledge base and sharing. We, at the Anti Trafficking Centre (ATC) of Prerana do just that since knowledge building and sharing is our identity.

We are placing in the public domain three detailed documents each on one of the prominent Models of Care, namely, Institutionalization model, Restoration model and Aftercare model and one Summary document for a quick read.

For over three decades now Prerana has been working in the midst of the red-light areas with the actual and potential victims of CSE&T. By 1996 we started actively intervening in the domain of Post Rescue Operations. The intervention became intense and started yielding success stories thereby consolidating our self-confidence and faith in positive transformation. In 1999 the idea of setting up an anti-trafficking resource centre started taking shape and was soon launched with the help of the US Government. An officer from the US Government, Mr. Mark Taylor encouraged us to set up the ATC. Over last two decades the ATC has proved its utility and made substantial contributions to the anti-trafficking cause.

When Global Fund to End Modern Slavery (GFEMS) started to begin its fight against modern slavery it thought of Prerana as one of its trusted partners. I clearly remember how sitting in the head office of GFEMS in Washington DC, Priti and I with Helen Taylor, Mark Taylor and Jason Wendle from GFEMS fleshed out our first collaboration project, Sentinel for the intervention in the state of Maharashtra and very specifically the research project Models of Care. These three representatives of GFEMS were fully convinced about the need and the utility of a research project on the various options of PRO victim care in the neglected domain of victim assistance. Particularly Jason's conviction about the need of the study and us being the right people to do that was firm and encouraging too.

Having witnessed the annoyingly incorrect use of the term research back in India we were hesitant to call it a research project. Hence, we committed to come up with a learning and teaching tool, a knowledge product that could broaden the understanding of the policy makers and other stakeholders about the prominent options in victim care and rehabilitation in the PRO phase. Ms. Kashina has been a strong team member from the beginning of the actual study looking after the overall coordination. Our team of three Priti, Kashina and I constantly reminded ourselves that we were not doing any kind of comparative research or comparative analysis although it was an activity very exciting, tempting, obvious, and much needed.

While we tried to keep it practical and doable, we realized that we had seen, observed, analysed and learnt so much over these years and that people would be interested in knowing about it and hence we should break the barriers and share more extensively and intensively.

We at Prerana firmly believe in learning, sharing, networking and partnering. In doing all this we are only fulfilling our promise to build a strong knowledge base for a specialized AHT social movement ... our *raison d'être*.

First and foremost, we are grateful to GFEMS especially to Ms. Helen Taylor, Mr. Mark Taylor and Mr. Jason Wendle for trusting in us and supporting us generously and encouraging us into believing that we were the right people to do this study.

We are grateful to –

- IJM for their administrative support.
- Victims who gave us the opportunity to work with them and learn so much about their life their struggles, and their invincible spirit
- Our network partners who have enriched our understanding of the subject.
- Various State and Judicial Authorities who allowed us to work with the victims and helped us gain an insight in this field. I would like to specifically mention the Dept of Women and Child Development - Govt of Maharashtra, the various Child Welfare Committees under the JJ Act, the District WCD Officers, the authorities and care staff of CCIs.
- Prerana's Board members for their unconditional support.

We would also like to extend our gratitude to the following:

- Ms. Sheila Chanani from GFEMS and Ms. Ashifa Sarkar an Independent Consultant for their initial guidance.
- Ms. Gayatri Pillai from GFEMS for her unconditional support throughout the process of documentation.

- Ms. Rakshita Arni, an external consultant helped us with the arduous task of copy editing the documents on three models and one consolidated summary report.
- Our own staff members Ms. Megha Gupta, Ms. Azra Qaisar, Ms. Rashmi Taylor, Ms. Aaheli Gupta and Ms. Priya Ahluwalia for assisting in the documentation of the models.
- Our communication team members Ms. Apurva Vurity, Mr. Snehanshu Shome and Mr. Arjun Singh for the design, layout, handling the creatives to make the products presentable and looking after the process of dissemination.
- Our Design Consultant Ms. Snehil Srivastava for creating illustrations for the documents.

Dr. Pravin Patkar on behalf of the team of authors --

Dr. Pravin Patkar

Ms. Priti Patkar

Ms. Kashina Kareem

Abbreviations	1
INTRODUCTION	3
1.1. Restoration	3
Restoration of Children Rescued from Commercial Sexual Exploitation	4
1.3 Needs Identified in the Restoration Model	4
SHELTER	6
2.1 Safety	6
2.1.1. Social Investigation Visit and Report	6
Prerana Practices	8
2.1. Care and Protection	11
2.1.1. Immunity Against Re-trafficking	12
2.1.1. Closeness to the Trafficker or Exploiter	12
Prerana Practices	12
2.2.1.2. Dangers Emanating from the Neighboring Community	13
Prerana Practices	14
2.1.2. Access to Society and Opportunities	15
Prerana Practices	16
2.1.3 Adult Supervision	17
Prerana Practices	17
HEALTH	19
3.1. Nutrition	19
3.1.1 Daily Nutrition	19
Prerana practices	20
3.1.2. Special Nutrition	21
Prerana Practices	21
3.2. Hygiene	22

3.2.1. Home and Surrounding – External	22
Prerana Practices	23
3.2.2. Personal Hygiene	23
Prerana Practices	23
3.3. Physical Health Care	24
3.3.1 Certified Medical Systems	24
Prerana Practices	24
3.4. Mental Health	25
Prerana Practices	25
LEGAL	26
4.1. Prosecution	26
4.1.1. Awareness and Orientation of the Victim in the Stages of Investigation and Prosecution	27
Prerana Practices	27
4.1.2. Victim Assistance Provided During Trial	28
Prerana Practices	28
4.2. Care and Protection	30
4.2.1. Social Investigation	30
4.2.2. Final Order: Restoration and Follow-up	31
Prerana Practices	31
SOCIAL PROTECTION AND WELFARE	33
5.1. Personal Identification & Entitlement Documents	33
5.1.1. Aadhar Card	33
Prerana Practices	34
5.1.2. Birth Certificate	34
Prerana Practices	35

5.3.3. School Leaving Certificate/School Transfer Certificate (SLC/STC) or Matriculation or equivalent certificate from the concerned examination board	35
Prerana Practices	35
5.3.4. Ration Card	36
Prerana Practices	37
DEVELOPMENT	38
6.1. Education	38
6.1.1. Access to Formal Education and Retention in the system	39
Prerana Practices	39
6.2. Skill Development for Employability & Job Placement	41
6.2.1. Access to Vocational Training	41
Prerana Practices	41
6.3. Job Placement	43
Prerana Practices	43
6.4. Independent Living Skills	44
Prerana practices	45
SOCIAL REINTEGRATION	47
7.1. Support Mechanisms	47
7.1.1. Professional Follow up services	47
Prerana Practices	47
7.2. Stakeholder Engagement	49
Prerana Practices	49
CHALLENGES OF THE RESTORATION MODEL	51

Abbreviations

CCI – Child Care Institutions

CCL – Child in conflict with law

CH – Children’s Home

CNCP – Child in need of care and protection

CSE – Commercial Sexual Exploitation and

CSE&T Commercial Sexual Exploitation & Trafficking

CSEC - Commercial Sexual Exploitation of Children

CSO – Civil Society Organisation

CBO – Community Based Organisation

CTE – Career and Technical Education

CWC – Child Welfare Committee

DCPU – District Child Protection Unit

DLSA – District Legal Services Authority

GH – Group Homes

GH-EA – Group Home-Externally Assisted

ICDS – Integrated Child Development Services

ICP - Individual Care Plan

ICPS - Integrated Child Protection Scheme

JJA 2015 – Juvenile Justice (Care and Protection of Children) Act, 2015

Maharashtra Rules 2018 – Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018.

NIOS – National Institute of Open Schooling

POCSO Rules – Protection of Children from Sexual Offences Rules, 2020

POCSOA – Protection of Children from Sexual Offences Act, 2012

PTSD – Post Traumatic Stress Disorder

SH – Shelter Home

SIR – Social Investigation Report

UNCRC – United Nations Convention on the Rights of the Child

VET – Vocational Education and Training



INTRODUCTION

1.1. Restoration

A family is considered a basic unit of human personal social existence. For a child, the family is the first institution of socialization. The significance of family as a natural place for every individual, especially for a child, has been upheld unambiguously and consistently by several international and national platforms. The right of children to not be separated from one's family and, if separated from one's family for whatever reasons, then their right to be restored to their family has been articulated explicitly in recent laws and instruments.

International laws also uphold the primary responsibility and privilege of the family to provide care and protection to their child as bestowed upon them by history, tradition and culture. Unfortunately, there may be situations where the natural or extended families, and more appropriately natural parents and close natural relatives get separated from their child, or become incompetent, disinclined to provide care and protection to their child or become a source of harm to the child. In such cases, the responsibility to provide care and protection may fall on the State. Such an arrangement is temporary and does not replace the importance and indispensability of the care and protection given by the natural parents and family. Thus, every other arrangement has to be aimed at reuniting the child with the family for long-term care and protection. The process of reuniting a child with their family is known as restoration.

In India, the Juvenile Justice (Care and Protection of Children Act, 2015) has been guiding the rehabilitation of vulnerable children. It upholds the significance and need for children to grow up within a family environment. The principle of family responsibility, the principle of *'institutionalisation as a measure of last resort,'* the principle of repatriation and restoration¹ enshrined in the JJ Act all endorse that the family is primarily responsible for taking care of children and children have the right to be reunited with their family at the earliest unless such a decision is not in their best interest.

The JJA 2015 also establishes the principles, systems, and processes to cater to the needs of a child in need of care and protection (CNCP).¹ In the process, the main goal of *temporary* alternative care has been overlooked. The last two decades in India have seen instances of serious demerits of institutional alternatives. This has brought back the focus on the original rationale behind institutional care as an interim short-term arrangement till the child is placed back in a family setup. This corrective measure is also called deinstitutionalization but the term describes only a part of the larger process of restoration.

Restoration of Children Rescued from Commercial Sexual Exploitation

In cases of children rescued from Commercial Sexual Exploitation and Trafficking (CSE&T), after the rescue and the immediate post rescue legal protocols, the victims are temporarily sheltered in institutions or Children's Homes (CH) as per the Orders of the Child Welfare Committee (CWC) constituted under the Juvenile Justice Act 2015. A child victim of commercial sexual exploitation and trafficking (CSE) can be declared a child in need of care and protection (CNCP)² who i) has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or ii) is being or is likely to be abused for unconscionable gains.

Commercial sexual exploitation is a traumatizing experience for the child and the families may not be equipped to deal with the post traumatic disorders. The process of restoration in such cases thus involves preparing the child as well as the family. Regrettably, the legislation in India that primarily lays out the procedures for children in need of care and protection rudimentarily describes the responsibilities of CCI staff and CSOs towards the strengthening of the family pre- and post-restoration. The JJA does not commit to clear procedures and guidelines on the follow-up post-restoration even though it talks about the necessity of the follow-up post restoration of the child. Thus, there is a lack of knowledge on the preparation of the family for restoration and on the extent and scope of follow-up with the child post restoration. These tasks are thus often handled as per established social work practices.

1.3 Needs Identified in the Restoration Model

Family-based living is the most natural setting for a child to live and grow. In cases of children in need of care and protection (CNCP), every positive non-family intervention

¹ JJA – Section 2(14)

² As per Section 2(14) of the JJA 2015, A child victim of commercial sexual exploitation and trafficking can be declared a child in need of care and protection under section 2 (viii) who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or (x) who is being or is likely to be abused for unconscionable gains.

must be aimed at restoration of the child to their family. However, it is to be noted that sometimes, families might not be ready or equipped to identify some of the complex needs of a CNCP such as health concerns, social protection, and economic self-reliance, etc. Thus, a lot of work is required on strengthening a family and preparing them when a care leaver or child exits the JJ system and is restored. These needs of the child restored to the family have been identified and discussed in the following chapters. The needs are evolving and not meant to be exhaustive. Primarily, these focus on:

- Shelter
- Health
- Legal
- Social Protection/Welfare Schemes
- Development
- Social Integration

For each of these needs, specific components have been identified, including the legal provisions and the implications of the same for a child. The best practices adopted by Prerana are detailed under 'Prerana Practices'. The final chapter discusses the challenges of the restoration mode.

SHELTER



2.1 Safety

Ensuring the safety of a child victim is a challenging job in non-institutional settings like families. It is much easier to adhere to the legal guidelines of safety in formal institutional set-ups because they are well-funded, either run or monitored by the state authorities. Families on the other hand are independent units that may need assistance and support from time to time. As per the UN Guidelines for Alternative Care of Children, 2010,³ efforts need to focus on directing the child to remain or return to their parents, families, or guardians, when appropriate. Thus, restoration to the family is seen as a long-term goal because the family is recognized as the primary environment for the protection and well-being of the child.⁴

2.1.1. Social Investigation Visit and Report

Section 2 (14) of the JJ Act, 2015, defines children in need of care and protection (CNCP). As per this section, those children who have a parent or guardian and such parent or guardian is/ are found by the Committee to be unfit or incapacitated can be

³ General Assembly resolution 64/142, *Guidelines for the Alternative Care of Children*, A/RES/64/142 (24 February 2010), available from https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf

⁴ As per Rule 24 (2) of the Maharashtra State Rules JJA 2018, when a child in need of care and protection having a biological or extended family is produced before Child Welfare Committee, the Child Welfare Committee shall refer the family to an organization offering support to strengthen families to prevent institutionalization of the child, wherever appropriate.

declared as CNCP. Besides those children who are or are likely to be abused, tortured or exploited for the purpose of sexual abuse or for unconscionable gains are also declared as CNCP.

However, the Act and its corresponding Rules are silent on precisely and objectively how to assess whether parents are fit or unfit to take care of their children. The norms or guidelines to assess the capacity of parents or guardians to take care of their children are limited in both the JJA and the Rules. This leaves room for individual biases. Currently, the limited scope of this assessment depends on – the Social Investigation Report (SIR) and the Individual Care Plan (ICP).⁵

Typically, ‘found but untraced’ children or those whose rights seem to have been violated are produced before the CWC either by the Childline officials (a national child helpline service), police officials, or any ordinary citizen. Post the initial assessment, if the parents of the child are found, the CWC decides to place the child with the parents or guardians, until the inquiry is completed. If the parents or guardians cannot be traced, then, the child is temporarily placed in a CH, until the inquiry is completed.⁶

Often, during the period of inquiry, close relatives including the parents of the victim approach the CWC seeking the custody of the child. In such situations, it is critical to conduct a thorough assessment of the family, especially the parents, before restoring the child to them.⁷ This procedure of inquiry is called the Social Investigation and its report is called Social

Investigation Report (SIR). The SIR needs to be completed within the 15 days of the CWC passing the Order, so that the CWC can pass a Final Order within four months of

⁵ As per Rules 21 (2) of the Maharashtra State JJ Rules 2018, preparation of a comprehensive individual care plan with the participation of the child and with the involvement of experts wherever required and parents/family wherever appropriate and others involved in the care of the child, as per **Form 7** Individual Care Plan (ICP). The Individual Care Plan should fulfil the development rights of the children which include access to resources, skills and contributions necessary for the survival and full development of the child.

⁶ As per Section 36 (3) of the Maharashtra State JJ Rules 2018, after the completion of the inquiry, if Committee is of the opinion that the said child has no family or ostensible support or is in continued need of care and protection, it may send the child to a Specialised Adoption Agency if the child is below six years of age, children’s home or to a fit facility or person or foster family, till suitable means of rehabilitation are found for the child, as may be prescribed, or till the child attains the age of eighteen years: Provided that the situation of the child placed in a children’s home or with a fit facility or person or a foster family, shall be reviewed by the Committee, as may be prescribed.

⁷ As per Rule 19 (7) of the Maharashtra State JJ Rules 2018, the social investigation conducted by a social worker or Case worker or Child Welfare Officer of the institution or any non-governmental organisation or District Child Protection Unit shall be as per Form 22 and must provide an assessment of the family situation of the child in detail, and explain in writing whether it will be in the best interest of the child to restore him to his family. If the family requires any support services to be able to look after the child, the Child Welfare Committee shall refer the family to the organization providing such family strengthening services.

the first production of the child.⁸ The Social Investigation includes interacting with the child, the case worker (the CCI staff) assigned to the child, as well as the Investigating Officer (the police) and any other significant individuals such as the family and school in the case as the Committee deems relevant.



Prerana Practices

The Social Investigation includes a visit and interaction with the claimants/family to verify the claims made by the family about their residency, livelihood, and income. Unlike police or criminal investigation, the process of social investigation is based on the principles of social inquiry and casework. This includes interviewing, observing, recording, and listening to the child victims and their families. Here is an indicative list of the details and corresponding documents obtained during a social investigation.

ECONOMIC SITUATION		
UNIT OF INQUIRY	OF	CORRESPONDING DOCUMENTS
Source of family income and livelihood		<i>Bank account statement or passbook entries, registration of establishments/enterprises, property documents, signed and stamped letter from employer, salary certificate/proof, identity card from the place of work, cross-verification of the passbook entries with the employer's details.</i>
Tenure of residence (owned or leased)		<i>Rent agreement, ownership deed, or any other document issued by a competent authority.</i>
Expenses and debt		<i>Monthly expenses incurred by the family (compared to the earnings), spending habits, debt incurred and the status of repayment of the same.</i>

⁸ As per Sec 36 (2) of the JJA 2015, the social investigation shall be completed within fifteen days so as to enable the Committee to pass final order within four months of first production of the child: Provided that for orphan, abandoned or surrendered children, the time for completion of inquiry shall be as specified in section 38.

SOCIAL BACKGROUND

UNIT OF INQUIRY	CORRESPONDING DOCUMENTS
Identity proof of the claimants, Including photographic identification	<i>Birth certificate, Aadhar card, PAN card, voter ID, Caste Certificate, Passport, etc.</i>
Relationship of the claimants with the victim	<i>Birth certificate of the victim, Ration Card, Marriage Certificate, entries in the gram panchayat register, family photographs, etc.</i>

Besides seeking specific documents during the inquiry, case workers also gather information through interaction with family, school, immediate neighbors, and others (if necessary). They seek to understand the child victim's background, parents' perspectives, opinions and observations about the incident and offense. Confidentiality is maintained throughout this process. The following table explains the process:

UNIT OF INQUIRY	DIRECTION OF INQUIRY
Family's background	<ul style="list-style-type: none"> ● State and city of origin: <i>The number of family members, migration status and trail, if applicable, reasons for migration, and inquiry about how often they visit their native, etc. If the child has a close relationship with the family back in thenative, an inquiry may be conducted with the family in the native.</i> ● Parents' source of livelihood: <i>Information about jobs that parents do, whether it's safe or vulnerable, regular flow of income, and how steady or seasonal the jobs are.</i> ● Socio-cultural practices: <i>Information about the exposure of the victim to certain harmful practices like shadow entertainment, sex trade, sex trafficking, etc., especially if families are exposed or involved in such harmful practices.</i>

<p>Victim's routine</p>	<ul style="list-style-type: none"> ● Daily routine: Information about when the victim goes to school/college/work, time spent on recreation/play, other engagements including hobbies of the child.
<p>Victim's education status</p>	<ul style="list-style-type: none"> ● Details about last-attended school: Records of attendance, the conduct of the victim in school, reasons for discontinuing education (if the victim is not pursuing education), family's response to the victim's education (for instance, the family's response to discontinuation of schooling of the child), and documents for verifying educational qualifications.
<p>Victim's surrounding environment (social and physical)</p>	<ul style="list-style-type: none"> ● Social support: Immediate and extended company of the victim—friends, family, and neighbors in the form of social support for the victim and their family. ● Vulnerabilities within close circles: Neglect or possibility of violence or exploitation inflicted by known or unknown persons.
<p>Parents' understanding and opinions about the offense and victimhood</p>	<ul style="list-style-type: none"> ● Parents' awareness about the child's movement and activities: Whether the child is at home or away for a couple of hours each day when the parents are at work and parents' awareness about the child's wellbeing during this time. ● Parents' awareness of the child's rights: In case of violations, opinions about violence and crime, and understanding of the child's trauma responses. ● Parents' reaction to violence against the child: Especially when a known person (friend or acquaintance) has committed the offense against the child. ● Parents' views about the future of the child: Parents' inclination and capacity to invest and support in the child's future.
<p>Victim's behavior and mental health</p>	<ul style="list-style-type: none"> ● Victim's experience of violence and neglect: Assess and record child's views, past traumatic incidents faced by the child and its impact on the victim and family.

Case workers practice a sensitive and non-judgmental attitude towards the child victim and their family while conducting the inquiry. In cases of CSE, when the child is rescued, age-related document(s), as recognized under the JJA,⁹ might not be available with the child during the rescue. In such cases, documents like the School Leaving Certificate or the Birth Certificate may be collected from the family during the social investigation visit. A good practice adopted by the CWCs, with support from civil society organizations like Prerana, is to verify the documents submitted by the claimants from the issuing authorities. The CWCs order the Investigating Police officer in the case to conduct this verification. In the past, there have been cases where the age of the child on a document submitted by the claimants is in contradiction to the child's opinion of their age as well as the medical age-determination test. Thus, it is essential to verify the documents submitted before the CWC.

While the information collected and presented in the SIR is based on facts observed or recorded, there is some scope to add suggestions, recommendations, or pressing observations from the case workers. In Prerana's field experience, it has been observed that, sometimes, there are inconsistencies in the narratives of the different family members and the child. Also, non-verbal cues and body language of the family members can be part of the SIR under observations. Since the case workers have interacted with the child and their family, their recommendations on the child's rehabilitation are critical to preparing rounded and comprehensive documentation.

2.1. Care and Protection

The term 'child protection' has significantly evolved in India over the last two decades. Many CSOs have worked with international agencies to prevent and respond to violence, exploitation, and abuse against children. While safety has a more physical connotation of keeping the child safe, care and protection entails the socio-cultural elements of a child's well-being.

The restoration model recognizes how challenging it is to protect a child against harm in their surroundings. Once a child is restored to their family, the parents or guardians become the primary caregivers and it can be hard to monitor them regularly, unlike in the

⁹ As per Sec 94 (1) of the JJA 2015, where, it is obvious to the Committee or the Board, based on the appearance of the person brought before it under any of the provisions of this Act (other than for the purpose of giving evidence) that the said person is a child, the Committee or the Board shall record such observation stating the age of the child as nearly as may be and proceed with the inquiry under section 14

institutional model. Nonetheless, the family can act as strong support for the child to deal with unknown and unforeseen circumstances.

2.1.1. Immunity Against Re-trafficking

2.1.1.1 Closeness to the Trafficker or Exploiter

When victims are trafficked by known persons (known as acquaintances) into the sex trade, there is a possibility of the victim being sexually maltreated, intimidated, threatened, or trafficked yet again. In cases where the trafficker (or their family) is in close physical proximity to the child victim and their family, their vulnerability increases. Thus, restoring a child victim in such environments may not be safe. The child victim's physical proximity to the trafficker needs to be assessed and considered while conducting the inquiry and making a decision for restoration.



Prerana Practices

It is often observed that the child and/or their family is befriended by local acquaintances like neighbors or extended relatives, who then traffic the child for commercial sexual exploitation. These traffickers and exploiters are often in physical proximity to the victim and their family. The victim and sometimes, parents or family might also be emotionally dependent on the traffickers. Prerana's field experiences show that when violence is perpetrated by a known person, the child victim and the family might not be able to assess and understand for a long time if their rights are being violated. In such cases, the child victim and the family may also have a hard time accepting the reality, which can lead to unhealthy attachments with the trafficker and the exploiter. This can also alter their understanding of 'safety'. Case workers make the following assessments pre-restoration:

- **Identifying the location and residence of the trafficker:** If the child victim and their family claim to be in close physical proximity to the trafficker, the case worker identifies the residence of the trafficker with assistance from the police. Apart from that, the case worker also assesses the child and their family's emotional dependence on the trafficker or their family.
- **Finding the current status of the trafficker or exploiter:** If an offense has been registered and the trafficker is in jail, social workers follow up on the bail applications and keep the family apprised of the legal status of the case. If a bail application is moved in court but the child and the family are distressed about the trafficker's return to the neighborhood, the application may be challenged in the court of law through legal assistance. In cases where bail is granted, a good practice is to negotiate with the court on conditional bail with a restraining Order to bring relief to the victim and their

family.

- **Assessing the trafficker's (if they have been released on bail) or their family's (if the trafficker is in jail) behavior:** Social workers understand the relationship between the trafficker and the victim's family and assess the trafficker's behavior to help plan for the safety of the child well before they are restored with their family. There may be a possibility that the trafficker or their family may try to intimidate the victim's family. All such relevant information is shared with the CWC to enable them to make an informed decision about the child's care and protection.
- **Assess the family's capacity to manage and respond to a precipitating incident concerning the victim's protection:** In case the family of the trafficker is harassing the child victim or the family, social workers evaluate the possibility of building the capacities of these families through casework and counseling.

The above assessments are discussed with the family and the victim. In certain cases, the assistance of the local police is sought. Prerana, then, documents its observations and submits them to the CWC to help them make an informed decision.

Counseling plays a significant role in building the child's narrative around safety and security. The case worker as well as the counselor need to assess the child's understanding of the offense committed against them. In some cases, the perpetrator may not be from the immediate community. Once the child is restored to the family and resumes their routine, the perpetrator may try to reach out to them. This can happen in a friendly or threatening way. The possibility of these episodes is discussed with the victim while they are in the CCI. After restoration, case workers try to equip the victim and their family to report such situations to the police as soon as possible.

2.2.1.2. Dangers Emanating from the Neighboring Community

Besides proximity to the trafficker, sometimes (especially in urban slum settlements), there might be disrupting instances and elements in the immediate social environment of the victim that might make them vulnerable to exploitation. These can include peer pressure to use or sell drugs, high incidences of sexual violence against women, poor or disintegrated social protection systems, or low vigilance by local administrators and law enforcement, etc. It is critical that a child is prepared for such social vulnerabilities during restoration.



Prerana Practices

In communities with a high risk of social disturbances, peer influence might also make the victim vulnerable to violence or exploitation. If a child is restored in a high-risk community, the family needs to be equipped to handle crises as and when they arise. Some of the activities undertaken by Prerana while working with communities and families pre- and post-restoration are:

- **Assessment of the community during the preliminary inquiry period:** Case workers study the neighborhood and community where a victim will be restored. They may also seek assistance from other community-based organizations (CBOs) or the local police station to better understand the dynamics in the community.
- **Determine the family's capacity to deal with unforeseen circumstances, if and when they arise:** After assessing the neighborhood, case workers have detailed conversations with a child victim's family members by posing hypothetical situations, exploring their preparedness for a crisis, and discussing similar incidences that may have taken place within the community.
- **Capacity-building amongst family members:** It is done through hands-on casework like accompanying the family to the local police station, explaining to them the process of registering a complaint, in case there is a threat to the child victim or the family. Even though the case workers might counsel the families and prepare them, regular reinforcements are necessary during follow-ups post-restoration.
- **Connect them with other organizations:** Sometimes, depending on the severity of crisis or incidents, case workers might connect the child victim and their family with a locally active CBO or with necessary legal aid.

If there is a crisis or an incident with the family post a child's restoration, the CWC is updated through regular follow-up reports of the case work

CASE IN POINT

A Child Victim's Mother Suffers Harassment from the Trafficker's Family

17-year-old Megha was restored to her family by the CWC eight months after rescue. During these eight months, the trafficker, Lata, who happened to be a local acquaintance, was released on bail owing to her mother's terminal illness. Even before Lata was released, her brothers would often harass Megha's mother on her way to work. They would hurl abuses on the streets and blame Megha for Lata's arrest.

Finally, Megha's mother disclosed to Prerana's case worker how distressed she was because of the behavior of Lata's brothers. The case worker, during one of her regular follow-up visits, suggested that Megha's mother file a complaint against their harassment at the local police station. Even though Megha's mother was overwhelmed in the beginning, the case worker explained the significance of the complaint, especially for Megha's restoration from the CCI. Eventually, Megha's mother agreed. The case worker accompanied her to the police station to file the complaint and supported her throughout Megha's restoration process.

2.1.2. Access to Society and Opportunities

When the family is unaware of the crimes committed against their child and are made aware of the same, they might feel violated. The parents might question and re-examine their parenting style and yearn to provide a safe environment for their child. This process can be harder for families in low-income communities as they may not have the necessary resources to ensure the protection of their children. Thus, it is likely for the families to become vigilant of the child victim's mobility and restrict their movement beyond the house and the immediate community. The stigma associated with sexual violence might also make the family overly cautious of the victim's social interaction, including their presence online. This stigma can also make the family and victim feel distanced from their immediate social environment. These factors can adversely affect the child's development.



Prerana Practices

During the preliminary assessments, case workers try to understand the family's involvement in enabling the child to attend school or engage in other developmental activities and services in the immediate social environment after restoration. The case workers also follow up on these conversations after the child is restored with the family.

- **Determine parents' attitude towards the child's routine movements in the community:** Case workers assess the family's comfort with the child's movement such as meeting friends, running errands for the family, or being online, etc. These factors contribute towards the process of socialization for the child and their overall development in the long run.

CASE IN POINT

A Mother Prepares Herself for Her Child's Return

During a pre-restoration visit to Durga's family, the case worker inquired about the family's plan for the 16-year-old if she was to be restored to the family from the Children's Home (CH). Durga's mother, Swati, was keen that Durga should join her school when she was restored. Swati also wanted to know the timelines of Durga's restoration to prepare the school authorities for her return.

- **Understand the challenges of the child while moving outside their home:** Post restoration, the case worker interacts with the victim to understand their emotions and thoughts when they are in public places as well as assess the traumatic symptoms and triggers present in their immediate social environment. This is also communicated and discussed with the child's counselor to help them deal with the situation emotionally.
- **Family or parental counseling:** In certain cases, the case workers may refer parents or the family for professional counseling to better equip them for creating a trustworthy environment for their child. This can be determined pre-restoration if the case worker identifies that the parents need assistance and support to work on their parenting skills or post-restoration, based on how parents cope with the changes.

CASE IN POINT

A Child Struggles to Come to Terms with Her Past

Mugdha was restored to her family in May 2018. During a follow-up visit from the case worker, Mugdha expressed happiness about being back home with her family. She also explained that she wanted to stay home for a couple of days before resuming her vocational training.

Over the next 3 to 4 months, the case worker observed that Mugdha would not resume her vocational training. During a conversation with the case worker, Mugdha expressed that she was scared to move out as she felt the most secure at home. She was still reeling from the trauma of her violent past. The case worker referred her to the counselor who helped Mugdha cope with her emotions and help her move beyond the confines of her home.

It has been observed that a family's over-cautious behavior can lead a child victim to internalize restrictions and confinement. To avoid the same, case workers interact with the child regularly and refer them to counselors to help them deal with their emotions.

2.1.3 Adult Supervision

The current discourse around the deinstitutionalization of child victims of CSE and CNCP focuses on strengthening the support of parents or the immediate family members to help the child cope with the trauma of violence. The quality and presence of adult supervision, either parents or guardians, is critical to a child's well-being. The absence of this supervision and guidance might result in an offense being (re)committed against the children. Thus, when a child is restored, it is essential to assess the nature of supervision available for them post- restoration.



Prerana Practices

It is critical to assess parents' or family's quality of supervision and support during the initial inquiry. Case workers make this assessment through multiple follow-ups with the victim's family for the first few months of restoration. After due assessments, the case workers work with the family to maintain healthy levels of supervision on the child. They focus on:

UNIT OF INQUIRY	DIRECTION OF INQUIRY
Availability of adult supervision	<ul style="list-style-type: none"> ● <i>Is the child receiving healthy (adequate, not extreme) supervision throughout the day?</i> ● <i>How much time is the child spending unsupervised? Where is the child during that period?</i> ● <i>Do parents check on the child once they have left for work? How often?</i> ● <i>How do parents monitor the child's safety when not under direct parental supervision?</i>
Support system for the child victim and parents	<ul style="list-style-type: none"> ● <i>Does the child live in a joint or nuclear setting?</i> ● <i>Are the primary caregivers of the child dependent on other support systems (like neighbors)?</i> ● <i>Do the child and parents have healthy relationships with other members of their family, or with the immediate social environment?</i>
Parents' perception and awareness of the child victim's daily routine	<ul style="list-style-type: none"> ● <i>What does the child do once the parents or guardians engage in their livelihood activities? What is the child's daily routine?</i> ● <i>What is the parents' understanding of the child's daily routine?</i> ● <i>Do the parents know of the child's immediate social circle (friends and local acquaintances, and their contact details)?</i>
Dependence on the child victim for domestic and care work	<ul style="list-style-type: none"> ● <i>If the victim is a young adolescent girl with working parents, how dependent is the family on her?</i> ● <i>Does she have some time for personal growth and development activities (recreation, play, education/ vocation)?</i> ● <i>What level of involvement does the child victim have in daily domestic chores and care/supervision of siblings at home?</i>

HEALTH



3.1. Nutrition

Nutrition is a primary requirement for development. Several factors impact the nutritional requirements of an individual. During childhood and adolescence, children require a diet that is different from what they require when they step into adulthood. The required nutrition also varies based on other conditions like pregnancy, infectious diseases like tuberculosis, HIV, physical and mental disorders, identified malnourishment, and the quantity, quality as well as the frequency and gaps in between the meals.

Children should have access to healthy, sumptuous, and nutritious food 3 to 4 times a day. The quantity of the meals depends on the child's age and developmental stages of growth. When a child victim is in a CCI, the food and nutrition requirements are taken care of and monitored regularly as per the prescribed guidelines. However, once the child is restored to their family, the victim's access to healthy and nutritious food needs to be assessed by the case workers through interaction and follow-ups with the family and the victim.

3.1.1 Daily Nutrition

A young adolescent needs at least 4 meals each day. While this is monitored when a child victim is in a CCI, food and nutrition habits differ across households. Even though this is an important factor to consider for a child victim's restoration, in-depth assessments can only be conducted once a child is restored. Follow-ups after restoration should focus on understanding the relevant family practices, gender, and other social biases about food and nutrition and its impact on the child's overall growth and development.



Prerana practices

During follow-ups after restoration, case workers assess whether the child's needs are being met. Some of the good field practices post-restoration include:

- **Assessment of the family's perception of nutritious and healthy food:** Case workers gather information about the child and the family's food habits, number of meals consumed at home and outside. It helps them ascertain whether the child is being provided the necessary nutrients. Case workers may also undertake certain discussions with the family about age- and condition-appropriate balanced diet, healthy food habits, alternative food options, etc.
- **Assessment of the family's financial capacity:** Case workers also assess if the family can afford healthy, nutritious meals, and help the family access free or subsidized groceries.

CASE IN POINT

Cultivating Healthy Eating Habits in the Child

14-year-old Muskaan was restored to her parents by the CWC in May 2019. She lived with her parents and two younger siblings in a low-income, urban community in the Mumbai suburban district. During follow-up visits, case workers observed that the child was physically weak. When the case workers inquired about the child's routine and eating habits, the mother explained that she was busy through the day working in four different households as domestic help. Muskaan's mother also disclosed Muskaan's habit of eating some junk food from the nearby shop. During a regular medical check-up, Muskaan's test results showed abnormal vitamin and hemoglobin levels.

- **Assessment of the family's preferences and cultural context:** Socio-cultural contexts also impact eating habits in a child. When a child or their family falls sick due to unhealthy eating habits, case workers, with assistance from health workers in the communities, counsel the child and the family on the importance of healthy, home-cooked food

3.1.2. Special Nutrition

Some children may require special nutrition due to certain deficiencies, mental and physical health disorders, or specific conditions like pregnancy, etc. In such cases, nutrition plans are designed as per the needs of the child based on professional consultations. These plans are usually designed when the child victim is still at the CCI. After restoration, such plans are to be integrated by the family in the child's daily routine food intake. Special nutrition might be required in cases where the child is being treated for an illness, especially deficiencies like iron, malnourishment or communicable diseases that affect immunity. In more serious infections like tuberculosis, a well-balanced, nutritious diet is a must for recovery.



Prerana Practices

In most cases, lack of awareness on the part of the family makes it harder for case workers to convey the significance of special nutrition for a child. During the restoration process, the family is involved in preparing the health-related care plans for the child in consultation with the CCI staff. Some good practices include:

- **Family counseling:** Case workers refer the family to counselors to educate them about the special health needs of the child either pre- or post-restoration.
- **Helping families access health requirements:** In some cases, case workers also assist families in accessing the nutrition requirements as prescribed by nutritionists or dietitians. If the victim suffers from communicable diseases like TB, the primary health center within the community may also be mobilized to offer support.
- **Assessment of the family's finances:** Case workers also assess the family's financial capacity to provide special nutrition to the child. A weekly budget may be prepared and discussed with the family. In the case of TB, milk and eggs are essential dietary requirements. These may not be a regular intake in the child's family and cost them extra. In such cases, case workers establish linkages with financial assistance programs or in-kind donations through individual sponsorships or other such financial programs.

CASE IN POINT

Case Workers Help a Child Plan Her Nutritional Needs

Reema, 17, was restored to her family after her pregnancy was medically terminated. The pregnancy and subsequent discussions on the termination had a severe impact on the child's mental health. Her body was weak and needed attention. However, due to Reema's deteriorating mental health, she was unable to follow the dietary intake as prescribed by the doctors. In the hospital, fortunately, the child was surrounded by social workers and health professionals who positively influenced the child to consume the necessary diet and also provided support in procuring the necessary supplies.

However, once Reema was restored home, she was further disturbed. Besides, the child and her family could not afford the required nutrition. During the follow-up, the case workers reinforced the significance of a healthy diet in ensuring Reema's overall health and well-being. The case worker, with Reema's help, prepared a list of items that Reema could consume as a part of her daily diet. Since Reema's family consisted of two other younger siblings, they were sensitive of their needs as well. A modest budget was determined by the case workers in consultation with individual sponsors, for assistance to the family in procuring the necessary nutrition supplies for the child.

3.2. Hygiene

3.2.1. Home and Surrounding – External

Cleanliness and sanitation, both within the residence and in the child victim's immediate external environment, need to be assessed. This includes, and is not limited to, waste disposal mechanisms, usage and disposal of wastewater, access to bathrooms and toilets, and water for drinking and household purposes. Typically, in urban low-income communities, some households may have a small, secluded corner for washing clothes and/or utensils (called *mori*). Sometimes, this segregated space is also used to

take a quick bath. In most of the low-income communities, toilets are also shared amongst several households. Sometimes, families may have to walk or wait long or odd hours to relieve themselves—which is likely to increase the possibility of sexual harassment or eve-teasing when women approach such secluded areas. Although the access to toilets and bathrooms does not determine the decision to restore a child with their family, it is an essential part of the post-restoration follow-up.



Prerana Practices

Some of the activities that Prerana undertakes are:

- Assess the challenges in accessing sanitation facilities:** Case workers assess the type of sanitation facility available for the child victim and the family such as toilets, latrines, bathing places, washing places, urinals, etc. They also try to understand the challenges that the family and the child face while accessing the sanitation facilities such as the distance between the common facility and the child's house, eve-teasing or harassment when using common bathing places, etc.
- Discuss the challenges with relevant authorities:** After understanding the challenges of the child and the family to access sanitation, case workers present the concerns before the relevant authorities (local CSOs, community leaders, other civic authorities) and draw up possible measures in overcoming these challenges. Sometimes, case workers might also assist in identifying or locating alternate options for sanitation.
- Assessment of access to water supply and garbage disposal:** In some urban settlements, households usually share a common water supply and it may only be available at certain designated hours during the day or night. Case workers seek to establish linkages or redress critical challenges that may arise in accessing such facilities to strengthen the support system for a child when they are restored.

3.2.2. Personal Hygiene

When the victim is in the CCI, the staff helps them maintain their hygiene like cutting nails, taking a bath every day, combing hair, dressing well, and looking after their menstrual hygiene. However, these practices need to be continued once the child is restored to their family, especially in low-income, urban communities with space and resource constraints.



Prerana Practices

While it may not be possible to assess personal hygienic practices pre-restoration, case workers must observe these practices during their follow-ups post-restoration. When working with young adults, case

workers also engage in constructive discussions on reproductive health rights and safe sex practices. They also discuss the importance of personal hygiene with the child's family. When hygienic practices are not followed and health conditions or infections arise, case workers respond to the crisis through on-field support.

3.3. Physical Health Care

3.3.1 Certified Medical Systems

Before a child is restored to their family, a detailed physical assessment is conducted by the CCI. If the child is undergoing treatment, the continuation of that treatment post-restoration becomes an integral part of the child's rehabilitation plan. Certified medical systems, or qualified, state authorized services recognized by the competent authorities, including super-specialized services are essential for diagnosis and treatment of the child.



Prerana Practices

Physical health of a child is critical during post-restoration follow-up. Sometimes, medical conditions can arise once the child is restored with their family. Besides, the family also needs to be protected from unscientific medical practices in the name of care—which is quite common in the low-income communities in India. When such practices receive social and religious sanctity, it can get quite challenging to pull the child and their family away from such treatments and align them to certified medical practices. Thus, following up on a child's health is a critical component of post restoration follow-up. Some of the best practices are:

- **Assess the nature of the child's illness:** When symptoms of cold, flu, or other viral infections are observed for over a fortnight or consistently over 2 to 3 follow-up visits, case workers suggest medical intervention to the family. They also follow up on the same with the child and the family while discussing the importance of seeking medical assistance.
- **Connect the family with public health facilities:** If a family has had limited experience dealing with the health system, case workers provide hands-on orientation to the child and family to public health facilities like government hospitals and local health clinics. They also educate the families (may accompany to orient them in certain cases) on availing Out-Patient Department (OPD) services in government hospitals, approaching the social work department in a hospital for financial assistance, etc.
- **Conduct regular follow-ups:** Case workers also actively follow up with family and/or with the health facility on the treatment that is being provided to the child after

restoration.

- **Provide financial assistance:** Sometimes, case workers also link families to medical sponsorships or referral to a private hospital or clinic pro bono depending on the family's financial capacities.

3.4. Mental Health

Unlike physical health, mental health is still considered a taboo. Public awareness of mental health is also extremely low, especially within low-income communities, and there is a general reluctance to approach mental health services. When a child victim is living in a CCI, they interact with a counselor. The first few months are spent on stabilizing the victim and helping them cope with unresolved thoughts and feelings. Often, a child victim may also need counseling and emotional support post-restoration to adapt to the family and society.



Prerana Practices

Prerana provides counseling services to victims and their families once a case worker makes a referral. Sometimes, this process begins pre-restoration and continues even after the child is restored with the family.

The counseling sessions focus on dealing with trauma and post-traumatic symptoms including anxiety, self-harm, psychosomatic symptoms, building resilience, dealing with society, commitment to re-integration, and developing healthy parenting techniques.

- While planning for restoration, case workers and counselors hold discussions with the victim as well as the family to assess the need for continuing counseling services. Sometimes, these services may be available in the form of outreach counseling. Else, the victim might have to travel to the nearest CCI or other such facility to access counseling services. The pre-restoration report of the case worker assists the CWC in making decisions about providing counseling and follow-up services to the victim after restoration. The duration and frequency of the sessions are dependent on the availability of the victim. For outreach counseling, a number of factors are considered - availability of the victim, rapport between the victim and the counselor, daily routine of the victim, and the availability of space, etc. The counselor sets realistic targets for the sessions and discusses these with the case worker. The counselor's reports are submitted to the CWC on a regular basis. The counselor constantly assesses the progress made during the sessions and plans phasing out and exit over time

LEGAL



The socio-legal need of children is two-fold. Firstly, a child rescued from commercial sexual exploitation and trafficking is a CNCP under the JJA¹⁰ and has the right to rehabilitation under the law. Secondly, under other criminal laws, there is an ongoing effort to get the offender punished for the offense of trafficking a child for commercial sexual exploitation. The child victim is entitled to assistance under both these circumstances.

Along with providing a child victim with relevant recovery and rehabilitation services, making victim-witness protection services available to the child is also essential and enforceable by law. This section addresses two broad sub-needs: **prosecution**, the process in which a victim participates as the witness of the State to the crime; and **care and protection**, where the victim is offered the necessary rehabilitative services for eventual social reintegration.

4.1. Prosecution

In the Indian criminal justice system, heinous crimes of serious nature such as trafficking of persons for sexual exploitation are also treated as crimes against the State and not just against an individual. The State leads the prosecution of such cases, and the trial process is aided by oral evidence of the witnesses who could prove or disprove the commission or non-commission of an act punishable under law. The testimony of the child victim plays an important role in establishing the narrative of

¹⁰ Section 2(14)(viii) "child in need of care and protection" means a child—who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts

the trial. The prosecution is complex and long drawn and requires the assistance of victims as witnesses to make an effective case. Thus, it is important that victims are also aided to ensure that the trial does not re-victimize and re-traumatize them. Such victim-witness protection services are especially critical for child victims of CSE.

4.1.1. Awareness and Orientation of the Victim in the Stages of Investigation and Prosecution

The entire process of investigation and trial can be overwhelming for a child victim. Given the sensitive nature of sexual offenses against children and keeping in mind the traumatized mental state of children, the Protection of Children from Sexual Offences Act, 2020 (POCSOA) has mandated child-friendly procedures in law. These provisions are also extended to Protection of Children from Sexual Offences Rules, 2020 (POCSO Rules, 2020).¹⁰

One such provision is the appointment of a Support Person¹¹ to assist the child through the investigation and trial. The Rules further lay down the functions of the Support Person including orienting the child and explaining the role they may play in the process.¹² POCSO Rules, 2020 also include provisions to make the child and their family aware of the services available to them, the procedural steps involved in a criminal prosecution, the status of the investigation of the crime, information on arrest and bail of the suspected offender, verdict of the trial, etc.¹³



Prerana Practices

Following are some of the good practices from the field:

- **Orientation about trial and prosecution:** Case workers hold counseling sessions, usually when the child is in a CCI. However, in cases where the child has been restored to the family, the child is oriented by the case workers to the process of prosecution including trial and the child's role in this process. If parents of the child are not involved in the exploitation of the child, this orientation is extended to the child's parents when the child is in a CCI to

¹¹ As per Rule 4(8) of the Protection of Children from Sexual Offences Rules, 2020, (8) The CWC, on receiving a report under sub-section (6) of section 19 of the Act or on the basis of its assessment made under sub-rule (5), and with the consent of the child and child's parent or guardian or other person in whom the child has trust and confidence, may provide a support person to render assistance to the child in all possible manner throughout the process of investigation and trial, and shall immediately inform the SJPU or Local Police about providing a support person to the child.

¹² As per Rule 4(9) of the Protection of Children from Sexual Offences Rules, (9) The support person shall at all times maintain the confidentiality of all information pertaining to the child to which he or she has access and shall keep the child and child's parent or guardian or other person in whom the child has trust and confidence, informed regarding the proceedings of the case, including available assistance, judicial procedures, and potential outcomes. The Support person shall also inform the child of the role the Support person may play in the judicial process and ensure that any concerns that the child may have, regarding child's safety in relation to the accused and the manner in which the Support person would like to provide child's testimony, are conveyed to the relevant authorities.

¹³ As per Rule 4(f) of the Protection of Children from Sexual Offences (POCSO) Rules, 2020, (f) inform the child and child's parent or guardian or other person in whom the child has trust and confidence as to the right of the child to legal advice and counsel and the right to be represented by a lawyer, in accordance with section 40 of the Act.

prepare the family for the restoration of the child.

- **Regular updates and follow-ups:** Prerana ensures that the child and their family are appropriately updated with the progress of the case—when an accused has applied for bail, reasons for granting or rejecting the bail, if the prosecution has decided to challenge the bail application, and when the trial is supposed to begin, etc.
- **Child-centered trauma-informed approach:** Prerana upholds this principle in all positive interventions with a child. In cases where Prerana is appointed as a support person, the organization informs the concerned Investigating Police Officer (IO) about the same and educates them on the role of the support person. The case workers interact with the IO on a regular basis to stay apprised of the proceedings in the case. As a Support Person, the well being of the child is their prime focus during the entire legal process from investigation to the trial.

4.1.2. Victim Assistance Provided During Trial

The victim plays an important role in the stage of evidence during trial u/s 231 and 233 of Code of Criminal Procedures (CrPC). The victim-witness may be summoned to the court to present oral testimony to corroborate their initial statement. Generally, the victim is a prosecution witness and is subjected to cross-examination by the defense counsel. In cases of children rescued from sex trafficking, it may not be easy for a child to narrate the traumatizing experience related to their exploitation. Visits to the court may also be intimidating for a child due to its unfamiliar setting. The child might also come in (limited) contact with the accused or their family during the visit to the court. Besides this, the child may not understand the advocates' jargon, may feel anxious due to the lack of clarity on the procedural steps or the imposing physical infrastructure, and may not want to narrate the facts of the case in front of a number of people. These experiences of the child victim need to be dealt with sensitively.

To ensure that the procedures are child-friendly, the POCSOA and its Rules have also made the provisions for the trial process. These include provision of a support person assisting the child throughout the process of trial, designated Special Courts to adjudicate cases of sexual offenses against children, availability of translators and interpreters, frequent breaks for the child, and in-camera trials.



Prerana Practices

In cases where Prerana is appointed as a Support Person or is ordered by the CWC to undertake legal follow-ups, case workers maintain regular contact with the police station and the public prosecutor. In certain cases, Prerana also approaches organizations offering assistance in prosecution. Depending on the nature and sensitivity of cases, Prerana in consultation with the child approaches

an external organization to assist and follow-up on the legal case in the court of law. Some of the practices adopted by the case workers while legally following up on cases of CSEC are:

- **Regular contact with the police and/or Public Prosecutor:** Case workers stay in touch with the police as well as the public prosecutor for regular updates, including the beginning of trial and dates of hearing of the case. Case workers also keep themselves apprised of the legal case through the e-courts website (www.ecourts.gov.in). They also inform the child and the family about these details.
- **Seek assistance from sensitized lawyers/organizations offering pro-bono legal services for the victim to assist the public prosecutor, if necessary:** This involves engaging the child and their family in seeking external legal assistance, coordinating with the child and family to make arrangements for them to sign a *vakalatnama*, a memorandum of appearance whereby the lawyer is given the power to plead the case and to represent the child (victim) before the court. This may not be undertaken in all cases and the case workers may choose to assess and discuss the feasibility and possibility of engaging external assistance on a case-to-case basis.
- **Regular follow-up with the family:** Social workers inform the child and family (if the family is not involved in the exploitation of the child) about the progress of the case. This also helps in preparing the child and the family for their appearance in the court.
- **Accompany children to court:** Social workers also accompany a child to court for support during the trial, especially in cases where they are appointed as Support Persons. In such cases, social workers may also accompany the child to the courtroom on the basis of the Support Person Order. The presence of a known person within the courtroom premise brings in the much-needed support and comfort for the child and in some cases, for the family as well.
- **Ensure child-friendly practices and victim-witness protection mechanisms are followed:** Social workers try to advocate for and discuss with relevant authorities for child-friendly and victim-witness protection provisions to be practiced in the Court.¹⁴ Social workers may approach the Judge in the courtroom to bring these provisions into practice. Some of these include:
 - a. The Counsel of the prosecution is not permitted to conduct any sort of examination—examination-in-chief, cross-examination, or re-examination of the child—directly. The questions must be communicated to the Court, and the Judge puts those questions across to the child. This allows the Court to avoid any questions that cause harm to the dignity of the child or affect his/her state of mind.

¹⁴ Section 33 of the Protection of Children from Sexual Offences Act: Procedure and powers of Special Court

- b. The Court may permit frequent breaks for the child during the trial.
- c. The Special Court shall create a child-friendly atmosphere by allowing a family member, a guardian, a friend, or a relative, in whom the child has trust or confidence, to be present in the Court. Thus, the case worker can be present in the courtroom if the child wishes for them to be present in the court for their ease and comfort. This is done to ensure the child's comfort and is in their best interest. In cases where the family is observed to play a role in the trafficking or exploitation, their presence in Court is not seen as in the child's best interest and the case worker is expected to bring that to the notice of the court.
- d. The child has the right to not be repeatedly called to testify in the Court.
- e. Section 36 of the POCSO Act, 2012 requires the Court to ensure that the child does not come in contact with the accused during the time of recording the evidence, while at the same time ensuring that the accused is in a position to hear the statement of the child and communicate with his advocate.
- **Psychosocial support for the child:** During the trial process, the child may be reminded of their traumatic past and may need access to professional mental health services in order to deal with their emotions. Case workers thus ensure that a child has access to a professional counselor if required during the trial process.

Prerana's experience of working with child victims of CSE has been documented in the form of a [guide for case workers](#). Based on over two decades of Prerana's field experience, this document attempts to evolve a user-friendly and practical protocol on providing victim- assistance services on the legal front.

4.2. Care and Protection

The JJA 2015 aims to cater to the basic needs of CNCP by adopting a child-friendly approach to ensure proper care, protection, development, and treatment of the victims. The JJA and Rules enlist procedures to be implemented by institutions and bodies established for the same. While prosecution focuses on the police officers and courts, care and protection focuses on matters under the purview of the CWC to look after the rehabilitation and social reintegration of the child.

4.2.1. Social Investigation

The provisions for care and protection in the JJA, 2015 emphasize the importance of family care for a child. Institutionalization is considered a last resort of rehabilitation for the child. Thus, it is important to understand the background of the family, ascertain their role and observations on the child's exploitation, if any, as well as obtain information on the family's plan for the child's rehabilitation. The responsibility to conduct this inquiry lies with various child welfare agencies and individuals stated in

the law. The CWC often makes use of the Social Investigation Report (SIR)¹⁵ to assess the situation of the child on economic, social, psycho- social and other fronts.

Among other things, social investigation considers the socio-economic background of the family, understands cultural practices, if any, that could make the child vulnerable to exploitation, seeks information about the family's financial ability to look after the child, and tries to understand if the family, in any way, benefited from the child's exploitation. During the visit, case workers also observe the family dynamics and the parents' understanding of the victim's vulnerability. These observations are documented in the Social Investigation Report (SIR) as these are valuable sources of information to assess whether the family is equipped to address the child's need for care and protection. The facts in the Social Investigation Report (SIR) along with the case workers' observations, enable the CWC to make an informed decision about the child's rehabilitation and restoration. The social investigation is supposed to take place immediately post the rescue, ideally within 15 days of the first production of the child before the CWC. Hence, this process is mostly completed when the child is temporarily residing at a CCI.¹⁶

4.2.2. Final Order: Restoration and Follow-up

After the inquiry, the CWC makes an informed decision if the child should continue being rehabilitated through institutional care for a specific time period or be restored to the family. This is known as the Final Order, and the CWC is expected to pass this Order within the first four months of the first production of the child. The JJA considers restoration to be a long-term objective. The CWC may pass an Order for restoration in the longer run even though they may pass an Order for institutional care during the final order stage. The CWC may also pass an Order for CSOs/NGOs or the District Child Protection Unit (DCPU) to follow-up with the child post-restoration.



Prerana Practices

- **Advocates for restoration with supervision/ follow-up:** During the final Order stage, if the CWC decides to restore the child, social workers strongly advocate in their report to the CWC, that such restoration is made by passing a follow-up/ supervision order in the name of a CSO or the DCPU with reasons for a minimum period of a year from the date of restoration.

¹⁵ As per Rule 2(1)(xvii), means the report of a child containing detailed information pertaining to the circumstances of the child, the situation of the child on economic, social, psycho-social and other relevant factors, recommendation thereon.

¹⁶ Prerana's best practices on conducting social investigation and subsequent assessments on family claims have been covered extensively in the section on safety and care and protection under the first need, Shelter.

- **Recommendations on the scope and extent of follow-up (supervision):** Social workers recommend and practice that a written Order is issued by the CWC for conducting follow-up visits. The Order should spell out the nature and extent of the follow-up along with the expectations of the CWC as they help to establish the role and responsibility of the social workers and the organization in the follow-up process.
- **Assign a follow-up date:** Social workers also suggest to the Committee to assign a follow-up date for the child and the family within the next month of the restoration. The family is thereby directed to present the child before the CWC once every month for the next six months post-restoration along with the progress of the child at home.¹⁷ The frequency of follow-up and presentation of the child before the CWC is assessed on a case-to-case basis.
- **An undertaking from the parent, family, or guardian:** The family of the child is expected to sign an undertaking with terms that protect the child's best interest.¹⁸ This includes sending the child to school or other educational and developmental institutions regularly, protecting their safety at all times, etc. The terms of the undertaking are also explained to the parents in a language that they are comfortable with before they sign the same.

¹⁷ Rule 19(17) – Maharashtra State JJ Rules

¹⁸ Rule 18(8), Form 20 – Maharashtra State JJ Rules

SOCIAL PROTECTION AND WELFARE



Documentation is extremely crucial in determining the identity, eligibility, entitlement, and access to several welfare schemes of the State. In India, currently, there are about 18 documents such as a passport, ration card, or a voter ID that are accepted as proof of identity. Each of these documents serve a specific purpose besides being a proof of identity. Social protection services are offered to the underprivileged population through such identity and eligibility documents.

5.1. Personal Identification & Entitlement Documents

Personal Identification documents help in establishing one's identity through a photograph and valid personal credentials such as an Aadhar card, a PAN card, voter ID, ration card, and Caste Certificate. They help establish an individual's social identity and background. These documents are important for the victims of CSE as described below:

5.1.1. Aadhar Card

An Aadhar card, a 12-digit number assigned to every Indian citizen, entitles an individual to many government facilities and benefits. The ID is valid across the country and is generated by collecting biometric data, including the fingerprints and retina scan, and is issued to the applicant after receiving approval from the UIDAI (Unique

Identification Authority of India). The card also holds other data like the address of the cardholder and contact information.



Prerana Practices

In Prerana’s experience, during or post-rescue, either the child victim or their immediate family often produce the victim’s Aadhar Card to contest the age of the victim. The effort is to prove that the victim is an adult and not a minor. The claimants often believe that the victim would be released immediately from State custody if they can be proved as adults. However, as per the JJA 2015, only two documents are accepted as evidence for age,¹⁹ and an Aadhar card is not one of these documents. However, the Aadhar Card is essential for other purposes such as opening bank accounts in case there are compensations to be paid to the victim by the state.

In certain cases, the victim might not have an Aadhar card. While the victim is in the CCI, case workers interact closely with the CCI staff to ensure that the process for obtaining an Aadhar card is initiated. If the victim is restored before receiving the Aadhar card, the case workers follow up with the CCI staff to procure the same for the victim. Case workers also closely work with the child and their family to apply for the card if it’s not done while the child is at a CCI. Sometimes, case workers also help to update personal information in the card such as change of contact details or address. These processes are often long-drawn and require commitment and extensive coordination as well as consistent follow-up with the authorities.

5.1.2. Birth Certificate

The Birth Certificate is issued soon after the birth of an individual by the local panchayat or the municipal corporation. It declares the date, time, and place of birth along with the name of the individual and their parents. Registration of birth and death is mandated in India under the Registration of Births and Deaths Act, 1969. This is one of the essential documents treated as evidence to declare and determine the age of the victim.²⁰

¹⁹ As per Sec 94 (1) of the JJA 2015, Where, it is obvious to the Committee or the Board, based on the appearance of the person brought before it under any of the provisions of this Act (other than for the purpose of giving evidence) that the said person is a child, the Committee or the Board shall record such observation stating the age of the child as nearly as may be and proceed with the inquiry under section 14 or section 36, as the case may be, without waiting for further confirmation of the age

²⁰ As per Section 94 (1) of the JJA 2015, Where, it is obvious to the Committee or the Board, based on the appearance of the person brought before it under any of the provisions of this Act (other than for the purpose of giving evidence) that the said person is a child, the Committee or the Board shall record such observation stating the age of the child as nearly as may be and proceed with the inquiry under section 14 or section 36, as the case may be, without waiting for further confirmation of the age.



Prerana Practices

In cases where the victim's age cannot be determined during the rescue, the CWC orders for an age-determination test to be conducted immediately post the rescue.²¹ Once the family of a victim is traced, case workers coordinate with them to procure the birth certificate document, if possible. Oftentimes, victims do not belong to the jurisdiction from where they are rescued. In such situations, the case workers need to coordinate with respective authorities in the victim's home district to procure these documents. At times when these documents are produced and submitted before the CWC, as a good practice, the CWC may order the local police to get the documents verified from the respective issuing authorities. Prerana case workers actively follow up with the police and assist the CWC on such matters .

5.3.3. School Leaving Certificate/School Transfer Certificate (SLC/STC) or Matriculation or equivalent certificate from the concerned examination board²²

The SLC/STC is a document generally issued by the school as and when the child is leaving or getting transferred from the said school. This certificate provides information like the date of birth, date of admission, issue date, brief conduct of the child and reason for transfer or leaving the school. It is used to determine and establish the age of the victim. Matriculation or an equivalent certificate might be accessible and available if the child has appeared for such an examination in the past. Besides this, if the victim is keen on pursuing further education, these certificates are required to follow up on the admission procedure.



Prerana Practices

Prerana coordinates with the school authorities either directly or through a local child protection organization to procure the SLC/STC and other

²¹ As per Section 94 (2) of the JJA 2015, and only in the absence of (i) and (ii) above, age shall be determined by an ossification test or any other latest medical age determination test conducted on the orders of the Committee or the Board: Provided such age determination test conducted on the order of the Committee or the Board shall be completed within fifteen days from the date of such order.

²² As per Sec 94 (2) (i) In case, the Committee or the Board has reasonable grounds for doubt regarding whether the person brought before it is a child or not, the Committee or the Board, as the case may be, shall undertake the process of age determination, by seeking evidence by obtaining: the date of birth certificate from the school, or the matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof;

educational documents. At times when these documents are produced and submitted before the CWC, as a good practice, the CWC may order the local police to get the documents verified from the respective issuing authorities. Prerana case workers actively follow up with the police and support the CWC on such matters.

5.3.4. Ration Card

Ration card is an official document issued in India that makes households eligible to purchase subsidized food grains from the Public Distribution System (PDS). Besides, this document also serves as an important proof of identity and residence for the families and individuals.

Tricolor Ration Cards Scheme²³ - with a view to curb the diversion of food grains and provide more food grains to the needy families, the State Govt. introduced Tricolour ration card scheme w.e.f. 1st May' 99. Accordingly, three different colored ration cards are issued by states:

- **Yellow Ration cards** – For people living below the poverty line with an annual income up to INR 15,000. These ration cards are for obtaining various subsidies on food, fuel, and other goods.
- **Saffron Ration cards** – For families having annual income above INR 15,000 and below 1 lakh.
- **White Ration cards** – For people living above the poverty line with an annual income of above 1 lakh.

In order to get a ration card for a household, the individuals need one or more of the following documents:

- Aadhar card
- PAN card
- Income Certificate
- Electricity/Telephone bills
- Gas connection details
- Bank Passbook
- Residential proof like house-rent receipt
- Photographs.

²³ Government of Maharashtra, Food, Civil Supplies and Consumer Protection Department. *Targeted Public Distribution System*. Accessed at <http://mahafood.gov.in/website/english/PDS.aspx>



Prerana Practices

Ration card is an important and useful document for families in low-income communities. It helps them procure household essentials at a subsidized cost and ensures that the family has access to a nutritious and healthy diet. Social workers assist families in applying for a ration card. They also follow-up with the ration office about the status of the

DEVELOPMENT



6.1. Education

Education is a critical need for a child and is essential for the long-term growth and socio-economic development of individuals and family units. In a country like India, formal education is the most effective ladder for upward socio-economic mobility. It not only determines a child's future but socializes them to become active members of the society. Article 21-A in the Constitution of India provides free and compulsory education to all children in the age group of six to fourteen years as a fundamental right. The Right of Children to Free and Compulsory Education Act, 2009 (RTE), represents the consequential legislation envisaged under Article 21-A. It means that every child has a right to free and compulsory elementary education (I std to VIII std) in a neighborhood school till the completion of their elementary education.²⁴ This is inclusive of children belonging to the disadvantaged group²⁵ as well as children belonging to the weaker sections.²⁶

Prerana has observed that victims referred to the JJ system, specifically child victims of CSE, have limited opportunities to access education. This is true of low-income households that might force their children into the sex trade at a pre-pubescent age. Some of these children may receive education in their respective towns and villages

²⁴ As per Sec 3(1) of the Right to Education Act, 2009, Every child of the age of six to fourteen years, including a child referred to in clause (d) or clause (e) of section 2, shall have a right to free and compulsory education in a neighbourhood school till the completion of his or her elementary education.

²⁵ As per Sec 2(d) of the Right to Education Act 2009, "child belonging to disadvantaged group" means a child with disability or a child belonging to the Scheduled Caste, the Scheduled Tribe, the socially and educationally backward class or such other group having disadvantage owing to social, cultural, economical, geographical, linguistic, gender or such other factor, as may be specified by the appropriate Government, by notification;

²⁶ As per Sec 2(e) of the Right to Education Act 2009, "child belonging to weaker section" means a child belonging to such parents or guardian whose annual income is lower than the minimum limit specified by the appropriate Government, by notification;

but usually drop out of formal education after lower primary levels. Once a child is rescued from the sex trade, it is of utmost importance that social workers assess the educational background of the child and make all the necessary efforts to bring the child back into the formal education system.

6.1.1. Access to Formal Education and Retention in the system

When a child victim is rescued and temporarily sheltered in a CCI, a preliminary assessment of the victim's needs and skills is carried out and an Individual Rehabilitation Care Plan (ICP) is prepared to be implemented.²⁷ The social workers and CCI staff engage with the victim to discuss the importance of continuing formal education, especially if they have been through the formal education system previously. If needed, the child may also be referred for educational counseling. If a victim expresses an interest in pursuing further formal education, the probation officer or case worker assesses the possibility of connecting the child with an educational institute (for regular schooling), distance learning programs, or open schools such as the National Institute of Open Schooling (NIOS), and follow-up with the child post- restoration.



Prerana Practices

The victim's rehabilitation plan and orientation to formal education may be initiated when the child is living at a CCI. After restoration, case workers need to work with the child and their family to help the child continue formal education and deal with the challenges, if any:

- **Link children to formal education options:** Case workers maintain a resource list of educational institutes or service providers to assist the child. They also help them make decisions about educational options after restoration, if the process is not initiated while the child is in a CCI.
- **Securing relevant documents:** Case workers assist in procuring documents such as the school leaving certificate, passing certificate, and mark sheets of the last grade, from past educational institutions to help the child enroll in an educational program, and continue their formal education.
- **Regular counseling with the child:** Case workers interact with the child regularly to avoid stagnation, absenteeism, and drop-out from the education system. Issues around maladjustment or lack of learning are also addressed actively through regular

²⁷ As per Rule 21 (ii) of the Maharashtra State JJ Rules 2018, preparation of a comprehensive individual care plan with the participation of the child and with the involvement of experts wherever required and parents/family wherever appropriate and others involved in the care of the child, as per Form 7 Individual Care Plan (ICP). The Individual Care Plan should fulfil the development rights of the children which include access to resources, skills and contributions necessary for the survival and full development of the child

interactions with the educational institute or service providers. Case workers also help the child with a future goal and vision for their employment or further education.

- **Check the progress of the child:** Case workers actively engage with the educational institution or service provider to discuss the progress of the child regularly. These interactions and follow-ups are essential for the case workers to understand the victim's performance as well as their challenges while pursuing education.
- **Counseling of the family:** Case workers also conduct need-based counseling for the family about the importance of education for the child to help them motivate and support the child through their education.
- **Facilitate assistance for material and non-material needs:** Case workers assess the need for material and non-material assistance to the child like travel allowances, procuring scholastic and other supplies, coaching classes, need-based scholarship programs, and try to make it available to the child victim.

CASE IN POINT

A Child Attends Preparatory Classes Post-Restoration

Seema, 14, was restored to her mother after staying in a CCI for about six months. During her time at the CCI, she was linked to an educational service provider and started preparing for her class X examinations. Once she was restored to her mother, she was unable to travel to the service provider to continue her preparation. After consultations with the service provider, the case workers assessed that Seema required a travel allowance to help her attend preparatory classes regularly. In consultation with the service provider, financial assistance was provided to the child. Besides, the case workers also accompanied Seema twice to her classes to orient her to travel by public transport.

6.2. Skill Development for Employability & Job Placement

6.2.1. Access to Vocational Training

Once victims are rescued and temporarily placed in CCIs, the duty bearers interact with the child victim to understand their case and initiate the process of preparing an ICP for their rehabilitation.²⁸ An assessment is conducted to understand the basic skill sets and interests of the child victim. In Prerana's experience, the majority of the rescued victims are above the age of 14 years. Depending on their socio-economic condition and family background, they may or may not have pursued formal education before their rescue. In certain cases, where victims have not been through the formal education system at all, there is a possibility that they might not be willing and ready to pursue education post their rescue. Under these situations, regular case work counseling is conducted with the victim to discuss the advantages of completing basic education, at least up to class X (in the Indian context).

Despite the efforts made by case workers, not all children will decide to pursue education. If the victim strongly believes that they might not be able to cope with formal education, they are assisted in taking up basic literacy programs at the CCI. An assessment of the child victim's skills and interests is conducted, and they are enrolled in a suitable vocational training program while at the CCI. This plan needs to be integrated into the ICP and should be discussed with the family pre-restoration.



Prerana Practices

Based on a child's interests and skills, the victim is likely to have attended or completed a basic training program while they were in the CCI. The most common training programs in Prerana's experience have been associated with beauty care, stitching and advanced tailoring, computer, and language skills. The interest of the child in these vocations and trainings needs to be assessed along with the availability of a service provider. However, in cases where victims are interested in pursuing skill training beyond the available and standard vocational courses, the case workers make every effort to look for opportunities. Over

²⁸ As per Sec 30 of the JJA 2015, the functions and responsibilities of the Committee shall include ensuring care, protection, appropriate rehabilitation or restoration of children in need of care and protection, based on the child's individual care plan and passing necessary directions to parents or guardians or fit persons or children's homes or fit facility in this regard;

the last decade, the hospitality sector has emerged to be a career choice for many victims. Subsequently, plans are made with the family for further training of the child once they are restored.

- **Networking with service providers:** Based on the child's interests and skills, case workers consult with service providers to find the right training program. As the case workers conduct preliminary screenings, they may also link the child to receive orientation about the training and service providers.
- **Assisting the child in deciding on a course:** Case workers help the child make decisions about choosing a vocational training program based on factors such as proximity of the training center to the child's residence, the convenience and comfort of the child to travel to the center, job prospects associated with the training, and the certification and recognition of the training program.
- **Following up post-enrolment:** Once a child is enrolled in a training program, case workers follow up with them as well as the institute regularly to check the progress of the child. In some cases, financial support is also provided to the child after due assessments. Case workers may also accompany the child to the center a few times to enable them to travel independently.

CASE IN POINT

Case Workers Help a Child Find Alternative Vocational Institute

17-year-old Priya was restored to her older sister after spending about a year at a CCI. During her time at the CCI, Priya completed a basic literacy course along with a certification program on beauty care. Priya was interested in learning advanced beauty care and was keen to enroll in a training program for the same. However, the training center was 20 kms away from her residence.

During her restoration, both Priya and her sister had decided that Priya would travel to the same training center, despite the distance. But, two weeks after her restoration, Priya realized that the travel was causing her stress and anxiety. During a regular follow-up, she shared her concerns about traveling a long distance. Together, they consulted the training center, and it was

decided that both the social worker and the training center staff would try and look for a similar course for the child closer to her residence.

Through the networks, two such training programs were shortlisted closer to Priya's residence within the next 15 days. The social worker conducted an orientation visit to these centers with Priya and subsequently, she decided to start her training. Priya was also happy with this decision since she could be offered a three- month job (that could be extended based on her performance) immediately after the training period.

6.3. Job Placement

One of the most important steps to rehabilitation and reintegration is to help young adults become economically self-reliant through long-term career prospects. Vocational and livelihood training opportunities designed and provided to the victims should be aligned to the market demand. The educational qualification and aptitude of the victim should result in job placement.



Prerana Practices

The objective of providing vocational training is to create employability, build capacities and skills in young adults so they can secure a job and build a career. In Prerana's experience, service providers with whom the child has been linked for vocational and livelihood training may end up offering job placements. The recent development with On Job Trainings (OJT) and linkages through verified recruitment agencies has reduced the turnaround time between the training and job placement significantly. While job opportunities have become accessible, Prerana has observed that the duration of employment continues to be shorter. Once a young adult completes vocational training and turns 18, case workers assist them extensively in getting a job.

- **Networking with vocation training centers and service providers:** Case workers network with service providers for job prospects. In Prerana's experience, this service is sometimes also extended to other individuals in the child/ young adult's family who might be looking for job opportunities.
- **Networking with verified recruitment agencies:** Prerana also develops linkages with verified recruitment agencies and other retail chains or corporates to provide job

opportunities for the child. Sometimes these are taken up as formal partnerships that help place the young adult in the job market on a rolling basis.

- **Building a portfolio:** Case workers assist children in building and maintaining an online resume or profile to help them find job opportunities through verified online portals like Naukri.com. Case workers also help children send job applications and prepare for interviews.
- **Assisting in the process of adapting to a job:** Case workers follow up with victims even after they receive a job offer to join an organization. They help them adapt to the new environment and discuss their successes and challenges on a regular basis. They may also be linked to a peer for support especially when they are new to the job market.
- **Assisting victims in starting their ventures:** If victims have acquired certain skill sets and are self-driven and independent, case workers put them in touch with service providers for enterprise-building activities. This involves financial assistance as well as mentorship to ensure that they can kickstart and run their enterprise.

6.4. Independent Living Skills

CASE IN POINT

Case Worker Helps a Child Secure a Job

Seema was restored to her family when she completed 18 years. She had spent about 18 months in a CCI post her rescue, where she completed her class X and a basic computer certification course. While revising her rehabilitation care plan, Seema was keen on continuing her education and completing her graduation. But considering her family's financial status she wanted to get a job as well. The case worker helped Seema build her resume and discussed possible job options with her. Post her restoration, Seema started applying for jobs with help from the case worker.

When Seema received a call for an in-person interview, she was nervous and wanted to quit the process midway. However, after interactions with her case worker and a preparatory mock interview, Seema felt confident. She appeared for the interview in the next week and was offered a job within the next 15 days. Since Seema was interested in learning about bookkeeping and accounting, the case worker connected Seema to a professional accountant through a

women's mentorship program, after conducting the necessary due diligence and checks.

Independent living skills such as basic financial skills, negotiating and purchasing, cooking and managing household activities, undertaking minor repair works at home, traveling independently by using public and private transport, personal care, conflict resolutions, personal safety (offline and online), crisis management, building general awareness about social and global issues, and seeking help are essential for children and young adults for their successful reintegration into the society. It is also important that these skills are imparted to all young adults, without gender biases or patriarchal norms.



Prerana practices

Prerana helps children learn and develop living skills when they are residing in the CCIs post their rescue. Children are often encouraged to participate in preparing meals, the upkeep of the facility where they are residing, traveling with peers using public transport, etc. When they are restored to their families, social skills such as interacting with people, personal and self-care, managing conflicts and other such crises become important.

Prerana organizes forums of young adults to discuss and learn about relevant topics like gender and consent, sexual harassment at the workplace, financial management and security, and the pros and cons of the digital world, etc. Such interactions serve as great avenues for sharing opinions, experiences, and perspectives with peers and learning through such consultative processes.

CASE IN POINT

A Child Struggles to Set Up a Bank Account

18-year-old Anna was restored to her family after living in a CCI for about a year. At the CCI, Anna actively participated in regular sessions and workshops organized for the residents. Since Anna had not attended formal schooling, she was enrolled in a basic literacy class at the CCI. Anna had exceptional people skills and was comfortable interacting with others. Post her restoration, during a follow-up visit, the case worker updated the child about the compensation amount that had been approved by the state towards her rehabilitation and support. The case worker also discussed with her about her bank account so that the amount could be transferred to her account. Anna informed the social worker that she did not have a bank account and would try and approach the local bank in the next couple of days to initiate the process of starting one.

During the next follow-up with the case worker, Anna broke down and shared her experience of waiting six hours to open a bank account. Since Anna's social circle and circle of influence was limited back in the CCI, her interaction and exposure had also been limited. Even though she was confident in approaching a bank and opening her account, she had a hard time interacting with the bank officials.

SOCIAL REINTEGRATION



7.1. Support Mechanisms

Social reintegration is the last link in the rehabilitation of child victims. As discussed above, after helping the child deal with the immediate trauma of exploitation, efforts should focus on reintegrating them into society. The aim of social reintegration is to help a child overcome the stigma and discrimination of being a “victim”. While legal measures, social awareness and education are important, victims of CSE must also have access to counseling and training to deal with adverse and hostile social environments.

7.1.1. Professional Follow up services

The assessment of the needs and sub-needs as mentioned in this document can be managed and executed through professional follow-up services for the child once they are restored to their family. Currently, the JJ Act 2015 and State Rules 2018 have limited provisions for undertaking professional follow-up of child victims once they are restored to their families. The nature and extent of the supervision and follow-up that is required is unclear and left to the discretion of the agency/institution/individual conducting the same.



Prerana Practices

Prerana follows a timeline in undertaking follow-ups post the restoration. The following table highlights Prerana’s practices:

TIMELINE	PROFESSIONAL FOLLOW-UP SERVICE
Once every fortnight for the first three months Once a month for the next three months Once in two months for the next six months	Telephonic follow-ups
Once in a month for one-year post- restoration. The visits may increase as per the needs of the child victim.	In-person follow-up visits to the child victim and their family
Once or twice a month for individual sessions Once in two to three months, in case of joint sessions	Counseling sessions for the child victim and the family.
Once in three months	Visits to school, educational institute or vocational service providers
Once in 3 to 6 months	Police station or court follow-ups

The victim is also encouraged to keep in touch with the case worker as and when they feel the need to. Confidentiality is key when case workers follow-up with child victims post restoration. Even when it may be critical to disclose information about the child, case workers should be mindful of the depth and nature of the disclosure so that it does not lead to revictimization.

Prerana believes that access to rehabilitation services is critical until the child is reintegrated into society. If the services and support are to be withdrawn, it should be planned in a phased manner. The child and their family must be provided with emergency contact information so that they can reach out to the organization if required. Prerana currently works with the CWC to ensure that a follow-up Order is passed before the restoration of the victim to their families. It is also important that the nature and extent of follow-up is elaborated in the Order for the case worker to assist the child in all possible ways.

7.2. Stakeholder Engagement

The scope for interaction and professional follow-up services is limited when a child victim is restored to their family due to limited access. Since these visits and calls are made over time, it becomes essential to mobilize the child victim's immediate social environment to assist them in time of need. The immediate community involves CBOs, Integrated Child Development Services (ICDS) centers or Anganwadis, community leaders, and community health centers. Sensitizing these stakeholders while maintaining confidentiality about the child's background is critical to reach the objective of social reintegration.



Prerana Practices

Mobilizing the immediate community of the child is critical for their social reintegration. Though it is the last link in the chain of rehabilitative assistance, case workers often start the process of identifying the local stakeholders early on. During the initial social investigation as well as during the subsequent visits, both pre- and post-restoration, case workers identify and meet with different stakeholders in the immediate community who can act as positive influences for the child. The case workers interact and seek assistance and co-operation from these local bodies from time to time. Over time, case workers also link the child and their family to these stakeholders to help them seek assistance. In Prerana's experience, CBOs are significant in providing the child and their family the necessary assistance, including emergency care and provision, vocational training or capacity building programs like spoken English classes, computer literacy, etc.

Documentation

The assessment of this need and its sub-needs is extensively documented by case workers. Some of the documentation is mandated by law or authorities like the CWC. However, some other documents have been developed through Prerana's field experience. Here is an indicative list of documents to be maintained by a case worker:

- Social Investigation Report (SIR)¹,
- First Information Report (FIR),
- Final report to CWC before restoration,
- An undertaking signed by the parents during the restoration of the victim ¹,
- Final Order of the CWC about the nature and extent of follow-up by the NGO,

- Counseling reports,
- Document verification report by Police,
- Institutional follow-up reports,
- Post-restoration follow-up visit reports,
- Medical file of the victim, including test reports and prescriptions. While the original documents are maintained by the family, the case worker maintains a copy of the same with due permissions from the family,
- List of medical sponsorships (name and contact details)
- Individual Care Plan for rehabilitation,
- Individual Case Work document.

CHALLENGES OF THE RESTORATION MODEL



The restoration model has not gained popularity due to certain fundamental challenges in its implementation such as the sustainability and replicability of the model.

- **Resistance from the family post-restoration:** The biggest challenge for case workers following up with child victims who've been restored to their families is tracing them and continuing to maintain contact over time. In Prerana's experience, it has been frequently observed that the contact with families break sooner or later as they express unhappiness and resentment keeping in contact with the JJ system. Sometimes, the families are untraceable. Their phone number might be switched off or temporarily disconnected and they might move residences. They might also go back to their native place with or without the knowledge of the case worker because they fear living at their old residence. Court Orders or Orders from the CWC are used to inform the child victim's family about the importance of staying in touch with the JJ system for a period of one to two years, or until the child turns 18. In Prerana's experience, families may be willing to stay in touch with the organization only when they see the short-term benefits of the same.
- **Access to unqualified, traditional health service providers:** Food, nutrition, and health practices differ based on a child's socio-cultural context and might be hard to monitor regularly. Some communities may depend on unauthorized or unlicensed medical practitioners as compared to authorized professionals even while dealing with deficiencies, diseases, or infections. It can be challenging to convince and sensitize families about the significance of seeking and continuing medical treatment.

- **Resistance to victim and family counseling.** Mental health assistance is crucial for victims experiencing PTSD. Families of child victims may also need assistance to understand how to deal with their mental health concerns. However, the stigma associated with seeking mental health assistance often keeps children and their families from approaching professionals. Even when they do participate, as mandated by the CWC, most don't show eager participation or feedback. The counseling process is gradual and slow. Professionals take time to build rapport. The absence of quick results may demotivate a child and their family from continuing the sessions.
- **Restoration directly through Court Orders:** Restoration of child victims of CSE generally takes place through the CWC only after the initial due diligence. However, sometimes, families of the child victims directly approach the higher courts of law, like the Court of Sessions or move a writ of Habeas Corpus in the High Court, seeking the custody of the victims. Courtrooms, where these cases are enlisted, may not be specialized in dealing with custody claims of child victims rescued from the sex trade. During such times, when the courts make these decisions of restoring child victims without considering the say of the CWCs who have conducted the on-ground inquiry, restoration might prove counterproductive to the rehabilitation and eventual reintegration of the victim.
- **Lack of sustainable economic rehabilitation:** In some cases, child victims find it very difficult to stay in a job beyond a couple of weeks. They may find it hard to adjust to strict rules, feel exhausted from over-working, end up in hostile work environments with strict supervision, or suffer from health issues. Sometimes perpetrators can also reach out to them at their workplaces. The current trend of switching jobs within a period of a year in search of something better is also counterproductive to the process of sustainable economic rehabilitation of the victim.
- **Reduced contact of the case worker with the child once they are restored:** When a child is in a CCI, their regular contact with the case worker helps them stay motivated. When they are restored into society, their contact with the case worker may be limited. Case workers also have significantly reduced access to the child and their day-to-day engagements. Hence, the scope and impact of enabling a positive environment for the child is limited.



Contact us:



022-23877637



Prerana c/o, 3rd Floor, West Khetwadi Municipal School,
5th Lane Khetwadi, Grant Road (East)



fighttraffickingindia@gmail.com



preranaantitrafficking.org
fighttrafficking.org



facebook.com/preranaantitrafficking/



@PreranaATC



@preranaantihumantrafficking