MANUAL FOR SOCIAL WORKERS

DEALING WITH CHILD VICTIMS

OF TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION

Department of Women
and Child Development

unicef

Disclaimer

The report quotes data and information from both Government and Non-Government sources even through the intellectual rigour, accuracy and precision of such data had not been endorsed or authenticated. Also, the views expressed in the report may not necessarily be that of the Department of Woman and Child Development, Government of India.

Developed by

Dr. Gracy Fernandes, Director, Research
College of Social Work, Nirmala Niketan, Mumbai, Maharashtra
For Department of Women and Child Development
Ministry of Human Resource Developement
Government of India.

MANUAL FOR SOCIAL WORKERS

DEALING WITH CHILD VICTIMS

OF TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION

सत्यमेव जयते
REVA NAYYAR
SECRETARY
Tel: 23383586. Telefax: 23381495
Email: secy.wcd@sb.nic.in

भारत सरकार
मानव संसाधन विकास मंत्रालय
(महिला एवं बाल विकास विभाग)
शास्त्री भवन, नई दिल्ली – **110 001**
GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)
SHASTRI BHAWAN, NEW DELHI-110 001
Website: http//www.wcd.nic.in

PREFACE

The preparation of this Manual is an initiative under the GOI-UNICEF Master Plan of Operations. It is meant to serve as a guide to all agencies, governmental and non-governmental, and to field practitioners that run institutions or take care of persons rescued from trafficking for sexual exploitation.

I would like to congratulate Dr. Gracy Fernandes, Director, Research, College of Social work, Nirmala Niketan, Mumbai and her team for their immense contribution towards this well researched, exhaustive and comprehensive Manual.

I believe that this Manual will be an extremely useful resource book for all organizations that provide institutional care for children rescued from trafficking. Several aspects addressing the specific needs of rescued children in institutions, ranging from trauma counseling and psychosocial interventions in the early stages, to building of self-esteem and character as the rehabilitation process progresses, and finally to successful reintegration, are dealt with in detail and with clarity. It includes chapters that address the varied and complex needs of a child from the adjustment stage protecting the child's health, for providing meaningful education and vocational training, and for preparing the child for its future. It also provides tips to the organizations for successful and improved functioning.

Part II of the Manual which contains guidelines for community workers is particularly useful and should from essential reading for community workers in rural areas working in the field of prevention, rescue of rehabilitation. I am confident that this manual will further inculcate amongst care providers a more humane and sensitive understanding of the mind and behavior of child victims, and will assist the Managements and staff of governmental and non-governmental organisations to achieve their goals with greater success.

Reva Nayyar
(REVA NAYYAR)

United Nations Childrens' Fund
Unicef House, 73, Lodi Estate
New Delhi, 110 003 INDIA

Telephine 91 11 2469 0401
Facsimile 91 11 2462 7521
91 11 2469 1410
www.unicef.org

FOREWORD

According to the UN, one million people, majority of them women and children, are bought, sold or held against their will for sexual exploitation and sexual abuse each year. Trafficking of children not only violates human rights but also desecrates the victim's dignity, self-respect and freedom.

The social worker plays an important role in preventing, rescue and rehabilitation of trafficking for commercial sexual exploitation. He/She not only takes care of the victim in the Protective Home but also helps her to re-build her life and make it self-reliant, so that she can lead an independent life once she is discharged from the Protective Home.

Strengthening the knowledge base on commercial sexual exploitation of children and trafficking is one of the major activities being undertaken by Unicef, as a part of its overall support to the Government of India for ensuring realization of protection rights of children in the country. By supporting this Manual under the current GOI-UNICEF Programme of Co-operation, Unicef reaffirms its commitment to work with the Government of India, Non-Government Organisations and other stakeholders to ensure that every child in India country gets the best start in life and is fully protected to thrive and develop to his or her full potential.

I hope this Manual will go along way in helping the social workers to understand the issues and intricacies of rescue and rehabilitation of victims of trafficking for commercial sexual exploitation, undertake pro-active steps and innovative rehabilitation for programmes that would help the victims to reintegrate into the society.

(Cecilio Adorna)
Representative

सत्यमेव जयते

LOVELEEN KACKER
JOINT SECRETARY
TEL: 23387683

Fax No.: 23381495
Fax No.: 23381800
Fax No.: 23381654
Telegrams: WOMEN CHILD

भारत सरकार
मानव संसाधन विकास मंत्रालय
(महिला एवं बाल विकास विभाग)

GOVERNMENT OF INDIA
MINISTRY OF HUMAN RESOURCE DEVELOPMENT
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)
शास्त्री भवन, नई दिल्ली–**110 001**

SHASTRI BHAWAN, NEW DELHI-110 001

MESSAGE

Trafficking of children for Commercial Sexual Exploitation is a heinous crime and deprives children of their childhood and basic rights.

Most of the children trafficked for commercial sexual exploitation are sold in brothels in major cities and towns of India, where they are made to work and live in most unhygienic conditions and undergo brutal treatment in the hands of brothel owners, pimps and even their clients. They have no or very little access to education, health clean drinking water and sanitation and hardly have any freedom to choose and do what they want. In addition, they are constantly threatened with dire consequences and live in perpetual fear of the trafficker and the brothel owners.

Social workers and other functionaries in Protective Homes run by the Government and Non-government Organizations, play a very important role in rebuilding the lives of rescued child victims of trafficking. The success of rehabilitation of these victims is dependent on the degree of sensitivity and level of understanding with which the social workers deal with them while addressing their problems.

Over the years, trafficking of women and children for commercial sexual exploitation has become a major concern of the Department of Women and Child Development, Government of India. As a result the Department has taken a number of steps to address the issue including strengthening the capacities of various caregivers by providing them with appropriate information and training that would help them in understanding the issues and taking pro-active steps towards rehabilitation and reintegration of the child victims.

I hope this Manual for social workers will prove to be useful to the users and will guide them in dealing with the traumatized children with care and understanding.

(LOVELEEN KACKER)
Joint Secretary

सत्यमेव जयते

VEENA S. RAO
Additional Secretary

भारत सरकार
अन्तरिक्ष विभाग
अन्तरिक्ष भवन, न्यू बी. ई. एल. रोड
बेंगलूर–560 094 भारत
GOVERNMENT OF INDIA
DEPARTMENT OF SPACE
ANTARIKSH BHAVAN, NEW BEL ROAD,
BANGALORE - 560 094, INDIA
दूरभाष / TEL 080-2341 7009
फैक्स / FAX 080-2351 5850

ACKNOWLEDGEMENTS

The preparation of this Manual has been a response to repeated requests from NGOs and State Governments regarding various aspects of rehabilitation of child victims of trafficking, and the pivotal role played by NGOs and social workers therein.

We are grateful to Dr. Gracy Fernandes and her team for their commendable effort in developing this Manual. The valuable inputs of the Advisory Committee consisting of Ms. Kalindi Mazumdar, Dr. Lata Narayan, Dr. Neelima Mehta, Ms. Anjali Gokarn, Sr. Cecily and Mr. Mansoor are gratefully acknowledged.

We are also grateful to Ms. Geeta Balakrishnan, Mr. Aniruddha Kulkarni, Ms. Chaitali Das, Ms. Ferzana Chaze, Ms. Aarti Saxena, Fr. Terrance Murray, Ms. Sunitha Krishnan (Prajwala), Mr. Gopinath Menon (Unicef, Mumbai), Ms. Niru sharma (Special Homes for Girls), Ms. Asha Mukundan (TISS, Mumbai), Dr. Makrand Lokhande (Physician), Ms. Anna Francis (Modi Care Foundation), Ms. Madhuri Lokhande (Consulting Pshycologist), Ms. Theresiamma Kurien, Dr. Deepa Rathi and Ms. Mary Varghese of the College of Home Sciences, Nirmala Niketan and Ms. Farzeen Randelia for their contribution.

The preparation of this Manual commenced and was developed during my tenure as Joint Secretary, Department of Women and child Development, Government of India. I would like to express my sincere thanks to Ms. Reva Nayyar, Secretary, Department of Women and child Development for her support and enabling me to complete the work.

I would also like to thank Ms. Maria Calivis, former country Representative, UNICEF India, Dr. Erma Manoncourt, Deputy Director (Programmes), UNICEF, and Dr. Susan Bissell, UNICEF, for their dedicated support and contribution to this exercise.

Finally, I would like to specially thank to Ms. Radha Kamath, Consultant, UNICEF for ably assisting me during the entire process of preparation and finalization of the document.

(VEENA S. RAO)
Additional Secretary

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AMM	Annapurna Mahila Mandal
ATC	Anti-trafficking Committee
AV	Audiovisual
CHETNA	Centre for Health Education Training and Nutritional Awareness
CMC	Christian Medical College
CrPC	Code of Criminal Procedure
CRC	Convention on the Rights of the Child
CSE	Commercial Sexual Exploitation
CSE&T	Commercial Sexual Exploitation and Trafficking
CWC	Child Welfare Committee
DWCD	Department of Women and Child Development
ELISA	Enzyme Linked ImmunoSorbent Assay
FIWE	Federation of Indian Women Entrepreneurs
FLE	Family-life education
FPAI	Family Planning Association of India
HIV	Human Immunodeficiency Virus
HMC	Highway Mobile Committee
HRD	Human Resources Development
ICMF	India Collective for Micro-Finance
IHMP	Institute of Health Management Pachod
IOM	International Organization For Migration
IPC	Indian Penal Code
ITPA	Immoral Traffic (Prevention) Act, 1956
JJA	Juvenile Justice(Care and Protection of Children) Act of 2000
JJB	Juvenile Justice Board
MDACS	Mumbai District AIDS Control Society
MTP	Medical Termination of Pregnancy Act 1971
NACO	National AIDS Control Organization
NACSET	Network Against Commercial Sexual Exploitation and Trafficking
NCC	National Charter for Children, 2003

NGO	Non-governmental Organizations
NID	National Institute of Design
NOS	National Open School
PCU	Polymerase Chain Reaction test
PO	Probation Officer
PTSD	Trauma and Post-traumatic Stress Disorder
RACE	Rehabs Care and Education
Rescue and Rehabilitation Report	Rescue and Rehabilitation of Child Victims Trafficked for Commercial Sexual Exploitation, UNICEF-DWCD, 2004
SC	Scheduled Caste
SHG	Self-help Group
SEWA	Self Employed Women's Association
SHARE	Society to Heal, Aid, Restore, and Educate
SKIP	Skill for Progress
ST	Scheduled Tribe
STD	Sexually Transmitted Disease
STHREE	Society to Help Rural Empowerment and Education
STI	Sexually-Transmitted Infection
TALC	Teaching AIDS at Low Cost
TB	Tuberculosis
USP	Unique Selling Proposition
VCT	Voluntary Counselling and Testing
VHAI	Voluntary Health Association of India
VJNNS	Visakha Jila Navnirmana Samiti
WDCW	Women Development and Child Welfare
WIT	Women's India Trust
YWCA	Young Women's Christian Association

Table of Contents

Introduction 1

Part I — The Main Report 7
- Section I: Situational Analysis of Child Victims 8
- Section II: Adjustment of the Child in the Home and its Routine 15
- Section III: Management of the Institution and Related Problems 18
- Section IV: Education and Vocational Training 43
- Section V: Preparing the Child for the Future 56
- Section VI: Health Management 66
- Section VII: Issues Related to Staff and Other Administrative Issues 93

Part II — Guidelines for Community Workers for the Prevention of Trafficking and Rescue and Rehabilitation of Trafficked Victims 107

Part III — Group Sessions 123
- A. Introduction to Group Sessions 124
- B. Modules for Staff
  - 1. Documentation 127
  - 2. Importance of Staffs' Roles 130
  - 3. Sensitization of Caregivers 134
- C. Modules for Children
  - 1. Freedom 139
  - 2. Self-esteem 143
  - 3. Trust and Sharing 146
  - 4. Relationship-building 149
  - 5. Building Inner Strength 152
  - 6. Finding Meaning in Life 154
  - 7. Belief in a Higher Being 156
  - 8. Vision and Goal-setting 159
  - 9. Communication 163
  - 10. Assertive Behaviour 169
  - 11. Acceptable and Unacceptable Behaviour 173
  - 12. Prevention of Trafficking 175
  - 13. Skills in Health 178
  - 14. Substance Abuse 182
  - 15. Suggestions for Outside Activities and Exposure 185

Appendices
- I. Organizations Working on Self-employment and Vocational Training Programmes 186
- II. Teaching Aids and Resources – Health Related Issues 188
- III. First-aid Kit Contents 193
- IV. Fact Sheet on HIV/AIDS 194
- V. Anapana Sati 198

Bibliography 199

METHODOLOGY

INTRODUCTION

Several organizations around the country are working with a range of issues pertaining to child rights. Protection of children from exploitation [Article 36 of the Convention on the Rights of the Child (CRC)] and physical and psychological recovery and social reintegration of child victims of exploitation (Article 39 of the CRC) clearly state the responsibility of the State for child victims of trafficking and sexual exploitation. In India, the State, following various laws such as Juvenile Justice (Care and Protection) Act of 2000 (JJA), Immoral Traffic (Prevention) Act of 1956 (ITPA) and the like, is providing support, care, and protection to these children in various State Homes across the country. In recent times, a lot of Non-Governmental Organizations (NGOs) have also started working with child victims of trafficking and commercial sexual exploitation. The State and NGO-run institutions are running various protective and social reintegration programmes for such children.

Working with child victims of trafficking and commercial sexual exploitation, understandably, requires more sensitivity about the needs and the problems of these children, their background prior to trafficking, and their situations in the exploitative environs of a brothel. The practitioners working with these children have to keep in mind the absence of societal understanding and the stigma; specific behavioural elements such as overt sexual behaviours, aggression, mood disorders and limited vision for future that these children have because of the exploitation and other experiences of their lives. The legal aspects involved also need to be kept in mind while working with the children so as to protect them from criminal and anti-social elements and also for the prosecution of traffickers and exploiters.

It is possible that at the outset, child victims may not understand and appreciate the objectives of their rescue and transfer to the rehabilitation facility. Consequently, these children may make it difficult for the staff working in the institutions to care for them. The children may perceive their lives being controlled by the staff, their movements and behaviour being watched, and their contacts with the outside world being curtailed and monitored. Additionally they could feel that promises of speedy repatriation to their families and native places have not been kept. This would add to their frustration. Another cause for mounting anxiety and frustration is the absence of a substantial plan for a viable economic alternative. The children may question the very justification of being removed from the exploitative situation, if they cannot see any significant substitute for economic self-sufficiency.

In the light of this background of the children in rehhabilitation facilities, the staff members have to cohnstantly work at providing care and support to the children, and also have to inspire faith in the rehabilitation programme and inspire participation. The staff members have to deal with the children on a day-to-day basis, where some of the staff members are with the children practically

round the clock. They also have to deal with financial constraints, lack of physical space and overcrowding, lack of trained and qualified staff, persistent complaints from the residents about the facility, and the children's unhappiness over the same problems, not to mention, their own personal problems.

This manual looks at both sides of the problem, the staff and the child victims, and provides strategies and ideas that can be used by the staff to help them perform their roles better within the institution while keeping the child victim at the centre of a rehabilitation process. This manual also suggests creative and optimal usage of resources to address common problems faced by staff in institutions for child victims.

Objectives

The objectives of preparing this manual were:

- To help the staff understand better the unique problems and needs of the children that have roots in situations and conditions of the child victims before and during trafficking and exploitation.
- To highlight the special needs of the rescued children in institutions with regards to their physical and mental health and emotional well-being and their social reintegration with the mainstream of society.
- To share certain innovative practices being followed by various organizations in handling the day-to-day problems of working with rescued children.
- To equip the field practitioners with knowledge and skill tools that they can readily use for greater effectiveness in their work.

Methodology

The task of developing this manual began after the completion of the Report on Rescue and Rehabilitation of Child Victims Trafficked for Commercial Sexual Exploitation, (UNICEF-Department of Women and Child Development [DWCD], 2004; hereafter called the Report on Rescue and Rehabilitation). Twenty-five individuals and organizations across the country were studied. The data collected and researchers' experiences and observations while collecting the data helped to design the basic concept of this manual. Secondary data, in the form of other training manuals, books, periodicals, and Internet resources was also very useful. While preparing the manual some broad areas related to the rehabilitation of child victims needed to be focussed on. These areas included the adjustment of the child to the institution; behavioural and attitudinal issues related to the children and staff; the mental and physical health component of the rehabilitation programme; education and vocational training for the children; issues pertaining to the management of the institution; and issues that concerned the staff working in these institutions.

Tools for Data Collection

Based on the broad areas identified from the Report on Rescue and Rehabilitation, a detailed checklist was prepared for the purpose of data collection (Appendix VII).

The checklist served as a guide to the following tools of data collection that were used in the field:

- Formal and informal interviews.
- Observations.
- Group discussions and focus-group discussions
- Review of organizational records and documentation.

Advisory Committee

Concurrent to the planning for data collection, an Advisory Committee of professionals who were experts in the field of child care was formed. The Advisory Committee members had a wide range of experience in working with children in especially difficult situations. The prepared checklist was shared with the members to get their feedback. The Advisory Committee provided constant guidance and support during various formal and informal meetings. Suggestions were also taken from other experts who specialized in training practitioners and on child rights issues.

Identification of Sample

A list of "Best Practices" carried out by the organizations in the Report on Rescue and Rehabilitation helped identify the organizations that could form the sample of this study. Two other organizations, which were not reviewed in the Report on Rescue and Rehabilitation, were also included in the sample for the purpose of data collection. This was as suggested by the members of the Advisory Committee. Besides the "best practices", information about the attempts and practices that failed in these organizations was also collected. Reasons for such failures and alternatives evolved were documented. The organisations represent varied characteristics like the management of the institutions, both governmental and non-governmental; the geographical spread across the country, and the rehabilitation facilities and programmes provided by them.

Sources of Data

The researchers collected data from the following organizations:

- Sanlaap, Kolkata, West Bengal (NGO)
- Prayas, Delhi (NGO).
- Rehabs Care and Education (RACE), Navi Mumbai, Maharashtra (NGO).
- Maher, Pune, Maharashtra (NGO).
- Karunankur- (St Catherine's Home), Mumbai, Maharashtra (NGO).
- Special Girls' Home (Kasturba Mahila Vasatigruha), Mumbai (Government Home, DWCD, Maharashtra).

Apart from visiting these organizations, researchers also sought data from the following organizations/ networks for specific areas related to the rehabilitation of child victims:

- Society to Help Rural Empowerment and Education (STHREE) in Anantapur, Andhra Pradesh.
- Prajwala in Hyderabad, Andhra Pradesh.
- Odanadi in Mysore, Karnataka.
- Prerana's Anti-Trafficking Centre, Mumbai, Maharashtra.
- Network Against Commercial Sexual Exploitation and Trafficking (NACSET).

Detailed questionnaires were mailed to these organizations to seek information. One of the organizations did not respond but instead, suggested a visit to the institution. This was not possible due to time constraints and communication (language) barriers. STHREE and Prajwala responded promptly to the questionnaires. They were also open to further clarifications on the data. Prerana's Anti-Trafficking Centre and NACSET provided the Draft Preliminary Note on Home Study Report. One other organization refused to participate due to its apprehension that the data collection could disturb the rehabilitation process of the children.

Though primary data was collected, from the organizations, one of the major sources of data remained the Report on Rescue and Rehabilitation itself. The researchers' experiences and observations as given in their notes and diaries, were very valuable data. Formal and informal discussions with experts and practitioners working in the field, and the members of the Advisory Committee also were valuable data sources.

Data Collection and Experiences Thereof

In-depth interviews with different staff members having varied responsibilities and roles added to the data. At a few places, the researchers also interacted with the child victims in rehabilitation. Observations, group discussions, formal and informal interviews, and interactions with the staff members and residents, were important tools for data collection.

Organizations doing good work were generally ready to be respondents for the study. They recognized that their work was good but not perfect and therefore they welcomed comments, help, and suggestions from others. Most of the time, the functioning of these organizations was quite transparent.

Some other organizations were wary about giving permission to the researchers to visit their facility. The researchers felt that this attitude raised questions about transparency of work.

Some of the newer organizations were keen to learn from other organizations and felt that the manual would help them to function better.

Data Analysis and Presentation

The data collected from the various sources was categorized and collated and is presented under the broad sectional headings listed alongside. Wherever applicable, theoretical inputs that enhanced the understanding of the topic under discussion were added.

In consultation with the Advisory Committee, it was decided that organizations from where data was collected, needed a mention in the manual. This was to acknowledge the recommendatory practices they followed. It was also decided that negative experiences and non-recommendatory practices, wherever mentioned, would not carry the name of the concerned organization. All organizations, except one, consented to sourcing of data pertaining to recommendatory practises.

Field-testing of the Modules

Some of the modules developed for this manual were field-tested at government institutions and NGOs. The modules were field-tested by student social workers working in these institutions, and not by those who designed the same. This helped to check the applicability and feasibility of the modules for the staff of institutions, who would ultimately implement them. The processes involved in implementing the modules were documented in order to make necessary and appropriate changes, as seen relevant while field-testing.

The following organizations agreed to field-test the modules that were designed in the manual:

- Rescue Foundation, Mumbai, Maharashtra (NGO).
- Karunankur (St Catherine's Home), Mumbai, Maharashtra (NGO).
- Special Girls' Home (Kasturba Mahila Vasatigruha), Mumbai (Government Home, DWCD, Maharashtra).

Format of the Manual

The manual is broadly divided into two parts:

Part I of the manual includes theoretical input and field experiences of various organizations while working with the child victims.

This part is divided into the following seven sections:

Section I: Situational analysis of the child victim.
Section II: Adjustment of the child in the home and its routine.
Section III: Management of the home and related problems.
Section IV: Education and vocational training.
Section V: Preparing the child for a future outside the institution.
Section VI: Health management, pregnancy, abortion, and adoption.
Section VII: Staff and related issues and their functioning.

Part II of the manual contains guidelines for community workers for prevention of trafficking and rescue and rehabilitation of trafficked victims.

Part III of the manual contains a series of activities that the staff can conduct with the children or which the social workers can conduct with the other staff in the institution. The objective of conducting activities with the children is to help develop qualities and skills for effective participation in, and benefit from, the rehabilitation process. The objective is also to give the children information about key issues that affect them and to prepare them for the future. Activities for the staff are those that supplement the inputs in Part II of the manual.

Apart from Parts I and II, the appendices provide lists of resource persons, resource materials, and resource organizations for conducting various training programmes, vocational training, education, and so on.

Scope

The manual is meant for heads and superintendents of both government and non-government institutions for victims of trafficking in children. It is also for social workers and other staff members in the institutions. The manual should help to train other caregivers, and disseminate the information provided to ensure optimum benefit and to improve the functioning of concerned institutions.

Operational Definitions

- Field Practitioners/Caregivers/Caretakers: These include all those staff members in the government and non-government rehabilitation institutions who provide care to the child victims on a day-to-day basis. These may include superintendents, probation officers, social workers, counsellors, educational teachers and vocational trainers, housemothers and/or housefathers, nurses and other such staff members who are there for the children on a daily basis. These staff members may or may not be living with the children within the facility but interact regularly with them for extended periods of time.

- Institutions: This refers to the rehabilitation home or facility where child victims are admitted for care and protection, and which provides the children with accommodation. These could be State-run or NGO institutions.

- Children/ Child/ Child victims: This refers to the child victims of trafficking and commercial sexual exploitation. Although in most cases it is girl children who are victims of trafficking and commercial sexual exploitation, boys are faced with such exploitation as well. To make the manual wide in its scope of application, the terms "child" and "children" are used to refer to the victims in rehabilitation. At the same time, in the second person, the victims are referred to as feminine because of the higher prevalence of girl victims.

Limitations of the Manual

While every effort was made to cover all the problems faced during the rehabilitation of child victims and to provide realistic and practical solutions, the nature and variety of problems and applicable solutions made it difficult for the manual to be exhaustive.

The manual recommends certain training programmes that should be made available for the staff and child victims, for example, training on Family Life Education and on HIV and AIDS. But such training modules are not included because they are conveniently available otherwise. Such training needs to be administered by professionals or experienced animators and this is outside the scope of this manual.

PART I

THE MAIN REPORT

PART I
Section I

SITUATIONAL ANALYSIS OF CHILD VICTIMS

1. The Family
2. Family, Socio-cultural and Economic Forces that Push Children towards Prostitution
3. Adjustment
4. Rescue
5. Post-rescue and Legal Issues
6. Rehabilitation
7. Conclusion

This analysis identifies the various economic, social, and cultural factors that influence the rescued child and the various physical and emotional traumas that the child encounters in the process of being trafficked, rescued, and rehabilitated.

It is hoped that such an analysis will help to understand the situation of the child better, highlight possible reasons for the resistance to the rehabilitation process, and provide insights as to how these obstacles can be countered. Care-givers and field-practitioners providing rehabilitation need to be sensitized to the client group, the child victims, that they are serving and be able to devise constructive strategies and processes to provide meaningful rehabilitation to the affected children.

1. The Family

The families of the children in prostitution are often the "poorest of the poor". These children are from families that are "vulnerable", "at risk", "urban poor", and "rural poor". When the family is identifiable, there is often a history of one or more of the circumstances such as alcoholism, violence, drug abuse, prostitution, unemployment, child abuse, ill health, and vaguely defined family roles (Florence Bruce, 1996). Some of the families may be mobile or migratory such as those residing in rural areas or nomadic families. Some of the families are sunk in debt. Such families are more prone to dysfunction and to abandoning members of the family. The key members of the family unit, such as the mother or father, may be responsible for repaying the debts and may be facing extreme

anxiety and pressure from debtors. The children in such families often leave because of the dissent, unhappiness or abuse in the family, and opt to try and sort out their lives and take chances for themselves on the streets. Other children, who continue to stay with the families, take up work of any sort to bring in extra money that is vital for the survival of the whole family.

Poverty is not the only motivation to send a child into prostitution. There are fathers who sell their children for opium and alcohol, or mothers who seek extra money to build a brick house or purchase the latest electrical gadgets or other material goods.

Some of these children do have parents who care but who are forced by overwhelming poverty to turn a blind eye to their children bringing in money through prostitution. Some parents are tricked into sending their children into prostitution (Florence Bruce, 1996).

2. Family, Socio-cultural and Economic Forces that Push Children towards Prostitution

Family forces: Girl children often leave home due to sexual or physical abuse at home or simply to find a better life. These children often end up on the streets and get into prostitution.

Economic forces: Girl children voluntarily or involuntarily (when they are duped or tricked) get into prostitution to better their economic conditions and/or use it as a means to pursue avenues of their interest.

Children are often tricked or duped by traffickers who entice them on the pretext of finding suitable jobs in big cities. Similarly, families are often compelled to sell their children for money or are tricked into sending their girl children to big cities for some job. While some parents realize that the job in question is prostitution, others simply do not know what lies in store for their unfortunate children.

Children from poor families, living near tourist areas, find it convenient to prostitute during holidays to earn some pocket money and live the good life for a while. Other children seeking to get into the film industry, for example, also prostitute themselves to earn money, to procure roles in films, or to fulfil any other such objective.

Greed of family members and relatives can also propel them to sell their children. There are many cases where the husband, uncle, in-laws, or other such relatives of the girl child, have knowingly sold her for prostitution merely for monetary benefits.

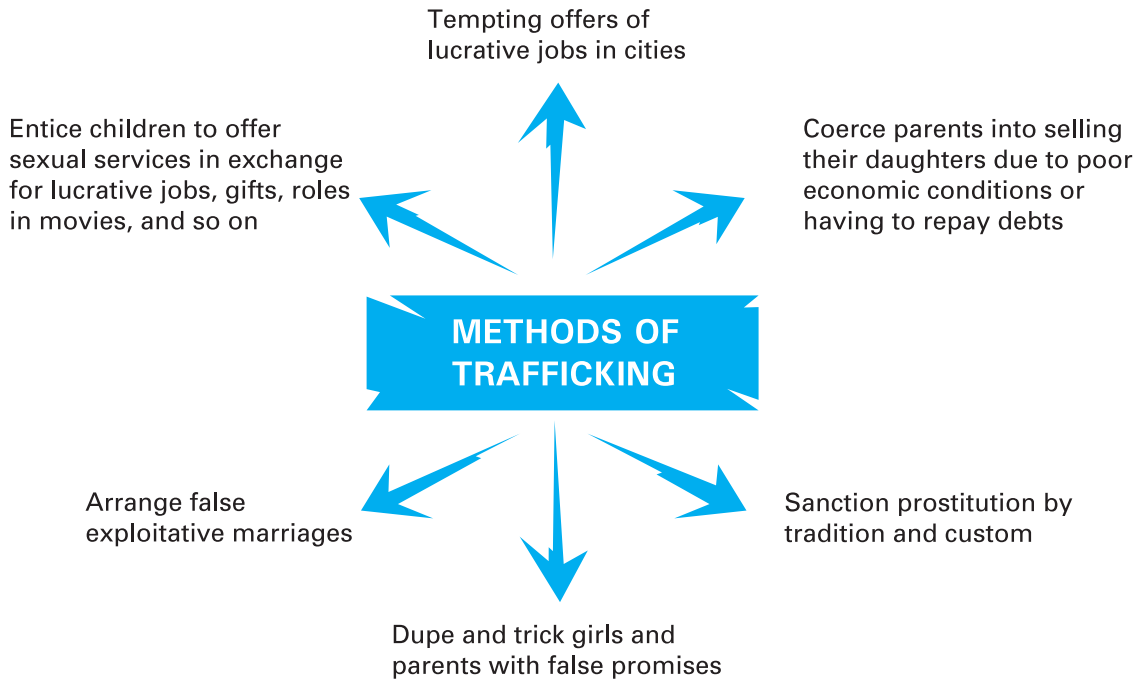
Cultural forces: Indian society often treats the female child as a burden that can be got rid of through marriage. Health and educational facilities are not as easily accessible to girl children. Families are not as willing to invest time, money, or resources to allow girl children access to such services. Thus, most girl children simply end up providing services to the house, caring for younger children, working in the fields, earning money for the family, and performing other such tasks.

Apart from these social responses, which are a setback for the girl child, there are some traditional and customary processes that push girl children into prostitution. Ancient practices in India, like the Devdasi custom, legitimize prostitution. Myths and beliefs of the restorative and healing powers of sex with a virgin further enhance market demands for female child prostitutes. Child marriage is also one of the practices that curbs the development of the female and pushes her into sexual exploitation and abuse as a minor (Researchers' observation and notes).

Social beliefs and differential gender standards make it difficult to rehabilitate a girl child and future prospects are bleak if she has been a victim of abuse or exploitation. Such girl children are neither easily accepted in society nor for marriage. (Researchers' observation and notes).

Most girl children who are unknowingly trafficked for prostitution do not realize that they are to be

Graphical representation of methods of trafficking



transported to another place for the purpose. When these children realize the situation, it is too late. They do not have the confidence to navigate the unknown city on their own to return home and they are normally under strict and constant vigilance of the brothel owners and pimps at that point of time. Some of these girl children may not even know the language of the new region. The girl children are forced to wear garish clothes and make-up and forcibly initiated into the business of prostitution.

For most of the girl children this can be a very traumatic experience:

- They do not know where they are.
- They cannot go back home and do not know if they ever will.
- They are expected to prostitute, which is unacceptable according to societal and religious beliefs.
- Once they have prostituted, the girl children know that there will be no return, as they won't be accepted back (Researchers' observation and notes).

Most girl children do initially resist the brothel owners and pimps and refuse to prostitute. But they are then subjected to a great deal of cruelty and pain. This takes the form of:

- Severe beatings.
- Gang rapes.
- Starvation.
- Other forms of physical torture such as putting mirchi, or chilli powder in the eyes, stubbing cigarette buds on the breasts or genitals (Joardar and Researchers' observation and notes).

The living conditions of the girl children in the brothels are deplorable. They live in cramped rooms of 12 feet square. These rooms house up to thirty-five women and children and are poorly ventilated with no proper sanitary facilities. They are subjected to frequent abuse along the lines of:

- Denial of payment.
- Beatings.
- Multiple rapes.
- Forced and unprotected intercourse (NGO).

Due to the nature of the work, the related abuse, and dismal living conditions, these children suffer from a range of problems. These include physical, developmental, and social problems. They also have deep emotional and psychological problems.

Physical health: These children suffer from a number of health problems. Almost all of these problems are a hazard of the work that they do. These include:

- STDs (Sexually Transmitted Diseases).
- TB (Tuberculosis).
- HIV (Human Immunodeficiency Virus).
- Pregnancy and repeated abortions that take a toll on the reproductive and physical health.
- Lack of proper and timely medical care that weakens them, making them susceptible to several common ailments (Fernandes & Ray, 2001).
- Respiratory problems.
- Headaches, exhaustion.
- Injuries resulting from violence either self-inflicted or inflicted by others.
- Malnourishment and debility because of poor living environments, poverty, and self-neglect
- Use of drugs and alcohol (Warburton & Camachi de la Cruz, 1996).

Mental and emotional health: The children suffer from a number of psychological and emotional problems. A lot of these problems have their roots in their childhood experiences, prior to them being trafficked. The ordeal of being trafficked, being sold and forced into the flesh trade also generates a lot of mental trauma that manifests in emotional and psychological problems. Experiences in the brothel, and some decisions they have to make like choosing to abort a child contribute to these problems. Some of the feelings they manifest are:

- Low self-esteem that convinces them that prostitution is all that they are good for. Children of prostitutes often see prostitution as the only way of life for them.
- Shame about their sexual activity.
- Lack of self-confidence, particularly in what they are capable of doing.
- Self-hate.
- Being outcasts.
- Being unworthy, unloved, and unlovable.
- Being degraded and violated.
- Inability to trust others.
- Emotional dependence because of a need for nurture, affection, and support, they enter into a series of abusive and exploitative relationships
- Helplessness and hopelessness, accepting their fate as inevitable with resignation and apathy.
- Desire to blur reality.
- Guilt because of repeated abortions. (Warburton & Camachi de la Cruz, 1996).

Additional problems: These children face a number of additional problems besides physical and mental health risks. These are:

- Denial of opportunities to enter or continue in mainstream education, therefore low academic achievement.
- Poor concentration.
- Loss of ability to structure and to use time.
- Feel powerless and unable to effect change. Often they do not see a future outside of prostitution for themselves.
- Self-fulfilling prophecy – They accept and/or adopt society's views of themselves that they are corrupting, immoral, and somehow to blame for their situation. They internalize the stigma of being associated with the sex trade.
- Social stigma – There is little understanding for and of them in society and this results in their being looked down upon as "fallen" or "bad" women. (Warburton & Camachi de la Cruz, 1996).

"They survive in an atmosphere of violence and intimidation, where their very existence can depend on compliance with their continued exploitation and abuse" (Warburton & Camachi de la Cruz, 1996).

3. Adjustment

The girl children in a brothel, after a while, adjust to all situations and learn to adapt. They become part of the brothel community and make friends with other girls in the brothels and the pimps. Quite

often, they seek to fill the emotional void in their lives through relationships with their pimps. Often these girl children have long-term relationships and arrangements with select clients or pimps. These involvements and a few friends are very important, as these are the only social elements in their life. The rest of the world fails to understand them as human beings and they are reduced to mere prostitutes to be used for sexual gratification and services. It is hardly surprising that these girls distrust and hate the society that first ostracizes and exploits them, and then comes forward to offer rehabilitation when they seem to have adjusted to their situations. Most girls in institutions thus comment: "Why are you trying to help me and change me now? Where were you when your help would have really mattered?" (Researchers' observations and notes)

Having adjusted and adapted to this way of life, these girls get a lot of privileges and perks. They develop an understanding of the business of prostitution. Besides the repeated sexual violation, some of these girls are treated well and are allowed to have good food. They are allowed to retain the money they receive as tips that they can use for make-up and other articles. Some girls are kept under contract for a fixed number of years of service, say four years, in a particular brothel. On termination of the contract, the brothel owner releases a girl if she so wishes and she is allowed to return with a suitcase full of new clothes, 10 tolas of gold and 50,000/- rupees in cash. While under contract, some of these girl children are allowed to regularly visit their hometowns and return (Rescue and Rehabilitation of Child Victims Trafficked for Commercial Sexual Exploitation, UNICEF-DWCD, 2004, hereinafter called the Rescue and Rehabilitation Report.)

Therefore, if a girl child is rescued, for example after she has completed 3 years and 9 months, she can be very upset with the rescue. In another three months she would have got her freedom in any case, and with 50,000/- rupees in cash and some gold. (Rescue and Rehabilitation Report).

Girl children when rescued get further upset when they are taken to institutions where they are kept for years on end – as if in a prison. They justifiably compare the freedom that they had in the brothels to the life they have at the institutions and categorically state that they would like to be back from where they were brought. In the brothel, they not only had more freedom, but also better clothes and food and an opportunity to earn money (Rescue and Rehabilitation Report).

Children in prostitution may have made their adjustments and may even be comfortable with the choice and the circumstances that they are in. In spite of the children expressing their preference for prostitution and that it is profitable and good for them, organizations, NGOs and governmental bodies, intervene, as there is universal consensus against children in prostitution. Various conventions such as CRC, laws such as JJA and ITPA, and policies such as National Charter for Children 2003 (NCC) are directed at ensuring a safe childhood to every child and child prostitution cannot be excused and left aside for convenience. Every child, including the one who is sexually exploited, deserves a chance to a better and exploitation-free life with opportunities for education and development.

4. Rescue

Some rescue operations are carried out with the participation of the girl child and after intensive planning. However, other rescue operations, such as raids, do not seek the participation of the girl child and are chaotic, random, and violent.

When police enter a brothel community for a rescue operation, there is a lot of confusion among the victims. The police are regular visitors and it is difficult to identify the specific purpose of the presence of the police during a raid. The children resist the police and the rescue effort as most them have been brainwashed by the brothel community about the exploitative, harassing, and unfair attitude of the police and about the futile and empty

promises of rehabilitation. Also, as mentioned earlier, the child victims are often attached to their friends, pimps, and brothel owners and are not comfortable with the idea of being displaced from where they have some level of mental comfort (Rescue and Rehabilitation Report).

Most rescued victims are hardly overjoyed or relieved on being rescued as it throws them into an uncertain future. The rescued children don't know what happened. They don't know what is going to happen and they are scared.

5. Post-rescue and Legal Issues

After the rescue, the girl children are taken to the police station for mandatory tests to determine their age. If the age tests report a particular girl to be a minor then the JJA and the CPC Act come into force and the child is subsequently admitted to a residential care centre for rehabilitation or repatriation in the future.

Cases may be lodged against brothel keepers or traffickers of the child under the ITPA or Indian Penal Code (IPC) as relevant. Often the trafficked minor is asked to give testimonials against the alleged traffickers and brothel keepers. She may also be asked to stand as witness in court to book these violators of law. If a minor girl's testimony becomes crucial, she may also be submitted to a residential care centre for protection against harm and threat, even if she is ready to be repatriated or has completed the rehabilitation process at that rehabilitation or residential centre.

If the girl's age test reports her to be over 18 (a major), she is booked under the offence of soliciting or other such offences as applicable. The major girl then has to pay fines for her release after which she is either freed or admitted to a shelter home for women.

The rescued child's perspective of the post-rescue and legal issues differ. The rescued child is made to wait in the police station after the rescue; she is moved around for mandatory medical tests for age verification; and is then presented before the court. The whole process can be very disturbing since there is no scope of seeking the child's consent according to the legal procedures and practices that have been followed thus far. The girl child feels victimized and that she is unfairly dragged about and disturbed for no fault of hers.

Sometimes the child also witnesses corrupt practices when brothel community members bribe hospital and police authorities to alter the results of the age verification tests and let a few children go. These corrupt practices further demoralize the girl child and she loses faith in the system and its capability to help her (Rescue and Rehabilitation Report).

Further frustration adds up due to legal issues and procedures that the children are forced to endure. Everything happens without their consent and knowledge. No one explains to the children in rehabilitation centres about the various legal procedures and they do not understand why they are not being released from the centres despite repatriation processes in place.

6. Rehabilitation

Minor girls, therefore, find themselves in institutions, under security and with limited mobility. They know very little about the status and progress of their cases. Most probation officers are too busy to explain to each girl child the state of her case and possible outcomes. Most of these children therefore wait for release, uncertain if there will be any release and after how long. The children at times are not even allowed to meet their family members if they happen to visit.

Furthermore, the children have little hope or belief that the institution will offer anything substantial for meaningful rehabilitation.

All these circumstances de-motivate the child to actually participate in the activities of the home. In

fact, with the communication gaps and frustrations, the children show deviant behaviour (Rescue and Rehabilitation Report).

7. Conclusion

It is essential to be sensitive to the trauma and situation of rescued child victims. It is equally important to give them time to cope with the events of rescue and the results. The children should be allowed to settle down and come to terms with their rescue and plan for their future. They should be helped to see their future with more options other than prostitution for a living. The children should be in a position to determine their rehabilitation course. It is therefore, necessary to induce the children into the rehabilitation programme and to plan rehabilitation with their participation.

The following sections of the manual look into these various aspects and how they can be practically implemented.

PART I
Section II

ADJUSTMENT OF THE CHILD TO THE HOME AND ITS ROUTINE

1. Introduction to the home – Initiation with Help of Older Children
2. Routine and Its Importance
3. Helping the Child Follow the Routine of the Home

This section outlines the introduction of the child to the new home and various adjustments the child has to make to adapt to the new routine. The section also provides inputs on how staff can understand and help the child in this regard.

1. Introduction to the Home - Initiation with the Help of Older Children

It is important that the child is made to understand that her entry into a rehabilitation home is an end to a prolonged period of exploitation and abuse, and is the beginning of a healing process and rehabilitation. This message should be communicated to the child the moment she enters the home and should be reiterated through the actions and words of the caretakers. It is also important that the child's status as a ward of the institution and the duration for which she would be expected to remain in the institution, for example, until she attains 18 years of age, is clearly explained to her.

A welcome party for a group of children who enter the home at the same time works well to initiate them into the culture and practises of the home. Older children escort the new ones on a tour around the premises. With such a warm reception, the children feel at home sooner. The friendly and helpful approach of the institution goes a long way in helping the child adjust to and feel safe in the home (Maher).

Warmly welcome and reassure the child on entry to the institution.
Orient her to the home and introduce her to the residents.

The staff chelp to initiate new children into the home through peers. They can encourage older children to make friends with the newcomers. A staff member from the home can be assigned the responsibility of talking to the children on admission. The staff can also help by getting the captains and monitors for assistance when the rules of the institution and expectations are explained to the newcomers. This helps them to adjust to their new environment. For example, on the arrival of a new child, the staff can assign some children to spend time with the child on an hourly basis. One group of children could spend an hour with the child and show her the facilities; another group of children can spend the next hour with her and explain the running of the home, the roles and responsibilities, and so on. This will help the new child feel comfortable, get acquainted with others, and offer an opportunity for the other children to know her (Sanlaap, Prayas).

How do peers influence the initiation of the child into the home?
Initiating children to a home becomes much easier if older children who are already comfortable there, inspire hope and confidence in the new entrants that they will be well taken care of, that they can look forward to a bright future, and that they will not remain in the home forever (Rescue Foundation). The staff and the residents should adequately address concerns of anxious newcomers relating to their stay in the home.

2. Routine and Its Importance

A daily routine brings order to the life of the child and is an important aspect of the rehabilitation process. The children have to be helped to follow a certain daily routine as it not only helps to inculcate discipline in their lives, it also teaches the children the concepts of planning work and time management.

How different is the daily routine in the home from the daily routine that the children are used to in the brothel?
In the brothels, work begins late in the day and goes on till late in the night. The children often sleep through the morning and spend a lot of time after that in grooming themselves to cater to customers. Sometimes, there are servants to care for them and attend to their daily needs and requirements. In the rehabilitation home, the children have to wake up at a particular time, usually much earlier than what they have been used to. They are expected to finish their personal chores such as bathing, washing clothes, and so on, in a fixed time period and are then expected to be ready for the programmes of non-formal, or formal education and vocational training. In some institutions the children are expected to participate in prayers and other such religious or spiritual services, which they may not be used to.

3. Helping the Child Follow the Routine of the Home

The routine and schedule should ideally be prepared with the children's participation. They should also be given sufficient time to adjust to the change in their routine and way of life.

Some children may take longer to adjust. Some may make the effort but fail to adjust to the routine. Others may simply refuse to follow the routine. In each case, the concept of what is sufficient time would differ. But the home staff need to decide what is a reasonable and sufficient time. In most rehabilitation facilities, child victims take three to four weeks to adjust to the routine of the home, which is considered normal. In case a child cannot adjust within this time, then she needs more attention and these needs have to be addressed with the help of counselling provided by a trained counsellor or psychologist (Prayas, Sanlaap,Jagruti).

One home had the facility of an *observation home* within its premises. They keep the new girls here to let them absorb the home atmosphere and mingle with the staff that treats them with special attention in the initial stages. The children stay in the observation home for a short while before they are transferred to another section of the home and stay with other children of the same age group [Rehabs Care and Education, (RACE)].

In case a child refuses to follow the routine, or tries but cannot manage, the staff needs to provide more inputs and work with her on a regular basis. Some aspects especially looked at by institutions in such situations are:

- Monitor her actions and habits.
- Understand her likes and dislikes and try to make the rehabilitation programme more suitable.
- Provide individual counselling by trained counsellors.
- Train staff members to coax and encourage.
- Motivate other children by demonstration or by helping a child.
- Support from other staff such as counsellors, vocational teachers, and social workers.
- Use self-motivational techniques wherein the staff can ask the child to recognize and recall the satisfaction derived out of doing something well, such as homework, doing things in time, neatness, good behaviour with others, politeness towards the staff, and so on.

Give the child time and encouragement to adjust to the routine of the home.

After initiating the child into the routine of the home comes the demanding task of managing the home. The manner in which the home can be effectively managed has been detailed in the next section.

PART I
Section III

MANAGEMENT OF THE INSTITUTION AND RELATED PROBLEMS

1. Providing Rationale and Purpose for Rules and Activities
   i. Formulating Rules
   ii. Willingness to Change Rules

2. Monitoring
   i. Three Levels of Monitoring

3. Management Through Children's Groups and their Participation
   i. Importance of Children's Participation
   ii. Role of Peers and Groups
   iii. Problems of Alienated and Neglected Children
   iv. Formal and Informal Groups
   v. Management through Formal Groups
   vi. Children's Participation in Designing the Routine
   vii. Inculcating Responsible Behaviour

4. Discipline Issues
   i. Acceptable and Unacceptable Behaviours
   ii. Runaways

5. Reinforcement and Punishment
   i. Reinforcing Positive Behaviour
   ii. Punishments

6. Freedom, Interactions, and Relationships
   i. Allowing Minimum Freedom of Choice to the Children
   ii. Opportunities to Interact with People Outside the Institution
   iii. Building and Maintaining Positive Relationships within the Institution
   iv. Conflict Resolution
   v. Overindulgence
   vi. Inculcating Responsible Behaviour

7. Recreation

8. Mental Health
   i. Introduction
   ii. Specific Problems Addressed by the Counsellor
   iii. Counselling Practices

This section outlines the need to have rules, to modify them when necessary, and to provide the children with the rationale for having rules. The need to give children the opportunity to participate in setting rules is emphasized. Management of the institution here implies providing optimum care to the children and its proper monitoring. This section also deals with the ways the institution can acknowledge and utilize the resources available within the facility.

1. Providing Rationale and Purpose for Rules and Activities

It is important to explain the purpose of rules and the corresponding expectations to the children. When rules such as wakeup time are set, the children need to be aware of the importance to wake up at a particular time, that is, to complete personal chores and grooming and to get ready for activities of the institution. In one institution, due to security reasons, children are not allowed to go out, and their letters and other postal mail are screened both before mailing and at the time of receipt. The children are told about the institution's concern for security, which justifies the rules. A few children may argue that they do not pose such risks like others and therefore demand more freedom. The children are made to understand that exceptions to rules may result in partiality and discrimination and hence such common rules are necessary (Sanlaap). As an example of the need for scrutiny, in one institution, a relative (brother-in-law) was writing objectionable material to a girl to tempt her to run away from the home. When the letters were intercepted and screened, the staff became alert and avoided a possible untoward incident.

i. Formulating Rules

Certain ground rules pertaining mainly to daily routines, attendance of classes, roles, responsibilities, and discipline can be laid down in the institutions.

The following are some examples of rules:

- All children have to sleep in their own beds or mattresses (Sanlaap).
- All children should attend classes. They may be excused from artwork or other such activities in the class if they are not well or not interested in the class on a particular day (Sanlaap).
- Letters written and received by the children need to be screened by the staff before delivery and mailing (Sanlaap, Maher).
- All children have to report for roll count once a day, at a particular time (Prayas).
- All children must pray before meals (RACE).

ii. Willingness to Change Rules

Often, rules may become outdated and ineffective. In such a case, the staff members need to be open to changing rules according to legitimate requests made by the children. An unrealistic rule is difficult to follow and can cause anger or frustration among the children. Staff must note that the institution cannot run merely on rules. There must be room for flexibility to circumstances and accommodation of special needs. Hence, rules must consider available infrastructure, manpower, and permissible and realistic expectations.

For example, in one institution there was a rule that all children needed to take a bath and be ready by 8 a.m. and only then would they get breakfast. However, the number of children in the institution and the limited infrastructure made it impossible for all children to take a bath by 8 a.m. even if everyone woke up by 5 or 6 a.m. In such a situation, the rule was unreasonable and needed to be changed. In the same institution, the children were served nothing to eat between lunch and dinner, leaving them hungry in the evening. The children communicated this and tea and biscuits were provided for them.

Explain the reasons behind the rules.
Be flexible and open to change unrealistic rules.
Fix certain ground rules.

Rules are meant for smoother functioning of the institution and the residents must be given the right to have a say in this process since they are expected to obey the rules. It is impractical to expect the children to follow rules set by others if they are not convenient or relevant. Therefore, children need to participate in the process of setting rules.

2. Monitoring

Monitoring is a very important aspect of rehabilitation in the institutions as it involves supervising the children and their progress. It acts as a check and helps to control, correct or prevent dangerous, delinquent, or unacceptable behaviours. Monitoring the institution and its residents also brings to the fore, material, social, emotional, and other needs of the children and staff for proactive action. This includes monitoring discipline, routine, responsibilities, behaviour of the children, fights among the residents, and other such deviant behaviours.

i. Three Levels of Monitoring

Monitoring can be initiated at three levels, **self-monitoring, peer-level monitoring and monitoring by staff.** All these levels of monitoring may function together at any point of time and may even overlap.

- **Self-monitoring** involves the child caring for herself with regard to health and hygiene, education and vocation, and reporting to the staff in case of any personal problem or complaint. This implies that the child is taught to be responsible for her own comfort and development.

- **Peer-level monitoring** is more effective as it is a friendly, non-threatening approach and is part of group behaviour. This type of monitoring can be more effective by assigning specific duties and responsibilities to a few children (on a rotation basis) and naming them "captains" or "monitors". Monitors can be appointed or elected by the children on a quarterly basis. It is advisable that the children and staff nominate the children who may then elect their monitors by voting. They may also nominate difficult children as monitors to instil in them a sense of responsibility. At the same time, the children must understand that not all "difficult" children would have the privilege of such authority, lest they start being difficult simply to be elected as monitors. Monitors or captains can also be given badges to establish their status of authority and responsibility (Sanlaap). Thus children need inputs for objective peer monitoring.

- **Monitoring by staff** comprises the staff taking responsibility for their designated roles in the institution in terms of taking care of the child, her protection and progress, and addressing her special needs. While most institutions do follow staff monitoring, it is recommended that peer-level monitoring be experimented with, as it has proved to be an effective and well-received practice (Prayas, Sanlaap, Rescue and Rehabilitation Report)

Encourage peer monitoring.

Adolescents resent monitoring of their behaviour
Adolescents feel the need to be loved, cared for, respected, and nurtured while at the same time they want their independence. Simultaneously, they do respect certain limits and some controls. At times, adolescents break rules merely to test their caretaker's commitment towards them. Thus, they may become manipulative and try to take advantage

of their caretakers. If they feel uncared for they can become resentful and bitter and the rehabilitation process is setback. Monitoring systems can help the child feel that she is constantly cared for and understand that she can exercise her independence within certain limits.

3. Management through Children's Groups and Their Participation

i. Importance of Children's Participation

Administration is a key factor in managing a rehabilitation facility, in the monitoring processes and in assessing outcomes of the rehabilitation programme. Traditionally, those in charge of the facility make most of the administrative decisions. However, it is strongly recommended that the users or beneficiaries of the facility, the children themselves, be involved in its day-to-day management. At the same time, care needs to be taken that if the child is given the authority, she should not misuse it as a position of power. Although a child's well-being is the foremost priority of the institution, the child herself should recognize that sharing responsibility is an important part of the rehabilitation process for her and her fellow residents. Hence, the children's involvement with and participation in the day-to-day management of the institution is crucial to achieve the desired standards of care and outcomes.

The children may be encouraged to manage the institution and address their own concerns. Groups of children can take over the responsibility of certain activities and manage them.
The children could also participate in other management aspects and such involvement would substantially reduce their complaints. For example, in Prayas, meetings are held with the children every month. Food menu and tasks are decided with the help of the children who are also given the freedom to cook their own breakfast on Sundays. These meetings also serve as a forum where the children can express concerns over staff members' behaviours and sort such issues out. In another home (Rescue and Rehabilitation Report) because there are just a few children, they are given complete freedom to decide the food menu on a day-to-day basis and are often allowed to cook their own food.

In Maher a central kitchen has been split into separate kitchens (for each of the six houses) thus giving a certain degree of independence to housemothers and children to choose menus by the week. The rationale behind this is that it is easier to cater to the choices of fewer children. The children can live with the aroma of food being cooked as in a typical family set-up. They can also learn and perform household and kitchen chores. Such management allows the children to express their views freely and live with independence, in a manner similar to what they would experience in their family homes. Such participation will also create a cordial atmosphere in the institution. It will not seem like an alien facility imprisoning the children.

How does participation in the home benefit the child's development?
As the children become adolescents, there is increasing need for them to show their independence and make their own decisions and choices. Adolescents may approve of guides and supports, but they seek and appreciate opportunities to make their own decisions and become independent.
Participation is important as it gives them a sense of confidence, self-respect, and responsibility. Adolescents thus become mature, confident, and intelligent adults. Giving the children opportunities to participate in and control certain functions is one way of letting them assert their independent ideas, thoughts, and individuality. This also helps the children to develop positive self-esteem wherein they are heard and their ideas are counted as something (Rice, 1999).

The staff should be open to listening to the problems of the children and together with them arrange for solutions. Openness of the staff enables the children to perceive and appreciate themselves and their efforts. Constructive problem solving is important. If the staff members are indifferent on the one hand or overindulgent on the other, the children can prove to be quite a handful!

The children respond to love and respect they receive from staff and reciprocate. Only within an environment of mutual respect would rules made by the staff be recognized and willingly followed.

ii. Role of Peers and Groups

Use of peers to maintain discipline

Child victims require and depend on social conformity and approval from peers. A sense of belonging to the group is important to them hence there are only a few instances where children refuse to become part of a group. This sense of group togetherness could give direction to maintaining discipline and group life among the children. Therefore new children at most times, adjust very soon to the way the other children have settled in the institution. However, the same group attitude can lead to mass rebellion when a majority of the group members refuse to abide by the norms of the institution.

Staff can give the children a sense of equality as well as help them fit into peer groups without isolation or favouritism. Once the children feel loved and nurtured by their fellow residents and staff members, the latter could become adult role models for them. The children would also willingly follow peer group rules and simultaneously these rules would be in sync with the rules of the institution.

Use of peers for support

Peers are able to offer support and intimate friendships, which help raise self-esteem and build confidence among the children (Prayas, Sanlaap). Friends have a crucial role to play in the development of the child. Therefore friendships, both in and out of formal and informal groups of children, may be encouraged and appreciated by the staff.

Why are peers important to the children? The need for close friends is crucial during adolescence. The positive effects of peer relationships are well documented. Quality and stability of adolescent friendships are related to self-esteem, psychological, and social adjustment, and recognition of self worth. Adolescents share secrets, future plans and feelings with their close friends and gain strength from each other. Depressed and emotionally disturbed adolescents have difficulty forming close relationships. Others are cynical and mistrustful of relationships. They avoid social contact and intimacy so that others do not take advantage of them. "Whenever adolescents perceive the social risks of forming friendships to be greater than the potential benefits, they have difficulty establishing meaningful relationships" (Rice, 1999).

iii. Problems of Alienated and Neglected Children

Feelings of deprivation, unacceptability by peer or family members, and the absence of role models or guides prevents adolescents from adjusting to their social surroundings and they feel alienated. The sense of neglect and rejection by peers leads to serious problems of delinquency, drug abuse, and depression. Such adolescents feel they are neither understood nor cared for by anybody and this causes loneliness and emptiness in their lives. The thought "I have nothing to lose" encourages extreme or unacceptable behaviour. Many teenagers who may feel lost in, or oppressed by, their social surroundings run away from home and through street friends or other elements are forced into prostitution. Eventually, when such children are brought into rehabilitation facilities they do not adjust easily; they refuse to participate in activities and wish to be left alone. For this reason, initially, staff members often allow children to spend time by themselves to pursue whatever activity they wish to. This is done to help the children to gradually get accustomed to the new surroundings.

Some others do not display good social skills. They find it difficult to adapt to the surroundings or other children or dominant groups in the institution may reject them. They find themselves socially isolated and have no friends. If their attempts to socialize with peers fail, they may make additional efforts to please the staff and be patronizing to other children. They may portray themselves as smarter and superior to other children. If such children are not "accepted", they may present "the grapes are sour" attitude and project a "superior" or distanced air. At this point, others are likely to resent such behaviour, which further isolates such children from informal peer groups. Staff can help to identify these patterns and help to correct such attitudes and assist the children to adapt to their peers. They may seek the help of professional counsellors. Forming formal groups of children especially ensures that neglected and alienated children find a place within a peer circle in the institution.

iv. Formal and Informal Groups

There are several groups in the residential facilities. Some are *formal*, such as different house groups and activity groups. In other cases, the groups can be *informal* and may not even be acknowledged as groups. Such informal groups are formed on the basis of race, age, and gender or in other informal ways due to friendships and affinity among some children in the home (Brown, 1989).

Situations and circumstances sometimes force people to associate themselves with others in collectives. Though the evolution of such a group is inferior to those of voluntary collectives, the members still attempt to maximize the outcomes (Crano, 1982).

Most children coming to institutions belong to different linguistic and ethnic backgrounds and they become one heterogeneous assembly when they start living together. During the course of their stay in the home they come together to form collectives based usually on their linguistic background. This is seen in the state institutions established in a demand area, since they usually have children rescued and brought in from a variety of source areas. The rescued children form small groups based on a common language, which helps them to communicate with each other. This feature not only helps the children to break the ice and make friends but also helps them to give vent to their feelings in a new atmosphere. Another type of informal group could be determined by the length of stay of the children in the institutions. The children may form groups, based on their seniority in the institution, and then they may attempt to establish authority and control over the newer children.

Formal groups are established by the staff of the institution for healthy interaction among the children. They do this to counter the negative effects of dominant informal groups, to ensure that all children have a sense of belonging to a group, for the smooth functioning of the institution and better management of its activities.

v. Management through Formal Groups

Instead of dividing the children into two to three large groups on the basis of their age, small groups of children may be formed irrespective of age. Whenever necessary, an older child in the small group can be assigned the responsibility of taking care of a young one who may need special attention due to an illness or some other need.

For example, if there are about 50 children in the institution, instead of making just two groups like Group 1: below 10 years, and Group 2: 10 to 18 years of age, more than two groups can be made as follows:

- Make three or four groups of children of about 12-15 children in each group.
- Each of the groups will have a mix of ages, that is, some children who are very young and some older children.
- All the children, irrespective of their age will perform some of the duties such as personal care, as mentioned earlier.
- The older children in each group will be assigned the role of monitoring as outlined in "discipline and responsibility" section.

With democratic voting, leaders for the houses or groups formed could be elected. The staff could have a say while making a list of potential leaders, but the children should be given an opportunity to choose their leaders. Such voting could take place every three to six months so that all older children get monitoring opportunities at some time or the other. To make voting and participation in activities interesting and to instil a positive spirit among the children, the houses could be differently named after flowers, places, rivers, colours, or other things following suggestions that the staff solicit from children themselves.

The internal work of the groups that has been mentioned here should be left to the group to manage, and the group leader (monitor/captain) should report to the concerned staff about:

- The roles and responsibilities that have been divided in the small group, and who is in charge of particular activities.
- The weekly update on all children within the group.
- The progress of new children in the small group in adjusting to the institution.
- Various problems/concerns encountered by any of the group members from time to time that could need direct staff intervention.

In one institution, about 20 children live in one house out of a total of 6 houses that comprise the institution. These children, all of different ages, are purposely grouped together. The institution believes that older children can learn to shoulder responsibility better when they have younger ones around them. They are expected to supervise the younger children's chores like personal tidiness and making beds, and general cleanliness. Besides sharing responsibility with the home staff, the older children learn to look after, and be sensitive to, the needs of others besides their own. Thus, in cases of sickness and deviant behaviour the older ones immediately become aware and communicate this to the institution authorities (Maher).

Making formal groups such as "houses" and developing prefect systems help in better management of the institution. By making small groups of children, a sense of collective responsibility develops among them (Sanlaap). Small groups are helpful in managing the home. In small group meetings, children can discuss issues pertaining to food menus, activities and outings, and then share their views in the large group meetings.

Help the child to fit into a group.

The format of these small and big meetings can be as follows:

Small group meetings

- The small group meets every week, either on a Saturday evening or a Sunday morning.
- One of the older children, or someone who goes to school and can read and write will make notes of the discussion and communicate them to the staff in any of the big or small group meetings.
- The children review all the areas that are slated to be discussed in the next big group meeting. For instance, if the big group in the next meeting is going to decide the food menu and the timetable for work, then the small groups discuss the same among themselves, and come to a consensus about the group's views. Apart from such regular discussions, all the children's problems and demands can be brainstormed in small groups.
- One staff member or counsellor will be affiliated to each of the small groups, who, besides guiding and monitoring the group, independently takes notes of the discussions and communicates these to the authorities.

Formation of numerous small groups of children of varied ages is helpful to the management of the institution and conducive to developing collective responsibility and a sense of belonging.

Big group meetings

The larger children's group may ideally meet every fortnight. This meeting to be attended by:

- All the children in all the small groups.
- All the counsellors.
- All the housemothers.
- Kitchen staff.
- Others who work in the home on a day-to-day basis.

Issues where participation of the children can be invited through discussions:

The various issues/areas discussed in the big group meeting could be as follows:

- Food menus for the next 15 days.
- Duties in kitchen, gardens, other sites.
- Issues of discipline, responsibilities.
- Concerns about staff behaviour and grievances.
- Staff feedback or ideas and issues of the staff.
- Breaches in rules.
- Requests to change any rule and other. suggestions for better management.
- Other issues that may come up during small or big group meetings.

vi. Children's Participation in Designing the Routine

A routine can be fixed with the help of the children such as wake-up time, time frame to get ready, meal times, television or recreation time, meal menus, study timings, and so on. Opinions of the children, when considered in such matters go a long way in regulating activities within the facility (Prayas, Sanlaap).

Involve children in the day-to-day running of the institution.
Peer groups can maintain discipline as well as provide support to the child.

vii. Inculcating Responsible Behaviour

Formal groups and their respective prefects can take on more responsibilities or devote time and services. Giving privileges and rewards would motivate the groups. It is important to note, however, that all children should be given the opportunity to take on more responsibility and enjoy the associated rewards. For example, in one institution, the captains take responsibility of other children, control fights, set examples in behaviour, and organize children for various activities. For shouldering such responsibilities these children are allowed to go out with the staff every week to buy articles for themselves as well as take requisitions from other children and buy articles for them. The children in this institution also earn money through vocational training and by running various errands in the home (Sanlaap).

Children's participation in dividing responsibilities

An important aspect of rehabilitating child victims of sexual exploitation is to help them to adapt to a socially acceptable lifestyle. Before rescue, these child victims usually follow quite an erratic lifestyle. Hence, rehabilitating them includes instilling a sense of discipline, settling them into a routine and helping them to take charge of their lives and daily schedules. It is hardly surprising that most of the issues, which make rehabilitation difficult, are related to discipline and responsibility. Various strategies may be employed to facilitate the children, to adjust better in the institutions and also imbibe a sense of stability in functioning of the institution.

To reinforce positive behaviour:

- Appreciate and bestow special responsibilities.
- Give small gifts/rewards.
- Use the Star point incentive programme.

Why should children be given roles and responsibilities?

Adolescents need to have a sense of privacy and autonomy, which will help them to become assertive and give them their own specific identities. They need to learn group living and

obtain a sense of "one-ness" with the members of the institution first and later in the larger context of society. Shouldering responsibilities would lend a sense of control and power and encourage them to avail of leadership opportunities. This would contribute to the development of their personalities with a set of skills to help them be worldly-wise.

Giving children the opportunity to groom themselves would teach them to see themselves as important, dignified, beautiful, and worthy persons. Possessing clothes and jewellery would give them a sense of ownership, and also generate a sense of responsibility to take care of the articles.

The role of taking care of others gives the children opportunities to look beyond themselves and develop a collective identity with others. This would help the children to learn decision-making skills and give them a sense of self-esteem, where they feel that they are useful and not dispensable (Crano, 1982).

Responsibilities may be divided and shared equally among the children. Incentives and rewards could be given to the children to encourage their participation and cooperation. Some such ways to divide roles and responsibilities as carried out by some institutions are explained here. The following sample chart of responsibilities may be modified as per the convenience of the institution as one institution believes that delegating responsibility and roles depends on the age, capacity, and health of the children (Prayas).

Age groups	Roles and responsibilities
All age groups	Grooming of self, take care of belongings, make beds.
12 years +	Monitor younger children, their dressing and bedding, their movements, their interaction with other children and outsiders, their diet and medication, gardening.
14 years +	Duties in the kitchen; initiate new children in the home, tour of the facility; explain processes, rules, roles, and responsibilities; conflict management.

Have regular meetings of groups of children to discuss issues concerning them and those related to discipline and responsibilities.

- ***Cleaning the facility***

All children should participate and assist in cleaning the facility once a week, or in some similar routine as may be advisable (Prayas, Sanlaap). The children can be given some incentives for doing such tasks. For instance, in one institution, the children spend half of a Saturday cleaning the entire premises. As a reward, the staff gives them freedom to watch a movie of their choice from what may be available, on Saturday night. As per reports, this makes the children quite happy. They look forward to the movie, finish cleaning faster and do a better job of it (Sanlaap). Similarly, other tasks such as cooking and gardening could be assigned to the children by rotation (Prayas, Sanlaap, Race, Maher).

Sample chart of kitchen duty timetable as followed by one organization (Prayas):

Duty		Days	Names of children
Time			
From	To		
1600	1900	Monday	A, B
1600	1900	Tuesday	C, D

- ***Taking care of sick residents***

The children could be encouraged to provide special attention and care to sick residents, to give medicines, and so on. This would also help the

children to learn to cooperate and help, and develop in them emotions of kindness, tolerance, and compassion towards their fellow mates and others (Sanlaap, Prayas).

4. Discipline Issues

The lifestyle and routines of children rescued from brothels are markedly different from those of other children. Their behaviour and mannerisms may be sexually overt and loud. Their sleeping patterns, manners, gestures, and speech are all suited to brothel life. As mentioned earlier, on settling in the brothels, the children may have led a life with more material luxury, such as clothes, jewellery, and better food. Post-rescue, children do not get the same and therefore, they need to re-acclimatise to the new situation.

The extent of adjustment and modification required in their lifestyle and behaviour is not easy for the children considering the volatile and abusive atmosphere of brothels that they are rescued from. The institution could give the children time and motivate the efforts required for this change. The caregivers must recognize that the children need time to understand and acclimatize to the institution and its disciplined life. Furthermore, after they leave the rehabilitation facility, the children need to make greater adjustments as they get into mainstream society. The skill required to deal with post-rehabilitation life also justifies the need for discipline and regulation in the lifestyle in the institution.

Often children do not understand what the staff considers "good behaviour". The staff need to specify and explain what is acceptable behaviour. For example, one child was asked to explain the good behaviour that she demonstrated in the institution. She was at a loss of words till the staff intervened on her behalf that she bathed regularly, washed her clothes, arranged and took good care of her belongings, all these actions qualified as good behaviour. The child had thought that good behaviour was restricted to doing the housework such as cleaning and cooking in the facility for which the staff gave star points.

i. Acceptable and Unacceptable Behaviour

Why do rescued children demonstrate deviant or unacceptable behaviour?
Often rescued children show aggression, overt sexual behaviour, and tendencies to steal. Such behaviour could be due to unfulfilled needs, and the desire for independence and sexual exploration. The frustration may evoke use of escape and defence mechanisms as well as asocial reactions by them (Rice 1999).

Deviant behaviour could be due to the deep dissatisfaction and disappointment with themselves, or society, or both. They could be unhappy with their rescue; may feel cheated because of the rescuer's initial promise of freeing them and the promise of sending them home remains unfulfilled. Self-destructive behaviour may also serve as a means to seek the authorities' attention (Rescue and Rehabilitation Report).

One of the common sources of tension and anxiety is the chronic presence of a learned need without a means of gratifying it (Rice, 1999). For example, the learned need to find a rightful place and respect in society. The absence of which leads to hopelessness and frustration and overcoming such feelings is difficult. The children affiliate themselves to other groups of children with similar backgrounds in and around the brothels. Post-rescue they are expected to live with a regular group where a possibility of stigma exists. Therefore, the need for a sense of belonging to a group is often not fulfilled. This adds to the frustration, depression, and anxiety, and the children are more convinced they want to return to the previous surroundings.

"Many of these prostituted children (in institutions) have been described as introvert, reserved, suspicious, distrustful and even aggressive. Overwhelmed by a sense of helplessness and powerlessness, they are apathetic, isolated, non communicative, potentially depressive and suffer from a poor self-image. Generally lacking in sleep and with no real sense of time, they feel guilt and shame and truly believe they are worthless. They have interiorised the oppression and discrimination they feel from society and some have deep-seated trauma due to their sexual experiences. They project onto themselves the guilt of the perpetrator and to survive they become hostile to the world – and to themselves.

"Relationships have been based solely on seduction and sex – a condition which some say becomes addictive. To survive, their real selves have been so completely blocked out that it requires a rare quality of care and love to make them whole again and to reconcile them...with themselves" (Bruce, 1996).

Acceptable behaviour

Acceptable behaviour can be categorized as a part of value education to the children.

The following kinds of behaviour are acceptable to some organizations:

Good Manners:

- Knock before entering (Sanlaap).
- Discuss or resolve conflicts through dialogue (Sanlaap, Prayas, Maher.)

Assertiveness:

- Express complaints against staff or other children openly (Prayas, Sanlaap).

Value of Sharing:

- Ask others for permission to use their articles (Prayas).
- Share jewellery (Race, Sanlaap, Prayas).

Enable the children to decide on what constitutes acceptable and unacceptable behaviour around the home.

Unacceptable behaviour

The following types of behaviour are unacceptable to most of the rehabilitation facilities for child victims. These trends of behaviour may not necessarily be condemned or looked down upon in terms of individual choice and freedom, but seen in the light of group living and the possible impact on all the residents, they are. Most homes make efforts to correct such behaviour through counselling and other activities.

Sensitive Issues:

- Physical intimacy in the open.
- Improper dressing.
- Physical violence like fighting, biting, or scratching.
- Stealing others' articles.
- Sharing items of personal clothing and toiletries.
- Masturbating privately.

Values and Morals:

- Damaging property

The manner in which a few homes deal with unacceptable behaviour and a few general suggestions have been detailed below.

Improper dressing/manner of dressing

Wearing uniforms during the school and vocational training periods ensures likeness among children and avoids competition and fashion statements (Prayas). In most institutions, apart from the uniforms, all the other clothes that the children wear are either donated or are sent by parents/ relatives. The home needs to specify criteria of appropriate style and the length of the garments, etc. This will help to develop a socially and culturally acceptable sense of clothing. Some institutions do not appreciate that children dress and undress in the presence of others. They advise the children against this by emphasizing respect for each other's sense of privacy and sensibility.

Sharing personal items

Sharing personal items should be discouraged since sharing undergarments and toiletries for example, is unhygienic and could be hazardous. To convey the significance of this the children need to be made aware of communicable diseases (Sanlaap).

Physical violence like fighting, biting and scratching

Institutions must not accept physical abuse and fights. Children may have verbal arguments but no child at any time should try to physically harm or assault other children.

Damaging property

Children should be made to realize that the rehabilitation facility is meant for their well being and needs to be preserved and cared for. This can be effectively done when the children are being initiated into the rehabilitation programme. On a guided tour of the entire facility, the staff could communicate to the children the responsibility for its maintenance. Making a child pay for the damage she causes (in case she earns a stipend) or giving her extra work for some time could work as deterrents to such behaviour (Sanlaap). The children also learn to value the facilities provided to them.

Sexual expressions

In society overt sexual expressions (whether heterosexual or homosexual) are generally neither accepted nor encouraged. Therefore any form of overt sexual expression exhibited by the children must not be accepted in the institution either. At the same time, the staff needs to recognize that sexual gratification being a primary instinct is likely to find covert expression, as for example, masturbation or homosexuality by and among the residents.

• *Homosexual behaviour*

Staff may be faced with situations of physical intimacy between some of the residents. Some find it difficult to deal with such situations while others have clear-cut norms relating to physical intimacy. In one facility, the children are humiliated in front of other residents and staff members when such instances are discovered. In another home, homosexual acts are condemned as disrespect to one's body and children are given the reasoning that they would be unable to satisfy their future partners. These methods of dealing with homosexuality could at times be highly damaging to the child's self-esteem. On the one hand, another institution does not find mutual masturbation offensive, while some allow expression of homosexual behaviour only in private.

Opportunities for homosexuality do arise in boarding schools or other institutions such as prisons, and rehabilitation homes, where people of the same sex are kept together for a long time, with few opportunities of meeting anyone of the opposite sex. However, caretakers must be able to deal with the situation tactfully and also be aware of likely associated problems. For instance, those displaying homosexual tendencies are at a risk of transmission of the HIV virus as well (Naz Foundation, 1996). Thus as in the case of heterosexuals, HIV-infected homosexuals should be careful about passing on infections. The other concerns include either imitation of the act by other children or staff/children feeling offended. There has been an ongoing debate about homosexuality being natural or unnatural and whether it stems from biological instincts or is an acquired behaviour. Keeping aside the debate, the staff need to acknowledge that a few stray homosexual acts would not justify labelling a person as "homosexual". At the same time, it is important to deal with the situation. Hence, staff advice on this issue could be extended to all children by covering issues such as mutual respect for privacy; not forcing one's sexual desires on anyone else; and not letting it affect day-to-day activities.

• *Masturbation*

The attitude towards masturbation is different in different institutions. In some institutions the staff or counsellors give religious connotations to the act and condemn it while others are more broad-minded about it. While not encouraging it, the latter give their advice to the children on the subject. The

best way to tackle this is to convey medical and scientific advice and information.

One important aspect to bear in mind is that in their previous exploitative surroundings before coming to the institution, the child victims might have been through various forms of sexual gratification by others. Their attitude towards sex as such could probably be open and easy-going by the time they entered the institution and therefore self-gratification may come naturally to them. For them it could be more of a habit than the need to self-gratify. Therefore, the issue and approach to be adopted by the institution is extremely complex, involving the past history of the child, cultural, religious, and other activities.

Stealing

This is a common practice in most institutions. In one centre, children frequently stole onions and green chillies from the kitchen. This upset the staff as they could not keep track of the food stock. Children often steal food articles, jewellery, soaps, pens, and other such material from their peers. Such behaviour could be controlled by providing for deficiencies, allocating more resources if they are in high demand or making articles available on request to prevent children from stealing. As a contrast, in one institution a few children were found to steal sweets from the kitchen once. The staff did not get angry as they rationalized it by saying that the children get the true opportunity to be child-like when they are mischievous and enjoy the fun of "stealing" food.

The staff have to periodically discuss with the children the issues of sharing things, counsel on the wrongs of stealing and such concepts so as to inculcate a sense of morality in the children, instead of embarking on stringent corrective measures and punishments. For those children who persistently demonstrate deviant behaviour, individual counselling is effective. The counsellor would need to get to the root of the problem, or identify the motivation behind the stealing a nd also maintain confidentiality to avoid "labelling".

Aggression and attention seeking behaviour

> "Aggression refers to behaviour, which is intended to harm other people or property, physically or verbally or in some other way. Aggression is the natural response to arbitrary function and attacks on self-esteem. When a powerful person is the source of annoyance or frustration, it is dangerous to be aggressive to him and so hostility may be directed to someone less able to retaliate" (Argyle, 1964).

In most rehabilitation facilities, children may frequently exhibit aggression. They get easily provoked and retaliate by fighting and hurting themselves and others. In many facilities, children inflict injuries on themselves with sharp objects such as broken glass or compasses. Such behaviour is often a manifestation of aggression diverted internally towards oneself (Researchers' observations and notes).

Aggression can often be a learned behaviour and needs to be modified. For example, one child, trafficked by eunuchs, was engaged in the sex trade while living under their control. She had learnt extreme aggressive behaviour during her stay in the brothel and eventually demonstrated it in the institution as well.

In some of the institutions, the staff complains that a few children demand constant attention. They use various techniques to attract attention, even violent ones such as beating other children and staff members. A social worker from one such institution suggests the following method to deal with such children both for their own good and for the good of others affected by their behaviour:

- Staff members could work out a daily schedule for the child who exhibits attention-seeking behaviour and all the team members should be informed about it (Prayas).
- The staff should involve the aggressive child in much greater physical activity. Different staff members may give her various responsibilities such as delivering papers/books from one person

to another, passing on messages, arranging books in the library, and other such errands. Work keeps the child busy; she receives attention from staff and most of all it helps her develop a positive self-image and confidence (Prayas, Sanlaap).

- Physical exercises such as yoga, karate, breathing exercises, and outdoor games, could help relieve stress and reduce frustration and anger. Such exercises could help the child increase the power of concentration and remain involved in a routine for longer periods of time (Maher). (Refer to breathing exercise Annapana Sati- Appendix-5)
- In case a child has a history of violent and aggressive behaviour, all the staff members, including security guards should be informed about such a child and instructed to report any aggressive behaviour displayed by her (Prayas, Sanlaap).
- Some senior children in the home, the smart ones, the ones going to school, or those who are proficient in any art or craft, may develop a superiority complex. Such children are more vocal about their demands, and less patient. They override other children's participation in every activity and deprive them of an equal opportunity to participate. This could lead to a feeling of neglect among other children and demoralize them. One way to avoid such a situation is:
  - Talk to aggressive children and explain to them that it is fair for everyone to have an equal opportunity to participate in activities (Prayas).
  - Talk to and motivate other children to participate as they feel demoralized and overshadowed by the more visible children (Prayas).
  - Plan activities that encourage participation of every child and are non-threatening. For example, instead of conducting competitions for dance, where the children proficient in the art would overshadow the rest, a non-competitive dance programme could be arranged. Similarly, non-judgemental activities such as dialogue or group discussions, group dancing, and singing could be chalked out (Prayas).

Fights among the children

Why do these children fight among themselves?

- Children need to adjust to the routine, discipline, and atmosphere in the institution, which is different from that of the brothels. They may lack patience to do so and usually anger is expressed in fights.
- Several children have to live together in a limited space and share limited resources. This gives rise to arguments and fights.
- Children form their own groups, depending upon age, seniority, and ethnicity. A few dominating children could bully others to assert their seniority.

Group loyalty builds quickly and intensely, and leads to rivalry and fantasies for the other groups. This in turn leads to conflicts among the groups, which largely depend on the power that the groups hold over one another, for example, old members versus new members and the staff group versus the users' group (Brown, 1989).

Housemothers and wardens routinely witness fights among the children. Sometimes the group affinity is so strong that two clear groups of children begin fighting. It is usually more difficult for the staff to manage and control fights between groups. However, when only two or a few children fight or argue, the staff could do the following:

- Physically separate the children from each other (Prayas, Sanlaap).
- Discuss their individual grievances and urge the children to discuss and solve their problems amicably. Explain the limitations and complexities of living together (Prayas, Sanlaap, RACE). The children need to understand that group living involves compromise, adjustment, and cooperation among all those who have different backgrounds but are together in the institution.

At times the children might accuse the staff of partiality (Prayas, Sanlaap). To avoid that the staff could invite the views of the other children

who may have witnessed the incident. A patient hearing of all inputs, especially at group meetings, could ensure that the dispute is resolved fairly and democratically.

Disobeying rules of the home

When rules are set with the consent of the children, there should be clear-cut pointers on the consequences of disobedience. If a particular rebellious behaviour continues over a period of time, however, counsellors may need to address the problem and find out reasons for conflict and help resolve them.

If many children constantly disobey certain rules, it may be time to modify such rules. The staff should be open to suggestions, and at group meetings discuss the problems and arrive at reasonable compromises.

In one institution, the staff make it a point to segregate the deviant girl from her house and make her stay in the observation home (a separate house) where she is expected to carry on with her normal day-to-day activities. However a keen eye is kept on her behaviour. The staff calls this "discipline" and not "punishment". They feel that in this way the child would value the importance of living in harmony with others. More so, after being in the observation home for some time she would start missing her previous housemates so would promise to behave well if she is sent back (RACE).

Self-destructive Behaviour

New children in the institution may show signs of depression and mood swings. Such behaviour, if unchecked, could lead to potentially harmful action on the part of the child. The staff should give time to such children to get acclimatized to the environment in the institution. Once the child accepts the home positively, her mood swings and depression should eventually subside. The staff have to be reasonably lenient towards such children and the institution should expose the newcomer or the child to the positive aspects of the institution, which are in the interest of the child. Professional counselling sessions to identify and treat psychological problems should also be available for the children.

Why and how do children experience depression?

- Psychological factors appear to play an important part in two forms of adolescent depression. The first is expressed as a lack of feeling and a sense of emptiness. It is as though the childhood "self" has been abandoned but no growing adult "self" has replaced it and this vacuum engenders a high level of anxiety. Although child victims start looking and thinking like adults in many cases, it is important to acknowledge that such "growing up" is forced upon them due to their circumstances.
- A second type of adolescent depression is more difficult to resolve. It is based on repeated experiences of defeat over a long period. Depressed adolescents are more likely than adults to fear social abandonment and experience social frustration, and to engage in acting out behaviours such as running away and engaging in acts of aggression (Conger 1991).

• *Suicide*

Apart from feelings of depression through boredom and restlessness, coupled with a constant search for new activities, many children attempt extreme suicidal forms of self-destruction. They slit their wrists or try to injure themselves with glass pieces or knives and threaten their own safety and well-being. Peers can help to monitor and control such behaviour. It is important to keep an eye on and to counsel children with such tendencies.

In one institution, a child jumped off the first floor and was slightly hurt. She did this because she did not want to stay there. This incident could mean that the child was either seeking attention or help. It is important to note that one cannot possibly know if a child is actually suicidal or is merely trying to draw attention to herself.

Why and how would the child usually attempt suicide?

- Lack of investment in the future is characteristic of suicidal adolescents. They view their future without hope, real plans, or expectations. They usually only see the pain and discomfort of the present. Suicidal adolescents lack a positive ego-identity, which is needed to give them feelings of self-worth, meaningfulness, and purposefulness.
- Attempted suicide is either a genuine cry for help, or a means to get attention, sympathy, or an attempt to manipulate others. It is a communication to others in an effort to improve one's life (Rice, 1999). Some children in institutions, may have attempted to cut their wrists but not with the intention of killing themselves.

• *Drug Abuse*

Some of the children admitted for rehabilitation may be addicted to alcohol and tobacco. If necessary, these children can be sent to a de-addiction centre. If the addiction is to be controlled in the home premises, the staff can be supportive and allow children time to wean off and allow their bodies to be cleansed of the addictive substances. One home reports being lenient about smoking for a few days before the child is convinced of giving up the habit completely (Rescue Foundation).

Children must not have access to addictive substances on the premises. Staff, who monitor the use of prescribed or other medication, should note that children do not misuse medicines (such as cough syrups) given to them (Refer to Module on Substance Abuse).

ii. Runaways

Almost all rehabilitation facilities face a problem of children wanting to leave and some of the children actually running away from the facility. A few institutions permit the children to leave as and when they wish. Therefore there is no need for anyone to run away. However, in homes where this freedom to exit is not available, a few children do run away. Their reasons to do so may vary from the need for freedom the need to interact with outsiders, the lack of comfort in the home, or the desire to break the "confinement" of the daily routine required to be followed.

Dealing with the issue

Institutions have different policies regarding taking the children back if at all they return. Some willingly take the children back for their own good. As in one case, negative markings to three children on the Star Point Incentive Scheme for misbehaviour embarrassed them so much that they ran away, but they returned later. The institution received the children back willingly. In such cases, the errant child should be taken into confidence and encouraged to work hard at winning stars to receive her special gift soon. She should be made to understand that running away could compromise her own security and that she should feel free to express her concerns in the institution rather than attempt to run away.

Other institutions are strictly against allowing runaways to return. They feel that accepting runaways back sets a wrong precedence and has a damaging influence on the rest of the children. The other children may be tempted to follow suit and thereby blow the problem out of proportion.

Preventing runaways

To prevent runaways it is important that there are no negative markings in the Star Point Incentive Scheme. Additionally, frequent group sessions should be held to make the children aware of the hazards of running away. For instance, making them aware of the possibility of being re-trafficked and exploited, and thus making them appreciate the safety within the home. The staff's frankness about the related problems would help build an atmosphere of friendliness and trust. The staff would also be more aware of the children's thought process from time to time.

5. Reinforcement and Punishment

i. Reinforcing Positive Behaviour

Verbal appreciation and bestowing special responsibilities is a very effective way of positive reinforcement. Some such special responsibilities could include the child accompanying the staff for shopping (Sanlaap, RACE). Other reinforcements or rewards are small gifts or sweets, money, flowers, jewellery, or other trinkets. Well-behaved children could be taken out shopping or allowed to wear special clothes. Displaying star charts and giving stars for good behaviour or a job well done could also serve as good reinforcement. For every five or ten stars the children may be given gifts or special treats. They could be taken for outings, to the beauty parlour, for a street or stage play, given new clothes, or a choice of interesting assignments to do in the week. One of them could also be made a role model or spokesperson of the home. It is necessary to tell other children the reason why a child is given rewards and gifts so as to prevent a feeling of jealousy from creeping in.

In one institution, birthdays of all children are jointly celebrated once every three months. This is a cost-effective method of celebration and ensures frequent parties for the children. To give special importance to the birthday girls, they are taken out to shop for clothes to wear. In this manner, each girl gets an opportunity to go out and enjoy shopping for herself and this also acts as an incentive for good behaviour in general (RACE).

Suggested format for the monthly Star Point Incentive Scheme for positive reinforcement

Week No.	Personal hygiene and cleanliness	Attendance in education/ vocational training/ classes	Participation in the work of the home	No fights with others	Follow the rules of the home	Interaction with others children	And so on (Add behaviour that needs to be reinforced/ worked on)
1							
2							
3							
4							
Total							

Star charts are useful to chart positive behaviour. Stars could be allotted for positive behaviour in a group and after consultation with the other children and staff. However, children's reactions should be noted and the strategies modified accordingly. This method could upset the children who find it hard to gain points. They may become resentful, gang up, and deliberately disobey rules. If the Star Point Incentive Scheme is used, a positive reward may be fixed at the onset after discussion with the children. Such a reward would serve to motivate the children to gain points.

ii. Punishments

The children should not be physically punished, nor should any punishment be humiliating or embarrassing. It is also important that threats should not be used to subdue the children. Their

sense of identity needs to be respected hence the punishment should be suited to the misbehaviour. The staff should first explore the reason behind the unwanted behaviour and accordingly use deterrents.

There are some tried and tested forms of punishment that could be used to control unwanted and deviant behaviour. Such punishments can also serve to modify behaviour and mannerisms so that they are more suited to the expectations of the institution in particular and the society at large. All these have been detailed below:

- *Some acceptable types of punishments*
  - Withdraw rewards and reinforcements for a specific amount of time. For example, the child may not be allowed to order food/clothes/ trinkets/other accessories from outside in that particular month (RACE).
  - The child may not be allowed to wear jewellery or new clothes.
  - The child may not be allowed to play or go out, if there is provision to go out (RACE).
  - Children have to reimburse costs for damage to property through money (if earned) or labour (Sanlaap). The amount of labour may be disproportionate to the actual damage and sometimes difficult to quantify. However, the rationale behind such a punishment is to make the child realize the value of the material things provided, the value of her physical labour, and instil in her a sense of responsibility of utilizing things well in the future.
  - Other children in the institution can be asked to refrain from speaking with the child who has broken any rules. This method, however, does not work very well as the children have a greater sense of loyalty to each other than they have towards the staff (Sanlaap).

Dealing with negative behaviour:
- Withdraw rewards, reinforcements and interactions.
- Make the child reimburse cost of damage with either money or labour.

- *Staff as role models of good behaviour*

The staff can set positive examples as role models with their behaviour. Following are some examples of model staff behaviour:

- Do not backbite about other staff members or children, especially in the presence of the children.
- If the children refuse to participate in the work or abide by the rules, participate in activities with the children as that may encourage the children to participate actively as well (Sanlaap).
- Abide by the rules just as is expected from the children. For example, in one institution, the children were told not to use foul language, something they had been used to for a long time before they entered the home. However, one child constantly provoked the staff till the latter was prompted to use abusive language herself. The child immediately remarked, "Staff is unfair when they ask us not to use bad language but do so themselves."
- No special food should be cooked as it creates unfair discrimination between staff and the children if they eat together (Prayas, Sanlaap, Maher, RACE). What is not good enough for the staff is not good enough for the children either.
- Follow agreed timings, execute plans, and keep promises. For instance, if the probation officer promises a child to update her papers and give her feedback on a specific day, then this promise must be kept.
- Be helpful and support other staff members and children in the day-to-day running of the institution, thereby setting an example of cooperation (Sanlaap, Prayas, Maher, RACE).

Staff members are the most important role models for the child.

6. Freedom, Interaction and Relationships

This section deals with the issues of the children's freedom and privacy. It also stresses the importance of new and varied social interactions and fostering of relationships.

Many institutions fear that the children may plan to run away or be negatively influenced by outsiders. Therefore their freedom of movement is confined to the precincts of the institution. Despite the well-meaning intention of protecting the children from outsiders, such regimentation, limited interaction with outsiders, and lack of freedom is unhealthy and leads to frustration and defiance.

i. Allowing Minimum Freedom of Choice to the Children

Children will respect the staff only if staff members trust the children. To build such trust, the staff should not infringe on the privacy of the children. For instance, in one institution, bathrooms did not have locks for fear that children may masturbate inside the bathroom or may try to harm themselves. Not only should bathrooms have locks but the staff should openly speak to the children on this issue so that such steps of having no locks on bathroom doors are not required.

As suggested earlier, the children should have freedom of choice in matters pertaining to their rehabilitation in the institution. They should be allowed to participate and be decisive partners in forming schedules and choosing courses. Children should be encouraged to give their suggestions or express their dissatisfaction regarding any matter within the facility, both in open fora and confidentially to counsellors. These matters should be given serious consideration as warranted.

The children should be allowed some personal liberties in terms of clothing and jewellery once in a while (Sanlaap, Prayas, RACE). They should also be given liberties and privacy in following their personal faith such as prayers and celebrating religious festivals in the manner that they choose. They must not be forced to follow specific faiths or manners of prayer. At the same time, they could be exposed to a secular platform and be prevented from propagating any kind of religious fundamentalism. The children should be made to understand the importance and meaning of prayer and spirituality per se rather than the importance of a particular religion or God. In one institution, prayer is an important part of daily routine but no child is forced to pray to a particular God of any religion. In fact, the prayer areas have pictures of various Gods and holy texts representing all faiths are available and the children are free to worship any that they relate to (Maher).

The children should be given some freedom and if possible, some money during festivities. They may want to gift something to a roommate for her birthday, and so on. There may be a few celebrations that the children may want to participate in. The staff should make such opportunities available. Such festivities could include “friendship day” or “chocolate day” where the children may want to gift friendship bands or sweets to each other. One institution celebrates all festivals with equal fervour to make children learn cultural aspects from all faiths (Maher). Such opportunities not only educate about varied cultures but also imbibe a sense of joy in long-term friendship and trust.

> The child has a right to minimum levels of privacy and to follow religion and ritual of her choice.

ii. Opportunities to Interact with People Outside the Home

Some institutions (Prayas, Sanlaap, RACE) have found it helpful to invite people from outside, as resource persons, on a continuous basis. This gives the children an opportunity to interact with others, and helps to relieve staff stress. Categories of people that are invited into the home are varied and diverse. These include other non-government and government staff, volunteers, visitors, students, family members of the staff, and people from abroad (coming through exchange programmes with NGOs/Governments or other institutions). Such individuals could involve themselves in the rehabilitation in different ways such as volunteering in day-to-day work of the staff like documentation,

training the staff and the children in vocational activities or conveying useful information on health management. These visitors and volunteers could also casually interact with the children to give them a window to the world outside. In one institution, a group of foreign students volunteered to paint the walls of all the houses in the complex. Keeping the children in mind, they painted the walls bright with illustrations from fairy tales and stories. The environment exuded joy, became interactive and full of learning when the exercise was in process (Maher).

Such interactions help the children to make contact with members of mainstream society and to learn norms (in terms of dress, behaviour, and aspirations) outside the institution. The children develop their relationship and communication skills, become more confident, and consequently develop their own identity and self-esteem.

Encourage interaction with volunteers and visitors as it helps the child learn norms of society outside the home.

iii. Building and Maintaining Positive Relationships within the Home

There has to be mutual respect between staff and children. Authoritarianism does not work very well with adolescent children. Adolescents are at a stage of wanting to become their own independent persons, therefore they need opportunities to discuss and decide what is good for them. They should be allowed to participate in the rehabilitation process and not merely remain recipients of diktats and orders by staff. Staff should be able to recognize and utilize strengths of the children and divert their energies in constructive fields. There is also the need to identify weaknesses and help the child overcome them.

What is the difference in relationships that these children experience?

- In institutions, children have to relate with people in authority who are non-exploitative and who will not use physical force, threats, or brutal punishments. Such relationships encourage mutual trust and respect.
- This is in contrast to their earlier life where the compulsions of brothel activities and exploitation may have been the norm. Developing trust and respect in relationships may have been unheard of.

iv. Conflict Resolution

Any conflict between children and staff needs to be amicably resolved. It is ideal for the staff to take the initiative. This could also serve as a good opportunity for the staff to teach conflict management to the children by way of a living example. The staff should be frank with the children, and communicate feelings without attacks on character. There could be attempts made to resolve conflicts directly with the child or in the presence of a group. Staff should not use authority to override the child's stand on the issue. For example, a child could be upset with a staff member because of the scolding she may have got. In such a case, the concerned staff member or mediating staff member could address this issue with the child. There could be an exchange of viewpoints leading to an understanding or a compromise. One such understanding in this situation could be to make the child realize that her behaviour has been unacceptable and must not be repeated. On the other hand, the staff member could resolve that she would not scold the child in other similar situations. Such mutual efforts could help resolve misunderstandings and keep communication channels open and clear between staff and children.

v. Overindulgence

These children want to feel accepted for what they are. They could do with forgiveness for most of their mistakes and they require unconditional love and care. Staff need to look after the child as if substituting for parents. But they should only address genuine problems. Staff members have to bear in mind that overindulgence could lead to over-dependence. Therefore, the children

should be handled firmly but tactfully without hurting their feelings.

In one institution, the children were overindulged to such an extent that vocational courses would cease for an hour every time two children fought because the teachers and staff would be involved in trying to pacify these children. In another instance, the staff spent over an hour convincing a child to eat her food. She refused to eat it simply because some of it was cooked by a girl she had fought with. In Prayas, however, the staff refused to entertain such attitudes. For example, when one child refused to have breakfast because she wanted toasted bread, the staff let her skip breakfast.

7. Recreation

Children need some free time to do what pleases them. Also, since recreational physical exercises are important, the children could be encouraged to play outdoor games or practice yoga or karate, and so on.

Most children enjoy watching television. They should be allowed this liberty along with to the freedom to choose their favourite programmes. However, a time and programme schedule for watching television needs to be specifies. If given the freedom to choose, the children normally watch their favourite "soaps". They should be encouraged to watch a larger variety of programmes on animal-plant life, science, music, or a film on weekends (Maher), current affairs, and news. A schedule be made in consultation with the children (Prayas, Sanlaap). In one institution, television viewing was restricted to religious documentaries and cartoons and this was not only restrictive but also limiting.

8. Mental Health

i. Introduction

A very important aspect of rehabilitation is the mental health of each child. This area is usually the domain of counsellors, whether resident or visiting.

There are several advantages of counselling, these include helping the children to mature and build self-confidence. Counselling is equally important to help heal the scars on the psyche and tackle the related emotional upheavals or behavioural characteristics such as aggression and frustration.

Given here are some ideas and inputs that counsellors may use to handle problems that come up while dealing with rescued children. The points covered are based on inputs from many counsellors throughout the country who are engaged in tackling these children and their concerns. The objective is to list a few of the tried and tested techniques and the expected outcomes.

The focus is to help the child come to terms with her past and assist her in coping with the associated trauma. Along with this, the counsellors attempt to identify the child's strengths, modify her behaviour, and take up effective problem solving. The objective is to enable the child to lead an independent life after leaving the rehabilitation facility. The counsellor's help is also sought to address specific behavioural problems and to help the child with difficulties relating to educational and vocational training.

ii. Specific Problems Addressed by the Counsellor

- Trauma and Post-traumatic Stress Disorders (PTSD).
- Sexual and physical abuse.
- Problems of guilt, identity and anxiety.
- Building a positive self-image.
- Dealing with frustration.

Trauma and Post-traumatic Stress Disorders (PTSD)

PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Children who have suffered abuse (physical and sexual) are likely to develop the disorder. Children with PTSD may repeatedly re-live the trauma as

flashback episodes, memories, nightmares, or frightening thoughts, especially when they are exposed to events or objects closely associated with the trauma. PTSD may also include emotional numbness and sleep disturbances, depression, anxiety, and irritability or outbursts of anger. In some cases physical illnesses like headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, bedwetting, or discomfort in other body parts, may accompany other symptoms of PTSD.

In some rare cases, children show signs of deep depression and schizophrenia. Counsellors need to identify symptoms of PTSD, and provide relevant psychotherapy.

Sexual and physical abuse

Long-term effects of sexual abuse may include feelings of having been exploited or abandoned; a sense of helplessness and inability to control one's own destiny; depression, anxiety, insomnia, or nightmares; substance abuse; an impaired ability to take pleasure in sexual activity resulting in total withdrawal from sexual relationships; sexual dysfunction and discomfort about personal sexuality. Some children may be over-sensitive to touch, this could be due to aversion or guilt as they might have enjoyed or liked some parts of their past experience.

Abused children are prone to be easily distracted and lack persistence and ego control. Such adolescents find it difficult to trust adults and even other children. Even in psychotherapy, they tend to relapse into distrust at the slightest disappointment. They have low self-esteem and tend to be lonely and friendless. "They may yearn for substitutes to love and often make great efforts to find a friend among youngsters of their own sex. But these attempts tend to fail because their demands are excessive and are not understood by the friends or parents" (Kempe & Kempe, 1978).

"Abused children continue to find relationships very difficult, even beyond the question of trust. They relate indiscriminately, quickly making superficial friendships but ready to discard them at the slightest sign of rejection. They come eagerly to treatment hours, but when the time is up they seem unable to deal with separation and quickly depart as if there were no next time. It seems to us that their early experiences have made it hard for them to acquire what is called object constancy – that is, the ability to see the people they love as always in existence and always basically the same, no matter what. With these children it seems to be "out of sight, out of mind" (Ruth and Henry Kempe, 1978, p. 38; Conger p. 200).

In the absence of intervention, serious long-term consequences may occur, particularly in case of sexually exploited adolescent children, such as severe loss of self-esteem, chronic depression, and social isolation or reckless promiscuity.

Problems of guilt, identity, and anxiety

Identity foreclosure is an interruption in the process of identity formation; a premature fixing of a self-image that interferes with other possibilities for self-definition. Such adolescents, compared to those who have not experienced identity foreclosure are more interested in traditional values, are less thoughtful and reflective, less anxious, more stereotyped and superficial, and less intimate in their personal relationships. They have difficulty being flexible and responding appropriately to stressful cognitive tasks, and have greater need for structure and order in their lives. Adolescents with identity confusion "cannot 'find themselves' ". Young people with identity confusion often have low self-esteem and immature moral reasoning. They are impulsive, disorganised in their thinking, focussed on self, and have superficial and sporadic relationships.

Anxiety arouses internal responses (thoughts, feelings, psycho-physiological response) and behaviour that conflict with the satisfaction of other needs or motives. Certain thoughts are "secret" and disturbing and therefore the individual shuts out these thoughts and acts by using a variety of "defence mechanisms".

What are the possible sources of anxiety for child victims?
Most sources of anxiety in adolescents are carried over from earlier years. Adolescents may be anxious about potential physical harm, loss of parental love, inability to master the environment or meet personal, parental, or cultural standards. They may be aggressive or sexually impulsive. Guilt is a special form of anxiety that may arise from anticipation of violating a rule or standard, or may be experienced after the violation of an internal standard or value. It is characterized by feelings of self-derogation and unworthiness.

Among the potential sources of adolescent anxiety is fear of loss of control and breakdown in the organization of the self. This broader source of anxiety may be accompanied by and related to more specific anxieties. Anxieties over dependence, independence, rationality, acceptance by peers, competence, body image, and anxiety over sexual identity, are other anxieties that plague adolescents. Sexuality is also a source of anxiety for adolescents. This anxiety may arise from sexual impulses themselves, which may be viewed as evil, bad, or dirty; sometimes this anxiety is a function of the object toward which they are directed (Conger 1991).

Guilt and anxiety commonly plague rescued children. Brothel keepers use the social stigma associated with prostitution as a key card to retain children in the profession. The children eventually suffer from shame and are made to feel that they are, in some way, to be blamed for their "stigmatized" past. As sexually-exploited adolescents who have to deal with society's dual standards of sexuality, there is, perhaps, a great deal of anxiety around issues related to sex, relationship, and marriage. Anxiety over sexual issues may be targeted at persons with whom the adolescents interact regularly. For example, if in an institution there are male teachers, the children have to regularly interact with them. Here a possibility exists that they might feel attracted to these individuals and also feel anxious over the fear of rejection, feel guilty about the attraction towards a teacher and about breaking rules of the institution. Most children in rehabilitation homes convey their anxiety and guilt with statements like "Who is going to marry me?" "My family (father or brother) will kill me if I go back", "Why have you brought me here? There is no other place I can go or nothing else that I can do. Let me go; at least in the sex trade, I can earn some money for my family members!"

Anxiety over body image is not uncommon. Institutionalized children are usually conscious of weight gain. Girl children tend to respond favourably to male attention, however minimal it may be. This is a security concern for staff in most institutions as the children could invite unwanted attention from strangers or local boys. Children should be counselled that while wanting attention of the opposite sex is a normal part of growing up, with their past experiences they have to be wary of strangers, lest they fall in the wrong hands again. If they understand this then the children would acknowledge the natural process of growing up without guilt and would develop a sense of responsibility.

Building a positive self-image

Positive self-perception or high self-esteem is a desired outcome of the human developmental process. Individuals with low self-esteem are more prone to drug abuse, unwed pregnancies, emotional ill-health, anxiety, and depression (Rice 1991). Perhaps one of the most challenging jobs of the counsellor is to help the child build her self-esteem. Child victims need respect themselves as individuals and to expect more from themselves as human beings – not merely as objects of pleasure. They need to create identities for themselves in society. The children need to re-evaluate their expectations from others. They need to re-learn to care for themselves, to trust, to behave in a dignified manner, distinguish behaviour, modify expectations, and adjust to variant situations. The children must

be able to feel good with dignity about their looks and bodies. Building trust, self-esteem, and healthy relationships will serve as a good reference point to building a positive self-image.

Dealing with frustration

Children who have been in rehabilitation for more than two years often begin to feel frustrated with the seemingly endless rehabilitation process. Children see the promises of sending them back home and reintegrating them with their families/ native villages, as false and forgotten. In addition to this delay in repatriation, the unproductive nature of certain educational and vocational courses, indifferent behaviour of staff members and mounting anxiety about the future, compounded with concern about other family members add to children's frustrations. It is not unusual to find older children attempting to run away from the institution despite having had adapted well to its surroundings.

iii. Counselling Practices

Psychological support to the children is provided through regular therapies such as mind diversion, behaviour modification, individual and group therapy during admission, stay, and prior to release. Provisions are made for special trauma care for children going through extreme crisis; and family counselling for parents and relatives who visit the children is given (Hyderabad State Home co-managed by Prajwala).

Counsellors in most institutions use both individual and group therapies with these children. The most common methods of helping adolescents is conditioning (using positive and negative reinforcements), observational learning, motivating to change, and behavioural modification. Many institutions use several reinforcements for positive behaviour and punishments to discourage other behaviour. Adolescents are constantly counselled and motivated to persist in certain tasks, to overcome frustration and sense of failure. Children learn a lot from each other and the staff. They learn about group dynamics and peer living, which helps them to adjust better.

Coping with stresses is important to reduce anxiety and to deal with various situations more effectively and positively. There are two forms of coping emphasized: problem-focussed coping and emotion-focussed coping.

Problem-focussed coping

The individual confronts and evaluates stressful situations and then takes steps to deal with them. This may involve efforts to change the situation, to change one's own behaviour, or a mixture of the two. The emphasis is on objectivity, flexibility, logical analysis, and active problem solving (Haan, 1977; 1988; Lazarus & Folkman, 1984; Swanson, 1988, as quoted in Conger, 1991).

Emotion-focussed coping

Emotion-focussed coping is to evaluate and specify feelings and to build strengths to cope or deal with it (Conger, 1991).

Psychotherapy needs to be directed toward personality development and synthesis – finding new, more adaptive, and less self-defeating ways of handling problems or relating to others; eliminating unnecessary fears and conflicts; and achieving a more workable integration between the young person's basic needs and values and the demands of reality. The therapist may observe the adolescent and note distortions in behaviour towards people, events, and in relationships. Such "limited-insight" techniques help the adolescent re-evaluate self-defeating and unrealistic behaviour with the focus on the present. Attempts to achieve deep insights, to strip away psychological defences, and to reconstruct the past, are usually avoided. For one thing, most adolescents have little patience with "rehashing" the past. The adolescent's main developmental task is to cope with the present while moving towards the future. "For an adolescent in search of an identity, overcoming the fears and failures of the moment is much more important than knowing the events which led up to them" (Miller, 1959, p. 774; Nicholi, 1988, as

quoted in Cogner, 1991). The therapist also has to help these children identify their strengths and weaknesses and deal with them.

Group therapy with adolescents, either alone or combined with individual or behaviour therapy, can help the adolescents to identify with other adolescents and they help each other to communicate and deal with feelings and provide mutual support through shared experiences.

What do counsellors working with adolescents have to be prepared for?
Treating psychological problems of adolescents poses special challenges and opportunities because of their unique stage of physical and mental development. Working with adolescents is more demanding and difficult than working with younger children or adults. Many adolescent patients tend to be uncommunicative, sceptical, impatient, uncooperative, and unpredictable and the course of adolescent therapy seldom runs smoothly. Acting-out behaviour or threats of such behaviour (for example, running away, becoming involved in a sexual adventure, quitting school, taking drugs, committing delinquent acts, making suicidal gestures) are not uncommon in adolescents and may be of considerable concern to the therapist. One discouraged therapist compared adolescent therapy to "running next to an express train". However, despite their surface defensiveness and scepticism, at heart many adolescents remain open to experience and are eager to learn from it.

Establishing autonomy is crucial task for all adolescents and the therapist must be alert to the dangers of allowing regressive dependence on therapy to become a substitute for the development of autonomy and self-reliance.

Adolescents have a talent for spotting phoniness and exploiting it. The therapist should be straightforward. The effective therapist must be flexible – prepared to move from questioning to listening, reassuring, clarifying reality, interpreting, even arguing and when necessary, setting limits. The adolescent should be able to trust the therapist and for that to happen the therapist has to love the adolescent and respect the individuality and worth of the person.

"Adolescents not only need but often want limits imposed". But these limits should be set when necessary for the patient for her well-being and security. Lack of limits may send messages to the adolescent that there is lack of concern or understanding on part of the therapist (Conger, 1991).

The caretaker's role in dealing with mental health ranges from being non-judgemental and non-moralistic, to communicating and having a caring attitude towards the children. Such interventions could be a good starting point to relieve a child of her anxieties about being in an institution while also serving as a continuous process of coping with past experiences. In this way, the caretaker can complement the counsellor's effort to design successful rehabilitation in terms of mental health.

PART I
Section IV

EDUCATIONAL AND VOCATIONAL TRAINING

1. Problems Pertaining to Education and Vocational Training of the Children
   - i. Problems Related to the Socio cultural Background of the Children
   - ii. Problems in Imparting Education
   - iii. Learner-related Problems
2. Initiatives in Imparting Education and Vocational Training Programmes
   - i. Initiation into the Educational and Vocational Training Programmes
   - ii. Setting Realistic Goals
   - iii. Expectations
   - iv. Methods of Teaching
   - v. Special Help
   - vi. Material, Time, and Space
   - vii. Structuring the Education and Vocational Programme
   - viii. Discipline during Class
   - ix. Multiple Roles for the Teacher
   - x. Formal Education
   - xi. Schooling Outside the Institution
3. Availability and Choice of a Vocational Training Programme
   - i. Influences in Choice
   - ii. Attitude Towards and Purpose of Education and Vocational Training
   - iii. Encouraging and Motivating the Child
   - iv. Reinforcements
4. Product Manufacturing, Marketing and Sales and Service Skills
   - i. Selection of Products
   - ii. Selection of Skills Training for Services
   - iii. Developing Common Skills for all Children
   - iv. Parameters of Quality
   - v. Well-thought out Waste
   - vi. Marketing
   - vii. Sustainability of the Product
   - viii. Future-oriented Training

Educational and vocational training programmes are available in almost all institutions. These programmes generally aim at developing basic functional literacy and skills in a livelihood programme, through which the child could earn a living and manage her post-rehabilitation life. Various problems, however, arise while giving such training to these children. Most of them have neither the inclination, nor the interest or capacity to rejoin school. Their attention span is very short; they lack both interest and concentration; and are restless.

This section identifies and explains some of the reasons for these problems and spells out some strategies that can be employed to resolve the problems. It also addresses the distinction between psycho-social aspects of education and vocational training and the economic aspects of vocational training.

1. Problems Pertaining to Education and Vocational Training of the Children

Education and vocational training problems relate to three issues: (a) problems related to the socio-cultural background of the child; (b) problems in imparting education and vocational training programmes; and (c)learner-related problems.

i. Problems Related to the Socio-cultural Background of the Children

Family background of the children

Rescued children are often from poverty-stricken families which may be characterized by environmental deprivation; including lack of child-adult interaction, stimulated environment, and poor sensory experiences, all of which can cause intellectual deficiencies. Many of these children belong to the Scheduled Caste/Scheduled Tribe (SC/ST) category. These groups have been known to differ significantly in academic performance from other children. Thus it is essential to keep in mind that the children coming to the institution may face inherent difficulties in learning.

Economic problems of the families

Most children who are victims forced into trafficking come from economically disadvantaged backgrounds, where the parents have to pay back the debts they have incurred or where there is no other source of subsistence (Fernandes and Ray, 2001). In such cases, it is quite likely that the children have never been to school or have dropped out at an early age due to the inability of the family to support their education. Thus the children may be quite unused to education (Fernandes and Ray, 2001).

Gender discrimination

Among poor families the education of girls is still accorded lower priority and they are in a disadvantaged position in competing for resources. They are kept at home as helping hands for caring for younger siblings or for doing household chores.

ii. Problems in Imparting Education

Language and medium of learning

What impact does language have on learning? Disadvantaged children face a different linguistic environment as compared to their normal counterparts. This difference significantly affects the linguistic acquisition, perception, and production. Also, where there is very little linguistic interaction, learning of the language is hampered (Kar, 1992).

In many rehabilitation facilities (mainly in the state-run ones in demand areas), residents hail from different parts of the country or sometimes from other countries. In such situations, where the teachers and caregivers do not speak in a familiar language, imparting education poses a problem. Teaching may be carried out in the local/regional language or a widely used language such as Hindi, but it is not always possible to make available a caretaker who may be proficient in the child's native language or dialect. Hence, language creates a barrier in child-teacher communication.

In one institution, crochet classes were a large part of the vocational training programme. Although all the children enjoyed the art form, the teacher happened to be a Brazilian lady who could communicate only in Portuguese, and knew neither English nor any Indian language. The

communication barrier meant that the children would take longer to learn the art and for the entire class, speech development would be stalled.

Short-duration of a course

Mainly short-stay state institutions offer short duration courses. Due to the short period of time the children would only be superficially exposed to the vocational course and would possibly fail to develop proficiency or expertise.

Lack of raw materials

Certain material is required for conducting the vocational courses, and later for the children to practise what they have learnt. The lack of necessary raw materials and machines and tools required for the learning process deprives the children interested in learning a trade of the proper opportunity. Incomplete courses and lack of continuity results in the children losing interest and not retaining the skills they may have learnt.

Lack of qualified or motivated teachers

To ensure effective training and for the children to acquire adequate skills to become self-sufficient, it is necessary that the trainers are well qualified and experienced.

Inflexibility of course

It is possible that if a common course is taught to all the children, all of them may not be able to learn in the same way because of different aptitudes and interests. Some children may do better than others. Those who learn quicker may be at a natural advantage of putting their skills to good use while the slower learners would simply treat the art as a hobby and not accept it as a vocation for the future.

Flexibility in course design, time allotted to complete it, moulding a course to a particular child's aptitude and not burdening her with content are some of the concerns that arise here.

Learner-related Problems

i) Age of the child

Most children in the institutions are in their teens. They have either had very little or no formal education before being trafficked. Even if the children have been to school before, they may have very little or no practice in writing skills Another problem arising due to the age is the physical incapacities relating to motor activity and inflexibility in terms of finger dexterity. The writing component of education may thus become difficult to deliver.

ii) Low perseverance

Due to the various factors of age, language, physical incapacities or inadequacies, and lack of motivation to study, the children may have very low perseverance or tolerance levels. Repeated failures in understanding, reading and writing may lead to disinterest or indifference towards education. The teachers and caregivers in the institutions thus need to be aware of this low tolerance and high frustration levels of the child and need to be more patient while teaching these children.

Problems in Education / Vocational Training (VT)	Possible Solutions
• Problems related to socio- cultural background of children. • Problems related to imparting education. • Learner-related problems.	• Set realistic goals. • Provide incentives. • Use alternative methods of education. • Provide special help to slow learners/dyslexics. • Provide adequate material/time/space. • Structure the education programme.

2. Initiatives in Imparting Education and Vocational Training Programmes

Many institutions have developed unique initiatives in imparting the education and vocational training programmes. The sum of their experiences has been detailed below.

i. Initiation into the Educational and Vocational Training Programmes

Initiating a child into any educational or vocational training is important even though it may be difficult. It is advisable that the child is not forced and is given some time to see the programme in operation. Gradual involvement keeps up the interest and the child voluntarily chooses to join the programme. The child will be more motivated to persist in the programme and would genuinely try to succeed if she is invited rather than coerced to join.

ii. Setting Realistic Goals

Set realistic goals for and with the child. The child needs to decide which programme she wants to take and the goals within it. This could be done for both educational and vocational training. The teacher and the child can decide together about the lessons from different subjects in a particular month or pre-determined timeframe, regular revisions or test dates, and so on. For example, for educational programmes, lessons can be taught and used for practical exercise followed by an oral examination. In case the child is learning about plants and flowers, the staff may arrange a tour to the neighbourhood or the institution's kitchen garden and follow that with first oral and then written examinations. A written examination date can be set according to the child's preparedness, convenience, and comfort. However some pre-set timeframe for these programmes is necessary so that the programme does not get unduly stretched notwithstanding the flexibility recommended. A similar structure can be followed for vocational training.

iii. Expectations

The teacher can help to recognize realistic expectations and to set goals. Expectations between the teaching staff and children should be well communicated so as to avoid any frustrations regarding adaptability or failure from creeping in. Punishing a child for not following instructions may not serve any purpose if the child does not understand what she is being taught. The teacher should communicate her expectations and proceed only if she is sure that the child has understood. The teacher should communicate this tangibly, as it may be difficult for the children to understand abstract ideas. If the expectation, for example, is that the child should write an essay, it is easier for her if she is specifically guided about the number of lines or pages to be written; if some of the content matter is clarified; and if the topic is based on real incidents and life patterns instead of imaginary ones. If a child is asked to write an essay on a pet, it will be difficult for her to do so if she has never had a pet. Similarly, if a child is expected to embroider a design, the teacher should make clear the dimensions of the embroidery, the complexity, and the expected end result. Pictorials or illustrations serve as a good reference point to children who find it hard to imagine patterns, designs, and models of anything they are expected to create for the first time in their lives.

Both, teachers and students could be given incentives for adhering to the pre-determined timetables and reaching up to each other's expectations. Incentives could be jointly decided too. These may range from a picnic to a party, or distributing chocolates to encourage the children to do their best or to reward them for passing examinations.

iv. Methods of Teaching

Most child victims find education tedious and get de-motivated soon but basic functional literacy is a must for most vocational programmes. In such cases, imparting functional literacy could be approached in different ways to which the children may be more receptive, such as:

- Non-formal, innovative and play-way methods of teaching. Learning through experimentation (Sanlaap, Prayas). In the State institutes, organizing regular meetings with teachers could

help upgrading the education system (Hyderabad State Home co-managed by Prajwala).
- Older children or the more learned ones could help the children whose basic knowledge is weaker. They can organize group learning (Prayas).
- Often basic literacy can be approached through vocational training and not vice versa. Some children learn the concepts of numbers, letters, and colours through measurements, materials, and colour schemes that are used in such training courses as tailoring and embroidery (Sanlaap).
- Child victims show a lot of interest in clothes, money, jewellery, and other items of fashion. Using this interest creatively can help to teach the child.

For example, a more proactive question like *"if you buy one pair of ear-rings costing Rs. 10 and two of your friends also want the same pair of ear-rings, how much would the total cost be? If you bargain further and succeed in reducing Rs. 5 from the total, how much would you pay the shopkeeper in total and how much would each of you have to individually pay for it?"* would possibly hold a child's interest and concentration better.

v. Special Help

- Some children are slow learners or dyslexic. They either need special help from speech therapists or simply from teachers devoting extra time to their training. Special teachers should be made available (Sanlaap, Prayas, Maher, RACE).
- In State institutions, children could also be motivated and guided by being specially taught in the evening hours and by encouraging them to attend classes regularly and perform well in studies (Hyderabad State Home, co-managed by Prajwala).

vi. Material, Time, and Space

The geographical and physical environs, and the general services and amenities available within the institution are very crucial for effective education. In the case of rehabilitation institutions, the availability or absence of the openness of an institutional setting, the resources available within it, and the comfort it provides for the children to be rehabilitated is very significant.

A suitable length of programme, the availability of raw materials, and well-qualified and motivated teachers, are essential to any vocational training programme. Apart from these resources, time and space are needed to accommodate the vocational training programme. A fixed time schedule should be ready and the staff and children must conform to that schedule. This will establish a routine and will offer a sense of permanency (stability/constancy) and responsibility.

Teaching areas should be well ventilated with enough physical space and adequate lighting available to impart training or conduct classes. The staff should be in control and minimize disturbance and interruption during class (Sanlaap).

vii. Structuring the Education and Vocational Programme

It is essential to give individual attention to the children and to teach them at their pace. A small class with a maximum of 10-12 children is ideally manageable (Sanlaap). Children should not be overloaded with course work or homework. If a child is constantly unable to manage and deliver outputs, it may indicate that that amount of work for her is more than she can handle. Ideally, interests and aptitudes of a child should be matched with the available courses. A subject or two from the academic syllabus can be substituted with more vocational training courses, if the child shows better learning ability and performance in that direction. This motivates the child to do better at something she has an aptitude for and also lends direction to the future (Maher).

The children should be allowed sufficient breaks between studies. Ideally a 10-15 minute break between 45 minute-study classes should be allotted. Daily revision of the previous day's work is important. Motivate the children and use different methods if the children find it difficult to address

certain modules, they should be motivated to try alternative modules. Textbook information can be made more meaningful and interesting through practical experiments and outings (Sanlaap).

viii. Discipline during Class

The institution may have certain rules to be observed in class, such as: "all children have to attend class even if they do not always actively participate", "children must not disturb others". Unacceptable behaviour could be highlighted and controlled within classes. Indiscipline can either be ignored or dealt with minor punishments. If a child is unwell or not interested sometimes, give her a break and allow her to laze or do some other solitary activity such as drawing or play. Allow this for a limited time period only and insist that the child begins some participation with others. However, the teacher needs to use her discretion and not force the child if she knows that the child will get further disturbed (Sanlaap, Prayas).

ix. Multiple Roles for the Teacher

The teacher has to be approachable and yet firm, as she sometimes has to perform other roles besides teaching. Many children could approach teachers with their personal problems. It is important that teachers take note of these and try to help the children after understanding the situation and the options available with help from the social workers, wardens, doctors, counsellors, and any other person who can help (Sanlaap, Prayas). The teacher should not brush aside the child's need for personal attention by believing that it is not her job to address the problem. The child confides in her teacher because she trusts her. So either a teacher should deal with it; or with the child's permission, the teacher should refer the child to some other staff member. The fact that the child has willing shared her confidence with the teacher makes it obvious that she trusts the teacher and respects her opinion. In such instances, it should be relatively easy to convince the child of the correct or desired course of action (Sanlaap).

Each teacher should have basic counselling skills. The learning and knowledge that the teacher imparts to the child makes the child respect her. Then the child assumes that the teacher can address all queries, including those relating to personal problems. Such confidence translates into trust and the teacher must live up to that trust. With basic counselling skills, the teacher can help the child even if finally she needs to refer the child to a professional counsellor.

x. Formal Education

Children who wish to pursue further education should be helped to rejoin school. Some children could be helped with short courses and later enrolled to join regular schools. Institutions could also encourage children to study and take their exams through a National Open School (NOS) or any other arrangements, like private exams in schools. If a child is to be sent to school, her age should be suitable to the class. For example, after an aptitude test, a 16-year-old child should not be sent to class 2 simply because the tests show this. Such a child may feel embarrassed, not fit in with the younger children in the class, get de-motivated and may repeatedly fail in class worsening the situation for herself (Sanlaap, Prayas, Maher). At the same time, there are children in organizations who adjust easily and become comfortable attending school even if they are over-aged for the class (RACE). It is important to assess what works best for each child.

xi. Schooling Outside the Institution

In most institutions, child victims are not sent to school outside because they are court- committed and there are certain security concerns. However, one institution approached the court on this issue and the court stated that children should be sent to school, as it is an important part of their rehabilitation into mainstream society. Hence, if the security concerns could be resolved, the children may be sent to school. If an organization arranges for the children to attend regular schools outside, then these options could be explored. If the organization finds it important enough, it is possible to find ways to take the initiative of sending even court-committed children to outside schools outside (Sanlaap).

A few organizations have resolved security concerns by liaising with the schools so that the school authorities keep an eye on, protect the children, and prevent contact with unknown persons. Organizations also make arrangements to leave and fetch the child from school, sometimes using their own vehicles (Prayas, RACE).

Schooling outside the institution is possible and is an important part of rehabilitation into society.

3. Availability and Choice of a Vocational Training Programme

i. Influences in Choice

Most rescued children have not been exposed to any vocation to enable them to consider it seriously as a future option. They are unaware of the vocations and occupations available to them. Most rescued children believe that, without a feasible alternative source of livelihood, they would be forced to return to prostitution on leaving the institution. The institutions need to structure vocational training programmes so that they present functional and viable options for the children. Additionally, the staff need to motivate the children to choose a vocational training programme. The staff members are also responsible to ensure that the children follows the choice through till they reaches a certain level of expertise. Parents, peers and school personnel are key players in the choices that the children make. Parents influence the choices that children make from a very young age. Parents' approval or disapproval of hobbies and interests have significant influence on the children. Parents' occupations also influence the choices made especially when the children identify closely with one or both the parents (Rice, 1991). Although in current circumstances, the children may have been away from their families for long, caregivers as parent substitutes can help influence vocation choices of the children.

What are the processes involved in the child's selection of a vocational programme?

All children go through different stages in order to identify their vocational choices.

- Up to the age of 11, children are in the fantasy stage, and go through other stages such as tentative stage (11-17 years) and realistic stage (17 onwards). Between the ages of 19 and 21, children make an intensive search to gain greater knowledge and crystallize their thoughts and choices, leading to a period of specification.
- Girls' vocational plans are more tentative and flexible as compared to boys. Children from lower-income groups often tend to have an earlier crystallization, as compared to those from the high-income groups (Rice, 1991).

Other factors that influence the vocational choices of children are:

- Sex-roles, cultural expectations and social barriers.
  In one of the institutions, a few children wanted to become rickshaw drivers. However, after they had completed their programme and had started plying rickshaws on the road, men in this vocation threatened them, as they could not tolerate women entering their domain. So much so, some men cut off three fingers of a girl who continued in the vocation.
- Intelligence, aptitude, interests and job opportunities, influence the career choices. Tests can be conducted to assess the aptitude of each child.
- Job rewards and satisfactions, and socio-economic factors also affect the vocational and career choices of the children.
- Familiarity with, and the prestige attached to, an occupation also determine the vocational choices that the child makes (Rice, 1991).

The staff could introduce different vocational programmes by chalking out an orientation programme for the children. Once the children

are settled in the routine of the institution, a few residents, along with a staff member and counsellor should orient the children to all the educational and vocational programmes in the institution. Thereafter, the children should be given some more time so that they can scrutinize all the programmes over the next few weeks, assess their capabilities and the programmes that really interest them (Sanlaap). Ultimately, the choice depends on aptitude. For example, if a child wishes to choose a fashion-designing programme, she could be tested on her understanding and blending of colours, creativity, and basic mathematics for measurements.

ii. Attitude Towards and Purpose of Education and Vocational Training

The children should be able to understand the rationale behind joining a particular programme. The teacher needs to constantly help the children to develop a positive attitude towards a course. It is a cause for concern if the children see a programme just as a pastime or a hobby, or something the institution has designed to keep them busy. The educational and/or vocational teachers and counsellors have to explain the importance of the course, and help the children understand the education/vocational training as a step towards gaining a vocation and not just as a means of whiling away time (Sanlaap, Prayas, Maher, RACE). The right attitude will make the children treat the classes seriously.

iii. Encouraging and Motivating

In some cases, initially, children may not show any interest in vocational training at all but at the same time may enjoy watching the others participate in the vocational classes. In such situations, the children need to be encouraged to participate. Also, the children can be initially given small jobs; for example, in the tailoring classes, the children can be asked to stitch buttons or do hemming so that they participate actively. Therefore, instead of plunging head-on in the training, the children can be initiated with small parts of the course and develop interest slowly and steadily.

Another way of motivating the children and arousing their interest in vocational training and education is to make them mingle with other children from the local community (Prayas). When children from outside the institution participate in the same classes and when the resident children see them studying and learning the skills, it motivates them to participate actively as well. The community children can also be role models for the resident children, as the latter usually shy away from education or vocational training. Initially, vocational training can serve as a diversion to spend some quality time, instead of simply idling or reminiscing of their past. This can then slowly build into something more serious in terms of developing skills and abilities for use in the future (Sanlaap).

iv. Reinforcements

The teachers should consistently appreciate good work. Appreciation should be genuine and any criticism should be constructive. Both appreciation and criticism can be done in a group (Sanlaap, RACE). The teacher could also give star rewards or special responsibilities if certain standards are met. For example, children could be given a chance to assist the teacher. Such reinforcements also teach the children to shoulder responsibility.

> The best vocational training programmes take into account the child's interest, aptitude and the socio-economic milieu within which they will be seeking employment.

While the above sections relate to the psychosocial aspects of educational and vocational training, the following section explains the economic aspects. It is an effort to recognize the need and importance of the marketability of a product that the children produce with their hard work. To make the product or service feasible in the world outside, the institution may follow the following pointers.

4. Product Manufacturing, Marketing and Sales and Service Skills

Vocational training not only assists the children in pursuing income-generating activities but also builds

their self-confidence. One institution believes that apart from other activities related to mental health interventions economic empowerment in terms of skill training and job placement help the healing process (Prajwala). The girls could be motivated to display their learnt skills in tangible forms. This is possible with regular classes to understand their capabilities and hone their expertise.

While teaching a vocation to the girls, a tentative idea of her future location needs to be kept in mind. Once the girl leaves the institution, she could return to her village or town, or prefer to remain in a big city. Certain vocations are useful only in specific places. For example, typewriting or soft-toy-making skills may be more suitable to an urban area. Therefore, while choosing training programmes for the children, not only their interest but also the long-term utility is an important consideration. Girls could be trained in more than one vocation. They should be capable of supplementing their income with another vocation if the market for one of them is seasonal/dwindling or not universal.

The process of being economically independent involves certain basic steps. These are elaborated as follows:

i. Selection of Products

While deciding on which product to market, it is essential to know what is locally in demand and the resources available to produce those articles. Production should cater differently to urban and rural markets. Whereas the former could absorb slightly higher-priced items, the latter are usually mass consumption areas suitable for cheaper items. The quantity and quality of items has to be flexible. Introducing new concepts that could have greater end applications is advisable. The children must understand the socio-economic status of the locality they intend to cater to in order to understand the demand pattern. To be cost-effective, the staff could purchase raw materials in wholesale markets or at cheaper rates through sources known to them. Efforts should be made to utilize indigenous raw material as far as possible.

Some specific examples of economically viable products/vocations and suggestions for change and innovation are given here:

- The cheaper and less laborious vocations that can be taught and invested in for business purposes include batik, macramé, knitting (RACE), crochet (RACE), soft-toy making, embroidery, and book-binding (Prajwala). Flower making and candle making may not be as viable as they are expensive to pursue.
- The most common and widely in demand vocations are tailoring and cooking. From the experience of STHREE, Salwar Kameez and baby dresses are in constant demand at the village level. Experts in the field substantiate this fact. Large and reputed mills sell fabric swatches by weight at very affordable rates. Such mills in the neighbourhood could help with a constant supply of cheap and good quality cloth.
- Local handicrafts can attract wider acceptability if presented differently. For example, at one time, traditional Warli paintings were only for decorating house-walls. But, innovative contemporary styles and articles like flower vases, sheets, or tabletops attract many buyers.
- Many institutions teach crochet, and making ‘torans’ and garlands in wool. If the latter are taught in crochet thread used for making bags and if beads are inserted into the work, a variety of richer-looking garlands can be made and these would attract a wider customer-base. Such items are in high demand in urban areas especially during the festive season.
- Food items generally sell faster than clothes. The children may have a natural aptitude for cooking. They could learn to make pickles, jams, and other preservatives. They could be taught some traditional and State-wise cuisines. Trained as cooks they could start their own business ventures with food stalls or providing “tiffin” service to offices, schools, and other organizations. Besides, cooking the children would need to plan menus, and learn costing and marketing. In one institution, students from a neighbouring catering college visited to train in bakery products, confectionery, jams, and pickle making. The residents were encouraged to

learn as the raw materials were provided and the finished products were bought back for in-house use. This encouraged the girls as it gave them a stipend, and they got critical feedback for improvement (Maher).

ii. Selection of Skills Training for Services

Apart from producing tangible items for sale, training as skilled workers is as important. Such training could be imparted after looking at the job opportunities in the neighbourhood. Some such areas include mechanical and electrical repairs; shorthand and typing with computer knowledge for secretarial work; beautician courses; operating a laundry or dry-cleaning setup; and working as sales girls (See the section on Network Marketing).

To help generate a sense of being of service to others the children could be trained in working for a social cause. For example, nursing, crèches for children of working mothers, and working in projects that combine a care facility for abandoned babies with HIV/AIDS with a rehabilitation facility for older prostitutes.

A home in Hyderabad introduced the concept of *corporate partnership* as a unique endeavour to make the girls economically self-sufficient.

Corporate Partnership: Prajwala has always believed in collaborative partnerships between different agencies. One of the large reservoirs of the job market is the corporate sector. One of the most successful experiments has been with Amul India. This was a tripartite collaboration. An international funding agency International Organization For Migration (IOM) came forward to provide non-recurring capital investment for establishing a parlour. Amul India was to provide the requisite training and brand name, and Prajwala was responsible for the beneficiaries and rent-free space. As these were Amul Pizza and Ice Cream Parlours, the training included:

- Customer service.
- Stock keeping.
- Pizza making.
- Maintenance of machines.
- Liaison.

After the initial hiccups of girls not having adequate skills an indigenous module was developed in collaboration with Prajwala keeping in mind the psychological needs of the girls. The girls were then placed in the parlours. This venture is yet to become a franchise. But in the long run it is envisaged that these will become independent franchises.

Interestingly, other corporates like Coffee Day are today coming forward to collaborate with Prajwala on similar lines to start parlours.

Source: Dr Sunitha Krishnan, Prajwala, Hyderabad.

iii. Developing Common Skills for All Children

An important component of vocational training and preparing the children for entrepreneurship is to provide information about exhibitions and sales (small and big, product-targeted or general). Such information should be given to the children as and when the need arises. Establishing contact with organizers of exhibitions could be an excellent starting point for the budding entrepreneurs. Such networking could help them procure discounts on stall prices, for example, or enable them to approach sponsors for raw material, cost of production, advertising, and transport or stalls at exhibitions.

All children, and specifically those with service-skills, need to be taught to look presentable; to handle job interviews; to pursue a job search; to look for resources for increasing awareness; and to keep updated about their fields of interest.

As much practical experience as possible should be incorporated into the programmes. For example, with a tailoring programme, inputs in terms of cost of material, planning the requirement of material; buying material from markets, costs of production, and the economics of profit making and selling, should be integral parts of the programme.

iv. Parameters of Quality

Adhering to certain parameters of quality is vital to the saleability of a product. Regardless of what the children may be used to in their personal lives, they need to be aware that products sold in the markets are available at different rates because of differences in quality. For example, recognizing the quality of consumer products such as clothes, jewellery, shoes, bags, and other accessories. The fabric quality would vary according to the socio-economic background of the clientele. Accordingly different prices would be set. In ready-made garments, attention to detail are signs of good quality. For example, regular and neat stitching, well-positioned buttons, matching threads, well ironed, display, or packaging. Attention to detail and quality not only helps to establish the seller in the market but also helps to set reasonably marked-up prices for the products.

v. Well-thought-out Waste

The concept of well-thought-out waste is essential in manufacturing. Along with the main production line, the wastage factor has to be considered. Material need not be discarded without attempting to make further use of it. Left-over pieces of cloth or old newspapers for example, can be useful in making carry bags and as viable substitutes for plastic bags or even serve as packaging material while transporting products. The 'waste' could be creatively utilized. For example, the child could use threads or wool or small pieces of cloth for experimentation and practice.

vi. Marketing

Along with production, children need to learn ways and means of marketing their products. They need to be aware of when, where, and how they can sell the products. For a start, marketing can be through exhibitions (if this is commercially viable considering stall fees), fairs and melas, spot sales, mobile vans, and networking with showrooms and shops. Visits to markets and NGOs like Self Employed Women's Association (SEWA) help to learn sampling and purchase and to increase awareness on creative and marketing strategies to begin with and to understand which markets exist, what they demand, and give a direction to transform the experience into a business opportunity. One way to contact shopping malls is through a contact person who is known to the shop owner. This authenticates the seller's position and paves a way into niche markets. Network Marketing can be used as well where companies sell products through individuals working out of their institutions. While in the institution, children should be given talks by company representatives who would later outsource their business directly to the children when they are ready to be self-employed.

To approach big stores, the girls need enough expertise not only in producing a quality product but also in conducting market research with simple tools. To motivate the children to produce quality products they need to be taken to stores to see what is available in the market and what would sell and fetch a better price. Once the trainee is ready with production skills, she should be guided to develop a prototype of the product and make a detailed project report to convince stores to stock her product. The staff can also help by leading her directly to owners or managers of such stores so as to eliminate the need for middlemen or agents in the marketing process.

The management could approach related Government Departments to seek recommendations as suppliers. Potential customers/organizations could in turn contact the organization for purchasing the products. Establishing links with various institutions around the country could be helpful. For instance, collaboration with the National Institute of Design (NID), Ahmedabad; SNDT University's Polytechnic, Mumbai; Sophia Polytechnic, Mumbai, or other local polytechnics and institutions across the country. They could work together on class projects in design, production, and marketing, and initiate mutual learning exercises.

The basic rationale for learning effective marketing strategies as an organizational need is:

- Self-reliance in terms of being able to sell what is produced.
- Sustainability of product in the market - in terms

of selling on an ongoing basis and investing the returns back into further production.

vii. Sustainability of the Product

The ability to sustain a product in the market is necessary for every entrepreneur and this is an essential component of the vocational training. The girl has to focus on quality; specifications; and time-schedules and deadlines. Reputation is built on having an eye for detail. A good reputation brings more business with recommendations by word of mouth for further orders. A good product designer (for example, a dress designer) could use her expertise to make the product look slightly different especially where competition is intense. She must keep up with changing fashions and trends and sustain the supply of her products to stores. Fashion designers or experts in pottery, painting, crochet, embroidery, and such specialist fields could serve as visiting resource persons to provide guidelines. New product designs could enable the children to get credit facilities. However, being established in the market is a major criterion for receiving credit facility. Attention to detail such as cleanliness of the work environment and hands while dealing with cloth items, and quality control in terms of the end product, should be seriously looked at as part of the training. Skill in bargaining and negotiating will help the child to not only get reasonable prices but also get advance payments from prospective buyers.

The product is to be evaluated in the marketing stages. It is worthwhile to display the product at a probable point of sale so that it can be evaluated both by the store and the customer. Quality and consistency go a long way in sustaining the reputation of the seller and to ensure clientele.

When fixing the selling price of any product, the girls should be aware of the price of the same or similar products in the market. For this, she has to do some amount of market research. Demand for products is either conventional or one-off (seasonal). An ongoing or conventional demand is for products like bags or table linen, embroidered handkerchiefs or painted vases. Seasonal demands are like cotton clothes in summer, woollens in winter, di vas and candles at Dipawali, Christmas decorations, and greeting cards at various festivals. Seasonal products would certainly sell at lower prices in the off-season. A textile-designing professor is of the opinion that the minimum profit margin should be 50 per cent and this can be increased once the seller is established in the market, offering better quality and variety. Also, the suggestion is to begin with small production of articles to penetrate the market and earned, with a low-waiting period.

The children need a lot of preparatory work and support to become self-employed in the foreseeable future, especially with skills that they have learnt at the institution. Institution resources (financial, administrative, and human) need to be harnessed to the optimal level to bring out the best in the trainers and the trainees.

To sum up, the following motivational statement can be provided to the children to build up their entrepreneurial skills: “Successful entrepreneurs are early risers, aggressive listeners, clear about their priorities, physically fit, good at mathematics and marketing, smart workers, voracious readers, enthusiastic travellers, great networkers, and can connect with people” (Innovative NGOs and Community-based Livelihood Programmes, 2001).

A good entrepreneur takes into account:

- Standards of quality.
- Well-thought-out uses of waste.
- Marketing.
- Sustainability of the product.
- Visibility for self.

viii. Future Oriented Training

The economic viability of the course in the long term is a very important component for planning a vocational training programme, more so if the children are repatriated to their families in rural areas. A few institutions believe that staff need to work with the children and build up the children’s

expectations only in accordance with realities or resources and individual capacities (Sanlaap). In case the children are trained for courses that are not very viable options once the children are repatriated to their families in rural areas, the training becomes unproductive and non-viable both in the socio-economic and cultural context.

To convert a vocational training programme into a regular income-generation activity and to develop entrepreneurship among the residents, networks for the supply of raw materials, training of trainers and experts, and for marketing of the produce need to be evolved and maintained. It is also important that the children are involved in/or at least are aware of all aspects of the manufacture and sale of the product so that they can carry on similar activities after their discharge from the institution.

A few institutions provide courses according to what suits their resource availability only, not taking into account the children's preferences. In some cases, children express their wish to become doctors or engineers in the future. Here, the steps needed to achieve such goals need to be explained to the children. The children need to be made aware of the tangible and intangible resources required to shape a career. Besides individual hard work, they need to recognize the resources that the institution can provide them and the ones available outside. The institution can ideally make all efforts to strengthen the children's will and determination by utilizing their own resources in the optimal fashion, so that the children can pursue any profession. Yet, to assist in the career-building process, the institution has to simultaneously encourage the children to tap resources outside once they leave the institution.

Steps to enrich the vocational training programme:

- Provide valid certificates that endorse the children's proficiency in the trades that they are trained. In the absence of such certification and accreditation, the children have no proof of having gained the skill and hence may not be offered employment or financial/other assistance. Arrangements should be made to have the children tested and certified by recognized vocational training institutes.
- On completion of the vocational training, the children may be registered with an employment exchange.
- Children may be introduced to various financial institutions/banks to arrange for initial capital.
- Teachers and/or the institution in-charge may give them reference letters for facilitating their job search.
- The children may be given mock interview sessions and evaluated on the same, with a view to improve their performance.

PART I
Section V

PREPARING THE CHILD FOR THE FUTURE

1. Vision for the Future

2. Future Orientation and Training
   i. Behaviour with Other Residents, Staff, Outsiders and Others
   ii. Training the Children to Learn to Adjust to Situations Outside the Residential Facility
   iii. Life Education and Skills
   iv. Moral Education and Adjustments

3. Contact with Families, Providing Foster Families, and Interactions with Outsiders
   i. Establishing Contacts with Families and Conducting Home Studies
   ii. Foster–families
   iii. Sponsorship
   iv. Aftercare

1. Vision for the Future

It is important for an organization or rehabilitation unit to have a vision for the future and to share it with the staff. In this way, the staff at management and administrative levels are in a position to plan appropriate action to realize the vision and foresee a future for the children. All staff members have to consolidate their efforts towards this vision. The children should be central to these efforts and should play the principal role in planning a rehabilitation programme suited to them. The staff should also be able to find and create opportunities where the children can use their inherent skills and learn new skills.

Lack of proper vision often leads to dissent among the children and the entire exercise is futile where all the resources spent for the children apparently go waste when they eventually return to their small town or village homes and do not get opportunities to utilize their acquired skills. For example, if vocational training is given to the children with no ideas or support systems regarding how the training can be used in the future, both the training and the children are bound to have a restricted and casual view of the training, treating the vocation as a hobby or pastime for the children while they are in the rehabilitation institution.

Brainstorming sessions of the staff and students together would help both to realize the goals for the children's future, and understand how the rehabilitation programme would achieve the same.

2. Future Orientation and Training

i. Behaviour with Other Residents, Staff, Outsiders, and Others

Child victims are trained to exhibit a body

language that is sexually overt and this behaviour is unacceptable in conventional society. Behaviour that needs to be corrected relates, for example, to the sense of dress and make-up, clinging or hugging, standing and sitting postures, or any other behaviour that appears sexually overt.

The rehabilitation offered to the children should be in sync with their socio-cultural backgrounds to enable them to adjust into their families if possible, once the rehabilitation process is over. To cite and example, a European lady adopted a child for rehabilitation purposes. The child was permitted to wear make-up and short dresses. While this may be culturally acceptable in Europe it would make the child a misfit in the relatively conservative environment that most of these children hail from. In another example, a child who was re-integrated with her family would, out of habit, stand at the door after completing household chores as if soliciting, like she had done earlier in the brothel. This upset her family members and they did not know how to deal with the child just as the child did not understand her family's reaction.

ii. Training the Children to Learn to Adjust to Situations Outside the Residential Facility

Once the rehabilitation is complete, the child will have to move into the outside world, which does not offer as secure an environment as a rehabilitation institution. The child may have to deal with eve teasing, attempts at harassment and exploitation, trafficking, rejection from some members of society, or persistent probing into her past. She has to learn to deal with all these situations, learn to identify people with whom she could make friends and share confidences; and protect herself from those who may threaten her well being. The staff in the institution has to repeatedly address these issues, simulate such situations and conduct exercises that would make the child better prepared to face the outside world. The staff and the children can hold discussions, brainstorm, or cond+uct role-plays on situations and arrive at various conclusions for tackling the problems (Sanlaap).

iii. Life Education and Skills

The institution staff need to support and deliver information on life skills and family-life education (FLE). The staff should have scientific, factual, and updated information, on various such matters (Sanlaap). The staff should also provide a deeper understanding of issues relating to consequences of choices made in life and teach the children to take responsibility for them.
Subjects such as FLE should be sensitively dealt with for these children.

> Any facilitator or animator addressing such issues for the children should be aware of, and sensitive to, the circumstances that the children may have faced, clarify myths and superstitions, and provide relevant and sought-after information. Some such issues that need to be added into the programme are "questions of virginity pertaining to marriage", and "safety and risk factors already encountered through previous sexual encounters and ways to prevent further risks".

Some areas where staff can impart education are:

- Concepts of banking.
- Travelling and transport.
- Voting, voting cards and other identity cards.
- Ration cards.
- Bureaucratic systems and municipalities.
- Police.
- Fire stations and hospitals.
- Other areas or sources from where the children can seek help and services in societ.

iv. Moral Education and Adjustments

The staff also need to monitor the religious or moral education given. Moral education should be secular and adapted to the children's socio-economic conditions and social background.

Furthermore, the staff members have to prepare the children to return to their families and adjust to realities in life they must face. A lack of this understanding affects the results of the rehabilitation programme.

Staff should not impose personal ideas of right and wrong, religious and superstitious beliefs on the children and allow the children to reach their own conclusions on such matters after being well armed with information.

Some institutions restrict moral education to a particular religion. This should be avoided as it hinders the children's exposure to other cultures and communities. Some children may choose to change their religion due to selective religious teachings, which can affect the future reintegration of these children into their own communities. Specific problems can arise in terms of marriage and in following the cultural traditions of their families and thus hinder adjustment.

3. Contact with Families, Providing Foster Families, and Interaction with Outsiders

i. Establishing Contacts with Families and Conducting Home Studies

Once child victims are in the sex trade, typically, none of the family members maintain any contact with them (Joardar, 1983). Societal pressures acting on the family thus make it difficult for the girls to get reintegrated in the family. Therefore, contacting the families to see whether they are fit to receive the girls is difficult. Working with the families is a very crucial and delicate matter and it takes a considerable amount of time. The families are important components in the children's social systems and repatriation is ideal, provided the families are safe for the children to return to. Therefore, all possible efforts should be made to contact the families, conduct family studies and home visits.

The decision of repatriation and communication with the family should be done with the consent of the child victim.

Often, in rehabilitation homes, child victims accept repatriation as a welcome option but request the institution staff to keep the information of the children's past of exploitation and rescue confidential. The child victims suppose that keeping such information confidential gives them a better chance at readjusting with their families without stigma (Special Girls' Home, Mumbai).

In any case, the designated institution staff also need to work on preparing the family to receive their child back and adjust to the child's return. If the family members are informed of the child's exploitative past, the staff have to help the family to cope with the news and explain to the key family members about the exploitative conditions from which the child was rescued. The staff need to provide support to overcome the guilt or shame that the family might experience due to the child's past. The family also needs help to prevent future abuse, trafficking, and exploitation if a known person or some member of the family was involved in the earlier trafficking of the child. The family thus needs to be made aware of the modus operandi of trafficking and sexual exploitation. Above all, the family needs to realize the importance of providing the child with a safe and nurturing environment for a socially and economically sound future by developing strong relationship bonds and support systems for the child.

It is important to prepare the family to receive the child and to cope with her re-entry into the family. Organizations should also do a follow up and ensure that the repatriated child is safe and well adjusted.

Some institutions (RACE, Sanlaap, Prayas) encourage parents' visit and they work with the parents so that the child can begin to identify with her family and get ready to return sometime. At the same time, the organizations urge the parents to prepare themselves to receive their child and shoulder the responsibility.

The priority and emphasis lies in the reintegration and rehabilitation of children in the Hyderabad State Home. The institution

works in building confidence in the children and motivates them to give correct addresses of their family homes. The state home in co-management with Prajwala, NGO, and social-work students, contacts the parents through home visits, spot enquiries, photo publications, letters, and telephone. The parents are informed about their child's whereabouts and subsequently the child is escorted to her native place (Dr. Sunitha Krishnan, Prajwala, Hyderabad).

In case the family refuses to receive the child back or the child refuses to return to the family, the organization should make efforts to reintegrate the child in that community through foster-families, or place her in some other organization that is situated in the socio-cultural context of the child.

Prerana's Anti-Trafficking Centre and NACSET, while preparing a handbook on post-rescue operations, have developed a note on Home Study Report, called the "Draft Preliminary Note on Home Study Report", which gives a comprehensive understanding about various elements of a Home Study report, about how to conduct home studies, and what to look out for/ observe while conducting a Home Study report. The draft is given at the end of this section.

"Draft Preliminary Note on Home Study Report"

by

Prerana's Anti-Trafficking Centre and NACSET

A Home Study:

Relevant questions, tips, cautions and guidelines In the context in which we are discussing the topic, Home Study is occasioned normally when a child is rescued from a brothel, a Beer Bar, or any other place/situation of Commercial Sexual Exploitation (CSE). The child is apparently a victim of Trafficking and Commercial Sexual Exploitation. The child is handed over to the Child Welfare Committee (CWC) under the provisions of the JJA. The CWC expects the Probation Officer (PO) of the Home to prepare a report on the child, which also includes a home/ family/background assessment of the child.

Sometimes the child is produced before the Juvenile Justice Board (JJB) as a child in conflict with law and a similar report is sought from the PO under the JJA.

In all these cases it becomes very important to carry out an effective Home Study of the child. The PO is often ill-equipped in terms of resources, time, and accessibility to carry out such studies on her own. Collaboration with professional agencies or individuals such as social workers becomes a useful step. Agencies engaged in child protection work also find it useful to take on the responsibility to facilitate the Home Study Report. Collaboration between the PO and the agency carrying out the Home Study at times intermediated by yet another voluntary agency works out well in accomplishing this task.

The agency that carries out the Home Study has an important responsibility to make an accurate observation, assessment, and record of the situation of the child so that the justice machinery is enabled to protect the best interest of the child.

Guidelines for Conducting Home Study of Victims of CSE&T
(1st Draft)

Q 1: WHO CAN ASK YOU FOR A HOME STUDY REPORT?

A: CWC, PO, NGOs, Community Based Organizations (CBOs), Voluntary Organisations, Juvenile Justice Board (JJB).

Q 2: **WHAT IS THE LEGAL ROLE OF A HOME STUDY?**

A: It is actually a part of the PO's mandatory/statutory report that must

be submitted to the JJB or CWC set up under the JJA.
(In Mumbai there have been incidences where the CWC after its inquiry has not found the parents to be fit and therefore has not handed over the custody of the child to them. In some of these cases the parents have approached the High Court and the Home Study report becomes a relevant document to be presented in the High Court).

Q 3: WHAT MUST IT INVOLVE?

- Ascertain the name and address of the victim child.
- Collect relevant factual data about the child, family, neighbourhood, and guardians.
- Subjective opinion.
- Objective assessment of the family, community, and other support systems
- Assess potential or visible sources of danger to the child
- Orientation of the members of family
- Ability/capacity of the family members to look after the child
- The future plans of the family members for the child.

1. First and foremost ascertain whether the victim child's identity is confirmed. It is essential to have the correct name and address of the child in order to decide where the Home Study should be conducted and by whom.

2. Often a child victim of trafficking and CSE is tutored to give a false name and address. The time limits of the legal requirements are such that one cannot wait for a detailed rapport building and counselling process to take place before starting the Home Study and hence the chances that the name and address may remain misreported are high. It is important to immediately bring it to the notice of the agency, which has referred the case to you for Home Study if the name, address, and identity do not match.

3. The person carrying out the Home Study has to, first and foremost, ascertain the identity of the said child. She then collects all the relevant information of the child that could help the justice system and other helping professionals involved in the case to arrive at a proper assessment about the child and take a decision in her best interest. A wrong assessment could result in further exploitation and re-trafficking of the child. Proper assessment can result in proper protection and rehabilitation of the child.

Q : WHAT ARE THE RESOURCES FOR A HOME STUDY?

A: Places, persons, authorities, institutions, events, documents, and records are all resources for a Home Study.

Q: WHAT INFORMATION MUST BE COLLECTED REGARDING THE FAMILY?

- **Size of the family**
- **Nature of relationship:** -whether the child is a biological offspring; does the child have a step-parent; is she adopted, fostered, just brought in and kept in the family; or pawned?
- **General relationship:** Does the family stay together or are the siblings kept elsewhere with other relatives or friends?

Q: WHAT INFORMATION MUST BE COLLECTED REGARDING SIBLINGS?

Physical presence: Are the siblings physically present? Is any one lost, trafficked, kidnapped, sold, pawned, or court committed?

Ages of the siblings: This helps in understanding/cross checking the age of the victim.
Educational status: This helps to assess the availability of schooling for the siblings and using such facility by the family. Assess if the family gives adequate importance to formal education or not.
Occupational status: Are the siblings working in the labour market? Are they engaged in any exploitation-prone wage sector?
Health condition: Any dangerous infections among the siblings that indicates sexual exploitation? How much concern does the family show regarding health and whether they are availing the public health facilities?

Q: SHOULD A HOME STUDY COLLECT OBSERVATIONS IN/ON THE COMMUNITY?

A: Yes. It is important to find out whether the crime of trafficking has already been normalized in the community. Have the community members been so much used to the practice of trafficking that they fail to sense it as wrong, abnormal or criminal?

Q: WHAT INFORMATION SHOULD BE COLLECTED ON THE COMMUNITY?

A: It is important to know the various occupations practiced in the community by the community members. In certain areas folk art is used as a façade for prostitution. It is very important to know if there is any such link with so-called folk art and Trafficking and Commercial Sexual Exploitation. Check the exact work the men folk are engaged into. If they quote any workplace, then it is worth visiting that workplace.

Q: WHAT DOCUMENTS SHOULD BE SEEN TO CONDUCT A HOME STUDY?

A: Birth certificate, school leaving certificate/admission certificate, records in Gram Panchayat office (rural area), Municipal office (urban areas), any record of hospitalization, ration card, and bank account, if any.

Often if a child victim has attended school for just a day or a week the family tends to state that the child never went to school. Therefore it is important to ask the family more probingly. This is important because if a victim has gone to school even for a day then her/ his name is likely to be registered in the school records and we are likely to get legitimate documentary evidence about the age, father's and mother's name and other details about the victim.

It is important that these documents are accessed as in cases where a family is involved in selling or pawning / pledging its child, as it tends to manipulate the date of birth. In cases where the perpetrators have invested in the child and want the child back under any circumstances, they tend to manipulate or pressurize the families into manipulating these documents too.

Q: WHAT IF THE FAMILY STATES THAT THE CHILD HAD BEEN LOST OR KIDNAPPED OR HAD RUN AWAY?

A: If the family states that the child had run away or was kidnapped or lost we must ask them and further verify if the family had lodged any complaint to that effect. If the family states it has then it is important to find out which police station and visit the police station and verify the entry.

Get the details regarding when the child was lost. For example, how many years ago was the child lost? What was the child's age then? At which place was the child lost? Who was with the child at that time? and any other relevant information.

TIPS:
Ears to the ground: Learn from the ground reality
If a girl is rescued from a city, for example, Mumbai, then it is important to find out the nature of contact the source area people have with Mumbai. This could throw some light on the trafficking links and the elements perhaps engaged in trafficking girls from that area to Mumbai.

When "Yes" means "No"
It may not always be correct to interpret the responses of the victim/victim's close relatives verbatim and as factual. Often the responses are given under duress, pressure, fear, or compulsion. We have to be sensitive to understand the difference between the genuine responses and those given under the influence of some irrational situational compulsions. Many times the people back home are tutored by the agents of the flesh trade or are given incorrect orientation about representatives of the authority system and therefore the responses are not genuine.

Social workers are increasingly coming across cases where the families of the victim child are themselves directly or indirectly, actively or inactively, involved in the trafficking and CSE of the child. In such cases they may actively misguide the inquiry/ investigation/ Home Study and give vague responses.

CAUTION:
The Home Study has to be done extremely carefully. The child is not with the agency that carries out the Home Study. Often the agency representative carrying out the Home Study has not seen or met the child.

As a Home Study of a trafficked victim is a sensitive area, every care must be taken to ensure that we do not expose the victim child or the crisis the child is found in.

Several factors influence the Study. At times the parents themselves are involved in putting the child in danger actively or passively thereby facilitating the trafficking of the child. One must bear this possibility in mind.

Home Study does not mean merely going once to the given address and seeking to conduct a formal interview with the people available there. We might be required to collect observations at different times and more than once.

During a home visit it helps to visit the school of the victim and her/his siblings.

Needless to stress, a Home Study is crucially important to decide the future of the child and hence must be conducted with utmost seriousness, patience, and care.

Illustrations:
1. The Unusual Dresses
Once when we were conducting a Home Study we happened to visit a slum-like community. On the way we noticed something very peculiar. The number of tailoring shops in the community was unusually high. Similarly, the style of stitched dresses in the shops looked quite unusual. The quality did not match the usual quality of the clothes slum dwellers use. The style too looked unusual. The dresses were quite fancy. We stopped and enquired. The tailors reported that there was a heavy demand for such dresses from the girls in the community. Upon further inquiry, they mentioned that most girls in

that community were engaged as floor dancers in the Beer Bars.

2. The Fancy Gowns
Once when a voluntary sector agency was conducting a home study in one of the northern states, the representative of that agency happened to visit a colony in a village. He noticed distinctly that the women in most households wore Mumbai-style night gowns. The same was not the case in the adjoining village. Gowns were not found to be in fashion in any of the neighbouring villages at all. Further probing into this phenomenon revealed that most women of that particular colony had, some time of the other, stayed in Mumbai and had worked in the Beer Bars apparently as waitresses or dancers. There was a regular person in Mumbai who supplied them the clothes, cosmetics, and other items from time to time in this colony.

ii. Foster-families

In the absence of the option of sending the child victim back to her family, other options such as sending to a foster-family need to be explored. The girl can be sent to a foster-family for aftercare once her stay in the rehabilitation home comes to an end. In other cases, the child can be sent to a foster-family at regular intervals such as during school vacations and holidays, in order to provide the girl with an alternate family life. For example: Prajwala (NGO), which rehabilitates child victims, sends the children away to a foster-family during school vacations and holidays.

What does a foster-family provide to the child?

Family foster care is an essential service for a child who has been separated from her family. The concept of a foster-family aims to achieve the following goals:

- Provide a protected, nurturing, safe, and healthy environment.
- Meet the developmental and emotional needs of the child.
- Maintain and promote a child's emotional attachment to his/her family.
- Protect and promote the child's cultural identity and heritage.
- Work toward permanency for the child by connecting him/her to relationships that are nurturing, safe and intended to last a lifetime.

[Source: http://www.fosterfamily.org/fostercare.htm]

How to locate and identify prospective foster-families?

Locating and identifying prospective foster-families is the first step for providing foster care to a child. Most institutions usually identify families willing to take up the child for short or long time from within the communities where the organization has a presence or contacts, or through personal contacts of the workers and management. Friends of the organization also come forward to become foster-parents for a child.

Selecting foster-parents

Selecting a foster-family is a very crucial task of the social workers in the rehabilitation home. It is very important to identify from all the applicants/willing community members, the most suitable families, which can provide the child with a safe, caring, and nurturing environment.

Some obvious and not-so-obvious needs of the foster-parent applicants could be unfulfilled sexual needs, the need of a teenage girl to baby-sit a young child in the house, or need for company (for example, the woman of the house is scared to stay home alone during nights if her husband is on night shifts). These needs are not directed towards providing care to the child, but are more in terms of getting help. Social workers thus need to be careful while identifying parents for foster care (Kay Neil, 1971).

The institution staff need to be very careful while identifying foster-families for child victims. Care needs to be taken to ensure that the child is not subjected to any more trauma and exploitation; let alone being reminded of her past experiences.

Evaluating the foster-parent-child fit

The following are some good indicators to effectively identify an appropriate and most suitable foster-family for the child. The selection needs to be based on the profile of the child and the profile of the family and couple who have offered to be foster-parents for a child in the rehab home.

Evaluation of the child is based on:

- The family background of the child.
- The cultural background.
- The present level of the child's adjustment and experiences, problems being faced by the child and others (due to this child) in the rehab home.
- The child's interest/motivation in placement.
- The future planned for the child by the rehab home/institution, and the child's educational and vocational achievements during her stay in the rehab home/institution.

Evaluation of the prospective foster-parents is based on:

- Level of adjustment within the couple (marital relationship, and relationship with the community as a married couple).
- Parental roles and child-rearing practices.
- Ethnic, cultural, and religious practices and factors.
- Relationship with the agency, the manner in which first contact was made, communication with the agency.
- Motivation for wanting a foster-child, using various sentence completion tests, aptitude tests, and so on.

Evaluation of child-family interaction is based on:

Such an evaluation is largely based on:
(a) the need factor, the interplay between mutual emotional needs of the child and the family; and
(b) understanding the emotional needs (such as childlessness or humanitarian grounds) that the foster-family presents to the worker while applying for foster care, and matching them with the emotional needs of the child.

This helps the worker make a decision regarding the placement of the child.

The organization must be realistic and identify the expectations of the foster-families, through foster-parenting. If any or all of these expectations are not fulfilled, this has a direct impact on the progress of the child, and also leads to great deal of disappointment for the parents.

More than two intensive home visits should be planned, of which at least one should be a surprise visit.

Preparation of foster-parents

- Predict and make the parents aware about the probable areas of stress so that they can anticipate and be prepared for the same and take practical steps to take care of such situations.
- Prepare the parents that whatever love and affection they may shower on the child, the child may still choose to hold back, or consider her birth parents as superior to foster-parents, and may even express the same. Foster-parents would be able to deal with such a situation better if they are made aware of this.
- Some of the problems that the children show are universal and some are related to their past experiences. The parents should not unnecessarily get bogged down, feeling that the problems that the children show are a failure on their part.

Monitoring and evaluating the child's well being and progress in foster care

There should be a continuous process of evaluation of the child's adjustment throughout the period of placement. Though the frequency of visits to the foster-home by a social worker depends upon the need of such visits, it is recommended that the child be visited at least once in two months. The social workers can look at the following indicators of adjustment of the child in the foster home:

- Child's relationship with members of the family and companions.
- Her activities.
- School progress.
- Appearance.
- General health .

(Paul Chowdhary, 1980)

Providing foster care on a short-term basis

The institution can also make arrangements to provide the child with foster-families for a short period of time. This can help the child go to a family once or twice every year during her holidays. As far as possible the child should go to the same family. This will help the child to complete her courses during the year in the institution and also enjoy vacations with a family like any other child.

iii. Sponsorship

Foster-care is one of the options available to help the child find a family and meet certain expenses of childcare.

Agencies working for the rehabilitation of the children can also look at options of sponsorship where individuals and families can sponsor a child's stay, education, short holidays, or medical expenses even if they are not able to provide foster care.

If agreeable, the sponsor and the child can be in touch with each other (though letters or phone calls) to build a friendly rapport and discuss progress.

Sponsorship can be very helpful to provide small financial support to individual children and ensure that quality care is available and it is not compromised due to the lack of availability of funds. The institution can contact agencies that provide sponsorship services.

iv. Aftercare

Most homes/institutions offer rehabilitation and stay facilities to children below 18 years of age. Once the children complete 18 years, they attain majority status and are expected to move out of the institution and find other sources of livelihood. Most rehabilitation institutions help them find jobs in fields that the children are adept in and/or are trained in. However, most of the children, simply by virtue of being 18 may not be able or fully equipped to fend for themselves alone. The rehabilitation homes/ institution hence offer aftercare services for the girls whereby the girls stay with a family in exchange for some services that they may offer to the family.

In one institution, girls over 18 are kept in families to offer housekeeping services to the family in exchange of staying facilities. Some institutions find accommodation for these adults in working-women's hostels run by the same institution or by other agencies. Government aftercare homes are also available where the girls can stay after they reach adulthood. These government aftercare homes provide living facilities to the girls while they look for jobs or other options for staying or choose to marry.

"SWADHAR" is a novel scheme that can be used by organizations for promoting welfare of rescued girls/women. The scheme is promoted by the DWCD for Women in Difficult Circumstances. The scheme is inclusive of "trafficked women/girls rescued or runaway from brothels or other places or women/girls of sexual crimes who are disowned by family or who do not want to go back to respective family for various reasons" (Ministry of HRD, GOI, 2002).

The implementing agencies of this programme include government bodies, public/private trusts, voluntary organizations, Women's Development Corporations, and Urban Local bodies, all of which are willing to take up the responsibility of rehabilitating rescued women. The implementing agencies may seek assistance for various components under the scheme such as assistance for constructing buildings, rent for shelter, providing food, shelter and clothes to women and their children, counselling as well as clinical, legal, and other support for women in difficult situations, training for economic rehabilitation, help line facilities for such women and assistance for management of the centre.

Details and application procedure for the SWADHAR scheme can be sought from the respective State Governments, while the completed proposals need to be submitted to Joint Secretary, Women Development Bureau, Department of Women and Child Development, Shastri Bhavan, New Delhi - 110001.

PART I
Section VI

HEALTH MANAGEMENT, PREGNANCIES, AND RELATED ISSUES

1. Nutrition
2. Ailments
   - i. Sexually-Transmitted Infections (STIs)
   - ii. HIV/AIDS
   - iii. Tuberculosis (TB)
   - iv. Scabies
   - v. Boils and Abscesses
   - vi. Influenza - A short-duration fever
   - vii. Cough
   - viii. Diarrhoea
   - ix. Head Lice
   - x. Worms
   - xi. Anaemia
   - xii. Menstrual Problems
   - xiii. Oral Care
   - xiv. Substance Abuse

VI.3. Pregnancy and Related Information
   - i. Pregnancy, Childbirth, and Related Issues
   - ii. Abortion
   - iii. Adoption

Child victims of sexual exploitation suffer from certain physical health problems, which may be attributed to their abused state prior to being admitted to the institution. Hence, there is a greater likelihood of them suffering from illnesses related to the reproductive and/or sexual organs, for example swelling in the breasts as a result of abuse (reported by one of the institutions), besides other forms of illnesses such as STIs (Sexually-Transmitted Infections), HIV/AIDS, Tuberculosis (TB), Scabies, coughs, head lice, and intestinal worms. The children suffer from these infections and diseases because of inadequate and delayed medical intervention and unhygienic living conditions, lack of personal hygiene either in brothels or the institutions, and frequent unprotected sex while in brothels, giving rise to sexually-transmitted diseases.

Several institutions (Maher) conduct medical check-ups of the children on or before their admission. However, as a policy, some of them refer HIV/AIDS patients, TB patients, and mentally-retarded children to specialized care outside the institution because they feel they are not equipped to deal with such cases (Maher, RACE).

Ideally, the institutions should admit all children and then take steps to take optimal care or refer the children to another residential care. The rehabilitation homes/institutes should not label or discriminate against any child and not exclude her from the rest of the children, and at the same time arrange for better care of the affected child.

Co-management in the health area
From the experience of one facility in Hyderabad, co-management has brought about a sea change in health and nutritional management. For example:

- The institution has been able to organize general and eye-health camps and provide medicines and spectacles.
- The institution has invited NGOs to organize health education and awareness programmes.
- Co-management has enabled the staff to meet officials regarding concessions in hospitals and created a clinical environment in the facilities (Prajwala).

This section lists some of the illnesses that caretakers may witness among the sexually-exploited children. It aims to make caretakers aware of the Etiology, treatment, and prevention of the illnesses. It is essential that all caretakers are aware of the symptoms of these ailments so as to report to doctors and nurses and ensure timely action. It does not prescribe complete treatments. While certain home remedies and medical treatments have been given, it is important that, in each case, the affected child is referred to medical practitioners. The section begins with information on nutrition, followed by information on infectious ailments such as STIs, HIV/AIDS, TB, Scabies, influenza, cough, head lice, worms and non-infectious ailments such as boils and abscesses, diarrhoea, anaemia and problems related to menstruation, oral care, and substance abuse. Information on issues related to pregnancies and care during pregnancy and childbirth, abortion, and adoption is also given.

1. Nutrition

While medical professionals are best suited to carry out treatment of diseases and infections, nutritional care of the patients should be the fort-e of the institution staff. "Excellent nutritional status enhances the ability to fight subsequent infections..." (McKinley et al., 1994). Therefore, therapeutic nutrition is suggested to enable the institution to build up the child's resistance to, and assist in, curing of ailments.

Generally, a normal adolescent's diet should be noted so as to ensure that the children are provided the right kind of diet, considering that adolescence is marked by accelerated physical and emotional development. At this growth stage there is increased demand for energy, protein, minerals, and vitamins. Simultaneously, there is a stronger urge to eat a variety of foods.

Being diagnosed as having a disease often leaves people feeling out of control. They seek methods for maintaining and promoting health, and the choice of food is a facet of management in which a person can exert control (Thomas, 1994). Besides this, the affected child may get exceptionally moody, emotionally-charged, and depressive or show signs of frustration with the thoughts of her past life. At such times, access to favourite foods can help to "lift" the child's mood. Situation-specific diets, therefore, are highly recommended.

2. Ailments

For each of the ailments discussed here, information pertaining to the nature of the disease, signs and symptoms of the same, and treatment and preventive measures are described.

i. Sexually-transmitted Infections (STIs)

STIs are a crucial health issue relating to these children, as the likelihood of their being infected is high. At times the children are subjected to clients' violent behaviour, which can lead to cuts and bruises, and open wounds, thus creating a conduit for the transmitting infections. STIs are an important aspect of health to be considered for rescued children because a serious long-term health implication of untreated STIs is pelvic inflammatory disease, which can result in infertility, ectopic pregnancy, chronic pelvic pain, and an increased risk of hysterectomy (Willis & Levy, 2002).

Child victims may not be aware of symptoms of such diseases while in the brothels, let alone discuss these symptoms with anyone there. If caretakers were to notice any symptoms or if the child

approached her caretaker to report any discomfort in her body, then a physical examination conducted by doctors would help the caretakers to look after the child in the best way. The child should be well-counselled in advance and be made fully aware of how the examination will be conducted. She should be encouraged to ask questions on doubts and fears regarding her symptomatic condition.

Two of the most common STIs are Syphilis and Gonorrhea, and are dealt with in detail here.

Syphilis

Nature of the disease

Syphilis is caused by an organism in a syphilitic ulcer and in the blood of an infected person. It is transmitted in three ways:

- Sexual contact with an infected person
- Blood transfusion from an infected person
- Through the placenta, an infected mother can pass syphilis to the foetus causing abnormalities (Chalkley, 1980; Werner 1980). [Infants born to an infected mother can, for example, congenital syphilis is a primary cause of neonatal morbidity in some countries (Willis and Levy, 2002)].

• ***Signs and symptoms***

- The first sign is usually a sore called a chancre. It appears two to five weeks after sexual contact with an infected person. This chancre may look like a pimple, blister or an open sore appearing in the genital area. The child may be unaware of the sore in the vagina, as it is painless.
- The sore only lasts a few days but the disease continues to spread throughout the body if not treated.
- Some weeks or months later, symptoms like a sore throat, mild fever, mouth sores, swollen joints, and a rash all over the body or on the hands and feet only appear. At this stage the child is very infectious (Chalkley, 1980; Werner, 1980).

• ***Treatment***

- Medical treatment as prescribed by a doctor. While on treatment, the patient must visit the doctor after three months, six months, and one year to ensure complete cure. It is recommended that the an up-to-date record of the child's treatment is kept to ensure proper follow-up.
- No home remedies available.

Gonorrhea

• ***Nature of the disease***

The infection is present in the discharge and spreads through sexual intercourse or from mother to child. If a pregnant woman with gonorrhoea is not treated before giving birth, the baby's eyes get infected and the infant is blinded.

• ***Signs and symptoms***

According to Chalkley (1980) and Werner (1980), these are:

- Slight pain while urinating or slight vaginal discharge.
- If untreated, after a few months or years, the infection may spread to the fallopian tubes and pelvis resulting in pain in the lower belly, menstrual problems, or sterility.

• ***Treatment:.***

- As per medical advice.

ii. HIV/AIDS

Due to multiple sexual contacts, especially unprotected sex, HIV and AIDS are areas of grave concern with regard to child victims. It is essential that the children are not denied admission to rehabilitation institutions because these have acquired the virus. This is against the declared policy in some States, such as Maharashtra, where progressive declarations in their Child Development Policy state: "No child will be denied admission into institutions/children's homes on the ground of having HIV/AIDS. Testing for HIV/AIDS shall not be mandatory. In case there are no facilities for treatment of AIDS-affected children who are in a critical stage, institutions shall make efforts to find appropriate placement for the child after admission. Under no circumstances, will the child be denied admission" (Maharashtra Child Development
Policy, 2002).

Nature of the disease
HIV thrives in the human blood and causes AIDS. HIV destroys the body's immune system, which makes it impossible for the body to fight any diseases, even minor illnesses. AIDS is the last phase in HIV infection whereby a person dies of opportunistic infections (For more information see Appendix IV).

Staff-Child-HIV interface
All the staff must know about HIV/AIDS its causes, symptoms, prevention, and care. This is possible through awareness-generation programmes by resource persons, attending seminars/talks, subscription to newsletters/journals on HIV/AIDS (see Appendix IV). They must be able to identify signs and symptoms and refer to the social worker/ counsellor who would then prepare the child to take pre-test counselling and for the test itself.

Motivating the child for HIV/AIDS testing
The child needs to be motivated to take the HIV test, while bearing in mind that HIV testing is voluntary. Provide information to the child about the test, and prior to the test, explain to the child the reason for the test and what the test will show.

The child has to be taken into confidence and not feel threatened by the thought of undergoing tests. The staff should explain to the child that to help them look after her better they need to know the irregularities in her health and her health status.

Issue of confidentiality
After the child has been tested and the results are known, it is important to share the results, whether positive or negative, and their implications, with her. The child must know that:

- A negative result implies that the child has either not contracted the virus or is in the 'window period' of about 6 to 12 weeks from the time of the last risk exposure, when the virus is not detectable, and the test will have to be repeated at the end of that period. The window period can be treated as an extended period during which care takers can further prepare the child mentally about HIV/AIDS, so that when the second test results are revealed, the child is not alarmingly traumatized if results are positive. The staff should also use this time period to discuss the issues of confidentiality. For instance, consult the management about who, according to them, should be made aware of the HIV+ status of the child.

- In the case of a positive result the caretaker has to explain to the child that the tests have revealed the presence of HIV antibodies in her bloodstream. The care taker must now emphasize and keep reinforcing the methods of preventing the transmission of the virus while also giving the child positive messages of support and hope as elaborated in the following paragraphs. This helps to build a sense of responsibility in the child's future sexual behaviour.

Assisting the child in decision-making:
If the tests show the child is HIV+, the caretakers should help the child to make decisions regarding:
- Who needs to know? (Parents, friends)
- How much should the child tell?
- When should the child tell?
- How should she tell?
- Who will provide the care after the child leaves the home? (an institution/family)
- How does she bring about a change in lifestyle like eating habits, exercise, and sleep patterns?

It is important that the child makes these decisions herself. However, the caretaker should alert her to the repercussions of each decision, allow her to think about the decisions, and weigh the pros and cons before making a decision. It is essential that the child takes responsibility for her decision. The caretaker can encourage the child to try out or take these decisions in the counselling session or in a controlled environment before actually putting them into practice in real life.

Nutritional management for HIV+ and AIDS patients
Malnutrition in an HIV+ person may be a co-factor in disease progression (Kotler, 1987). There

are varied nutritional suggestions for symptom management of an HIV+positive patient. These may be followed on observing particular symptoms (For Fact Sheet on nutritional management, see Appendix IV)

Support to the HIV+ child

Ventilation: A positive result is accompanied by emotions that range from disbelief/shock, denial, guilt/self-blame; anger and fatalism; loss and isolation; and ideas of suicide. It is essential that the child be allowed to express her feelings about the test result. At this juncture, the caretaker needs to put her listening skills to the test and comfort the child. Once the child starts dealing with her feelings she will be able to take a realistic view to the situation and attempt to cope with it. One method is to get the child to take things "one day at a time". This technique often makes the problem appear less threatening and more manageable (Andrews, Novick et al. 1995).

Tackling the emotive aspect

Prior to and after the testing, the child goes through emotional trauma and anxiety. The caretaker needs to understand and empathise with her. Caretakers should be tactful and emotionally supportive. This may translate into spending more time than usual with the child. Convey updated information about HIV to the child so that she does not feel unaware about the changes in her body. The caretaker has to keep emphasizing that the disease is not a punishment for her past behaviour and that medicines can slow down the progress of the disease, and increase life expectancy. Positive ideas for coping with HIV and encouragement that the child can help other children to beware of the disease, should be communicated.

The counsellor could help the child to tackle the socio-cultural aspects of the illness, like the discrimination and social stigma that she is likely to face; and the cultural taboos and practices (particularly those concerning gender and sex). It is imperative that the counsellor/caretaker does not hold any of her prejudices against the child. The child needs to be gently made aware of all psychosocial and physical repercussions of being infected.

Engendering hope and empowerment in the child

Being an integral part of the support system, the social worker must be able to make the child realize that she and not the disease is in control of her life. To do this, the caretaker can emphasize small things like, eat the correct food for strength and nutrition, adequate sleep, and proper exercise. With the help of a doctor, the social worker and the child could together develop a health plan.

The child needs to understand that although she is infected with HIV, she owes it to herself to lead a productive life as long as she is alive. For this she needs to learn new things, exhibit creativity through vocational training and showcase her talents for her peers. This would encourage her to see life beyond her physical condition. The child must be prevented from getting depressive or self-destructive. Suicidal tendencies, aggressive, irritable, or moody behaviour is detrimental for her and also for others at the institution. Thus, it is important for the caretaker and the child to work together towards maintaining a positive approach to HIV.

Counselling should address concerns/issues that the child is likely to grapple with. The caretaker's moral support and mental strength would help her deal with her HIV status positively and with courage.

iii. Tuberculosis (TB)

Recognizing the occurrence of TB among the children in the rehabilitation home is a priority. Since the children hail from congested surroundings and are in close physical contact with others, the prospects of contracting TB are high (Willis & Levy, 2002).

- ***Nature of the disease***
- TB is a highly infectious disease and known as a chronic fever that is caused by the tubercle bacillus.
- It primarily affects the lungs and causes pulmonary tuberculosis.

• *Mode of transmission*

The tubercle bacilli are released into the air with the sputum when the patient either coughs or spits; healthy persons who breathe in these bacilli then get infected.

• *Signs and symptoms*

- Chronic loss of weight and increasing weakness.
- Chronic cough especially after waking up.
- Mild fever in the evenings and sweating at nights.
- Possible pain in the chest or upper back.
- Fatigue.
- In serious or advanced stages, coughing up of blood, hoarse voice, and pale and waxy skin.

Children infected with TB usually do not necessarily show signs of cough or fever. The most important sign is loss of weight even when they are eating well. They may also have difficulty breathing (Parke & Parke, 1997; Chalkley, 1980; Werner, 1980).

• *Treatment*

- TB can be cured only with a prescribed combination of various drugs or chemotherapy.
- Once the chemotherapy is started, within a couple of months the symptoms disappear. This does not mean that the patient is cured.
- Complete cure takes one or two years during which time the chemotherapy has to be continued without a break to prevent relapse and to minimize the risk of infecting others (Parke & Parke, 1997; Chalkley, 1980; Werner, 1980).

• *Additional care*

- Ample rest and sleep.
- Avoid heavy work that could cause exhaustion and fatigue. This will prevent breathing problems that get aggravated with exhaustion.

• *Nutrition*

- High calcium intake-at least one litre of milk a day.
- Protein intake to be 120 grams a day. Protein is available in peas, beans, soybean, groundnut, dark-green leafy vegetables, and eggs.
- Increase Vitamin A (for example, carrots), and Vitamin C (orange juice or supplements).
- The food consumed should be easily digestible, bland, and non-simulating.
- Avoid fatty and very spicy foods that are hard to digest.

• *Control and prevention in the rehabilitation facility*

Since TB is a highly infectious disease, people living in close proximity of a TB patient are at risk of contracting the disease. Hence, the caretaker must take the following precautions in the institution:

- Vaccinate all the children in the institution against TB.
- Ideally, the person suffering from TB should eat and sleep separately from the other children and her eating and drinking utensils should be kept exclusively for her use. Discourage sharing of utensils.
- The TB-infected child should be careful to cover her mouth when coughing, use a covered sputum cup, and never spit on the ground. She should burn the sputum or dispose it off in another safe way.
- It is essential that the TB treatment begin as soon as the disease is detected so that the condition doesn't get chronic.
- Special care should be taken during the infected girl's menstrual cycle. To avoid any risk of infections through cloth-use, the girl should be given sanitary pads.

The child suffering from TB feels uncomfortable and frustrated more with the isolation than with the disease itself. The caregiver needs to explain to her that the separation is not to deprive her from others' love and care, rather it is a special attempt to make sure she returns to good health soon and also to protect her friends in the rehabilitation facility. The seclusion can last from anywhere between a week to several weeks as advised by the doctor. In this period the child needs to be constructively occupied in vocational activities, along with ensuring maximum rest.

iv. Scabies

Apart from living in overcrowded surroundings, most child victims lack adequate information about maintaining personal hygiene. Scabies is a common infection among them.

• *Nature of the disease*

Scabies is caused by tiny parasites called itch mites that live and breed in the human skin. It is highly infectious and spreads in the following ways:

- Touching the affected skin.
- In unhygienic living conditions, when there is a shortage of water to wash clothes or bed linen regularly, where cleanliness of the environment is not maintained, when personal hygiene is neglected, and in overcrowded places.

• *Signs and symptoms*

- Scabies appears as a rash or tiny cracks, usually between the fingers and on the wrists, elbows, waistline, thighs, genitals, buttocks, and ankles.
- The rash looks like 'little bumps' (Chalkley, 1980) that itch a lot, especially at night. Scratching of the rash often results in sores with pus that causes infection that hastens the spread of the disease.
- Swollen lymph nodes and fever.

• *Treatment*

It is important that the child suffering from scabies is referred to a doctor for the required medical treatment. The usual medication to treat scabies is an ointment or a solution of Benzyl Benzoate that should be applied every day for three days after a bath.

• *Home remedies*

A home remedy for scabies is a paste that can be made and applied on the body. The paste is made in the following manner:

- Boil some neem leaves with a little water. Grind these boiled leaves with turmeric powder (haldi) to form a thick paste. Also, boil neem leaves and bathe with this water.

The above pastes should be used in the following manner:

First, wash the whole body thoroughly, scrubbing well with soap and water. Then smear the paste on the whole body, especially between the fingers, groin, and the toes. Allow the paste to dry before putting on clean clothes. Apply the paste for three days during which time the child should (ideally) not be bathed. Boil all the clothes and bed linen, and towels, used by the patient during the three days and dry the clothes in the sun. On the fourth day, the person should bathe well and wear fresh clothes (Chalkley, 1980).

For control and prevention of skin infections like scabies, advise the children to:

- Restrict physical contact, for example, curb touching and hugging.
- Use separate towels and clothes and not share them.
- Maintain the living quarters scrupulously clean.
- Wash and dry all clothes and linen in the sun.

The above preventive measures could help curtail the occurrence and spread of scabies among children in the institution and for anyone visiting them.

Besides scabies, a common problem in the skin problem category is itching in the genital areas. For this, one institution uses Cortimazola dusting powder.

v. Boils and Abscesses

The children may get boils and abscess because of low sanitation levels and lack of personal cleanliness and materials (bed sheets, towels, undergarments). These conditions get aggravated in hot weather leading to heavy perspiration.

• *Nature of disease*

- A boil or abscess is an infection that forms a sac of pus under the skin. A boil usually starts due to dirty skin in the areas of hair growth.
- A deeper abscess occurs due to a puncture wound or an injection with an un-sterile needle.

• *Signs and symptoms*

- A boil starts as a painful 'red' swelling deep in

the skin. The skin around it becomes red and hot.
- There may be swelling of the lymph glands and fever.
- An abscess is bigger than a boil with pus formation and pain.

• *Treatment*
- A boil or abscess must never be squeezed, as that causes the infection to spread.
- Apply hot compresses with magnesium sulphate solution on the boil several times a day, and cover with a dry dressing.
- After applying the compress, raise and rest the part of the body that is being treated. For example, this can be done by placing the arm in a sling, or raising it using a pillow.
- Let the boil break open by itself. After it breaks, continue with the hot compresses. Allow the pus to drain without squeezing it out.
- A doctor must be consulted before medicines such as painkillers are taken.
- Bathe with potassium permanganate crystals added to the bathing water.

• *Home remedies*
Prepare a paste of soap and turmeric (haldi) powder and apply it on the boil. Turmeric powder is an antiseptic that will cause the boil to burst fast and heal quickly (Chalkley, 1980; Werner, 1980).
A person who gets boils often should be referred to a doctor.

• *Prevention of boils and abscesses*
- Personal hygiene and cleanliness of self and the environment.
- Frequently change clothes, particularly in the hot season.
- Intake of nutritious foods with plenty of fresh vegetables.
- Early treatment of the infection.
- Children with boils should be kept away from other children.

vi. Influenza: A short-duration fever
Occurrence of common colds and flu is governed by, to a certain extent, the prevailing weather conditions and the body's immunity to it; however, the spread of the cold and flu is directly determined by the contact the affected person makes with others. Considering that the virus spreads fast, quick attention and action is helpful.

• *Nature of the disease*
Colds and the flu are common but acute viral infections that affect the upper respiratory tract system can be severe. Simply getting a cold or getting wet does not cause these sicknesses, but they make the illness worse. Colds and the flu spread through the air. When a patient sneezes or coughs the virus spreads into the air, which is breathed in by others.

• *Signs and symptoms*
- May start with a dry, sore throat, or with coughing and sneezing and a running/blocked nose.
- Sometimes, there may be a headache and fever.
- There could also be pain in the joints (especially in the case of flu).
- There may be mild diarrhoea, particularly in children.

• *Treatment*
Drugs: Aspirin or Paracetamol (Crocin) can be given to the child to lower the fever and to relieve body aches and headaches.

• *Home remedies*
The following home remedies can be used to treat colds and the flu:
- A small amount of the juice of crushed basil (tulsi) leaves three times a day.
- Heat two teaspoons of oil. Crush one tablespoon of camphor (kaphur or karpura). Dissolve the crushed camphor into the heated oil and store it in an airtight bottle. This can be rubbed on the chest and the throat to relieve congestion (Werner, 1980).

• *Other care*
- Drink plenty of water and get enough rest.
- Steam inhalation or sniffing salt water helps to clear a blocked nose.

• *Nutrition in Influenza*

- Glucose, high-protein diet, salty broth and soup, fruit juices like orange juice and lemonade, milk (for minerals).
- The patient should be fed small quantities of food every 2-3 hours.

• *Prevention*

Colds and the flu are highly contagious and so certain precautions to be taken are:

- Patient to sleep and eat separately from the others.
- She should cover her nose and her mouth while sneezing or coughing so as to prevent the virus from being released into the air.
- Building immunity by getting enough sleep and eating well also helps to prevent the illness. Eat tomatoes and foods rich in vitamin C.

A cold and the flu can develop into a more complicated condition of pneumonia, if not treated in time and properly. It is essential that if the symptoms last for more than a week or if the child displays the following symptoms, she be referred to a doctor immediately:

- A high fever that cannot be brought down and has not broken for some days.
- Coughing up a lot of phlegm (mucus with pus).
- Fast shallow breathing.
- Chest pain.

vii. Cough

As such, coughs are generally minor irritants. However, a medical examination for a prolonged cough will help to eliminate any serious illnesses like TB. Coughing is not a sickness in itself, but it can be a sign of different sicknesses that affect the throat, lungs, and the bronchi. According to Werner (1980), the treatment for cough can be as follows:

• *Drugs*

All types of cough can be relieved with a cough syrup that is prescribed by a doctor and is available at the local chemist.

• *Home remedies*

The following home remedies can be prepared and given to the child:

- A cough syrup can be made at home by mixing 1 part honey (1 tablespoon) with one part lemon juice (1 tablespoon), with one part gin/rum (1 tablespoon). This should be stored in an airtight bottle and a tablespoon every 2-3 hours should be given to the child.
- The other home remedies for a cough are the same as those for colds and the flu.

• *Other care*

Besides the above-mentioned medical intervention, the following would also help:

- Water intake should be increased to loosen mucus/phlegm.
- Steam inhalation for about 15 minutes several times a day. This can be done using hot water alone, or by adding Vaporub (Vicks), mint, or eucalyptus leaves in the hot water.

viii. Diarrhoea

• *Nature of Ailment*

Diarrhoea is a condition when the child has loose watery stools. Diarrhoea is common in children but it can be dangerous especially if the child is undernourished, as it could lead to severe dehydration. The main causes of diarrhoea are:

- Poor nutrition. This could be due to substandard foods consumed, or a lack of sufficient quantity. Also, eating poorly-cooked, rich or greasy food, raw or over-ripe fruits and vegetables can cause this illness.
- An infection of the gut caused by bacteria.
- Worm infections.
- Infections outside the gut such as ear infections, tonsillitis, and measles.
- Malaria.
- Allergies to certain foods, particularly sea foods.
- Side-effects of certain medicines.

According to Warner (1980), signs and symptoms of diarrhoea are:

- Sudden onset of diarrhoea occurs with stomach cramps.
- Frequent watery stools, along with vomiting and fever.
- Dehydration may occur.

• *Treatment*

Drugs: As far as possible diarrhoea shouldn't be treated with drugs. If drugs are to be used, then a doctor must prescribe them (Warner, 1980).

• *Home remedies*

- If diarrhoea is accompanied by dehydration, then a rehydration drink can be prepared at home:
  - Boil one litre of water. Add two level tablespoons of sugar/honey (honey is better), ½ teaspoon of salt, and ¼ teaspoon bicarbonate of soda. If the bicarbonate of soda is not available, then add (another) ¼ teaspoon of salt to the boiled water. If possible add ½ a cup of orange juice or a little lemon juice to the drink. OR
  - Take a four-finger scoop of sugar or jaggery, add a three-finger pinch of salt and add the mixture into 1 litre of boiled and cooled water (Werner, 1980).

The dehydrated child should sip this drink every five minutes, day and night, until she begins to urinate properly or the diarrhoea stops. A readymade rehydration drink is also available at the local chemist's and is popularly called Oral Rehydration Solution (ORS).

While in most cases, diarrhoea can be treated without the intervention of a doctor, it is imperative that in the following situations, a doctor is consulted without any delay:

- If the diarrhoea lasts for more than four days.
- When the re-hydration therapy fails to stop the dehydration.
- If the child vomits what she drinks/eats and is unable to eat/drink anything.
- If the child begins to have fits and if her feet or face swells.
- If a lot of blood is being passed with the stools.

• *Nutritional management*

The following could be given to ensure quick recovery of the child.

- The child has to be given a lot of fluids/liquids.
- Foods that are rich in energy, like ripe or cooked bananas and rice are recommended. Potatoes, papaya, well-cooked and mashed maize.
- Protein rich foods like dals (lightly-cooked lentils) and other pulses, beans and peas that are well cooked and mashed; boiled eggs; boiled or roasted chicken; and fish.
- Avoid foods that are fatty/greasy, raw fruits, and highly seasoned food (Werner, 1980).

• *Prevention*

Though diarrhoea has many causes, it can be prevented by several simple precautions like ensuring cleanliness of food, water, and milk; sanitary disposal of faeces, and waste, and fly control and protection of food.

ix. Head lice

Head lice are a common infestation among young children. This condition is troublesome to the one who is affected and leads to distraction and embarrassment in a group. A prolonged presence of head lice can be detrimental to the child's health and other aspects of life in general; for example: lack of concentration in studies and a possibility of being mocked at and excluded from peer-group activities.

• *Nature of the infection*

Head lice are small parasitic insects that infect the hair. This infection occurs when the hair of the child is not washed regularly and due to unhygienic or unclean living conditions. Lice spread easily from one person to another and so it is essential that head lice are immediately treated and certain precautions are taken.

• *Signs and symptoms*

- Severe itching of the head.
- Skin infection may also appear.
- Swollen lymph nodes may occur.

• *Treatment*

Treatment for head lice is relatively simple and can be tackled by the institution staff on a day-to-day basis. The sooner head lice are controlled the better it is for the overall hygiene of the residents.

A readymade treatment for head lice is the application of oils that kill the lice. One such is an oil

named Licel, as available at the local chemist used by one institution (Special Girl's Home, Mumbai).

• *Prevention*

To prevent lice in the rehabilitation facility, precautions have to be taken such as:

- Personal hygiene and cleanliness of self and the surroundings.
- Air the pillows and bed linen in the sun everyday or as often as possible.
- Bathe regularly and wash the hair often.
- Children with head lice should not be allowed to sleep in close proximity with others.

The ailments discussed till now are chiefly infectious ailments that may be prevalent among the residents of a rehabilitation home. Some non-infectious illnesses and other health concerns of the children are also discussed here. Illnesses such as anaemia, menstrual health and problems related to that, oral care, and substance abuse, are dealt with.

x. Intestinal worms

Worms are a very common childhood problem where large numbers of children mingle and interact with each other and cleanliness and personal hygiene is not given due importance.

• *Nature of the disease*

There are many types of worms that cause infection and disease. Sometimes these worms can be seen in the stools. Some of the causes for a worm infection are:

- Lack of safe drinking water and proper sanitary facilities.
- Worms exist in improperly-cooked meat.
- Poor hygiene when a child is not trained to wash her hands after she uses the toilet or scratches herself in the anal region.

• *Signs and symptoms*

The symptoms vary depending on the type of worm that the child is infected with. However, by and large worm infections are characterized by any of the following signs:

- Mild to severe stomach ache.
- A swollen belly.
- Diarrhoea.
- Patients scratching their noses and anal region.

• *Treatment*

A child suffering from worms needs to be referred to a doctor for the required de-worming medication. Though worm infections can be easily treated, there is also scope for such an infection to become serious and endanger the child.

• *Prevention*

Certain precautions have to be taken in the rehabilitation facility to prevent frequent occurrence of worms infections. These are:

- Maintain personal cleanliness and hygiene as well as a clean environment.
- Ensure safe and clean drinking water and sanitary facilities.
- Ensure that vegetables and meat are properly cleaned and cooked.
- Ensure good self-care habits such as washing hands after visiting the toilet and before and after every meal (Chalkley, 1980; Werner, 1980).

xi. Anaemia

• *Nature of the disease*

Anaemia is a common condition among a majority of women and girl children in India. This condition results in weakness and susceptibility to sickness. Many children who come into the institution are found to be anaemic, the main causes for which are:

- Deficiency of iron, folic acid, vitamin B12 in a diet lacking in meat, green leafy vegetables, and other iron-rich foods.
- Repeated abortions.
- Repeated pregnancies at short intervals or without proper spacing.
- Blood loss that takes place during menstruation

• *Signs and symptoms*

- The child looks pale (especially behind the eyelids and gums), gets tired easily and lacks energy for normal daily activity.
- Shiny smooth tongue.
- White fingernails.

- If the condition is severe, there is swelling of the face and feet, rapid heartbeat and shortness of breath, especially in children.

• *Treatment*

Drugs: The only medical treatment for anaemia is iron supplements. These, however, have to be prescribed by a doctor.

• *Nutritional management in Anaemia*

Dietary modifications, most often, are the best and easiest way of treating anaemia.

- Foods rich in iron like meat, chicken, fish, eggs, liver, cereals, green leafy vegetables especially spinach (palak), beans and peas, nuts, jaggery, and dried fruits should be consumed (Chalkley, 1980; Werner, 1980). These foods help to increase absorbable iron in the body.
- Decrease tea and coffee consumption.
- Include vitamin C-rich foods at every meal.

• *Prevention*

The only way to prevent anaemia is to have a balanced diet especially one rich in iron.

xii. Menstrual Problems

Girl children normally reach puberty between the ages of 11 and 16. The normal menstrual cycle is once every 28 days and lasts 3-6 days. There are however, variations in the menses of every woman/girl. There are also certain problems that occur during menstruation such as irregular, painful, or unusually heavy flow of blood.

• *Symptoms*

The symptoms range from stomach cramps and body aches to mood swings and depressive modes and these differ from girl to girl.

• *Causes of menstrual discomfort*

- Certain medical conditions like anaemia, malnutrition, tumour in the womb, damage to the reproductive organs, infection of the womb/uterus
- Sexual abuse and sexual exploitation. In children, the reproductive organs are not fully developed and the sexual abuse damages their 'normal' development leading to complications (like menstrual problems) in later life.
- Abuse of contraceptive methods like birth-control pills can also damage the reproductive organs causing menstrual problems.
- Repeated abortions can damage the reproductive tract or cause infection in the same, thus affecting menstruation.

• *Treatment*

Drugs: In the case of irregular periods or unusually heavy menstruation that lasts more than six days, a doctor must be consulted so that treatment can be started. In most cases hormone therapy is used, but a doctor can only prescribe this after examining the patient. A painkiller may be used to relieve pain during menstruation, but a doctor should prescribe one that is most suited to the girl. Indiscriminate/unsupervised use of painkillers could lead to complications and further menstrual problems.

Home remedies

According to Werner (1980), home remedies that can be used in the case of painful menstruation is :

- Use hot-water bottle/compresses on the belly, drink hot or warm drinks and soak the feet in hot water. All these solutions may help to relieve pain.

Other care

- Ensure that the girl eats well-balanced meals and gets enough rest and sleep.
- The girl should continue with her routine work as far as possible.
- It is important that the girl maintains personal hygiene, bathes daily and changes her sanitary napkins as many times as required in a day. If she uses cloth, then she must ensure that the cloth is washed daily and that she changes it at least 2-3 times a day (Werner, 1980).

It is found that keeping a record of menstrual cycles of each girl helps monitor her health and hygiene better. When a girl enters the institution, her menstrual cycle for the following month should be noted so that if she misses her period, a pregnancy test can be conducted. In case of any irregularities

reported by the girl, a medical analysis of the problem can be made more easily if menstrual history is available (Karunankur).

Nutritional management

Girls lose 0.5 mg of iron per day by way of menstruation. There is a need to compensate for this loss by giving her iron-rich foods or supplements (Srilakshmi, 2000).

xiii. Oral care

Oral hygiene is a common concern, especially those who suffer from cavities, gum ailments like plaque, tartar, and other tooth and mouth problems. If neglected not only the sufferer but also her close associates are affected by related problems such as bad breath. This part of hygiene has been accorded due importance in some places and it should be followed in all institutions. Not only does maintaining good oral hygiene translate into better overall health, it also lends the children a pleasing personality. Also, healthy teeth and gums are important for good digestion (Thomas, 1994).

• *Causes*

- Consumption of tobacco and its various forms like mawa.
- Not brushing teeth and gums regularly and properly.
- Poor bowel movements or indigestion.
- Low water consumption.
- Onions, garlic, and spices, leave a lingering effect leading to bad breath.
- Leftover food particles in the teeth, especially soft, sticky, or sweet food.
- Not rinsing the mouth after eating.

• *Treatment*

Dentists need to be consulted for appropriate treatment. However, treatment also entails a prevention as follows:

• *Prevention of oral diseases*

- Regular dental check-ups can help detect diseases, if any.
- Proper cleansing/brushing of the teeth and gums at least twice a day to remove plaque and accumulation of food particles (Thomas, 1994).
- Salt-water gargles/rinsing to prevent swelling of gums and/or bad breath.
- Avoid chewing tobacco and mawa.
- Avoid too much consumption of caffeine products like tea and coffee.
- Drinking water as it provides fluoride, which increases enamel resistance, which in turn reduces dental caries (Thomas, 1994).

• *Nutrition management*

- Diet must be include adequate Vitamin C (orange and other citrus fruits) to avoid scurvy, in which gums become tender and bleed easily.
- Iron deficiency (anaemia) also results in changes in the tongue causing it to become very red, sore, for which Vitamins A and B12 are appropriate, along with a soft diet.
- Finishing a meal with an alkaline food such as cheese, milk, or peanuts helps raise the pH of the mouth. Restored pH prevents bacterial growth in teeth (Thomas, 1994).

xiv. Substance abuse

Many children, who come to the institution, have had a history of substance abuse. It is unrealistic to expect them to drop these habits overnight. While no harshness works on the children, in these issues they must be alerted to the ill-effects of alcohol and drug abuse. This should be part of their initiation into the institution. (See module 14 on substance abuse in Part III C).

4. Pregnancy and Related Information

Child victims of sexual exploitation are vulnerable to grave health problems in the form of repeated pregnancies. In fact, these girls are at a high risk of pregnancy-related complications (Willis & Levy, 2002). When the girl enters the institution she may be pregnant, without any awareness of her pregnancy, or with no knowledge on how to care for herself and the child. It is thus imperative that the institution personnel be aware of the care that she requires and be able to give it to her.

i. Pregnancy, Childbirth, and Related Issues

The girl needs special care and support when she is pregnant because:

- Constant sexual abuse in the brothel may have resulted in reproductive health problems in the child victim that could lead to complications in her pregnancy.
- There is a lot of emotional and psychological trauma involved in prostitution and rescue that may be affecting her even after entering the rehabilitation facility/institution.
- The girl child is most likely to have feelings of guilt and shame both about her past activities and the pregnancy per se.
- Being a child herself, she is often unaware of the mechanics of pregnancy as well as about the care she has to take for herself and the child. She is neither physically nor mentally prepared to bear a child at a young age.

It is important that the caregivers not impose their ideas on the girl child; instead, they should help her to review her options and then allow her to choose what is right for her.

If the girl child decides to continue with the pregnancy, then it is important that care be given to her in terms of diet, medical check-ups as well as a feeling of empowerment - a feeling that she is in charge of her pregnancy and is doing all she can to ensure that it is a safe one. Bearing in mind the above, this section on pregnancy-related information for the caregiver has been designed.

The signs and symptoms of pregnancy

As the pregnancy continues there are signs and symptoms that emerge and are tabulated below:

The caretakers should be able to recognize the first symptoms of pregnancy so as to make referrals in time. Pregnancy detected at the right time helps the girl child to decide on the options of abortion or carrying on with the pregnancy.

- ***Referral***

If the girl is displaying any of the early signs of pregnancy, she should be referred to a doctor

Table 1: Signs and Symptoms of Pregnancy

Time period	Signs and symptoms
1-4 weeks	Menstruation stops.
	Pricking in the breasts.
	Whitish vaginal discharge.
5-8 weeks	Frequent urination.
	Breasts grow larger.
	Nipple become larger, and surface vein is visible.
	Nausea and vomiting especially in the morning.
	Cervix is soft.
9-12 weeks	Breast becomes darker around the nipple.
	Vagina becomes bluish in colour.
	The girl gains about 1-2 kg by the 12th week.
13-16 weeks	Tiny lumps appear on the areola of the breasts.
	The uterus rises out of the pelvis.
	The mother feels the foetus moving.
17-20 weeks	
21-24 weeks	A dark ring appears around the breasts.
	A little fluid comes from the nipples (colostrum).
	Foetal movement can be felt and foetal heart-sound heard.
	The girl gains about 250 gm per week.
	Dark patches may appear on the face (cholasma).
25-28 weeks	The blood pressure of the mother is slightly below normal.
	There may be shortness of breath, and quicker respirations.
	The woman gains about 450 gm per week.
29-32 weeks	There may be a slight swelling of the ankles.
33-36 weeks	Frequent urination.
37-40 weeks	The uterus drops into the pelvis at about 38 weeks.
	Breathing becomes easier.
	Sitting and walking become more difficult.
	Vaginal discharge increases.
	The total weight gain by the 40th week is about 9-11 kg.

(Source: A textbook for the Health Worker: Chalkley, 1980.)

(gynaecologist) or to a hospital for a pregnancy test.

A pregnant girl requires special care both during the pregnancy and after the delivery. This is called Ante-natal and Post-natal care respectively.

Ante-natal care

It is recommended that the pregnant girl visit a doctor for regular check-ups to ensure that the pregnancy proceeds well and that both she and the foetus are in good health. These examinations should be conducted at regular intervals, i.e., at about the 20th, 28th, 32nd, and 36th weeks (Parke, 1997). These check-ups must be scheduled more often than the above schedule if there are any abnormalities or if the pregnancy is a high-risk one.

• ***Minor ailments during pregnancy***

There are minor ailments that girls could suffer from during pregnancy and of which agency personnel should be aware. The ailments and their possible treatments/cures are given below:

Table 2: The Ailments During Pregnancy and their Possible Treatments/Cures

Ailment	Cure/Treatment
Morning Sickness/Nausea: Often occurs in the first three months of pregnancy particularly in the mornings, when the mother feels like vomiting.	Eat something dry, like dry bread on waking up in the morning. Have small meals several times a day, instead of a few large ones. Avoid fried or greasy foods. Eat a snack at bedtime.
Heartburn: This is common in the last three months of pregnancy. It is caused due to gastric juices coming up to the throat.	Avoid fatty foods. Avoid heavy meals. Sip milk or water. Sleeping with the head and chest raised a little will help.
Constipation: Constipation also occurs with great frequency during pregnancy.	It is advisable that the expectant girl does not take strong laxatives (unless prescribed by a doctor).
Varicose veins: This is a condition when the veins get swollen and twisted and so are very painful. The veins of the legs and vulva swell and ache.	Drink plenty of water. Eat foods that are rich in fibre like raw fruits and vegetables. Exercise regularly. Avoid standing for long. Rest with the legs and buttocks raised. Use elastic stockings, or bandages or a perineal pad to help hold in the veins. (It is very important that these bandages be removed at night). If pain is severe, she should consult a doctor.
Lower back pain: This may occur due to poor posture as well as due to the extra weight of the baby.	The mother should rest on a flat bed, increase her milk intake.
Swollen feet: This often occurs in the last three months of pregnancy. The swelling occurs due to the pressure exerted by the child in the womb on the veins in the legs in a way that inhibits the flow of blood.	Rest at different times during the day with her feet raised, avoid salty foods as far as possible.

• *Exercise*

It is very important that the pregnant mother exercise gently and daily. It is important for her to do simple exercises for her back, ankles, and feet. She can also go for daily walks, do gardening or simple yoga.

• *Nutrition*

The pregnant girl's diet should provide for the needs of the growing foetus, the mother's health, building the physical strength of the mother that is required for labour and delivery, and to ensure successful lactation. The diet should ideally be spread across five to six meals, rather than the usual three or four so as to avoid fullness of stomach.

Table 3: Diet during Pregnancy

Food group	Required for/to	Foods
Protein	• Development of the foetus. • Development of additional maternal tissue.	Milk, eggs, fish, poultry and meat, variety of cereals, pulses, nuts.
Carbohydrates	• Increased energy needed for the growth of the foetus, placenta, and maternal tissues. • To support increase in mother's Basal Metabolic Rate (BMR).	Cereals (wheat, made into bread/ chappatis; rice, maize),potatoes, fruits (banana), honey, jaggery.
Minerals		
Iron	• Additional haemoglobin formation. in the mother. • Building iron deposits/stores in the foetus. • Compensate for the loss of iron through. the placenta and blood during delivery • Prevent anaemia in mothers.	Jaggery (rather than sugar), cereals (ragi, bajra), sesame seeds, dark-green leafy vegetables, liver, kidney, eggs, meat.
Calcium	• Formation of the foetus's bones and teeth particularly in the second half of the pregnancy.	Milk, cereals (ragi, bajra), small dried fish.
Phosphorus	• Formation of the foetus's bones and teeth (works with calcium) • Formation of brain and nerves.	Milk, meat, fish, eggs, nuts, grains, green leafy vegetables.
Vitamins	• Proper body functioning of the mother. • Protect the mother and the foetus from disease.	Green leafy vegetables, fruits (oranges, sweet lemons, etc.).

Foods to be avoided for pregnant women:

- Rich foods like heavy desserts, rich gravies.
- Spicy foods.
- Excessively salty food.
- Drugs and alcohol (Begum, 1989, Chalkley, 1980).

• *Referral*

Soon after delivery the health check-ups of the mother and the newborn must be frequent, that is, twice a day during the first three days and subsequently once a day till the umbilical cord drops off. At the end of six weeks, a postnatal check-up is necessary to check that the uterus has returned to its original position. Further check-ups should be

done once a month during the first six months; and thereafter once in two or three months till the end of one year. There should be, at a minimum, six postnatal check-ups.

• *Care of the mother*

Cleanliness

Hygiene and cleanliness are essential for a new mother and her infant. This is required to avoid infections and diseases from harming both.

The mother can bathe in the first few days after giving birth. However, it is preferable, in the first week for her to wash herself with a wet towel, rather than to step entirely into the water (Werner, 1980). It is important for her to bathe with water and soap. She should carefully wash her breasts and vulva. She should always wash her hands with soap and water each time after passing urine or stools as well as before feeding her baby. The caretaker must ensure that physical help is available to the pregnant girl - so as to prevent simple accidents like slipping on the wet floor of the bathroom, which can cause complications.

It is also important for the mother to care for her breasts so that she can successfully nurse her baby. It is important for the mother to keep her breasts clean. Before breastfeeding, the mother should wipe her nipples with a clean moist cloth (no soap required). It is also important that the living surroundings are washed regularly and kept clean.

Nutrition

For the first few months, the newborn baby depends solely on breast milk. Thus it is very important that a lactating mother has a balanced diet that should contain the food groups specified in pregnancy. However, the intake of the above food groups has to be increased so as to meet the needs of the mother and to ensure that the milk contains the necessary nutrients for the infant. In order to produce more milk, the mother must:

- Drink plenty of fluids.
- Eat as well as possible especially milk and milk products, beans, pulses, green leafy vegetables, fruits, dry fish, and garlic.
- Get plenty of sleep and rest.
- Nurse her baby often.

Exercise

Moderate exercises such as walking are good for the postnatal mother. However, she should refrain from lifting heavy loads during this period. Simple postnatal exercises may be taught to the mother. Good posture should also be encouraged.

Post-delivery ailments

There are some ailments that a new mother suffers after delivery. These are:

Afterpains: After the delivery of the baby and the discharge of the placenta, involution begins. This is the slow return of the uterus to its normal non-pregnant state. This takes place by way of contractions that are called “afterpains” and can be quite painful, particularly while nursing the child. These pains usually last for four or five days and then subside. It takes about two weeks for the uterus to return to its original form, but even then it remains about three times the size it was originally.

Lochia: This is the bleeding that takes place after the delivery as the lining of the uterus is being shed. For the first three or four days the blood discharged is bright red and heavy and may be a bit more than the normal monthly period. On the fourth day, the discharge decreases and becomes reddish-brown in colour. In most girls, the discharge may cease altogether after two weeks, while in some it may go on for 5-6 weeks.

Pregnant girls should be made aware of the above so that if at all any of these occur they do not become anxious or stressed out; instead they should be able to tackle them when they occur.

Post-partum depression: This is commonly called “puerperal blues”. A new mother often has profound mood/emotional upheavals. Her emotions swing from relief that the labour is over and joy that the baby has been born healthy, to anxiety over perceived or imagined problems with the baby and fear or inadequacy over her ability to care for and look after the baby. The blues peak for about 12-

24 hours between the third and sixth day after the delivery. At these times, the girl may feel miserable and burst into tears at the slightest provocation or with no provocation. It is important for the caretakers to be patient, to recognize the "blues" as a normal release from the tension of the birth and so to give the mother the time and comfort she requires. However, if the post-partum depression persists for a long time, she should be referred to a doctor (Anand, 1975; Bourne, 1984).

Care to the infant

• *General care practices for the newborn.*

Umbilical Cord: To prevent the freshly-cut cord from becoming infected, it should be kept clean and dry. The drier it is the sooner it will fall off and the navel will heal. For this the mother should dab the area with spirit and a sterile powder in consultation with the doctor.

Cleanliness and clothing: The mother has to take special care with the infant's cleanliness. For this, the mother will have to:

- Change the infant's nappies (diapers) or the bedding every time it wets or dirties them. It is also important for the mother to change the nappies as often as possible to prevent a rash from developing. Wet nappies should be rinsed in cold water and washed separately from other clothes. A stock of clean nappies should be provided by the caretakers who should also ensure replacing the stock when it is necessary to do so.
- Bathe the baby daily with mild soap and warm water.
- Cover the infant's crib with a mosquito netting/ thin cloth if there are mosquitoes and flies.
- Keep the infant in a clean place away from smoke and dust.
- Make the infant's clothes from any soft material that can be easily washed. The clothes should be tied with tapes and not buttons.

Warmth: The infant must be kept warm but not too warm. The infant should be kept as warm as an adult would like to be without breaking into a sweat. It is important not to wrap the infant up so tightly that it is unable to move its limbs easily. Often, lying close to his mother's body will keep the infant warm enough.

• *Feeding the infant*

There are two main ways of feeding a newborn: breast-feeding or artificial feeding.

• *Breast-feeding*

Breast milk is by far the best source of nourishment for an infant. Babies who nurse on breast milk tend to grow healthy as compared to those who have been nursed on artificial milk. This is because:

- Breast milk has a better balance of what the baby needs than any other artificial source of milk.
- Breast milk is clean and thus the infant is less likely to suffer from diarrhoea and other sicknesses.
- The temperature of breast milk is always right
- Breast milk contains antibodies (for immunity) and other substances that protect the infant from a variety of illnesses.
- Breast milk is suited to the infant's digestion
- Breast-feeding facilitates a bonding between the mother and the child that is often crucial to the infant's development (Chalkley, 1980).
- Sucking is good for the baby, it helps in the development of jaws and teeth.
- Breast feeding protects the infant from the tendency to obesity.

For the first two to three days after delivery, the mother's breasts secrete only a small quantity of thick yellow fluid called colostrum. This is very good for the baby as it supplies fluid and nutrients to the infant and plays a major role in the development of his immune system. It is absolutely essential for the mother to feed the baby on colostrums, though it is customary in many communities to discard it.

A very important consideration for breast-feeding is that if the mother is found to be HIV positive then there are chances of transmitting the virus to the child. Counselling on this issue from a professional is essential.

It is important for the mother to be taught how to breast-feed her child. She has to be taught to:

- Keep her breasts clean, especially her nipples.
- Feed her baby frequently whenever it cries with hunger. Ideally the new mother should try to keep a two-hour interval between feeds, but she should never deny milk to the baby if it is hungry.
- Hold the baby correctly when feeding, such that the nipple and the areola behind it, is well inside the baby's mouth (explained below).
- It is important that the mother "burp" the infant after it finishes feeding. As a baby drinks, bubbles form in his stomach that make it uncomfortable. It is to relieve this discomfort and consequently to aid his digestion that it is important that the baby be "burped". There are two ways of doing this:
- The mother should hold the baby up against her shoulder, and then pat his back gently, so that it can bring the bubbles up.
- The mother should sit the baby in her lap, its stomach resting against her forearm. With the other hand, she should stroke upward on its back to help it push the air out of its stomach.

• ***Breast-feeding positions***

It is important that the mother should position herself correctly and in a comfortable relaxed position during breast-feeding.

- The mother should either sit up in a chair with arms and a back support or sit up/cross-legged in bed, supporting the back against a wall or a backrest.
- She should then cradle the baby in her arms, supporting it across the shoulder and the bottom part of its head. She should raise the baby to her breast and not stoop down to the baby (Suneja, 1998; Yogendra, 1981).
- Help the baby find the nipple, by letting the baby's cheek touch the mother's breast. Once the baby finds the breast, ensure that the nipple and the areola behind it are inside the baby's mouth (Kher, 1962).
- Then hold the top of the breast away from the baby's nose with the tip of one finger, so that the baby can breathe easily (Kher, 1962).
- It is important that the baby empties the breasts of their milk. If this does not happen, the breasts become engorged (hard and sore). To do this, let the baby feed at one breast for about 10 minutes and empty it, then switch it to the second breast to nurse on till it is full/ satiated. At the next feed, the baby should be put to the second breast at the start, so that it is emptied completely (Chalkley, 1980). This will ensure that each breast is emptied regularly every eight hours or so and is stimulated at each feeding. It is this stimulation that increases the supply of milk for the baby as it grows older and the appetite increases (Kher, 1962).

• ***Artificial feeding***

If for any reason the baby cannot have breast milk (mother's breast not producing enough milk), then some kind of artificial milk will have to be provided by way of milk-powder or formula. In this kind of feeding, the infant will have to be fed with milk bottles, nipples, or a cup and spoon. There are certain things that have to be kept in mind if the mother is feeding the baby artificially:

Sterilizing the feeding equipment: Everything that is used for preparing and feeding the baby must be boiled before and after every feed. The equipment must be washed well with soapy water and a bottlebrush turning the nipple inside out. The equipment should be placed in a covered pan and boiled (for at least 20 minutes) (Suneja, 1998). This boiling of the equipment is called sterilization. After the equipment is sterilized it should be placed in the same pan to cool. Only after it is cooled can it be used to feed the baby.

Formulae: A formula is the preparation of animal milk so that it is suitable for feeding a baby. This formula can be prepared from various types of milk:
Milk powder: This is available in packed tins at the local chemist. The instructions on the tin should be followed when preparing the milk.
Buffalo milk: A formula can be prepared by mixing two parts milk with one part (1/2 cup) water and one heaped teaspoon of sugar per cup and boiled well for ten minutes. It can be cooled and then be

fed to the infant. Prior to preparing the formula, the cream that forms on the surface of the milk should be taken off (Chalkley, 1980).
Cow milk: a formula can be prepared by mixing two parts milk with one part water and one heaped teaspoon of sugar per cup and boiled well for ten minutes. It can be cooled and then fed to the infant (Werner, 1980).

• ***For artificial feeding***

- The baby should be held up so that closeness is communicated. The head of the child should always be held up, raised above his stomach, and the bottle tilted, so that the nipple (teat) is full in the mouth and the teat is always full of milk. This will ensure that there are less chances of air being swallowed
- The milk should be tested for temperature on the back of the hand, before the baby is fed. The baby should not be fed milk that is too hot. It should be lukewarm (Suneja, 1998).
- The bottle should be so positioned for the baby that the milk falls steadily drop-by-drop. A continuous rapid flow of milk indicates that the nipple (teat) hole is too big and this will result in the baby choking as he feeds.
- The baby should be burped during the feed: after every 1-2 ounces. This is to prevent the baby bringing up everything at the end of the meal (Yogendra, 1991).
- Another technique for artificial feeding is the spoon and cup method. This method requires much less maintenance than the bottle method and so is safer. Rather than a bottle, a clean, sterilised spoon and cup are used to feed the baby (Suneja, 1998).

• ***Dangers in artificial feeding***

- While artificial feeding can be used for the infant, it is recommended that it only be used in those situations when the mother does not produce sufficient milk for the child. There are certain dangers in artificial feeding which can cause the infant to fall ill and in extreme cases even cause death.
- Feeding bottles and nipples have to be sterilized carefully both before and after feeding the infant. If the equipment is not sterilized properly, it can cause infections like diarrhoea, which can have serious consequences for the infant.
- Artificial feeding deprives the infant of the antibodies that are found naturally in mother's milk and as a result, the infant may be weak and prone to illnesses.

• ***Weaning***

Weaning is the method by which an infant is accustomed to food other than its mother's milk. While there is no hard and fast rule, usually the child is gradually weaned between 9 and15 months. Usually, between this time, babies show a decreased need for the breast and so the time is ideal to begin weaning. There are two main methods of weaning from the breast:

- Weaning from the breast to the cup - the preferred method.
- Weaning from the breast to the bottle.

Weaning can be done in stages

- Offering the baby a sip of milk or a liquid from a cup from the age of six months.
- By nine months encourage the baby to hold the cup himself.
- At this time, offer the cup to the baby at all meals and increase the amount of liquid in the cup as the willingness to take more increases. However, the mother should still nurse the child at the end of the meal.
- Leave out one of her daily breast-feeding sessions, preferably the one the baby is least interested in. This is usually breakfast or lunch.
- In a week, omit another breast-feeding session and within another week, the last session.

While this schedule works on paper, the progress of the child through the steps may not be steady. At times, the baby may want to regress a little, and breast-feed again. This is natural and there is no danger in accommodating the baby.

Semi-solids or supplemental foods should be introduced to the baby when he is between four and six months of age. Prior to this, there is no advantage to giving these foods. However,

it is important that the administering of these supplemental foods not be delayed beyond the time mentioned as:

- The baby will require these foods to fulfil the increasing nutritional needs, as he grows older.
- By the age of four to six months, milk alone will not be able to meet these needs.
- The baby requires, by the age of four to six months, nutrition that is energy rich so as to prevent growth retardation and malnutrition (Suneja, 1998).

Table 4: The Supplemental Diet Chart for Infants till One Year of Age

Age	Diet
4-6 months	• Mashed bananas, papaya, or other ripe fruits. • Half-boiled egg yolk mixed with a little milk, or mashed chapatti. • Porridge made of cereals such as wheat, ragi, jowar, suji, and some milk. • Commercial precooked cereal preparations such as Cerelac and Farex.
6-9 months	• Mashed dal like moong, masur and arhar/tuar. These have to be de-husked, soft-cooked, and mashed. • Mashed vegetables like peas, carrots, cauliflowers, potatoes, beetroot, and spinach. These have to be boiled/steamed and then mashed in the water in which they have been cooked. Then a sieve can be used to strain the water and form a puree. • Yolk of a soft-boiled or a half-boiled egg. • Khichri (rice with dal) - as the child grows a little older. • Chapatti soaked and softened with dal or gravy or dahi (yogurt) as the child grows a little older. • Biscuit, rusk, small piece of toast, a soft carrot can be given to the baby to bite and eat when he begins to teethe.
9-12 months	• Idli, dosa and pongal. • Minced, cooked meat, fish, and chicken. • By 12 months, the baby can share all family food cooked without much spices or excess fat. This food needs to be chopped and mashed so the baby can eat it.

- ***General Guidelines for Supplemental Feeding***

- The baby should be introduced to supplemental/ semi-solid foods at those times when he is quite hungry but not restlessly so. The baby should be given semi-solid food first and then the feed can be completed with breast/other milk.
- It is essential to follow the baby's pace and not to force-feed him so as to stay with the weaning schedule.
- Start with one new food at a time. Give it for two to three days to make sure that the baby has accepted it. If he does not like it, withdraw it. Try the same food again after several days. If it still upsets him, avoid it for some time.
- To begin, each new food should be given in small quantities. Gradually over an increased period of several days, the quantity of the food and the frequency (number of times) can be increased.
- The food prepared for the child should not be hot, but lukewarm and smooth.
- On the first day of introducing supplemental foods, place about ¼ th of a teaspoon of the food on the middle of his tongue and let him swallow it. Do not be discouraged if he spits it out. Starting with one or two teaspoonfuls, increase the quantity and the frequency till the baby consumes about ½ a cup of food in a day.

By the time the baby is about seven to nine months, give the baby a spoon and encourage him to feed himself. He can also be encouraged to use his fingers. This process is very satisfying for the child (Suneja, 1998).

• *Immunization of the infant*

It is essential that the infant be immunized at the right time so that it is protected from a number of life-threatening diseases. India has a National Immunization Schedule that is applied to children. The first visit for immunization is when the infant is six weeks old, the second and third visits at an interval of one to two months.

The new mother should be told of the necessity of immunization and be made aware of the time schedules of when the child's immunization is due as it is growing up.

Table 5: The Immunization Schedule for Infants and Children

Age	Vaccines
At birth	BCG and OPV - O dose. (for institutional deliveries)
At 6 weeks	BCG (if not given at birth). DPT-1 and OPV-1.
At 10 weeks At 14 weeks	DPT-2 and OPV-2. DPT-3 and OPV-3.
At 9 months	Measles.
At 16-24 months	DPT and OPV.
At 5-6 years	DT- The second dose of DT should be given at an interval of one month if there is no clear history or documented evidence of previous immunization with DPT.
At 10 and 16 years	Tetanus Toxoid (TT) - The second dose of TT should be given at an interval of one month if there is no clear history or documented evidence of previous immunization with DPT, DT or TT vaccines.
(Source: Parke, 1997.)	

NOTE:

- BCG vaccine - Bacille Calmete Guerin - immunization against tuberculosis.
- DPT vaccine - Immunization against diphtheria, pertussis, tetanus.
- DT vaccine - Immunization against diphtheria, tetanus toxoid.
- OPV vaccine - Immunization against polio

• *Minor ailments during infancy*

Diarrhoea is often accompanied by vomiting and stomach cramps. It can be treated by:

- Continuous breast-feeding.
- Preventing and controlling dehydration by giving the infant an oral re-hydration solution (ORS) every few minutes.
- Thin and weak children should be given plenty of protein and carbohydrates, even while they have diarrhoea.

• *Diarrhoea in infants can be prevented by:*

- Ensuring cleanliness of surroundings, i.e., protecting food and milk from flies and dirt, using boiled and safe water.
- Breast-feeding infants as far as possible.
- Sterilizing bottles and nipples if the infant is not being breast-fed.
- Preventing babies from putting dirty things into the mouth.
- When giving new foods to the baby, start with just a little and mash well.

Vomiting: Is common in babies. There is cause for concern if the vomiting goes on for more than 24 hours, or if the baby gets dehydrated. The main causes of vomiting in infancy are:

- The stomach rejecting some new food or milk.
- The milk contains too much fat that is difficult for the infant to digest.
- Food may be too acidic.
- The feeding is too rapid, or the child is swallowing a lot of air along with milk.

It can be treated by:

- Giving the baby small quantities of fluids often such as boiled water with a little salt and sugar or glucose.

- "Burping" the baby gently.

In more serious cases, the infant should be referred to a doctor. This is identifiable when:

- The baby vomits violently, or so much and so often that he begins to lose weight or becomes dehydrated.
- If the vomit is yellow or green in colour.
- If the belly is swollen and the baby does not have bowel movements.

Colic: Is common in infants. This is abdominal pain where the baby will cry and pull up his legs. Burping' brings relief (Chalkley, 1980; Werner, 1980).

Common Cold: Is common in infancy and is caused by a virus. A child with a cold:

- Coughs and sneezes, has a running nose (that by the third day leaks a thick yellow discharge).
- A blocked nose so he has to breathe through the mouth. As a result, the baby may have a problem breast-feeding and so may not get enough milk.
- May also have fever and diarrhoea with a cold.

It can be treated by:

- Keeping the baby warm and rested.
- Giving the baby plenty of fluids to drink.
- Nose should be frequently wiped clean.
- Sitting position may help the baby to breathe easier.
- Breast-feeding should continue.
- For a blocked nose, the mother may put 1-2 drops of saline water in the baby's nose.

Common colds in infants can be prevented by:

- Ensuring that the baby has a healthy diet so he can build immunity.
- The cold should be treated promptly to prevent it from resulting in complications.
- Isolating the infant from others who have colds (Chalkley, 1980).

In all the above-mentioned illnesses, it is advisable that a doctor be contacted at the earliest for medical treatment of the infant and for monitoring its condition.

- ***The supportive role that the caregivers can play***

- The caregiver has to ensure that the mother is going for regular antenatal check-ups and accompany her as far as possible. The caregiver has also to keep a check on the diet, exercise, and daily routine of the mother.
- The caregiver can help the mother to prepare for the birth of her child, by discussing with her some of the areas covered in post-natal care.
- The caregiver must guide the mother in caring for herself and the infant after delivery so as to ensure that both are healthy.

ii. Abortion

Abortion of a foetus from the pregnant girl's womb is a means by which a pregnancy can be terminated. The decision to abort is a choice made by the pregnant girl after having considered several issues related to abortion. Focusing our attention on girl victims of sexual exploitation here we are able to say that minor girls are neither physically nor mentally prepared to bear children. For instance, a minor girl's pelvis is not fully matured to bear a child as comfortably as an adult body would. Hence the likeliness of a perineal tear (sometimes up to the rectum) is stronger. This leads to severe bleeding which eventually is, however, controllable.

Child victims themselves are of a very young age and considering that they have been subjected to repeated sexual contacts for the sole purpose of trade, one would assume that all pregnancies as a result of the sexual contacts are unplanned and, generally, even unwanted. If the girl wants to keep the child it may be supported by her rationale of emotional and economic security in later life or an obvious attachment if the baby is of a paramour. Either way, the focus should be on whether the girl is physically, emotionally, and socially capable of bearing and raising the child.

Such girls thus face a double jeopardy, that of being helpless minors who are not only coerced into sexual contacts but also bear the repercussions of the act. Having to decide on how to deal with the

pregnancy is an issue for which they need immense support and guidance.

The caregiver has the responsibility of making the girl aware of her future with or without the baby. The caregiver's role should be suited to particular cases that are under her wing. This implies that the caregiver could learn of a girl's pregnancy at any particular stage of it and deal with it accordingly. The main aspect to bear in mind is that the caregiver should adopt a non-judgemental approach to the girl's condition.

If the pregnancy is made known to the caregiver within three months of conceiving, the possibility of abortion exists. Later it is considered threatening to the life of the mother and/or child. The girl has to be made to understand that she has to think about how she would fend for her child and herself, what economic support can she think of for the entire life ahead of her, what social barriers she could encounter if and when she decides to return to her family. Although the girl might feel responsible for another human being (by way of caring for and loving it) after the birth of her child and fulfil her maternal instincts, she has to be made aware that her reproductive organs may not be fully ready for the same. Providing maximum information to the girl is important to enable her to make an informed and knowledgeable choice. It is very important that the caregiver should neither impose any personal morals and values (for example: "being an unwed mother is a sin" or "Aborting is a sin") on the girl, nor set the direction of the girl's thinking. The choice to abort or otherwise should finally be the girl's decision.

If the girl is at that stage of pregnancy when abortion is impossible, she has to be counselled that since she would have to carry on with the pregnancy, she, with the help of the caretaker, should take utmost care in the ensuing months.

Abortion is a necessary option that should be made available to the girl for assisting her in taking the present and future into consideration while making a decision. In no way should the girl be coerced into abortion.

MTP - Medical Termination of Pregnancy Act 1971 - Aim

MTP is sought to provide women easier access to safe abortions at public hospitals, free of cost.

Grounds for Abortion under the MTP:

Under the Act, an abortion can be sought:

- To save the life of a pregnant woman.
- To prevent grave physical or mental injury to the mother.
- On humanitarian grounds - such as when pregnancy arises from a sex crime like rape or intercourse with a lunatic woman.
- Eugenic grounds where there is substantial risk that the child, if born, would suffer from deformities and diseases.
- If the pregnancy occurs as a result of the failure of a contraceptive device.

Once all medical examinations of the girl are done, the caretakers in consultation with medical professionals should be able to inform the girl of one or more of the above reasons for abortion.

Under MTP, the abortion has to be done within the first 10-12 weeks of the pregnancy. Under the law, the abortion can only be undertaken by a trained medical practitioner registered under the Indian Medical Council Act 1956 with recognized qualifications as defined in clause 'h' of Section 2 of the Act.

Under the Act, no pregnancy of a woman who is below the age of eighteen years, or, who, having attained the age of eighteen years, is a lunatic, shall be terminated except with the consent in writing of her guardian.

How to make a decision about abortion?

While making decisions about abortion answering the following questions may help:

- What will it mean to her personal future, i.e., will it enrich or truncate her opportunity for a decent life?
- Will it condemn her to a life of dependency and hardship?
- Will it require her to stretch her existing

resources? Can she assemble her own resources?
- Can she meet the emotional and material obligations of parenthood?
- How does she feel about other alternatives to abortion like adoption and foster care?
- Would her circumstances permit her to complete the pregnancy and give up the child for adoption?

Techniques of Abortion

A successful abortion requires the detaching of the placenta from the uterine wall and getting it, and the foetus and the other products of conception past the cervix, down the vagina and all without doing damage to the mother's organs.

There are two main techniques of abortion:
- Entering the uterus mechanically to remove the foetus - called Suction/Vacuum Curettage and Dilation and Evacuation (D&E).
- Inducing the body to go into premature labour - called labour-inducing abortion.

Information on abortion may be moulded to the girl's understanding, according to the procedures that would be conducted. She has to be told of the physical effect of the type of abortion she undergoes so as to prepare herself mentally and know what to expect in the post-abortive stage. She should be assured that none other than a qualified medical practitioner would carry out the abortion and that the best possible medical care would be provided to her.

As part of pre-abortion counselling the girl should be told about the length of time for which she would be expected to take complete bed-rest after the abortion. Also, she should be told about the amount of bleeding and/or stomach cramps she could expect once she has been through the abortion and the types of medicines she will be given for relieving the same.

The dangers in abortion
- Incomplete abortion: This occurs when the pregnancy has not been fully terminated and in which case bleeding or infection may occur.
- Infection: Occurs when bacteria from the vagina or the cervix enter the uterus. This can also occur when substances used to induce labour end up in the wrong places and are toxic.
- Damage to the uterus: This occurs when the tip of the instruments used tears the cervix or perforate the walls of the uterus.
- Haemorrhage is another risk and a complication that can occur.
- Cervical insufficiency: This occurs when proper dilation doesn't take place. This damages the cervix causing it to fail in advanced pregnancies in the future causing the loss of a normal foetus.
- Damage to the cervix: Forcibly opening the cervix can permanently damage the cervical muscles.

The girl should be aware of what post-abortion concerns could include. If an MTP is done, bleeding and cramps are normal after any abortion but persistence of either is a problem. On the other hand, zero bleeding increases chances of infection. According to physicians, if abortion is done between three and six months of pregnancy then not only is the risk to life higher but also in the post-abortion period there are chances of weight gain and lactation.

Hygiene concerns should be the foremost on the girl's and the caretaker's mind after abortion. The normal menstrual cycle should ideally begin within a month of the abortion and the girl should be aware of this.

Post-abortion

Abortion often has physical and psychological effects on women.

Physical effects:
- The cervix will be open for a time and the risk of infection of the uterus is high. This translates into greater need for hygiene, which includes regular baths.
- The muscular uterus gradually clamps down to regular size and sloughs off any remaining bits of special lining built to support pregnancy. This

implies that the girl can expect minor pain for a week (maximum).
- Hormone levels swing more rapidly than usual. This could translate into the girl's weeping and depression.
- Cramps or other pain for a day or two.
- Bleeding up to two weeks - the bleeding could be like menstrual bleeding. The measurement of bleeding is signified by number of days of bleeding and the number of sanitary napkins being used each day.

To recover well from an abortion a lot of care has to be taken by the woman in terms of ensuring that there is nothing in the vagina for at least two weeks - no pads, douches, suppositories, and disallow vaginal sex.

However, if the following problems occur, then a doctor has to be consulted immediately:
- Cramps last longer than two days.
- Severe abdominal and back pain.
- Bleeding heavier than normal menstrual period.
- Foul-smelling discharge.
- A fever (about 100.4° F).

iii. Adoption

Often caregivers may confront a situation where the pregnant girl may not be willing to undergo an abortion. Rather, she may wish to carry the pregnancy to full term and then give the child up for adoption. In most cases the adoption is carried out by a registered/ authorized agency and so the caregivers do not have to know the adoption procedure under the Indian law in detail. However, they have to be cognizant of the emotional trauma/ pain that is involved in adoption so that they are able to counsel the mother both prior to and after the adoption. It is with this aim in mind that this component has been designed.

The decision

Whether or not to give her child up for adoption should always be the choice of the mother. It is important for caregivers to acknowledge this fact and then to provide her the help she needs according to the decision that she has taken. It is important that the caregiver appreciate the fact that the decision to relinquish the child in adoption is an emotional and sensitive one. Thus the caregiver should provide the mother with all the possible options and never coerce her into relinquishing her child.

While helping her make her decision the caregiver should help the mother to think about some important questions like:
- How does she propose to support herself and the child?
- How she will provide for the needs of her child?
- Will it require her to stretch her existing resources? Can she assemble her own resources?
- Can she meet the emotional and material obligations of parenthood?
- How does she feel about other alternatives to abortion such as foster care?

Support:

Once the mother decides to give her child for adoption then the caregiver has to provide support to her to help her deal with the emotions involved in giving up her child. Feelings such as guilt, powerlessness, and relief all arise and should be dealt with. The outcome of this support is to help the mother to decide the course of her life after she relinquishes her child as well as to help her cope with and become more comfortable with the decision that she has made.

Legalities:

All mothers, on relinquishing their child, have to sign a document of surrender, surrendering the child to the agency and thus making the child available for adoption. The implications of this document have to be explained to the mother. Facts like:
- After she has signed the document, there is a "window period" of about two to three months, in which time she can change her mind about the adoption. If she chooses during that time not to give up the baby, then the adoption cannot go forward. However, if that "window period" has been completed then the surrender will be complete and irrevocable.

- The document is signed by the mother/parents and has to be done before witnesses.
- This document of surrender is confidential and under no circumstances/never can the identity of the natural mother be revealed. It then becomes a court document that is sealed.
- At times while signing this document the mother may wish to leave a keepsake for her child like a necklace, blanket, or toy. This should be accepted and the natural mother's wishes conveyed to the adopting parents.

Relinquishment and after:

Even though the natural mother has already made a decision to relinquish her child, the actual relinquishing is emotionally traumatic to the new mother. Literature reveals that even if the pregnancy has been an unwanted one, the mother gets attached to the child in her womb during the nine months of gestation. Thus, the actual relinquishing is accompanied by feelings of:
Relief: that the child will be well cared for and that she will be able to see her decision through.
However, these feelings could lead to:
Guilt: at giving up her child. There is also a lot of introspection about herself as a person and her fitness to be a parent, and
Loss: this feeling normally engulfs the mother at a later stage after the relinquishment is final. This loss can be both physical, like "the empty womb syndrome" and psychological with feelings of emptiness, loneliness, anxiety, and depression.

The caregiver has to help the girl to work through her emotions and to build herself a new life. Decisions have to be made about her future and she has to begin working towards achieving her goals. It is important that the caregiver provides support to the girl after the adoption to help her recover and to start afresh.

PART I
Section VII

ISSUES RELATED TO STAFF AND OTHER ADMINISTRATIVE ISSUES

1. Issues Related to Staff
   i. Attitudes of Staff
   ii. Problems Faced by the Staff
   iii. Needs of the Staff
      Staff Development Programmes
      Need for Motivation
      Need for Training
      Need for Personnel Policies
      Teamwork

2. Other Administrative Issues
   i. Documentation
   ii. Evaluation
   iii. Co-management of the Institution
   iv. Donors and Fundraising

This section has been divided into two parts: Issues related to Staff and Other Administrative Issues. Issues related to staff have been further divided into attitudes, problems, and needs of staff. Other administrative issues relate to issues such as Documentation, Evaluation, Co-management and Donors and Fundraising. All these categories have been discussed below.

1. Issues Related to Staff

i. Attitudes of staff

The attitudes of the staff and the manner in which the services are delivered to the children have a huge impact on the rehabilitation programme and the reactions of the children. In the absence of family or support structures, the children are totally dependent on the staff for ideal role models and to learn how to deal with various situations based on their observations and the evidence of the staff. The children are also dependent on the staff for social interactions and they seek help to learn the importance of discipline and proper social behaviour.

As adult members in the institution, the staff not only have to deliver services and look after the various needs of the children but they also need to provide emotional and mental support by genuinely caring for and respecting the children. Given the situation of the children and their backgrounds, the staff have to take it upon themselves to achieve the intangible goals of

helping the children achieve positive identities and esteem and attain functional independence. This is important so that, when these children leave the rehabilitation institution, they are prepared to deal with life situations on their own. The staff members have to develop attitudes that fortify their roles of providing such emotional and mental support.

What happens often, however, is that the staff members are overwhelmed by the nature of the work and the time, effort, and energy needed to fulfil their roles effectively. It is possible that some staff members may have opted to work in such institutions out of economic necessity, rather than a driving desire to positively intervene in the lives of these children. Such members may find it difficult to understand why these children require the special care and attention that they do. Burnout due to the stress of work is not uncommon and staff turnover among those who have adequate job options (such as counsellors) seems to be very high. Staff who are forced (for personal reasons) to continue working with these children may show negative behaviour and attitudes, which can prove very counterproductive to the endeavour of rehabilitating the children.

Some negative attitudes and behaviour of the staff that were seen during visits to the institutions were:

- Use of bad language.
- Insulting the children while reprimanding them.
- Using derogatory and humiliating forms of punishment.
- Ignoring the children.
- Bullying the children by way of authority.
- Inculcating myths in the children regarding various practices, due to lack of knowledge.
- Demonstrating personal, religious, and social biases.
- Refusing to admit their own faults and enforcing a strict autocratic regime in the institution.
- Refusing to hear the children, imposing their views on the children, not giving them adequate independence, and monitoring them at all times.
- Being partial to some children.
- Having a low opinion of the children and little faith in the ability of the rehabilitation programme to achieve its objectives.
- Flirting with each other.

The staff have to consciously work and try to involve all the children. The staff members are bound to take a greater liking to children who help out more and are easier to handle. They have to fight the natural tendency to partiality and work out ways to appreciate the children who are willing and at the same time persist with the ones who are difficult. The staff have to be available to all the children and have to accept all of them with their individual strengths and weaknesses.

The staff also have to be open-minded enough to admit failures and shortcomings and be open to better positive attitudes. The staff have to accept their own limitation and work on a personal front to evolve and develop into better persons (Sanlaap).

While it is important for the staff to be aware of and improve their attitudes and behaviour in relation to the children, it is also important for the authorities in the institutions to be aware of the problems faced by the staff and find solutions to these in order to create an environment wherein the staff can be asked to change.

ii. Problems Faced by the Staff

While working with the child victims of sexual exploitation, the personnel face a variety of problems. These problems range from those pertaining to working with the children to those that the staff experience with each other and with those in authority.

Long hours of work and continuous nature of work is probably the most physically stressful problems faced by the staff. Housemothers, wardens, and

cooks, stay within the premises along with the children and make themselves available to the residents 24 hours a day, seven days a week. To combat this fatigue, in some institutions, the residential staff get a long holiday of 15 days to a month, once a year, when they go back to their own families. Though a long holiday may have a feel-good factor to it, working round the clock for several months before getting a long holiday is difficult. Regular and more frequent vacations, such as weekly or fortnightly holidays, can help the staff relax better.

Lack of outlets for relaxation and unwinding is another related problem. It is difficult to be role models all the time, and being on call 24 hours a day is a tedious and stressful job. At times, tempers flare and staff may deplore their situation or want to quit their jobs but cannot do so due to personal compulsions. Therefore, relaxation becomes very important for the staff. The staff should be encouraged to unwind by taking some time out in a day for themselves. They could interact with other staff members, go for walks, listen to music, watch a film, seek recreation, and do what they enjoy most, like, visit the family, or take a holiday at least once in two months and get a weekly off on the campus.

Multiplicity of tasks and roles is a reality that serves to add to fatigue and lack of effectiveness in carrying out the job to the optimum level. The staff usually work not only with the children, but also have to carry out administrative tasks. The staff of the institution, apart from fulfilling their specific job responsibilities, also have to double up as counsellors, teachers, and nurses whenever required. For example, a social worker in one of the institutions has to address behavioural and relationship problems of the children, their requisitions, and demands. He or she has to work on the family studies and repatriation; plan programmes for the children in the institution; arrange outings and picnics for the children; maintain the health and general files of each child; and sometimes, also work in the community if the organization has outreach programmes. Social workers suggest that their main role should only be of working directly with the children. Institution should have a clear personnel policy in terms of job description of the staff members. The policy should very clearly state all the duties that the workers need to perform, and assign tasks to the entire staff in a systematic manner.

A social worker in one of the institutions suggested the following tasks for social workers:

- Help the staff in planning the day-to-day activities.
- Plan social activities for the children, such as picnics, outings, competitions, and educational tours.
- Accompany the children to court whenever the cases come up for hearing.

Sometimes, the institution may need to employ more staff in various categories and may even need to create additional posts if they are vacant. If the staff are overburdened, the work suffers. If the institution expects the staff to perform at their optimum levels, it is important for the management to immediately fill all vacant posts with qualified personnel.

Hierarchy within the staff is often a source of tension and friction. In most organizations there is a staff hierarchy based on educational qualification, experience, and age. Members higher up in the hierarchy have more decision making, planning, and evaluative powers. Due to this, a lot of operational responsibility and hands-on tasks fall on the subordinate staff, who may be ill-equipped to deal effectively with such responsibility. This can lead to conflict and dissent among staff members, and to frustration and stress among lower staff members, who would in turn release it on the next easy target, the children in the institution. For example, counsellors in one rehabilitation home take charge of the rehabilitation programme as the management believes that rehabilitation has to be covered under the umbrella of mental health. The counsellors regularly counsel the children and offer them choices in their lives. The wardens and house-staff who take care of the children on a daily

basis, find the situation rather disturbing when the children refuse to listen to them and claim that the counsellors are better as they give them choices and not instructions like the wardens, and that the counsellors do not expect much from them while the wardens do. Furthermore, the children often complain to the counsellors about their grievances against the wardens. The latter find it quite insulting to have to explain their actions in the light of the position of carrying out great responsibilities within the organization, such as security arrangements, social interactions, and daily management of all children and the institution (Sanlaap).

In such situations, it is essential that the lower rung in the hierarchy of the staff does not feel less important and de-motivated. Each staff member is a link in a chain that holds the institution and its activities together, and should be appreciated for the work that she or he does. The children should be prohibited from complaining about one staff member to other staff members. The child must be encouraged to first approach the concerned staff member with whom she has a misunderstanding and follow it up with another attempt. Only if her complaints are not attended to, should the child be permitted to go to a higher authority and discuss the matter.

High priority responsibilities are certain activities that take up more of the staff's time than others and these may prove taxing to the staff because of the nature of the responsibility. Situations that create stress and anxiety among the staff need to be addressed by the authorities.

Some of these stressful high-priority responsibilities as shared by the staff of two institutions include:

- *Security:* The staff have to monitor movements of the children within the institution as well as monitor their exchange of mail and communication with outsiders so that they do not, unknowingly, compromise their own security. This is a tricky area, as too much interference could encroach on the privacy of the children, and may make them feel disrespected and untrustworthy. The staff also have to monitor the movement of outsiders within or around the institution and take appropriate steps for protecting the children. For example, in some instances, young boys in the vicinity hover around the institutional premises and send signals to the children, urging them to entertain their advances. Children may be tempted to give in to such cajoling and the staff have to protect the children from such unwelcome elements in the environment. Staff should not express anger at such occurrences. Instead, they should explain their concerns and consequences of indulging in such behaviour. The responsibility of ensuring security of the children is especially stressful as the staff may feel that they will be held liable in case a child runs away. In an attempt to be extremely cautious, in some institutions, the staff literally lock the children in the institutions/rooms, which is a violation of the children's rights.

- *Health:* This is another important aspect of the children's rehabilitation and a high priority area for the staff. The children have to be checked for diseases when they enter the institution, treated if they have any ailments, and thereafter monitored to see that they keep good health. The staff have to note excessive weight loss, loss of appetite, and the appearance of symptoms or abnormalities and promptly refer such children to a doctor.

Very often new children protest against the checking and monitoring by rejecting food. Children do this to express their dissatisfaction in their new life and in this way they seek attention. Staff members in some institutions get rather agitated in such situations as they naturally feel that if children continue to reject food and fall ill, they will be held responsible. While the staff do have to monitor the children's health, they do not need to entertain tantrums. They may offer a patient hearing to a particular child but simultaneously refrain from indulging the child excessively.
HIV: If there are HIV positive children in the institution, the staff should be given proper

information and training on this particular malady and dislodge any myths or false beliefs that they may have. For example, in one institution, the staff members was quite scared of handling the children, as they knew that some of them were HIV positive. The staff were very wary when these children fought as they bit and scratched each other and they could transmit the virus through such contacts.

iii. Needs of the Staff

Staff Development Programmes

A staff meeting can be held every week. Such meetings may be called "staff development" meetings or by any other term that the staff may prefer and hence would be more enthused to attend. Staff meetings if held in the premises of the institution could be more convenient and all staff members would be able to attend.

The structure and content of the meetings can be flexible and should, in fact, vary so that staff can keep getting and giving new inputs.

Suggestions of topics to discuss during staff meetings:

- Day-to-day problems and frustrations.
- Recreation or meditation programmes.
- Inputs from other staff members that can lead to constructive problem-solving and sharing of ideas.
- Inputs on recent/upcoming issues in the news, recent happenings in the world, recent legislation or strategies employed for rescue and rehabilitation of minor children in prostitution, discussion on effective methods to deal with problem children.
- Inputs on topics that would enhance effectiveness of functioning.
- Sharing tips on dealing with stress.

If such meetings are held in an informal and participative manner and the focus is to encourage, share, and appreciate, then the meetings can be a great help to the staff to air their feelings and share their difficulties, and be open to learn in a supportive environment.

Another method by which the staff can be trained and benefit from opportunities to share and learn is by communicating and participating in programmes outside the rehabilitation home. They should be encouraged to participate in seminars and share their experiences. In the case of visitors to the agency, ground staff can be encouraged and given the opportunity to interact with such visitors.

Need for Motivation

The staff members are the human component of the programme and also the most essential and approachable to the child victims. It is important that the staff feel for the children and contribute their best. The rehabilitation home is a residence closest to an ideal family setting for the children. It is essential therefore, that all elements of such a setting work in close cooperation and exist in harmony to optimize benefits of all the activities. Each member of the organization, beginning from the senior workers to the lowest in the hierarchy, should feel satisfied, happy, and fulfilled within the job profile. Additionally, this would make the surrounding happier for the children as the staff would exercise patience and understanding in their dealings with the children. A contented child would be able to reciprocate with her best behaviour. This would complete the feedback loop from the staff to the children and back.

Management should make efforts to give importance to staff while realizing their worth in the institution. The management can do the needful through various staff development programmes, debriefing, and putting personnel policies in place that motivate the staff. Other motivational techniques could be:

- Encourage the staff to maintain a diary of events that have disturbed them or that they have liked through the week and to share the same with others.
- Provide development courses such as language, communication, and literacy programmes (if some staff are illiterate) to provide them areas and resources to develop. This would also make the staff feel that the organization values them and is therefore making such efforts for

improving their work.

- Encourage staff to suggest seminars, talks, public discussions or the like, that they have learnt about through newspapers and other media, and fund them to attend the ones that would enhance their capacities to work better in their respective fields (Sanlaap, Prayas).
- Picnics for staff and day visits can be a lot of fun and help to relieve stress (Prayas).
- Staff complaints or demands need to be heard, and attempts made to address these complaints, empathise with their problems, take proactive measures, and express limitations if it is at all not possible to take the desired actions (Maher).
- Respect staff and show appreciation for their work and commitment. Be transparent in operations and functioning of the institution (Sanlaap).
- Have realistic expectations remembering that staff are personnel who have personal lives and problems and yet at all times they attempt to put in their best in a stressful environment (Sanlaap).

The Caregiver's Bill of Rights

By Stacey Matzkevich

Caregivers often lose themselves in providing care. Remember — you have rights too. Post this Bill of Rights where you can see it to remind yourself of your value.

- *You have the right to receive the knowledge, resources, training and support you need to be successful as a caregiver.*
- *You have the right to acknowledge your own needs and to expect those needs to be met.*
- *You have the right to enjoy a well-rounded and meaningful life that includes family, friends, work, activities you love and time to yourself.*
- *You have the right to seek and accept help from community, family, friends and support services.*
- *You have the right to access quality services that treat you and the person you are caring for with dignity and consideration.*
- *You have the right to all of your feelings as a caregiver, from the moments of unexpected joy to those of anger and frustration.*
- *You have the right to be a part of a caregiving team rather than having to do it all by yourself.*
- *You have the right to ask for — and receive — appreciation and respect for your caregiving.*

You have the right to acknowledge that the unique gift of your time, energy and emotions has as much value as any care-giving task.

Source: (http://www.searchforcare.com/library/articles/coping/co0018.htm

c) Need for Training

Staff need specific training on a number of issues and they must all take the opportunities for training. Such training should provide regular inputs with feedback and entertain the queries and comments of the staff members. The training should cover facts and not confuse them with popular beliefs, understanding, or concepts of morality. For example, if the staff are given training on sex education, the trainer must present facts and the information should not be coloured by beliefs on sex-related matters such as "pre-marital sex is sinful", "homosexuality or masturbation is wrong and is not God's way". Training on such topics should be sensitively given as any wrong communication may lead the staff to treat the children as being sinful and impure for having had sex previously (before marriage) or for even having sexual urges.

Sanlaap finds that the staff can benefit with training in communication strategies, anger management and conflict resolution, group handling and training, sex education and FLE (Family-life Education), trafficking, sensitization and trust building, time management, documentation, planning, and implementation. The modules and appendices of this manual contain resources that relate to some of these training needs.

Need for Personnel Policies

There is a need for a firm personnel policy. Often a blurred picture of staff roles, responsibilities, and rights, leaves the personnel disillusioned about what is expected of them. The aim is to make caregivers feel comfortable in the work environment. The personnel policy can, for example, state the institution's regulations, general rules, philosophy of work, and conditions of employment.

The institution may consider the following points to assess whether a good personnel policy is in place:

- *Vision:* All staff should have clearcut understanding of the institutional vision. This may help them to foresee and believe in the end-goal of their work.
- *Time-out:* A personnel policy spells out stipulated holidays, weekends, shifts, casual leave, sick leave, annual leave, availability of substitutes (volunteers), breaks/recesses and overtime (if the staff members are not residents).
- *Staff development:* Apart from salaries, provisions are needed to update staff knowledge or gain more skills. Such provisions could include information related to their work, workshops and in-service training facilities for initiating them in their roles, making counsellors available to tackle staff burnout, and refresher courses.
- *Conflict resolution:* With a personnel policy in place, the staff may be able to approach the designated people for conflict resolution and redressals. The management could then assess the levels of adjustment and teamwork that the staff are able to contribute.
- *Performance appraisal:* The staff's motivation increases immensely if regular appraisal from senior management helps them to get feedback on their work and conduct in the institution. Appraisals may take the form of monthly reports, and group and one-to-one meetings to evaluate performances. Evaluations serves as a tool for salary reviews, incentives to work (like medical/travel allowances) or bonus awards.
- *Quitting work:* The policy should mention, in clear terms, the conditions, costs or benefits of termination or resignation, and the notice period. For example, the entitlements or damages may be different for each staff member but a general rule in the event of termination or resignation may be charted.

A personnel policy could be a thorough statement of expectations from and of the staff. It should leave no ambiguity on the above-mentioned points. It should contribute to the smooth functioning of the institution. It should also serve as a good reference in times of disagreements, planning future courses of action, or in conducting day-to-day activities. The personnel policy should be a response to, and motivation for, staff efforts.

Appointment letter: The conditions of employment, especially the salary and perquisites, may be customized to individual staff members in an appointment letter and may depend on several factors. These factors depend on the prospective employee's education, experience, average salary of the staff member in similar positions, perceived capabilities, negotiated terms, and the availability of funding with the institution. The letter should clearly mention the salary of the staff in question, work timings, scope of work and privileges granted. An appointment letter should also provide an understanding of the roles that the employee is assigned and the responsibilities attached. This assists in understanding the job profile and the expectations. It also helps in deciding sharing jobs and avoiding a situation of "passing the buck". Usually, overlap in roles does take place and the caregivers should be agreed on that. The management has to ensure that a copy of the personnel policy is provided to the staff member along with the appointment letter.

Finally, although the personnel policy may provide a framework within which all staff are required to perform, an appointment letter may deliberate upon a single member's specific role within the framework.

Teamwork

It is essential for the staff in the rehabilitation facility to work as a team, so as to accomplish the

goals of the rehabilitation programme. Most of the tasks/roles of the staff overlap and it is difficult to isolate anyone's role in the institution and there is seldom a specific job description for such personnel as social workers. The staff have to attain the objectives, solve the problems, and consequently come to solutions as a team. The following example can illustrate how some roles overlap, and how such situations can be dealt with, according to a social worker in Prayas.

The social worker comes across problems while working with the children because of the other tasks that she/he has to perform. The child identifies with the social worker and hence looks up to her or him for all her difficulties and problems. The social worker cannot ignore the child at this point and at the same time, due to lack of availability of time, the worker may not always be in a position to give the amount of time that the child deserves. In such cases, other staff members can share the workload and the task of caring for each child could be divided among staff members so that each child can have a staff member who will address her problem.

Another example where roles overlap is when girls often share their problems or ideas with the teachers or wardens and may avoid addressing the counsellors on the same issues. In such cases, other staff members should also use basic counselling skills (such as listening) to help the child (Sanlaap).

Because such possibilities exist, all the staff should follow some basic ethical practices such as:

- In case it is imperative to disclose information shared by the child with other staff members, the child's prior consent must be sought (Sanlaap, Prayas).
- All the important information pertaining to the child should be provided to the specific individual as mentioned above and later retrieved, considering the confidentiality of information (Sanlaap, Prayas).
- A systematic plan of action should be drawn out to resolve the problems faced by the child and all the concerned staff members be informed about the plan, and everybody's roles and tasks be clarified.

2. Other Administrative Issues

i. Documentation

Documentation can be very effectively used as a tool to measure the success of a rehabilitation programme in tangible and intangible terms. Documents such as intake sheets, medical records, and educational achievements, are normally well recorded in most institutions. However, writing monthly/quarterly reports for every child, which could also include behavioural aspects can further enhance documentation. Different types of reports are written by different staff members and are usually collated by one person to get a comprehensive overview of the activities of the institution, or the progress of individual children (Prayas).

For example, the vocational teacher and the Non-Formal Education teacher may write about the progress of individual children in each of their classes. The counsellors may write reports of cases they have handled. The Social Worker/Probation Officer may need to collate all these reports to develop a comprehensive progress report on the children.

Documentation should include various activities that the children are involved in and how each activity makes an impact in each child's life. A module on how to increase the efficiency of staff in documentation has been included in Part III of this manual.

ii. Evaluation

The institution should be transparent in its functions and should be able to communicate its processes to persons outside the institution and invite their help. It is essential for every organization to know how effectively it functions, identify the methods and

practices that work and which need to be changed. The effectiveness of the rehabilitation programme thus needs to be measured in terms of how much difference that programme makes in the life of its children. Apart from evaluating the services, the effectiveness with which the institution is managed in terms of personnel, finances, and other administrative areas, should also be periodically documented and analysed. This is very important to control corrupt practices and potential or existing exploitation of the child by any staff member. Transparency also allows others to see the good work that an institution is doing, appreciate it, and provide help.

The organization should conduct both internal evaluations and external evaluations so that it is possible to get constant and real feedback. The management of the institution could conduct the internal evaluations to monitor functioning, provide inputs where necessary, and ensure that the staff are committed and are doing their job well. Other agencies working in similar fields or experts in the fields could conduct the external evaluations and provide inputs and point out lacunae in functioning which the management or institution staff may have overlooked. Such evaluations will also help the organizations gain ideas and inputs from experts. Evaluation should be seen as a challenge to do better work. It should not only focus on inadequacies or failures but should appreciate the facility and its personnel for their effort and good work.

iii. Co-management of the Institution

[Dr. Sunitha Krishnan, Prajwala, Hyderabad contributed the following section on co-management, including the case study of co-management.]

The Concept of Co-management

The aim of co-management is to provide a more congenial atmosphere, options, and opportunities for the children to live a holistic life. This predominantly involves streamlining the administration, restructuring and orientation of the staff to bring out an attitudinal change for a more congenial and child-friendly atmosphere. Co-management aims at optimum utilization of the available resources and also convergence of various other resources. This system involves a partnership and teamwork with government and the support agencies working in the field of child welfare.

From Custodial Care to Child Care

The government-run institutions for children were, for a very long time, meant specifically for the custodial care of children who were in conflict with the law and were neglected. Due to the custodial nature of the services provided, and the rigid rules and regulations, a child-friendly atmosphere was virtually non-existent and very difficult to establish. It is in this context that co-management as a concept emerged to improve the situation and create a child-friendly atmosphere. This management concept envisaged a direct and active role of the NGO in running the homes.

NGO Partnership

The NGOs are vital partners in supporting the government to make these homes more child-friendly. Unlike previous experience, where NGOs were essentially called upon to provide welfare services, in the co-management concept NGOs are equal partners in decision making. The selection of NGOs was done on the following basis:

- Credibility in child rights activities.
- Organizational stability in terms of financial and human resources.
- Availability for full-time collaboration.
- Existing liaison with government and other agencies.

In the pilot phase, the four NGOs selected - Divya Disha, Boys Town, Krushi, and Prajwala - were organizations with immense experience and credibility on child rights activities. These organizations were also involved in advocating reforms in the juvenile justice system, besides supplementing the gaps (in budget) through mobilization of support. The involvement of NGOs included all aspects of home management and capacity-building programmes for the staff.

After two years of co-management in Hyderabad, the concept has been integrated in the rules of JJA. In the next year, all other homes in the State will also be co-managed. The screening and selection of the NGO's has already begun.

The System

As a collaborative venture undertaken by the State Government of Andhra Pradesh, UNICEF and the four NGOs, co-management at the pilot phase has been conceptualized, designed, and implemented at three levels:

Executive Committee: At the apex level the executive committee consists of the Principal Secretary, Women Development Child Welfare (WDCW) as the Chairperson; Director of Women Development and Child Welfare as the Convenor; various Department heads, superintendents of the homes, UNICEF representatives, and partner NGOs as members. This committee is largely responsible for policy-level decisions. It also reviews and monitors the implementation of co-management in different homes.

Working Committee: At the Departmental level, a working committee is constituted with the main function to directly monitor home level activities and to appraise the executive committee about it. The Director, Juvenile Welfare Board is the convenor of this committee with other Department officials and partner NGOs as members. This committee directly handles larger disciplinary issues such as staff discipline and mismanagement.

Home Committee: The actual concept of co-management gets executed through the home committee. The superintendent of the home is the convenor and other home staff such as the intake officer, case worker, medical officer, and two of the partner NGOs are the members. This committee is responsible for the day-to-day administration of the home. All decisions from the diet to the overall well being of the children are taken care of in this committee. Very often this committee also handles staff attitudinal change or disciplinary issues. The committee also mobilizes civil society support to supplement government provisions.

Children's Home for Girls
A Case Study in Co-management

The Children's Home for Girls situated in Nimboliadda, Chaderghat in Hyderabad has all the three homes, that is, a Juvenile Home, Observation Home, and Special Home situated in the same campus. Boys Town and Prajwala were the two NGOs nominated to co-manage this home.

Before the introduction of co-management, the homes had very poor infrastructure with a very shabby and inhabitable look. The dormitories had no fans or toilets, and the rooms were closed by the evening. There were no separate classrooms or training centres. Most of the time the children were unoccupied and disinterested in anything. Apart from inadequate education and training facilities, the health and nutrition status was very poor.

Co-management in this home was introduced amidst a lot of resistance. The staff at the lower level was still unaware of the implications of such a system and were wary. Believing the myth that co-management meant privatization, and there was a chance of losing their jobs, the staff were hardly ready to cooperate with, and support the NGO team.

Co-management was introduced in these homes with very careful planning.

- *Basic infrastructure.* The whole building was re-wired and painted, and toilets were constructed in the dormitory. All the bedrooms or dormitories where the children slept were given fans and separate enclosures were made to keep clothes.
- *Mental health intervention.* Two counsellors were appointed.
- Education. Teaching aids, blackboards, and partitions were provided for the classrooms to help streamline the system. Teachers were given upgradation training.

- *Vocational training programme.* This was systematically organized and new trades such as beautician course, soft-toy making, leather and raxine works, dress designing, fashion technology, and hair styling were introduced. Trainers were appointed and consumables were provided.
- *Health and hygiene.* The medical unit was refurbished and medicines and other equipment were provided and supplementary diet was introduced. With a few supplements better variety was introduced in the breakfast and snacks were provided in the evening.
- *Reintegration.* Providing tracers and family counsellors facilitated this. More than 70 girls were reunited with their families within a year.
- *Capacity-building training programmes.* These were organized for the staff on child-friendly attitudes and on the concept of co-management.
- *Transparency.* A new system of transparency was developed with the staff by organizing monthly meetings to present the statement of accounts and on the mobilization of funds through local sources.
- *Staff grievances.* These were addressed both at the home level and at the executive level based on weekly feedback.

The Children's Home for Girls is today considered a model home for co-management. In a span of two years there has been a radical and visible change in the attitude of staff and the children. Most children look healthy and happy. The staff members readily participate in all activities and show great confidence in the co-management staff.

Co-management has today become a hope for children who have felt that custodial care was their fate. This collaborative venture has proved that effective childcare is possible in government-run homes provided the government machinery is willing and committed. Civil society partnership is a vital force that not only fills existing gaps but can also be instrumental in providing key inputs in child-friendly approaches.

iv. Donors and Fundraising

Prerequisites for the rehabilitation of child victims entail both care-giving skills and resources. These resources include basic infrastructure, human resources, material, and financial aid. Adequate resources enable caregivers to pursue activities on an ongoing basis. A regular flow of finances helps in planning long-term activities such as education and vocational training classes, and funds the day-to-day costs of the children. Similarly, celebrating special events in the institutions, such as, annual day, or independence and Republic day, and various festivals also requires financial resources.

The staff members who provide care to the children on a day-to-day basis are usually not the ones who apply for larger funding requirements. At the same time, they could use some basic fund-raising techniques in order to carry out their activities effectively. Some extra funds can help to improve the quality of life for the children; for example, provide toys, lockers, bedsheets, beddings, sewing machines or other vocational training equipment. This can ensure a more satisfying and fulfilling rehabilitation programme.

Fundraising is a Two-way Exchange

Fundraising is all about bringing the giver and receiver together. It should be looked at as an important active process by which the institution, as the ready receiver, makes attempts at bridging the gaps with the donor. By active measures in fundraising, the institution and the potential donor converge at a point of mutual interest. In fundraising, the donor has to be implicitly or explicitly told about what is in it for him/her, or the organization.

Tap Resources

Government schemes and some organizations like Lions' Club, the Rotary, and Inner Wheel Club, may have their own formats and rules for applying

for grants submission guidelines and dates for submission. Enquiry letters may be sent to these organizations to procure such forms.

For all others, where the institution frames its own application for a grant, it may use the tips mentioned below. Various innovative methods can be used to collect donations for different activities, especially from locally available resources:

- The staff can collect funds/donations in cash or kind for various functions. For example, if the institution organizes a party every month for welcoming new children, for their birthdays and for other special days, donations can be collected from various local organizations, shops, other business establishments, and individuals. A local sweetmeat shop can be contacted, for example, to sponsor the sweets for the party. On certain occasions, the donor can be invited as a guest of honour.
- If the institution has a practice that the birthday girl would be gifted a new set of clothes, a clothes' shop can be requested to donate the clothes for all the birthday children for that month. In return, the institution could invite the shop-owner as the patron.
- For regular needs of clothes, grains, and stationery, the staff can contact local shops or individuals to donate used/unused clothes and other utility items for the children. Word of mouth and personal contacts can help to sponsor sufficient material for the children.
- Other local fund and/or support raising methods are: Sell products made by children in the institution; approach the management of a movie theatre for the free screening of a film for the children and staff; ask a transport agency for a tempo/bus for a picnic or a visit to museum and other sight-seeing spots; request private schools and colleges for clothes, stationery, and utility items; ask a book store or library to donate books for the institution.

The staff can creatively think of many such ways by which funds can be generated from other sources such as temple trusts, local parishes, and charitable foundations.

If local citizens are made aware of the presence and work of the organization, many of the well meaning and socially-conscious individuals will willingly donate cash/kind.

To reinforce their effort, the staff should be encouraged to invite their friends and other individuals to attend some of the functions in the institution. This way they could get first-hand awareness of the kind of work the institution is involved in.

Corporate bodies, local or regional, like pharmaceutical companies, soft drink companies, and stationery manufacturers, may be approached depending on the needs of the institution. Certain corporate bodies are often open to a wide range of activities. Hence, the staff should approach those who would have an interest in the activities of the institution. For example, the institution may request a computer firm for computers for the classes. A sports-goods manufacturing company could be requested to donate equipment for some outdoor or indoor games and sports.

The process of applying for funds

• *Preparing the ground*

A *Case Statement* needs to be prepared, which could form the basis of any funding proposal. The case statement can include the institution's Mission, Objective and Goals, its History, Activities, Structure, and Plans for the future.

The case statement forms the basis of all the publications, speeches, and press releases of the institution. The main objective of having a case statement here would be to replicate parts of it in the fundraising proposal that help the donor reflect on the funding proposal. It justifies the need expressed in the proposal, without having to write it afresh each time a fundraising proposal is needed. The draft of the case statement is modified to include regular updates on activities. For example, in 2003 the case statement could talk about 16 children being benefited by expected funding on a particular activity, whereas if it applies so, in 2004, 22 children would benefit. It need not be

only textual. It may include pictures, charts, and graphs. Photographs of some of the children, of the staff, and of the institution premises make a visual impact on the potential donor and help a faster and deeper awareness of the cause mentioned in the fundraising proposal.

• *The Fundraising Proposal*

A complete grant proposal usually includes the following elements:

- Cover letter
- Sections of the proposal
  - Title Page
  - Summary
  - Introduction
  - Problem statement
  - Objectives
  - Methods
  - Evaluation
  - Future funding
  - Budget
  - Appendices

Sections of the proposal may be selected for small funding purposes. The case statement could be used to readily fill sections of the proposal, especially the sections relating to the institution's mission, objectives, goals, and history.

Gaining and keeping the attention of donors/ organizations is a key step to raising funds for the institution. In the proposal, the institution could use fundraising tools that catch the donors' attention:

- Tell them about the institution's volunteers and staff and the kind of the work they put in (and how the volunteers have benefited).
- Highlight the grants awarded by government/ private endowments so far.
- Draw attention to a Unique Selling Proposition (USP) of the institution that differentiates it from other similar organizations. The USP could be the institution's initiative of getting every girl (who has left the institution) a job. Anything that highlights the institution's role as the service provider can be its USP.

The institution's fundraising proposal may be one of many that a big donor organization is likely to receive frequently. The donor would be impressed to read something offbeat. Hence the opening punch line to the proposal should attract the donor to the cause.

• *Some examples of opening lines:*

- *"How about giving a girl an opportunity to succeed in the adult world?"*
- *"We can inch together towards giving the girl child her right to literacy!"*
- *"Research shows that giving is good for your health!"*

While self-written fundraising proposals or those on readymade formats are the first step in seeking funds, the institution can use communication channels to either accompany or follow up on the proposal. For example, a CD-ROM or website of the institution could help the potential donor know more about the institution. Similarly, phone calls and personal visits are important follow-up exercises that the institution can utilize.

Special visits could be arranged for prospective donors, regardless of how small or big the donation received/expected. While doing so, the children's routine should not be hampered excessively by regular visits of such persons/ agencies. The children can be involved in some presentation to the donors about the work of the organization or can put up a cultural programme for them. However, the staff should make sure that they do not indulge in cashing in by selling the children's vulnerability.

• *Relationship between Institution and Donor*

The relationship between the donor and the institution should, ideally, not be a one-off affair. Before and after each fundraising activity, it is essential to keep the doors open for the future. The staff can cultivate the relationship by:

- Send annual reports and/or biannual newsletters to donors.
- Acknowledge and appreciate the donors' contribution in the institution's publications.

- Invite the donors to plant a sapling at the premises and acknowledge this gesture with a small concrete plaque.
- On their birthdays/festivals, send to the donors, greeting cards or candles that children have made.
- Inform the donors about the progress on the activities that they have funded. Be accountable on the use of the funds.

• Encouraging Voluntary Effort: It's Not Always Money and Materials

Apart from approaching people/organizations for tangible donations by way of finances and goods, the institution needs people to join the institution in its service. Voluntary contribution is not always about money. It entails all kinds of resources. Avail of skills that people have to offer. Hence:

- Motivate local persons, retired school teachers, counsellors, housewives, school children, and visitors, to help out with honorary/at a stipend service.
- Tie up with Colleges of Social Work to place students for fieldwork practice. Not only will the institution have helping hands, it would also be reaching out to the external environment and making people aware of the institution.
- Invite local culinary experts to teach cooking and good nutrition.
- Approach a film/television personality in the neighbourhood to be a chief guest at a function or request him or her to donate a few of his/her popular film videos for the children's entertainment. Even more productive would be to have him/her conduct a few drama classes for the children.
- Invite local craftspersons to teach their skills to the children.

All of the above gestures would convince the potential donors that the institution believes in networking; keeps good relations with the external environment; and is providing holistic personality development to the children at minimal cost.

Disheartening "No's" to a proposal are a part and parcel of fundraising efforts. However, it is important to review the proposal and weigh the end goal achieved. The institution may have to make an effort to break the ice with society at large. Getting donors goes hand-in-hand with creating awareness and sensitization of society and involving them in the collective responsibility of the rehabilitation of the girls.

This section concludes Part I of the Manual. Part II, that follows, includes a list of activities that the staff can utilize for more effective functioning.

PART II

GUIDELINES FOR COMMUNITY WORKERS
FOR THE PREVENTION OF TRAFFICKING AND RESCUE AND REHABILITATION OF TRAFFICKED VICTIMS

PART II

GUIDELINES FOR COMMUNITY WORKERS FOR THE PREVENTION OF TRAFFICKING AND RESCUE AND REHABILITATION OF TRAFFICKED VICTIMS

1. Introduction

Work in the areas of Trafficking and Commercial Sexual Exploitation (CSE) is largely carried out in three broad ways — prevention, rescue, and rehabilitation. Very crucial aspects of the work are to prevent trafficking of children from source areas and second-generation prostitution. Source or supply areas are those from where children and young women are trafficked to the destination or demand areas, the towns and big cities. The trafficked victims are usually routed through a number of transit points before they reach the destination. Most of the rescue efforts are concentrated in the demand areas, from where NGOs, police, social workers and individuals rescue most of the victims of trafficking. Some rescue efforts however, also take place en route the destination.

Once the child victims are rescued, either the Child Welfare Committees (CWC) or the Juvenile Welfare Boards (JWB) takes charge of the safety of the children, and they are usually sent to government or NGO homes till effective rehabilitation is planned. In some cases, the children are sent to, and accepted back into, the families. In certain other cases, where it is not possible to reintegrate the children back into the families, or the families refuse to accept them back, the children are given into the custody of an organization, which works for their rehabilitation.

While working on trafficking and commercial sexual exploitation outside the institutional setup, the community, comprising the villagers, local political and religious leaders, local self-government such as the village panchayat, schools and schoolteachers, and other village level workers such as *anganwadi* and healthcare workers, can play a significant role in preventing trafficking, and in the rescue and rehabilitation of child victims.

The following pages summarize how the community can effectively prevent the trafficking of children, and help in their rescue, rehabilitation, and reintegration into the family and the larger society.

To understand the situation of a child who is trafficked and commercially sexually exploited, we begin by their familial, socio-economic, and cultural background. This is followed by analysing the situation of the child victims after they have been trafficked and sexually exploited.

Finally, strategies for using the community resources for prevention, rescue, and rehabilitation are elaborated.

Children, both girls and boys, are:
- Our most valued assets.
- Important to us and matter the most.
- Intelligent and dynamic, but vulnerable
- In need of protection, guidance, and support.

The danger:
- There is a threat to the safety and well being of children.
- Our vulnerabilities might expose our children to potential traffickers, and they could be victimized by persons involved in illicit activities.
- As parents and community seniors, we must have a grounded belief that sexual abuse and exploitation will never be tolerated and we must feel outraged with such abuse and take collective action.

The hope:
- We as a community can do a LOT about this.
- United, we can prevent the trafficking and sexual exploitation of our children.
- Our joint efforts, along with the police and organizations, can help us bring our children back home.
- We have the capacity to reintegrate our victimized children in mainstream society.

ii. Understanding the family situation of child victims prior to trafficking and before their rescue

- The families are often the "poorest of the poor". These children are from families that are "vulnerable", "at risk", "urban poor".
- When the family is identifiable, there is often a history of alcoholism, violence, drug abuse, prostitution, unemployment, child abuse, ill health, or vaguely defined family roles (Florence Bruce, 1996).
- Some of the families are mobile or migratory (those residing in rural areas or nomadic families).
- Some of the families are deep in debts. The key members of such families are more prone to dysfunction and to abandoning their children. For example, the mother or father may be responsible for repaying debts and may be facing extreme anxiety and pressure from debtors.
- The children in such families often leave on their own because of dissent, unhappiness, or abuse in the family, and opt to sort out life and take chances for themselves on the streets.
- Poverty is not the only motivation to send a child into prostitution. There are fathers who sell their children for opium, alcohol, or mothers who seek extra money either to build brick houses or to acquire material goods.

iii. Family, socio-cultural, and economic forces that push children into prostitution

Family forces

- Girl children often leave the home due to sexual or physical abuse at home or simply to find a better life.
- These children often end up on the streets and get into prostitution.

Economic forces

- Girl children, voluntarily or involuntarily (when they are duped or tricked), get into prostitution to improve their economic conditions and pursue avenues of their interest.
- Children from poor families, living near tourist areas, find it convenient to prostitute during holidays to earn more pocket money and live the good life for a while.
- Children seeking to get into the film industry or other such areas also prostitute themselves to earn extra money or to procure roles in films.
- Children are often tricked or duped by traffickers who entice them on the pretext of finding them jobs in big cities.
- Families are often compelled to sell their children for money or are tricked into sending their girl children to big cities for jobs.
- Some parents may realize that the job in question is prostitution but there are some who are simply unaware.
- Greed propels family members and relatives

to sell their children. There are instances where the husband, uncle, in-laws or other relatives have knowingly sold the girl child into prostitution for money.

Cultural forces

- Health and educational facilities are not easily available to girl children from poor families.
- Most girl children simply end up caring for younger children, working in the fields, and earning money for the family.
- Some of the traditional practices in India, such as "Devdasi", justify prostitution.
- Myths and beliefs of restorative and healing powers of sex with a virgin increase the market demands for girl children.
- Child marriage curbs the development of the female and pushes her into sexual exploitation and abuse as a minor (Researchers' observation and notes).

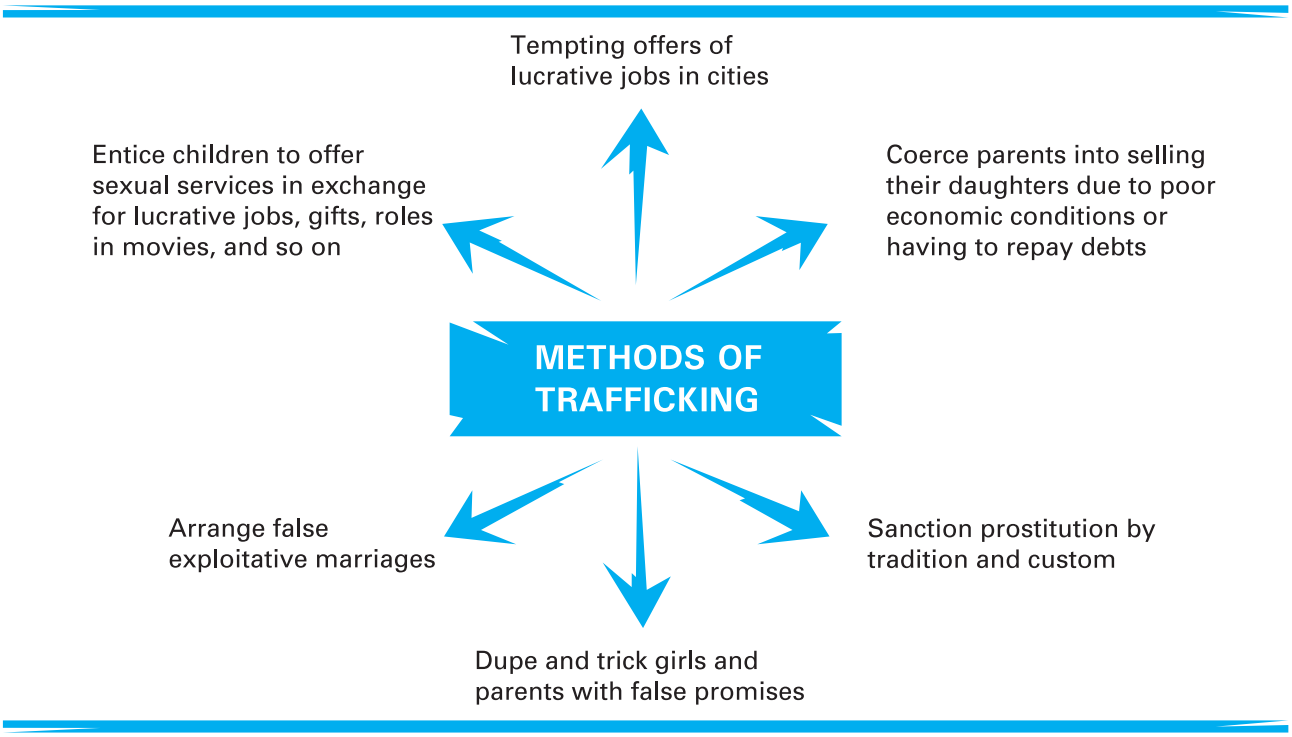
iv. Graphical representation of methods of trafficking

- Most girl children are unknowingly trafficked and do not realize that they are to be transported to another place for prostitution.
- Once these girls are taken to in a new city, and realize the situation, it is too late. They do not have the confidence to find their way back and the brothel owners and pimps constantly watch them.
- Some of them may not even know the language of the city they are transported to.
- The girls are made to wear garish clothes and make-up and are forced into prostitution.

v. Trauma, mental and physical health, and other problems of the trafficked child victims

For most of the children, trafficking and exploitation is a very traumatic experience:

- They do not know where they are.
- They can't go back home and don't know if they ever will.
- They are expected to prostitute, which is unacceptable to them.



- Once victimized, the girl children know that there is no going back as they won't be accepted by their families.
- Girl children initially resist the brothel owners and pimps and refuse to prostitute. They are then subjected to a great deal of cruelty and pain. This could be in the form of:
  - Severe beating.
  - Gang rape.
  - Starvation.
  - Other forms of torture such as putting "mirchi" (chilli) powder in the eyes, stubbing cigarette butts on the breasts or genitals (Joardar and Researchers' observation and notes).
- The living conditions in the brothels are deplorable. The child victims live in a cramped room of 12 square feet. These rooms house up to thirty-five women and children and are poorly ventilated with no proper sanitary facilities. They are subjected to frequent abuse such as:
  - Denial of payment.
  - Beating.
  - Multiple rapes.
  - Forced and unprotected intercourse.

(Warburton & Camachi de la Cruz, 1996)

Due to the work that they do and their living conditions, these children suffer from a wide range of problems. These include physical, developmental, and social problems. They also have deep emotional and psychological problems.

Physical Health: These children suffer from a number of health problems. These include:

- STDs (Sexually transmitted diseases).
- TB (Tuberculosis).
- HIV
- Pregnancy and repeated abortions that take a toll on their reproductive and physical health.
- The lack of timely medical care weakens them makes the vulnerable to several common ailments (Fernandes & Ray, 2001).
- Respiratory problems.
- Headaches, exhaustion.
- Self-inflicted injuries or injuries because of violence from others.
- Malnourishment/debilitation because of poverty or self-neglect.
- Use of drugs and alcohol (Warburton & Camachi de la Cruz, 1996).

Mental and Emotional Health: The children suffer from several psychological and emotional problems. A lot of these problems have their roots in their childhood experiences, prior to them being trafficked. The ordeal of being trafficked generates a lot of mental trauma that manifests in emotional and psychological problems. Experiences in the brothel, and some of the forced decisions, like choosing to abort a child, contribute to the problems. Some of the problems are:

- Low self-esteem. They believe that prostitution is all that they are good for. Children of prostitutes often see prostitution as the only way of life for them.
- Shame about their sexual activity.
- Lack of confidence, particularly in themselves and in what they are capable of doing.
- Self-hate.
- Feeling outcast.
- Unworthy.
- Degraded and violated.
- Unable to trust others
- Emotional dependence – the need for affection and support makes them enter into a series of abusive and exploitative relationships.
- Helplessness and hopelessness, accepting their fate as inevitable with resignation and apathy
- Desire to blur reality.
- Guilt over repeated abortions (Warburton & Camachi de la Cruz, 1996).

Other Problems: These children also face several additional problems. These are:

- Denial of mainstream education, therefore low academic achievement.
- Poor concentration.
- Loss of ability to structure and use time.
- Powerless and inability to effect change – They do not see a future outside of prostitution.
- Self-fulfilling prophecy – They accept/adopt the societal views of themselves. They internalize the stigma of being associated with the sex trade.
- Social stigma – They are looked down upon as "fallen" or "bad" women (Warburton & Camachi de la Cruz, 1996).

Based on the above, strategies are devised to work effectively for the prevention, rescue, and rehabilitation of child victims of trafficking and commercial sexual exploitation.

The Guidelines give the reader an understanding of networking with NGOs, building the capacities of the family, community, schools and schoolteachers, political and religious leaders, the local self government, police and other state machinery, and any other influential persons in the community, to work at the community level.

vi. Working with NGOs and social workers

NGOs may not have a presence in every village in India. However, there is an increasing number of committed and dedicated social workers and village leaders, especially in the women's Self-help Groups (SHGs). It is essential to use their services at the grassroots level for prevention, rescue, and rehabilitation of trafficked victims for CSE.

NGOs and social workers can act as an interface between the community and police. They can serve as neutral agents between the community, local leaders, and the government machinery.

The community can involve NGOs and social workers in the work for prevention, rescue, and rehabilitation in the following manner:

- Train people to:
  - Spread awareness about trafficking and commercial sexual exploitation.
  - Watch out for suspicious activities that could lead to trafficking of children and young women.
  - Lodge FIRs, communicate with the police.
  - Educate people against dowry and other social issues.
  - Assist in the demand areas to trace the girl victims, which can help their rescue.
- Help plan the recovery process and rehabilitation of a child victim, if it is not advisable or possible to reintegrate the girl with the family.
- Be vigilant in demand areas to ensure that no children are trafficked and second-generation prostitution is prevented.
- Work with parents, schoolteachers, healthcare workers, and transport workers, police staff, panchayat members and village leaders, to sensitize them and train them on the issue, and enlighten them about their role in the prevention, rescue, and rehabilitation work.

What can the NGOs and social workers provide?

- Kits (written and audiovisual) that give information on trafficking and rescue processes; and on rehabilitation processes and alternatives.
- Posters to create awareness about the issues of trafficking.
- Posters and other such material to spread awareness about the CRC, various laws pertaining to child trafficking, such as relevant sections of CrPC, IPC, and the ITPA.
- Posters, banners displaying information on helplines such as Childline (1098).
- Wall-charts, posters that can be displayed at primary health centres and schools that give information on sensitizing of the personnel on issues of trafficking and commercial sexual exploitation, and the psychosocial needs of child victims.

Here are some strategies that can be effectively utilized in the community while directly working with people, in order to prevent trafficking and to facilitate the rescue, rehabilitation, and reintegration of child victims.

vii. Strategies for Prevention

Community

- *Anti-trafficking Committees (ATCs):*
- WHO should be a member
- The ATC can include women and men from the village, who are effective communicators. It can also include reintegrated victims of earlier trafficking and their family members, as their experience could help the committee. The committees may also include members of the SHGs.

- WHAT are the objectives of the Committee
  - Prevent the trafficking of children and women from villages, rescue girls from brothels, and reintegrate them into their families.
  - Stop the sale or duping of women and children and identify and target the traffickers by lodging complaints at the local police stations.
  - Help identify witnesses to testify during the prosecution of the perpetrators.
  - HOW should the Committee function
  - Conduct systematic research and document facts on abuse based on information collected in participatory action research and other indigenous techniques of fact finding.
  - Study village dynamics to identify potential victims of trafficking.
  - Keep a close watch on the movement of girls and young women from the villages; on visitors to the villages; and follow up on any such visitors who frequent a particular house.

• ***Highway Mobile Committees (HMCs)***

- On the lines of the ATC, villagers can constitute HMCs. The HMC members can work with truckers, rickshaw drivers, and coolies at bus stations, railway stations, and other routes (Transit points, check nakas, or check points); as well as with sex workers working on the highways and in dhabas (road-side eateries).
- The Committee members could talk to the truckers and the girls in prostitution to identify victims who may have been trafficked, to rescue them from the trade.

• ***Panchayats and community members/SHGs to monitor entry and exit of strangers/visitors.***

- The panchayat can appoint a group of women and men from the village, and can assign the SHGs with the responsibility of keeping track of strangers who may be visiting the community; the frequency and purpose of such visits; and the households that they visit. These movements can indicate the motives of these visitors.
- Traffickers target innocent and poor families with girl children who can either be tricked into sending their daughters with them or may be tempted to sell their girls.
- Traffickers can also visit the villages in disguise as prospective bridegrooms. If the SHGs/ panchayat-level bodies monitor the marriages with outsiders, they can ensure that the visitors are not traffickers.
- Such information can help to rescue the girls and prosecute the guilty in the event of trafficking of girls from the village.

• ***Monitor entry and exit of community members, especially young girls***

- The panchayat level body/SHG should impress upon the people the need to educate the girls to protect them from interacting with strangers and thus save them from being deceived and allured.
- The panchayat/SHG can make use of such groups to help monitor the movement of girls, within and outside the village, especially girls from poor families, including families with debts.
- In case the girls are moved out of the village, these groups can document their whereabouts, the purpose of their trips, and their contact addresses where they may be contacted in case of emergency.
- The panchayat-level body/SHG can also be vigilant and inform the panchayat and police, in case a family is involved in trafficking. On receiving the information that a girl is being sent away for work, or to a relative's place for a long duration, group members should enquire about the whereabouts of the girl, and the nature of her visit.
- The group should immediately inform the village panchayat /SHG in case the family refuses to divulge any information pertaining to the girl's absence.

• ***Combat cultural aspects and religious forms of prostitution.***

- The panchayat/SHG should play an active role in preventing trafficking that follows the traditional offering of the girls from the family.
- In case such incidents, the panchayat/SHG should immediately report the matter to the police, local NGOs, or social workers and also work with the families to prevent such trafficking.

Family

• Check background of people offering jobs, incentives, marriage proposals

- Families should take good care of their children in terms of clothing, food, and take their points of view seriously.
- The family should ensure that their daughters are safe and not exposed to potential traffickers.
- The family should explore all the possible connections and contacts to find in-depth information on the background of a prospective bridegroom, his qualifications and nature of work. They should check into the groom's family and relatives, their reputation, and cultural background.
- All marriages in the village should be registered, and at least one photograph of the married couple should be kept safely.
- The girl's family must keep safely the correct address and contact of the groom's family safely.
- The family must maintain regular contact with their daughter even after she is married and take her into confidence, so that that if she has any problems she can seek help.
- If there are any demands of dowry or threats to the girl and/or her family, community support must be sought immediately to tackle the situation and inform the police, panchayat members, social workers, and local NGOs.
- At various times, especially in situation of droughts, natural disasters, fairs and festivals, many visitors try to approach vulnerable families with promises of employment for their young girls in big cities or towns. It would be difficult to know the background of such persons, and therefore, extra care and caution are needed so that the girls are not sent away with strangers.
- The families must ensure that their girls are not being lured by promises of jobs by unknown people.
- Family members who travel to town should maintain a contact with their daughter's friends, and seek information on the girl's circle of friends and contacts outside the village.
- The peer group can help inform the families if they see anything suspicious about a girl's contacts and if the girl is being forced/ pressurized by a person or group.

• Watch out for deceit and resist the sale of girls

- Families in debt or suffering from severe economic strife sell their daughters as labour or for other activities. The families must be made to resist this and they must be made aware that the sale of children or using child labour is a criminal offence.
- The families should also know that it is compulsory and mandatory for them to provide education to their children.

• Call Childline and the Police in case of suspicion

- Services such as Childline (1098) should be used effectively. The families should contact services such as the police or the panchayat in case they suspect trafficking from within the family or from the neighbourhood/community.

• Training girls to be more vigilant and aware

- The family can play a vital role in preventing trafficking from within the family itself, by keeping the girl children well informed.
- In "supply areas", the girls should be adequately aware of the potential of being trafficked, and they should therefore understand the importance of keeping their families informed about their movements in and around the village.
- The girls should, as far as possible, not go to distant towns all by themselves. They must not leave their houses at odd hours, especially in such areas that are prone to trafficking of children, and where the villages are located close to roadways with heavy traffic.
- The girls should immediately report to the family about their friends being allured/pressurized by strangers, or being forced to accompany other friends to unknown destinations.
- The girls must refuse to accept food articles from strangers on their journeys to the town and other places. It is reported that traffickers often lace food and drink with intoxicants so that it is easy for them to victimize the girls.
- The girls should be aware of the family dynamics and in case they suspect that some

of their friends are being trafficked by their families or relatives, they must inform their parents/community group or the anti-trafficking committee.
- The girls should know about the pitfalls of life in a big city and should resist the temptation to take off to cities on their own or with strangers.
- The girls must know the geographic location of their village, their own addresses, and the contact numbers of people who may be able to help them if they are lost.

Police

- *Patrolling*

- The police should be on a vigil in locations prone to trafficking, and should monitor the movements of strangers in the villages.
- The police must ensure that patrolling is effective and should look out for suspicious movement of girls at places such as highways, *dhabas*, railway stations, and bus stations.
- The police should ensure that no girl is being forced to get onto a bus or train, and is not being forced to consume any food item.
- In case of incidents of apparent force, the police should immediately intervene and enquire about the girl, her companions, and the motives and destination of the journey.
- Then the police must register an FIR under Section 5 or 6 of the Immoral Traffic (Prevention) Act, 1956 and section 366, 366A, 367, 370 to 373 of the Indian Penal Code and not permit any compromise. This situation should be supervised and reviewed seriously so that the trafficker is prosecuted.

- *Special cells*

- There has to be a special unit of the police to deal exclusively with the rescue of victims of trafficking and CSE.
- Individuals/organizations working in the field should accompany this special unit in their rescue operations.
- More women police constables and officers need to be stationed in police stations, bus stops, and railway stations adjacent to red-light areas.

- *Participating in anti-trafficking and highway committees*

- The police should play an active role in preventing trafficking by directly participating in anti-trafficking and highway mobile committees.
- In the absence of such committees, the police need to be proactive in forming such committees with the villagers and panchayats.
- The special cells can send representatives to such committees, thereby keeping them informed of the potential trafficking scenario.

- *Educating the villagers*

- The police, with the help of its cell, can conducts workshops in schools and community gatherings to make people aware of the laws and procedures involved in handling cases of trafficking.
- Such interaction will help the community and the police to support each other and break the myth or fear about the police being unfriendly and disinterested.
- The girls should also be trained to come forward and register complaints if they suspect their family members or relatives of trafficking.

Teachers, healthcare workers, and transport workers

- *Monitoring the girls' movements*

- Schoolteachers, healthcare and other community workers, and those working in the public transport systems need to be vigilant and monitor suspicious movements of girls and their forced transportation by unknown persons, or even family members and relatives.
- Transport workers can make sure that unknown people do not move out girls without their consent. They can also make sure that their companions do not drug the girls during their journey.

- *Reporting suspicious activities to families and committees*

- Migratory workers in villages and teachers, who have contacts with a larger group of girls, must inform the family and village level committees/ anti-trafficking committees about any suspicious movements or activities.

- In case the suspects are the family members, they should be reported to the committee.

Imparting awareness and education to girls and villagers

- Teachers and village level workers/animators can play a significant role in educating the villagers and girls about trafficking; and the precautionary measures that the families and girls should take in order to avoid trafficking and to book the perpetrators.
- The teachers need to work closely with the girls, especially in the supply areas.
- The teachers can form groups of girls to monitor other girls who are more prone to be victimized by the traffickers because of their economic vulnerability or are in areas where traditional offering of girls has existed in the past.
- The teachers can form groups of male youths in the villages to monitor the activities of strangers/ visitors in the village.
- Teachers and educators can provide charts for a more graphical representation indicating the geographical location of the city in relation to other supply or demand areas, methods of trafficking, and other such relevant information

viii. Rescue and Post-Rescue Strategies

Community

- *Pressurize for rescue efforts*

- On receiving information about trafficking, the community, in the form of SHGs and Anti-Trafficking/Highway Mobile Committees, and social workers with NGO personnel, should immediately seek help from the police to find and rescue the child.
  - In cases where the family itself is involved in the trafficking, the community must pressurize the family to reveal the location of the girl, the names and contact details of the traffickers, and other pertinent information.
  - Religious and political leaders, panchayat members, and other such significant individuals can work with the family to obtain such information.
- Political leaders and panchayat members should ensure that the police brings the girl back home.

- *Participate in rescues*

- Often it is necessary that someone from the village accompanies the rescue team. This helps to identify the girl and give her moral support during the traumatic experiences of rescue and post-rescue.
- The family may not be emotionally prepared to participate in this effort, though, or may even refuse to do so. In such cases, the family members need to be motivated to accompany the rescue team.
- In case the family cannot join the rescue team, a few community members from the Village Level Committee should accompany the rescue team.
- Post-rescue, the girl needs sufficient time to overcome the intense emotional and physical trauma. She needs someone by her side to provide her with emotional support and make her feel safe.
- The rescue team members should help the girl gather all her belongings before she is removed from the rescue site and shifted to the short-stay home.
- The community members must make sure that they are around during the initial hearings of the case in the court, and support the girl till she is brought back into the family.

- *Lodge FIRs, take action as informers*

- The moment they know of the incident of the trafficking of a girl, the community members, along with the family should lodge an FIR with the police station, and provide all the relevant information to the police.
- The Anti-Trafficking/Highway Mobile Committee should step in, and gather and provide information to the police.
- The committee members should visit the school/ college where the girl was studying, and visit the other village level workers such as health workers and retrieve relevant information.
- The community members should also seek maximum information from the family, and help them cope with the trauma and cooperate in the rescue process.
- Once the girl is rescued and removed from the exploitative situation, the community should

make the maximum efforts so that the culprits are booked and prosecuted.
- The village leaders, panchayats, and committees should support and encourage the girl and her family to cooperate in the prosecution by testifying against the perpetrators.
- The community should convince and support the girl to give evidence against the traffickers.
- The community can help families and trafficked girls to overcome the trauma and fight for justice.
- The community should in no way further victimize the trafficked girl or her family. Their support would go a long way to prevent, rescue, and rehabilitate in relation to trafficking.
- The unity of the village or community is a source of immense strength.

Police

- ***Raids, Rescue and Post-Rescue***

- The police force is involved several rescue operations across the country. In some cases, an NGO, social worker, family of a victim or the community, approaches and accompanies the police party for the rescue. In other cases, the police carries out the rescue based on its own information, planning, and strategy.
- Help desks for children at police stations would encourage them to directly address issues of abuse and exploitation to the police.

Following are some "Do's" and "Don'ts" for the police involved in rescue operations:

Do's:

- The police should set up special units for carrying out rescue operations. These units should have sufficient numbers of both male and female police personnel. The roles of both male as well as female constables are vital:

Male police personnel: They can and should be effectively used to patrol the brothel areas to find out the presence of a child victim. This can be done either by plain-clothes policemen penetrating the brothel community, or by the policemen masquerading as clients visiting the brothels.

Female police personnel: They play a crucial role in the entire rescue operation. They can work effectively with the victims and the brothel keepers. The brothel keepers would more often than not use physical force, and since most often they are women, they need to be dealt with by policewomen. The women personnel can also support the victims, win their trust, and encourage them to leave the brothel.

- Only the female police personnel should deal with the children and the female brothel keepers during the rescue operation.
- The entire police unit going on the rescue operation should be regularly trained on the following issues:
  - Relevant Sections of ITPA, IPC, and CrPC that are applicable for the removal of child victims from exploitative situations, as well as for the prosecution of the perpetrators.
  - Mock demonstrations of the unfolding of events during a rescue operation should be carried out at regular intervals.
  - A kit should be prepared to explain the entire legal procedure involved in the rescue operation, and the staff should be trained regularly.
  - A psychosocial, economic, and physiological understanding of the victims, while in the brothels, is essential. This would make the rescue operation effective and humane. This should be done with regular consultation and networking with local NGOs and social workers.
- Plan the rescue operation in great detail; involve the police staff in such a manner that everyone is well informed about the operation and its proceedings. At the same time, complete secrecy is essential so that information does not reach the brothel community. Wherever possible, a local NGO and/or social worker can be requested to participate in the rescue operation.
- Prompt action is vital as delay could lead to the child being removed from the brothel community into a hideout.
- Cooperate with and support the efforts of NGOs, social workers, and individuals when they plan out rescue operations.

- If possible, involve the child in the rescue. Welcome and encourage her participation in the operation. A police person or informer can pose as a customer and interact with the child prior to the rescue operation.
- Give the child sufficient time to take her belongings.
- Encourage the child to talk so that she can help the police figure out her correct age, instead of only asking about her date of birth, which she may not know.
- Provide the children with the necessary food, clothing, bedding and other requirements while in the police station.
- It is important that the perpetrators (traffickers, pimps as well as brothel-keepers) are arrested at the time of the rescue operation, and effectively prosecuted.

Don'ts:

- Don't carry out unplanned raids on brothel communities
- Don't use excessive physical force during the raids.
- Don't rush into identifying the rescued victim to be a child or major, based on her physical appearance.
- Don't keep the brothel-keepers and the child victims in the same rooms, while in the police station. The brothel-keepers may threaten the children. Also, if the children are kept in lock-ups they will feel that despite being the victims, they are being treated like criminals.

• Networking with demand areas

- The police should be in close contact with police NGOs and social workers, in demand areas. This will help in locating a trafficked victim quickly and her subsequent rescue, before she is re-trafficked or removed to other locations.
- Register complaints, FIRs, and utilize proactive sensibility.

Family

• Ensure follow-ups

- The families have a greater responsibility in making sure that the culprits are booked and tried in the court of law. They need to seek justice for their own girl and prevent further trafficking activities and crimes.
- The family should not shy away from or shirk the responsibility of booking the criminals. The police and the community have to cooperate with the family and the girl, and support them in these trying times. The family should ensure that with adequate protection, the girl is taken to the police station to lodge the FIR, and to the courts during the hearing of the case for giving her evidence, as and when required.
- The family should be convinced that they are victims of injustice.

• Provide relevant leads based on their background checks

- The family, if directly or indirectly involved in the trafficking of the girl, will definitely have information that could help identify and book the culprits.
- Even if the family is completely unaware of the trafficking of their girl – for example, if the family has married off the girl and the "bridegroom" has subsequently trafficked her – the family needs to provide the maximum information about the whereabouts and background of the "groom and his family" to help identify and book them.

Government workers (healthcare workers, anganwadi workers)

• Provide relevant information about routes, suspects

- Village level workers such as healthcare workers and teachers may have some information or may have seen some suspicious activities in the village.

ix. Strategies for Rehabilitation

Community

• Help towards the adjustment and acceptance of the girl into the community

- It is very important that the community members do not victimize the girl or her family.
- Elder community members, religious leaders, political leaders, and other influential community

members need to support and influence community members to accept the child and aid her recovery process.
- The community members should not think of the girl as "fallen" or a "prostitute"; they must not call her names, taunt her, or use the incident to embarrass or shame her. They need to be sensitive to the fact that she is a victim of exploitation.
- The community needs to be more proactive to avoid this from happening to anyone else in the community.

• *Provide economic and vocational assistance to the victim*
- Women's groups, government programmes, and community programmes can provide economic and vocational assistance to the rescued girl. She can be helped to get government loans to alleviate dire economic situations.
- The girl can be enrolled into available vocational programmes that could help her develop skills and gain economic independence.
- She can be invited to become a part of SHGs so that she not only feels supported but also gets access to economic avenues as available.
- Girls can also be encouraged to join schools or other formal or non-formal educational/skill development programmes.
- If many girls in the village have been trafficked and rescued, the community, with the help of other NGOs can help bring these girls together so that they have a forum to give vent to their emotions knowing that the other girls have been in the same situation and would understand.
- These groups of rescued girls may educate and warn other girls about the modus operandi of trafficking and act as vigilant groups to prevent further trafficking.

• *Support family to accept the girl back*
- Once a girl is rescued, the immediate family often finds it hard to accept the girl back, as the family members themselves feel caught up and traumatized. They feel that their family reputation is at stake.
- The community should help the family overcome this trauma and accept the girl back.
- The community could help the girl by providing her an alternative residence or support if the family cannot come to terms with the situation immediately after the rescue.
- Staying in the community, where she knows people, is in itself a form of rehabilitation for the girl and she may feel a lot more secure.
- The community should help and ensure that the rescued girl is not unnecessarily institutionalized especially if alternative arrangements can be arranged for a short term.
- It is also important for the father to be supportive of the mother to help the rescued child overcome her trauma. The father's involvement goes a long way in establishing a healthy family life and effective communication patterns.
- Parents should listen to the child and help her in decision-making and to incorporate her needs and ideas into their way of life.

Police
- Help and support the girl and prevent her re-trafficking.
- Help in prosecution, especially for the safety of the girl and family.
  - The police plays a major role in prosecuting the traffickers. But it is important for the police to gain the confidence of the victim so that she can be assured that the police will do their best to bring these criminals to justice.
  - Use past cases of prosecution of the perpetrators, and demonstrate to people how community initiatives have helped nab and prosecute the criminals, and prevented further trafficking of children from those communities.
  - The police should treat the girl with sensitivity and prepare her as a witness, if required.
  - The police can also use videotapes and record her testimony if the girl is uncomfortable. This will help her to avoid further trauma of facing the criminals in court or being rudely taunted or cross questioned.
  - The girl and her family need to be reassured that the police will adequately protect them against the criminals should they decide to testify.

- It is the responsibility of the police to provide appropriate protection and make the family and the girl feel safe.

Family

- In the event of trafficking, it is not just the girl but the family members as well who suffer a lot of trauma and confusion. It is however important for them to support each other and come to terms with the event. The family needs to feel relieved and good about the fact that their daughter is rescued.
- Provide counselling to the family and the girl so that they can deal with the trauma and lead a normal life.

• *Acceptance and adjustment*

- Once the girl is rescued, the family should help her adjust to the regular routine of the family. This can be hard at times given the trauma of the girl and where she has come back from.
- The family's acceptance of the girl can help her come to terms with everything and move on with her life. If she knows that her family loves and supports her, she will deal with the situation better. The family however, should give the girl some time to adjust and not expect everything to revert to normal instantly.
- There may be some behavioural traits that girl may have picked up that may be unusual or offensive. The family must try to slowly re-mould the girl. The family members should not scream at her, nor abuse and beat her, as such behaviour would only alienate her and make her feel hopeless.
- The family should understand that the girl is also trying her best.

• *Dealing with mental stress and coping with trauma*

- It is important that the family members avoid continuously probing about the exploitative incidents that the girl has been through. However, if of her own volition, the girl chooses to talk of her experience, the family members should listen patiently and sympathetically.
- Let the girl take her own time and allow her to talk to whomever she is comfortable with. In most such cases, the girl would tell the mother because she see her mother as someone who will understand and who will love her in spite of everything. The role of the mother hence becomes very vital and she should be supportive of the girl.
- If the girl narrates some horrible or upsetting experiences the family must accept that the girl is just trying to get it off her chest and give vent to her feelings, anger or depression, and that she is not saying anything to upset or scandalize her family.

It is important that if the girl talks about these incidents with any members of the family, they be kept confidential.

• *Support education and employment*

- Just because the girl has been trafficked does not mean that she gave her consent in any way. There is no need, therefore, to restrict the movements of the girl.
- The family should encourage and support vocational and educational opportunities for the girl as that will make her smarter, more independent, and confident. It will also be ideal therapy for the girl.

• *Prevention of re-trafficking*

- The family should make sure that once the girl is back, her safety and security is given utmost priority and everything possible is done to keep her away from any exposure to traffickers or their contacts.
- The family should ensure that the girl is accompanied when she leaves home for a visit out of the village, and brought back safely, especially during the prosecution phase, if she is testifying against the traffickers/brothel keepers.

• *Health aspects of the girl*

- When the girl has been rescued, she may have health concerns and hence should get a complete health check-up.
- In case the girl is found to be HIV positive, the family and the girl will have to deal with it. The family however should be helped to cope

with it with as much information about the condition, as possible.
- Health workers, NGO personnel, social workers, counsellors, or doctors may be approached to discuss concerns regarding such health issues.

Social workers/Government field staff
- Health care workers need to help and advice the girl, especially in HIV-positive cases.
- Health care providers need to counsel not only the girl but also the family members who are aware of the condition. It is of prime importance for the health care workers to provide necessary counselling, dissipate fears regarding the illness, and motivate the girl to lead a regular and healthy life.
- They should provide access to medication if required and give advice that suits the lifestyle of the girl and the family. The girl could be put in touch with other NGOs or agencies, which could further help her plan her future and assist with medication or necessary funding, as required.
- Educate the community and other members to accept the girls. The educators of the community can also play a major role in bringing about awareness and facilitate acceptance of girls rescued into the community
- Teachers can play a key role in the girl being accepted in her student life, by peers, and the community. They need to ensure that the girls are not isolated or discriminated against in schools.
- Teachers should take proactive action to bring the rescued girls into the mainstream and provide relevant information to young students about various aspects and issues, so that they can grow up to become active community members who could arrest trafficking and live amicably in society without prejudice.

PART III

GROUP SESSIONS

PART III A

INTRODUCTION TO GROUP SESSIONS

Group sessions impart information and invite discussions on various relevant and important topics, in the non-threatening situation of a group. Group sessions are ideal platforms for bringing about changes in attitudes and sensitization to issues. The opportunity to share and participate in a supportive group is very enriching and can lead to insights about self and situations. Group sessions can be conducted with both the children and the staff of the home. Sessions conducted with children can focus on teaching them important social concepts and skills and can cover topics such as family-life education, building trust, communication, assertiveness training, personality development, and life skills training.

Sessions for the staff can help make them sensitive to the unique problems of the children under their care and equip them with skills in dealing with particular problems; and encourage them to carry out their responsibilities more efficiently. Topics that can be important for the staff include documentation, time management, teamwork, conflict management, and communication.

It is recommended that the animators talk to the concerned groups about why the topic is important and ask for the groups' feedback on whether they too see the relevance, and what they would like included in the session, or whether they feel that another topic needs to be discussed first. The staff should not see group sessions as an isolated activities or programme but as supplementary to the ongoing counselling and daily activity of the home, and understand their value and contribution to the overall rehabilitation of the child.

1. Conducting Group Sessions

All sessions need to be planned on paper, including the number of sessions required to cover a particular topic, time required for each session and for each activity within the session, expected outcomes, and points for discussion. Well-planned and documented sessions help in developing in-house training material and can be used by the same/other staff in the future.

Staff members (one or more) can collect the girls in the home. The size of a group should be large enough to invite more ideas but should be limited

enough so that all girls can participate. A maximum of 15-20 children per session are recommended.

A circular format of seating, with the children and animators sitting together, where everyone can face each other, is preferred.

Group sessions follow a general format: break the ice/initiate the topic; get participation of the group to share the relevance and experience of the topic being covered; animator gives her inputs (if required); and finally some common and indigenous solutions/knowledgeable understanding of the topic under discussion.

To begin the session, the animator has to introduce the topic and its relevance to the group. The animator can initiate the group sessions by explaining the programme to the group, so that they can be active partners in the process.

Group sessions usually use some form of "icebreakers" (songs, enjoyable activities, games, exercises) to relax the participants and put them in a receptive frame of mind; or just introduce group members to each other (this is useful when new children join the group). Icebreaker sessions help to get the group members interested and involved. The icebreaker can also be conducted if the start of the session is delayed because some members are late or other possible delays. In homes where the group members generally know each other, exercises/games that have a direct connection to the session can be planned. For example, in a session on communication, a game of "Chinese Whispers" (in which most of the time the messages get distorted) can be an icebreaker, and a discussion on the importance of clear communication can emerge.

It is important that the animator is in charge, guides the group gently from one activity to the next, and introduces the ice-breaker or any other group activity at an appropriate time. For example, if the girls start their own game they might get too involved and would not be willing to seriously continue with the group session. Group media like photographs, drawing, collage, composing a poem or a story, role plays, group activities, are important tools to initiate the topic, and can also be used between sessions to break the monotony, or to give physical expression to the topics being covered.

The animator should discuss the topic briefly with the group in terms of its importance. It would be good to illustrate the importance of the topic with live examples or examples of other girls in similar situations. Another positive way of introducing a topic is by narrating personal life examples wherever relevant. For example, if the topic for the session is eve teasing, the animator could narrate a story of how she was the target and how she felt about the incident, or she could narrate incidents that she has heard in relation to eve teasing.

It is very important that the animator involves the group in the session by making the members find links to their own experiences and encouraging them to share with the group. In the example of eve teasing, the animator could ask the group members if they had faced any such situation and encourage them to share their experiences. If the group members haven't had such experiences, the animator could encourage them to empathise with someone who may have had such experiences, such as friends or relatives and ask how it would make them feel if they were eve teased. As mentioned earlier, group media like role-play could be used to illustrate points. Similarly the animator could enlist the group's participation to discuss various other issues related to the topic, for example: why eve teasing occurs, how to react to eve teasing, and the legal steps that can be taken. The animator should give information based on her reading and her experiences to enhance the discussion.

At the end of the group discussion, the animator should ask the group members to sum up the discussions. Direct questions such as "Where can we get eve teased?" and "Tell us some of the ways in which we can deal with eve teasing as discussed?". The animator should also enquire

whether the group received the information correctly. More creative methods of summing up are making the group members express what they have understood or felt about the discussion through some medium. For example, the group members could role-play what they would do in situations of eve teasing.

While conducting a group session, it is important that the animator does not force any of the members to participate. If they just want to observe, they should be allowed to do so. Besides confidence, they could gain a lot of information by just listening. On the other hand, there may be members who would want to participate but may be overshadowed by other members or due to group dynamics. The animator has to note this and help such girls to communicate, by giving equal opportunity to each person to communicate.

After each session, it is always a good practice for the animator to note down her observations regarding the behaviour of the group as a whole and/or of each member of the group. This would ensure that particular behaviour or comments could be followed up. For example, a child may say something during the session that gives the animator a glimpse of the child's abusive past. Hopefully, the children should know that the caretakers work as a team, and therefore communicating such information to the persons handling their respective cases is not seen as betrayal of confidence, The staff can then probe into the matter and help the children accordingly.

The following is a brief checklist for working with groups:

- Learn the participant's names.
- Provide an atmosphere that encourages diversity of opinion.
- Develop active listening skills.
- Attempt to become non-judgemental and accepting.
- Learn to be more comfortable with silences.
- Observe the right of individuals not to contribute.
- Allow everyone the opportunity to speak
- Encourage participants to respond honestly.
- Ask clarifying questions and draw out opinions from the group.
- Encourage group members to take responsibility for their own learning.
- Assist the group to draw conclusions from their activities and discussions.
- Support participants as they try out new behaviour.
- Encourage group members to evaluate their own participation and that of the group.

(Tricia Szirom, Sue Dyson, undated)

PART III B
Module for Staff – 1

DOCUMENTATION

Most of the staff in rehabilitation facilities have to engage in some sort of report writing or documentation to maintain records and progress charts for several programmes offered by the institution. Inputs on correct documentation can help the staff improve their skills in writing reports. Correct inputs can also clarify the expectations from the document process and thereby reduce the time for documentation. This module imparts information on correct documentation styles, common mistakes that can be avoided, and the purpose and importance of documentation.

ACTIVITY 1

Objective: To make the staff understand the importance of documentation.
Method: Discussions, inputs, and exercises
Time: Approximately one hour.
Participants: All staff members are required to write reports (the number of participants could range from 3 to 15).
Media/Aids: Sample reports (see example below).

The animator could make four mixed groups of staff (depending on the number of participants). Each group should comprise a different cadre of staff and the animator should give them the following exercise.

Exercise
Each group represents a new group of staff that has recently joined the institution. The staff members have no one or nothing to orient them about the past work except for some past reports on individual children and activities. What difficulties will they face in understanding the work on the basis of the reports (samples of two reports are given below)? The groups are given half an hour to identify the various shortcomings of these reports (some examples: incomplete information, spelling mistakes, lack of clarity, and unnecessary information). Photocopies should be made of each report and each group should have them. The animator can start afresh or change the reports according to a particular institution.

Identify the Mistakes in the Sample Reports Given Below

Quarterly Progress Report of a Child
Name of the child: Sunita
Date: 14th September 2002

Sunita is doing very well. She likes to study and to eat. She understands Hindi language and can rite upto 15. She can speak few words of English. She get angy soon and hit herself. somtime she cut herself. She lernt typing. She is lerning stitching and making peda. Hewr friends are priya and sonali. She knows as much poems as sonali. She fights with cook because she says cook gives her more work. She is good in singing. Everyday she like to wash hair and put oil on hair. She takes part in all programmes but doies but needs a lot of attention. She going home soon. her home is in patna. Partnes will ocme to take her. I like sunita very much and will miss her when she goes because she is a good girl and listens to everything I say.

(Pointers for the resource person: Spelling and grammatical mistakes; lack of complete information, such as: surname of child; lack of clarity as to who has written the report and what kind of report it is; lack of information about the kind of help or service she is receiving from the home regarding her anger and self-destructive behaviour; the process of work is missing; reason for going home not explained and steps taken to prepare her and her family not given; unnecessary information included)

Quarterly Progress Report of NFE Class
Date: 12th September 2002
Teacher's name: Krishna
Total Number of children: 22

All childen know ABC uptil J
All childen know till 35
All childen can read till 20
All childen can say poem "Machli jal ki rani hai"
All childen are happy in class
I teach four hours everyday .everyday children say prayer "humko man ki shakti dena" tehn we take out book and say poem and write numbers. Tehn we take out books and all start writing till 100. Some children fight. I tell them don't fight. Rough notebooks are not enough and so they fight

(Pointers for resource person: Does not show individual levels of children; not useful except as an account of the teacher's work of the past three months; information not presented clearly; spelling mistakes and incomplete information; inconsistent information).

After the groups have identified the mistakes, give them time to share their findings.

Points to get from the groups
The difficulties the staff members would face in the institution if they really had to be oriented merely on the basis of such reports highlight the link to the importance of reports.

To summarize
Reports are crucial for the rehabilitation of the child as they indicate where the child comes from, where she is going, and what needs to be done for her.

Reports are also important to brief the new staff about where exactly the earlier staff left off to ensure a smooth take-over of responsibilities.

The exercise shows the number and kinds of common mistakes in writing reports that need to be avoided. These can be summarized.

Outcomes
Participants should know the importance of documentation and should be able to list the purpose served by the various reports they write.

Participants should also be aware of common documentation and report-writing errors so that they can correct these errors before submitting the reports.

ACTIVITY 2

Objective: Enhance the skills of the staff in relation to the documentation required by them.
Methodology: Inputs through lectures.
Participants: All staff members who document and report.
Media/Aids:

- Blackboard/chart-paper to reinforce lecture method.
- Photocopied handouts summarizing main points of the talk.

Time: Approximately one-and-a-half-hours
If this session is conducted separately from Activity 1, then it must begin with summarizing the importance of written communications in the institution.

Important Concepts to be Covered Using Relevant Examples

- ***Why are reports written***

To inform, recommend, motivate, persuade, impress, record, and instruct.

• ***Important points to remember while writing reports***

- Set objectives before writing: is the report supposed to inform, to recommend, or to persuade?
- The *5 W's and 1 H* of written communication: The report should mention details regarding *WHO, WHAT, WHERE, WHEN, WHY, and HOW,* of the matter being discussed.
- Reports need to be clear, concise, complete, simple, and easy to understand.
- The content should be to-the-point so that the reader can work efficiently with the information provided.
- The presentation and layout must be easy to read and accurate. For example, proper spacing, margins, paragraphs, correct spellings, and grammar are essential.
- *Check and recheck the report for correctness, clarity, and completeness before submitting it.*

• ***General format for report writing***

Introduction: The title that clearly indicates what the report is about, the author or compiler's name, date, and any other significant identifying information about the report (for example, name of the house or number of the dormitory).

Map out the situation: Use headings, subheadings, and paragraphs for clarity; use tables, graphs, and illustrations if available and relevant. For example, the description of the educational classes can include complete information about different levels of students, demarcated by headings and supplemented by graphs to show progress, or tables to show the numbers of students involved in different activities.

Observations and concerns if any: Mention individual observations that need to be communicated to others (for example, sudden lack of interest by individuals).

Future plans and recommendations: The report should ideally end with a plan for the coming week/month/quarter, depending on the type of report. The staff can also put down requests (for example, for provisions and infrastructure) and recommendations, if any.

Exercise

At the end of the lecture, the resource person can ask the participants to write a brief report of the session (keeping in mind the relevant points). The resource person can ask for volunteers to read out what has been written by way of summary.

Outcomes

1. Understand how to format reports according to the purpose of the report.
2. Know the important constituents of a report and include them in reports.

ACTIVITY 3

Objective: Involve the staff in devising formats for documenting their work.
Methodology: Inputs through lectures.
Participants: Groups of staff with similar report writing functions.
Materials required: None.
Time:

- Consolidated time to develop format in groups
- Time to meet with the in-charge
- Ongoing.

To be conducted only after completing Activities 1 and 2.

It is advisable that groups of staff carrying out similar functions be formed: for example, Group of Vocational Guidance Teachers and Group of Non-Formal Education (NFE) class teachers. Each group should devise a format for the reports that they have to submit. After preparing such a format they should be given a chance to discuss the format with the person in-charge or the person they submit such reports to and then finalise the format after making suggested or relevant changes. They should refer to sample formats used by other organizations as guidelines.

Outcomes

Participants should be enabled to devise a consolidated format for writing reports.

PART III B
Module for Staff – 2

IMPORTANCE OF STAFF ROLES

This module provides inputs to the staff to help them understand the importance of roles that they play in the children's lives. This module is intended to make the staff feel good about the roles they play. In addition, the module also helps the staff to understand the importance of the organization and its programmes and how the staff plays a central role in accomplishing the objectives of the organization.
The two major objectives of the sessions are:

- Understand the importance of the rehabilitation programme in the life of a child victim and the importance of the staff in shaping the future of the child.
- Understand the vision and mission of the rehabilitation institution in the light of the programmes and services of the institution and the work they do in the institution.

(*Note:* Activities 1 to 3 serve the same objective, i.e., to help the staff understand the importance of the rehabilitation programme in the life of a child victim. These three activities are to be delivered in succession.)

ACTIVITY 1

Objective: To help the staff understand the importance of the rehabilitation programme in the life of a child victim.
Methodology: Focus group discussion (FGD) and exercises.
Participants: Staff members of the institution
Time: One-and-a-half hours.
Materials required: Approximately 10 boxes of different sizes (pencil boxes, shoe boxes, card boxes, cartons, or any other boxes), colour paper sheets cut into strips, glue, and felt pens.

Procedure for making the building blocks: The facilitator, with the help of some volunteers, can keep the building blocks and boxes of various sizes ready for this session. Colour paper should be cut into various sizes as per the varying sizes of the boxes, while discussing the various ingredients of "necessities of a beautiful life". The facilitator should refer to the list provided in the module and guide the group to give suggestions, arrange the suggestions in increasing order of importance with the help of the group, and write down the most basic ingredient on the widest box. The next progressive ingredient after one fulfils the basic ingredient should be written on the box one size smaller than the first. Similarly other progressive

ingredients that follow in an order should be written on smaller boxes.

Input

The staff member conducting the activity begins the session by asking the group a question:
How would you go about building a Dream House that is strong, and can withstand rough weather, will have good occupancy, and will look beautiful too?

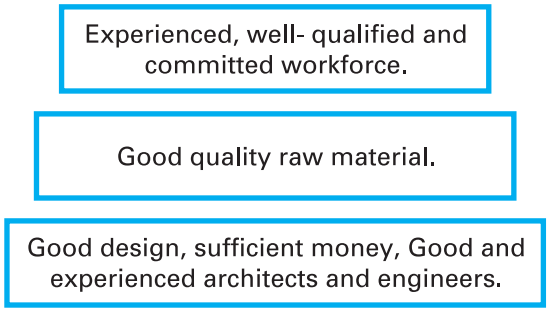
The facilitator can help the group members by suggesting that for a start, it would require a strong foundation and good construction material. The staff could then list all the necessary requirements for building a Dream House. These would include:

- A beautiful and workable design and plan
- Good quality of various raw materials such as steel, cement, and bricks
- Experienced and expert architects and engineers
- A sound and experienced workforce
- Sufficient money

The facilitator then moves on by asking:
Can all of you think about building a life the way we discussed about how we can build a Dream House? What would be the ingredients required to build a life?

The facilitator then asks the participants to sit together and discuss what would be the ingredients in building a life, and how they would go about building it.

The facilitator also tells the group that once they have completed the discussion, they have to actually illustrate what the "built life" would look like, and show in the diagram all the requisites of building a life. For this, the facilitator shows the group the following diagram:

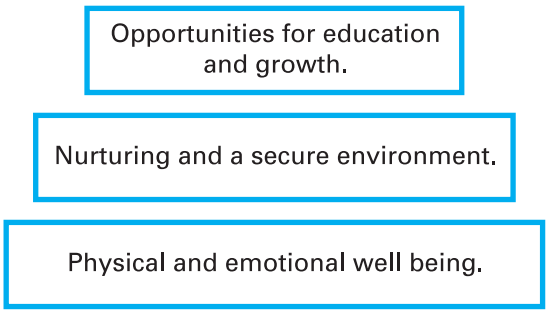


The facilitator then suggests that the group working on "Building a Life" should also come up with a similar diagram that would should how a strong and beautiful life can be built, including within the diagram all the necessities that go into building such a life.

The facilitator should also help the group to identify the various necessities of a beautiful life. He or she should provide inputs on all that is essential, also known here as "building blocks", which mention these necessities, based on the following points, based on a reference list for the facilitator for the "necessities of a beautiful life":

- A nurturing and secure environment.
- Contact with family and a sense of belonging.
- Physical and emotional well being.
- Physical health.
- Opportunities for education and recreation.
- Hopes and dreams for the future.
- Activities and help to realize hopes and dreams.
- Financial security.
- Moral character.
- Support system.
- Teachers and guides.
- Other resources.

The building blocks would be arranged in the following manner and would look like this:



The facilitator then explains that " life" should be built by arranging the building blocks one on top of the other in the shape of a pyramid or like a building, all the blocks should be used, and each block should be in its appropriate place.

Once the group builds "life", one or more members a presentation how they have envisaged and built it.

Discussion
Following the presentation, the facilitator initiates a discussion on each of the building blocks that constitute the life building. The facilitator also explains why these were provided to the group and the significance of the elements in each of the blocks.

Outcomes
The staff members understand the various components of the rehabilitation programme in the life of the child, and its role in shaping the future of each of the residents.

ACTIVITY 2

Connecting the programmes of the institution to the building of life.

Input
Once the group understands the requisites of building a life, the facilitator then explains to the group how the institution tries to achieve this by way of its rehabilitation programmes. The facilitator presents a chart on various activities and programmes of the institution/organization and explains how these programmes are based on the building blocks as the staff had suggested.

Discussion
The group discusses how the programmes of the institution aim to provide the child with the opportunity to enjoy his/her childhood and at the same time how it works towards creating opportunities for the child to have a safe and fulfilling present and future, within and outside the institution.

ACTIVITY 3

To help the staff understand the importance of their work.

Input
The built "life" made of the "building blocks" is still in front of the group. The facilitator asks each member to choose one of the blocks that they like the most, a block that they think is really very relevant to the building of life. Now, the facilitator asks each member to identify the block that he or she has chosen in order to avoid duplicating the chosen blocks. (It is possible that different persons may choose the same block, but in order to demonstrate the game, elimination of the chosen boxes by every member makes it easier.)

The facilitator now calls each member to come forward, one by one, and remove the block that he or she had chosen. Soon, the solid, robust-looking "life" is ready to crumble any moment. The facilitator then tells the group that each staff member and all the work they do, small or big, is equally important in the life of the child, just as each block is important to the sturdiness of the life structure. Each action and effort has a great impact on the present and the future of the child, and therefore, each person is very significant and crucial to the life of the child in the same way as each block is to the sturdiness of the life structure.

Outcomes
The staff understand the importance of the rehabilitation programme of the institution and the crucial roles they play in it.

ACTIVITY 4

Objective: Understand the vision and mission of the institution in the light of the programmes and services, and the work they do in the institution
Methodology: Input and discussions.
Participants: Staff of the institution.
Time: 30 minutes.
Materials required: The Vision and Mission of the institution, written on chart papers.

Input
The facilitator explains to the participants that they have now realized the importance of the rehabilitation programme of the institution in the life

of the child as well as the importance of their roles in the work of the institution.

The facilitator further explains that each group member works towards building a better life for the children in the institution, and in turn to achieve the vision and mission of work of the organization/ institution. The facilitator asks the members to look at these vision and mission statements and requests them to volunteer to explain what they understand from these statements.

After a few of the group members explain what they understand from these statements, the facilitator asks the participants whether they feel that the roles played by each of them and the work they do in the institution achieve what is mentioned in these statements. They all share what they feel and how their work is eventually aimed at achieving the vision and mission of the institution.

Following this, the facilitator reiterates and summarizes what has been discussed by the group.

Outcomes

The staff members understand the vision and mission, its relationship with the rehabilitation programme the institution offers and how their roles/work helps to achieve the vision and mission of the organization.

PART III B
Module for Staff – 3

SENSITIZATION OF CAREGIVERS

Introduction

Caregivers of rescued children in institutions have the responsibility of caring for the children's physical and emotional needs. Years of experience invariably make the caregivers adept in handling difficult situations. However, specific training workshops to further sensitize them to the innumerable problems faced by the children could be useful.

As facilitators conducting such sensitivity workshops, the experience could be both enjoyable and stressful. Enjoyable, as it draws forth a number of ideas, feelings and feedback from the participants, who enjoy the process of sharing without being intimidated or threatened. Stressful, as the process requires sufficient groundwork and awareness of the background of the participants and a fairly good idea of the institution.

Designing the Workshop

To decide the kind of sensitivity-training intervention that is most appropriate, carry out a training needs analysis. It may be possible that the caregivers do not think they need sensitivity training. Develop the aims and objectives of the workshop once the nature of the problem is clear and it is confirmed that the training intervention is likely to be useful. Equipped with a thorough knowledge of training techniques and skills, prepare the workshop programme, taking care to intersperse minimum formal instruction with activities and schedule enough time for debriefing and evaluation. The next part of the process is to decide the conclusions that can be drawn for the caregivers, institutions, and facilitators.

Number of participants: Maximum 20.
Background of caregivers: Experienced caregivers.
Background of facilitator: A social worker with the ability to:

- Relate to caregivers.
- Enable them, in a non-threatening manner, to share ideas and feelings.
- Debrief and draw parallels between workshop experiences and work/life experiences.

Time: 9.30 a.m. to 5 p.m.

Introductions

An interesting beginning can capture the interest of the caregivers.

If the workshop is part of the internal training organized by the institution, a very helpful approach is to communicate to the participants that their efforts, experience, and insights are important and everyone looks forward to learning from them.

Distribute two cards each to all caregivers with the titles:

1) Two things I like about minor rescued girls.
2) Two things I do not like about minor rescued girls.

Ask the participants to fill these and keep with themselves. They can be referred to during the evaluation to see if the workshop has enabled them to rethink on these issues.

ACTIVITY 1

Objective: Caregivers to introduce themselves and set a positive tone to the workshop.
Time allotted: 40 minutes approximately.

The caregivers sit in a circle.
In addition to their names, each caregiver shares the following points of view or experiences with the others:

- A word that defines 'sensitivity'.
  or
- A positive experience with the minor rescued children.
  or
- An interesting incident.
  or
- An achievement of a child/children in his/her care that he or she feels proud about.
  or
- One method he or she may have used in trying to relate well to the rescued children.
  or
- One thing she or he appreciates and/or admires about the children.
  or
- Something about the children that motivates the desire to reach out to them.

Several other aspects can be tried. The objective is to set a positive tone to the workshop.

The facilitator or co-facilitator can write these points either on chart papers, blackboards, or transparencies to refer to them when drawing conclusions from the workshop experience.
Slot 1-2 minutes per participant as this activity may take time.

ACTIVITY 2

Objectives
The caregivers identify their expectations from the workshop, this enables them to reflect on the attitudes and skills required to work with rescued girls.

Materials required: Pens, pencils, and chart papers.
Time: 20 minutes.

- The caregivers form two concentric circles and face each other. Both groups can move to their right or left till they are asked to stop moving. Each of the pairs will share with each other their expectations from the full day workshop.

- The groups then move to their left and the next sets of partners will discuss why is it essential to work with minor rescued girls.

- The groups move again to their left and the third sets of partners list the attitudes and skills required to work with the girls.

Put up three chart papers with the following headings:

- Expectations from this workshop.
- Why is it necessary to work with minor rescued children.
- Attitudes and skills required to work with the children.

The caregivers write down points from their discussions on all three charts. If they are unable to write, help them in this exercise. Inform them that this feedback will be used when concluding the workshop. If some expectations are beyond the scope of that particular workshop, inform the group of the inability to include them.

The activity entails considerable movement and interaction and the outcome would probably be chaotic when the participants are writing on the three chart papers. Debriefing on all points in this activity can be done during the concluding session.

ACTIVITY 3

Objective: Enable caregivers to identify their responses to the children.
Materials needed: Chalk, two large kerchiefs, and blackboard.
Time: 40 minutes.

With help from participants, draw two parallel lines (one-foot apart) diagonally from one end of the room to another. Blindfold two volunteers. Request them to leave the room for a while.

The rest of the participants to be divided into two groups. Inform them that the first blindfolded volunteer will be asked to walk between the parallel lines from one end of the room to the other and back. The second volunteer will do the same. Instruct the two groups that the members of the first group will behave very harshly when the first blindfolded member is attempting the walk. They will not help the member to successfully complete the task. During this time, the second group will remain silent. When the second blindfolded member is attempting the task, the second group will be very positive. They will also help the person to successfully walk between the lines, across the room and back. Both groups must participate earnestly and refrain from giggling or laughing.

After this game is over, the caregivers sit in a circle for debriefing. First, the two members voice their feelings regarding the behaviour and attitude of the groups. Then, the two groups are asked for their comments. Following this, all caregivers should identify the ways in which they and other caretakers generally behave with the girls in their care. They must also help to identify how sensitive and considerate behaviour helps the girls in their development.

The points from the discussion can be highlighted on the blackboard in two columns.

(*Note:* The two blindfolded participants must be informed that that the groups were instructed to deliberately behave in the way they did).

ACTIVITY 4

Objective: Enable the caregivers to know about the various problems faced by rescued girls.
Material needed: Blackboard, chalk, and prepared charts.
Time: One hour

Put the following three points on the blackboard:

- The basic needs of children.
- The profile of minor rescued girls.
- The types of problems faced by minor rescued girls.

Divide the caregivers into four groups of 4-5 members each and ask them to discuss the points. Request all members to contribute to the discussion, as their rich experiences are very valuable. One member from each group could present the discussion areas to the larger group.

As a facilitator, prepare charts with information on the three points in advance and use these to add on to the presentations as well as make clarifications.

Variation: Statements such as the following can also be used for discussions:

- I should learn to respect children.
- I should be open to learning more about their immediate world.
- I should understand the kinds of struggles they go through.

ACTIVITY 5

Objective: Caregivers share ways in which they have been sensitive to the girls.
Time: 30 minutes.

On completing the previous activity, the caregivers should share with the others the ways in which they are sensitive to the needs of girls in their care. This activity helps to ascertain the needs they consider to be most important and also the extent to which they

are equipped to help the girls. It also helps the newer caregivers to learn from the experienced ones.

Variation: Divide the caregivers into two equal groups. Members of one group represent the rescued children and the other group are the caregivers. Give each 'child' a sheet of paper with any one statement written on it.

The statements could be any of the following or similar ones:

"I am bad".
"I am undependable".
"I am worthless".
"I am a hopeless person".

One at a time, each 'child' has to go to any 'caregiver' and read out the statement. The caregiver must respond in a warm, sensitive, and understanding manner. After the activity, debrief by asking the 'caregivers' and 'children' to share their feelings and then draw out areas with positive and sensitive feedback.

ACTIVITY 6

Objective: Enable caregivers to understand the feelings of rescued minor girls.
Material needed: Blank sheets of paper/newspapers.
Pens.
Free space in the room.
Time: One hour approximately.

The entire activity has to be done in silence. Each caregiver is given an 8-by-8-inch paper. They write their names on the papers, find a space in the room, and place the paper on the ground and sit on it. Each person experiences the feeling of owning her own space by keeping her eyes closed for a while. After this, they get up from the place, leaving the papers on the floor. They join hands and form a chain. Without breaking the chain, they walk around twice in such a way that each person stamps on every paper. After coming back to their original places, break the chain, and each participant examines her own papers.

Debrief after everyone is sitting in a circle.
Reflect on the following:

- Was it easy to find your own space?
- How did it feel to have your own space without intrusion?
- Were you able to form the chain easily?
- How did you feel when stamping others' papers and your own?
- How did you feel when others were stamping your paper with your name on it?
- What were your feelings when your saw your dirtied paper?

Encourage the caregivers to relate these feelings with the lives of the rescued girls and all children in need of care. The debriefing should be handled with much sensitivity on the part of the facilitator also.

Some of the responses could be:

- I found it easy to find my space but did not want to leave it later. (The discussion can be on how all of us have fixed ideas regarding children).
- I found it difficult to join hands with others and form a chain. (The discussion can be on how children also find it difficult to relate to others).
- If it had been just any paper, it would not have been so bad. But with my name on it and others stamping it, was very hurtful". (The discussion can be on how children are possessive about their own identity and are hurt if treated harshly).
- I did not like stamping on any paper; I have been taught not to do so. However, I was forced to do it in this activity. (The discussion can be on how children also have their own values and how they can get forced into their situation.)

ACTIVITY 7

Objective

a) Caregivers to identify their expectations from the workshop and their learning.
b) Reflect on the importance with minor rescued girls.
c) Reflect on the attitudes and skills required to work with the children.

Time: 20 minutes.

Put up the chart papers used in Activity 2 and ask what they gained from the workshop experience vis-à-vis their expectations; reasons for working with the girls; and attitudes and skills required to work with them. Initiate a discussion on these and encourage all caregivers to participate. Highlight the need to sensitively handle feelings and be conscious of the reasons for the girls' behavior.

ACTIVITY 8

Objective: Caregivers to evaluate the workshop.
Materials: Chart papers, felt pens, and transparencies.
Time: 30 minutes.

The caregivers form groups of 4-5 persons each and use the chart paper or transparencies to creatively depict their gains/evaluation of the workshop. If some individuals prefer to work separately, they may do so, time permitting. The groups can also put up short skits to reflect either on what they learnt or topics that could be handled better by the facilitator.

The charts can be explained in the larger group, which can then list 3-4 areas to be worked on in the immediate future.

Finally, the caregivers refer to the two cards they filled at the beginning on two areas they liked/disliked about minor rescued girls, and reflect on their personal responses at the close of the workshop.

As the facilitator, thank all the caregivers for their enthusiastic participation in the workshop.

PART III C
MODULES FOR CHILDREN
Module – 1

FREEDOM[1]

Adolescent children are young individuals learning to be adults. This is a period of transition and it is important to remember that at this stage they are neither children nor adults. This phase of life is characterized by experimentation, seeking identities for themselves, making individual choices, and exploring different opportunities for their growth and future. During this phase there is a high demand for freedom and opportunities as teenagers try to express their individual choices. External constraints to restrict these adolescents often lead to rebellion and aggressive behaviour or resentment on their part.

This module is to help caretakers give freedom to rescued children within the home, while at the same time, setting limits to protect the children. The module provides the caretaker with inputs and tools that can be delivered to the children to help them understand freedom, create freedom opportunities within limits, and enjoy the freedom with a sense of responsibility.

It is advisable that the activities in the module be followed in the serial order given as it establishes a flow of ideas and helps to refresh the idea of freedom and responsibility.

ACTIVITY 1

Objective: To help participants understand the concepts of freedom and responsibility.
Method: Focus Group Discussions (FGDs) facilitated by photographs.
Time: Approximately one hour.
Participants: 15-20 children in the home and staff (optional).
Material: Pictures/drawing-paper, pencils, and crayons.

Show a couple of pictures to the group or ask the children to draw pictures depicting the following

[1] *(Partly* □

(materials would be required for this):

- A kite in the sky controlled by the kite flyer.
- Boat without a rudder.
- A car and driver on a treacherous road.
- A flag fluttering on a pole.
- A bird in a cage.
- A growing tree.
- A feather tossed in the wind.
- Puppets on a string.

Discuss the ideas the participants have illustrated. Ask all the participants what each of the drawings means to them. What do they think is important about the picture? As the participants discuss each picture, the facilitator should provide inputs and ideas of freedom as contained in the pictures and explain to them the various concepts as described below.

Ask the participants which idea best represents their idea of freedom, and which idea represents the absolute lack of freedom. Ask them if it is possible to have freedom with no control and can they give examples of norms that control our freedom but help us to function better.

Invite Discussion and Provide Inputs on (Concepts):

1. The understanding of freedom and limits to freedom: The resource person should help the participants to understand that freedom is never without limits and that one person's freedom is connected/dependent on another person's freedom. Every person has the right to make choices but every choice entails certain conditions or situations as well as some responsibilities.

Example: If Meena has the freedom to listen to loud music, Veena has the freedom to not want to listen to loud music. If Meena and Veena are living together they have to compromise and respect each other's freedom. This is the basis of societal living and understanding.

2. Freedom and its link with responsibility: Freedom should be enjoyed responsibly. The resource person can explain through examples how freedom is also connected with responsibility.

Example 1: If Meena does have the freedom to listen to loud music, she also has the responsibility of respecting Veena's wishes, who doesn't like loud music.

Example 2: If Hanif wants to leave home, he is free to do so, but on leaving he would have the responsibility of caring for himself in the outside world.

Example 3: If a girl uses her freedom to watch TV, she should be responsible and watch appropriate programmes that are suitable for everyone in the home and which everyone would like to watch.

3. How types of freedom vary but are restricted in all situations: In different surroundings and situations, the opportunities for freedom and their limits are different.

Example: In a family, one may enjoy the freedom of relaxed rules. However, the freedom of various vocational choices is limited. In the rehabilitation home, the children can enjoy freedom from exploitation and are provided with various other opportunities but may have to follow more rules.

4. Freedom in the context of the rehabilitation home: Highlight the various freedoms in the home. The freedom and opportunity to speak, rest, eat, and sleep.

- The freedom and opportunities to learn skills and choose from among different skills (if various skills are available).
- The freedom to move about in the home premises.
- The freedom to play.
- The freedom to meet outsiders, to go shopping once in a while, or holidays (if available).
- Freedom to seek help and support from staff.

In the home there are freedoms but there are also certain restrictions and rules made to help everyone enjoy freedom equally. Therefore, a rule that all letters written by the girls cannot be send out without screening may impinge on the freedom of some of the girls but at the same time this rule gives the freedom from being threatened by agents outside who can harm them.

Illustrate some of the rules that are made in this light (for example, screening the letters of the girls, limited mobility outside the home, scheduled time-table for TV, and other forms of recreation).

Conclusion

Freedom is never without limits. It has to be acquired over a period of time by taking responsibility for the choices we make, by taking charge of our lives, and extending choices and responsibility to different areas of our lives. It sets the tone and meaning of our lives. Freedom also indicates independence and taking responsibility.

Example: Some girls may choose to exercise their freedom by running away from the home instead of trying to fix the problems that they face at home. But in running away, will they really be taking responsibility for themselves or will they again become victims of exploitation?

Outcomes

The participants should understand the following:

1. There is no absolute freedom. There are always limits to freedom.
2. Limits make freedom more functional.
3. There is a need to exercise freedom but it is also important to enjoy it responsibly.

ACTIVITY 2

Objective: Taking responsibility for oneself.
Method: Exercises and FGD.
Time: Approximately one-and-a-half hours.
Participants: 15-20 children in the home.
Material required: Posters and crayon colours.

Every person is free to make choices and is responsible for them. Everyone makes a choice in terms of health and of taking care of herself. Each member has this choice and responsibility.

Brainstorm with the children about the ways in which people can take responsibility for a healthy life. Focus on things people can do or should not do for staying healthy.

Example: Drink clean water, not smoke, eat regular and nutritious food, abstain from drugs and alcohol, stay clean and have a bath every day, and exercise regularly.

Divide the participants into groups of 4-5 and have each group make a poster on this theme of healthy living. The poster should depict three things that the group members will try to do to maintain a healthy life and take active responsibility for themselves. After the posters are made, allow each group to share their posters and have a discussion. Give positive reinforcements of praise and encouragement.

Follow-up
Display the posters in the rooms of the girls.

Outcomes

1. The participants should take responsibility for their health and make positive choices.
2. The participants will also know the various ways to staying healthy and the various ways in which we harm our bodies.

ACTIVITY 3

Objective: Appreciating the opportunities available and creating new ones.
Method: FGD.
Time: Two hours.
Participants: 15-20 children of the home.
Material: One chart paper and pen.

Ask the girls to sit in a circle. Lay down some rules for the discussion, such as, that only one person will speak at a time, and when that one person is speaking all the others should quietly listen to her.

Review the inputs given to the girls in terms of freedom and responsibility and the various opportunities which allow the girls to enjoy more freedom in the home and the rules made in view of safety, order, and fairness, to all girls of the home.

Discuss with the girls if they feel that anything in the home should be changed, which would allow them to feel free and happier. The girls may say that they would like to go out of the home premises more often or that they would like to go outside the home for vocational and educational training. The girls may want to be given more freedom to watch TV and would like the hours for TV-watching and the selection of programmes to be revised.

Note all the changes that the girls want. Then review them one-by-one and note: why was a particular rule made; the rationale behind it; whether situations have changed enough to demand a change in the rule; whether the opportunities of freedom that the girls are seeking can be incorporated in the home; under what framework should the rules be changed and enforced; and the consequences of disobeying the rule.

Example: The girls may demand more outings. They should realize why their external movements are restricted. The staff can decide that the girls could be taken out for a walk every alternate day, provided the home is capable of handling the security implications of such a decision.

Make a final list of changed rules and display them in the home with the date and the names of all the girls who participated.

Follow-up

Have regular staff meetings and evaluate the problems and frustrations the girls may be facing due to limites on the freedom. Discuss these with the girls to devise methods or functions in the home to reduce such frustrations.

Example: If some girls are unhappy with the TV schedules or are being bullied by older girls, the staff can note this and plan another discussion to address these issues in a group.

It is important that during the follow-up sessions, past sessions are reviewed and the girls are asked to comment. This not only refreshes the information but also helps the girls who may not have attended the earlier session.

PART III C
Module – 2

SELF-ESTEEM

Self-esteem is an important concept for all individuals. Self-esteem includes accepting, liking, and respecting oneself and availing the opportunity to grow as an individual. Inherent in this concept is also the idea of helping others develop their self-esteem by accepting and respecting them.

Most rescued children suffer from low self-esteem due to repeated exploitation, isolation, and stigmatization. To rehabilitate or rebuild her life, a child needs to regain a more competent and healthy image of herself.

This module looks at some concepts related to self-esteem and acceptance.

ACTIVITY 1

Objective: To help the children understand that each individual:

- Is unique.
- Has her own strengths and qualities.
- Should accept and respect herself and others.

Method: Story-telling and discussion.
Group: 12-15 children.
Time: Approximately one hour.
Materials required: None.

Bring the children together and tell them a story about the pink elephant:

Once there was a very sweet baby elephant. He was very friendly and kind and could do a lot of things. One of the things he was really good at was dancing. He was very nice, polite, and obedient but the only problem was that he was pink in colour. Due to his different colour, *(ask the children what the other normal elephants thought of him),* the other grey elephants shunned him and didn't want to be his friends. They thought that they should not be friends with him because he was different and not like them. They used to make fun of the pink elephant all the time *(ask the children what the elephants said to the pink elephant and what names did they call him.)*

The pink elephant was very sad at this *(ask the children why do they think he was sad?).* He did not have any friends and hated himself for being pink unlike others.

One day the pink elephant heard of a party that others were going to have. He wanted very much to go to the party but was afraid that others wouldn't let him join. So he rolled over wet mud to look

grey. He went to the party and was having a good time talking and making friends. But unfortunately, it began to rain. *(Ask the children to guess what happened?)* Everybody started dancing in the rain including the pink elephant. The rain washed off the mud from the pink elephant and revealed his true colour. The other elephants saw this and were very angry that the pink elephant had come to their party without invitation, and insulted him.

This upset the pink elephant and he ran to his room and started crying because he did not have any friends and no one was willing to play with him. His grandmother asked him why he was crying. The pink elephant told his grandmother that he hated himself and wanted to die. He did not have any friends and he was so lonely. *(Ask the children what they think the grandmother told him.)*

His grandmother felt very bad for him and told him that it was not his fault that he was pink and that he shouldn't hate himself. She told him that he is such a nice elephant and does his work and is talented. She told him that he is pink because he is unique and everyone is unique in their own way. His grandmother also reminded him of his strengths and special qualities like dancing which he did so well. *(Ask the children if the grandmother was right.)*

This made the pink elephant feel much better and on the insistence of his grandmother he decided to dance for her. He played some nice music and started to dance. In the meantime, the other grey elephants that were also passing by saw the pink elephant dancing and guess what they thought! *(Ask the children to guess.)* The other elephants were astounded to see how well the pink elephant danced and wanted to dance with him. They slowly approached the pink elephant and complimented him. Soon the others also started dancing with the pink elephant and they realized how stupid they were not to make friends with such a nice elephant who had a great talent.

Discussion

- Initiate a discussion based on the story.
- Ask the girls what they think of the story, what they think is the moral, have any of the girls felt like the pink or grey elephants.
- Ask the children to list some of their own and others' unique qualities and strengths (The children can say anything about themselves or others such as "I sing very well, She can draw very well.") Make sure that some strengths of each child are discovered and shared.

Conclude the discussion

- Everyone has strengths and weaknesses.
- We should accept ourselves and others for what we and others are. If we can change ourselves for the better, we should, but some aspects of our lives are unique and unchangeable (such as the elephant's pink colour) and we should learn to accept them.
- We should not make superficial judgements of people. We should make friends with everyone without discrimination and meanness (we would also like others to treat us nicely in the same way: "we get what we give".) Judging people based on the face value can be misleading.

ACTIVITY 2

Objective: To help the girls understand the positive ways in which others view them and enhance their self-esteem.
Method: Group discussion.
Participants: 8-10 children.
Time: One-and-a-half hours.
Material Required: None.

Make all the children sit in a circle. Ask any child to describe another child in the group in five sentences – the name of the child should not be revealed. Ask the other children to guess who has been described. Descriptions can be anything positive such as: she has long beautiful hair, she dances very well, sings very well, is helpful, smiles openly, she has a good nature, she dresses well, has a good posture, etc.

Set a rule that two people cannot describe the same child. Therefore, if one child has already

been described and identified by the others, other members of the group cannot describe the same person again. Also, tell the children that descriptions should be positive; negative or hurtful descriptions such as "she is dark, fat, always fighting" cannot be used.

Conclusion

After all the children have been described and their identity guessed, ask the children if anyone has discovered something about themselves or have been surprised that others think in this manner about her.

Note to the facilitator: This exercise enables the children to become aware of themselves as others see them. Very often they discover qualities about themselves that they are not even aware of.

ACTIVITY 3

Objective: To help the children realize and accept their capabilities, potential, and strengths.
Method: Group discussion.
Participants: 8-10 children.
Time: One-and-a-hours.
Materials required: None.

Ask all the children to sit in a circle. Tell them that they have to list 10 things that they can do: hobbies, interests, performing simple tasks, characteristics, and attitudes...anything. Give some examples such as "I can draw", "I can smile", "I can help my friend", "I can eat", and so on.

Give the children five minutes to think about the 10 things they can do. Then ask one child to come to the middle of the circle and tell everyone 10 things that she can do. In this manner, all the children in-turn, come up and recount 10 things they can do.

Conclusion

The facilitator tells all the children that each one of them has unique potential and strengths and that they can identify these and thus learn to love and respect themselves for what they are. The facilitator then speaks a few words about each child in the group, and reiterates the qualities that the child has mentioned for herself.

Combined Outcomes of the Three Activities
The girls should feel competent and realize that they are worthy individuals capable of caring for themselves. They should realize the importance of accepting other people in the same way that they want to be accepted. They should realize that all individuals are different with different gifts and different weaknesses.

PART III C
Module – 3

TRUST AND SHARING

In the context of rescued girls, building trust is one of the subjects where correct inputs can help the girls to start life anew with meaningful relationships. The idea of building trust can start at the home itself. Most rescued children are wary of trusting due to past betrayals, and often they are also poor judges of whom to trust.

The module helps the children to understand the concept of trusting vis-à-vis the idea of keeping certain data personal and discrete. The module is aimed to help the children to accept that trusting does not have to be an "all or none" rule, wherein if you trust someone you have to tell him/her everything and if you don't trust someone you should tell nothing.

ACTIVITY 1

Objective: Session on building trust as a basis of forming meaningful relationships and for effective teamwork.
Method: Games and discussions.
Group: Children and staff.
Size of group: 15-20 persons.
Time: Approximately two hours.

Either one of the two games mentioned below can be played. The facilitator demonstrates the game with another staff member or a volunteer from the participants. Allow the hesitant children to simply watch others play the game and invite them when they have got more interest after watching others play the game.

Game 1
Ask the girls to form two concentric circles. The number of girls in the inner circle should be the same as the number of girls in the outer circle. The back of the girl in the inner circle should face the girl in the outer circle. Thus one girl from the inner circle and one girl from the outer circle form a pair. The girl in the outer circle should be at an arm's length away from the girl in the inner circle.

After this formation is made, the girl in the inner circle should be asked to fall backwards and the outer girl would be responsible for holding the girl and not allow her to fall.

The teams can then be interchanged by asking the ring of outer girls to form the inner ring and vice versa, and repeat the exercise.

The idea of the game is to help the girls trust their partner who would be in charge of holding them and preventing their fall.

Game 2
Material required: Scarves or large handkerchief/ dupattas for half the number of participants.

Divide the participants into pairs. Blindfold one person in each pair and ask the other to act as the guide and ask the pair to tour the room. Each pair should avoid bumping into each other. Carry out this exercise for five minutes and speak for another five minutes after reversing the roles.

The animator should then lead a discussion and invite the girls to share their experiences while playing the game. Topics on which the discussion can be based:

- How did you feel while blindfolded/guiding or falling backwards as in game 1?
- What were your feelings about the person guiding or holding you?
- Were you suspicious? If yes, why?
- Did the guide or holder give you all her attention?
- What did you learn from this experience of being blindfolded or a guide (or falling as in game 1)?

Following this, link the responses of the girls and their experiences to discuss the following:

- The meaning and importance of trust in relationships.
- How and whom to trust, trusting, and being trusted.
- How to deal with betrayal of trust.

The animator can summarize the main points by concluding that:

- Trust is a crucial part in any meaningful relationship.
- It takes time and effort to trust and maintain trust.
- Betrayal of trust will happen sometimes and should be taken in one's stride.

Comments
A staff member who has a good rapport with the children would be the best to conduct this game. The staff can also lead the girls to the idea of trust through non-threatening live examples from the girls' lives (for example, staff could ask the girls if they trusted her initially and whether they trust her now. And if the feelings of trust and mistrust have changed, then what are the factors that have lead about to this change?)

The participants should be familiar with each other to initiate any responses on trust and to seek the participation of the girls.

Follow-up
Staff members can informally discuss the various aspects of trust in everyday behaviour, drawing references from the session.

Outcomes
The children should understand that:

1. Trust is a very delicate and important thing and one should be discrete about trusting anyone.
2. Betrayal of trust is painful; however, one should learn from past experiences and be more careful in the future.

ACTIVITY 2

Objective: Helping the girls to trust one another and to induce sharing and friendship among the girls in the home.
Method: Sharing and discussion.
Group: Children and staff.
Size of the group:15-20 participants.
Time: Two hours.

At the very outset, clearly state that a pre-requisite for this session is that after the session no one will discuss, tease, or tell anyone else any information that the participants may share with each other. The group members should be made to give their word on this.

Ask the participants to share something about themselves in the group. Give all the group

individuals five minutes alone to collect their thoughts and decide what they would like to share, and do so directly in front of the group.

The participants could also be asked to simply share their fears, likes, dislikes, and any stories about their childhood or any other personalized information, such as, the most embarrassing incident of their life, or the most important person in their life.

After one girl has shared her information, allow the other group members to comment on what was shared. Comments should be positive and involving such as "it happened to me also", "I understand what you are trying to say", "you have so much courage for sharing this", "I think you are really brave", and so on.

Following the sharing, tell the participants that trusting is a positive sign towards building stronger relationships. However, even when we do trust someone, the information we give them should be at our discretion. Just because we trust someone does not mean that we have to tell them everything about our lives. All of us are entitled to our personal lives and privacy we don't have to tell everything to everyone even if we trust them. If we do not want to share some information, we do not have to and that is okay. It does not amount to lying!

End the session with all the participants giving one another a hug.

Comments

Do not force the girls to participate, let them take their time and participate at will. Line up the sessions with a gap of 2-3 days.

While sharing, some intimate or hurtful memories may come up. The facilitator should be able to handle such sensitive situations. Also, often participants may share more information and seek advice and guidance as well as exhibit personality traits, which counsellors could use to draw profiles of girls and help them.

It is best, if the facilitator is a counsellor or is trained to handle sensitive groups. The group for such a sharing should be a closed group and the participants should know each other to some extent to be able to share personal thoughts, ideas, and feelings. *It is best to start the game with an activity; it is hence ideal if this activity follows Activity 1 of this module.*

Outcome

The session should help the participants relate to one another; trust one another in order to be able to share at least some part of their life and build good positive relationships among themselves.The session should also impresse upon the girls the need to be discrete and not to give any information against their will.

Follow-up

The staff and girls can follow-up and design similar sessions on sharing, at different intervals.

PART III C
Module – 4

RELATIONSHIP-BUILDING

This module gives inputs to participants on the nature and type of relationships as well as the various factors, which help to create good impressions and to maintain good relationships.

Rescued children often face a culture shock in rehabilitation and repatriation. This is because the culture and sexual exploitation that they have experienced and subsequently got accustomed to change and they have to learn skills and interact with members of society in more acceptable ways. This module provides some such tips and skills that the children need to learn, which would help them to negotiate and maintain amiable relationships with people when they leave the rehabilitation home.

ACTIVITY 1

Objective: To provide inputs on relationship (its nature, types, and importance) and ways to discriminate between permanent and superficial relationships.
Method: FGD.
Time required: Two hours.
Participants: 15-20 children of the home.
Materials: None.

Bring the group together and start a discussion on how we interact with different people to fulfil our needs, as all of us are interdependent. State examples such as interactions with our parents who help us, with our teachers who teach us, and with the friends who we play with.
Make a list of all the responses.

Input
Provide inputs as to how we form relationships with some people based on our interactions with them. Focus on the following areas:

- Beginning of mutual trust sharing of personal life and other intimate information.
- Mutual understanding and sensitivity to the other, for example, often one can read or sense the thoughts and moods of the other person.

Relationships based on mutual respect, need, truthfulness, loyalty, confidentiality, and trust are of a permanent nature and the dependence on these relationships moves beyond material give and take.

Relationships can be either permanent or temporary. In permanent relationships, there is a lot of involvement, sharing, and dependability. Permanent relationships help us to grow and the inputs from such relationships help us to become better

humans. Permanent relationships are dependable and we feel that these relationships will last for a long time. However, total dependence in a relationship becomes a burden for the other person and deters our growth and independence.

Ask the participants about the permanent relationships they have with their parents, friends, teachers or others, and ask them to elaborate on the above-discussed points (whether the girls can trust those persons, read moods and thoughts, and share intimate data with them).

There are also superficial relationships that we develop, based on mutual needs. There are superficial relationships that are useful on a day-to-day basis, or on a monthly or annual basis such as interactions with shopkeepers, vegetable vendors, and persons on the street whom we ask for directions.

Invite the girls to give examples of other such superficial relationships.

These relationships do not require much involvement but they are important nonetheless. In temporary or superficial relationships, there is no sharing of confidentialities but they still need to be based on mutual respect and dignity.

Ask the girls to elaborate on people that they would interact with, such as shopkeepers, bus conductors, and others.

Conclusion

Emphasize that relationships grow stronger in intensity through the building blocks of communication, trust, friendship, sharing intimate thoughts, loyalty, and time. Time is a very critical point of building a strong and long-term relationship as it helps us to get to know someone.

We may often meet new people whom we like but there can be no long-term relationship till we get to know them better. A relationship can grow only with mutual interest, interaction, and honesty. Once established, a person has to make efforts and maintain these relationships by observing the expected protocols of behaviour. For example, in relating with a close friend, there has to be mutual respect, care and support, and give and take, even of constructive criticism.

Outcomes

Participants should understand the following:

- The difference between permanent and superficial relationships.
- Not all relationships become permanent and hence there is a need to be discrete about the information one gives away.
- Trusting too easily can encourage people to take advantage and manipulate.

ACTIVITY 2

Objective: Building and maintaining positive relationships.
Method: Discussion and exercises.
Time: Two to three hours.
Participants: 20 children and 2 staff (optional).
Material: chart paper and crayons.

Discussion and Activity

Tell the girls that to build and maintain positive relationships, the following are important constituents. Explain to the girls why these are important constituents building a positive relationship. Ask the girls to elaborate on each of the constituents:

- **Manners:** Being polite, saying "sorry" and "thank you". Manners are important in building and maintaining relationships. It is important to be polite and respectful, and not use bad or derogatory language.
  While discussing manners, invite inputs from the girls on both good and bad manners. These could be listed in a chart or be drawn by the girls.
- **Reading body language:** Facial expressions indicate if a person likes or dislikes something, and help in understanding a person's mood and attitude. Body language gives clues to what a person is feeling or thinking. It is important

to show respect and politeness through body language. For example, in the presence of an elderly person, we should not be seated in a manner that conveys arrogance, pride, or disrespect. Our body language should convey respect. While discussing body language and facial expressions, exercises and games can be conducted where girls could be asked to make a facial expression, while others identify that expression and mood.

- **Positive strokes in a relationship:** Helping or appreciating the qualities of the other person. Every person likes to receive positive strokes. It is good to give sincere compliments and appreciate the good work done by people. However, one should not lie or give false compliments as these become very apparent to the receiver through the body language and tone, and that is detrimental to the relationship. While discussing positive strokes, the girls can be involved in an exercise where they form pairs and each gives positive strokes to the other.
- **Character strengths:** Explain that we like to be friends with people who have good character and strengths like honesty, loyalty, bravery, confidentiality, respect, caring attitude, responsiveness, and dependability. Similarly, we should also exhibit these characters, if we want people to take us seriously and build friendships with us. While discussing character strengths, the girls should be asked to speak aloud about the characteristics they would like in their friends or relatives to have and the characteristics they would not like. Based on their responses, make a table of desirable and undesirable characteristics that help to build and maintain positive relationships.

The girls could also add more elements that they feel are necessary for building and maintaining a positive relationship.

Follow-up

Display the charts, drawings, and tables made in the course of the activity.

Outcomes

The participants should be able to understand:

- Various ways to build positive relationships.
- The importance of being polite, haveing a positive body language, being considerate, and being honest (other factors discussed).

These factors help a person to be more acceptable in society, and hence it is easier to build and maintain relationships.

Note: All the girls may not be able to read and write, hence do not rely on charts with only written matter. Drawings on a chart would be more universal. However, it is important to encourage reading and writing and to emphasize the importance of literacy.

PART III C
Module – 5

BUILDING INNER STRENGTHS

Different Strokes for Different Folks
Each one of us is a unique mix of strengths and weaknesses, of positive and negative qualities. Yet the fact is we possess many more strengths and weakness than we may even be aware of. There is a tremendous potential hidden deep down within. We are like storehouses concealing fabulous treasures. Unfortunately, we are much more conscious of our little weaknesses than of our great strengths. We often judge ourselves negatively by measuring ourselves against our shortcomings, failures, and mistakes. In this session, we intent to build-up our strengths through strokes.

Objective

- To help participants discover their inner strengths and build on the same.
- To help participants to have a proactive approach to self and others.

Method: Group interaction.
Time required: 1 hour.
Participants: 15-20.
Materials required: White paper, pins, colour sketch pens, and soft instrumental music.

The animator gives each participant a white sheet of paper. Participants need to scrutinize this paper carefully. They must pick anything that catches the eye. Some children may pinpoint a small particle of dust or a minute scratch on the paper. It is important to now highlight that this is how we usually look at ourselves. We forget to see the rest of the whiteness on the sheet and pick on something insignificant.

The Rules for the Exercise
Each participant is given a white sheet, a pin, and a sketch pen. They pin the paper on each other's back. They must now write one good quality about the person on whose back they pinned the paper and sign their names. The purpose is to thank the person at the end of the session. After all the girls have finished the exercise, they sit in a circle, remove the pin and the paper, and read the strengths they have received. The animator will observe smiles, amazement, and even shock on the faces as they read what the others think of them. Then the animator invites the participants to go around and thank those who wrote something good about them.

The animator now gives a short input.

A stroke is a unit of recognition that gives stimulation to an individual. If a child is not stroked, her spine shrivels up, because we all need strokes for survival. The worst form of punishment is to be ignored. This unit of recognition helps to build each person's strengths and minimize the weaknesses. Strokes can be of two types – physical and psychological, and can be both positive and negative. But the Transactional Analysis (TA) principle states, "a positive stroke is better than a negative stroke, a negative stroke is better than no stroke at all". Stroke can also be conditional (for doing something) and unconditional (for being something).

Ritual

The animator places a charcoal fire in the centre of the group. She then passes a bowl of incense around. Each participant picks up a few grains of incense and comes up to the centre and places the incense in the fire. The animator then concludes by reiterating that each one of us is born for greater things in life. May we recognize our inner beauty and strength and build the same each day. This is what we were born for in this world. Realizing our inner strength is the goal.

Conclusion

We conclude this session with the parable the "chosen vessel". A handout of the same is given to each participant.

Chosen vessel

The master was searching for a vessel to use;
Before him were many,
Which one would he choose?
"Take me" cried the gold one,
"I'm shiny and bright,
I'm of great value and I do things just right.
My beauty and lustre will outshine the rest,
And for someone like you, Master,
Gold is the best."

The Master passed on with no word at all,
And looked at a silver urn narrow and tall,
"I'll be on your table whenever you dine.
My lines are so graceful,
My carvings so true,
And silver will always compliment you."

Unheeding, the Master passed on to the brass,
Wide-mouthed and shallow and polished like glass.
"Here! Here! Cried the vessel, I know I will do,
Place me on your table for all men to view."

"Look at me", called the goblet of crystal so clear,
"My transparency shows my contents so dear.
Though fragile, am I, I will serve you with pride,
And I'm sure I'll be happy in your house to abide."

The Master came next to a vessel of wood
Polished and carved, it solidly stood,
"You may use me, dear Master".
The wooden bowl said,
"But I'd rather you used me for fruit, not for bread".

Then the Master looked down and saw a vessel of clay,
Empty and broken it helplessly lay.
No hope had the vessel
That the Master might choose
To cleanse, and make whole, to fill and to use.

"Ah! This is the vessel I've been hoping to find,
I'll mould it and use it and make it all mine.
I'll need not the vessel with pride of itself,
Nor one that is narrow to sit on the shelf,
Nor one that is big-mouthed and shallow and loud
Nor one that displays his contents so proud.
Not the one that thinks he can do all things just right,
But this plain, earthly vessel of clay.

Then gently he lifted the vessel of clay,
Mended and cleansed it, and filled it that day;
Spoke to it kindly – "There's work you must do –
Just pour out to others, as I pour into you."

– B.V. Cornwall

The animator invites the participants to hold hands and stand in a circle and keep moving as they sing the song, Hum Honge Kamyaab (We shall succeed).

PART III C
Module – 6

FINDING MEANING IN LIFE

Each one of us, irrespective of gender, age, educational, social, or economical status, needs to remember that we are on a search journey. We constantly want to find meaning in life. This search journey that gives meaning to life, is inward. It is this context and relationship with the inner self, others, God, and nature that helps us to add to the beauty of our existence. In this session, we see how this is possible.

Objectives:

- Finding meaning in relationships with self, others, God, and nature.
- The core mystery lies within each one of us, which we need to discover.

Method: Parable of the story of the eaglet.
Time: One hour.
Participants: 15-20.
Materials required: Handout of the parable and slides on the eaglet available at Diocesan Pastoral Centre, 4, Kane Road, Bandra, Mumbai 400 050.

The animator begins by placing the question: What will give meaning to your life? Invite the participants to interact with their neighbours. Collate all responses. The animator now gives each participant a handout on the story of the eaglet. One volunteer reads it aloud. The next individual reads in silence with questions for reflection and then group discussion.

Once upon a time, while walking through the forest, a certain man found a young eagle. He took it home and put it in its barnyard where it soon learnt to eat chicken-feed and to behave as chickens do. One day, a naturalist passing by, asked the owner why it was that the eagle, the king of the birds, should be confined to living in a barnyard with the chickens. Since I have given it chicken-feed and trained it to live in a barnyard, as a chicken, it has never learnt to fly, replied the owner. It behaves as chickens behave so it is no longer an eagle. Still, insisted the naturalist, it has the heart of an eagle and can surely be taught to fly. After talking it over, the two men agreed to find out whether this was possible. Gently, the naturalist took the eagle in his arms and said: "You belong to the sky and not to the earth. Stretch forth your wings and fly". The eagle however was confused. He did not know who he was and seeing the chickens eating their food jumped down to be with them again. Undeterred, the next day the naturalist took the eagle up to the roof of the house and urged him on again, saying,

"You are an eagle, stretch forth your wings and fly." But the eagle was afraid of his unknown self and the world, and jumped down once more for the chicken-feed. On the third day, the naturalist rose early and took the eagle out of the barnyard up to a high mountain.....ASK THE PARTICIPANTS TO COMPLETE THE STORY IN THEIR OWN WORDS.

Questions for reflection/discussion:

- What is it that strikes you most in the story?
- Can you see any likeness of yourself with the eagle?
- In what areas of your life are you struggling to find meaning?
- What are you doing to bring about this freedom?
- In what areas of your life have you experienced meaning?
- What is the point you want to make in the last paragraph?
- "You must be where you belong." What do these words mean to you? What reactions and sentiments do they evoke in you?

After the animator has collated the responses, she gives a short input.

In order to find meaning in life, we have to visualize a goal for ourselves. This goal has to be further divided into general and specific goals. Then we need to strategize how we would accomplish these goals.

We also need to remind ourselves, time and again, that there is a great energy and power within each one of us. This has to be translated into action. This action creates credibility and capability about ourselves. We need to constantly ask ourselves, "Where am I at this moment? And where do I want to go?" We need to believe in ourselves and find meaning in all that we say and do. We have to actualize our inner beauty in healthy relationships. We have to aspire to a fuller and more satisfying life. Self-actualization is an ongoing process. We have to strive towards it. No human being will ever actualize his capabilities to the full. Yet we have to struggle to move ahead and find meaning. Our potential self is always richer than our actual self. We have to treat people not according to their actual self but according to their potential self. This is possible by always keeping in mind in what they can be and not what they are, and that we help them to grow and find meaning in life. We need to help people change from sinners to saints, from ordinary people into extraordinary people.

Ritual

The animator keeps an empty flower pot in the centre and invites the participants to focus their attention on it. The animator invites the participants to gently close their eyes and visualize their own nothingness as she goes around placing a rose flower in front of each of them. After a few minutes the participants are invited to come up to the flower pot and place the flower in it. After the exercise is completed, the participants now begin to verbalize one area in their life that can bring meaning.

Conclusion

Finding meaning in life is also to take risks and challenge oneself to greater heights. It is that inward journey that will give meaning to life.

Outcome

The participants now begin to tell themselves there is a reason to live and it is "I, along with the others, that can find meaning in life". Life is beautiful in spite of pain and struggle.

PART III C
Module – 7

BELIEF IN A HIGHER BEING

This module aims to help the children to keep in touch with the Absolute. When we speak of keeping in touch with the Higher Being, it automatically entails that the person has that faith. But it is necessary to differentiate faith from an anthropological and a theological dimension. Anthropologically, faith is that experience of that shapes our idea of God. Theologically, it is that which is handed over to us by our parents, religious leaders, faith formatters, and by observing rites and celebrating festivals.

Objectives

- To believe that our existence is beyond intrapersonal, interpersonal, and also extra-personal.
- To build a relationship with the Higher Being and grow in wholeness.

Method: Fantasy Exercise.
Time: Approximately one-and-a-half hours.
Participants: 15 – 20.
Material required: Handout and music for the prayer dance.

To be done in a place that is conducive to quiet introspection and relaxation.

The animator invites the participants to sit erect, hands facing upwards, resting on the lap, and feet well rested on the floor.

Begin by focusing attention on breathing. As you inhale and exhale, feel the texture of your breath. As you inhale feel the cool, gentle air getting into your nostrils. As you exhale, feel the rough, warm air. Continue to do this a few times till you are totally relaxed. Now become aware of your body sensation. Feel the subtler sensations along with the gross outer sensations. If possible, do not give the sensations any name. Just feel them. Now do the same with the sounds around you. Capture as many as possible. Do not try to identify the source of the sound, only listen. Continue this exercise till you feel a great peacefulness coming upon you. Now express yourself to God, non-verbally. Imagine that you a dumb and you can only communicate with your eyes and your breathing. Now return to the world of senses, which is God himself. Sense God in the air, in sounds, and in sensations.

The animator will now collate the responses of the participants and move to the next exercise (a handout of the following should be distributed to each participant):

- Which of the following attitudes come closest to our attitude to God?
  - I believe that God is constantly watching me. He sees my every action, He knows my every thought. If I do something wrong, He will punish me. God is to be feared.
  - God has the solution to all my problems. If I please Him, He will hear my prayer.
  - I turn to God in all my difficulties and He always answers my prayer. Each time I am in pain or in difficulty, He soothes my pain, He heals me, He comforts me. I always think of Him when I am in distress and He answers me.
  - I believe in God who loves me, but I don't take Him too seriously in my daily life. He constantly tells me what I should do and what I should not do. Sometimes I do listen when it suits me, often I don't. Often His demands seem old-fashioned. Yet it is good to have God on my side.
  - God is just and impartial. He is constantly noting and evaluating my every deed. He is all knowing and cannot be deceived. He will take an account of every moment of my life. I had better be in his good books.

- Now let us use symbols that best fit our idea of God.
  - If you had to choose a nature symbol that best fits your idea of what God is like, which would you choose?
    (a) Fire (b) Water (c) Rock (d) Wind (e) Any other symbol.

  - Which of these human roles best fits your idea of God?
    (a) Judge (b) Policeman (c) Friend
    (d) Guide (e) Miracle-worker (f) Any other human role.

  - Where do you pray best?
    (a) In the home (b) In the garden (c) Place of worship (d) Any other place.

After the animator has collated responses to the above, she gives a short input.

There is no definition of God as various religions have different beliefs about God. Grouping together the various elements found in the different religious traditions, we may say that keeping in touch with God is done through prayer. The most primitive form of prayer is the expression of a desire, voiced in the form of a request. Prayer is:

- Knowing that God loves me.
- Talking with a friend.
- Feeling His strength in my weakness.
- Listening to God and enjoying His presence.
- Confiding in God.
- Drawing near to touch Him.

The following prayers could be given to various participants, who could come up and recite them:

"Prayer has been the saving of my life. Without it, I should have been a lunatic long ago. My autobiography will tell you that I have had my fair share of the bitterest public and private experiences. They threw me into temporary despair, but if I was able to get rid of it, it was because of prayer".
Mahatma Gandhi

From the unreal lead me to the real,
From darkness lead me to light,
From death lead me to immortality.
Brihadaranyaka Upanishad, 1.328

Homage to Him,
The Blessed One,
The Exalted One,
The fully Enlightened One.

To Him,
The Holy One,
The Exalted One,
The Supremely Awakened One,
Homage.

Honour to Him,
The Exalted,
Arhant,
Buddha Supreme.
Buddhism, Beliefs and Practices

Praise be to God, Lord of the world;
The compassionate,
The merciful
King on the day of reckoning;
Thee only do we worship, and
To Thee do we cry for help.
Guide Thou us on the straight path,
The path of those to whom
Thou has been generous:
With whom Thou are not angry, and
Who do not stray.
The Koran, Chapter 1

Our Father in heaven
May your holy name be honoured;
May your kingdom come;
May your will be done on earth
As it is in heaven.

Give us today the food we need.

Forgive us the wrongs we have done,
As we forgive the wrongs that
Others have done to us.
Do not bring us to hard testing,
But keep us safe from the Evil one.
The Bible, Mathew 6:9-13

O that glory-of-Savitri most excellent!
The effulgence of the Divine let us meditate upon!
May it inspire us with understanding!
Rig-Veda III.62.10

If any participant in the group would like to make up her own personal prayer, she should be encouraged to do so.

Conclusion

At the end of this session, the participants could have a prayer dance, expressing their thoughts in the various movements of the dance.

Through this entire exercise, the participants begin to realize that it is possible to keep in touch with the Higher Being and build an on-going relationship with this Being and with each other.

PART III C
Module – 8

VISION AND GOAL-SETTING

When they enter the rehabilitation centres, most rescued children feel that the whole idea of the rehabilitation programme is not worth much. They feel that the rehabilitation programme cannot really offer them anything concrete to improve their lives or even provide the opportunities to earn, as prostitution does. This mindset hampers the spirit of the girls to explore what is available and how best to use the facilities and programmes of the home.

This module offers/suggests activities that aim to accomplish the following objectives:

1. To understand the concept of a vision and how to set realistic goals for life.
2. To understand what it takes to achieve one's goals for life and to understand the need to be proactive in order to achieve desired goals for the future.
3. To understand what the home offers to help achieve these goals and how to optimally use the facilities.

It is hoped that activities in this module will help the rescued children move a step closer towards their dreams and help them to decide on concrete steps to take to accomplish those dreams. Activities in this module can also help bridge the gap between staff and children and to find a purpose to the rehabilitation programme.

ACTIVITY 1

Objective: To understand the concept of a vision.
Participants: 15-20 participants per group (all children in the home should be included; if the number of children is too large then the session could be conducted in separate batches.)
Methodology: Group discussion.
Time: 45 minutes.
Materials required:

a. List of mock vision statements (coming from the list of vision statements of some persons/ visionaries).
b. Pictures and stories of visionaries.

Vision:
The resource person/discussion coordinator should explain the purpose and importance of a vision to the group.

- The purpose of a vision can be explained with

the help of examples of national leaders/freedom fighters, scientists, and social reformers, and how they had a vision for an independent India and her future.
- The coordinator would then explain the importance of this vision, and how this vision helps people focus on what they want to achieve and where they see themselves in the future, the efforts needed for the goal that they would want to achieve.

Outcomes:
The children and staff members to understand the concept of a "vision".

ACTIVITY 2

Objective: How to set realistic goals and prioritize them.
Participants: 15-20 participants per group (all children in the home should be included; if the number of children is too large then the session could be conducted in separate groups).
Method: FGD among the children.
Time required: One-and-a-half hours.
Material:
- Chart papers.
- Paper and pens.
- Pictures depicting various vocations and occupations.
- Old used magazines.

First the group is shown, by way of examples, what a vision is and how it helps a person to identify what she wants to achieve in life, and where she sees herself or himself in the future. Then all the children are asked to find out for themselves what their vision for the future is. Following this, the staff should facilitate setting realistic goals. Realistic goal setting helps the children understand what they want to achieve in life in terms of education, occupation, personal life, family life, and social life, and set goals for them and come up with goals for future.

- The facilitator asks the children to form pairs (pairs should, as far as possible, include at least one child who can read and write) and to discuss among themselves what they see as their goals for the future.
- Simple techniques, such as pictures depicting various professions and occupations, help in identifying goals.
- The facilitator also encourages the children to ask themselves questions such as, "What do I want to do?" "What do I want to be?"

The facilitator should ensure that all the following areas are covered in the discussion:
- Education.
- Occupation.
- Personal life.
- Family life.
- Social life.

Each girl may not chalk out goals for each of the above areas but the discussion should focus on all the areas.
- The staff members help the children to understand the games and pictures and also record what each child comes up with as her goals, specifically mentioned, alongside her name.
- Personalized statements can be written about each child alongside her name, such as, "I want to graduate"; "I want to become a teacher/ nurse/doctor", and so on.
- The girls can also use chart papers, felt pens, or other drawing material to picturize their goal. Pictures from old magazines can also be used to make collages to show what they want to do in future.

Prioritizing the goals:
Once the children identify the goals for their future, the staff help them to prioritize these goals. The staff members explain to the children the importance of prioritizing goals in terms of education, finding a job/some occupation to be self-sufficient, followed by marriage and family life.

Small group discussion with the "Head" regarding these goals
- Once the facilitator has recorded what all the children want to achieve as their future goals,

the children, along with the staff members present these records to the head of the organization.
- This is done by identifying each and every child and the goals that she wants to set for herself.

Desired Outcomes

Knowing goals and prioritizing them. Writing or drawing the goals.

Comments

- The staff member should ask each child to put up her goal statements in the home where it is visible all the time, along with her name, and she can read it every now and then. This helps to reinforce the goals in her mind.
- All the children in the groups/pairs may not be in a position to write down what they think of as their future goals. The facilitator should then help the children with listing their future goals. The girls should be encouraged to pictorially represent their goals.
- The facilitator can also take the goals of all the children, club them together and explain to all the participants how each goal can be achieved.

ACTIVITY 3

Objective: To understand what it takes to achieve goals and to help the children understand the need to be proactive in order to achieve their desired goals.
Participants: 15-20 participants.
Methodology: Group discussion.
Time: Two hours.
Materials required: Goals set by all the children for themselves, pictures, and stories.

- The entire group, after identifying the goals, discusses how to can achieve these goals.
- This can be done using pictures (complete the incomplete picture; for example, a bullock-cart without the ropes that connects the cart to the bullocks; a kite without a string) and questions and answers.
- The group could be shown two pictures, one of a cow and the other of a pasture. The children would then be asked questions, such as, "If the cow is hungry, is the grass going to walk up to the cow, or would the cow need to walk up to the pasture?" Based on their answers, the facilitators can explain how it is important to be proactive in order to achieve goals.
- Some individual future goals can be picked up, such as, "wants to be a nurse". The facilitator then goes on to explain that the child can achieve her goals for the future, provided she makes the effort. For example, this is possible with regular and sincere participation in educational classes and finding out from the staff how to go about taking up a training course in nursing, and what the pre-requisites are.
- Each child would then be helped to list out the pre-requisites and necessities in order to achieve her goals. This can be done in pairs, with both the children keeping their goal statements/pictures/collages in front of them and brainstorming on how to achieve the goals. Later, the same can be put down on paper if the children can read/write with the facilitator helping each pair.
- Following this presentation, the girls and staff discuss together what needs to be done in relation to general vision statements. For example, the staff and girls together can discuss that if a girl wants to run her own tailoring business (taken from the girls vision statements), then she needs to _____. Similarly, if she wants a secure family life she needs to _____.

Expected Outcomes

The children understand the efforts required to be put in to achieve their goals.

ACTIVITY 4

Objective: To understand what the home offers the child to achieve her goals and how to optimally use these facilities.
Participants: Small groups, which include about 7-10 children and staff members (at least one

counsellor and education/vocational teacher should be part of the small group).
Methodology: FGD.
Time: One-and-a-half hours.
Material required:

- Stories.
- Case examples about successful rehabilitation that the home has conducted.
- Records/documentation of failed rehabilitation efforts.
- Narratives by the staff members.
- Letters sent to the home by those who have been successfully rehabilitated that can be read out to the children.
  - The staff member should explain to the children how some of the past residents of the home have succeeded in their life after the rehabilitation programme. Here, case studies in the form of stories, letters received from past residents, and visits by a few past residents to narrate their success stories, can be used effectively to provide the children with factual information. The facilitator asks the children what must have been the reasons for such successes and the children identify a few reasons for the success of the programme in the home with some of its past residents.
  - The staff should also be in a position to give inputs to the children about the past failures of the rehabilitation programme, again with case studies and stories. The children should be asked what they think are the reasons for such failures and the same should be discussed in the group.

Focus group discussion

- The staff member then asks each child in the small group about the goals that she has set for herself, and whether the programmes offered by the home have the capacity to help her achieve her goals. The staff member then also asks each child to identify those resources that are not present or provided in the home, and need to be looked for outside.
- The staff member should explain to the children how it is possible to succeed in life, using the various facilities, services, and opportunities that the programme offers. The staff should be able to impress upon the children the importance of making the best use of the programme offered in the home by learning new things, being open to newer ideas, and by absorbing the maximum from the input provided in the classes.

Desired Outcomes

- The children understand the effectiveness of the rehabilitation programme through successful examples.
- The importance of optimal utilization of the resources to achieve goals is understood.
- To list the resources available in the home that facilitate goal achievement and a list of other resources that the children or the home would have to find outside the home facility in order to achieve goals. (See Appendix I to this manual to know about contacts that can be established for different types of vocational training or other such resources.)

PART III C
Module – 9

COMMUNICATION

The focus of this module is to help children improve their communication skills through various inputs and activities. The module aims to help children understand what clear communication means; the different ways to communicate ideas and feelings; and the various hindrances, which affect communication resulting in wrong or maligned communication.

Inputs on such issues will help the children to understand the modalities and use the inputs to improve their own communication.

Objectives

This module contains activities to serve to understand the following objectives:

- Verbal and non-verbal communication.
- Two-way process of communication.
- Various barriers to communication and how to overcome these barriers and communicate effectively.

ACTIVITY 1

Objective: To help children understand verbal and non-verbal communication.
Methodology: Activities, discussions.
Participants: Group of children (10-15).
Time: 30 minutes.
Material: None.

Introduction

Input: Explain to the children that all of us have a lot of thoughts, ideas, and feelings that we want to share with others. The process of conveying what we feel, what we think, what we want, and all our ideas, is called "communicating".

Verbal communication

Input: Human beings have the gift of speech. We can "talk" as well as "hear". Hence we use words to communicate what we feel. This is verbal communication.

The facilitator can explain that the process of her verbally explaining to the children what communication means is a "verbal communication" as she is talking to the children.

Non-verbal communication

The facilitator asks a few of the children to come forward one after the other and conducts the following exercise:

(Instructions: No child should use any words to say what she wants and the volunteers are instructed in private about what they are going to do).

- The child that comes forward has to tell that the dress that "Ms. A" (sitting in the group) is wearing is a beautiful outfit.
- One child is asked to tell the group that "Ms. C" looks beautiful.
- Another child has to convey to the group that "today's afternoon meals were delicious".

The facilitator can conduct this activity with more children, depending on the availability of time and number of children in the group.

Input: Following this exercise, the facilitator goes on to explain to the children that they can express what they feel not only verbally, but can also use actions, expressions, signs, symbols, and signals, to communicate. This is called non-verbal communication, where "words" are not used to communicate thoughts, feelings, and ideas.

Outcomes

- The children understand the meaning of communication.
- The children understand the concept of verbal and non-verbal communication.

ACTIVITY 2

Objective: To help the children understand the two-way process of communication.
Methodology: Discussion and activity with all children.
Participants: Groups of children (10-15).
Time: 30 minutes.
Material: None.

Introduction

The facilitator asks one of the children to come forward. The facilitator tells the children in the group that the child is going to tell something to all of them but at the same time asks all of them to talk loudly with one another. The facilitator then asks the child who is out of the group to say Ms. A in the group is a nice person. The facilitator also tells the child to say what she wants in a soft enough volume, which would only be heard in a silent room.

The facilitator asks the children to keep quiet now and asks them if any one heard and understood what the child in the front said. Due to excessive noise in the room no one could hear what the child said about Ms. A.

The facilitator conducts another exercise with two children in front. One of the children is blindfolded. The other girl is taken out of that room, and is instructed to go back into the room and communicate to the blindfolded child that she looks very beautiful, without using any words while communicating this.

The child comes to the main room and stands in front of the other child who can't see anything right now. The other girl mimes that the other girl looks very beautiful.

The facilitator then removes the strap from the girl's eyes and asks her if she understood what the child just communicated to her.

Input: The facilitator now explains to the children, based on both the examples, that communication is not only about expressing verbally or non-verbally but what is equally important is to receive and understand the message that is communicated. The facilitator explains to the groups that:

a. Due to excessive noise in the room, no one understood what the child was saying about Ms. A, as nobody could hear what she said.
b. As one of the girls was blindfolded, she couldn't see what the other girl was trying to convey to her by way of gestures.

Hence, it's not only important to express, but it is equally important to receive and understand what is being expressed. This is how communication becomes a two-way process.

Need for feedback

Feedback is also essential in communication, so that the sender of information knows that the communication is properly received. Feedback happens in many ways. Asking a person to repeat what has been said is a very direct way of getting feedback. Feedback may be as subtle as a stare, a puzzled look, a nod, or not asking any questions after complicated instructions have been given. Both the sender and receiver can play an active role in using feedback to make communication truly two-way. Feedback should be helpful rather than hurtful. Prompt feedback is more effective than feedback saved until the "right" moment. Feedback should be specific rather than general.

Outcomes

All the children understand the meaning of the two-way process of communication.

ACTIVITY 3

Objective: To make the children understand the various barriers to communication and how to overcome these barriers and communicate effectively.
Methodology: Game: Chinese Whispers, activity, and discussions with inputs.
Participants: 15-20 children.
Time: One-and-a-half hours.
Material: None.

Introduction

The game: Arrange the participants so that they form a chain. The chain can be circular, square, or just a line. The only restriction is that each child should only be able to communicate with one child on either side.

The first child chooses a phrase or sentence. The more bizarre the statement the better, and it should not be an easy-to-remember or well-known phrase. This first child whispers this phrase to the next child, ensuring that no one else hears it. The next child whispers what she thinks she heard to the next child, and so the phrase passes down the line. The last child to hear the whispered statement announces it to the group and then compares it to the original.

Note:

- The more children that are participating, the better the effect.
- Tell the children that they must not repeat what they whisper to the next child.

Input: Once the game is over, it is realized that what the first child originally whispered was quite or somewhat different to what the last child heard or understood. The facilitator helps them to find out why this happened, and talks about the barriers to communication.

The facilitator asks the children what they think was really the problem. What went wrong?
The children would give various reasons such as:

- Too much noise.
- . Could not hear.
- Could not understand.
- She spoke too fast.
- I heard it right, so how can that be?

In case the children cannot identify these possible reasons, the facilitator can begin by asking questions, such as, "Do you think there was too much noise?".

These can then be categorized as:

I. Physical barriers:

a. Defects in the sender and receiver:

Barrier	Solutions to overcome these barriers
Speech difficulty	Attempt to be as clear and audible as possible.
Deafness	Hearing-aids or modes of non-verbal communication such as written communication or hand expressions should be used and encouraged.
Poor sight	Sufficient illumination of the place is essential.
Poor cognitive skills	Use of various other modes of communication and media helps to convey a message if it is experienced that some children cannot understand what is being said.

b. Poor listening skills: Listening is difficult and requires a lot of skill to listen carefully and understand to the maximum. The solution is to be an active rather than a passive listener.

- Be prepared to listen. Understand the meaning of what the person is saying.
- Avoid interrupting the speaker.
- A listener's premature frown, shaking of the head, or bored look, can easily convince the other person that there is no reason to elaborate or try again to communicate his or her excellent idea.
- Provide feedback by asking questions, with a nod in agreement. Look the person straight in the eye. Lean forward. Be an animated listener. Focus on what the other person is saying. Repeat key points.

For the staff:
Active listening is particularly important in dealing with an angry person. Encouraging the person to speak, to vent feelings, is essential to establishing communication with an angry person. Repeat what the person has said. Ask questions to encourage the person to say again what he or she seemed most anxious to say in the first place. An angry person will not start listening until he/she has "cooled" down. Telling an angry person to "cool" down often has the opposite effect. Getting angry with an angry person only assures that there are now two people not listening.

c. Muddled messages: Muddled messages are a barrier to communication because the sender leaves the receiver unclear about the intention of sending. Muddled messages have many causes. The sender may be confused in her thinking. The speaker must be clear about what she wants to say, and must make sure that she conveys the right feeling with what she says. If she wants to say that she didn't like the food served that day, she must specify so that she doesn't sound as if she does not like the food served in the home every day.

For the staff:
If you want to tell the child that you are upset with her performance in the tests, say it. Don't tell the child that she is good for nothing; instead tell her that she has fared badly in the tests. Firstly, the child would have no clue as to why you are telling her about her worthlessness, and secondly, you haven't managed to tell her that she hasn't done well in the tests and that she has to improve.

d. Wrong channel: If a child is not happy with a staff member's behaviour, it is necessary that the latter realizes it. If the child does not say anything, and generally avoids the staff member or frowns at her, then the latter may not even realize that his/her behaviour has upset the child. Though something will be communicated by this non-verbal behaviour, the staff may guess that the child has a problem with her/him without knowing the nature of the problem. Use the proper channel of communicating. If the child thinks she can write effectively about her feelings, and does not feel comfortable talking about it, then she should write it down and give it to the person concerned.

For the staff:
If a detailed timetable or schedule for tests/ examinations is given to the children orally, it will lead to great confusion. These simple examples illustrate how the wrong channel can be a barrier to communication.

Variation of channels helps the receiver understand the nature and importance of a message.

e. Lack of feedback: Feedback is also essential in communication, so that the sender of information knows that the communication has been properly received.

f. Interruptions: Interruptions to communicating may be due to something more pressing, rudeness, lack of privacy for discussion, a drop-in visitor, an emergency, or even the curiosity of someone else wanting to know what the two other people are saying.

g. Physical distractions: These are the physical things that get in the way of communication. Examples of such things include the telephone, a desk, an uncomfortable meeting place, and noise.

For the staff:
- Physical distractions are common in most settings, and more so in a rehabilitation home where the place is buzzing all the time with children, staff, and the various activities.
- If the phone rings, the tendency is to answer it even if the caller is interrupting a very important or even delicate conversation.
- A person sitting behind a desk, especially if sitting in a large chair, talking across the desk is talking from behind a physical barrier.
- Two people talking facing each other without a desk between them have a much more open and personal sense of communication.
- Uncomfortable meeting places may include a place that is too hot or too cold.
- Meeting rooms with uncomfortable chairs soon cause people to want to stand even if it means cutting short the discussion.
- Noise is a physical distraction simply because it is hard to concentrate on a conversation if it is difficult to hear.

h. Psychological barriers:
- Prejudices: What we understand about what is said can be based upon our prejudices for or against that person or situation. For example, I don't really like Ms. A and I think she acts over-smart most of the time. When someone praises Ms. A in front of me, I either think that that person in exaggerating or is being sarcastic, based upon my prejudice against Ms. A.
- Stereotyping: Stereotyping causes us to typify a person, a group, an event or a thing, on oversimplified conceptions, beliefs, or opinions. Stereotyping can substitute for thinking, analysis, and open-mindedness, to a new situation.

For the staff:
Stereotyping is a barrier to communication when it causes people to act as if they already know the message that is coming from the sender, or worse, as if no message is necessary because "everybody already knows". Both senders and listeners should continuously look for and address thinking, conclusions, and actions, based on stereotypes.

i. Social barriers:
Language and differing perceptions: Words are not reality. Words as the sender understands them are combined with the perceptions of those words by the receiver. Language represents only part of the whole. We fill in the rest with perceptions. Trying to understand a foreign language easily demonstrates words not being reality. Being "foreign" is not limited to the language of another country.

Other perceptions that cause hindrance to communication are those caused due to facial or

other expressions, such as, nodding the head or making a particular hand movement. This may be a common form of expression and communication in one part or region of a country, but could mean nothing or even something very different in other regions.

Outcomes

All the children understand the various barriers to communication, and also the techniques of overcoming these barriers.

Tips on Interpersonal Communication at a Physical Distance

The following would help the children learn to use devices and tools for interpersonal communication effectively and would also serve to be useful for the safety of the child in the long run:

- The girls need to be taught how to make phone calls (local and STD) and basic phone etiquette. (A visit to a phone booth is recommended.)
- The girls should be exposed to the manner in which letters can be written and posted. (A visit to a post office is recommended.)
- Depending on the availability, accessibility, and the children's level of education and understanding, they should also be exposed to, and encouraged to use modern means of communication, such as e-mail and fax. Burdening the children with more information may not help however, if they are not prepared to do so.

NOTE: Though this module is designed to be used with children as it is, it is recommended that the staff in the home make minor modifications, and use the same module and inputs for improving communication within the staff as well as in staff-child communication. While training the staff members on effective communication, the examples provided in the boxes can be helpful.

PART III C
Module – 10

ASSERTIVE BEHAVIOUR

This module contains two activities aimed to help children in rehabilitation homes to understand the importance of assertiveness. Training in assertiveness is an important life skill that helps them to express themselves in a competitive world. Being aggressive or passive, both have negative consequences attached to them, wherein one or more parties negotiating or communicating get hurt.

However, being assertive helps to establish a stand, and be heard without harming oneself or others. Developing assertiveness takes time and learning.

Rescued girls often suffer from low self-esteem, trauma, and stigma. Learning assertiveness can help them to come out of their shell and recognize themselves as individuals with independent ideas, thoughts, and feelings, which others should acknowledge. Furthermore, this module can help the girls to distinguish between aggressive, passive, and assertive behaviour and help them to resolve problems more constructively.

Caregivers can introduce the concept of assertiveness through the activities in this module.

ACTIVITY 1

Objectives

1) Introduce the concept of assertiveness.
2) Emphasize the need to be assertive.

Method: Group discussion and inputs.
Time: Approximately half an hour.
Participants: 15-20 children.
Material required: None.

The animator should ask for five or six children to volunteer for a task. She must not reveal the task. Once some children have volunteered, the animator should thank them and ask them to go back to their places. The animator should tell them that there was no particular task to be performed, and that she simply wanted to know who would come forward to volunteer to do some task. If she asks the other students why they did not choose to volunteer. The likely answers would be:

" I was feeling shy to volunteer."
" I was worried that I may not be able to do the task."
" I was feeling lazy."
" I knew that someone else would volunteer."

"I was scared to volunteer without knowing the task.'
At this point introduce the concept of assertiveness.

What is Assertiveness?
Assertiveness is the ability to express feelings, opinions, and beliefs, clearly and openly; to insist on personal rights; and to gain recognition through initiative and a sense of responsibility.

Girls are taught from childhood to be silent and to listen to what others say. However, it is also necessary for them to state their own opinions and feelings, especially when the issues deal with their personal growth and well-being. They are often afraid, embarrassed, and even anxious to express their feelings and opinions. They are afraid of what others might think or say about them. But unless they voice their ideas and opinions, they will never know what others might think about them; or worse still, nobody will know what they want, or what they think and feel.

Often when others take decisions for them, especially decisions they do not agree with, they feel helpless and hurt. This happens because of their failure to assert themselves. The girls fail to communicate opinions and feelings in matters that are important to their lives. This failure to assert may lead others to taking advantage of the girls and misuse or misinterpret their silence or fear. This can be very dangerous at times.

Outcomes
At the end of the activity, the participants should be able to:
1. Understand assertiveness and its importance.
2. State how not being assertive can be dangerous.

ACTIVITY 2

Objectives
1. To enable the children to distinguish between assertive and non-assertive behaviour.
2. To discuss ways in which they can show assertiveness.

Method: Exercises, demonstrations, and inputs.
Time: Approximately two hours.
Group: 15-20 children.
Materials required: None.

Inputs
In any situation there are four different types of behavour:

1. Passive Behaviour: This is when a person allows others to take the initiative in making decisions on her behalf, and she rarely expresses her own feelings and opinions, refuses to take initiatives, or feels resentment and self-pity. Often girls are expected to behave it such a manner. But being passive in all circumstances does not enable or encourage growth.

The animator should encourage the girls to share their experiences of the times when they have used passive behaviour. The animator can facilitate sharing by narrating her own experiences.

2. Passive Aggressive Behaviour: This includes getting irritable, angry, or being indirectly manipulative to achieve the end.

Example: If a girl feels hurt because of something a friend has said or done and she has not been able to tell her about it, she becomes constantly irritated with that friend and tends to fight and argue over the smallest things.

Example: A girl knows the answer to some question that the teacher has asked but because she is shy or unsure, she tells her partner to give the answer. If the answer is correct and the teacher praises the other girl, then the first girl feels a little jealous and tells everyone that it was she who had given her partner the correct answer. But if the answer turns out to be incorrect, then she feels happy that she did not say it.

3. Direct Aggressive Behaviour: A person expresses her feelings verbally, by shouting or quarrelling, or physically, by fighting and beating.

4. Assertive Behaviour: In this case a person states her opinions clearly, directly, and honestly. She does not show anger, neither directly nor indirectly. She expresses herself in a controlled yet direct manner. She makes her feelings and desires clear in a way that shows feelings both for herself and for others. This is the best way to behave as it ensures better self-esteem, better relationships, and better control over life and surroundings.

Using assertive behaviour involves expressing both positive and negative feelings. With assertive behaviour a person acknowledges that she must not encroach on the time, privacy, and space of another and likewise she would not like anyone else encroaching on her own time, privacy, and space. Assertive behaviour means that the person must know her needs and must be able to express them clearly.

Being Assertive Involves Learning New Behaviour

- *Using verbal messages assertively:*
- Express yourself clearly, directly and honestly.
- Use direct first person speech, such as "I like", "I don't like it when you....", "I felt hurt when you...", "I felt bad when you...", rather that indirect or third person speech, such as "what if somebody were to do...", "she was saying that", "one can feel hurt when some one does....".
- The direct approach not only gets the message across clearly but it also helps to maintain clear communication and prevent misunderstandings. Others may not know or sense what you are thinking or feeling, so it is best that you be clear in communicating this.

- *Using non-verbal messages assertively*

Body language – which is expressed with the eyes, facial expressions, gestures, postures, and voice modulations, makes up for more than 35 per cent of communication.

The girls must be aware of this and make sure that all non-verbal communication matches the verbal messages. Sometimes non-verbal message can totally contradict the assertiveness of the spoken words. Wringing the hands, shifting from one foot to the other, avoiding eye contact, and fidgeting, all these gestures show fear and anxiety.

- *Demonstrating assertiveness*
- Standing squarely on both feet; no shifting or leaning for support on walls, another person, or furniture.
- Direct eye contact while speaking without staring or glaring. Such strong expressions give the impression of defiance.
- Clear speech in a moderate but firm and confident voice. (Often this is the best way to handle eveteasers or to discourage anyone from doing anything unacceptable.)
- Modulate voice to suit the communication. Use a soft yet audibly clear voice when asking; explicit when expressing opinions; and loud when addressing a gathering.
- Physical care. Feeling good about one's body is an important step towards assertive projection. People who think poorly of their bodies are the ones that are easily harmed.
- Use the body structure and stature to advantage (physical features such as height, and weight).
- Give and accept compliments gracefully.
- Receive criticism constructively and give constructive criticism.
- Express anger and frustration in constructive ways rather than by crying and fighting.

- *Obstacles to Assertiveness*
- Unawareness of assertive behaviour. Often children do not know this as an option.
- Anxiety and fear in self-expression. Children do not know what they want to say.
- Low self-esteem. Belief that their opinions do not matter; what they think or feel is not important; and what they need is not worth asking for.
- Anxiety over reciprocity. Anxious about how others will react to anything said or done.
- Inability to communicate. Lack of ability or skill to express ideas, feelings and needs.
- Behaviour that hinders assertiveness.
- Inability to distinguish between assertion and

aggression. Consequently others distance themselves or become defensive.
- Too timid. As a result, others take advantage.
- Situational limitations. Circumstances that prevent assertive behaviour, for example, having alcoholic parents, strict teachers, bullies as class mates, or being forced into prostitution.

Exercise

The animator should present three incidents to the girls:
- Your friend is feeling lazy and bullies you into not attending class with her. She tells your housemother that both of you didn't want to go for vocational training class, as a result of which both of you are punished.
- You are travelling by train and a man starts making untoward advances at you by rubbing against you intentionally.
- You are very angry with your friend because she took your favourite ear-rings without asking you.

Ask the girls in the groups to identify:
- What would be passive or aggressive responses to these situations?
- How would they react assertively to such situations?

Ask the group members to act out the assertive responses to the situations above. Conclude by tying up the main points.

Outcomes
- Understand the difference between passive, aggressive, and assertive behaviour.
- . Recall and apply some verbal and non-verbal messages to show assertiveness.
- Understand factors that hinder assertiveness.

PART III C
Module – 11

ACCEPTABLE AND UNACCEPTABLE BEHAVIOUR

Children in rehabilitation homes often have to be told about the norms of acceptable and unacceptable behaviour in the home. Some rules and limits have to be set for the optimum functioning of the home. The children should be invited and involved in setting these norms, as it would then ensure better cooperation from them. (Refer to Section II – Management of the Home for more details.)

This module suggests ideas and skills through which caretakers can involve the children in making the rules for the home.

ACTIVITY 1

Objective: Involve the children in making rules regarding acceptable and unacceptable behaviour in the home.
Method: Group discussion.
Participants: 15-20 girls (if there are more girls in the home the activities should be conducted in batches for all the girls).
Time: Approximately two hours.
Materials required: None.

Step 1 – story telling
Beginning with a fictional story or real incidents when the behaviour of groups of girls has disrupted the programmes of the home and the environment of the girls in the past. The facilitator should explain the importance of having rules for acceptable and unacceptable behaviour.

Step 2 – explain the need for rules
Explain also that the home feels that the best rules would be those that the girls come up with themselves and so the following exercise, wherein they will all sit in groups and discuss what rules need to be made in terms of what the girls themselves consider acceptable and unacceptable behaviour.

Step 3 – making own rules
The animator can provide broad areas on which the girls can formulate the rules, such as, attendance at programmes, physical proximity permitted in public, and looking after property.

Step 4 - brainstorming
Divide the girls into smaller groups (5-6 children) of mixed ages for brainstorming. Give them time to discuss each of the areas. The facilitator can go

around and remind the groups of the areas to be discussed.

Step 5 – sharing and list of new rules
Ask the girls to return to the larger group and share what they discussed. The animator should help the group come up with one common list of rules.

ACTIVITY 2

Objective: Remind the children about the rules regarding unacceptable and acceptable behaviour on an ongoing basis.
Methodology: Presentations and posters.
Participants: All the children of the home.
Time: Ongoing.
Material required: None.

The children should be encouraged to orient newcomers and visitors to the rules that they have helped to set.

Display pictorial presentation/charts made by the children, depicting the rules made by them.

ACTIVITY 3

Objective: Reinforce rules on an ongoing basis.
Methodology: Star Point Incentive programmes.
Participants: All children in the home.
Time: Once a week.
Material required: None.

During weekly meetings of the staff and girls, discuss incidents of violations of rules. Discuss and get from the children negative reinforcers/punishments and the need to adhere to rules. Use the Star Point Scheme to positively reinforce the adherence to rules.

PART III C
Module – 12

PREVENTION OF TRAFFICKING

Most rescued children are well aware of the different ways in which they get trafficked for exploitation. In fact most rescued girls have themselves been tricked, trafficked, and exploited. This module provides the children with information and strategies that they can use to prevent their own re-trafficking or the trafficking of other innocent children.

The module helps to instil some confidence and hope in the children that they do have some power to control or resist re-trafficking by adopting various measures as given in this module. The module also looks at rescued children who can serve as agents or vigilantes, who are better equipped through their own experience to identify traffickers, and who can actively prevent the trafficking of other children.

ACTIVITY 1

Objectives: Explore with the children the possibilities to prevent trafficking and to spread awareness about it.
Participants: Group of 15-20 children and some staff members.
Methodology: Role-play and discussions.
Time: One hour.
Material required: Chart papers with safeguards mentioned in the content of this module written on it. Video, CDs of rescue and prevention operations.

Step 1 - Enactment of role-play
Some staff members to play roles of parents and relatives of the girl. One of the girls plays "the girl" who is going to be trafficked from a village and another girl plays the role of a "good friend". They have to depict the following scenario:

- A prevailing economic problem with lack of food, clothing, and a girl being withdrawn from school for these reasons.
- Some relatives arrive at the household to meet the parents and the girl, and also talk about some money.
- The girl is being prepared for a long vacation in a city. The girl's friend asks her where she is going, with whom she will stay, and when she will return. This friend is surprised to realize that the girl knows nothing. Alternatively, she thinks that the girl is trying to hide the information from her, and that she is not upfront about what she and her family have planned for her.

- The friend also notices sudden economic prosperity in the household. The family is seen paying back all the loans and even lending out money.
- The friend then informs her family and/or village panchayat to look into the matter. The panchayat and police enquire about the frequenting visitors, their connections with the family, and the whereabouts of the girl in the household.
- The police or the NGO eventually rescue the girl.

Step 2 – Discussion and Input

The facilitator should help the girls to discuss:

- Feelings of the characters in the play such as fear, disgust, and anger.
- The motivation, feelings, or thinking of the "friend" and other such activists or people who try to prevent trafficking.
- The girls who choose to be victims thinking that they do not have a choice and that they have to do it for the betterment of their family.
- How the girls can contribute to economic benefit in other ways and not be burdened, by getting educated, learning new skills, and being enterprising. Give examples or model stories of girls who have done this.
- Precautions they need to take to prevent being victimized themselves and prevent trafficking of others (some ideas are given in the box below).

The girls need to watch out for such situations, both in the household or neighbourhood. This will help in two ways. The girls would protect themselves and would also prevent trafficking of other girls in the village.

- Acute poverty in some of the neighbouring houses.
- The presence of young girls in such homes.
- Frequent visits by new persons to these households.
- The young girls are sent out on long vacations to big cities with unknown people or not-so-close relatives. This may be explained as a follow-up on a marriage proposal, or to meet prospective grooms, or for actually getting the girls married.
- In case there are any doubts about the character or motives of the strange visitors, or even of some of the family members or relatives of these girls, the local police or village panchayat must be informed.
- Girls should be provided with a list of organizations or individuals whom they can approach in case they need societal support or someone they could confide in. These institutions could be NGOs, social service organizations, or Women's SHGs or the headmasters of the local school; or a PHC nurse could help the girl in some way.

If the girls think they are helpless in such situations, the facilitator can explain how rescued children have in the past prevented their own re-trafficking and that of others, and have helped rescue teams across the country to identify and rescue children from various exploitative situations such as those in brothels, and have also helped apprehend the culprits (traffickers, pimps, and madams). This can be further facilitated if the home has some CDs or videos on rescue or prevention operations, which can be shown to the children to make then realize the significance of their roles in such operations.

The children should also be given inputs on concepts of anti-trafficking committees. Visits to organizations, which have such committees, should be planned and the children should be taught about the formation of such committees and their functioning. In case the rehabilitation home is in a source area, the organization should also form such committees and involve the rehabilitating children in the formation and functioning of such committees. If the organization has its own mechanism for dealing with trafficking and sexual exploitation, the children should be given inputs on the working of these mechanisms and involved in the working of the same.

Step – 3 Inputs

Inform the staff and the children about the following safeguards to be taken to prevent trafficking and exploitation.

Safeguards:

- If a girl has a boyfriend or any other person she likes and hangs around with, she should share this information with at least her close friends and she must always let someone know where she is and with whom. This ensures that in case the girl is ever in trouble, she can be traced.
- If she is going with, or is being sent to, a relative, the girl should keep some safeguards in place. She should let the panchayat, or police, or social agencies, or individual family members know where she is going and ask them to take action to trace her if she does not get in touch within two days.
- Girls must remember their house address in detail so that they can send a letter for help. If they cannot write, the police will help and coming back home would be easier. The girls can also secretly carry a home-addressed envelope.
- If a girl finds herself in a new place and is at risk of being trafficked, she must create a disturbance and find a way to approach a police station. There are such stations everywhere, at the railway station, at the bus stops, on highways, and at check points.
- Some police persons may be corrupt and hence it is wise to go directly to a police station instead of approaching individuals.
- Some agencies, such as Childline, are accessible in Mumbai, Nagpur, Bangalore, Calcutta, New Delhi, Coimbatore, Chennai, with the telephone No. 1098. The girl can also call them for help.

Outcomes

The children are made aware about trafficking and sexual exploitation and about preventing it.

PART III C
Module – 13

SKILLS IN HEALTH

Staff Knowledge Required in

Symptoms, treatment, and prevention of communicable and non-communicable ailments mentioned in the Health Management section. All other ailments, apart from those listed, but experienced in the home.

Care in pregnancy and care of the newborn, if pregnancy cases exist.

Issues related to abortion and adoption. Immunizations, care, and nutrition of the infant.

Procedures of Communication

- *Meetings:* Monthly meetings could be used as input sessions on updating staff on the health status of each child. For example, recent illnesses experienced, cures given, health check-ups conducted, and visits by resource persons.
- *Maintain a health file* for each child. Advantages of doing so:
  - Reinforces the knowledge shared in meetings.
  - Helps with preventive and care measures like nutritional management.
  - Helps staff to maintain records of allergies the child might suffer from, the food that suits each child, and the observations made regarding hygiene in day-to-day living.
  - Records are available for easy reference by medical professionals.
- *Pregnancy:* A pictorial representation of stages in pregnancy, and the physical and mental experiences expected. It prepares the pregnant girl for the delivery. Charts can be displayed in the expectant mother's room and discussed from time to time.
- *Nutrition Management:* Tables and/or pictorial charts can be put up in places with easy visibility, especially around kitchens and eating areas. They could depict foods/drinks and mention benefits of eating them. Especially in the case of pregnant women and newborns, staff should update themselves on nutrition requirements.
- *Activities*
  - The snake and ladder game on health and hygiene can be replicated in various colours on a big cloth (a bed sheet). The children could paint on it. Changes could be made on each block depending on what is interesting and relevant to all. Children could be teamed in pairs. One person would throw the dice and the other could walk and stand on the relevant box and a discussion be initiated. The children could play the game enthusiastically and retain

specific information in their minds (see game attached).

- While discussing an ailment, instruct the children to gather material related to it. For example, while discussing Head Lice have the following things laid out: lice comb, head oil like Licel, and shampoo/ soap. All aspects of an ailment such as the symptoms, treatment, and prevention, may be discussed and the correct use of materials explained.

Question Box: Encourage children to communicate issues or problems that they may be shy to speak about in groups. For example, give a pencil and equal-sized small pieces of paper to all children in the group sessions. Ask them to write their questions on it. Keep an open-top cardboard box within easy reach. As the session progresses the children should drop these sheets with their questions on them. The resource persons/caregivers deal with each question at the end of the session. This keeps the child's identity confidential and yet gives the answers to all.

Resource Persons: Staff knowledge can be updated and information to the children can be given by inviting resource persons to conduct sessions on topics such as TB, HIV/AIDS and FLE.

Sourcing Outside Material: Government bodies and NGOs, which distribute free or low cost pamphlets/posters/booklets/flashcards/video cassettes/reference material, can be contacted for procuring these. Use these for updating staff knowledge and for distribution among children (See Appendix II).

First Aid Kits: Ensure that sufficient first aid kits are stocked and that the staff and older children are trained in using them. Check each item for expiry dates, its proper use, and arrange for regular replacements. Oral medicines are not to be misused.

Checklist: Develop a checklist for each ailment or other aspects related to health (refer below for sample checklist). Help may be taken from the resident nurse/doctor to create such checklists.

Checklist

- ***Objective***

To develop knowledge skills and attitudes towards the children's healthcare needs by administering a checklist for ailments.

Methodology

- This checklist can be replicated for all health concerns for each child and a comprehensive checklist could be prepared for all health issues for each child. Photocopy the checklist, name it to every child, and administer it once every month.

- Every month the checklist of each child can be attached to her health file. Crosscheck every child's health file and tally/update records with the observations made through the checklist.

SAMPLE checklist for ailments
Checklist on Tuberculosis (TB):

Sr.No.	Questions	Yes	No
	Symptom Identification		
1	Have you seen any child feel weak and tired in the past few days?		
2	Does any child complain about chest pain?		
3	Did any child complain about blood vomits? / Did you see bloodstains in the bathroom sink recently?		
4	Have you seen any child reducing her physical activities in the evening?		
5	Does a child have frequent change in body temperatures, especially in the evenings?		
6	Have you observed any child leaving food on her plate frequently?		
7	Does any child look thinner than usual these days?		
	Time to see the doctor		
	Treatment and Care		
1	Do you have a spittoon for the child to spit in?		
2	Does the child with TB spit the phlegm in a covered container and burn it?		
3	Does the child cover her mouth with a handkerchief while coughing?		
4	Is the medication for TB being provided regularly to the child?		
5	Does the child take regular and complete medication?		
6	Has her routine been changed and have her activities been changed to suit her physical capacity? (For example, excuse her from heavy physical jobs like sweeping and allow her to rest more than others.)		
7	Has the patient been provided with more calcium and protein-enriched food? For example, is she taking more milk, eggs, carrots and oranges?		
8	Has she been isolated from her fellow-residents if the infection stage has been reached?		
10	Has the isolated patient been counselled to help her understand the purpose of the isolation?		
11	Has the patient been given a few constructive activities that she can keep herself occupied with, when in isolation?		
	To keep the disease at bay		
	Prevention of spread of TB		
1	Are vaccines for TB given in the required frequency to all residents?		
2	Have the patient's clothes and bedding been exposed to sunlight to kill the TB germs?		
3	Have the staff ensured that no child smokes?		
4	Have the staff ensured that no child suffers from malnutrition?		

- Symptoms reported/observed by a child should be immediately conveyed to the doctor.

The more 'yes' answers to the above checklist, the better is the understanding of the symptoms and prevention and care plan for TB.

Expected Outcomes

- The checklist helps to identify the symptoms in day-to-day living.
- It promotes healthy practices among staff and children to prevent and treat the ailment.
- It inculcates open communication between staff and children regarding health issues

• ***Sample Checklist - Nutrition and Environment***

- Use a water filter to purify drinking water.
- Cover cooked food.
- Serve food with clean hands on clean plates.
- Ensure that the kitchen is free of cockroaches and termites.
- Use disposable gloves to deal with cuts and wounds.

• ***Sample Checklist- Personal hygiene of the children***

- Wash hands and feet when returning from outdoors.
- Keep clothes well folded and neatly in the storage space provided.
- Have individual combs and toothbrushes.
- Bathe at least once a day.
- Wash and dry the hair well.
- Wash hands with soap/ash after using the toilet.
- Wash hands with soap/ash after changing sanitary napkins.
- Wash hands before eating.
- Keep the nails clean and cut them regularly.
- Wear clean underclothes every day.
- Use separate towels/napkins.
- Sleep on clean sheets and pillows.
- Dry the clothes and bed linen in the sun.
- Use a cloth to wipe the eyes and nose.
- Use ear buds to clean the ears.

PART III C
Module – 14

SUBSTANCE ABUSE

Most rescued children are habituated to consuming tobacco or alcohol. This module provides inputs for the children on how these habits can harm their health. The module also introduces the concept of de-addiction centres where they can seek help for an addiction problem.

Objectives:

- Make the children understand the ill-effects of consuming tobacco/alcohol.
- Give information and reinforce why they should prevent experimentation/ consumption of tobacco/alcohol.

Activity 1

Objective: To make the children aware of the ill-effects of consuming tobacco.
Participants: 15-20 children.
Methodology: Role-play, discussion.
Time: 45 minutes.
Material required: Flip charts/coloured pens.

From one big group of the girls, ask five to volunteer to do the role-play. Spend about 7-8 minutes explaining the characters to them by taking them away from the group.

Role-play

Sheeba is smoking a cigarette and enjoying it. Nurse didi comes along and says that smoking causes coughing and leads to cancerous growth in the body. Sheeba laughs and says, "Nothing happens". But Sheeba admits that she has severe coughing at times. So nurse didi takes her to a doctor for examination. After he examines her, the doctor asks her if she smokes. Sheeba says, "Yes". The doctor informs her that the difficulty in breathing is because her lungs have been affected by smoking. He asks her to get a chest X-ray done. Once the X-ray results come, the doctor tells Sheeba that luckily, she is not afflicted with cancer. However, she has bronchitis and must stop smoking immediately. Sheeba is scared but determined. She tells the doctor she needs help to leave smoking. The doctor gives her the number and address of a de-addiction centre and encourages her to get enrolled there once the bronchitis clears up. Sheeba is returning from the doctor's clinic and meets Naina and Rani on the way and they are smoking.

They offer Sheeba a cigarette but she is hesitant to take it. They listen to Sheeba's story with rapt attention. They slowly put off the cigarettes they are holding and decide to visit the doctor for check-ups.

Exercise

Initiate discussion on the role-play. Ask the girls who played the characters to reflect on their roles. Ask them how they felt in performing their roles and what they understood from it.

Note their feedback in short sentences on flip charts and keep these ready for Activity 2. This feedback will be handy to reinforce the correct information that would be provided to them in Activity 2 and dispel myths if any.

Outcomes

The participants should know that:

- Cigarette smoking can cause cancer, breathing problems, and other ailments.
- There are special de-addiction centres that can help to overcome addiction.

ACTIVITY 2

Objective: Give information on the ill-effects of substance abuse and reinforce how a person can prevent addiction to alcohol or tobacco.
Methodology: Discussion.
Participants: 15-20 children.
Time: One hour.

Material required:

Empty packets of gutka, mawa, misri, cigarettes/ bidis, and bottle of alcohol.
Flashcards on the abuse of tobacco and alcohol and their effects on the human body.
Flip charts, coloured pens.
Display of flip charts from Activity 1.

Take up the following issues with examples:

• ***Make children aware of various forms of tobacco and alcohol available.***

Show flashcards/pictures/advertisements/empty packets of different forms in which tobacco is used: paan, bidi/cigarette, gutka, hookah, paan masala, toothpaste of tobacco, mawa, misri.

• ***Reasons for the availability of the products even if they are bad for health.***

The advertisements are focused on selling the products and making a profit on them. Advertising also creates a demand for such products. Even though the products are not of any benefit to the buyer, manufacturers make these products because there is a demand for them.

• ***Bodily changes experienced after intake of tobacco/alcohol and the implications of addiction.***

Show a series of flashcards that highlight the difference between those using tobacco and alcohol, and those not using them.

- The users of tobacco and alcohol look tired, and have bad yellow teeth. Those not using these items look fresh, cheerful, and healthy.
- The children should be told about how different parts of the human body are affected by consuming tobacco products and alcohol (mouth, digestive tract, lungs, liver, heart). Make them aware that the consumption of these products could damage the eyes, may causes dizziness, reduces appetite, damage the liver and lungs, and create high blood pressure and a variety of other diseases.
- A flashcard on cancer should emphasize not only the pain in cancer but also the awful side effects of the treatment. Due to chemotherapy and radiation patients lose hair, taste for food, and appetite; many patients suffer from nausea and vomiting, blisters and boils and skin reactions. The body becomes very weak and prone to other infections. Besides all these problems the cost of cancer treatment is exorbitant. The children must understand that prevention is better than cure; that it is much easier to be treated for addiction than to get treated for cancer.

• ***Passive Smoking.***

The children should be made aware that even those who do not smoke could develop cancer or other consequent health problems, by inhaling the smoke from a nearby smoker. Therefore, they

should not only stop smoking but also stop others from taking up this habit.

• ***Encourage ways to give up consumption/keep away from it.***

For getting cured of addiction the first and most important step is for the person to decide that on a particular day she will not consume tobacco or alcohol, and with determination and will power, drop the habit from that very day. Relax the body and mind with deep-breathing exercises and yoga. Keep positive thoughts in the mind and engage in some meaningful work. Peers should help the addicts to give up the habits.

Exercise

Ask the children to speak out loudly some slogans against tobacco and alcohol, and use and write the slogans on flip charts. Encourage them to speak of the steps they would take to prevent others from smoking and drinking. Put up these flip charts in strategic locations within the home, so that they see the information shared, each day.

Expected Outcomes

- Those in the habit of consuming tobacco/alcohol will be encouraged to leave it.
- Those not habituated will be prevented from taking to tobacco or alcohol.

Comments

If the children are interested in knowing more, such a session can be followed by a visit/talk by a local alcohol/drug de-addiction centre.

PART III C
Module – 15

SUGGESTIONS FOR OUTSIDE ACTIVITIES AND EXPOSURE

A list of activities/places to visits that would enhance the knowledge and skills and, inturn, the personality of the child, when she leaves the home and starts living independently or with her family:

Museum of folk art and historical and places of scientific significance.
Other places of historical significance (Forts, palaces, gardens, heritage monuments.)
Places of worship.
Post office and Telegraph office.
Railway station.
Bus station.
Civil hospitals and health clinics.
Police station.
Sulabh Snanaghar (Sulabh Bath House).
Municipal and government offices (ward offices).

Partly adapted from "Empowering Adolescents: Learning about Life", Chetna, 2002.

APPENDIX – I

SOME ORGANIZATIONS WORKING ON SELF-EMPLOYMENT AND VOCATIONAL TRAINING PROGRAMMES

1. Creative Handicrafts (Registered under Societies Registration Act)
Women's Self-Employment Centre
D/1 Achanak Colony, Mahakali Caves Road,
Andheri (East),
Mumbai 400093.
Tele: 022 832 46 92
Fax: 022 837 92 68
Email: create@bom5.vsnl.net.in

Trains women to produce and sell high quality articles, such as, soft toys, cushion covers with patchwork and embroidery, wall hangings, table linen sets, travel bags, and key chains. Contact for inputs on Savings and Credit Groups.

2. Annapurna Mahila Mandal (AMM)
10, Navnit Apartments, 3rd Floor,
125, Rama Murty Road,
Dadar,
Mumbai 400028.

Training in catering and catering management, bakery and confectionery, goat rearing, chicken farming, mushroom cultivation, sewing, knitting, nursing and mushroom winding. Could be approached for micro finance.

3. Society to Heal, Aid, Restore, and Educate (SHARE)
Ms. Nikola Monterio, Director
UTV House, #7 Marwah Estate,
Krishanlal Marwah Marg,
Saki Naka, Andheri (East),
Mumbai 400072.
Tele: 022 8576900 Ext.: 110/119

Self-help in income-generating activities, for example, fruit and vegetable preservation, mushroom cultivation, nurseries, making agarbathi and chalk.

4. Women's India Trust (WIT)
The Kamila Tyabji WIT Centre,
Bunder Road,
Panvel (Dist. Raigad),
Tele: 27453324.

Employment-oriented courses in block printing and screen printing, nursing, catering, balwadi teachers training and making of soft toys.

5. Darshan Shankar
50, MSH Layout, Anandnagar,
Bangalore 560 024.
Tele: 080- 333 03 48 / 343 44 65
Fax: 080- 333 41 67

Training courses on medical plants, their conservation, and sustainable use.

7. Skill for Progress (SKIP)
SKIP House
25/1, Museum Road,
Bangalore 560 025.
Tele: (080) 222 05 73
Fax: (080) 227 59 83

An All-India Association of 190 private vocational training schools all over the country.

8. Mind Movers
J.B. Kabra
52, Sunflower,
Orchids Complex,
Majiwade, Thane 400 0603.
http://www.mindmovehr.com/

Training programmes like "Productivity and total quality management".

10. Rashtriya Mahila Kosh
1, Abul Fazal Road, Bengali Market,
New Delhi - 110 001.

A member of India Collective for Micro-Finance (ICMF), may be approached for micro finance.

11. Shramik Bharti
392 Vikas Nagar,
Lakhanpur,
Kanpur.

A member of India Collective for Micro-Finance (ICMF) - may be approached for micro finance.

12. Visakha Jila Navnirmana Samiti (VJNNS)
Sivaram Nilayam,
Narsipatnam,
Visakhapatnam.

A member of India Collective for Micro-Finance (ICMF), may be approached for micro finance.

13. Shrameek Vidya Peeth
Jan Sikshan Sansthan, Near Shramik Vidyapeeth Municipal School,
New Transit Camp, Mahatma Gandhi Road,
Dharavi, Sion,
Mumbai 400 017.
Tele: 022-2407 7471 / 2409 8804

Short-term courses for women in home management, soups and snacks preparation, masala powder, hair styling, screen painting, metal embossing, pot and fabric painting and many more.

14. Sophia Centre for Women's Studies and Development
Sophia Andersson Annexe, Sophia College Campus
Bhulabhai Desai Road,
Mumbai 400026.
Tele: 022- 2363 52 80
Fax: 020- 2369 71 63
Email: sophia_womencentre@ hotmail.com

Certificate Courses available at certain times of the year:
- Certificate Course for Health Workers.
- Certificate Course in Functional English.
- Certificate Course in Repair of Home Appliances.
- Certificate Course in Needle Craft.
- Certificate Course in Gardening.

APPENDIX – II

TEACHING AIDS AND RESOURCES – HEALTH RELATED ISSUES

Video Films

1. "ANANT"
A Film on HIV/AIDS
Language: Hindi
Contact: Voluntary Health Association of India (VHAI), New Delhi

2. ASTHA 1990: "Rupa's Story"
A video film on the story of Rupa and her fight against TB and related social aspects.
Language: English
Contact: ASTHA

3. "Sahjeevan" Yon Shiksha Par Ek Sansaaadhan Sanch
A video film on growing up and understanding sexuality.
English: Hindi
Contact: XIC, Mumbai

Useful Reference Material

1. Learning For Life
A Guide To Family Health and Life Skills Education For Teachers and Students.
Language: English
Contact: National AIDS Control Organization (NACO)

2. P.N. Sehgal and Vikramjit Singh
"HIV and AIDS: What everybody should know", 1993
Booklet containing basic questions on AIDS and HIV, the entry points of HIV, identification of the disease, facts and myths about it is spread and prevention of the disease.
Language: English
Contact: VHAI, New Delhi

3. "AIDS Prevention Education Programme"
Workbook For Teachers in Secondary Schools of Mumbai, BMC, Public Health Department in collaboration with MDACS and UNICEF, 2001.
Language: English
Contact: Mumbai District AIDS Control Society (MDACS)

4. Asha Project
Booklet on STIs and HIV/AIDS.
Language: English
Contact: Brihan Mumbai Mahanagar Palika

5. "Better Child Care" New Revised Edition, 1989
Booklet with messages on childcare, helps in recognition of Anaemia, malnutrition and Vitamin A deficiency.
Languages: English and Hindi
Contact: VHAI

6. "Problems of Adolescent Sexuality" by Mrs. Sarla Mukhi
Booklet
Languages: English and Kannada
Contact: Family Planning Association of India (FPAI)

7. "Teenagers Ask: Doctor Answers"
Booklet
Languages: English, Hindi, Marathi, Gujarati, Telugu, Kannada, Urdu, Malayalam and Punjabi
Contact: FPAI

8. "Kishoravastha" –Adolescence
Booklet
Language: Marathi
Contact: FPAI

9. "Talking AIDS"
Guide on AIDS prevention for social workers and counsellors.
Languages: English, Hindi, Kannada, Marathi, Punjabi and Tamil
Contact: FPAI

10. "Prashna Yuvakanche: Uttar Doctoranche, Gupta Rog va AIDS"
Booklet on sexually transmitted diseases including AIDS, specially for young people.
Languages: Hindi and Marathi
Contact: FPAI

11. "Akshar Gyanmala"
Set of 30 booklets on health, nutrition, environment, family planning and literacy for the neoliterates.
Language: Hindi
Contact: FPAI

12. "Hygiene"
Booklet
Languages: Hindi and English
Contact: FPAI

13. "Resilience- A Joyful Growth", Part 1 and 2, Life Skills, 2002
Research Report
Language: English
Contact: College of Social Work, Nirmala Niketan, Mumbai

14. "Building Life Skills of Young Adults"
UN Inter-agency Working group– Population & Development- Urivi Vikram Charitable Trust (UVCT), New Delhi project - Life skills training modules (final draft).
Submitted by: Consultants (supported by WHO)
Available at: www.unesco.org/bangkok/ips/arh-web/ arhnews/pdf/lifeskills.pdf

Flip Charts

1. "Child Safety: Accidents and How to Prevent Them"
Contact: AV Unit, CMC

2. "Prevention is Better Than Cure"
Contact: AV Unit, CMC

3. "How Diseases Spread and How They Should Be Prevented"
Contact: Ministry of Health and Family Welfare, Government of India, New Delhi

4. "Care during Tuberculosis" (Hindi and English)
Contact: Centre for Health Education Training and Nutritional Awareness, (CHETNA)

5. "Tuberculosis Control"
Contact: Tuberculosis Association of India

6. "Control of Tuberculosis"
Contact: AV Unit, CMC

7. "A Guide to Home Management of Diarrhoea"
Department of Family Welfare, Government of India. Assisted by UNICEF, India Country Office

8. "Scabies: Causes and Treatment"
Contact: AV Unit, CMC

9. "Head Lice: Causes, Growth, Treatment"
Contact: AV Unit, CMC

10. "Care of Pregnant Mothers"
Contact: Literacy House

Teaching Kit/IEC Material

1. Anaemia and Women's Health Kit
Contains a Trainer's guide, two posters, a role play (Shanti Ke Uljhan) on appropriate diet, poems on maternal deaths, gender bias, role of extended family and a teaching disc on causes of anaemia.
Languages: Hindi and English
Contact: Chetna

2. Life Skills for Adolescents
Language: English
Contact: IHMP, Pachod

3. Sanitation Manual
Language: English
Contact: IHMP, Pachod

Slides

1. "Sexually Transmitted Diseases", by A.S. Latif and K. Murtagh, 1990
Set of 24 slides on sexually transmitted diseases, their recognition and treatment. The set is divided into 3 parts: Genital Ulcers and Warts, Urethral discharge and Congenital Infections- Syphilis and Gonorrhea. Accompanied by a script on treatment of STIs.
Language: English
Produced by: Teaching Aids at Low Cost (TALC)
Contact: VHAI

Posters

1. "Talking AIDS"- 1992
Poster describing spread and prevention of HIV infection and myths on its spread.
Language: English
Contact: VHAI

2. HIV/AIDS- Spread, Prevention, Care, Myths.
Hindi, English, Marathi
Contact: CCDT

3. "Diarrhoea Management"
Ministry of Health and Family Welfare
Set of colourful posters illustrating different aspects of diarrhoea management.
Language: English
Contact: National Institute of Health and Family Welfare

4. Snakes and Ladders Chart Game on Hygiene and Cleanliness
Language: English
Contact: YWCA New Delhi

Flashcards

1. "Prevention of Diarrhoea"
Set of coloured flash cards on aspects of diarrhoea, its prevention and treatment.
Language: English
Contact: AV Unit, CMC

2. "Champa Ki Kahani"
Set of coloured flashcards regarding STIs and HIV/AIDS.
Languages: English and Hindi
Contact: YWCA, New Delhi

Contact Addresses for the above

1. Voluntary Health Association of India (VHAI)
Ting Swasthya Bhawan
40, Institutional Area
South of I.I.T.
New Delhi 110 016

2. ASTHA
Xavier Institute of Communications
Mahapalika Marg
Mumbai 400001
Maharashtra

3. Mumbai District AIDS Control Society (MDACS)
Acworth Leprosy Hospital Complex
R.A. Kidwai Marg, Wadala (West)
Mumbai 400 093
Maharashtra
Telephone: 022-24100246

4. Asha Project
Public Health Department
Brihan Mumbai Mahanagar Palika
Second Floor, Kamathipura Eye Hospital
Mumbai- 400 008
Maharashtra
Tele: 022- 2308 04 86 / 2308 86 09

5. Resilience
Pierina D'Souza & Vinny Samuel
Research Unit, College of Social Work
Nirmala Niketan
38, New Marine Lines
Mumbai - 400 020 / Maharashtra
Tele: 022-2207 5458

6. Committed Communities Development Trust(CCDT)
Pali Chimbai Municipal School
Chimbai, Bandra (West)
Mumbai 400050
Maharashtra

7. National Institute of Health and Family Welfare
New Mehrauli Road
New Delhi 110 067

8. Audio Visual (AV) Unit
Christian Medical College and Hospital (CMC)
Vellore 632004, Tamil Nadu

9. Young Women's Christian Association (YWCA) of India
10, Parliament Street
Sansad Marg, New Delhi- 110 001
Tele: 011- 336 15 61

10. Centre for Health Education Training and Nutritional Awareness, (CHETNA)
Lilavatiben Lalbhai's Bunglow
Civil-Camp Road, Shahibaug
Ahmedabad- 380 004, Gujarat

12. Literacy House
P.O. Alambagh
Lucknow
Uttar Pradesh

13. Tuberculosis Association of India
3, Red Cross Road
New Delhi – 110 001

14. National AIDS Control Organization (NACO)
Ministry of Health & Family Welfare
Government of India, 9th Floor
Chandralok Building, 36, Janpath
New Delhi 110 001

15. Ashish Gram Rachna Trust
Institute of Health Management Pachod (IHMP)
Pachod, District
Aurangabad 431 121
Maharashtra
Tele: 02431-221416
Fax: 02431-221331
Email: ihmpp_agd@sancharnet.in, ihmp@vsnl.com

16. The Publications Department
Family Planning Association of India
Bajaj Bhavan, Nariman Point
Mumbai 400021
Maharashtra
Tele: 022- 22029080/ 22025174

17. Xavier Institute of Communication
St. Xavier's College
Mumbai 400 001
Tele: 022- 22621366/2621639

Resource Persons

1. Ms Farzeen Randelia
C/o Mr. D. RandeliaA/23,
Jer BaugByculla (E)
Mumbai- 400 027
Telephone: 022- 2377 07 25
Expertise: Psychotherapist/counsellor dealing with issues pertaining to HIV/AIDS awareness, counselling, sexuality and other life/survival skills.

2. Mr Mansoor Qadri (within Maharashtra only)
Advait Foundation
C/o Seva Niketan
Sir J.J. Road, Byculla
Mumbai 400 008
Telephone: (Off.) 022- 2309 30 52 / 2309 3057
(Res.) 022- 2621 57 56
Expertise: Life skills and sexuality education with youth, children and cross-section of staff. Managerial skills for staff.

3. Ms. Sangita Punekar
Advait Foundation
C/O Seva Niketan
Sir J.J. Road
Byculla
Mumbai 400008
Telephone: (Off.) 022- 2309 29 34
Expertise: Counselling, experience of work in sexual abuse area, knowledge of legal and other procedures involved in post-rescue period.

4. Ms. Padma Devasthali
CEHAT
Sai Ashraya, Aram Society Road
Koli Kalina, Vakola, Santa Cruz (East)
Mumbai 400 055
Telephone: 022- 2614 77 27
Expertise: Women's Health and Domestic Violence - Training and counselling skills.

5. Ms. Anjali Gokarn
Member, Child Welfare Committee
A-32 Vishnu Baug
137, S.V. Road
Andheri (West)
Mumbai- 400 058
Telephone: 022- 569 44 169

6. Dr Alka Gogate
Project Director
Mumbai Districts Aids Control Society, MDACS
Acworth complex
R.A. Kidwai Marg.
Wadala (W)
Mumbai – 400 031
Expertise: Health Aspects of HIV/AIDS, social and legal issues related to it.

7. Dr Shanta Shankarnarayanan
1, Anand Bhavan
Bhulabhai Desai Road
Breach Candy
Mumbai 400 026
Telephone: 022- 23623913
Email: sankars@vsnl.com
Expertise: Life skills, peer/media pressures, growing up.

8. Mr. Pramod Nirgudkar
202, Madhyam Society
Next to Kapadia Nursing Home
M.G. Marg, Goregaon
Mumbai 400 063
Email:P_Nirgudkar@ hotmail.com
Expertise: Confidence-building, know yourself, counselling, living in the group.

9. Mr Baba Patil
104/11, Om Neelkanth Coo-operative Housing Society
MIDC Road, Wadavali
Ambernath (East)
Telephone: 95251- 2608726
Expertise: HIV/AIDS and other STIs, growing up, counselling.

10. Ms Amita Abichandani
21, Anita C.H.S.,
Hanuman Cross Road 2
Vile Parle (East)
Mumbai 400 057
Telephone: 022- 26266287
Email: amitaabichandani@rediffmail.com
Expertise: Self-awareness, communication, growing up and sexuality counselling.

11. Mr. N.M. Haralikar
B- 308, Om Mahesh Darshan
Jani Dombivali Marg
Shastrinagar, Dombivali (West)
Telephone: 95251- 2462976
Expertise: Media relations.

12. Mr Samuel David
Project Executive, Deepam Educational Society for Health (DESH)
Mahindra Park, Flat No. D/1
Lal Bahadur Shastri Marg, Ghatkopar (West)
Mumbai 400 786
Telephone: 022- 25142448 / 49

APPENDIX – III

FIRST-AID KIT CONTENTS

A First-aid box should be a large and lockable, plastic or metal box.

- Gauze dressing 5 and 10 centimetres square in individual sterilized packages.
- Rolls of gauze bandages 5 and 8 centimetres wide.
- Adhesive bandages/plasters in assorted sizes.
- Triangular bandage or large clean headscarf.
- Laundered, ironed, and folded sheets of cotton about one-metre square for making slings and bandages.
- Roll of absorbent sterilized cotton wool.
- Adhesive tape.
- Mild antiseptic (as mentioned below).
- Scissors, tweezers, safety pins to cut bandages/ gauze, pull out thorns and hold together bandages.
- Tube of petroleum jelly (Vaseline) for minor burns.
- Paper and pencil to record clues including patient's pulse rate.
- Splints – a piece of rigid material (like wood) for holding a broken bone.
- Thermometer – to check body temperatures.
- Rubber catheter, tourniquet – to stop the flow of blood through an artery by twisting a bar.
- Matchbox/candle – in the absence of electricity.
- Pain balm/ointment for temporary pain relief (For example, Iodex/Moov).
- Band-Aid strips – to apply to minor wounds.
- Cough drops/ lozenges/ syrups.
- Inhalers – for blocked noses.
- Calamine lotion – for applying on insect bites

Some of the common disinfectants and antiseptics:

- Dettol- to clean wounds and surrounding area.
- Potassium permanganate – used for throat. gargles and to purify water.
- Spirit – to disinfect skin and instruments, but should not be applied to wounds.
- Iodine – to use as a form of tincture for disinfecting the skin and for treating wounds.

References

Iveson-Iveson, J. (1982), "First Aid in the Home", Optimum Books, London.
Werner, D. (1980), "Where There is no Doctor - a village health care handbook", Voluntary Health Association of India (VHAI), New Delhi.

APPENDIX – IV

FACT SHEET ON HIV/AIDS

What is HIV?

HIV belongs to the family of viruses called retroviruses. It weakens the immune system of the body (the system that fights off harmful organisms that attack the body and cause various infectious illnesses). The T4 cells of the human body are responsible for co-ordinating the complex functions of the body's immune system. The virus attack on these T-cells causes reduction of the body's capability to fight infections.

These infections are called opportunistic infections. These include respiratory infections, such as tuberculosis and pneumonia, or gastro-intestinal infections such as diarrhoea. In India around 60 per cent of persons with AIDS develop TB. However, all persons infected with TB do not have AIDS.

Does HIV cause AIDS?

Yes. The cause of AIDS is infection with HIV. There are two types of HIV, HIV-1 and HIV-2 and the infection signifies total breakdown of the immune system.

Persons infected with HIV-2 can survive longer than those infected with HIV-1. Of all the HIV-infected persons in India, about 88 per cent are infected with HIV-1.

Opportunistic infections are common for both HIV positive and AIDS patients. AIDS is the final stage of the HIV infection. Therefore, it is not the virus itself that kills the person but the infection or cancer (for example, skin cancer) that develops.

How long after HIV infection do people develop signs of AIDS?

The majority of people infected with HIV, if not treated, develop signs of AIDS within 8 to 10 years. The length of time between the first detection of HIV antibodies to the onset of symptoms differs between geographical locations. However, every HIV infected person ultimately develops AIDS or AIDS-related illnesses.

What are the modes of transmission of HIV?

- Unprotected sexual intercourse (anal or vaginal) is a high-risk behaviour. Body fluids, such as semen and vaginal secretion, from an infected person come in contact with the blood or mucous membranes of a healthy person in unprotected sex and transmit the virus. As long as both partners are not bleeding in the mouth or have no cuts, wounds or sores, deep kissing may have very little risk of infection.
- HIV spreads easily between people who share contaminated needles, syringes, and other injecting equipment. The blood of an infected person drawn back into the syringe can pass directly into the blood stream of the next user of the same syringe and infect him with HIV.
- Transfusion of HIV-infected blood or blood

products transmits the virus to the receiver of the blood /blood products.
- HIV spreads from the mother to the child during pregnancy, childbirth, and breast-feeding.

The virus is not transmitted through air or water or by casual contact. While it is unlikely that HIV could spread by sharing razors and toothbrushes, it is best not to share them, because they may have blood on them and in any case, sharing personal-use items is unhygienic.

HIV is NOT transmitted by other contact such as eating, playing, dancing, swimming, and studying with, or looking after an HIV infected person. HIV is also NOT transmitted through mosquito bites either.

What are the odds of becoming infected through sexual intercourse?

It is difficult to calculate the odds of becoming infected through sexual transmission. But the risk of the transmission of HIV through sex is higher if it involves anal sex or rough sex that causes abrasions and cuts, if sexually-transmitted infections are present, if the vagina is immature, if the woman is menstruating, if the man is uncircumcised, and/or if the HIV positive person is either newly infected or in the late stages of infection.

What is "risky behaviour" in the context of HIV/AIDS?

Risky behaviour in the context of HIV/AIDS refers to behaviour that increases the chances of getting infected by HIV or transmitting the virus. Such behaviours include: sexual intercourse without using a condom, anal sex, sex with several partners, injecting drugs and using unclean equipment, and if HIV positive, going through pregnancy, childbirth, and breastfeeding without voluntary counselling and testing (VCT) and other interventions.

What are the links between the risk of HIV transmission and substance abuse, such as alcohol abuse?

Studies from both industrialized and developing countries indicate that many substances — including alcohol — affect an individual's ability to make decisions and negotiate or demand safe sex, thereby increasing the risk of acquiring and transmitting the virus. People who are drunk are less likely to use condoms than people who are sober.

What is "vulnerability" and "vulnerable populations" in the context of HIV/AIDS?

Vulnerability to HIV infection arises from circumstances that are beyond the direct control of the people involved. Such circumstances include poverty, low social status, inequality, gender discrimination, marginalization, and criminalization. Among other things, these circumstances also reduce or deny a person's access to HIV information, services, means of prevention, and support. Gender inequalities increase the vulnerability of both men and women to HIV infection.

Vulnerable populations: (1) are denied their human rights and/or
(2) have limited access to HIV information, health services and means of prevention, such as condoms (male and female) and/or (3) have limited ability to negotiate safe sex. Such groups include women and girls in countries where women and girls are discriminated against, poor people, ethnic groups, refugees, migrants, prisoners, and children. Other groups, such as homosexuals, injecting drug users and sex workers may combine risky behaviour with vulnerability. Their vulnerability usually arises from their marginalization and/or the fact that their behaviour is deemed illegal.

Most of these groups are also more vulnerable with regard to the impact of AIDS. They have less means to live positively with AIDS, because they cannot afford treatment, cannot access care, may lose their jobs and resources, and may face increased stigma and discrimination. They are also likely to become more impoverished and marginalized.

What are the signs and symptoms of HIV in children > 18 years of age?

Major signs:

- Loss of weight or failure to thrive, which is not known to be due to medical causes, other than HIV infection.

- Chronic diarrhoea (intermittent or continuous) for a period longer than one month.
- Prolonged fever (intermittent or continuous) or night sweats for a period longer than one month.

Minor signs:

- Persistent dry cough for more than one month
- Unexplained fatigue.
- Generalized itching / skin disease.
- Recurrent herpes.
- Chronic generalized herpes simplex.
- Thrush in mouth and throat.
- White spots or unusual blemishes on the tongue or mouth.
- Swollen glands, usually in the neck, armpits, or groins.

The presence of at least two major and one minor sign may indicate that the child has contracted HIV and should be immediately recommended for HIV testing.

What are the tests used to detect HIV virus?

There are three main tests for detecting HIV:
ELISA test (Enzyme Linked ImmunoSorbent Assay): This is an antibody test that detects the presence of the HIV antibodies in the person. While this test is very sensitive, it is not very specific as a small percentage of false positive results occur. Thus it is necessary to confirm a positive result with a second antibody test. This test is a relatively inexpensive one and is the most commonly used.

Western Blot test: This test is very specific though not very sensitive and is usually used to confirm the results of the ELISA test. It is an expensive test, hence is often used only for confirmation.

Polymerase Chain Reaction test (PCR): This test detects viral DNA inserted in the DNA of the infected cells.

The commonly used tests for HIV detect the presence of HIV antibodies rather than the presence of the virus itself.

A person may not test positive by ELISA test for HIV within 4-6 weeks of contracting the infection. There is often a window period of three or more months. This is a time period, when after contracting the virus, the person tests negative (for HIV). This is because the body has not produced adequate antibodies so that the presence of virus is detectable. It is important that if the person has been tested within the window period and found to be HIV negative, she should be tested again after four months to check whether or not she has HIV.

Is there any medication to treat HIV positive patients?

HIV/AIDS is not curable, but life-prolonging medicines can be administered on a doctor's prescription.

- How does one prevent HIV/AIDS?.
- Avoid having sex with persons known, or suspected to, have HIV.
- Limit the number of sex partners.
- Enquire about your sexual partner's health.
- Use condoms for safe sex.
- Avoid sexual practises that can damage body tissue (for example, anal intercourse).
- If you use drugs, do not share needles; use sterile needles.
- Do not have sex with persons who inject drugs.
- When receiving blood enquire whether the blood has been tested for HIV.

How to Care and Support HIV Positive Persons[2]?

The following factors are essential for an HIV positive person so as to delay the onset of symptoms:

- A balanced and nutritious diet. Light physical exercise. These keep the body healthy and help to prevent infections.
- Daily intake of foods rich in Vitamin "C", for example, lemon, sweet lime, amla, and guava. Additionally, 500 mg of Vitamin C every day. These help to strengthen the immune system.
- Must always use a condom while having sex.
- Ensure that no one else uses items of personal use,

[2] *All you wante*
AIIMS, Delhi

such as blades, shaving razor, and toothbrush.

- A regulated lifestyle with a regular daily routine. Fixed times for going to bed and getting up ensure maximum rest. Smoking and drinking are strictly forbidden as they depress the immune system.
- Take all precautions for protection from such illnesses. Keep away from persons with common colds or sore throats. Seek early treatment for all infections.
- Take care of the financial situations. The spouse or close relative must be kept informed of all details of property and financial transactions.
- Yoga or meditation, or other such means for relaxation, are recommended. These help to keep the person calm and quiet. Prayers help a great deal.
- Stay happy and relaxed, and involved in various hobbies, such as, reading, writing, and gardening. Brooding over the health problem only worsens the situation.
- Seek medical consultation and the doctor's advice. An HIV positive person can lead an almost normal life. This is important as he or she can enjoy several years of healthy life ahead.

What is the nutritional management recommended for HIV positive patients?

The following chart is a guideline to the recommended nutrition for an HIV positive person, according to the symptoms observed.

Source: Table No. 40-9, Practical Suggestions for Symptom Management, 'Krause's Food, Nutrition and Diet Therapy', Kathleen Mahan & Sylvia Escott Stump, 10th Edition, W.B. Saunders Co., USA, 2000.

References

- Modules For Training Urban Community Health Volunteers, VHAI, New Delhi, 1993.
- Page 26, Module 4, UNESCO, "Adolescence Education", Physical Aspect, UNESCO Regional Office for Asia and the Pacific, Bangkok, 1991.
- Learning for Life - A Guide to Family and Life Skills Education for Teachers and Students, NACO, 2000.
- www.AVERT.org
- www.worldbank.org

Symptom/Problem	Nutritional Management
• Nausea	• Small non-frequent meals, Avoid high-fat, oily food.
• Sore mouth/throat	• Avoid spicy or acidic foods, Eat soft moist foods.
• Difficulty with breathing	• Use high nutrition and energy foods.
• Diarrhoea	• Replace fluid and electrolytes, take a high-soluble fibre diet, low-fat diet, avoid gas- producing foods and caffeine drinks such as tea or coffee.
• Constipation	• Increase fluid and dietary fibre intake.
• Fatigue	• Consume foods rich in Vitamins B12, A, and C and zinc (leafy vegetables).

APPENDIX – V

ANAPANA SATI

Maher teaches and expects the children to do a breathing exercise regularly for relaxation. Details of this exercise are given here for the benefit of the child victims who are known to face much aggression, frustration, and anxiety.

Anapana Sati (Mindfulness of Breathing)
Anapana Sati, meditation on breathing, is the first subject of meditation expounded by the Buddha in the Maha-satipatthana Sutta, the Great Discourse on the Foundations of Mindfulness. The Buddha laid special stress on this meditation. It is said to be the gateway to enlightenment and Nibbana adopted by all the Buddhas of the past, and the very basis for attaining Buddha hood. When the Blessed One sat at the foot of the Bodhi Tree and resolved not to rise until he had attained enlightenment, he took up Anapana Sati as his subject of meditation.

For practising Anapana Sati, sit comfortably in any convenient posture. The preferred one position though, is the cross-legged meditative posture of the Buddha. The spine should be straight, but without any stress. Begin with a few deep breaths, feel relaxed, and leave the problems of the mundane world pending for a while. It is advisable for the serious seeker to take training from a proper teacher.

The Breathing Exercise
Watch the breathing. Be aware of the incoming breath and the outgoing breath. Focus the mind on the breathing. The mind will keep wandering off, but keep bringing it back to the breathing.

Just watch the breathing, the rise and fall of the incoming and outgoing breaths, watch them as they come and go. Do not hold the breath, just keep watching, in just the same way one would watch a bird flying in the sky. Just as an observer, the meandering flight of a bird as it soars in the skies brings great inner joy. Reflect on why so much spontaneous joy arises in the mind by simply watching things happening without trying to cling or grasp at all phenomenal occurrences.

This apparently simple exercise has a wonderful effect on the mind. The mind gets healed from within, the hurts are relaxed; slowly, the mind gets organized and aligned towards excellence.

Reference
"Meditation on Breathing" by Ven. Mahathera Nauyane Ariyadhamma.
Bodhi Leaves BL 115, Buddhist Publication Society, P.O. Box 61, 54, Sangharaja Mawatha, Kandy, Sri Lanka, 1988.

BIBLIOGRAPHY

ACOG Patient Education, 1994. Induced Abortion: Important Medical Facts, Washington: The American College of Obstetricians and Gynecologists.

Anand, E., 1975. Everything a Woman Needs to Know About Pregnancy, Delhi: Vikas Publishing House Pvt. Ltd.

Andrewa, L.J and L.B. Novick, et al, 1995. HIV Care - A Comprehensive Handbook for Providers, Thousand Oaks, California: Sage Publications.

Anonymous. 1997. Female sexuality – A journey within..., New Delhi: Sakshi.

Anonymous 2002. Empowering Adolescents: Learning about Life, Chetna.

Anthony de Mello S.J., 1991. Sadhana – A Way To God, Gujarat India: Sahitya Prakash, 20th Edition.

Argyle, M., 1964. Psychology and Social Problems, Frome and London: Butler and Tanner Ltd.

Begum, M., 1989. A Textbook of Foods, Nutrition and Dietetics, New Delhi: Sterling Publishers Pvt. Ltd.

Benderly, B.L., 1984. Thinking about Abortion - An essential handbook for the woman who wants to come to terms with what abortion means in her life, New York: The Dial Press Doubleday & Co. Inc.

Bohman, J. and G. Mora, 1966. Foster Family Care for Emotionally Disturbed Children, New York: Child Welfare League of America.

Borba, M. and C. Borba, 1982. Self Esteem – A classroom affair, Vol 2, San Francisco: Harper & Row Publishers.

Bourne, G., 1984. Pregnancy, London: Pan Books Ltd.

British Dietetic Association, 1994. Manual of Dietetic Practise, Edited by Briony Thomas, Second Edition, Blackwell Scientific Publications, Cambridge: The University Press.

Brooks, S.M. & Brooks, N.A, Turner's Personal and Community Health, London: The C.V Mosby Company,1983

Brown, E. and R. Clough, 1989. Groups and Groupings – life and work in day and residential centres, London: Tavistock Routledge.

Bruce, Florence, 1996. Children and Prostitution, Geneva: International Catholic Child Bureau (BICE) series.

Chalkley, A,1980. A Textbook for the Health Worker, Volume I, New Delhi: Wiley Eastern Limited.

Chowdhary, P., 1980. Child Welfare Development, Delhi: Atmaram & Sons.

Conger, J., 1991. *Adolescence and Youth, 4th edition*, New York: Harper Collins publishers Inc.

Crano, W. and L. Messe, 1982. Social Psychology – Principles and Themes of Interpersonal Behaviour, Illinois: Dorsey Press.

CRY, 1999. The Indian Child, Mumbai: Child Relief & You.

Doctor, A; 1989. Business Communication; Mumbai: Seth Publications.

Doctor, A., 1996. Mass Communication – A basic study, 5th edition, Mumbai: Sheth Publishers.

D'Souza, P. and V. Samuel, 2002. Resilience – A Joyful Growth, Part 2, Research Unit, Nirmala Niketan, Mumbai: College of Social Work.

Dryden, W. and R. DiGiuseppe, 1990. A Primer on Rational - Emotive Therapy, Illinois: Research Press.

ECPAT International, 2000. Looking Back, Thinking Forward, Bangkok: ECPAT International.

Fernandes, G. and F. Chaze, 2002. End of Innocence, in: Seen, But Not Heard - India's marginalized, neglected & vulnerable children, Ed. VHAI, New Delhi: Voluntary Health Association of India (VHAI).

Fernandes, G. and C. Ray, 2001. Raids, Rescue, Rehabilitation – The Story of the Mumbai Brothel Raids of 1996-2000, Mumbai: Research Unit, College of Social Work.

Fisher, J. and G. Harvey, 1975. Planned Behaviour Change, New York: The Free Press, A division of Macmillian Publications Inc.

Forsyth, P.1998. How to Be Better at Writing... Reports and Proposals, London: Kogan Page, London.

Fozzard, S., 2002. Surviving Violence – A Recovery Programme for Children and Families, International Catholic Child Bureau (BICE) Series

Grugni, A., 1997. Exercises in Education to Love, Mumbai: Tej Prasarini - Don Bosco Communications.

Hague, G., A. Mullender, and R. Aris, 2002. Professional by Experience – A guide to service user participation and consultation for domestic violence services, Bristol: Women's Aid Federation of England.

Hawley, R. and I. Hawley, 1975, 1977. Developing Human Potential - A handbook of activities for personal and social growth, Vols. 1 and 2, Amherst : Era Press.

IHO, 1997. A Non Government Organisation Independent of Government Patronage, April 7, Mumbai: Indian Health Organisation.

Joardar, B.1944. Prostitution in Historical and Modern Perspectives, New Delhi: Inter-India Publications.

Kaagan, S., 1999. Leadership Games – Experiential learning for Organizational Development, New Delhi: Sage Publications, Inc.

Kar, C., 1992. Exceptional Children – Their Psychology and Education, New Delhi: Sterling Publishers Pvt. Ltd.

Kher, N. 1962. Prenatal Care, Bombay: Vora and Co., Publishers Private Ltd.

Kumar, K.1981. Mass Communication in India, Mumbai: Vipul Prakashan.

Mahan, K. and Sylvia-Escott Stump, 2000. Food Nutrition and Diet Therapy, 10th Edition, Elsevier, USA: W.B. Saunders Co.

Marasinghe, C. 1999. Handbook on Child Abuse, Colombo: Department of Police.

Mehta, N.,1992. Ours by Choice - Parenting through Adoption, New Delhi: UNICEF.

Anonymous. Mind of the Survivor, New Delhi: Saarthak

Neil, K. 1971. "A systematic approach in selecting foster parents, case reference", in Social Work in Foster Care, Ed. Robert Tod, London: Longman.

Park, K., 1997. A Textbook of Preventive And Social Medicine, 15th edition, Jabalpur: Banarsidas Bhanot.

Rice, P., 1999. The Adolescent – development, relationships and culture, 9th edition, Boston: Allyn and Bacon.

Rao, A.,1992. Adolescent Girl – Mysteries of adolescence, New Delhi: Voluntary Health Association of India (VHAI).

Roy, D., 2001. Community Action on HIV for Indian NGOs, New Delhi: Voluntary Health Association of India (VHAI).

Sabala and Kranti,1995. Na Shariram Nadhi - My Body is Mine, Pune: Sabala and Kranti

Shah, G. and S. Vasi, 2002. Reaching Out to Children of Alcoholics: A training package. Implementing Activities, Vol. 2, Mumbai: Department of Extra Mural Studies, TISS.

Sharma, L.N., 1980. Pregnancy, Birth and Child Care, New Delhi: Pankaj Publications.

Srilakshmi, 2000. Dietetics, Third Edition, New Delhi: New Age International (P) Ltd.

Suneja, R.K., 1998. Baby & Child Care- A handy and complete guide for parents and parents-to-be, New Delhi: Rupa & Co.

Szirom, T. and S. Dyson, 2001. Greater Expectations – A source book for working with girls and young women, Cambridgeshire, England: LDA.[full form?]

Warburton, J. and M.T. Camachi de la Cruz, 1996. A Right to Happiness - Approaches to the prevention & psycho-social recovery of child victims of commercial sexual exploitation, Geneva: NGO Group for the Convention on the Rights of the Child.

Warburton, J., 1998. A Right to Happiness – Positive prevention and intervention strategies with children abused through sexual exploitation, Report of a workshop for practitioners in South Asia Mumbai, India, Organised by International Catholic Child Bureau (BICE), with the College of Social Work, Nirmala Niketan, Mumbai.: BICE.

Werner, D.,1980. Where There is No Doctor - a village health care handbook, New Delhi: Voluntary Health Association of India (VHAI).

Yogendra, H.J., 1991. Pregnancy Parenthood & Yoga, Bombay: The Yoga Institute.

Journals

Kotler, D., 1987. Why Study Nutrition in AIDS? Nutritional Clinical Practise 1: 94-95.

McKinley, M. et al., 1994. Improved Body Weight Status As a Result of Nutrition Intervention In Adult HIV-Positive Outpatients, J. Am Diet Association, 94:1014.

Willis, B. and B. Levy, 2002. Child Prostitution: Global Health Burden, Research Needs and Interventions, Lancet, 359: 147-22.

Manuals, reports, brochures, leaflets and other reference material

International Catholic Child Bureau (BICE) series, Geneva, 2001. Developing a Community Programme for Prevention of and Recovery from Child Sexual Abuse., A manual.

Brihanmumbai Municipal Corporation, 2001. Workbook for Teachers in Secondary Schools of Mumbai, AIDS Prevention Education Programme.

CEDPA Conference Report. Girls' Rights: Society's Responsibility – taking Action Against Sexual Exploitation and Trafficking.

Development Dialogue, Action Plan for the Rehabilitation of Children of Prostitutes in West Bengal, Calcutta.

Directorate of Advertising & Visual Broadcasting, Ministry of Information & Broadcasting, 1992. MTP-Safe Abortions, New Delhi, Veerendra Printers.

Government of Maharashtra, 2002. Child Development Policy, Women and Child Development Department.

Grow Free, Live Free – A Kristu Jyoti Publication

International Catholic Child Bureau Geneva, 1991. The Sexual Exploitation of Children: Field Responses.

National AIDS Control Organization et al. 2000. Learning for Life – A Guide to Family Health and Life Skills Education for Teachers and Students.

National Commission for Women, Government of India, 1995-96. Societal Violence on Women & Children in Prostitution, National Commission for Women.

PRIA – New Delhi, 1987. Training of Trainers – A manual for Participatory Training Methodology in Development.

Kapadia K., Save Our Sisters, Highlights of the Goa Conference, South Asian Conference to Combat Trafficking & Sexual Exploitation of Children, 14 Oct to 17 Oct 2001, Held at Taj Exotica - Goa.

The Alan Guttmacher Institute, March 2002. International Family Planning Perspectives – Vol 28, Number 1, A journal of Peer-Reviewed Research Published by The Alan Guttmacher Institute

The Concise Oxford Dictionary, 1993. New Edition, Edited by Fowler and Fowler, Oxford: Oxford University Press.

The Naz foundation Trust, New Delhi, 1996. Teaching about Sex & Sexuality – A Manual.

UNESCO Principal Regional Office for Asia and the Pacific, Bangkok, 1991. Adolescent Education, Physical Aspect, Module 4, p.26.

United Nations Expert Group Meeting, Oct-Nov 1994. Children In Trouble, Vienna.

Internet

http://www.adoption.about.com (accessed on 9th August 2003)
http://www.avert.org/aidsyoun.htm (accessed on 10th September 2003)
http://www.avert.org/children.htm(accessed on 10th September 2003)
http://www.avert.org/sexedu.htm (accessed on 10th September 2003)
http://www.cce.cornell.edu/issues/cceresponds/Work/Milligan/Communication.pdf.
http://www.fosterfamily.org/fostercare.htm (accessed on 9th August 2003)
http://www.Kidshealth.org/selfesteem.htm (accessed on 27th September 2003)
http://www.nimh.nih.gov/anxiety/ptsdfacts.cfm (accessed on 24th November 2003)
http://www.searchforcare.com/library/articles/coping/co0018.htm (accessed on 13th August 2003)
http://www.uvm.edu/~uvmeap/stress8.html (accessed on September 17, 2003) Wolpe J., 1969. Assertiveness Training

सत्यमेव जयते

Government of India
Ministry of Human Resource Development
Department of Women and Child Development
A, Wing, Shahstri Bhavan, New Delhi 110 001, India

Year 2005