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Rehabilitation of Sexually exploited women: A study on the programmes of South Indian NGOs – An overview

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Abstract

The process of helping the victims to settle down socially, economically, psychologically and physically is known as rehabilitation intervention. Usually, victims of sex trafficking, subjected to sexual violence, go through irreversible psychological damage and are vulnerable to be infected by a range of sexually transmitted infections. Therefore, the needs in the process of rehabilitation are significantly high. With the qualitative intervention with adequate mental health and economic issues, the victims could be prepared for reintegration with mainstreamed society. A study was conducted in South India to examine the rehabilitation programmes offered by 32 selected NGOs who do not advocate legalization. The study reveals that 3 categories of rehabilitation process such as economic rehabilitation, civic rehabilitation and psychological rehabilitation. The economic rehabilitation includes identification of need-based issues, aptitude based, market assessed, viable & sustainable economic options which is critical for long-term rehabilitation. The civic rehabilitation comprises preparing the victims to accept the civil society which is usually manifested in the form of electoral cards, ration cards, housing, etc. Psychological rehabilitation addresses these psychological impacts of sex trafficking on the victims which needs a mental health intervention. The study reveals the frequency of such programmes and the outcomes.

Keywords: Rehabilitation, NGOs, Sexually exploited women, South India

1. Introduction

The process of helping the victims to settle down socially, economically, psychologically and physically is known as rehabilitation intervention. Usually, victims of sex trafficking, subjected to sexual violence, go through irreversible psychological damage and are vulnerable to be infected by a range of sexually transmitted infections. Most often the issue of reintegration with the family becomes a distant reality as families are reluctant to accept responsibility for the child's upbringing, fearing for negative societal impact or many a times it is difficult to reunite the victim with the family as they might be the traffickers themselves. This aspect combined with HIV/AIDS completes the cycle of rejection. Therefore, the process of rehabilitation involves many needs to be fulfilled. Providing institutional care as a primary means of protection of the victims is also one among them. It is so because over a period of time with adequate mental health and economic empowerment interventions, the victim as a rehabilitated individual could be prepared for reintegration with mainstreamed society. This is how the significance of the qualitative rehabilitation stands in the priority in mainstreaming commercially sexually exploited women.

Most of the literature available on the issue consists of reports on studies, conferences and workshops focusing on socio-economic conditions of prostituted women. Very less studies and reports provides information on the existing rehabilitation programmes for victims of sexual exploitation from NGOs. It may be because the phenomenon has not received the attention it deserves and also because of the activity takes place in disguise. In certain literatures the authors have pointed out that there is always more than one cause which leads one to sexual exploitation. But no much literature looks into the issue of rehabilitation of such victims.

The objective of the study is to examine the rehabilitation programmes offered by the South Indian NGOs who do not advocate legalization. The needs of such exploited women

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differently varies from other sought of victimization. So offering rehabilitation to them is quite challenging and has to be scientifically trained. In this sense the study focuses on understanding the various programmes of NGOs in rehabilitating the sexually exploited women.

To achieve the objective, the study adopts Descriptive research design. 32 NGOs in South India covering four states and one union territory were considered for the study. Out of 32 NGOs, 08 belong to Karnataka, 12 belong to Andhra Pradesh, 05 belong to Kerala, 08 belong to Tamilnadu and 01 from Pondicherry. In each organization two top management personnel were interviewed to elicit data. Interview schedule was the tool served the purpose. The collected data were analyzed by adopting Descriptive Statistics and Repeated Measure ANOVA tests with the use of Statistical Presentation System Software (SPSS 17.0 version).

The study reveals that rehabilitation process adopted by the NGOs can be categorized in different dimensions such as economic rehabilitation, civic rehabilitation and psychological rehabilitation. The economic rehabilitation includes identification of need-based issues, aptitude based, market assessed, viable & sustainable economic options which is critical for long-term rehabilitation. Therefore the

options provided by the NGOs should be able to sustain the survivor's life independently without dependence for basic sustenance. The civic rehabilitation comprises preparing the victims to accept the civil society which is usually manifested in the form of electoral cards, ration cards, housing, etc. For a victim, psychological recovery is not just about healing through pain and trauma but is influenced by various other factors such as sexually transmitted infections, reproductive tract infections, addiction and HIV/AIDS. Psychological rehabilitation addresses these psychological impacts of sex trafficking on the victims which needs a mental health intervention. This has to be translated to tangible evidence based processes which validate self-esteem & self-confidence. Therefore rehabilitation is essentially a blend of psychological, economic, social & civic identity.

To adopt such critical rehabilitation programmes, initially the NGOs have to assess the psycho-social status of commercially sexually exploited women. The study has observed that NGOs have adopted different modes to understand their psycho-social needs which results in adopting various other techniques for their mainstreaming and the result reflects on the effectiveness of the programme.

Table 1: Frequency and percent responses for the statement “Immediate needs for rehabilitation of CSEW after rescue” by respondents’:

SL. NO.	Immediate needs for rehabilitation after rescue	STATES					TOTAL
		AP	KA	TN	PON	KL	
1	Shelter Home	10	8	4	1	5	28
		83%	100%	66.8%	100%	100%	86.8%
2	Assessing psycho-social need	5	8	2	0	2	17
		41.5%	100%	33.4%	0%	40%	52.7%
3	Assessment of Physical health	3	1	2	1	2	9
		24.9%	12.5%	33.4%	100%	40%	27.9%
4	Vocational training	2	1	0	0	0	3
		16.6%	12.5%	0%	0%	0%	9.3%

CC=.739; P=.199

An attempt made to find out the understanding of practitioners about the immediate need of the rescued victims who opted for rehabilitation which reflects on the experience and commitment of NGOs to fulfill the needs of victim. From the availed data it can be understood that 28 NGOs (86.8%) of universe identified ‘shelter’ as immediate need of the victims as it eradicates the insecurity feeling about their future and creates a secured feeling. Another set of 17 organisations (52.7%) have identified assessment of psycho-social needs as their immediate need as mental and social health leads the survivors to adopt better quality of life. Another 9 organisations (27.9%) have expressed that assessment of physical health of the victim is the immediate need as they undergo a lot of physical and mental tortures, resulting in various psychological disorders and failure in proper intervention can be an obstacle for future results. 3 organisations (9.3%) have identified vocational training as

their immediate need of the victims for rehabilitation. The logic behind this is that there is a need for physical work with victims than the mental work because of the simple reason that tiredness through physical work help them have a good sleep, which promotes a fresher day. The representatives of NGOs argue that a job with mental activity do not allow them to enjoy their fresh day rather, suppress their confidence level. It is so because they suffer from psychological disorders which keep them away from quality of work. When the statistics applied, a non-significant association was observed between states and the identified immediate needs of rehabilitation of commercially sexually exploited women after rescue, where contingency coefficient value of .739 failed to reach significant level criterion of .05. In other words, the identified needs of the victims soon they opt of a rehabilitated life, is statically same.

Table 2: Frequency and percent responses for the statement “The categories of rehabilitation programmes adopted by NGOs” by respondents:

SL. NO	Types of rehabilitation programmes	STATES					TOTAL	
		AP	KA	TN	PON	KL		
1	Socio-Economic Rehabilitation	F	11	5	5	1	5	27
		P	91.6%	67.5%	83.5%	100%	100%	83.7%
2	Psycho-Social Rehabilitation	F	12	8	6	1	5	32
		P	100%	100%	100%	100%	100%	100%
3	Facilitating Education	F	4	7	2	1	0	14
		P	33.2%	87.5%	33.4%	100%	0%	43.4%

4	Providing Institutional Care	F	4	6	4	1	2	17
		P	33.2%	75%	66.8%	100%	40%	52.7%
5	Short stay home	F	1	1	0	1	0	3
		P	8.3%	12.5%	0%	16.7%	0%	9.3%
6	Civic rehabilitation	F	5	2	0	0	0	7
		P	41.5%	25%	0%	0%	0%	21.7%

CC=.739; P=.356

The programmes were broadly categorized as socio-economic rehabilitation, psycho - social rehabilitation, facilitating education/schooling, civic rehabilitation and consolidated here. 27 organisations (83.7%) have adopted socio-economic rehabilitations under which exploration for both employment and self-employment opportunities are taken care. Corporate partnership, establishment of small-scale industries and entrepreneurship development are some such interventions. The specific activities under this category are vocational training, getting jobs in various fields such as industries, hospitals, houses, schools etc, assisting the victims to avail loans to start up the business using various self-employment schemes of government etc.

The psychosocial rehabilitation programme can be observed in all the 32 NGOs (100%) through the activities such as counselling, motivating them participate in social functioning's etc. 14 organisations (43.4%) are involved in facilitating the education programme based on chronological age of the victims and their interest in continuing education. If the victims are minor, the NGOs are concentrating more to facilitation schooling with them compulsorily. If the victims are adults, then the organisations are offering various rehabilitation programmes to undergo and one among them

are continuing their education. If they are interested in education, the necessary arrangements are made to fulfill the need. Another 17 organisations are providing institutional care which involves food, shelter, clothing and health care services to the victims. Andhra Pradesh has 4 organisations which is the least number to provide institutional care. The main reason for the same are lack of experience in the field as they have started working for the issue recently, funding problems, lack of infrastructure and trained personnel to work for the issue. Another rehabilitation programme is civic rehabilitation. It helps the survivors to get identity through electoral cards, ration cards, housing, etc. This type of rehabilitation is very less implemented throughout South India. The study reveals that the reasons for same as NGOs are lacking knowledge about advocacy and lobbying and the existing police is not strong. When the statistics applied, a non-significant association was observed between states and the different programmes adopted by the NGOs, where contingency coefficient value of .739 failed to reach significant level criterion of .05. In other wards, the identified needs of the victims soon they opt of a rehabilitated life, is statically same.

Table 3: Frequency and percent responses for the statement “The types of rehabilitation activities adopted by NGOs” by respondents’:

SL. NO.	Types of rehabilitation programmes	STATES					TOTAL	
			AP	KA	TN	PON	KL	
1	Counselling	F	12	8	6	1	5	32
		P	100%	100%	100%	100%	100%	100%
2	Fine Arts	F	0	1	0	0	0	1
		P	0%	12.5%	0%	0%	0%	3.1%
3	Government Services	F	3	1	0	0	0	4
		P	24.9%	12.5%	0%	0%	0%	12.4%
4	Shelter Home	F	3	5	5	0	4	17
		P	24.9%	62.5%	83.5%	0%	80%	52.7%
5	Short Stay Home	F	1	1	0	1	0	3
		P	8.3%	12.5%	0%	100%	0%	9.3%
6	Vocational Training	F	7	8	4	1	4	24
		P	58.1%	100%	66.8%	100%	80%	74.4%
7	Getting Job	F	7	5	4	0	2	18
		P	58.1%	62.5%	66.8%	0%	40%	55.8%
8	Education	F	3	2	3	0	0	8
		P	24.9%	25%	50%	0%	0%	24.8%
9	Government services	F	4	2	0	0	0	6
		P	33.2%	25%	0%	0%	0%	18.6%
10	ID Card	F	1	0	0	0	0	1
		P	8.3%	0%	0%	0%	0%	3.1%

CC=.856; P=.001

Under each category of rehabilitation programme, the NGOs have adopted various kinds of activities. It can be noticed that under psycho-social rehabilitation, major activity adopted are counselling and intervention of fine arts as therapy. Often individual counselling, trauma counselling, crisis counselling, death counselling, family counselling, counselling related to HIV/AIDS, couple counselling etc are the areas they focus on. In their experience, these NGOs finds trauma counselling as more challenging as very less

people have professional knowledge about this type of counselling and about the concept of mental health. With regard to introduction of fine arts as therapy, only organisation from Karnataka who adopts classical dance, music and theatre activities in therapy form through volunteers. The NGOs have observed a tremendous change in their taste of enjoyment, body language, thinking etc., after intervention of art therapy. With such background, it is felt that and adopting art therapy as technique for

rehabilitation can give a better result, as these victims suffer from more of socio-cultural and mental health problems. Under civic rehabilitation, the organisations are working on providing housing and other government facilities etc. It is a welcoming area of intervention as it is essential as offering a shelter home facility to the victims. But in such cases, counselling and follow-up programmes have to be more strong to prepare the victims for rehabilitation, since the victims lives independently, there can be high chance of re-trafficking, where as the chances are less in the shelter home offered by NGOs.

The category of providing institutional care facility as a rehabilitation measure, we can observe two kinds of shelter homes such as one is more or less permanent in nature and the other one is short stay homes. There are 16 organisations who are offering permanent shelter home facility for victims and their children. It takes care of fulfilling the basic needs of survivors such as food, clothing, shelter, medical intervention, education, vocational training to enhance the skills required for their rehabilitated life style etc. Another three organisations (9.3%) offers a short stay homes which is more or less a day care centres or a creche for children of the victims. It also allows the unwedded mothers who are homeless, to come relax in between their working hours. Though according to these NGOs, it is a rehabilitative measure, it is more or less a preventive activity for the second generation. It contributes more for preventing the children of prostituted women to not to get field exposure which they would get if they remain with mother.

Otherwards, such rehabilitation centres promotes the victims to be more fixed in the field as there is high chance for considering the opportunity as a benefits for being in the exploitative field. In any case, there is strong need to identify such negative consequences of the services especially with regard to sexual exploitation against women.

The major activities adopted under Socio-economic rehabilitation are vocational training for self-employment, assistance for finding out the employment opportunities. Vocational training, though the concept of management of mental health also present, it majorly focuses on economic rehabilitation. Facilitating education is another very important rehabilitation activity adopted by the 7 NGOs (21.7%). It involves both institutional and non –institutional services. Institutional services provides the services schooling atmosphere with in the institution whereas non-institutional services depends the schools run by the government in the community. Under civic rehabilitation, 6 NGOs (18.6%) are helping the survivors to access the government services such as housing. Only organisation from Andhra Pradesh has extended their services to get the identity card to these survivors, by registering their name in electoral list, which essential to declare themselves as the citizens of the country. When the statistics applied, a high significant association was observed between states and the different activities under rehabilitation programme adopted by the NGOs, where contingency coefficient value of .856 successfully reached significant level criterion of .05.

Table 4: Frequency and percent responses for the statement “The types of institutional rehabilitation programmes adopted by NGOs” by respondents:

SL. NO.	Types of institutional rehabilitation programmes	STATES					TOTAL	
		AP	KA	TN	PON	KL		
1	Socio-Economic Rehabilitation	F	12	7	5	1	4	29
		P	100%	87.5%	83.5%	100%	80%	89.9%
2	Psycho-Social Rehabilitation	F	12	8	6	1	5	32
		P	100%	100%	100%	100%	100%	100%
3	Facilitating Education	F	1	3	2	1	0	7
		P	8.3%	37.5%	33.4%	100%	0%	21.7%
4	Providing Institutional Care	F	4	6	5	1	4	20
		P	33.2%	75%	83.5%	100%	80%	62%

CC=.698; P=.172

The institutional rehabilitation programmes are those programmes which are conducted within the premises of the institution. They take place inside the organisation, where victims are ensured with safety. All the 32 organisations considered for the study do conduct psychosocial rehabilitation programme where counselling is in the dominating role. Counselling is a technical and professional input provided by the organisations, which is one of the primary needs of the victim, soon she gets rescued from the exploitative situation. Ethically, this professional technique has to be provided to the victim in confidence especially in the field of prostitution, which is more stigmatized in the society. Few activities under socio-economic rehabilitation programmes such as tailoring, toy making, cooking, backing, weaving, paper bag making, fine arts such as dance, music, painting, Ikebana, terracotta pottery and artificial jewellery making etc are taking place within the institution. Another set of 7 NGOs various states have adopted facilitating education within the institution by offering bride courses where formal and informal teaching methods are used. In further stage they get into government schools for

mainstreamed education. 20 organisations constituting 52.7% of the universe offers the institutional care facility. Normally, food, shelter clothing, medical facility are the main services victims receives. It is understood from the study that a very less intuitional care service is provided and the reason for this short come reveals that many organisations is still young to establish themselves in this regard, as it is a challenging intervention which threatens life of the service providers. It also needs a special training to attend the mental and physical conditions of the survivors for which there is a shortage of trained personnel to work in such institutions. In the other context, the organisations are also facing the problem of funding, lack of infrastructure etc. Main reason for it is social stigma. In such condition, networking among the NGOs is resulting positively. When the statistics applied, a non-significant association was observed between states and the different rehabilitation programmes adopted by the NGOs where contingency coefficient value of .698 failed to reach significant level criterion of .05. In other words the rehabilitation programmes adopted by the NGOs in different states are statistically same.

Table 21: Frequency and percent responses for the statement ‘Means to mainstream the institutionalized survivors by respondents’:

SL. NO.	Means to mainstream the institutionalized CSEW	STATES					TOTAL	
		AP	KA	TN	PON	KL		
1	Employment	F	6	4	2	0	5	16
		P	50%	50%	16.7%	0%	100%	50%
2	Helping for Self Employment	F	5	2	0	0	0	7
		P	41.5%	25%	0%	0%	0%	21.7%
3	Marriage	F	3	5	0	0	0	8
		P	24.9%	62.5%	0%	0%	0%	24.8%
4	Encouraging an independent life	F	3	7	1	0	0	11
		P	24.9%	87.5%	16.7%	0%	0%	34.1%
5	House construction	F	5	2	0	0	0	7
		P	41.5%	25%	0%	0%	0%	21.7%
6	Reintegration	F	6	5	2	1	1	15
		P	50%	62.5%	33.3%	100%	20%	46.9%
7	Referral	F	2	0	2	0	0	4
		P	16.6%	0%	33.4%	0%	0%	12.5%

CC=.819; P=.051

Rehabilitation is a difficult task but more challenging task is mainstreaming. Generally, the victims prepare themselves for rehabilitation in the shadow of originations and their network. Making them to be independent is more challenging because of the identity crisis. The study attempts to understand various modes of mainstreaming commercially sexually exploited women after their successful rehabilitation.

Finding out the employment opportunities for the survivors through the network is the major activity taken up by the 50% of the NGOs. The major opportunity exist in the society for these victims to have an alternative opportunity for the livelihood is to work as the domestic labourers. This type of job is offered based on the willingness, the age and experience of the survivors. The survivors with less literacy background are helped to take up job in small scale industries or manufacturing industries. When the safety of these victims in the working atmosphere are concerned, the quality of life style of employers and their commitment towards social welfare are taken into account. 7 other organisations (21.7%) implement the mode of establishing the own business to the victims after introducing vocational training to them. It results in building up the confidence in the life, creates responsibility and accountability in life. The study also witness both success and failure in this mode but the cool breeze that pass through is the rate of success is higher than the rate of failure. Marriage is another successful mode of mainstreaming adopted by 8 organisations (24.8%). The mode is specially focused in Andhra Pradesh and Karnataka only and have been successful in their efforts to find out the matches. There are more than 80 successful marriages that have taken place with these organisations. Another 11 organisations (34.1%) depends on encouraging the survivors to lead an independent life style. This mode is adopted for such cases where the survivors are victimised by their own family members such as father, husband or some time the close women relatives. In such cases, the organisations keeps the options open to the victims either to choose the facility of shelter home or to under go vocational training. When they rehabilitated through such interventions, the victims are encouraged to take up an independent life instead again getting into same exploitative situation which has given a good result and these women are more empowered than the victims of other types of situations. Under civic rehabilitation, houses have been constructed with the support of concerned governments. Reintegration

with the families as a mode of mainstreaming has been identified by 15 organisations. Here reintegration means reintegrating the survivors to their families. This mode depends on the cases, where the influence of three different factors are observed. In one dimension, the victims express their disagreement to get back to their families depending on ensuring the safety of the victims. When the statistics is applied to the above said data, a significant association was observed between states and the means adopted to mainstream the institutionalized survivors where contingency coefficient value of .819 reaches the significant level criterion of .05 successfully.

2. Conclusion

The process of helping the victims to settle down socially, economically, psychologically and physically is known as rehabilitation intervention. Usually, victims of sex trafficking, subjected to sexual violence, go through irreversible psychological damage and are vulnerable to be infected by a range of sexually transmitted infections. Therefore, the needs in the process of rehabilitation are significantly high and rehabilitation process is one of the important needs. The study reveals that 3 categories of rehabilitation process such as economic rehabilitation, civic rehabilitation and psychological rehabilitation. The economic rehabilitation includes identification of need-based issues, aptitude based, market assessed, viable & sustainable economic options which is critical for long-term rehabilitation. The civic rehabilitation comprises preparing the victims to accept the civil society which is usually manifested in the form of electoral cards, ration cards, housing, etc. Psychological rehabilitation addresses these psychological impacts of sex trafficking on the victims which needs a mental health intervention.

It is understood by the study that all identified needs are fulfilled by the NGOs successfully by encountering life threatening obstacles. But still there felt certain confusion in categorizing certain activities between rehabilitation and prevention. Such confusion leads to misunderstanding of the concept of rehabilitation which needs to be sorted out at the earliest.

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