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“After your honor is gone ...”:
Exploration of Developmental Trajectories
and Life Experiences of Women Working
in Mumbai’s Red-Light Brothel Districts

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Abstract

This investigation was intended, first, to examine the early life and childhood experiences of adult women working in the red-light districts of Mumbai, India. A corollary to this goal was determination of processes that led to entry into the commercial sex industry (CSI). Second, we sought better understanding of women’s adult relationships with family of origin and key players of the brothel-based sex industry (e.g., peers, clients, brothel-keepers). Finally, we explored exiting options. In other words, to what extent is it possible to leave India’s brothel-based sex industry if one wanted to do so? Guided by the life-course theory of development, in-depth interviews were conducted with 30 women working in two red-light districts of Mumbai, India. Most women described childhoods of extreme poverty, had been trafficked into the CSI, and reported minimal social support as adults. Exiting was challenged by multi-faceted cultural and structural constraints. Implications for continued research are provided.

Keywords: Commercial sex industry, Brothel, Human trafficking, Life course theory, Social support

Introduction

Barack Obama was the first U.S. President to visit India twice while in office. His second visit concluded on January 27, 2015 with a speech promoting gender equality and women's rights throughout the country because "...every girl's life matters," (Bhalla 2015). High-profile cases in India, including the 2012 gang-rape and subsequent death of a young woman on a New Delhi bus, placed India at the center of global scrutiny with regard to female vulnerability, discrimination, abuse, and violence. Although India is not unique regarding gender-based discrimination and violence, it is a country where women's sexuality is controlled vehemently on the one hand (Jacobson 2012), and simultaneously where the commercial sex trade and forced prostitution of women and girls flourishes, on the other (Joffres et al. 2008). In fact, India is considered a transit, source and destination country for the sex trafficking of women and children, and was placed on the U.S. Department of State's Tier 2 Watch List seven years in a row (2004–2010) (U.S. DOS TIP Report 2012) with warnings of possible downgrading to Tier 3 (Joffres et al. 2008). Mumbai, in particular, is considered an "epicenter" of sex work (Silverman et al. 2007). Women working in the most dangerous CSI venues in India—the red-light urban slums—are at tremendous risk for a host of health compromising issues— including physical and sexual violence, STIs including HIV, alcohol abuse (Silverman et al. 2011) and mental health issues (e.g., depression, suicidal ideology) (Karandikar and Próspero 2010).

Despite the plethora of rich, descriptive information on women who work in dangerous CSI venues (i.e., street-based) in Western countries, the environmental and cultural milieu of non-Western countries, and India specifically, is unquestionably different. Remarkably little is known about the life-course histories of women who participate in India's sex economy, and in particular, those working in the very dangerous urban slum districts. Furthermore, although many investigations of female sex workers (FSWs) in India have been conducted, most information was garnered from large-scale surveys focused on HIV status and associated health indicators. These data are valuable and inform the present study, but lack nuanced information critical for understanding developmental trajectories and life-course experiences. Finally, exceptionally little information exists on the ability of women to exit brothel-based sex work in urban red-light areas. Are women able

to leave the sex industry when, and if, they choose to do so? What factors challenge or support and enhance their ability to leave?

This exploratory investigation was aimed, in part, at helping to fill gaps in the literature. Our first goal was to better understand the childhood experiences of women working in Mumbai's red-light brothel districts. Identification of processes culminating in CSI entry was an important corollary of this goal. Our second goal was to better understand participants' adult relationships with families of origin as well as their larger social networks—including relationships with key players in the brothel-based sex industry (e.g., peers, clients, brothel-keepers). Finally, we sought to determine the extent to which participants were able to exit the sex industry if they so desired, and to identify factors impacting exit decisions. The latter question was motivated by an assumption that many individuals working in the brothel slums are likely survivors of sex *trafficking* (i.e., involved due to the use of force, fraud, or coercion) and thus, their ability to leave the CSI would be limited. Literature relevant to the current study is outlined below. When available, literature specific to India's CSI is discussed, otherwise, the broader CSI literature is incorporated.

Early Life Experiences and Entry into the CSI

An extensive body of research, conducted over the course of numerous decades and largely within the U.S., identifies important childhood correlates of later (largely street-based) prostitution. This work overwhelmingly reveals systematic patterns of sexual abuse, neglect, exploitation, and abandonment—beginning in the natal home and extending to foster care and out-of-home placement settings (see Dalla 2000; Nandon et al. 1998; Roe-Sepowitz 2012). By comparison, detailed accounts of the childhood experiences of CSI participants in India or other non-Western countries, is extremely limited. However, two studies are particularly informative. In an examination of male violence against female sex workers (FSWs) of Kamathipura—an infamous red-light brothel slum of Mumbai—Karandikar and Próspero (2010) indicate that most 80 % ($n = 8$) of their participants entered the CSI as minors (ages 11–17), that none attended school, and that all “... were from economically marginalized sections of their respective society,” (p. 263). Unfortunately, no other background information was provided. In another study, Vindhya and Swathi Dev (2011)

analyzed the case files of 78 women who had been trafficked from places of origin to metropolitan cities across India and then returned home. Nearly all ($n = 56$) were from lower castes (i.e., noted as Backward Castes, Scheduled Castes, or Scheduled Tribes), illiterate ($n = 66$) and either single ($n = 29$) or without a husband (i.e., widowed, divorced, abandoned) ($n = 34$). Most were also childless ($n = 59$). The authors refer to “gendered vulnerabilities” that led to trafficking risk including: child marriage, domestic violence, families with many girl children, dowry violence and alcoholic husbands. Yet, details about those gendered vulnerabilities, including participants’ relationships with parents or extended kin, or circumstances surrounding child marriage, were not included. Although valuable information exists, detailed accounts that would inform understanding of the early life experiences of Indian FSWs are clearly limited and the need to supplement the extant literature is evident.

Entry Processes

In the U.S., causal paths leading from early childhood experiences to later CSI involvement have been studied extensively, with the bulk of information focused on participants in the street-level sex industry. In their seminal investigation, James and Meyerding (1977) argue the path is direct—especially when childhood sexual abuse is involved, whereas others (Reid 2011) believe the path is indirect and mediated by run-away or other risk behavior. Beyond childhood sexual abuse and runaway behavior, other precursors to street-level sex work include economic necessity and drug abuse (Murphy 2011). Research delineating processes culminating in CSI entry in non-Western countries are less common, but offer important insights. A brief review of that work is presented below.

In India, entry into the CSI is largely considered a result of multiple interconnected economic (poverty, unemployment, unsafe migration) (Bowen et al. 2011; Devine et al. 2010; Saggurti et al. 2011; Sinha 2015), socio-political (i.e., gender discrimination, caste-related discrimination, corruption) (Anjuli 2011; Swendeman et al. 2015), and familial-based (e.g., domestic violence, early marriage) (Mohindra et al. 2012) factors. Risk factors associated with sex trafficking, specifically, have also been examined. In an analysis of the records of 160

trafficking survivors, Silverman et al. (Silverman et al. 2007) report that most (52%) were trafficked as minors by strangers (43%) or friends/acquaintances (40%) and only a handful were trafficked by intimate partners (8%) or other relatives (9%). The majority (55%) were lured via the guise of an economic opportunity, although 26% had been kidnapped and participants were mostly trafficked from public settings (e.g., markets, train stations). These data suggest that sex trafficking, at least in some areas of India, is a largely random process (i.e., kidnapping) carried out by strangers. In their study Vindhya and Swathi Dev (2011) note that most sex trafficking victims were “lured” from places of origin with promises of work; stranger kidnapping, intimate partner coercion, and familial involvement (i.e., selling a child) were relatively uncommon occurrences. Further, traffickers were predominantly neighbors/family friends and female; biological kin and strangers were the least common perpetrators. In comparison, the majority of participants in Karandikar and Próspero’s study (2010) were sold into sex work, as children, by (non-identified) family members. Clearly, discrepancies exist. When examined as a whole, the extant literature portrays pathways to CSI entry among Indian FSWs as both ambiguous and contradictory. Furthermore, rich information on CSI participants’ families of origin or circumstances within the natal home (e.g., instances of abuse or abandonment) that place women at risk for later CSI entry (either by choice or not) are lacking.

Relationships with Key Players in the Commercial Sex Industry

Supportive social relationships are critical to optimal developmental outcomes and well-being—and may be particularly important in buffering crisis, stress, and trauma among vulnerable populations (Dauner et al. 2015; Sullivan 2015). Despite the benefits of social support for optimal well-being, few have examined the support networks of brothel-based CSI participants. However, scholarship focused on the support networks of participations of the street-based sex industry, once again, inform the present investigation. A handful of studies conducted in the United States, England, Canada, and China suggest that street-based FSWs rely on social support from peers—and often to reduce risk of client-initiated violence (see Hail- Jares et al. 2015; Shannon et al. 2009), thus suggesting significant *trust* in peer-to-peer

relationships. On the other hand, work by Dalla (2002) paints a different picture—one in which relationships among street-based sex workers are characterized by competition and contention, and a clear lack of affinity or trust. Complicating matters is that social support is not always present or absent—but oftentimes a double-edged sword (Qiao et al. 2015). Based on the available literature, no assumptions or expectations were made with regard to brothel-mates' reports of peer-to-peer relationships.

In addition to peer relations, this investigation sought to also explore relationships between brothel-workers and managers. Some literature in this realm exists. In an Indonesia study, Basuki et al. (2002) report that brothel managers played a role in health risks to workers because they actively discouraged condom use. Similarly, in China, brothel managers' constant monitoring of FSWs limited workers' ability to negotiate condom use with customers (Huang et al. 2004). In contrast, in a study of 30 Indian *gharwalis* (brothel madams in Indian), Semple et al. (2013) found that most exhibited positive attitudes toward condom use, required HIV testing, and offered protection from alcohol-using and violent patrons and police. In this study, the *gharwalis* also provided emotional support and health care to FSWs residing in their brothels. Similarly, Gurav et al. (2013) interviewed 12 Devadasi brothel madams in Nagpur, India. The madams shared kinship ties with the brothel workers and provided functional (e.g., childcare), informative (i.e., risks of HIV/importance of condom use), and economic (e.g., waiving utility expenses) support. In sharp contrast, Vindhya and Swathi Dev (2011) describe very different experiences of brothel managers by FSWs in cities across India including Delhi, Mumbai, and Pune. They write: “physical and sexual abuse were understandably the most frequently reported experiences” and “... accounts of deprivation of rights to liberty, freedom of movement, dignity and bodily integrity” (p. 155) were also reported.

The literature cited here highlights the complex role of social systems within the CSI. Unfortunately, the data are limited in depth and contradictory—particularly with regard to relationships between India's brothel madams and workers. Still, from the available data we can assume that peers (i.e., brothel mates) and brothel madams are central figures of social interaction within the brothel-based sex economy of India.

Exiting

Strategies and processes associated with exiting the CSI—especially the street-based sex industry—have been examined previously. Noteworthy are the investigation of Williamson and Folaron (2003) (involving 21 U.S. street-level FSWs), Månsson and Hedin (1999) (a Swedish study including 23 street-based FSWs), and that of Manopaiboon and colleagues (2003).¹ Because it occurred in a developing and non-Western country, focus here is on Manopaiboon et al.'s study. They interviewed 42 Thai sex workers to determine factors facilitating or inhibiting their ability to leave the sex industry. Only 1 of the 42 had never quit sex work, 25 had quit and reentered at least once, and 16 quit and never returned. Exit decisions were motivated by the development of new relationships, fear of HIV/AIDS, and economics. Baker et al. (2010) pushed the exit scholarship by developing a six-stage model to help explain exit processes. The model includes critical resources (e.g., housing, drug abuse treatment, legal aid) needed at each stage of the entry-exit-reentry process. Taken together, the bulk of data suggests that exiting the CSI, particularly among those engaged in the street-level sex economy, is a process not an event—a process made exceptionally difficult because it involves the creation of a new identity, a new social system, entry into legal and pro-social economic endeavors, and abstinence from substance use. Certainly, overlapping and complex challenges (e.g., psychological, social, emotional) must be overcome by those attempting to leave some types of sex work—especially street-based. Rarely is one able to exit on the first attempt (see Dalla 2006).

No empirical studies could be located examining exit processes among CSI participants involved in India's brothel-based sex economy. However, the work of Vindhya and Swarthi Dev (2011) is again noteworthy as their sample included women who had been trafficked into India's brothels, and then returned home. They report "most" of the 78 participants "... *escaped* on their own or with the help of other women in the brothel," (p. 153) (emphasis added) whereas the remainder were removed via police raids or NGO interventions. Although not

1 Importantly, none of these studies indicated whether or not the samples included survivors of trafficking.

directly stated, results clearly imply that none of the participants of this study were able to leave the brothels on their own volition. However, the question remains: once a trafficked worker has paid her debt can she then leave if she so chooses? Can those who enter the brothel industry on their own free will (i.e. not trafficked) leave if they choose? What factors motivate entry and exit when personal choice is involved? What exit options are available to women and girls “born into brothels” (i.e., those whose mothers were brothel workers)? Lacking empirical data directly addressing these questions, the third goal of this investigation was to explore the extent to which participants exhibited personal agency and choice in leaving the brothels districts of Mumbai, regardless of whether their entry was by choice or not.

Theoretical Overview

The Life Course Developmental Theory (LCDT) (Elder, Jr. 1998, 1994), described by Elder, Jr. (1994) guided this study. LCDT stresses “... the social forces that shape the life course and its developmental consequences” (p. 5) and embodies four principle tenets. The first is the interplay of *human lives and historical times* which refers to birth year interconnectedness with historical constraints and options. In other words, historical effects on the life course impact cohorts in distinct ways. For purposes of the present investigation, this tenet captures the importance of understanding women’s lived experiences within India’s CSI as part of a larger economic, cultural, and political context. The second principle is that of *the timing of lives*. This refers to social meanings and sequencing of age-related roles (e.g., marriage, child bearing) as well as social expectations and beliefs about age-related roles. Third is the principle of *interdependent and linked lives*. This refers to social relationships with kin, coworkers, and peers within which individuals are embedded through time. In the present investigation, this principle was examined via exploration of childhood experiences with family of origin as well as social relationships in adulthood. Finally, *human agency* constitutes the fourth principle and refers to the choices individuals select, among available options, which construct the life course. The LCDT was deemed ideal for situating the lived experiences and developmental trajectories of female participants of India’s brothel-based sex economy.

Methods

Environmental Context

Mumbai (formerly Bombay) is the most populous city in India (with about 14 million inhabitants) and a hub of commercial sex work. Police estimate the presence of approximately 100,000 CSI participants in Mumbai (Watson 2006) and, similar to other regions of the world, India's CSI is hierarchically organized—from high class call girls working in five-star hotels to brothel workers living and working in the urban red-light slums. In Mumbai, these districts include Kamathipura and Falkland Road. In 1992, the BMC (Bombay Municipal Corporation) recorded 50,000 brothel workers in Kamathipura's roughly three-square mile neighborhood. Today, the area houses approximately 15,000 male, female and transgender sex workers who are brothel- or street-based (Gangoli 2006).² The area is filled with approximately 3000 dilapidated structures; safe drinking water and sanitation are scarce. Falkland Road is a sister red-light slum district located 1 km (.6 miles) from Kamathipura which houses approximately the same number of CSI participants. Various NGOs operate within these neighborhoods offering services to the residents and their children. *Inspire* (a pseudonym) is one of these. Its mission is to stop next-generation flesh trade and, as such, targets intervention and services to the children of brothel workers. *Inspire* is a trusted resource among the FSWs of Kamathipura and Falkland Road.

Procedures

In 2012, the Primary Investigator (PI) traveled to Mumbai, India. With support from *Inspire's* founder and director, she was allowed to collect data at *Inspire's* Kamathipura and Falkland Road community centers. A female and tri-lingual (Hindi, Marathi, English) Indian doctoral student, trained in translation, was hired as a research assistant (RA). Data collection occurred sequentially (i.e., in Kamathipura first

² The sharp decline is the result of brothel keepers being bought out by wealthy real estate developers to make room for new industry and expensive housing units (see Jayaraman 2012).

and then Falkland Road) and a nonrandom, purposive sampling strategy was used whereby women were selected to participate based on their known engagement in the brothel based sex economy. As potential participants arrived at *Inspire* (e.g., to pick up or drop off a child) a staff member briefly explained the study and asked if she would be willing to participate. If she agreed, she was escorted to a private room where the PI and RA waited. The RA then explained the study goals, data collection process, and translated the consent form. All participants were assigned a pseudonym and an identification number. Demographic data were collected followed by an in-depth, open-ended interview. Translation occurred in real-time. That is, the PI asked questions in English which were then translated into Hindi (or Marathi) for the participant by the RA. Participant responses were then back-translated into English for the PI. The process lasted an average of 45 min (range = 20–75 min) and all interviews were audio-recorded. Based on recommendations from *Inspire*'s Director, compensation of ₹300 (about \$6.00) was deposited into the savings account of each child whose mother participated in the study.

Interviews were semi-structured and questions largely predetermined to address the goals of the research (e.g., focusing on early life experiences, processes of entry into the CSI, relationships with male partners, co-workers). However, the interview format allowed room for questions to deviate as necessary based on participants' responses to questions. The World Health Organization (WHO) recommendations for interviewing trafficked women were also followed (Zimmerman and Watts 2003). These guidelines include, for instance: adequately selecting and preparing interpreters, ensuring anonymity and confidentiality, and listening to and respecting each woman's assessment of her situation and risks to her safety.

Phenomenological Inquiry

A phenomenological study describes the meaning of a phenomena as experienced by multiple individuals (Creswell 2013) with the purpose of reducing experiences of a phenomena to "its essence" (Moustakas 1994). The process of conducting phenomenological research involves identification of phenomenon to study, identifying one's biases/suspending judgement, and collecting data from several individuals (i.e.,

5–25 is recommended) who have experienced the phenomenon (see Creswell 2013). Phenomenology is rooted in several philosophical assumptions, including: the study of lived experiences and the view that those experiences are conscious, the development of descriptions of those experiences without explanation or analyses, and suspension of judgement on the part of the inquirer (Moustakas 1994). To this end, background information is in order. The PI is a qualitative researcher with extensive experience interviewing adult women involved in the U.S. street-based sex economy. Recognizing the dearth of rich, qualitative data available on extremely vulnerable CSI participants in non-Western countries, the PI's focus shifted internationally. As a family scientist trained in systems theory, my focus is on participants' early life experiences and developmental trajectories within unique social and ecological contexts.

Dependability

Member checks and iteration helped ensure trustworthiness (Lincoln and Guba 1985). That is, throughout the interviews the PI interpreted participants' statements using her own words, and requested clarification and confirmation as needed. Furthermore, questions were asked in multiple ways, or in multiple places throughout an interview, to aide understanding and dependability. Following each interview, the RA and PI engaged in debriefing (e.g. discussion of the interview, responses provided) and thus a mutual system of checks and balances ensued with regard to understanding the information provided. *Inspire* staff were also consulted on two occasions when gaps in understanding remained after the interview and debriefing process. Finally, issues revealed in one interview (e.g., such as police abuse) were often broached in subsequent interviews to obtain multiple perspectives.

Participants

Participants ranged in age from 23 to 40 years (χ age = 31 years) and had entered the CSI at an average age of 18.2 years—although a tremendous range in entry age was noted (from 8 to 30 years of age). Similarly, length of time spent in the CSI also varied widely, from 3 to 27 years (χ = 12.9 years). Most (n = 29) participants were mothers

and had an average of 2.1 children each (range = 1–5 children). Children ($N = 66$) ranged in age from 3 months to 23 years (χ age = 11.3 years) and approximately half ($n = 34$) lived in the brothels with their mothers. (See Table 1 for complete demographic details).

Table 1. Demographic information

Variables	Total sample (N = 30)
Age: mean (range/SD)	31.1 years ^a (23–40 years/5.1)
Formal education (n)	13
Mean (range/SD)	4.2 years (2–9 years/2.9)
Illiterate (n)	22
Children (n); mean (range)	66; 2.1 each (1–5)
Children age: mean (range/SD)	11.3 years (3 months–23 years/4.6)
Child residence (n):	
With mother	34
In village/boarding school	14/16
Unknown	2
Home village ^b (city, state): (n)	
Kolkata, West Bengal	13
Amravati/Augurabad/Sangli, Maharashtra	10
Bangalore/Belgaum, Karnataka	3
Other (including Nepal)	4
Married in village (n)	16
Age marriage: mean (range/SD)	14.5 years (12–17 years/1.5)
Current partner (n)	21
Commercial sex industry (CSI)	
Age of entry: mean (range/SD)	18.2 years (8–30 years/5.9)
Time in CSI: mean (Range/SD)	12.9 years (3–27 years/6.4)
Trafficked (n)	24
Entry processes:	
Tricked, lied to, coerced	4
Sold as children	12
On own <18 years of age	4
Forced by husbands	2
Initiated as Devadasi	2
Religion (n):	
Hindu/Muslim/Christian	13/16/1

a. Three participants did not know their age.

b. One participant was from Mumbai.

Data Analysis

Interview data were translated (from Hindi into English) and transcribed into text. The transcribed texts were comprehensive and included the original questions asked by the PI, the questions as translated to each participant, each participant's response to each question, and each response as translated back to the PI. Transcripts were entered into a computer software program (MAX QDA-11) and analyzed using Phenomenological Descriptive Analysis (Colaizzi 1978). The process begins with a thorough reading of all interviews (or protocols) which is followed by open coding –identification of significant statements, sentences, and quotes that provide descriptive information on phenomenon of interest. These statements are then used to write a description of participants' experiences (i.e., textual description) as well as the context or setting "... that influenced how the participants experienced the phenomenon" (Creswell 2013, p. 61) (i.e., structural description). From these descriptions, cross-comparisons were made to identify themes and sub-themes within and across participants' experiences. Data were analyzed separately by the PI and a research assistant; descriptive results were then compared via a series of weekly and then monthly meetings over the course of 18 months.

Results

Goal 1: Examine the Early Life Experiences of Women Working in the Red-Light Slum Districts of Mumbai, India

Twenty-nine of the thirty participants were born in remote, rural villages—many of which were hundreds of miles from Mumbai and sometimes across state ($n = 19$) or national ($n = 1$) borders. For instance, Tamekha³ reported: "I was born somewhere else, but my childhood was spent here [in the brothels of Falkland Road]." Natal villages were characterized as agriculturally-dependent, with limited opportunities for wage work. Important too, knowledge of city life, generally speaking, and the CSI in particular, was foreign to most. Japara explained: "I

3. All names are pseudonyms.

didn't know anything. In my village all of this [sex work] doesn't happen. In my village, we do agricultural work. We look after the cattle, feed them fodder, collect the cow dung, and cut the grass and the produce." Most ($n = 19$) described their parents as landless farm laborers, although some earned income as stone cutters or domestic helpers. Parental work earned approximately ₹40–50 per day (equivalent to less than \$1.00) and families varied in size, from 3 to 16 members ($\chi = 6.6$). Not surprisingly, children were forced to begin earning money as early as possible. To illustrate, Paaja's parents were stone cutters—they worked in a quarry and broke stones to earn a living. After four years of schooling Paaja joined them in the quarries, explaining: "We didn't have anybody to feed us. Every day we would have the same *roti* [Indian bread] to eat, one set of clothes..." Exhausting physical labor, crippling indigence, and lack of services and resources took a tremendous toll on natal families. Parental abandonment, alcohol abuse, and early death were not uncommon. Such was the case with Bijiani's family of origin. She explained, "I had my mother and father—but now there is nobody. Everybody died." And, when asked about her early life experiences, Amlike stated simply: "There is nothing of worth to say about my childhood."

Child Marriage

Child marriage is not uncommon in India (see International Center for Research on Women n.d.), especially in traditional rural villages. Sixteen participants (53 %) experienced an arranged, child (prior to age 18) marriage (χ age first marriage = 14.5; range = 11–17 years). None remained with their husbands. Factors associated with child marriage globally (i.e., poverty, lack of education) applied to the participants of this sample, as well. Furthermore, early marriages were characterized, almost entirely, by domestic violence, infidelity, alcohol abuse, continued poverty, and sometimes abandonment (e.g., one participant was abandoned because she gave birth to a daughter and another because her husband thought she had mental deficiencies). Neema, for instance, who was married at age 13, explained: "My first husband ... he wouldn't give me food. I told him to leave me at my parents' place. He wouldn't do that. He would beat me up and verbally abuse me." Likewise, Adima (married at age 12) described her husband as a violent alcoholic; she ran away when she was 15 and 3

months pregnant. Husbands were not the only perpetrators of abuse. To illustrate, Nasran (married at age 14) described, “Then [after being married] I started understanding the meaning of marriage... My mother [in law] was always scolding me, ‘Now you have grown up. You should be able to take care of your husband. You should work for us.’ And then ‘cook food’ but when I would go to cook food my mother in-law would hit me at the stove.”

Entry into Mumbai’s CSI

Sex trafficking, according to the Trafficking Victims Protection Act (TVPA) (US DOS 2000), is defined as the “recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.” To be punishable, trafficking must include (1) a person under age 18 who has been induced to perform a commercial sex act or (2) an adult who has been induced by the use of “force, fraud, or coercion.” Most participants ($n = 24$; 80%) met the TVPA definition for trafficking. However, trafficking processes differed substantially among them. Four had been tricked, coerced, and lied to by family friends who promised respectable work in the city. Bijjanti’s situation is a case in point. Left widowed with a young child at age 17, she naively believed a female friend who convinced her to migrate to Mumbai for agricultural work. She explained: “I didn’t know anything, you know? I was from Karnataka. I didn’t know anything. How will we know what Mumbai city is? After coming here, I came to know what it was.” Twelve others were sold into the CSI as children (χ age = 12.4 years; range = 8– 15 years). Six were sold by a family friend or acquaintance, others were sold by mothers ($n = 2$), sisters ($n = 2$), and stepmothers ($n = 2$). To illustrate, at 15 and abandoned by her husband, Fatima fell for the trickery of a “family friend” who said: “...you can get work in the factories of Mumbai, you can work, learn, and with the money you can support your child as well as your siblings.” The woman promptly sold her to a brothel in Kamathipura. Likewise, at age 12, Zamekha was also sold to a brothel. She described the first weeks of brothel life as follows: “The people there started forcing me—‘take a bath and stand for work. Get dressed and be ready.’ And I spoke to the brothel keeper: ‘Why should I do all this?’ So she slapped me really hard. ‘You have to stand up, get dressed up the way the other women do. Your mother has sold you to me. Your

uncle has sold you to me.” Zamekha worked in that brothel for 6 years and was the youngest of seven. Five participants knew how much they had been sold for: three for ₹5000 (\$100), one for ₹50,000 (\$1000) one for ₹70,000 (\$1400).

Four others entered the CSI “on their own” and in desperation given lack of viable options, social support, and the need to survive. However, because of their young ages (range = 10–17 years) all were considered victims of trafficking based on the TVPA definition. The case of Japara is illustrative. At age 12 she was orphaned: “I did not have any support to live, that’s why I came here [Kamathipura].” Similarly, at 17 Meesan and her husband moved to Mumbai from their rural home village. However, “After coming here, he took another woman and he left me.” With an infant child, far from home, lacking money or skills, Meesan had no choice but to enter the CSI. “I thought, ‘if life has already been wronged [abandoned by her husband], then let it continue. [My] life was [already] ruined.’” The situations of Japara and Meesan were echoed by another who reported: “I came to feed myself. I had a child. My parents were not alive. They died. I had to feed my child. My husband had left me— Now, I earn and eat.” Two participants were forced into the CSI by their husbands, and two others were initiated, during childhood, to carry on the Devadasi tradition— simply put, it was their obligation to financially support their families via work in the commercial sex trade. As a Devadasi, for instance, Radha was financially responsible for her siblings and other family members. She began earning money in the CSI at age 12 and after being sent to live in Pune with her Devadasi aunt who taught her “how to take customers”.

Six women did not meet the TVPA definition for trafficking. One of these was a third generation brothel worker in Falkland Road—she was, simply stated, “born into brothels” to use the title of an award-winning documentary (Briski and Kauffman 2004). This participant’s mother had also been born into brothel work but did not know the details of her grandmother’s CSI entry. The remaining five described entering the CSI, on their own accord and out of economic necessity (e.g., to feed children after being widowed). Although desperation fueled their decisions, age at time of entry (\bar{x} age = 21.2 years; range = 20–24 years) precluded their categorization as having been “trafficked.”

Goal 2: Understand Participants' Adult Relationships with Family of Origin as Well as Key Players of the Brothel-Based Sex Industry

Elder, Jr. (1994) describes the concept of *linked lives* as the most central tenant of the life course developmental theory. Thus, a focal question of this study concerned participants' relations with significant others through time.

Family of Origin

Relationships between participants and members of family of origin and extended kin were strained. Fourteen participants reported intermittent contact only with biological kin; nine had no contact at all. Several participants indicated not having any family left (i.e., due to death), and another had been "disowned" by her family following her husband's death and another participant had not been in contact with any biological kin since her CSI entry 10 years earlier. She stated: "I don't talk to them [biological kin] and I don't go [to the village]." Contact, for those who desired such, was difficult because of physical distance—natal villages were, for most, hundreds of miles away—and limited resources. It took money and time to travel and telephone and internet service was unpredictable and typically unavailable in remote areas. Moreover, given the indigence of family of origin, financial assistance was futile.

Co-Workers/Friends, Brothel Owners and Clients

Lacking familial support, the need for emotional, functional, and informational aid from others is often heightened. Yet, among this sample, supportive relationships were rarely reported. In fact, sixteen participants noted having no friends at all. Lack of trust in others' intentions prohibited the development of friendships. Shrea explained: "If you are friends with other women in the industry, they will sell you." Similarly, Neema reported: "I talk with people. But if you tell somebody that something has happened to me—[and you] need money—will anybody give you money like that? No. You can't trust anyone. What is the point of having a friendship?" Chandra described working

with many women but maintaining relationships with none, stating simply, “I am alone.” Although some described laughing and joking with brothel-mates, none reported having “friends”. Yet, Harada’s response to the question of friendships provided additional insight onto the *working relationships* among brothel-mates. She noted: “One will have to talk to them [brothel-peers]. How can we stay aloof of each other? We all stay in the same house. And in the house everyone is from different villages. We have to be nice and cooperate with each other to live—only then it can work. If we fight then we have to see each other’s faces.”

Participants paid a monthly fee to live in the brothels (approximately ₹3000–₹5000/\$60–\$80)—higher fees for those with children. The monthly fee paid for a small cot, a place to sleep, and a cooking space. In addition to the monthly fee, brothel owners received a portion (20–50 %) of the women’s earnings. Relationships with brothel owners varied both across and within participants, although violence was evident in many brothel-worker relationships. Zamekha reported being abused, neglected, drugged, and raped at her first brothel-owner—tactics common among new workers and those *sold* into the CSI. Adrasha also described being beaten regularly by her first brothel manager, not being allowed outdoors, and not being allowed to leave the brothel premises on her own during the first years of adjustment to brothel life. These practices were common, she noted, especially with the youngest workers. Still, violence was not uncommon among seasoned workers, either. Shadra explained: “The brothel keepers used to beat us up. During the day time we would sleep and the whole night we would have to work. It was like that.” In contrast, not all reported violence from brothel owners. For instance, although Neema’s first brothel owner abused her, the owner of her current brothel was kind and “protected her” from violent customers.

Life in the commercial sex trade is significantly impacted by experiences with clients/customers. Generally speaking, participants in this investigation worked from about 9 p.m. until 4 a.m., had approximately two to five clients per night—depending on day of week—and received ₹120–₹200 per client (\$2.40–\$4.00). Many reported that there were simply not enough clients—business was slower than it used to be—and this had disturbing consequences. Fewer clients translated into less income on the one hand, and desperation for survival on the other—meaning participants had to take clients who were

available, regardless of how unappealing, demanding, or potentially dangerous they might be. Harada, for instance, noted that clients "... torture us" and "... some customers fight and take away the money. [They] would say it was not good and go away [i.e., not pay them]." Adrasha similarly explained, "Whoever [client] is good is good. Whoever is bad is bad. One has to deal with everyone." Violence was not uncommon. Tamekha had been attacked so violently by one customer she required medical care. Beyond verbal reports, many ($n = 14$) displayed visible scars that revealed incidents of past violence. Further, although the importance of condom use was well known (via widespread educational campaigns throughout the red-light areas) and condoms available from the government sponsored mobile health van, regular condom use was not typical. In fact, only two women reported consistent use of condoms; instead, some used them and others did not. Sarita explained that customers would pay more for sex without condoms and that income compelled sexual-health decisions. Older women, those more desperate for clients, were least likely to use condoms. Disturbing too was Naasha's statement that condoms were used by the workers, "... except when customers refused." In other words, regardless of access to and knowledge about their important, condom use was determined, largely, by customers' desires and preferences.

Police

In India, the primary legal document governing prostitution is the Immoral Traffic Prevention Act-1956 (ITPA). According to the ITPA, prostitution (i.e., the exchange of sexual services for money) is legal; however, soliciting prostitution (i.e., buying sex), facilitating prostitution (e.g., pimping), living off the earnings of another's prostitution (e.g., owning a brothel), and prostitution in public places are all illegal (RamPrakash 2003). That said, one might expect brothel owners and clients to be frequently arrested and charged with a crime. Such is not the case. In fact, a police station exists in the center of the Falkland Road red-light neighborhood and police regularly walk the streets—few of those breaking the law (i.e., brothel owners, clients) are arrested but the women are often harassed. Six participants described regular raids on the brothels by police who often take bribes from brothel owners and workers. Pulari explained: "Police come here, they

come every day. They take our money and go away.” And, as sources of protection police were ineffective as they “... never help with violence, fights. [They] only show up after.”

Goal 3: Identify Participants’ Ability to Exit Mumbai’s CSI

Although many participants reported wanting to leave, challenges loomed large. Concrete barriers to exiting included the most crucial need to be able to support oneself and one’s children—a task made exceptionally difficult for those with limited education and few employable skills and who possessed virtually no social resources. Beyond these barriers the *biggest* challenge to exiting appeared cultural—not structural.

Feelings of shame and worthlessness characterized many and were evident, first, when participants described relationships with kin. Specifically, most reported that kin *did not know* of their sex industry involvement. In fact, lack of contact with family of origin was fueled, for many, by a desire to keep their CSI work confidential. About half the sample reported maintaining a myth that they were engaged in various forms of employment (e.g., construction, hotel) *other than* the CSI. Fear of family learning of CSI work was palpable as illustrated by Pulari. When asked why she moved from Calcutta to Mumbai, she said: “I came to Bombay [Mumbai] because Sonagachi [red light area in Calcutta] is in my state [West Bengal]. If the men from the village come there then they will recognize me. My work is so bad. That’s why.” In other words, she moved 1100 miles and across state lines for fear of being recognized as a sex worker by men from her natal village. Furthermore, shame associated with CSI work was *not lessened* if one was forced into it, even as a child. Sarita was only 14 when sold to a brothel, yet, she reported: “Now [as a sex worker] I can’t go back to the village and show my face to people.” Likewise, Shrea, who was sold to a brothel at age 10, explained: “My sister knows I do this this work ... my life is ruined [because of the work]. I don’t want to see my family.” Another reported that her family would “literally kill [me]” if they discovered her CSI work. And another summoned the courage to visit her natal village after 9 years in the CSI; the outcome was not good. “My mother kicked me and my father verbally abused me” she explained, and then commented: “Nobody wants their

child to be ruined.” CSI work, *regardless* of reasons for entry, was regarded by many as inherently shameful and capable of dishonoring entire family systems.

Curiously though, participants’ absence from their home villages was not questioned or discussed. Japara explained: “Now see, after your honor is gone, nobody will ask about you, not even people in your village. They have forgotten about you.” Sarita summarized the seemingly inescapable situation with the following: “What do I say? If you have to fill your stomach you do any type of work –this is what it is. I didn’t know anything. I didn’t know about this [type] of work. I got stuck—stuck completely. Now I can’t go back to the village and show my face to the people.” Harada asked rhetorically: “Now what can I do? God must have given this in my destiny.” Zamekha added, “All this keeps happening—this getting of girls from outside, buying them and forcing them [into sex work]. Nobody comes to the rescue. Nobody comes to show the way to the girl. And if the girl becomes like me, then where will she find a good way out?” Amlike concluded our interview with the following sentiment: “Life is bad here and will remain bad. Tell me, is life good here?” Personal agency associated with “exiting” the brothel-based sex economy of Mumbai, India, at least among this sample, appears more dependent on cultural values of purity, chastity, marriage and honor than on concrete barriers such as housing and employable skills.

Discussion

In its Global Gender Gap Report, the World Economic Forum annually ranks world countries using benchmarks of economic, political, education, and health-based criteria to determine the size of each nation’s gender gap. In its most recent report (including 93% of the world’s population), India was ranked 108th out of 142 (World Economic Forum 2015). Although India has an economy of \$1.9 trillion, is the world’s largest democracy, and has been labeled the world’s next “superpower” (Sanghoo 2015), Indian women—and vulnerable sub-populations of Indian women in particular—face monumental life-course challenges and risks to optimal wellbeing. Grounded in the tenets of Life Course Developmental Theory, this investigation sought,

to understand the childhood and early life experiences of women associated with Mumbai's brothel-based sex economy. Revealing CSI entry processes formed a central aspect of this initial inquiry. With regard to childhood experiences, it was revealed that *only one* participant was an inter-generational brothel-worker; all others had migrated or been trafficked from remote, rural villages. Demographically, these women represent one of the most disadvantaged and marginalized groups within India (i.e., uneducated, illiterate, impoverished and of the *dalit* caste). These findings were not unexpected given the comprehensive work of Joffres et al. (2008). However, the extremely high proportion of participants who had been married as children (53%) was. Also unexpected was the identification of several Devadasi within this sample—indicating that the scope of formalized family-initiated child trafficking (via the Devadasi system) is more widespread than anticipated. Although the Devadasi tradition and its association with modern-day sex trafficking has been described elsewhere (see, for instance Gurav and Blanchard 2012; Ramberg 2013) prevalence figures *do not* exist. Orchard's work (see 2007 a,b) informs present understanding of the Devadasi tradition, the indoctrination of girls as Devadasi, and the processes of migration from rural villages to urban centers for work in the sex industry. Still, better understanding of prevalence, of familial processes and inter-generational dynamics maintaining the tradition, and of community factors which could leverage intervention, are needed. Continued research exploring these complex issues, as well as critical accounts of women's experiences of *agency* as members of the Devadasi tradition, is warranted.

Importantly, participants were not asked directly about child abuse experienced within their natal homes—in India, such topics are shrouded in secrecy (Human Rights Watch 2013). Nonetheless, some spontaneously disclosed incidents of physical violence, emotional degradation, and abandonment. The long-term implications of childhood and adolescent trauma, (e.g., depression, self-harm, PTSD, and suicidal ideation) are well-established among western samples (Gladstone et al. 2004; Nelson et al. 2015; Wechsler-Zimring and Kearney 2011). Future research identifying childhood traumas and their associated developmental outcomes among non-Western populations—and particularly among the most vulnerable—as well as appropriate and culturally-based treatment, prevention, and intervention strategies, are warranted.

Most participants met the TVPA (U.S. DOS 2000) criteria for trafficking. It is important to point out that how one defines trafficking *necessarily* determines which cases “count” as meeting the criteria and which cases do not (see Dempsey, in press). According to the TVPA (i.e., the definition used in this research) CSI participants under age 18 are considered trafficking victims, *regardless* of whether or not they entered the CSI voluntarily—which was the case of four participants in this study. Eighteen others were trafficked through force, fraud, and/or coercion. Interestingly however, trafficking mechanisms described by these women differs appreciably from accounts described elsewhere. For instance, in contrast to findings described by Silverman et al. (2007), none had been “kidnapped”, none of the trafficking perpetrators were strangers, and none were kidnapped or trafficked from public settings. These nuanced distinctions are important because they suggest different prevention strategies as well as intervention mechanisms.

A central tenet of the LCDT is that of “linked lives.” To this end, the second goal of this investigation was to describe participants’ social systems and networks of support within the brothel-based sex trade. Exploration of participants’ social relationships across time provided insight into their lived experiences and developmental trajectories. Given childhood experiences, it was not surprising to learn of strained relations between participants and their biological kin. Familial contact was infrequent for some, and non-existent for others. Self-reliance, beginning in childhood, appeared paramount to survival. These findings are similar to those reported in both Western (see, for instance, Gibbs et al. 2015; Edberg et al. 2014; Kotrla 2010) and non-Western (Goldenberg et al. 2014; Gjermeni et al. 2008) FSW samples.

Beyond familial ties, participants’ social networks appeared loosely organized and superficially maintained. Trust—the foundation for relational sustenance—remained elusive. Although some participants described talking to and joking with co-workers, aloofness characterized most peer-to-peer relations. Further, although some had experienced non-violent brothel owners, most were not so fortunate. The brothel owner/worker relationship is, first and foremost, an economic arrangement based upon inequitable power and status. Provision of support may enter into this dynamic; but such is the exception, not the rule. Büschi’s (2014) interviews with 13 brothel managers in Sweden is informative because it outlines four managerial profiles—each

characterized by differential degrees of potential risk for sex workers. These styles include: (I) collegial managers who also participated in sex work and who downplay violence and its impact on sex workers; (II) Co-operative managers who value the *business* and who view themselves in a maternal and protective role with regard to their sex workers; (III) Authoritarian managers who view themselves as superior to their sex workers, viewing violence narrowly, and who use authoritarian strategies for business management; and (IV) Self-sacrificing managers who view themselves as victims of the industry, who embody an authoritarian leadership style, and who deny the presence of violence in the sex industry. Clearly, style I presents the lowest level of risk for sex workers and style IV the most.

The work of Bruckert and Law (2013) is complementary. They interviewed “third parties” (e.g., those who facilitate, organize, supervise and control the work of sex workers) and sex workers (i.e. women *not* trafficked women) in Canada suggesting that power relations are variable and third parties fulfill a variety of roles, including personal assistants, drivers, security staff, agents, and mentors. Further, like in Büschi’s (2014) study, Bruckert and Law also found that the distinction between third parties and sex workers was not clear-cut—many third parties had sex work experience. Finally, legislation to *remove* third parties could have deleterious consequences for sex workers—especially if they serve as protectors for sex workers. Although the context of the two studies differ, parallels are evident and suggest the need for continued examination of the role of “third parties” (including brothel madams) in the lives of trafficked survivors.

Participants’ lives were also impacted by clients who were simultaneously sources of income as well as violence and harm. Most disturbing is that clients’ preferences and prerogatives dictated participants’ sexual health risk (e.g., via the use of condoms). And, unlike results found in other studies (see Basuki et al. 2002; Huang et al. 2004; Semple et al. 2013), brothel owners here appeared to have little stake in participants’ use (or not) of condoms. Clients, like brothel owners, wielded significant power in the day-to-day lived experiences of participants.

The third and final goal of this investigation was to assess personal agency with regard to exiting Mumbai’s CSI. As described elsewhere (Cusick et al. 2011) structural barriers present enormous challenges

to leaving the CSI—especially the street-based CSI. Had concrete issues (e.g., housing, skill development) been the only barriers to exiting, personal agency would likely have played a significant role in exit options. But such was not the case. In the LCDT, Giele and Elder, Jr. (1998) describe *turning points* as “life events or transitions that produce a lasting shift in the life course trajectory,” (p. 8). Although identification of *turning points* was not a goal of this study, entry into the CSI emerged undeniably as such. Simply put: women’s entry into India’s CSI, whether via choice or force, fraud and coercion— even among *children*—rendered one tainted, “ruined,” and without honor and set the course for the remainder of these women’s lives. Diminished life-course agency due to cultural values and social expectations was unexpected. When asked about exiting, no one suggested a single resource. Instead, I was told “nothing will change” by those whose lived experiences were to be respected. Despite many years of research with vulnerable populations, I was astonishingly unprepared. In this regard, Goffman’s (1963) scholarship on stigma is informative. He examined psychological processes in which stigma becomes internalized—thereby shaping individual behavior and the social construction of identity. Although the psychological impact of stigma was not assessed in this investigation, respondents’ descriptions of themselves as “ruined” suggests identities shaped significantly by their association with sex work. Beyond psychological processes, Link and Phelan (2001) contend that the impact of stigma is more far reaching by way of “structural discrimination” which places institutionalized (social, economic, and political) disadvantages on stigmatized groups. Elements of structural discrimination were also evident among participants of this investigation (e.g., clients’ and brothel madams’ abuse of FSWs; police brutality and harassment). Most recently, stigma has been examined within the context of morality. Kleinman and Hall-Clifford (2009) explain: “The moral standing of an individual or group is determined by their local social world, and maintaining status is dependent on meeting social obligations and norms. Individuals with stigmatized conditions are *de facto* unable to meet these requirements ... [and thus are] unable to hold onto what matters most ... including life chances,” (p.2). Clearly, efforts to better understand unique social and cultural processes that create stigma are critical if stigma is to be effectively addressed in the rehabilitation of trafficking survivors.

Social education and intervention should be aimed at shame reduction and the eradication of stigmatized identities that narrow and constrict perceived life choices.

The results of this investigation reinforce another concept of the LCDT; namely, that of human lives and historical times (Elder, Jr. 1994, 1998). Changing value-laden cultural concepts to mitigate group bias and discrimination (e.g., gender, caste, sex worker) may seem insurmountable. History, however, indicates that such seemingly insurmountable challenges are possible. Furthermore, rehabilitation efforts supported by India-based NGOs to help CSI participants find alternative employment options exist (see, for instance, Press Trust of India 2015; Equity India 2011). Although evidence-based practice and formal evaluation of these (and many other) intervention programs are limited, the presence of programs attempting to rehabilitate Indian CSI participants suggests a life-course option *different from* that described by the study's participants. Still, large-scale, country-wide efforts to change stigmatized attitudes about FSWs are necessary. Perhaps with continued political pressure and support (e.g., such as from world leaders like President Obama), as well as in-country economic developmental and continued outreach to the disenfranchised, the next generation of Mumbai's brothel workers will exhibit greater agency and personal power in guiding their own developmental trajectories.

Limitations

Transferability of results is limited because the sample is not representative of brothel workers, generally speaking, brothel workers in India more specifically, or even those in Mumbai. The sample was small and data were collected from a limited geographical area and during a two-week period only. It is important to consider also that all participants were associated with an NGO aimed at eradicating next generation flesh trade and, thus, likely share the same long-term values and goals. Simply put, results of this study must be examined in context and with sample limitations in mind. Future research including a larger sample, targeting a wider geographical area, and including participants *not* associated with any intervention program is recommended. Second, cultural ambiguities and language barriers necessitated the use of a translator. In-depth interviewing, on sensitive issues and with vulnerable populations, requires rapport, genuineness, sensitivity, and acute

awareness of subtle verbal and nonverbal cues—all of which are difficult to convey and to achieve when working through a third party. It is unknown how errors in interpretation impacted the results. Third, future work aimed at culturally responsible and sensitive means for collecting difficult and taboo data (e.g., childhood sexual and physical violence) are also warranted. It would be particularly informative to compare life-course data between those trafficked into the red-light areas of Mumbai with those whose CSI entry was by choice. Finally, supplemental survey data—using psychometrically sound and culturally sensitive instruments to assess factors hinted at here (e.g., social network quality, psycho-social well-being) —would have enriched this investigation and provided deeper understanding of participants' experiences.

Conclusion

The work presented here suggests that resilience is a cornerstone of women working—whether by choice or force—in the dangerous, indigent red-light districts of Mumbai, and reiterates the need for continued development of service provision and evidence-based practices. Effective prevention strategies as well as targeted interventions—particularly aimed at children whose life stories are yet to be told—are paramount in the anti-trafficking war. However, these findings also emphasize the cultural complexities of globally situated research and highlight the necessity of an “insider” perspective, of working with and through gatekeepers (e.g., NGOs), and of both listening to (e.g., via qualitative research) and “hearing” (e.g., via methodological efforts to enhance trustworthiness and reduce bias) the voices of one's participants when engaged in highly sensitive, cross-cultural work.

Compliance with Ethical Standards

Conflict of interest The PI and co-PI declare that we have no conflict of interest.

Ethical Approval — All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent — Informed consent was obtained from all individual participants included in the study.

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