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Abstract

Objective: To understand the context of the lives of children reared in India's red-light brothel districts.

Background: Substantial empirical insight has emerged on the commercial sexual exploitation of children (CSEC). Yet the extant literature on brothel-based children (BBC), a uniquely vulnerable subset of at-risk children, is paradoxically deficient. Understanding the developmental needs of BBC is critical to mitigating risk.

Method: In-depth, semistructured interviews were conducted with 9 service providers and 30 women residing in 2 red-light brothel districts of Mumbai. Phenomenological inquiry informed the research methodology and data analysis.

Results: Mothers' goals for children included survival, academic success, and future employment. Formal services were critical in meeting the basic needs of BBC, ensuring access to developmentally appropriate education, and maintaining safety overnight.

Conclusion: BBC are at considerable risk for an array of developmental challenges. Multisector service providers must work together and with the mothers of BBC to mitigate intergenerational sexual exploitation in the formal sex economy.

Implications: Results provide key areas for further research including longitudinal assessment of BBCs' educational and occupational outcomes, as well as incidence of complex trauma among BBC and treatment options. Service gaps include outreach to older male BBC as well as shame reduction intervention.

Keywords: commercial sex industry, brothel, human trafficking, nongovernmental organization.

In 2004, *Born Into Brothels: Calcutta's Red Light Kids* (Briski & Kauffman, 2004) debuted. The multi-award-winning documentary captures the lives of eight children born to brothel workers in Sonagachi, Asia's largest red-light district located in Kolkata, India. Despite criticism (e.g., exploitation of vulnerable populations for profit, racial stereotyping; see Mendes et al., 2010), the film's portrayal of a highly vulnerable population—children of indigent brothel workers—set off a hailstorm of public awareness and attention that was virtually absent before its release. Over the past decade, a great deal of empirical insight has emerged on the commercial sexual exploitation of children (CSEC) in both Western and non-Western countries. However, children born into the commercial sex trade to women whose work (i.e., in the brothel) and familial (i.e., as mothers) lives converge within the confines of a brothel are a unique at-risk population and qualitatively different from sexually exploited children who are not born to brothel workers.

Only a few studies could be located focused specifically on brothel-based children (BBC), leaving many questions unanswered about this population. Our investigation was designed to help fill gaps in the extant literature. Guided by Bronfenbrenner's (2005) bioecological systems theory, four goals were identified. First, we sought to answer the question "Who are BBC?" by revealing important, yet basic, demographic information. Second, we sought to explore mothers' relationships with their children—in particular, mothers' goals for their children's development. The third goal was to identify and describe formal services available to BBC. Finally, we sought to examine the linkages between service providers and children's mothers, as well as linkages across service providers. A brief overview of commercially sexually exploited children is presented first, followed by a summary of the current literature focused on BBC in particular.

Literature Review

Commercially Sexually Exploited Children

According to the U.S. Department of Justice (n.d.), *commercial sexual exploitation of children* refers to

> a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person. (p. 1)

CSEC takes many forms (e.g., pornography, sex tourism, stripping, and prostitution; Office of Juvenile Justice and Delinquency Prevention, 2014). Similarly, *sex trafficking* refers to the sexual exploitation of an individual through the use of force, fraud, or coercion; however, when the victim is under 18 years of age, force, fraud, or coercion are not required given that the victim is not of age to consent (U.S. Department of State, 2011).

By definition, commercially sexually exploited children are a vulnerable population at risk for a host of developmental challenges. A recent study revealed that most CSEC were sexually exploited by 13 years of age (Holger-Ambrose, Langmade, Edinburgh, & Saewyc, 2013). Regardless of exploitation venue (i.e., Internet- or street-based), the majority of participants did not identify as being exploited and instead viewed their participation in the commercial sex industry as a voluntary method of earning money (Holger-Ambrose et al., 2013). Due to the discrepancy between researcher-defined exploitation and self-identified exploitation, accurate numbers are notoriously difficult to track and therefore often vary by source (Horning, 2012). To illustrate, some estimates place the number of sexually exploited children at nearly 2 million (U.S. Department of State, 2008), whereas others estimate the rate at less than half of that (e.g., the International Labour Organization [2012] has estimated 945,000).

Regardless of discrepancies in prevalence figures, it is agreed that commercial sexual exploitation places children at risk for short- and long-term health complications including sexually transmitted infections (STIs), HIV, substance use, and violence (Holger-Ambrose et al., 2013; Horning, 2012; Willis & Levy, 2002). Other health concerns, stemming from poor living conditions, include infectious diseases such as tuberculosis and Hepatitis A—with negative impacts compounded by lack of access to proper health care (Willis & Levy, 2002).

Nonprofit agencies attempt to reduce risk by providing minor sex trafficking victims with services such as housing, medical and mental health care, and education; however, service providers and their financial capacity to help are limited (Fong & Berger Cardoso, 2010).

Horning (2013) suggested that providers focus on industry exit routes, job opportunities, skill development, and education. Considering that homelessness is a major pipeline into the sex industry for youth (Duger, 2015; Willis & Levy, 2002), housing services are imperative in mitigating future risk (Kotrla, 2010). Lacking shelter options, victims of sex trafficking are sometimes arrested, which may be viewed by law enforcement as a means of intervention and protection from further harm (Musto, 2013).

One of the biggest challenges in mitigating risk—as with any vulnerable and hidden population—is identification and access. Interestingly, BBC represent a uniquely identifiable subset of children at risk for commercial sexual exploitation and attendant developmental challenges. Yet little is known about this unique population.

Brothel-Based Children

Although similar in many ways, commercially sexually exploited children and BBC are not the same. Commercially sexually exploited children are recruited or forced into the commercial sex industry, whereas BBC are exposed to the industry, often from birth, through parental profession. BBC are not necessarily sexually exploited, but available literature suggests that they are extremely vulnerable.

Globally, the majority of women involved in the commercial sex industry are mothers (Alam & Hussain, 2013; Sloss & Harper 2004). In a study of 60 brothel-based sex workers (Pardeshi & Bhattacharya, 2006), 49 had been pregnant at least once, with 37 children born after entry into sex work and 21 children born before sex industry entry. The surveyed women reported 34 abortions; stillbirths and infant deaths were also common, which aligns with other studies (see Sloss & Harper, 2004; Willis, Hodgson, & Lovich, 2014). Of the children born after entry into sex work, 12 remained living in the brothels (Pardeshi & Bhattacharya, 2006).

The shame often associated with their profession leads many female sex workers to send their children to live with family members or nongovernmental organizations (NGOs), greatly limiting the mother–child relationship (Alam & Hussain, 2013). When children remain with their mothers, they are often left in the care of other sex workers or brothel madams, which is particularly dangerous for female children

at risk of sexual exploitation by male clients (Pardeshi & Bhattacharya, 2006). However, physical, emotional, and sexual abuse of both male and female BBC is not uncommon (Alam &Hussain, 2013;Willis et al., 2014).One study indicated that 76% of female sex workers with daughters reported that they had been sexually or verbally abused by clients or neighbors (Alam & Hussain, 2013).

Living directly within the commercial sex industry, BBC often witness the sexual activity of their mothers and others in the industry. This exposure often leads to early sexual debut (Adhikari, 2014; Amanullah & Huda, 2012). In a study of 60 BBC aged 11 to 17years of age, the majority (57.1%) of sexually active males reported sexual relations with sex workers in the brothel and the majority (78.3%) of sexually active females reported sexual activity with brothel customers (Amanullah & Huda, 2012).

Intergenerational risk for continued involvement in the sex industry is high for male and female BBC, although via different routes. Male BBC, for instance, often obtain employment in the sex industry as brothel owners, errand boys, or liquor vendors (Adhikari, 2014). They are also likely to engage in drug dealing and other criminal activity (Alam & Hussain, 2013). In contrast, female BBC are married off when possible or forced to enter sex work (Alam & Hussain, 2013; Willis et al., 2014). Stigma associated with the sex industry often marginalizes BBC; by extension, they lack access to opportunities that could open avenues for employment outside the commercial sex industry (Alam & Hussain, 2013; Willis et al., 2014). To illustrate, in Adihikari's (2014) study of male BBCs, only 14% of the 50 youth were enrolled in school. Amanullah and Huda (2012) reported that lack of education is a greater risk factor for female BBC due to cultural norms that favor males.

Although research in this area is limited, services to BBC and children of mothers engaged in sex work in other venues (e.g., street-based) do exist. Beard and colleagues (2010) identified 18 service providers in Africa and Southeast Asia offering assistance (e.g., housing, education, vocational training, child care, health care, and exit strategy support) to children of sex workers and their mothers. However, most agencies identified by Beard et al. (2010) focus on mitigating risks to adult female sex workers rather than addressing the needs of their children.

The available literature suggests substantial risk for BBC, particularly in the form of sexual exploitation and limited educational and employment options. In effect, the circumstances in which BBC live cultivate and sustain intergenerational participation in the commercial sex industry. However, little else is known about this unique population. To help address gaps in the literature, we used Bronfenbrenner's (1977, 2005) seminal theory of human development to focus attention on the context of the lives of children reared in India's red-light brothel districts. To this end, we posed four questions: (1) Demographically, who are BBC? (2) How do mothers describe relationships with their BBC children, including long-term developmental goals? (3) What formal services are available to assist mothers in meeting these goals? (4) What are the linkages between service providers and mothers of BBC, as well as the linkages across service providers?

Bioecological Systems Theory

Beginning at birth, individuals are embedded within multifaceted and multilayered systems, each of which presents opportunities for person–environment interaction, which sets developmental processes in motion. This tenet of the theory renders understanding *demographics* of BBC particularly relevant. That is, bioecological systems theory emphasizes interaction between each person (i.e., including all physical and constitutional characteristics) and her or his unique sociocultural environment (including historical events and processes) for molding developmental outcomes. Although the theory contains five systems, three (i.e., the microsystem, mesosystem, and exosystem) are particularly relevant to this investigation.

Bronfenbrenner (1977) defined the microsystem as the complex relations between the developing person and environment in an immediate setting containing him or her. It is the most influential system because the developing person has *direct* and consistent contact with microsystem individuals. Microsystems include, for instance, family, school, and peer group. In the present study, our goal was to investigate the BBC microsystems including family and formal service providers. The mesosystem is defined as interrelations or linkages across microsystems (Bronfenbrenner, 1977). In the present study, mesosystem linkages were examined between formal service providers and

family as well as across service providers. The exosystem refers to linkages between two or more settings, one of which may not contain the developing person, but affects her or him nonetheless. That is, a developing person can be strongly influenced by people and places that she or he may not directly interact with, including parents' workplace, neighborhood, and extended family. In this investigation, we focus specifically on the extended neighborhoods encapsulated within the red-light slum districts of Mumbai, India. Mumbai (formerly Bombay) is the most populous city in India (with about 14 million inhabitants) and is a hub of commercial sex work.

Police estimate the presence of approximately 100,000 sex workers in Mumbai (Watson, 2006) and, similar to other regions of the world, India's commercial sex industry 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, notorious red-light areas include Kamathipura and Falkland Road. Kamathipura is currently home to about 15,000 male, female, and transgender sex workers (Gangoli, 2006). The area is filled with dilapidated structures, and, perhaps not unexpectedly in an indigent urban area, safe drinking water and sanitation are scarce. Falkland Road is a sister red-light slum district located 1 km (0.6miles) from Kamathipura and houses approximately the same number of residents. 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 services to the children of brothel workers; it is a trusted resource among the female sex workers of Kamathipura and Falkland Road.

Method

Procedures

With support from Inspire's founder and director, the primary investigator (PI) traveled to Mumbai, India, to collect data in Kamathipura and Falkland Road. A female, trilingual (i.e., Hindi, Marathi, English) Indian doctoral student, trained in translation, was hired as a research assistant (RA). Data collection occurred sequentially (first

in Kamathipura and then in Falkland Road), and a nonrandom, purposive sampling strategy was used. As potential participants arrived at Inspire's center (e.g., to pick up or drop off a child), a staff member explained the purpose of the study and asked whether they would be willing to participate. Those who agreed were escorted to a room where the PI and RA waited. The RA provided additional detail (e.g., data collection process) and explained the consent form. All participants were assigned a pseudonym and a unique identifier. Demographic data were collected followed by an in-depth, open-ended interview. Translation occurred in real-time (i.e., the PI asked questions in English, which were translated for the participant; participant responses were back-translated to the PI). The process lasted about 45 minutes (range=20–75 minutes) and all interviews were audio-recorded. Based on recommendations from Inspire's director, compensation of 300 rupees (about US$6) was deposited into the savings account of each child whose mother participated.

Interviews were semistructured with questions aimed at addressing the goals of the research. However, the interview format allowed room for deviation as necessary, based on participants' responses. The World Health Organization recommendations for interviewing trafficked women were followed (Zimmerman & Watts, 2003). These guidelines, for instance: adequately selecting and preparing interpreters, ensuring anonymity or confidentiality, and listening to and respecting each woman's assessment of her situation and risks to her safety.

Nine interviews were also conducted with Inspire staff (five in Kamathipura). These were aimed at obtaining information on formal services offered as well as details of staff roles and responsibilities. Although most (*n*=6) were bilingual (Hindi and English), all preferred to be interviewed in Hindi. Interviews with staff ranged from 30 to 60 minutes. Staff members were not compensated.

Phenomenological Inquiry

Phenomenological inquiry is defined as exploration of the meaning of a particular phenomenon as experienced by multiple individuals with the purpose of reducing experiences of a phenomena to its essence (Creswell, 2013; Moustakas, 1994). The process of conducting

phenomenological research involves identification of the phenomenon, identifying one's biases, working to mitigate impacts of biases in data analyses and interpretation, and collecting data from multiple individuals (i.e., about 5–25) who have experienced the phenomenon (Creswell, 2013). Phenomenology is rooted in several philosophical assumptions, including the study of lived experiences and the view that those experiences are conscious, the descriptions of those experiences without explanation or analyses, and suspension of judgment on the part of the inquirer (Moustakas, 1994). To that end, PI biases are in order: I am a qualitative researcher with extensive experience interviewing adult women involved in the U.S. street-based sex economy. This investigation was my first in which an interpreter was required for data collection. As a family scientist trained in systems theory, my focus is *developmental*, believing that early experiences influence available options that, by extension, influence long-term developmental outcomes. Bioecological systems theory parallels my worldview.

Dependability

Member checks and iteration helped ensure trustworthiness (Lincoln & Guba, 1985). In the present investigation, dependability was achieved in several ways. First, during interviews, the PI interpreted participants' statements using her own words and requested clarification and confirmation as needed. Furthermore, questions were asked in multiple ways and in multiple places throughout an interview, to aid understanding and clarity. After each interview, the RA and PI engaged in debriefing (e.g., discussion of the interview process and responses provided), and thus a mutual system of checks and balances ensued with regard to understanding the information provided from multiple perspectives. Inspire staff were consulted if gaps in understanding remained after the interview and debriefing process.

Participants

Commercial sex industry participants

Sex industry participants ranged from 23 to 40 years of age ($M=31.1$, $SD=5.1$). Most were Hindu ($n=20$) and members of the *dalit* (also known as "untouchable") caste. Size of family of origin varied from

3 to 16 members (*M*=6.6, *SD*=3.0), and all came from deeply impoverished families with daily income at 40 to 50 rupees (equivalent to about US$0.50). Most (*n*=19) described their parents or caregivers as landless farm laborers; others cut stone or provided domestic labor and childcare services. Age of entry into the sex industry (between 8 and 30 years [*M*=18.2, *SD*=5.9]) and length of time spent in the sex industry (from 3 to 27 years [*M*=12.9, *SD*=6.4]) varied widely. Most (*n*=24; 80%) were victims of sex trafficking (see Dalla & Kreimer, 2017, for further details). Additional characteristics of the commercial sex industry participants are provided in Table 1.

Table 1. Demographic Characteristics of Commercial Sex Industry Participants (*N*=30)

Characteristics	n	%	
Trafficked	24	80.0	
Entry processes			
Tricked, lied to, coerced	4	16.6	
Sold as children	12	50.0	
On own at <18 years of age	4	16.6	
Forced by husbands	2	8.3	
Initiated as Devadasi	2	8.3	
Home village near (city, state)[a]			
Kolkata, West Bengal	13	43.3	
Amravati/Augurabad/Sangli, Maharashtra	10	33.3	
Bangalor/Belgaum, Karnataka	3	10.0	
Other (including Nepal)	4	16.6	
Religion			
Hindu	20	66.6	
Muslim	10	33.3	
Illiterate	22	73.3	
Had child marriage in home village	16	53.3	
Had current partner	21	70.0	
	M	*SD*	*Range*
Age (years)[b]	31.2	5.1	23–40
Formal education (years)	4.2	2.9	2–9
Age of child marriage (years)	14.5	1.5	12–17
Commercial sex industry			
Age of entry (years)	14.5	5.9	8–30
Time involved (years)	12.9	6.4	3–27

a. One participant was from Mumbai.
b. Three participants did not know their age.

Inspire staff

The majority of staff members (*n*=8) were female. They ranged from 29 to 35 years of age (*M*=31.3, *SD*=2.8). Two were former sex industry participants and reported no formal education; the remainder had either baccalaureate (*n*=3) or master's (*n*=4) degrees. They had worked for Inspire for between 6 months to 15 years (*M*=5.8 years, *SD*=4.4 years).

Data Analysis

Interview data were translated (from Hindi into English) and transcribed into text. Transcribed text included the original questions, the questions as translated to each participant, each participant's response, and each response as translated back to the PI. Transcripts were entered into MAXQDA-11 and analyzed using phenomenological descriptive analysis (Colaizzi, 1978). This inductive process begins with a thorough reading of all interviews (i.e., protocols), which is followed by open coding—identification of important statements, sentences, and quotes that provide descriptive information on the phenomenon of interest. These statements are then used to write a description of each participant's experience (i.e., textual description; Creswell, 2013). From these, cross-comparisons were made to identify themes and subthemes within and across participants' experiences. Data were analyzed separately by the PI and two RAs; descriptive results were compared via a series of weekly and then monthly meetings.

Results

Goal 1: Provide Demographic Information on Brothel-Based Children

Most participants (*n*=29; 97%) had children. Among them, they had a total of 60 children (42 males, 18 females). Three (additional) child deaths were reported as were several stillbirths. Children ranged in age from 3 months to 23 years (*M*=11.3 years, *SD*=6.3 years).

Lacking a robust literature base, we assumed all children would reside with their mothers. We were wrong. Children's place of residence

varied tremendously. Although many (*n*=30; 51%) lived with their mothers, others lived in boarding school (*n*=14; 24%); in their mother's home villages (*n*=12; 21%) with biological fathers, extended family, or a spouse; or were unaccounted for (had been given away; *n*=2). To help make sense of children's residence patterns, a brief background on their mothers is necessary. Only one participant was born in Mumbai (she was a third-generation brothel worker); all others were from distant, rural villages and, in one case, a different country (i.e., Nepal). Depending on family-specific circumstances, some children lived in mothers' home villages. In one case, a father kidnapped his children ("Yes, he kidnapped them—they were playing outside [in Mumbai]") and took them back to the village. Although the youngest was returned to the mother, the oldest remained with his father. In another instance, a woman visited her home village with her infant son. "They [parents] scolded me [for sex work] and would not let me keep him [son]. They thought I would sell him in the city [and therefore] would not let me raise him, but kept him." Others (*n*=7) willingly sent their children to live in natal villages to shield them from the red-light district. These mothers visited children several times a year, as funds allowed, and sent money for their support. Two adult daughters were married and living in their mothers' home villages.

In addition to living in rural villages, many children attended boarding school as a means of shielding them from the red-light districts. Mothers visited boarded children monthly; on holidays children could return to their mothers or remain at school. Two mothers did not let their children visit because they did not want them exposed, even briefly, to the brothel environment.

Goal 2: Explore Mothers' Relationships With and Developmental Goals for Their Children

Life takes precedence

Participants represent one of the most disadvantaged and marginalized groups in India (i.e., uneducated, illiterate, impoverished, *dalit* caste); as such, their employment options are extremely limited. The predominant theme to emerge, in relation to mothers' relations with their children, was their determination to carve a different path for their children. Sex industry work meant their children would not

starve and perhaps someday would be able to support themselves through other types of employment.

Mothers overwhelmingly indicated that the primary reason for their involvement in the sex industry was necessity. Elena said, simply, "I came to Mumbai only to feed my children and take care of them." Hasheem reiterated, "I had to raise my child, so that's why I took a step in this line." Adding detail, Sarita explained, "I didn't have any other options, this was the only way out. If you have to fill your stomach, you do any type of work—this is what it is." Similar sentiments were expressed by others too, including Harada, whose brothel work began at 13 years of age. She stated, "Forget about me. I am worried about my children; for my children I have to do something." Summarizing the experiences of most, Tamekha reported, "For my children I can die. My life is for them."

Education as a means to a better life

Participants' first priority was sustaining the life of their children; ensuring children's education—with the long-term goal of employment—closely followed. In fact, participants' involvement with Inspire was motivated largely by a desire to educate their children. Dipti's commitment to educating her son, who was only 5 years of age, was clear: "I will make my child study till the time I have the courage/strength in me." Nasran concurred, noting: "I am only living for my daughter now. I have endured a lot of sadness to educate her. I have worked very hard." Even mothers whose children resided in home villages were committed to their education. To illustrate, when Sunita's daughter reached puberty, Sunita sent her to live in her natal village, away from the red-light district, and hired a tutor for her. She explained: "Whatever the expense I will cover them up [sic]. I don't want to leave any stone unturned for [her] studies and growth."

Mothers had high hopes for their children—in fact, several hoped their children would become skilled professionals. Elena, whose daughter was only 11 years old, stated: "How will the child become a doctor? That's why I have to do this, for the sake of my children. It's not for me but for the children one has to [do] this." Mothers' dedication to their children's education as a stepping stone to a better life was described most poignantly by Nasran:

> I want my child to get educated and come out of this world [sex indus-
> try]. I have already been shamed and I am already in this bad place. Even
> if tomorrow I go and start a new life to do the right work, I will still be
> known for my bad work. This cannot be changed. But for my child I want
> a better future.

Children supporting mothers

Four participants spontaneously expressed a desire for their children
to become educated and obtain employment, which would allow them
(the mothers) an exit route from the sex industry. Sanya, for instance,
described "praying daily" that her daughter would find a good job so
that she could leave the red-light district—her daughter, she noted,
was her only security for the future.

Children as vehicles to maintain or break traditions

Data analyses revealed an additional theme: the notion of break-
ing formal, long-held traditions. Within this theme, two subthemes
emerged: marriage and the Devadasi system. Noteworthy is that both
were specific to *female* children.

   Marriage. Although outlawed in India, child marriage among fe-
males is not uncommon, especially in rural areas. Sixteen participants
(53%) were married as children (*M*=14.5 years, *SD*=1.5). Two of these
spontaneously mentioned marriage in relation to their young daugh-
ters, although they did so in very different ways. Amlike, on the one
hand, who was married at 14 years of age, explained that once her
daughter reached puberty, she too would be married in the home vil-
lage. In contrast, another child bride, Sanya, expressed a very differ-
ent desire for her daughter, explaining: "She shouldn't get married.
In fact I say [to her] don't get married but do a job instead." In India,
it is traditional that the bride's family pay for the wedding expenses
and provide dowry (wealth in the form of valuable gifts). The desire to
maintain this tradition was also noted by several, one of whom clearly
explained her need to continue earning money "Because my daughter
is young, for her marriage I have to save money—right?"

   Devadasi. Historically, the Devadasi (literally: "God's female ser-
vant"; Gayathri, 2014) was a religious practice in which young girls
were "dedicated" to the service of a deity; as such, they were honored
and revered. Contemporaneously, the Devadasi tradition is associated

with child sexual exploitation (Orchard, 2007a, 2007b). Two participants were Devadasi, and both were adamant that the tradition would not be passed to their daughters. As a Devadasi, Harada began commercial sex work at 12 years of age. Despite expectations, she would not follow tradition and dedicate her daughter. Instead, she described the following goals: "Get her educated, get her a good job, and settle her into a nice home." Likewise, Chanti would not continue the Devadasi tradition with her children. In fact, she had already achieved this goal as her oldest daughters were married and the youngest were in school. For them, she hoped that one day they would "stand on their own feet [and] not be dependent on any man."

Goal 3: Identify and Describe Formal Services Available to Brothel-Based Children

Inspire was established in 1986 with the sole purpose of ending next-generation trafficking and sexual exploitation. It operates community centers in three red-light areas of Mumbai. Inspire employs more than 40 staff members and cares for children from 1.5 years to age 14 (for boys) or 18 (for girls); it has served about 6,000 children since it opened.

Impact through comprehensive care

Although the services have grown since Inspire began, its mission and foci have remained consistent (see Figure 1). These include direct care, education, future planning, and parent involvement. All are discussed in detail next.
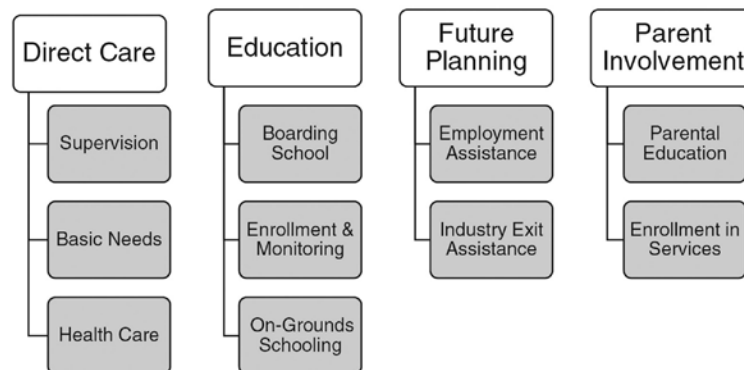
Figure 1. Overview of Inspire services.

Direct care. Direct care services include night supervision, meeting children's basic needs, and providing health care. One of the most profound innovations of Inspire was the implementation of a night care center (NCC) in 1988. In the red-light areas of Kamathipura and Falkland Road, children live in the brothels with their mothers, as well as with other women and their children, in small, cramped areas with only a curtain for privacy. It is a home, but also where business is conducted. The NCC provides a safe, secure, and protected environment for BBC. "Here," explained Diya, "children can be safe. They will not be witness to things here that they could possibly end up seeing if they are with their mothers [when they are working]." The importance of the NCC cannot be overstated. Before its existence:

> The women were keeping their children close to them [in the brothel during business]. To ensure that the child doesn't cry, she would give them something and make them sleep off. And the children who would be around 7 to 8 years of age, they would be sent to run errands like getting water bottle[s], alcohol bottle[s], tobacco, cigarettes, and so on.

If mothers are unable to drop off their children, Inspire staff escorts them to the facility. In describing why she chose to work for Inspire rather than another NGO, Mala explained: "The entire life of the children will be changed with the involvement of [Inspire]. If you say education, health, nutrition, whatever it is, everything that they need, that the child requires, [they] are getting it [here]." However, despite the comprehensive services, Inspire's reach is notably limited—in particular, to young men. Mala explained: "If a boy is over 14 years old, then we don't keep them at the night care center. So the children who don't stay at Inspire, they go astray. So for those children we need to do something."

In addition to the NCC, Inspire ensures the children in their care are fed, bathed, and taught proper hygiene. Additionally, their physical health is addressed. Priya, a health care and outreach worker, explained the critical need for health services:

> I have seen that the children who live in these settlements are usually unwell most of the time. They have fever, cough, cold, etcetera. All this is usually the condition with the children. Their nose is always running. They don't get to take a bath…. So because of this, most of the children fall sick. Then we go and tell the women that you must leave the children [at the center] because we will look after them. We get their medical check-up done. We take the children to the hospital.

Education. Education is the vehicle through which BBC are able to escape the sex industry and is therefore a cornerstone of Inspire's mission. NCC children receive on-grounds schooling through the Education Support Programme in which teachers work with BBC nightly providing homework assistance, study classes, and language courses in English, Marathi, and Hindi. Younger NCC children are exposed to educational toys and crafts, as well as the English alphabet.

Staff also enroll children in local, government-run school or boarding school and provide transportation as needed. To identify children in need of services, Tanvi explained: "We go to the community and we identify the children who are out of school. Then we take them to the schools and we get them enrolled and we continuously follow up whether they are going or not." To monitor the student's academic progress, staff members communicate frequently with teachers and administrators. Finally, when students are academically off track, staff members enroll them in National Indian Open Schooling, which allows them to study via correspondence.

Future planning. To achieve its mission of ending next-generation sexual exploitation, Inspire provides opportunities for vocational training, higher education, and employment. Staff members help youth complete paperwork (e.g., applications for employment or school admittance) and also capitalize on relationships with government and business sponsored job training. For instance, Inspire partners with a local hotel that provides youth vocational training in housekeeping and then employs them. In preparing for children's future, Inspire requires mothers to invest money into a savings account for them, which is used for education (short term) and to secure housing away from the district in the long term. Notably, Inspire retains records on all children, even providing follow-up to those no longer living in the red-light districts.

Parent involvement. To optimally assist BBC children, Inspire also directs services to mothers. Parental education consists of educational workshops on child-centered topics (e.g., hygiene and nutrition), as explained by Aditi: "We give them information on health issues, for example how to cope during the rainy season—what to eat and what not to eat. We advise them with all this." Inspire staff also educate mothers on condom use and family planning. Family planning includes discussion of medically induced sterilization. Interestingly, Inspire pays

for the procedure (750 rupee or US$12) if the mother wants it but is unable to afford it.

Inspire helps mothers in other ways too, such as with obtaining government-issued ration cards. Priya explained: "We have seen that currently women cook on their own. So for that we arrange for a ration card from the government for their food supply [at subsidized rates]." Other direct assistance includes, for instance, helping mothers enroll in education classes or obtain a driver's license.

Goal Four: Examine Service Provider Linkages With Mothers and Other Service Providers.

Our fourth and final goal—to examine mesosystem linkages—involved exploration of interactions across specific microsystems. Two primary themes and one subtheme emerged. These are described next.

Be necessary to the mothers

Inspire cannot help BBC unless mothers are supportive of their services. To this end, Inspire employs outreach workers to advertise the value of their services to the mothers of the red-light district. Not surprisingly, outreach work is focused on high-migration neighborhoods. Priya's job was to "find out if there is any new child in the area and get information about the child. [Then] I share what the organization is about and its night care center." Mothers, it was explained, are often untrusting of the NGOs and only agree to send their children to the NCC because they are convinced it will benefit their own work. Gita said: "[We explain] there will be a good environment [at Inspire] for the child, there will be space to sleep, good food to eat. Then she [the mother] will think about it and send her children because it will be easier [for her] to work." Similarly, Tanvi remarked: "Parents—that is the main thing you know. Without parents we cannot bring them [children] here… so initially we interact with the mother. Then we will convince the mother. Then only she will agree to send the child to school." Varun, the single male employed by Inspire, explained his ability to successfully outreach: "They [the mothers] respect me a lot. There is no other man over here who is working for the good of their children. When I go to visit them, the mothers call me. They treat me well like how a guest is treated." In addition to reaching out to new residents, staff members meet regularly with all mothers

whose children participate in Inspire programming to maintain communication and better monitor children.

Paralleling the comments of staff, mothers described how the services and knowledge obtained from *Inspire* were critical to their children's optimal development. Sunita, for instance, explained how, with the help of *Inspire* she was able to get her children enrolled in school. Like many other industry-involved mothers, she did not understand how to do this, nor did she understand the importance of children's education. Now, she stated, "I am proud of my children. My daughter—she is 14 years old now, and she has studied till the seventh grade. These sisters [at Inspire] helped her. Because of that I earned lot [sic] of honor." Others commented similarly, noting the importance of Inspire in helping them navigate government systems to educate their children. In India, this can be particularly difficult when the name of the child's biological father is unknown. Furthermore, boarding school kept children away from the red-light district—and thus, added the additional value of safety. Inspire was the vehicle by which mothers learned about and were able to access this educational option.

Unexpectedly, mothers described another role played by Inspire— that is, helping them conceal sex industry participation from their young children. Pulari's comments are illustrative. She explained: "My children don't know [about her sex work]—they [think] I go to a hotel to work." She continued, "The whole night they are here [at the NCC]. I come only on Saturdays and take them because I don't work on that day." Inspire's role in helping mothers maintain a secret identity was noted by eight others. Whether young children knew the truth of their mothers' employment is unknown.

Linkages across service providers

Inspire, as well as all NGOs in the area, must attract donors and raise funds to support their programs. In an environment of great need and few resources, the collaborative spirit of the red-light NGOs was refreshing and unexpected. Priya explained: "The NGOs in this locality in India take a joint approach toward caring for women and children." The NGOs attempt to carve out their own niches—specializing in specific services to meet the many needs of the brothel community. However, they work collaboratively and maintain open lines of communication as well. The process was described by Neha as follows:

> [Local NGO staff] meet once in two months in a meeting…we come to-
> gether and discuss the issues we are working. We exchange information
> about our children . . . then we share our concerns in the NGO meeting.
> And if a child suddenly goes missing we know about it. … We have a pol-
> icy that if a child is not coming for two days continuously then we have
> to do outreach work.

Thus, mothers can use multiple NGOs to meet their needs, and the needs of their children. Women in the red-light areas, especially those with children, were involved with at least one NGO and typically two or three.

Law enforcement. Criticism abounds regarding NGO engagement in "raid-and-rescue" operations (see, e.g., Ahmed & Seshu, 2012). Inspire typically is not involved in such activities; the one exception involves minors. However, finding minors working in the sex trade is difficult because brothel managers tend to keep them hidden. Still, Neha said:

> The younger girls are there. . . [but] you will not be able to see them.
> When we go for visits [with mothers] we are not able to see them much.
> But we still keep a check; if we come to know about [minors working]
> then we take action.

"Action" involves alerting police, who then raid the brothel and remove underage workers who are taken to Inspire for services. Inspire then works with the youth to place them in a shelter home or boarding school.

Discussion

The ultimate goal of this exploratory investigation was to help fill knowledge gaps in knowledge related to brothel-based children. To this end, four goals were addressed, each connected to one of the tenets of Bronfenbrenner's (1977, 2005) bioecological systems theory. Results of our investigation have important implications for continued research and application, as discussed here.

In exploring basic demographic information of BBC, three important discoveries were made. First, the size of the BBC population is extensive. According to Gezinski and Karandikar (2013), there are

approximately 5,000 to 7,000 female sex industry participants in each red-light district of Kamathipura and Falkland Road. Estimating about two children for each (based on results of this investigation) translates into roughly 10,000 to 14,000 children in total, with approximately half (51%) in residence with their mothers (again based on present results), totals 5,100 to 7,140 children in each of these red-light areas. According to some (see "India: People and Life," 2017), there are more than 275,000 brothels in India. Exact figures are far less important than recognition of the staggering amount of need for services and outreach to the population of children and youth whose mother lives and works in this context. Second, a sizeable proportion (21%) of children, including seven females, lived in their mothers' home villages. It is unclear whether any formal services were available to or received by them. Although all BBC are at risk for short- and long-term developmental challenges, this particular subset of the BBC population is, we believe, at heightened risk as well. There are important reasons their mothers no longer reside in their home villages—and for most, those reasons include abuse, abandonment, extreme indigence, and sexual exploitation. In fact, many participants left their home village to distance themselves from abusive husbands or were sold into the sex industry by family members (see Dalla & Kreimer, 2017). Assuming prospects in those same natal villages are different for their children seems unreasonable. Identification and assessment of service needs for these particular children is a worthy future endeavor.

Third, the majority of BBC, at least those identified in the present sample, were male. In fact, the 3:1 ratio of male-to-female children could not possibly be the result of chance alone. Questions abound as to the cause of such sex ratio discrepancies, and female infanticide cannot be ruled out. Female infanticide refers to the deliberate killing of female newborns or selective abortion of female fetuses (Raju, 2017; Tandon & Sharma, 2006). According to the Asian Centre for Human Rights (2016), India has the fourth highest rate in the world for selective abortion of female fetuses, with a countrywide male-to-female ratio at birth of 112:100 (compared with a worldwide ratio of 101:100). Importantly, the female child population in India, in the age group 0 to 6 years, declined over the first decade of the 21st century (the most recent statistics that could be located), from 78.83 million in 2001 to 75.84 million in 2011 (Asian Centre for Human Rights, 2016).

Primary causes for female infanticide include extreme poverty, male preference, gender discrimination, and the financial burden of raising a female child (e.g., dowry system; see Raju, 2017). Whether industry participants initiated female infanticide is unknown, but the sharply divided sex ratio raises questions for research and identification of service needs.

The second goal of this study, exploring mothers' relationships with their children, resulted in deeper investigation of the familial microsystem. Participants had a clear desire to help forge a path for their children different from their own. In this respect then, brothel-based mothers living in urban Indian slums share much in common with mothers around the globe. Regardless of circumstance, culture, or geographic context, it can be argued that most mothers are committed to protecting their children from harm, giving them comfort and a sense of peace, and building a future for them filled with hope and opportunity. In this investigation, education was described as a critical ingredient for exiting the brothel-based sex industry. Educational prospects for BBC who lack a dedicated formal service provider, such as Inspire, is unknown. In fact, according to both participant groups, formal service intervention was necessary to mothers in two important ways: recognizing the value of education and accessing educational programs. This revelation raises important questions for continued study related to formal service provision to BBC around the globe. Research with BBC is exceedingly rare, and much of what is known focuses specifically on health risk. Research focused on educational prospects of BBC, as well as service provision and gaps in relation to educational opportunities, is critical for opening doors and instilling "hope and opportunity" for BBC.

Interestingly, use of ecological systems theory highlighted the recognition that for BBC family does not exist as a unique microsystem distinct from other prominent microsystems. Formal boundaries that set the family realm apart from other systems (e.g., school, health care, law enforcement, parental work) are lacking for children reared within a brothel. Privacy and retreat—from law enforcement, maternal employers (i.e., brothel owners and madams), and clients, even from formal service providers—is largely absent in these children's lives. To some extent, such as in the case of service providers, this could be beneficial. However, the permeable boundaries of the family realm for BBC present monumental risk—largely in the pervasive

power differentials between their mothers and all others with whom they come into contact (i.e., clients, brothel owners, police, pimps)—for violence and trauma. Noteworthy too is that BBC are exposed not only to the risk of violence and trauma to themselves and their own mothers but to the children and mothers with whom they share the brothel. Complex trauma (also known as developmental trauma disorder or complex posttraumatic stress disorder [C-PTSD]) refers to the effects of chronic exposure to violence in combination with disruptions in caregiving systems (Stolbach et al., 2013) and seems highly probable for BBC. Investigations of C-PTSD with this unique population of at-risk children are nonexistent but clearly warranted.

Identification of services to BBC, our third goal, revealed valuable information about service successes as well as gaps. The innovative NCC of Inspire provides a much-needed reprieve from the overnight affairs of the red-light sex industry for BBC. Yet important questions are raised—namely, to what extent are overnight services available in other red-light areas and in other cities of India (or other countries)? As of now, this question remains unanswered. On the basis of information gathered for the present study, however, we can safely assume that services to brothel-based boys, especially older male youth, are limited. Male BBC, for instance, are not immune from sexual abuse (Alam & Hussain, 2013; Willis et al., 2014) and are particularly susceptible to intergenerational industry employment as pimps or brothel owners and via other criminal endeavors (e.g., drug-dealing; Adhikari, 2014). Prior research coupled with results of this investigation translates into enormous risk for male BBC and suggests specific areas of unmet need.

Mesosystem linkages explored in this study resulted in valuable information. First, regardless of the extent of NGO resources (e.g., skills, expertise, funding), developing rapport and trust with the mothers of BBC is paramount to successful service delivery. Second, it was unexpected to learn that many industry participants were unaware of the value of education prior to their involvement with Inspire. However, in hindsight, this makes sense. As a group, industry participants had only 4.2 years of formal education and most (73%) were illiterate. Expecting mothers to understand, in advance of intervention, the importance of something for which they had extremely limited exposure is unrealistic. For us, this finding accentuates the value of an *emic* (insider's) perspective when engaged in cross-cultural research (Olive,

2014) and raises questions about service provision for BBC globally. Third, the willingness of service providers to work across boundaries to meet the various needs of red-light district residents was refreshing. Collaboration and information-sharing across NGOs provides a system of checks and balances that ensures optimal benefits to those in need. The question as to how well NGOs collaborate and communicate in other red-light areas is raised. A template for how to create and maintain service agency collaboration rests in Chab Dai (2017). Founded in 2005, Chab Dai is a coalition-builder working toward collective impact against sex trafficking. Their Global Learning Communities have expanded to Costa Rica, Guatemala, Colombia, Nicaragua, and Haiti. Coalition building can greatly enhance the work of any one provider via leveraging limited resources, aiding cross-agency communication, and identifying service gaps and best practices.

Exosystem influences were intricately tied to mothers' social standing—as members of the sex economy, of the *dalit* caste, uneducated and illiterate, unskilled, and unmarried with children. In Indian culture, these social and demographic markers matter appreciably (Mohapatra, 2015). We were surprised by the number of industry participants attempting to keep their work hidden from their children while simultaneously living in the red-light brothel districts with them. These actions suggest deeply internalized shame, reflecting macrosystem (i.e., cultural patterns, beliefs, ideas; Bronfenbrenner, 1977) values related to female chastity and honor. Whether the children were aware of their mothers' involvement in the sex industry is unknown—and, we argue, largely irrelevant. Although the psychological impact of shame was not assessed for the present study, it likely has a profound impact on maternal well-being, with implications for the mother–child relationship. Further, it is unknown the extent to which BBC experience stigma and discrimination (e.g., at school) because of their mothers' employment. Hindu beliefs on prostitution are informative. Although Devadasi were historically revered, prostitution in India, even among modern Devadasi, is now associated with indigence, not religion. And, although Hinduism does not condemn prostitutes, it does consider prostitution bad karma that creates suffering in lifetimes to come (see Chakraborty & Thakurata, 2013; Shingal, 2015). Education and intervention aimed at shame reduction and the eradication of stigmatized identities that narrow and constrict life choices may aid harm reduction to at-risk populations. Longitudinal research with BBC would be extremely valuable in this regard.

Limitations

This investigation is limited in a number of ways. First, data were not collected from BBC, but from their mothers. Future work including the voices and perspectives of BBC are necessary to fully understand the ethos of their lived experiences and well-being. Second, the size of our samples was small. Generalization of results cannot be made. Further, with regard to staff, data were collected from those employed at only one NGO. Continued research, including data collection from BBC, larger samples, and NGO staff from a variety of service providers, is necessary. Finally, our investigation relied on qualitative data only. Future studies using a mixed-methods approach are recommended.

Conclusion

Despite limitations, results of this exploratory investigation offer important insights into the lives of brothel-based children. This unique population is at considerable risk for a vast array of developmental challenges, including the perpetuation of brothel-based exploitation. Formal service providers are requisite for mitigating risk; the needs of BBC and their mothers are far beyond the reach of any one NGO. Multisector service provision coordination and cooperation is paramount to leveraging limited resources.

References

Adhikari, H. (2014). Development of boyhood in female sex workers' family—A representation of their vicious cycle. *World Journal of Social Science Research*, *1*, 45–56. https://doi.org/10.22158/wjssr.v1n1p45

Ahmed, A., & Seshu, M. (2012). "We have the right not to be 'rescued' …": When anti-trafficking programmes undermine the health and well-being of sex workers. *Anti-Trafficking Review*, *1*, 149–165. https://doi.org/10.14197/atr.201219

Alam, M. N., & Hussain, R. (2013). Silent cry of dying childhood and children of street based sex workers in Dhaka City, Bangladesh. *Bangladesh e-Journal of Sociology*, *10*, 127–137. Retrieved from https://www.bangladeshsociology.net/index.php/en

Amanullah, A. S. M., & Huda, N. (2012). Commercial sex and vulnerability to HIV infection: A study on the children of sex workers in Tangail brothel. In D. M. Sabet, T. Rahman, & S. Ahmad (Eds.), *Sex workers and their children*

in Bangladesh: Addressing risks and vulnerabilities. Dhaka, Bangladesh: University of Liberal Arts Bangladesh.

Asian Centre for Human Rights. (2016). *Female infanticide worldwide: The case for action by the UN Human Rights Council*. Retrieved from http://www.indiaenvironmentportal.org.in/content/432000/female-infanticide-worldwide-the-case-for-action-by-the-un-human-rights-council

Beard, J., Biemba, G., Brooks, B., Bresnahan, M., Flynn, D., & Simon, J. (2010). Children of female sex workers and injection drug users: A review of vulnerability, resilience, and family-centered models of care in low and middle-income countries. *Journal of the International AIDS Society*, *13*(Suppl. 6), 1–8. https://doi.org/10.1186/1758-2652-13-s2-s6

Briski, Z. (Producer & Director), & Kauffman, R. (Producer & Director). (2004). *Born into brothels: Calcutta's red light kids* [Motion picture]. United States: THINKFilm.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*, 51–531.

Bronfenbrenner, U. (2005). *Making human beings human. Biological perspectives on human development*. Thousand Oaks, CA: Sage.

Chab Dai. (2017). *Working together to end sexual abuse and trafficking*. Retrieved from http://chabdai.org

Chakraborty, K., & Thakurata, R. G. (2013). Indian concepts on sexuality. *Indian Journal of Psychiatry*, *55*, 250–255. https://doi.org/10.4103/0019-5545.105546

Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. G. Valle & M. King (Eds.), *Existential phenomenology: Altered views of psychology* (pp. 48–71). New York, NY: Plenum Press.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Los Angeles, CA: Sage.

Dalla, R. L., & Kreimer, L. (2017). "After your honor is gone . . .": Exploration of developmental trajectories and life experiences of women working in Mumbai's red-light brothel districts. *Sexuality & Culture*, *21*, 163–186. https://doi.org/10.1007/s12119-016-9388-4

Duger, A. (2015). Focusing on prevention: The social and economic rights of children vulnerable to sex trafficking. *Health and Human Rights Journal*, *17*, 114–123. https://doi.org/10.2307/healhumarigh.17.1.114

Fong, R., & Berger Cardoso, J. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, *33*, 311–316. https://doi.org/10.1016/j.evalprogplan.2009.06.018

Gangoli, G. (2006). *Silence, hurt and choice: Attitudes to prostitution in India and the West*. London, England: London School of Economics.

Gayathri, A. N. (2014). Devadasi: An institutionalized exploitation of women. *Journal of Social Welfare and Management*, *6*, 318–330. Retrieved from http://rfppl.co.in/about_journal.php?jid=15

Gezinski, L., & Karandikar, S. (2013). Exploring needs of sex workers from Kamathipura red-light area of Mumbai, India. *Journal of Social Service Research*, *39*, 552–561. https://doi.org/10.1080/01488376.2013.794758

Holger-Ambrose, B., Langmade, C., Edinburgh, L. D., & Saewyc, E. (2013). The illusions and juxtapositions of commercial sexual exploitation among youth: Identifying effective street-outreach strategies. *Journal of Child Sexual Abuse*, *22*, 326–340. https://doi.org/10.1080/10538712.2013.737443

Horning, A. (2013). Peeling the onion: Domestically trafficked minors and other sex work involved youth. *Dialectical Anthropology*, *37*, 299–307. https://doi.org/10.1007/s10624-012-9289-3

India: People and Life. (2017). *Facts and details*. Retrieved from http://factsanddetails.com/india/People_and_Life/sub7_3h/entry-4190.html

International Labour Organization. (2012). ILO global estimate of forced labour 2012. Retrieved from http://www.ilo.org/global/topics/forcedlabour/publications/WCMS_182004/lang--en

Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social Work*, *55*, 181–187. https://doi.org/10.1093/sw/55.2.181

Mendes, K., Silva, K., Basu, A., Dutta, M. J., Dunn, J., Attwood, F., & Boyle, K. (2010). Commentary and criticism: Representations of sex workers. *Feminist Media Studies*, *10*, 99–116. https://doi.org/10.1080/14680770903457469

Mohapatra, H. (2015). Status of women in Indian society. *Journal of Research in Humanities and Social Science*, *3*(6), 33–36. Retrieved from https://www.scischolars.com/journals/index.php/jrhss/index

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Musto, J. (2013). Domestic minor sex trafficking and the detention-to-protection pipeline. *Dialectical Anthropology*, *37*, 257–276. https://doi.org/10.1007/s10624-013-9295-0

Office of Juvenile Justice and Delinquency Prevention. (2014). *Commercial sexual exploitation of children/sex trafficking*. Retrieved from https://www.ojjdp.gov/mpg/litreviews/CSECSexTrafficking.pdf

Olive, J. (2014). Reflecting on the tensions between emic and etic perspectives in life history research: Lessons learned. *Forum: Qualitative Social Research*, *15*(2), 1–13. https://doi.org/10.17169/fqs-15.2.2072

Orchard, T. R. (2007a). Girl, woman, lover, mother: Towards a new understanding of child prostitution among young Devadasis in rural Karnataka, India. *Social Science & Medicine*, *64*, 2379–2390. https://doi.org/10.1016/j.socscimed.2007.02.031

Orchard, T. R. (2007b). In this life: The impact of gender and tradition on sexuality and relationships for Devadasi sex workers in rural India. *Sexuality & Culture*, *11*, 3–27. https://doi.org/10.1007/bf02853933

Pardeshi, G., & Bhattacharya, S. (2006). Child rearing practices among brothel based commercial sex workers. *Indian Journal of Medical Sciences*, *60*, 288–295. https://doi.org/10.4103/0019-5359.26603

Raju, E. (2017). Female infanticide: A gender issue. *International Journal of Innovative Research and Advanced Studies*, *4*, 491–493. Retrieved from http://www.ijiras.com/2017/Vol_4-Issue_6/paper_86.pdf

Shingal, A. (2015). The Devadasi system: Temple prostitution in India. *UCLA Women's Law Journal*, *22*, 107–123. Retrieved from https://law.ucla.edu/student-life/law-reviews-and-journals/womens-law-journal

Sloss, C. M., & Harper, G. W. (2004). When street sex workers are mothers. *Archives of Sexual Behavior*, *33*, 329–341. https://doi.org/10.1023/b:aseb.0000028886.95568.2b

Stolbach, B. C., Minshew, R., Rompala, V., Dominguez, R. Z., Gazibara, T., & Finke, R. (2013). Complex trauma exposure and symptoms in urban traumatized children: A preliminary test of proposed criteria for developmental trauma disorder. *Journal of Traumatic Stress*, *26*, 1–9. https://doi.org/10.1002/jts.21826

Tandon, S. L., & Sharma, R. (2006). Female foeticide and infanticide in India: An analysis of crimes against girl children. *International Journal of Criminal Justice Sciences*, *1*, 1–10. Retrieved from http://www.sascv.org/ijcjs

U.S. Department of Justice. (n.d.). *Commercial sexual exploitation of children*. Washington, DC. Retrieved from https://www.ojjdp.gov/programs/csec_program.html

U.S. Department of State. (2008). *The trafficking in persons report 2008*. Washington, DC.

U.S. Department of State. (2011). *The trafficking in persons report 2011*. Washington, DC.

Watson, P. (2006, March 26). Prostitution beckons India's former bar girls. *San Francisco Chronicle*. Retrieved from https://www.sfgate.com/news/article/Prostitution-beckons-India-s-former-bargirls- 2501037.php

Willis, B. M., & Levy, B. S. (2002). Child prostitution: Global health burden, research needs, and interventions. *The Lancet*, *359*, 1417–1422. https://doi.org/10.1016/s0140-6736(02)08355-1

Willis, B., Hodgson, I., & Lovich, R. (2014). The health and social well-being of female sex workers' children in Bangladesh: A qualitative study from Dhaka, Chittagong, and Sylhet. *Vulnerable Children and Youth Studies*, *9*, 123–131. https://doi.org/10.1080/17450128.2013.804970

Zimmerman, C., & Watts, C. (2003). *WHO ethical and safety recommendations for interviewing trafficked women*. Geneva, Switzerland: World Health Organization.