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Sex Trafficking in India: The Role of Formal and Informal Support Providers

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FLORIDA INTERNATIONAL UNIVERSITY

Miami, Florida

SEX TRAFFICKING IN INDIA: THE ROLE OF FORMAL AND INFORMAL
SUPPORT PROVIDERS

A dissertation submitted in
partial fulfillment of the
requirements for the degree of
DOCTOR OF PHILOSOPHY

in

PSYCHOLOGY

by

Claire E. Helpingstine

2022

To: Dean Michael Heithaus
College of Arts, Sciences and Education

This dissertation, written by Claire E. Helpingstine, and entitled Sex Trafficking in India: The Role of Formal and Informal Support Providers, having been approved in respect to style and intellectual content, is referred to you for judgment.

We have read this dissertation and recommend that it be approved.

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The dissertation of Claire E. Helpingstine is approved.

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Florida International University, 2022

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ABSTRACT OF THE DISSERTATION
SEX TRAFFICKING IN INDIA: THE ROLE OF FORMAL AND INFORMAL
SUPPORT PROVIDERS

by

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Florida International University, 2022

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It is estimated that millions of women and children have experienced sex trafficking (ST) in India. The adverse mental and physical health outcomes and negative social impacts of ST are well established. Due to this, there are significant efforts to develop support services for ST survivors. However, support providers must navigate the multileveled framework of the Indian sex industry to reach ST survivors and provide treatment. Few studies have evaluated support services for survivors of ST across South Asia, nor have the experiences of anti-human trafficking stakeholders working in India been examined.

Study one utilized scoping review methods to identify and synthesize the available evidence on rehabilitative interventions for survivors of ST in South Asia. Eight databases were searched from June to August 2020 for relevant peer-reviewed articles published between 2000 and 2020. Of the 130 identified studies, six met the inclusion criteria. Studies were conducted in India and Nepal, and predominately used group and individual therapy. Two of the studies utilized evidence-based treatments. The lack of

evidence underscores the need for rigorous evaluations of rehabilitative intervention efforts and the absence of standardized practices for survivors of ST

Using qualitative methods and Ecological Systems Theory, Study two identifies the multilevel factors influencing anti-human trafficking professionals' ability to address the needs of ST survivors. Thirteen anti-human trafficking professionals in India participated in individual interviews. Professionals faced challenges and barriers in their work, including societal level factors, government and justice systems issues, community distrust, and reported mistreatment of ST survivors. The results point to areas in which ST prevention efforts could be increased and demonstrate professionals' need for additional support.

Study three examined the role of informal networks that support anti-trafficking stakeholders in India using qualitative Grounded Theory methods. A total of 15 autorickshaw drivers familiar with the sex work industry in India participated in in-depth interviews. A model depicting autorickshaw drivers' roles in the sex work industry was developed. The results provide direction for anti-human trafficking prevention efforts and highlight the need for cross- collaborative efforts across all actors within the sex work industry in India.

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
II. STUDY ONE: REHABILITATIVE INTERVENTIONS FOR WOMEN AND GIRLS WITH A HISTORY OF SEX TRAFFICKING IN SOUTH ASIA: A SCOPING REVIEW	5
Abstract	5
US Trafficking in Persons Report	7
Review Questions	12
Methods	12
Inclusion Criteria	13
Search Strategy	14
Information Sources	15
Results	17
Study Inclusion	17
Characteristics of Included Studies	18
Quality Appraisal	20
Review Findings	21
Discussion	22
Limitations	27
Conclusions	27
Acknowledgements	28
Funding	28
III. STUDY TWO: CHALLENGES AND BARRIERS TO SERICE PROVISION: A QUALITATIVE EXAMINATION OF INDIAN SEX TRAFFICKING SERVICE	29
Abstract	29
Literature Review	31
Service Provision for Indian ST Survivors	31
Theoretical Framework	34
Methods	35
Research Design Overview	35
Researcher Description	36
Study Participants	37
Data Collection	38
Data Collection Procedures	38
Analysis	39
Data-analytic Strategy	39
Methodological Integrity	39
Findings	40
Macrosystem	40
Exosystem	44

Mesosytem	46
Microsytem	51
Discussion	52
Limitations	56
Conclusions	57
Funding	58
IV. STUDY THREE: WHAT I DO IS LIKE THE FRUIT WHICH IS HIDDEN UNDER THE LEAF: A QUALITATIVE EXAMINATION OF AUTORICKSHAW DRIVER AND SEX WORKER RELATIONSHIPS IN SOUTH INDIA	59
Abstract	59
Literature Review	62
Methods	69
Research Design Overview	69
Researcher Description	70
Study Participants	71
Participant Recruitment	72
Participant Selection	73
Data Collection	73
Data Collection Procedures	73
Recording and Data Transformation	74
Analysis	74
Data-analytic Strategy	74
Methodological Integrity	75
Findings	75
Individual Context	77
Motivators for Supporting Sex Workers	78
Forms of Instrumental Support	81
Implications for Engagement	85
Discussion	88
Limitations	92
Conclusions	93
Funding	94
V. CONCLUSION	95
REFERENCES	98
VITA	109

LIST OF TABLES

TABLE	PAGE
1. Final search strategy. Results from the ASSIA database searched June 2020	15
2. Characteristics of included studies	16
3. Characteristics of included studies and the study outcomes	19
4. Demographics of Indian AHTSO service professionals	38
5. Demographics of Autorickshaw Drivers who provide support to sex workers	72

LIST OF FIGURES

FIGURES	PAGE
1. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram	18
2. System-level challenges and barriers to service provision among AHTSO professionals in India	41
3. A theoretical model of autorickshaw drivers and sex workers relationship	76

I. INTRODUCTION

India has been identified as a critical area for the sourcing, destination, and transit of individuals for the purposes of sex trafficking (ST; Deane, 2010; Crawford & Kaufman, 2008; Hameed et al., 2010). It has been estimated that 30 million Indian women and children experience ST at any given time (Kumar, 2015). However, it is challenging to determine the exact number of victims of ST due to the hidden nature of this crime (U.S. Department of State, 2020). ST is a form of human trafficking and defined as the recruitment, transportation, or harboring of individuals through force, fraud, or coercion in which another individual achieves financial gain or advancement through sexually exploitive acts (i.e., forced sex work, or other forms of sexual slavery; Trafficking Victims Protection Act (TVPA), 2000). In contrast, while some might point out that sex work is technically legal in India, it is essential to recognize its association with forced or coercive sex work, or ST. ST can take several forms, such as live sex shows, phone sex line operations, pornography, and others, such as the *devadasi*¹ tradition (US Department of Justice Report on Trafficking in Persons, 2021). Sex work and ST are frequently viewed as interchangeable in the literature (Dasgupta, 2020; Kempadoo, 2014) despite the two being very different. The conflation of the two terms has resulted in several issues and has added to the difficulties in determining the exact estimates of ST in India.

Another factor contributing to the difficulty in estimating rates of ST is India's legislative efforts; they are considered moderate and perceived as lenient in addressing ST perpetration (U.S. Department of State, 2021). As outlined by the US Department of

¹ In the *devadasi* tradition, young girls from lower castes are "married" to a Hindu deity and sexually exploited by temple goers and higher caste members (Sathyanarayana, & Babu, 2012; Shingal, 2015).

State, Trafficking in Persons Report (2021). There are four possible categories to determine the degree to which a country is making comprehensive efforts to eliminate human trafficking; one is the lowest ranking, while four indicates rigorous efforts. India holds a Tier Two status, indicating that it does not meet the minimum standards to eliminate trafficking yet is making significant strides in addressing this issue.

Fortunately, the Indian government has acknowledged ST as a significant public health and legal concern and has prioritized addressing this issue, including increased identification and investigation of ST, and increased prosecution of traffickers in 2020 (U.S. Department of State, 2021).

It is important to understand the cultural factors that inform perceptions of ST and the broader sex industry within India. Historical traditions and cultural beliefs have contributed to the prevalence of sex workers and the sex industry in India. For example, in traditions such as *devadasi* (most frequently found in the Southern states of India), pre-pubescent girls from lower castes are offered by their parents to serve the temple and associated Hindu deity. The child then resides at the temple and is sexually exploited by temple goers and higher caste members (Satyanarayana & Babu, 2012; Shingal, 2015). Despite the outlaw of traditions associated with ST in India in 1924, these systems still impact society today. For example, in a study conducted by Banandur et al. (2012) in India, almost 50% of the girls and women in their sample reported becoming involved in sex work through the *devadasi* tradition.

There has been significant research into the negative health impacts of ST, including HIV/AIDS risk (George, & Sabarwal, 2013; Oram et al., 2012; Sakar et al., 2008; Silverman et al., 2011; Silverman et al., 2014; Wirth et al., 2013), physical and

sexual violence (George, & Sabarwal, 2013; Gupta et al., 2011; Silverman et al., 2011) and acute physical and mental health consequences (Deb et al., 2011; Harbishettar, & Math, 2014; Pillai et al., 2009). Previous literature that has examined survivors of ST in India has also reported that survivors face considerable social difficulties after ST exit. These social challenges include severe societal stigma (Chatterjee et al., 2006; Mukesh, 2018) and difficulties finding and maintaining a source of income (Karandikar et al., 2013; Silverman et al., 2007; Vindhya & Dev, 2011). The experience of these negative outcomes may result in women and girls remaining in the sex work industry as the barriers to reintegration may be exceptionally difficult to overcome without support from anti-human trafficking stakeholders.

Due to the challenges faced by survivors of ST in India, there have been significant efforts to develop support services such as mental and physical health services, legal protocols, and policy around ST (Guha, 2018; Huda, 2006; Kaufman & Crawford, 2011; UN Global Report: TIP, 2021). Anti-human trafficking stakeholders, such as anti-trafficking non-governmental organizations (NGOs), have played an essential role in influencing anti-trafficking policy in India and aiding survivors of ST (Santhya et al., 2014). Despite NGOs and state-operated shelters serving as the most common formal support providers for ST survivors in India, their efforts often have been hindered by a lack of coordination, clear plans, and high levels of corruption (Hameed et al., 2010). Posing a further challenge to their anti-trafficking efforts, support-providing stakeholders must also navigate the notably complex framework of the sex industry and the many players involved to reach ST survivors and provide rehabilitative services that may assist them in the ST exit (Magar, 2012).

It is clear from the available evidence that assisting girls and women in exiting from ST in India is a complex process involving several multilevel actors. In particular, formal support providers, such as those working for anti-trafficking stakeholder NGOs, have been identified as key players in rescuing and rehabilitation of girls and women who experience ST in India (Deane, 2010; Crawford & Kaufman, 2008; Santhya, et al., 2014). The current project examines these rehabilitative efforts more closely by focusing on Indian anti-human trafficking efforts in three ways. The main aims of the present body of work are to (1) identify and synthesize the available evidence on rehabilitative interventions for survivors of ST in South Asia and (2) identify the multilevel factors that influence anti-human trafficking professionals' ability to address the needs of ST survivors in India. The project's third aim emerged from interviews with Indian anti-human trafficking professionals who identified key informal networks that supported them in their work. Therefore, the project concludes with aim (3) to understand the role of informal networks that support stakeholders in the sex work industry in India. All three investigations are the first of their kind and are critical to expanding our current understanding of ST in India. Furthermore, these findings will contribute to the development of interventions that focus on improving "best practices" for working with survivors of ST in India and contributing to the development of new anti-human trafficking interventions.

II. STUDY ONE: REHABILITATIVE INTERVENTIONS FOR WOMEN AND GIRLS WITH A HISTORY OF SEX TRAFFICKING IN SOUTH ASIA: A SCOPING REVIEW

Abstract

Sex trafficking (ST) is a widespread global health problem with adverse effects on survivor's physical and mental health. However, there is little evidence on how the effects of ST are addressed post-ST exit, particularly in the context of low-and middle-income countries. A scoping review was conducted to identify and map the rehabilitative interventions for women and girls with a history of ST in South Asia. Sources of peer-reviewed evidence from June 2000 to August 2020 from eight databases were searched, and a total of six articles were included in this review. The results describe a range of rehabilitative interventions and modalities, though few have empirical evidence supporting their use among these populations. This review highlights the limited research conducted on rehabilitative interventions for women and girls who have experienced ST in South Asia. Increased efforts to evaluate these types of interventions can offer new perspectives for research and treatment of this population, and can advance the field toward the development of "best-practices" for assisting survivors of ST.

Keywords: sex trafficking, South Asia, rehabilitative interventions, scoping review

It is widely recognized that human trafficking is a significant health concern and human rights violation that affects millions of men, women, and children worldwide. As defined by the United Nations (UN) Protocol to Prevent, Suppress and Punish Trafficking in Persons (UN, 2000), human trafficking is described as:

...the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.^{1pg2}

This definition of human trafficking includes a number of different forms such as trafficking for sexual exploitation, forced and bonded labor, child soldiers, and trafficking of organs, to name a few (UN Office on Drugs and Crime; UNODC, 2020). This heinous crime is not limited to any particular person, form of exploitation, or geographical location; however, South Asia has consistently been identified as a key site for the sourcing and transportation of human trafficking victims (USDOS, 2019). An estimated 30 million women and children have been trafficked in South Asia specifically for sexual exploitation (Kumar, 2015).

In addition to the human rights issues that ST presents, long-term adverse health outcomes must also be considered. Research has noted that, globally, women who experience sex trafficking commonly report headaches, stomachaches, back pain, and memory loss (Oram et al., 2012). Further, victims of sex trafficking face other negative health consequences, including unintended pregnancies and increased risk of STIs and HIV (Cecchet & Thoburn, 2014; George & Sabrwal, 2013; Hossain et al., 2010). Others

have found prevalent, persistent, and comorbid psychological symptoms in women in post-trafficking services, including high levels of depression, anxiety, and PTSD (Beyrer & Stachowiak, 2003; Cordisco Tsai, et al., 2020; Hossain et al., 2010; Oram et al., 2012).

The consistency of these findings highlights the gross need for essential health care for victims of ST. This need has been acknowledged and official documents have been ratified by a number of countries in South Asia. For example, in January of 2002, India, Pakistan, Bangladesh, and Nepal, signed the South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution (SAARC, 2002). While focused on preventing ST of women and children, a vital component of this agreement also included requirements to promote the rehabilitation of trafficking victims such as legal advice, job skills training, counseling and health care (SAARC, 2002).

Research conducted on rehabilitative interventions for survivors of ST in India and the US has suggested that providing peer mentoring, employment, or educational training can contribute greatly to a victims' sustained exit from ST (Begum, 2020; Hammond & McGlone, 2014). Rehabilitative interventions that utilize these modalities or a combination may contribute to an individual's successful exit from ST. Other rehabilitative treatments for survivors of ST may focus on survivor's mental health and take the form of individual or group counseling (Bass et al., 2011; Kenny et al., 2018).

US Trafficking in Persons Report (TIP)

Despite increased efforts to prevent human trafficking globally, capturing the full extent of the issue, particularly in lower resource countries can be challenging. Although not a comprehensive evaluative overview, the US TIP is an annual publication providing

a global report of human trafficking prevention, protection of survivors, and efforts to prosecute traffickers mandated under the passing of the TVPA (US 2000). The TIP is a valuable resource used to help conceptualize trafficking trends, demographics, and practices in a particular geographical location. Data collected from sources within each country is then evaluated based on the extent of the government's efforts to meet the minimum standards to combat human trafficking as outlined in the TVPA (US, 2000). TIP describes four tiers of governments' ability to meet the TVPA's minimum standards to combat human trafficking (US Department of State, USDOS; 2020). Nations designated in Tier One have met TVPA's minimum standards to combat human trafficking. Tier Two indicates that a country does not meet TVPA minimum standards but is making significant efforts to do so. Tier Two Watchlist includes countries at risk of falling to Tier Three due to increased trafficking rates and a failure to make significant progress in addressing the issue. Finally, Tier Three depicts countries that do not meet the TVPA's minimum standards and do not make efforts to address the issue. Due to the limited resources on sex trafficking in South Asia, it is important to examine the TIP information detailing anti-sex trafficking efforts in this region. Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka are discussed in detail below.

Afghanistan. Afghanistan has been categorized as Tier Three by the TIP report (USDOS, 2020), indicating limited efforts to prevent ST, prosecute traffickers and protect survivors of trafficking. Between 2019 and 2020, care for ST survivors was predominantly provided by NGOs and international donations. Some legal and social services for women and child survivors of trafficking were also reported in the TIP. However, there were no reports of the number of trafficking survivors assisted.

Bangladesh. Bangladesh has been classified as a Tier Two country by the TIP (USDOS, 2020). Previous research has reported upon rescue centers for youth with a history of ST in Bangladesh, describing many difficulties in successfully reintegrating these youth (Bagley et al., 2017). Reports of poor conditions at the rescue centers contributed to youths' susceptibility to rejoining brothels, viewed as a more favorable environment (Bagley et al., 2017). According to the TIP report, survivors of trafficking identified by authorities in Bangladesh were referred to either government or NGO-run shelters. Police operated centers that provide short-term shelter and medical assistance and long-term shelters operated by the Ministry of Social Welfare were also reported (USDOS, 2020).

Bhutan. Findings from the TIP report (USDOS, 2020) placed Bhutan on the Tier Two Watchlist. Efforts by the Bhutanese government resulted in limited success in the identification of trafficked individuals. Women and children subjected to trafficking were referred to an NGO that provided mental and physical health services and shelter. No budget was set aside to support survivors of trafficking in Bhutan (USDOS, 2020).

India. India has been identified as a key site for the sourcing, destination, and transit of victims of ST (Hendrix, 2000). It is estimated that millions of women and children in India are involved in ST (Kumar, 2015). India's legislative efforts are considered moderate and tend to be lenient in terms of addressing sex trafficking. Out of the four possible rankings developed by the UN, India holds a Tier Two status out of four (USDOS, 2020). The content of the TIP indicated the use of government-run shelters and NGOs funded mainly by private donors. Some shelters and NGOs received funding from the Ministry of Women and Child Development (MOWCD) to assist with sheltering and

rehabilitating survivors of trafficking. Namely, the Ujjawala scheme, initially implemented in 2007, seeks to prevent ST and rescue, rehabilitate, repatriate, and reintegrate victims of trafficking in India (MOWCD, 2016). Similarly, the Swadhar Greh Scheme seeks to provide government assistance to “women in difficult situations” (MOWCD, 2015). In 2019 the Indian government set aside USD 2.03 million to support the Swadhar Greh Scheme (USDOS, 2020).

Maldives. Findings from the TIP report (USDOS, 2020) placed the Maldives on the Tier Two Watchlist. Due to limited success in identifying individuals subjected to human trafficking, the incidence rate of ST in the Maldives between 2019 to 2020 is uncertain. Government funding to support the sheltering and rehabilitation of trafficking survivors was limited and was not consistently provided to survivors. The TIP reported that the Maldives government was able to identify one adult survivor of ST who had received services from one NGO between 2019 and 2020 (USDOS, 2020). Renewed efforts to address human trafficking on behalf of the Maldivian government have resulted in a national anti-trafficking plan for 2020 to 2022. An allotment of five to 10 million MVR (USD 324,760 to USD 649,521) has been proposed to support efforts to provide shelter and rehabilitation to trafficking survivors (National Anti-Human Trafficking Steering Committee, 2020)

Nepal. Previous research has suggested that Nepal shares the highest rates of ST in South Asia with India (Deane, 2010), and the cross-border trafficking of Nepalese women and girls to India has been well-established (Deane, 2010; Kaufman & Crawford 2011). According to the TIP, Nepal is listed as a Tier Two, indicating that while the country does not meet the standards set by the TVPA, the government is engaged in

making significant efforts to do so. The Nepalese government has national standards for the care of survivors of ST; however, this care was predominantly left to government-run emergency centers and NGOs. From 2018 to 2019, Nepal set aside USD 87,910 to assist shelters with the care of trafficking survivors (USDOS, 2020). Community centers for women who have experienced gender-based violence, including ST, assisted over one thousand crime victims between 2019 and 2020 and have continued to open additional centers in the country.

Pakistan. Pakistan is listed on the TIP Tier Two Watchlist due to the recent increase in the identification of women and girls who had been subject to trafficking (USDOS, 2020). The TIP report suggests that survivors of trafficking were not always referred to care due to lack of police oversight and decline of services on behalf of the survivors. Further, the limited availability of services and shelters hindered survivor's ability to engage in treatment. The quality of treatment provided by these shelters was of grave concern. Reports of inhumane conditions, ST occurring at the shelter, and survivors' encouragement to return to their traffickers were recounted (USDOS, 2020).

Sri Lanka. Sri Lanka is also listed on the TIP Tier Two Watchlist, indicating that the government does not fully meet the minimum standards to prevent trafficking in the country but is making considerable efforts to do so (USDOS, 2020). Only five victims of ST were identified between 2019 and 2020. While the Sri Lankan government closed their designated shelter for survivors of ST, the government partnered with international agencies to provide legal and rehabilitative support to survivors, though this support was reportedly insufficient.

Given the high estimated rates of ST in South Asia and the negative psychological and physical impacts of ST (Cecchet & Thoburn, 2014; George & Sabarwarl, 2013; Hossain et al., 2010), it is important to examine the types of interventions being used. Effective rehabilitative interventions may assist women's post trafficking recovery and promote the healing of those who have experienced victimization. This scoping review seeks to identify and map the rehabilitative interventions in South Asia for survivors of ST in an attempt to better inform anti-trafficking efforts in the geographical area, and bolster the current interventions that may be available. Further, current gaps in the literature will be identified, and policy recommendations and best practices for this population can be developed and shared.

Review Questions

What rehabilitation-focused interventions have been evaluated for women and girls who have experienced ST in South Asia?

What is the focus (e.g., mentoring, educational training, employment) of the interventions identified via the primary research question?

Methods

This review followed the methodological guidelines specified by JBI Scoping Review Methodology (Peters et al., 2017). While it is standard procedure to publish the objectives, inclusion criteria, and methods for a scoping review with an a priori protocol (Peters et al., 2017), the current study protocol was not accepted for publication in traditional systematic review journals. This is because editors did not view the protocol's content aims as "health-focused," reflecting a differential view of trafficking interventions as a public health concern.

Inclusion Criteria

Population

This review will include studies that focus on female victims of ST or sexual exploitation of any form in South Asia this includes but is not limited to forced sex work, escort services, pornography, and web-based sexual services. Participants must have received some form of post-sex trafficking rehabilitative intervention. Inclusion criteria dictate that participants must identify as girls or women. Interventions including transgender women will be included.

Concept

The key concept of this scoping review is to identify and chart the interventions used to rehabilitate women and girls who have experienced ST in South Asia. Rehabilitative care for individuals subjected to sex trafficking can take any form but must promote recovery from ST. Interventions that evaluate and specifically describe treatment strategies will be included in the review. The targets of the intervention will also be investigated. Restrictions on comparison groups will not be utilized, and all relevant studies with or without a comparison group will be included in the review.

Context

This review intends to identify and map the current published literature on the rehabilitation focused interventions used to treat women who have experienced ST in South Asia. Therefore, it will consider any relevant studies that have evaluated rehabilitative interventions for women and girls conducted in any of the eight countries comprising South Asia, including Afghanistan, India, Pakistan, Bangladesh, Sri Lanka,

Nepal, Bhutan, and the Maldives. Interventions administered in all service settings are included in the review.

Types of Studies

This scoping review utilized peer-reviewed literature on rehabilitative interventions for women and girls with a history of ST in South Asia. Eligible study types included experimental, quasi-experimental designs, or other quantitative designs, so long as the study presented at least one intervention to aid women and girls who have experienced ST in South Asia. Qualitative studies were included if the intervention descriptions were provided in great detail. Grey literature, including unpublished manuscripts such as theses and dissertations or informal reports, were not included due to concerns regarding quality control typically provided via the peer review process (Adams, et al., 2017).

Search Strategy

Multiple steps guided the search strategy for the current study. First, with the guidance of a systematic review librarian, an initial search string was developed. This search string was then used to conduct a preliminary search of the Applied Social Sciences Index and Abstracts (ASSIA) database. Next, relevant studies yielded from this search were identified, and titles and keywords used to describe the articles were scanned.

Modifications to the search string were then implemented based on keywords and titles of relevant studies. The finalized search string was then employed to search all databases identified in the forthcoming sections (*see Table 1*). Finally, the reference lists of included studies were hand-searched in an attempt to identify other relevant articles.

The search was limited to publications from the year 2000 to 2020 and was not limited by language. In addition to keeping the review timely, this time frame was chosen due to many South Asian countries ratifying the Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution in 2002 (SAARC, 2002).

Table 1

Final search strategy. Results from the ASSIA database searched June 2020

Search Query	Records retrieved
#1 “sexual exploitation” OR “sex trafficking” OR “forced prostitution” OR “commercial sexual exploitation” OR “sex tourism” OR “forced sex work” OR “sexual slavery”	1,515
#2 “South Asia*” OR India* OR Pakistan* OR Bangladesh* OR “Sri Lanka*” OR Nepal* OR Afghanistan* OR Bhutan* OR Maldiv*	47,530
#3 girl* OR woman OR women OR female*	273,822
#4 service* OR treat* OR intervention* OR program*	615,865
#5 #1 AND #2 AND #3 AND #4	275
Limited to years 2000-2020, peer reviewed	235

Information Sources

The databases searched included ASSIA (Journal pub), PsycINFO (EBSCOhost), SAGE (Journal pub), the Social Science Database (Journal pub), Social Work Abstracts (Journal pub), Medline (Ovid), Cochrane, and CINHAL. The search of the eight databases was conducted from June 2020 to August 2020.

Study selection. Following the search of selected databases, all identified articles were then uploaded to RefWorks (ProQuest, Michigan, USA). Article titles and abstracts were then uploaded to Covidence, and duplicates were removed. Covidence allows for multiple reviewers to independently screen, discuss and resolve disagreements. Two reviewers independently screened the titles and abstracts of all articles against the

circumscribed inclusion criteria. Following the screening, the full-text of articles that met the criteria were uploaded to Covidence. Two reviewers then reviewed the full texts of the articles and provided a rationale for any excluded articles. After the conclusion of each round of screening, the reviewers met to discuss and resolve any disagreements.

Data extraction. The authors created a table in Microsoft Word to facilitate data extraction from included studies. Two reviewers extracted the data independently. Once completed, the reviewers then met to discuss any discrepancies in the extracted data.

When data was unclear in the full-text article, the authors of the article were then contacted for further information. For this study, we contacted one author for clarification regarding participant demographics and received a response. We contacted a second author to clarify reported data and attempt to obtain a self-cited article reported upon in the full text that was directly relevant to the review at hand. We did not receive a response from this author and have found no records of the article cited in their manuscript.

Data Presentation. A summary of the included studies' characteristics, including publication year, geographical location, methodology, and intervention settings are summarized in tabular form (*see Table 2 and Table 3*). The associated intervention foci such as skills and educational training and specific psychotherapy modalities are discussed in a narrative form. Finally, outcomes from the included studies are summarized and discussed in narrative form.

Table 2.*Characteristics of included studies.*

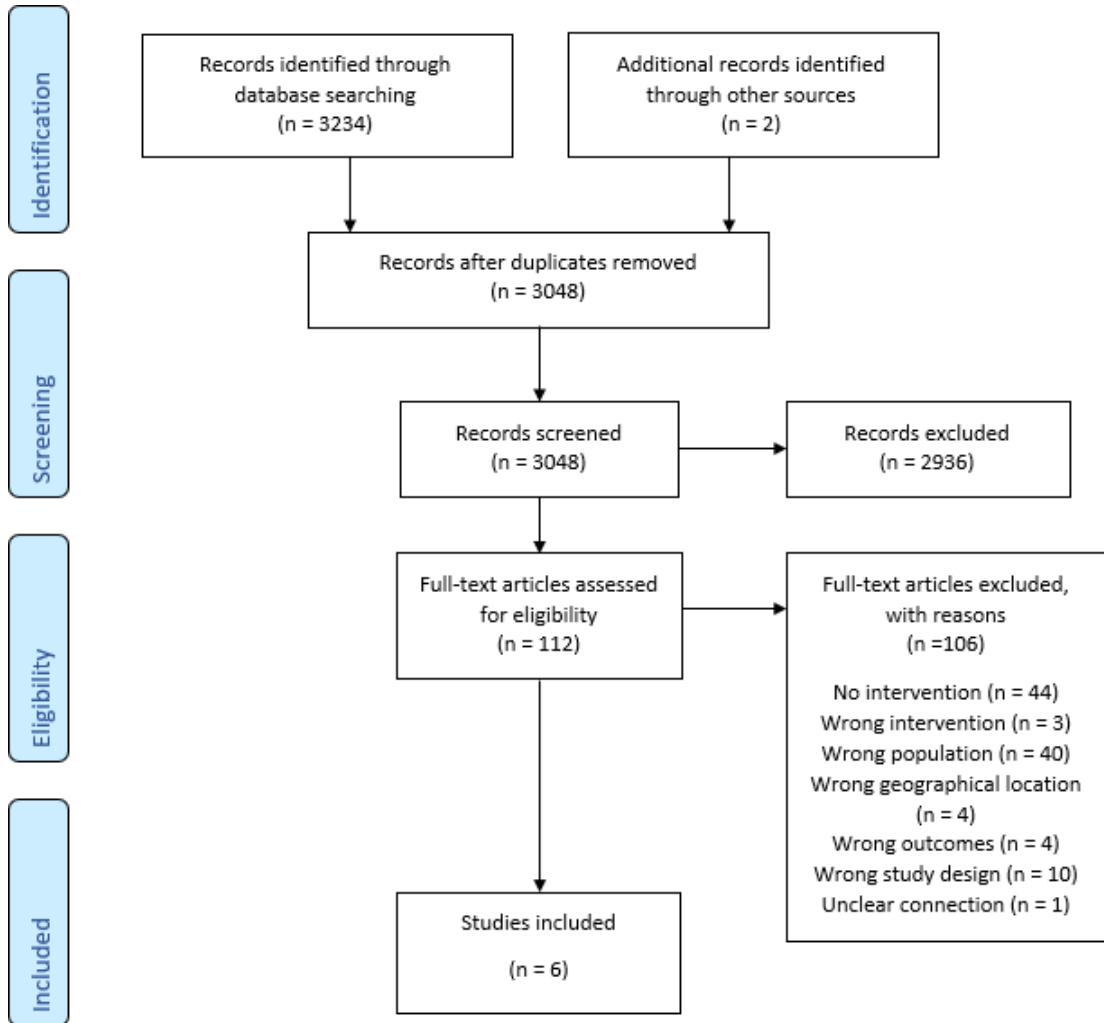
Study	Crawford, Kaufman 2008	Deb, Mukherjee 2011	Deb, Mukherjee, Mathews 2011	Mukherjee 2019	Mukherjee 2020	Volgin 2019
Country	Nepal	India	India	India	India	India
Context	NGO	NGO; shelter	NGO; shelter	NGO	NGO	NGO
Participants	Sex trafficked girl's and women's randomly selected case files	Sexually exploited and non- sexually exploited Indian girls ages 13-18	Sexually abused trafficked Indian girls ages 13-18	Sexually abused trafficked Indian girls ages 12 to18	Adolescent girls 13-17 with a history of sex trafficking	Narratives of trafficked girls and women ages 13-18
Sample size	20	240	120	22	19	26
Study design	Quantitative	Quantitative	Quantitative	Qualitative	Qualitative	Qualitative

Results**Study Inclusion**

The initial search retrieved 3232 citations from eight databases. Two additional records were identified in the reference lists of the included articles. Following the removal of duplicate citations, 3052 articles remained for title and abstract screening. A total of 2922 articles were excluded after initial screening, while 130 advanced to full-text review. After the full-text review, six articles met the study inclusion criteria and were eligible for data extraction. Throughout the phases of this review, the flow of information was then documented and reported via the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (Tricco et al., 2018).

Figure 1.

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram



Characteristics of Included Studies

The characteristics of the rehabilitative interventions that have been evaluated are presented in Table 3. The peer-reviewed literature on rehabilitative interventions for women and girls with a history of ST in South Asia demonstrates that the evaluation of these interventions is still in its infancy. Of the six included studies, three (50%) were published between 2019 and 2020 (Mukherjee, 2019; 2020; Volgin et al., 2019), two

(33%) studies were published in 2011 (Deb & Mukherjee, 2011; Deb et al., 2011), and one (17%) in 2008 (Crawford & Kaufman, 2008). All studies included in the review were peer-reviewed journal articles.

Table 3.

Characteristics of included studies and the study outcomes.

Study	Crawford, Kaufman 2008	Deb, Mukherjee 2011	Deb, Mukherjee Mathews 2011	Mukherjee 2019	Mukherjee 2020	Volgin 2019
Treatment	Income-producing skills training	Individual & group counselling	Individual & group counselling	Individual & group therapy	Individual & group therapy	Group psycho-education & art therapy
Duration	No info	Two months	Two months	Group therapy: 2x/week Individual therapy: 1x/week	Group therapy: 2x/week Individual therapy: 1x/week	Individual therapy as needed
Measures	No info	Adjustment Inventory (Paul, 1995) 60 items. No Alpha	Aggression Scale (Chauhan & Tiwari, 1992) 30 items. Alpha = .78	No info	No info	No info
Results	55% employed at follow-up 65% satisfactory health	Higher Adjustment capacity	58.3% found counselling to be helpful Lower aggression in girls who found counselling to be helpful	Improved emotional state Healthy emotional expression Improved communication of needs	Improved self-control Increased ability to identify triggers Increased help-seeking behaviors	Pre: Psychosomatic symptoms and psychological distress Post: Empathy, compassion, cognitive restructuring, and personal growth

Five of the studies were primary research, while one (Crawford & Kaufman, 2008) relied upon secondary data collected by the study site. Three of the included studies utilized quantitative methods (case-control and cross-sectional) to evaluate the rehabilitative interventions, and two (Deb & Mukherjee, 2011; Deb et al., 2011) utilized a comparison group. Only Deb and Mukherjee (2011) and Deb et al. (2011) reported using a standardized measurement tool. Namely, Deb and Mukherjee (2011) employed the use of the Adjustment Inventory (Paul, 1995) and the Aggression Scale (Chauhan & Tiwari, 1992; Deb et al., 2011). The remaining three studies utilized qualitative methods. However, only Volgin et al. (2018) described using a specific qualitative methodology (namely, ethnographic observational methods).

In terms of the studies' country locations, four were conducted in India, while the remainder were conducted in Nepal. Studies originating from India were conducted in the Western city of Mumbai and the Eastern city of Kolkata. All studies conducted in Nepal were based in the capital city of Kathmandu. The rehabilitative interventions were predominantly utilized by anti-trafficking NGO shelters. Only two studies (Deb & Mukherjee, 2011; Deb et al., 2011) included data from a government-run shelter in their study.

Cisgender, female participants comprised the samples of all included studies. There was little variation between the studies regarding age, and participants were predominantly between the ages of 13 to 18. Crawford and Kaufman (2008) reported participants between the ages of 12 to 19, while Deb et al. (2011) limited their sample to adolescent girls between 13 and 17.

Quality Appraisal

Despite the small sample size, all six included studies were appraised for quality. Tools to assess the quality of the included studies were suited to each study design, and therefore quantitative studies and qualitative studies were appraised separately. Quantitative studies (Crawford & Kaufman, 2008; Deb & Mukherjee, 2011; Deb et al., 2011) were assessed using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool for Quantitative Studies (Ciliska et al., 1998). This tool assesses study quality based on several methodological components such as data collection methods (including validity and reliability), withdrawals and drop-outs, intervention integrity, and others. The EPHPP (1998) measure indicated that all quantitative studies were of “weak” quality, meaning that the studies contained high bias levels.

Qualitative studies (Mukherjee, 2019; 2020; Volgin et al., 2018) were assessed using a modified version of the Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018). This assessment was created specifically for the evaluation of qualitative research and appraises studies based on three overarching criteria: the validity of the results, what the results are, and if the findings are valuable. The CASP Checklist was scored from zero to 10, and the results are presented as a percentage. The CASP indicated a score of 40% for Mukherjee (2019; 2020), suggesting low validity, and 90% for Volgin et al. (2018), indicating a high level of validity.

Review Findings

The scoping review results reveal that few studies have sought to evaluate rehabilitation-focused interventions for women and girls who have experienced sex trafficking in South Asia. The interventions evaluated by the studies included in this

scoping review are predominately comprised of group and individual therapy (Deb, & Mukherjee, 2011; Deb et al., 2011; Mukherjee 2019; 2020). The focus of these therapeutic groups and individual sessions varied widely among the included studies. Treatment descriptions from Deb and Mukherjee (2011) and Deb et al. (2011) described a concentration on processing abuse, depression, aggression, future aspirations, and positive thinking. In comparison, others (Mukherjee 2019; 2020) described the use of psychoeducation, skill-building, needs-based therapeutic interventions. Findings from Deb et al. (2011) reported that girls who had received individual and group therapy and found the treatment beneficial reported decreased aggression, frustration, and rebellion. Similarly, Deb and Mukherjee (2011) found that girls were emotionally and socially better adjusted than girls who did not find therapy useful.

Specific, evidence-based therapeutic treatment modalities were only mentioned in two of the six studies. Mukherjee (2019) described the use of Eye Movement Desensitization and Reprocessing (EMDR; Shapiro & Liliotis, 2015), which has been found to decrease symptoms typically associated with exposure to traumatic experiences. Trauma-focused cognitive behavioral therapy (TF-CBT; Cohen, et al., 2006) was also mentioned in one study (Mukherjee, 2020) in combination with an arts-based therapy. TF-CBT has been shown to reduce negative mental health outcomes in traumatized youth diagnosed with PTSD, depression, anxiety, behavioral issues, or a combination of all (Cohen, et al., 2012). Findings from Mukherjee (2019) include 68% of participants reporting a shift from negative to positive emotions post treatment and an increased ability to keep themselves safe, ask for help from peers or caretakers, and new ways to express their anger. Similarly, Mukherjee (2020) suggests that girls with a history of sex

trafficking who received TF-CBT combined with an arts-based therapy may experience an increased ability to engage in emotional and behavioral control, an increased ability to identify triggers and seek help.

Two studies (Mukherjee, 2020; Volgin et al., 2018) utilized an art therapy model as a rehabilitative tool to help rehabilitate women and girls who have experienced ST. Namely, a combination of TF-CBT with an arts-based therapy was noted as the rehabilitative treatment in Mukherjee (2020). Volgin et al. (2018) also investigated the use of art therapy to explore the female identity, focusing on future goals and emotions. Observational reports from the study suggest that art therapy helped decrease survivor's psychosomatic symptoms and psychological distress. Themes of empathy, compassion, personal growth, cognitive restructuring emerged after receiving arts-based therapy (Volgin et al., 2018).

Only two of the included studies discussed skills or educational training for survivors of ST. One study (Crawford & Kaufman, 2008) described using skills-based training to rehabilitate women with a history of ST. Survivors at the NGO utilized by Crawford and Kaufman (2008) for data collection were trained in domestic skills such as sewing, candle making, baking, canning, and bag making, to name a few. Of the survivors who received skills training, 85% successfully reintegrated into their community of origin after leaving the shelter. However, only 55% were employed. Similarly, one study described the use of education as a rehabilitative tool. Participants included in Volgin et al., (2018) solution-focused education on women's health issues, specifically menses.

Discussion

The current scoping review summarizes what is known about the rehabilitation interventions used to treat women and girls who have experienced ST in South Asia and the efforts to evaluate these interventions over the past two decades. This is the first scoping review conducted on the topic in South Asia that has utilized a comprehensive search of empirical and published evidence to the best of our knowledge.

The study's findings contribute to the limited evidence regarding treatment for survivors of ST in South Asia. However, more importantly, they point to the lack of resources allocated by the majority of South Asian countries in an attempt to research and address this human rights and public health issue. Of the six included studies, four were conducted in India, while the remaining studies were based in Nepal. This is of considerable interest and illustrates the focus of more current research on transnational trafficking occurring on the Nepal-India border (Deane, 2010; Kaufman & Crawford, 2011; Samarasinghe & Burton, 2007). These findings could result from the government-funded schemes to assist women and girls who have experienced ST in India and efforts on behalf of NGOs to halt women crossing the Nepal-India border (Kaufman & Crawford, 2011). However, the US TIP Report noted government funding in other South Asian nations, including the Maldives (USDOS, 2020). It is a possibility that the funding of anti-trafficking efforts in these countries, especially those listed as Tier Three or those placed on the Tier Two Watchlist, may be in their infancy resulting in an inability to begin to evaluate the current efforts to assist and rehabilitate survivors of ST.

In addition to underscoring the apparent dearth of resources available in South Asia, this review highlights the need for research to design and evaluate rehabilitative

interventions for women and girls who have experienced ST. Given the high prevalence rates of ST in South Asia (USDOS, 2020) and the number of negative physical and mental health outcomes associated with ST experience (Oram et al., 2014; Cecchet & Thoburn, 2014; Hossain et al., 2010; Beyrer & Stachowiak, 2003; Tsutsumi et al., 2008), it is interesting that only two studies mentioned the use of evidence-based treatment (TF-CBT and EMDR), albeit in a modified form (Mukherjee, 2019; 2020). To date, there is a paucity of treatments specific to women who have experienced ST. While the experience of ST is different from child sexual abuse, it is possible that survivors of trafficking may benefit from treatment guidelines for individuals exposed to trauma. The most commonly used evidence-based treatment for victims of childhood sexual abuse is TF-CBT (Cohen, Mannarino, & Deblinger, 2006), and this has been applied with survivors of ST with varying levels of success (Bass et al., 2011; O'Callaghan et al., 2013; Kenny, et al, 2019).

Of the two studies that utilized an evidence-based treatment, both were qualitative and did not employ any standardized measure to evaluate participant outcomes. While the anecdotal data suggest that participants experienced positive emotional outcomes (Mukherjee, 2019) and an increased ability to engage in emotional and behavioral control and identify triggers (Mukherjee, 2020), substantial research is required to fully explore the efficacy of these treatment modalities within a sample of sexually trafficked adolescent girls and women in South Asia.

Despite a number of unique factors that place women at risk of ST in South Asia, including culture, gender, power, and social status (Bagchi, & Sinha, 2016; Jani & Felke, 2017; Vindhya & Dev, 2011), only two studies sought to address issues concerning gender (Volgin et al., 2019) and employment (Crawford & Kaufman, 2008). Previous

research has shown that discrimination and devaluation of women at the community and familial level results in significant ST vulnerabilities for women (Bagchi, & Sinha, 2016; Bose, 2012; Vindhya & Dev, 2011). For example, preference for male children due to their perceived economic value and the cultural privileges bestowed upon males, in general, contributes to the devaluation of women in some areas of India (Bose, 2012). This has been identified as a contributing factor for female children being viewed as a burden and, in some cases, being sold to sex traffickers (Vindhya & Dev, 2011).

Further, patriarchal attitudes have resulted in a lack of formal education for women and girls in South Asia. This deprivation of education increases women and girls' risk of ST and limits their opportunities to produce an income (Vindhya & Dev, 2011). The reality of economic vulnerability also contributes to traffickers' ability to lure women from lower castes or rural areas with fewer economic opportunities into trafficking with the false promise of jobs as domestic help or factory work in larger cities (Karandikar et al. 2013; Vindhya & Dev, 2011). Despite this, only one of the included studies (Crawford & Kaufman, 2008) utilized skills-based training for women and girls who had been rescued from ST in Nepal to generate income post-trafficking. Unfortunately, only half of the women were gainfully employed upon follow-up. While it is difficult to draw conclusions from a singular study, these findings point to the possibility that skills-based training may not be sufficient in helping to rehabilitate women survivors of ST in South Asia. Clearly, in order for rehabilitative efforts to be successful, macrolevel and microlevel factors must be integrated and evaluated as critical components of ST prevention efforts in South Asia.

Lastly, this review highlights the absence of standardized practices for survivors of ST. This finding stands in stark contrast to the recommendations outlined by the Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution, which included requirements to promote the rehabilitation of trafficking survivors and identify best practices for serving members of this population (SAARC, 2002; Kumar, 2015). Increased efforts on behalf of the assenting South Asian countries are required to ensure that proper care is afforded to these members of an already vulnerable population.

Limitations

While this review highlights critical gaps in the literature regarding therapeutic interventions for women and girls with a history of ST in South Asia, there are several limitations to consider. As most of the studies in this scoping review were cross-sectional and qualitative in their design, limited causal inferences can be drawn. Although we rigorously attempted to retrieve all of the available published evidence on rehabilitative treatment efforts for women and girls with a history of ST in South Asia, it is also possible that the search string may have failed to identify other relevant studies. Publication bias could also have occurred if a study was not included in one of the databases selected for this review. Further, the omission of grey literature suggests that this review's results may be biased because not all unpublished evidence was included. Finally, the methodological weakness of the included studies limits the reliability of the findings.

Despite these limitations, our goal was to provide an overview of the current literature rather than provide a critical evaluation of South Asia's current rehabilitative

efforts. This scoping review makes a significant contribution to the research on the treatment of ST survivors in South Asia by comprehensively reviewing and summarizing the current rehabilitative efforts for survivors of sex trafficking, highlighting areas of improvement, and providing future directions for subsequent research.

Conclusions

Sex trafficking is a multidimensional public health and human rights issue that greatly affects millions of women and girls in South Asia every year. Our scoping review highlight the limited resources available to individuals with a history of ST and a lack of standardized care for ST survivors. Increased policy efforts on behalf of South Asian governments to garner funding for ST rehabilitative interventions are required. In line with this, funding should be set aside for the purpose of evaluating these programs. From a research perspective, more in-depth and methodologically rigorous studies, such as those using a longitudinal design, should be conducted. Without valid and reliable methods, it is difficult for researchers to evaluate NGOs and shelters' rehabilitative efforts fully. Finally, standardized best practices for survivors of sex trafficking should be established and adhered to within these rehabilitative settings. Evidence-based treatments should be developed, or current evidence-based models should be modified and adapted for use with ST survivors in South Asia. Increased efforts to evaluate these programs and services will help bolster current effective treatments and provide guidelines for best practices when treating women and girls with a history of ST in South Asia.

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III. STUDY TWO: CHALLENGES AND BARRIERS TO SERVICE PROVISION: A QUALITATIVE EXAMINATION OF INDIAN SEX TRAFFICKING SERVICE PROFESSIONALS' EXPERIENCES

Abstract

Sex trafficking (ST) interventions in India typically follow the “three R’s” – rescue, rehabilitation, and reintegration. Anti-human trafficking service organizations (AHTSOs) play an essential role in implementing the “three Rs,” influencing India’s anti-trafficking policy and aid for trafficking survivors. However, few investigations have explored AHTSOs professionals’ perceptions of their roles and the multilevel factors that influence their ability to address the needs of ST survivors in India. Thirteen Indian AHTSO professionals participated in this study. Using in-depth individual interviews, professionals discussed the challenges and barriers to their work. The findings of the study reflect a number of challenges and barriers faced by professionals when working with ST survivors, including societal level factors such as a ST stigma, and apathy towards learning about ST, issues within the government and justice systems, as well as distrust of AHTSOs and mistreatment of ST survivors. The results point to important areas of intervention to prevent the trafficking of girls and women in India, and further highlight the need for additional support for Indian professionals working with these survivors.

Keywords: Sex trafficking, commercial sexual exploitation, service provision, India

Sex trafficking (ST) is a form of human trafficking and defined as the recruitment, transportation, or harboring of individuals through force, fraud, or coercion in which an individual achieves financial gain or advancement through sexually exploitive acts (i.e., forced sex work, or other forms of sexual slavery) (U.S. TVPA, 2000). India is a primary source, destination, and transit country for ST and has gained significant global attention. This is partly due to the reported rates of victimization, an estimated 30 million women and children, according to Kumar (2015). However, it is notably challenging to determine the exact number of victims of ST due to the nature of the crime (U.S. Department of State, 2019), perpetration, and associated public health concerns (Bagchi & Sinha, 2016; Gupta et al., 2011; Vindhya & Dev, 2011). From a policy perspective, India's legislative efforts are considered moderate and tend to be lenient in addressing ST perpetration. Out of the four possible rankings developed by the UN, India holds a Tier Two status out of four tiers, where four is the most rigorous (U.S. Department of State, 2021). These standards are based on the criteria outlined by the Trafficking Victims Protection Act (TVPA, 2000); India's classification applies to countries that do not fully meet the minimum standards to eliminate trafficking yet are making significant attempts to do so. Despite not fully meeting the minimum standards to eliminate trafficking as determined by the UN, the Indian government has acknowledged ST as a significant public health and legal concern, and has prioritized taking steps to address this issue, including increased ST identification, investigation, and increased prosecution of traffickers in 2020 (U.S. Department of State, 2021).

Experiences such as a history of child sexual abuse, exposure to domestic violence, and lack of economic opportunities have increased ST risk regardless of

geographical location (Macias-Konstantopoulos et al., 2013). However, several factors unique to India place women and girls at risk of ST. Particularly, the overlapping and additive effects of gender, culture and social status play a role in attitudes toward women and girls. These attitudes influence the number and types of resources available for women and contributes to ST risk (Bagchi & Sinha, 2016; Jani & Felke, 2017; Chetry & Pande, 2019; Vindhya & Dev, 2011). For example, the devaluation of women in India directly influences their ability to attain an education and have economic independence—both of which have been shown to play a role in ST vulnerabilities (Jani & Felke, 2017; Vindhya & Dev, 2011). Further, areas in which sex ratios and cultural values are skewed in favor of men such as in India tend to report higher rates of ST (Bagchi, & Sinha, 2016; Vindhya & Dev, 2011). Additionally, some gendered socio-cultural factors contribute to ST such as dowry expectations, shame associated with women’s sexuality, and discrimination against individuals with darker skin tone and of lower caste (Chowdhry, 2012; Konstantopoulos, et al., 2013).

Literature Review

Service Provision for Indian ST Survivors

Current ST interventions in India follow the “three R’s” – rescue, rehabilitation, and reintegration. *Rescue* consists of removing the survivor from the trafficking situation. *Rehabilitation*, in which mental, physical, social, and economic wellness is met, and *Reintegration* focuses on ST survivors’ re-entry into the community (Pandey et al., 2018). Rehabilitation and reintegration focus on meeting survivors’ long-term needs, including psychological and physical health, legal support, job skills training, and political and personal advocacy to assist youth and women involved in ST (Kumar, 2015;

South Asian Association for Regional Cooperation, 2002; Pandey et al., 2018).

Governmental and non-governmental organizations (NGOs) at local and international levels have emerged as leaders of “three Rs” implementations across India. These anti-human trafficking service organizations (AHTSOs) play an essential role in influencing India’s anti-trafficking policy and aiding trafficking survivors (Macias-Konstantopoulos et al., 2013; Pandey, et al., 2018; Santhya et al., 2014; Twigg, 2017).

Typically providing ST survivors with case management, advocacy, and linkage to health and legal services, AHTSOs may also emphasize prevention, rescue, rehabilitation, reintegration, or a combination of all points for ST survivors (Samarasinghe, & Burton, 2007; Twigg, 2017; Macias-Konstantopoulos et al., 2013). Despite AHTSOs’ status as an essential support system for ST survivors in India, no comprehensive evaluation AHTSOs in India has been conducted (Hameed et al., 2010; U.S. Department of State, 2021). This is a concern leveled at many of the AHTSOs across the globe. Frequently there is an absence of standardized “best-practices” and an inability to evaluate successful trafficking prevention and rehabilitation in these structures (Hameed et al., 2010; Samarasinghe & Burton, 2007).

The lack of clear guidelines for service providers can result in additional harm to ST survivors. At a local level, this lack of best practices can influence provider-survivor interactions and relationships. Previous research has noted that staff deficits in trauma-informed care and appropriate interpersonal skills can be harmful and hinder intended services’ effectiveness (Cordisco Tsai et al., 2020; Cossar et al., 2016; Macy & Johns, 2011). In one study, researchers found many AHTSO professionals in India perceived ST survivors as greedy, immoral, thieves, and liars (Begum, 2020). ST survivors also

suffered abuse by other survivors at the AHTSO who faced no repercussions for their actions, and violations like theft were left uninvestigated by AHTSO professionals (Begum, 2020).

Respect, empathy, and understanding are critical for building trusting relationships with survivors. The absence of these interpersonal factors can lead women and girls to refuse rehabilitative services, warn others in their network against the AHTSO, and increase their risk of recidivism (Cordisco Tsai et al., 2020; Macy & Johns, 2011; Twigg, 2017). Overwhelmingly, trust (and distrust) plays a significant role in ST survivors' decision to engage in rehabilitative services. Globally, studies have found that ST survivors' inability to trust AHTSO professionals decreased their willingness to utilize services (Brunovskis & Surtees, 2012; Gupta et al., 2011).

It is clear that AHTSO service usage and professionals' ability to succeed in supporting ST survivors involves identifying key points of influence across several complex and interacting factors. However, points of improvement cannot be identified without adequate information regarding AHTSO professionals' barriers to successful service provision. Unfortunately, few investigations have explored AHTSOs professionals' perceptions of their roles and the effectiveness of their efforts globally or in India (Chetry & Pande, 2019; Mukesh, 2018). The current project addresses this gap by investigating AHTSO professionals' lived experiences providing services to ST survivors in India. Using an ecological systems lens, we sought to qualitatively identify the multilevel factors that influence AHTSO professionals' service provision ability to address the needs of ST survivors in India.

Theoretical Framework

Bronfenbrenner's (1977) Ecological Systems Theory (EST) framework of human development guided this study. The EST considers the dynamic interplay between the individual and overlapping contexts in which the individual is embedded (Bronfenbrenner, 1977). EST requires examining multiple co-acting systems and the role of environments outside the individual's direct surroundings. The theory recognizes the immediate changing environments surrounding the individual throughout their development and the role of larger social contexts (Bronfenbrenner, 1977).

Expressly, EST is depicted as a set of nesting circles, with each larger circle encompassing a larger system and each circle influencing each other bidirectionally. These environments include the microsystem, the first and most proximal level to the individual. Individual-level interactions in immediate settings are examined here, including the influence of familial, peer, or other close systems responses to support. The mesosystem involves environments beyond the microsystem, such as the neighborhood, local spaces, or community organizations. Encompassing the other social structures surrounding the settings in which a person is entrenched, the exosystem includes those social systems that individuals do not have direct power but do influence their experiences, such as judicial, health, or governmental systems. The role of the macrosystem is quite different from the rest of the EST in that it centers on unspoken beliefs, ideas, and attitudes of the society rather than systems. Finally, the impact of policy and greater institutional level processes on an individual occurs at the chronosystem. Across all these systems, the bidirectional interactions serve as barriers or support for AHTSO seeking to assist survivors of ST. EST can help facilitate a

meaningful and organized method of disassembling these layers and provides a suitable framework from which we can conceptualize the broader environmental influences that shape AHTSO professionals' work. As there have been no studies that specifically address this phenomenon, this study seeks to fill this void by answering the following guiding research questions:

- 1) What are the experiences of Indian AHTSO professionals working with ST survivors?
- 2) What challenges and barriers do Indian AHTSO professionals negotiate in their work?

Methods

Research Design Overview

The current qualitative study utilized a transcendental phenomenological approach to guide the investigation. Transcendental phenomenology draws heavily from its philosophical roots and positions behavior and experience as two necessary and inseparable components in achieving a complete description of the realities of individuals' experiences. In order to obtain the true reality of these experiences, transcendental phenomenology seeks to obtain multiple perceptions of a lived experience and systematically combine these individual accounts into an overall description of the experience (Moustakas, 1994). A fundamental facet of transcendental phenomenology is the researcher's ability to recognize and refrain from engaging with biases or presuppositions that they may hold (Moustakas, 1994). Referred to as bracketing, this allows for a re-examination of the researcher's positions that might influence their ability to remain open to new information and affect the research process. Bracketing allows the researcher to engage with the data openly. Transcendental phenomenology methods are in line with the aims of the current study (Moustakas, 1994) and can help deepen the

field's understanding of the barriers and challenges to service provision faced by professionals working with ST youth in India. In-depth individual interviews were held with professionals working in anti-human trafficking who had worked with women and girl ST survivors in India. A semi-structured questioning route was developed to guide all interviews.

Researcher Description

The first author oversaw all data collection and conducted data analysis with the second author. To approach the professionals' lived experiences with openness, the first author engaged in bracketing to reflect upon their beliefs, attitudes, and feelings and set them aside. The first author's research program focuses on sexual exploitation, and she has worked with a community-based center for youth survivors of commercial sexual exploitation in the U.S. for six years. Through observations during her work with the center and the relationships developed, she has learned of the number of challenges service providers face while working with ST youth in the U.S. These experiences may have provided more of an emic perspective or "insider's view," allowing for richer data. However, bracketing out the researcher's prior experiences with anti-human trafficking efforts in the U.S. was extremely important. The first author was careful to evaluate her ability to set aside her beliefs before starting the study and engaged in reflexivity to manage these experiences throughout the research process.

The second author is a U.S.-based qualitative methodologist engaged in global health disparity research. They have previous experience conducting qualitative investigations with sensitive populations in both the U.S. and India, but do not specialize

in ST or child sexual abuse research. This individual served as a methodological consultant for the study design and analysis.

Study Participants

Participant Recruitment

Approval for conducting the study was received from institutional review boards (IRB) at both a U.S.-based university's institutional review board (IRB) and partnering Indian NGO health clinic. Participants were selected using purposeful sampling methods to ensure individuals with critical information relevant to the phenomenon under investigation were included in the study. Eligibility for participation included being over 18 years of age, working as a service provider for female survivors of ST, and English speaking. To ensure that participants would have experience with survivors of ST, AHTSOs in India were identified through the partnering NGO's network and via Internet searches. AHTSOs were then contacted via email and wi-fi messaging services with a study flyer and informational letter to circulate within their organizations. The current study followed Guest et al.'s (2006) assertion that data saturation typically occurs after 12 interviews; thus, 13 interviews were conducted.

Participants

Thirteen AHTSO professionals in India participated in the study. AHTSO professionals were employed in several different positions, including founders and presidents, counselors, and social workers (*see Table 1*). Professionals were predominantly female (70%) and in their 40s ($M = 41, SD = 8.6$). AHTSO locations spanned the country: Hyderabad, Delhi, Siliguri, Chennai, and others.

Table 1.*Demographics of Indian AHTSO service professionals*

Characteristics	M(SD)	%
Age	41.45(8.6)	
Years working	8.82(7.34)	
Gender		
Male		30.8
Female		69.2
Degree		
Bachelors		15.4
Masters		53.8
Post Graduate		23.1
Other		7.7
AHTSO Position		
Founder/President		15.4
Director		30.8
Case/Social Worker		23.1
Counselor		7.7
Consultant		15.4
Activist		7.7

Data Collection**Data Collection Procedures**

Due to the global pandemic, the first author used Zoom to conduct the interviews between November 2020 and January 2021 (Gray et al., 2020). On the day of the interview, participants were sent a link to Qualtrics to complete the online consent and demographics questionnaire. Each was asked to provide a pseudonym used as a participant identifier. All interviews were both digitally recorded and transcribed using the Zoom transcription services. The Zoom transcriptions were then reviewed for accuracy by two undergraduate research assistants in the U.S.

A semi-structured questioning route was initially developed based upon prior research in the field and then modified through several discussions with faculty and community health workers familiar with ST and women's rights-related issues in India. The length of the interviews ranged from 32 to 127 minutes ($M = 61$).

Analysis

Data-analytic Strategy

Thematic analysis (Braun & Clarke, 2006) was used to analyze the data. Thematic analysis methods are compatible with transcendental phenomenology (Sundler et al., 2019) and can be used to understand individuals lived experiences by helping to identify crucial patterns within the data (Braun & Clarke, 2006). Braun and Clarke (2006) outline six phases to thematic analysis, which guided our analysis. Data collection occurred before data analysis. In step one, the first author read through the finalized transcripts to familiarize herself with the data. Familiarization occurred through an open-minded reading of the transcripts on multiple occasions and taking notes to record novel or interesting experiences expressed in the data. Following familiarization, initial codes were then developed. The authors (CH & DS) met several times to discuss and reach a consensus about the initial codes and themes. DS has experience in qualitative methods, gender-based violence research, and conducts research in India. Themes, developed through discussions from the codes, were examined in relation to the research objectives and project aims to ensure they were accurately aligned; necessary changes identified through the ongoing discussions were made accordingly. Theme definitions and illustrations of their constructs and connections to each other were then developed in step five. The final step of thematic analysis consists of writing the results.

Methodological Integrity

Steps to maintain methodological integrity were made throughout the entirety of the study. Purposeful sampling ensured only Indian AHTSO professionals experienced with the phenomena of interest were included. Another step was the first author's use of bracketing and notetaking during the interview process to document their thoughts, highlight interesting points or verbal cues made by participants. Methodological integrity was also ensured during the data analysis phase via notetaking and working with an expert peer. Codes developed by the first author were presented to and discussed with the expert peer for each round of coding and analysis. An audit trail of this was created using an excel sheet in which the development and subsequent changes (and eventually each theme) were documented.

Findings

As the study aims to frame AHTSO professionals' lived experiences within the larger societal system, the results are organized to align with appropriate levels in Bronfenbrenner's (1977) ecological systems framework (*see Figure 1*). Thus, main themes that were perceived as a barrier or challenge to AHTSO professionals and the meanings of these difficulties are organized according to the corresponding system within EST and discussed in greater detail below.

Macrosystem

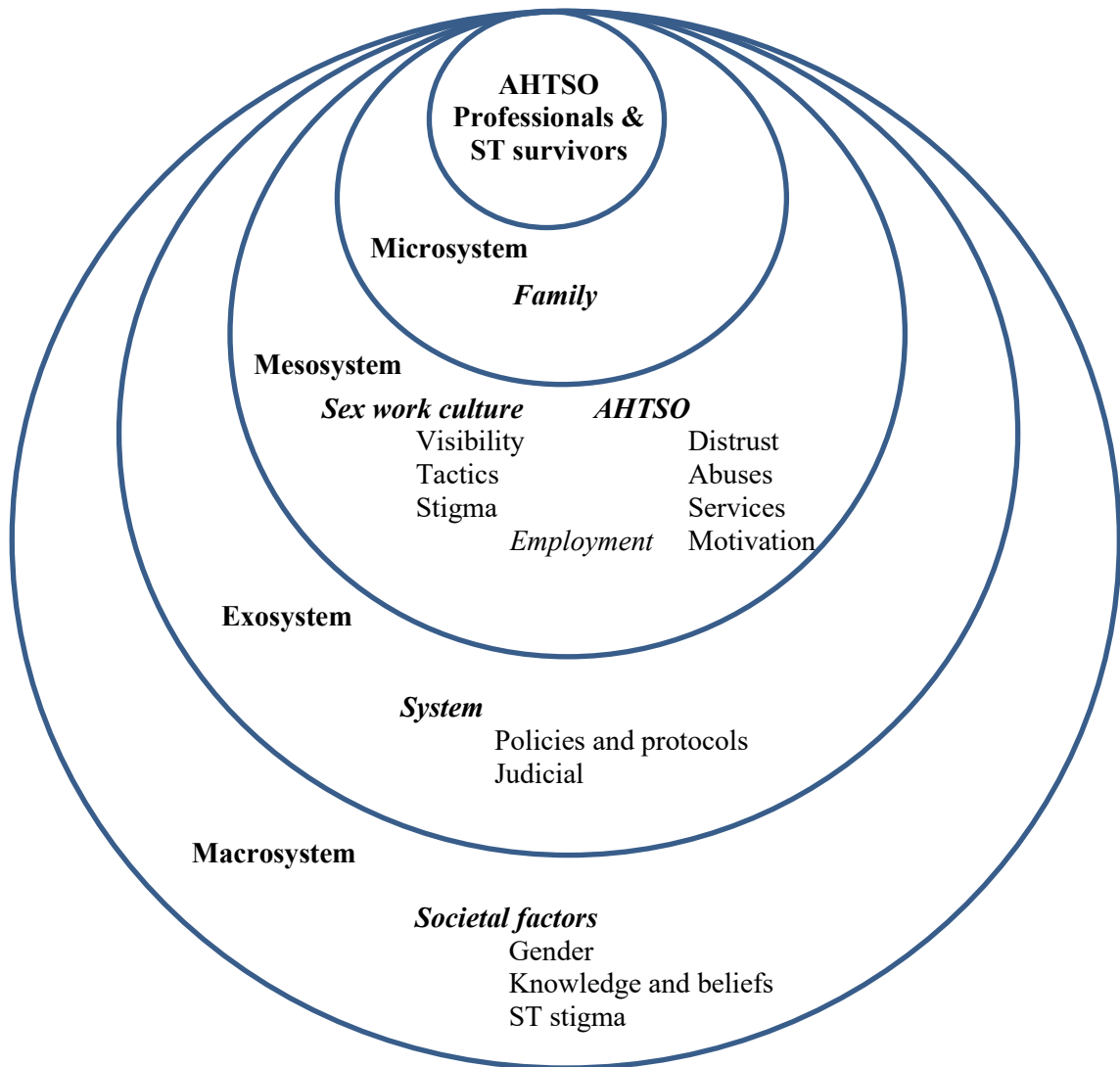
Professionals experienced several obstacles within the macrosystem, which contains the larger culture and provides the broad cultural context from which the individual is embedded. These challenges were collectively categorized into the theme of societal factors.

Societal Factors

Some professionals included in the study discussed challenges to service provision due to India’s larger cultural context. These challenging factors were comprised of societal beliefs and attitudes toward concepts such as gender, knowledge, and beliefs about ST and ST stigma.

Figure 1.

System-level challenges and barriers to service provision among AHTSO professionals in India.



Gender. Societal beliefs concerning gender were mentioned as a barrier and discussed at length by many professionals working in the AHT field in India. In general, the gendering of ST as a “women’s issue” in communities and therefore pertinent to women was noted as a hurdle to community education. Further, professionals discussed the prevalence of victim-blaming, in which the community members fault survivors for their abuse and exploitation. A participant explains, “This culture of blaming the victim for arousing the predator. They say, ‘Oh, because of your dress.’ They say, ‘It is because of this girl. What does the girl do that the man acted in that way?’” (Bharathi)²

The influence of gender roles was discussed in relation to the anti-trafficking work professionals were conducting in the field. Professionals were keen to discuss the double standards for men and women in India. These differing role expectations were described as contributing to some of the issues professionals face in the field by limiting women’s safety and ability to fend for themselves. In one such example, a professional described a common saying that has direct implications for women’s safety, stating:

‘A girl that roams has loose character, and the guy that doesn’t roam is spoiled or has a loose character.’ That’s such a disgusting belief. You know, most of the kidnapper that happen, girls are not aware of where is a bar, where is the hospital, where is a hall, where is a school, where is the police station because of a lack of awareness or lack of understanding of how the society functions. A lot of them are taken for granted. (Bharathi)

These differences in gender roles also manifested as differing economic opportunities for men and women, which place women and female youth at an increased risk of ST as limited options leave women vulnerable to traffickers. Anbu explained:

²Participants were asked to provide a pseudonym before the start of the interviews, and these are used throughout the manuscript. The authors did not impose any guidelines on participants for this process. All names, codes, or other identifiers listed are pseudonyms chosen by the participants.

Because in general cases, it's a job opportunities or it's an opportunity in the film industries or modeling. These are the general cases, but nowadays it's moved into, 'Your family is suffering. I can give you some opportunities that you can strengthen your life.'

Knowledge and beliefs. Societal knowledge about ST and beliefs regarding this phenomenon poses a challenge for professionals working in India. Professionals described experiences in which community groups turned down AHT prevention trainings due to beliefs that they do not need to learn about ST. Others described an overall lack of knowledge about ST in their communities and the importance of spreading awareness.

Most, I would say maybe 80% of the population, don't know it exists. And they know sex when it comes to commercial sex they think only of brothels and they only think of the flying sex workers. But, but there are huge number of other channels, [...] these things have happened and people don't know. (AT)

Other professionals described an attitude of apathy toward the issue of ST in society. In these cases, community members expressed that they knew of ST occurring but had little interest in taking up the cause as it is normalized. The professional further explains:

We know with a European or American when they come to India and they go the traffic and they see a cow in the middle of the road and they scream, 'What is this cow doing in the middle of the traffic!?' And for us, it's like a common scene, you know? A cow roaming around and this. (AT)

ST stigma. Several professionals discussed the stigma from society placed on survivors of trafficking. This stigma contributes to the marginalization of trafficking survivors within their communities and limits their ability to leave the trafficking situation. Professionals described this stigma as one of the more common reasons why some ST survivors did not wish to return home, stating:

Almost 50% of girl's family they say, 'No, she is dead for us. We don't want her back.' So they can feel the rejection and they know they're rejected. Even if they go back to the family--they know that they are not going accept them. The society is never going to accept them. They'll be blamed all the time. (VPG12)

Exosystem

Within the exosystem, professionals discussed a number of elements that influence their ability to provide services to ST survivors. At this level, individuals are not actively involved with these settings but are affected by what happens in the setting. At the same time, while professionals may not have come into direct contact with these settings, their actions (or lack thereof) affected professionals' efforts. The individuals and groups within this outer sphere were coded as the system.

System

AHTSO professionals discussed several systems with which they often directly or indirectly interacted while in the field. These systems included the policies and protocols developed by members of government and the judicial system. The system was coded for professionals' challenges with stakeholders, government members, and judicial systems.

Policies and protocols. The policies and protocols determined by India's governing bodies were discussed as a major issue among professionals. Overall, professionals felt that not enough was being done to prevent ST in the country. Professionals reported feeling that the government is turning a blind eye to ST, and that government officials do not understand the extent of the issue. P@3232 stated:

I feel the state is actually not working. The government is not working. I think everybody knows about it. How is it if in India prostitution is illegal? How can a Redlight area function just 10 kilometers away from the Parliament? How do you think it's possible?

Not only did professionals struggle with a lack of support from government stakeholders, but they also reported that the current government schemes for survivors of ST were not often working as they should. For example, these schemes include a sum of money for victim compensation that seldom reaches the survivors. Anbu explained:

There are some victim competencies and schemes, you know, like the survivors of trafficking are entitled to get good money from which they can earn a good living actually, but if you go and do your research, a huge [amount of] money is being unspent.

Judicial. Relatedly, professionals reported many issues within the judicial system that added additional challenges to their work. Members within the judicial system, such as law enforcement, lawyers, and judges, were reported to engage in high levels of corruption and to engage in ST themselves. To illustrate, one participant spoke at length about a case in which the survivor was rescued in 2001, and the case hearing was not held until 2013 once the survivor had relocated, married, and forgotten the language of the state in which the trial was being held. Other professionals described their limited success with the judicial system stating, “I can say five to six convictions have happened since I started working but not more because of the judiciary. The judiciary is pathetic” (P@3232).

Members of the judicial system also contributed to the revictimization of survivors in a number of ways. In some cases, professionals discussed law enforcement’s harsh treatment of trafficking survivors, including the improper containment of victimized youth within a jail cell and treating them as if they were criminals. Professionals also discussed the victimization that is caused by law enforcement when visiting the homes of rescued survivors. The sight of law enforcement in these

communities can raise suspicions among neighbors and other community members, causing tensions within survivors' communities. This was especially a concern within rural communities. Bharthi described, "[If] police comes to your house, people will think that you have done something wrong, despite the fact that idea is wrong. And this kind of someone going to villages, it's a big thing."

All participants who had been involved in raid and rescue operations discussed the critical role of law enforcement. Without the support of law enforcement, professionals are not able to conduct rescue operations. This lack of support was discussed by one professional working in Delhi. Another participant noted the importance of establishing a working relationship with law enforcement in which they trust each other and their information sources. "We need to build the connections because law enforcement and I need to work together. We need to [build] the trust because sometimes people bring cases for fame or money or for some different intentions" (Anbu).

Mesosystem

When examining professionals' descriptions of obstacles to service provision, the vast proportion was contained within the mesosystem. The mesosystem contains settings and situations in which two microsystems co-act. These challenges emerged as two themes. First, the AHTSO. This theme was predominantly related to the reputability of AHTSOs and the ways in which AHTSO professionals are viewed within the community. Second, the culture of sex work. The sex work culture was defined as the collective customs, activities, and beliefs held by those directly involved in the sex industry regardless of whether involvement was due to ST or other circumstances.

AHTSOs

Professionals' challenging experiences in relation to service provision were most commonly discussed in the context of AHTSOs, generally speaking. Professionals noted a number of issues within these organizations that presented hurdles in their ability to assist survivors of trafficking. Factors such as distrust, abuses within the shelters, issues with services, motivation, and the scope of the problem were some of the difficulties discussed.

Distrust. A number of participants explicitly mentioned distrust of AHTSOs. Overarchingly, AHTSOs were viewed as harmful spaces, and professionals reported difficulty in convincing youth and women to engage in services. Specifically, professionals reported survivors' suspicion of AHTSOs due to the similarity of promises made by traffickers. For example, a rehabilitative AHTSO may focus on skill-building and equipping survivors with future employment, which may be similar to the assurances made by traffickers who ensnared survivors with the promise of employment.

It's a really challenging to both boys and girls to gain their trust because we as an organization also promising same. We say, 'You come with us. We will give you job. We will give you training,' Someone in their hometown said the same story [and they were trafficked]. (Rani)

As well as discussing issues building trust with trafficking survivors, professionals described challenges with members in the community who held negative beliefs about AHTSOs and service providers. "Even when we are working for the good in the society, the people and the family, they don't look at us as a good one. Even they start thinking negatively about us. So that is a major challenge" (P03). In some cases, these

views resulted in community members actively working against AHTSO professionals to remove survivors from care.

Abuses. Descriptions of abuses occurring at some AHTSO shelters were prevalent in providers' discussions. Lack of proper care (e.g. limited access to food, water, clothing, and sanitation), sexual exploitation of survivors in AHTSO shelters, and sexual abuse occurring between residents, was coded as abuses. On a most basic level, some professionals reported that a few AHTO shelters do not reliably provide proper care or protection to survivors. Bharathi, in particular, stated:

They don't know if these are effective or not. I don't see good results or efficiency in what NGOs are trying to do. So I think giving them right nutrition, providing them right the environment also is very important is what I would like to highlight.

More concerning, however, were professionals' descriptions of sexual exploitation and abuse in the AHTSO shelters. Professionals recounted narratives of survivors being drugged while in a previous shelter and being trafficked by those staff members. One participant relayed a survivor's story as follows:

'At night we were given something to eat with food, and we had those food and, in the morning, we felt something very wrong with our body. We realized that we were given some drug which made us unconscious and we were sent to ministers'[government officials] houses [for sexual abuse].' (P@3232)

Along with survivors experiencing alleged exploitation by those running the AHTSO, professionals also described the prevalence of sexual abuse that occurs between survivors while at the shelter. Sexual abuse perpetrated by older survivors on younger survivors while residing at the AHTSO shelter was described by a number of professionals. Older survivors forced younger survivors to perform oral sex and faced physical beatings if they did not obey.

Services. Challenges regarding the services provided by the AHTSOs were also cited as a hurdle for many of the professionals. Issues related to the quality of services, types of services offered, or other concerns related to treatment provision at AHTSO were coded as services. The majority of professionals felt that shelters did not equip survivors for success outside the AHTSO. Professionals reported that while rehabilitative AHTSOs may provide some skills or educational training, often, these did not translate to economic stability outside of the AHTSO, leading survivors to engage in sex work in order to survive. One professional explained, “After something years of rehabilitation, they land back into brothels because the rehabilitation home is not giving them...it’s very not autonomous, and it is very secluded” (Bharathi). Another professional described the challenge of providing consistent care to youth and women at AHTSOs. A lack of service providers who could provide treatment on a reoccurring schedule complicated the healing of survivors housed at AHTSOs.

Unless we have a really committed person who can go and visit them once a week or once a fortnight, [we’re] just bringing them once a month. One day we have a meeting and counseling, and for the rest of the month, they go back to their own situations. (AT)

Finally, a few professionals noted a lack of funding as a challenge to providing services to survivors of ST. Professionals also noted that many survivors are involved in trafficking for economic reasons. In combination with the lack of funding for AHT professionals, these economic needs create a hurdle for professionals working to reunite survivors with their communities.

Because of poverty- mostly because of poverty- they’ve been trafficked. So when the survivors have to be sent back, there’s a money problem. Who will buy their flight tickets? Who will buy the train tickets? Who’s going to host them? (Esther)

Motivation. The motives of other AHTSOs and professionals emerged as an important issue in this study. The respondents felt that the challenges typically faced in their work were exacerbated by other AHTSOs and AHTSO professionals who were motivated by fame or recognition rather than for the betterment of trafficked persons. These seemingly ego-motivated professionals created many issues, including sharing confidential raid information online or spreading misinformation about ST.

Sex Work Culture

The customs, activities, and beliefs held by those involved in the sex industry contributed to increased difficulty for AHTSO professionals in India. Specifically, the visibility of some professionals within the sex worker community due to their work, stigmatization of sex workers, and the tactics used by traffickers and brothel owners complicated professionals' work.

Visibility. Some professionals and their coworkers had achieved some level of notoriety within the sex work industry thanks to their involvement in brothel raids and rescues. These professionals reported a range of abuses employed by traffickers and brothel owners in order to halt service providers' work. In some cases, these abuses were less severe and consisted of brothel owners attempting to bribe professionals with money or alcohol to stop their work. In other cases, the abuses were far more brutal and resulted in physical harm to professionals. A participant, Esther, described the level of violence a prominent AHTSO professional had endured: “[Professional] has been bitten black and blue by the traffickers. She’s lost her eardrum. She can’t hear any more on one side she was beaten so badly.”

Tactics. Tactics utilized by traffickers and brothel owners posed a considerable hurdle among service professionals. Tactics were used by traffickers or brothel owners to control victims and prevent them from leaving the brothel. These were extensive and spoken about at length by a number of professionals. P@3232 explains:

What the brothel owners or [traffickers] who are keeping these girls under them, they try to make these girls pregnant. If they become pregnant, their body becomes voluptuous, so they start looking like adults. [...] the moment the girl delivers the child, they separate the mother and the child, and consistently blackmail the mother that if you don't do sex work, your child will be killed.

Other tactics used by traffickers or brothel owners that caused issues for professionals consisted of strategies to have victims lie about their identity, or conceal it through coercion, having the traffickers remain anonymous, and having law enforcement on their payroll. For example, professionals discussed the difficulties faced in identifying traffickers who often have a large network and a chain that is difficult to break. The use of a singular, common name (such as Raju) is one such tactic professionals described.

Stigma. The societal stigma faced by survivors of trafficking for having engaged in the sex industry arose within discussions around sex work culture as well. One main area was discussed.

Employment. AHTSO professionals discussed a few unique challenges for trafficking survivors while trying to gain employment post-trafficking, including a culture of sex work, in which a distinct but shared way of dress, customs, and language were adopted by women and girls involved in the sex industry. These characteristics are stigmatized by societal members and pose employment challenges for survivors. One participant, Rani, reflected on the reception of women who have left sex work to join the workforce, "Their lifestyle takes time because even though they try to put them in a job,

their behavior, their body language, it needs to change. That indirectly gives a message saying they are from particular background.”

Microsystem

AHTSO professionals also discussed challenges and barriers to service provision within the microsystem. In the current study, only one theme emerged within the microsystem.

Family. When examining professional’s obstacles to providing services to survivors of ST, they predominantly spoke of challenges related to survivors’ familial networks, and specifically about the risks posed by the family unit. The family unit could consist of mothers, fathers, older and younger siblings, as well as aunts, uncles, and other extended kin. According to many participants, the family unit can pose a considerable threat to girls and women. Professionals pointed to family members as the root cause of ST, with one participant (P03) stating, “The families are responsible. The people who are from their own, they’re responsible, and they’re putting the girls into the prostitution.” Another professional described challenges with reuniting survivors with their families due to this concern. P@3232 said, “We have to be very careful because most of the trafficking happens through families. I’ve seen like a brother in-law, brothers, sisters, fathers doing trafficking. So you have to be a little bit careful. Traffickers are everywhere.”

Discussion

This study is among the first to explore Indian AHTSO professionals’ lived experiences of working with survivors of ST and the barriers and challenges these professionals face while providing services. As previous literature has identified multiple

levels of influence that contribute to ST risk for women and girls, it stands to reason that AHTSO professionals must also navigate these levels in their work. These multiple levels co-act, influencing AHTSO professionals' ability to provide services to ST survivors. Bronfenbrenner's (1977) EST is a helpful framework for identifying what occurs across the multiple, co-acting levels.

Within the microlevel, AHTSO professionals identified family as the most relevant hindrance to providing services to survivors of trafficking. Family members were often cited as sources of risk to girls and young women by selling them to traffickers or acting as a trafficker themselves. This finding is in line with previous research, which has indicated the prevalence of trafficking within families, sometimes referred to as intrafamilial pimping (Jani & Felke, 2017; Vindhya & Dev, 2011). In addition to directly engaging in ST, families can also prevent survivors from rejoining their communities (Pandey et al., 2018). Potential violence toward survivors of ST at the hands of their family and community members discourages survivors from returning to what once was their support systems. This unmooring of ST survivors complicates their healing and reintegration into society, further placing them at risk of revictimization.

Challenges at the mesosystem level, including judicial system policies and protocols, were also revealed. Participants reported challenges in communicating with policymakers, often feeling as if their advocacy for survivors of ST and calls for increased resources fell upon deaf ears. Previous research has reported similarly, describing a host of issues surrounding government and state human trafficking intervention programs (Hameed et al., 2010). The professionals in this study were clear in illustrating the role of government as a barrier to assisting survivors and the influence this

has throughout all levels of the system. Limited collaboration between professionals and government stakeholders or lack of clear planning among government entities to execute policies and plans complicate service provision within the microlevel. Funding schemes which could help survivors bridge the gap between trafficking and recovery were reportedly difficult to obtain, leaving essential resources for survivors to go uncollected. This barrier continues to limit survivors' economic access, a key risk factor for ST (Vindhya, & Dev, 2011).

These challenges with government influence factors found at the exosystem level as well—namely, the culture of sex work and the AHTSO. Participants discussed difficulties in getting trafficking cases tried in court and blatant corruptions within the judicial system, such as delaying cases for years and revictimizing survivors. Mistreatment by the government can contribute to the continuation of ST by discouraging victims from reporting exploitation, thereby limiting professionals' ability to identify and assist survivors. Limited action within the government also plays a key role in ST culture at the exosystem level in regard to the tactics used by key players involved in ST. By delaying investigations or turning a blind eye to trafficking, traffickers are able to continue utilizing the same methods to control and disguise ST victims.

Professionals reported feeling concerned that survivors were not being prepared for the outside world as the skills and training being offered were not resulting in survivors' ability to support themselves economically. The resources allotted to AHTSOs may not be sufficient to provide more intensive skill-based training for survivors. However, this lack of training again limits women's economic opportunities post-

trafficking, and as noted by some of the professionals, contributed to survivors reentering the sex industry after leaving AHTSOs. This is in line with previous findings that have highlighted the importance of economic independence for Indian ST survivors – particularly among those who no longer have a family or community to return to due to ST stigma (Brunovskis & Surtees, 2013; Pandey, et al., 2018).

The prevalence of abuses within AHTSOs play a role in the perception of service professionals throughout all levels of the system. Reports of abuse have led to obvious mistrust of AHTSOs within general society and sex worker communities. Professionals within this sample reported family members actively working against AHTSO to have their daughters released from shelters, and experiencing survivor retaliation (such as refusal of services, and negative interactions with AHTSO professionals) due to their experiences in an AHTSO. While other studies have uncovered evidence of survivor mistreatment at AHTSO (Brunovskis & Surtees, 2013; Cordisco Tsai et al., 2020; US Department of State, 2021), participants described incidents of abuse occurring within some shelters namely, sexual abuse and further exploitation. This finding is corroborated by previous reports of shelters in India having direct involvement in ST and sexual abuse (U.S. Department of State, 2021; 2020; 2019), and underscores the demands for regular monitoring and standardized guidelines for these organizations to ensure survivors' safety while seeking assistance from AHTSOs (U.S. Department of State, 2021; 2020; 2019).

Lastly are societal factors present at the macrosystemic level, which influence all other levels. These intersecting factors of identity (gender, caste, and religion, among others) influence the level of power held by an individual in society. AHTSO professionals must navigate these intersectional factors and the unspoken beliefs, ideas,

and attitudes of the members of society at each level of the system, whether family member, sex worker, trafficker, AHTSO professional, or government entity. Indian society tends to be heavily patriarchal (Bagchi, & Sinha, 2016; Mukesh, 2018; Vindhya & Dev, 2011), and professionals reported challenges in navigating the public's view of gender and gender roles. In particular, participants confront gendered stereotypes that females should not attend school or be educated, as well as beliefs that ST education was neither necessary nor interesting, and an issue relevant to only women. This reluctance among community members to participate in awareness and intervention campaigns further reinforces a lack of education around ST and gender-based violence as a whole. Gendered societal beliefs contribute to the continued stigmatization of trafficking survivors who find the culture of sex work more palatable than facing the stigma and abuses placed on them by society.

Limitations

This study provides critical insight into the experiences of Indian AHTSO professionals, but it is not without its limitations. Methodologically, while Zoom can be an excellent tool to facilitate qualitative interviews in cases where the interviewer and participant cannot occupy the same space, there are accessibility issues to consider. AHTSO professionals without stable Internet access were unable to participate. This digital divide may have contributed to demographic limitations, such that most participants belonged to economically and socially advantaged groups, and the findings may reflect this. Specifically, all spoke English fluently, and over 75% had obtained a Masters or Doctoral degree. Participants' sexual orientation, marital status, caste, or religion data was not gathered, and these social status indicators may have influenced

their experiences and perceptions of their work. Due to language constraints, only English speaking AHTSO professionals were able to participate in the study resulting in a smaller sample size. Perspectives and experiences from non-English speaking AHTSO professionals would provide a more well-rounded view of challenges faced by AHTSO professionals in India.

Issues related to participant interactions and power must also be considered. Despite the first author's best efforts to engage in rapport building, the risk of social desirability bias during data collection cannot be overlooked. Participants may have felt uncomfortable discussing negative experiences or views of their work with the first author during the interview. The first author's status as a U.S.-based scholar could have also influenced professionals' willingness to share experiences. Although participants appeared comfortable speaking to someone outside their immediate professional community, the position of power given to Western, and in particular, U.S. based researchers in global south nations may have shaped participants' willingness to divulge information, negative or otherwise (Perkins, 2009). Additionally, as the study aims focused on Indian professionals' experiences related to ST of women and girls, these findings cannot be generalized to males, boys, or members of the LGBTQ+ community who also experience ST. These findings cannot be extrapolated to South Asia as a whole, or globally. The age and gender of participants also was not considered in the analysis. Lastly, causality cannot be drawn from the findings.

Conclusions

In spite of these limitations, this qualitative study identifies the multi-layered and multi-leveled challenges faced by AHTSO professionals in India. From this, increased

support for organizations to educate communities on ST and gender inequality is required. Indian government at the state and national level could assist with this initiative through human trafficking awareness campaigns. Regular monitoring of organizations providing services to survivors of ST in India are also necessary, and policies around abuse and abuse reporting should be developed and implemented. Further, additional resources should be allotted for the development of programs that might equip ST survivors with the resources and skills necessary to become economically independent. This may reduce recidivism rates among this population. Last, because the issue of ST is large in scope, and difficult for any single AHTOs to address, collaborations between AHTOs may be beneficial for both professionals and the survivors they serve. In this way, AHTOs may be able to share resources and reduce the weight of the work on professionals.

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IV. STUDY THREE: WHAT I DO IS LIKE THE FRUIT WHICH IS HIDDEN
UNDER LEAF... A QUALITATIVE EXPLORATION OF AUTORICKSHAW
DRIVER AND SEX WORKER RELATIONSHIPS IN SOUTH INDIA

Abstract

Autorickshaw drivers have been frequently assumed to contribute to ST in India. In contrast, previous interviews with anti-human trafficking organization professionals point to the role of autorickshaw drivers in their support of raid and rescue operations. This is the first study to explore the role of Indian autorickshaw drivers in the sex industry. Using Grounded Theory methodology, fifteen Indian autorickshaw drivers participated in this study. Through in-depth individual interviews, autorickshaw drivers discussed how they engage with sex worker women. The findings of the study reflect a number of ways in which autorickshaw drivers support sex workers, including physical, emotional, and monetary support. The autorickshaw drivers also discussed numerous negative outcomes that they may face through their support of sex workers. The results highlight autorickshaw drivers as a potential mode of intervention to prevent the trafficking of girls and women in India, and further highlight the need for additional support for women involved in the sex work industry.

Keywords: Autorickshaw, Sex work industry; Sex workers, India, Informal support

“We have a network of informers who are generally active in Red Light areas. Now the informers, our guys, men, especially those who are either a rickshaw puller or a driver, or maybe a cleaner - these were the people who were our informers. The moment you used to get information about a girl who went missing, we used to send our informants to the Red Light area. They used to verify if the girls were there.”

– *Anti-human trafficking raid and rescue worker, India*

The importance of autorickshaw drivers' role in sex work contexts is not surprising, given these vehicles are the most frequently used forms of transportation in India (Kaul et al., 2019; Ranjan, 2015; Priye et al., 2021). These three-wheeled, motorized passenger carts are usually found in urban or semi-urban and metropolitan areas. As one of the cheapest and most easily accessible forms of transportation, autorickshaw drivers fill the gap between public transport and private transport by providing a source of transportation when public methods are unreliable or unavailable (Priye et al., 2021; Ranjan, 2015). Moreover, given the mobility and secrecy of the sex work industry in India, autorickshaw drivers are in a unique position and could potentially facilitate service outreach and influence engagement among members of this hard-to-reach population.

As part of an informal labor network, rickshaw driving is predominantly taken up by migrating men, often with low educational attainment (Acharya; et al., 2020; Morisky et al., 2005; Priye et al., 2021; Singh & Singh 2019; Saggurti et al., 2009), and drivers are frequently in financially vulnerable positions. Autorickshaw drivers do not typically earn high wages for their labor, limiting their ability to meet their daily financial needs and save for the future (Acharya; et al., 2020; Kaul et al., 2019; Ranjan, 2015; Singh & Singh 2019). In a study on work-life balance among autorickshaw drivers in Mumbai, India, Ranjan (2015) found that 56% of drivers reported earning 15000INR-20000INR (about

USD200 to USD265) per month. Kaul et al. (2019) reported marginally higher rates, 21000 INR – 30000INR, or USD278 to USD398 per month (assuming a 30-day month in which the autorickshaw driver worked every day), and Acharya et al. (2020) reported monthly earnings for drivers in Gujarat, India at 5000INR-10000INR (about USD66 to USD133).

Understandably, the unregulated and relatively easy income that autorickshaw drivers can earn from their associations with individuals in the sex work industry can be both desirable and necessary for their survival. While exact statistics are difficult to obtain, some accounts estimate that the number of sex workers in India is about 800,000 (Pai et al., 2018). However, according to sex worker organizations – such as the All India Network of Sex Workers (AINSW), this number is likely to be much higher. The AINSW, a membership-based network of female, male, and transgender sex workers in India, reports 5 million members. The Southern region of India alone accounts for a large percentage of sex workers. In Javalkar et al. (2019), the authors describe evidence to support over 1 million female sex workers in the Southern state of Karnataka.

There is a large body of research examining the importance of taxi, and other informal transportation providers in the context of sex work (Anant & Neethi, 2021; Aral et al., 2006; Emmanuel et al., 2013). Most of this work has focused on drivers contributing to the trafficking of women or their role in promoting prevention education and awareness efforts (Brady et al., 2015; Buzdugan et al., 2012; Morisky et al., 2005). However, only one empirical study to date focuses on India (Chetry & Pande, 2019), in which the authors focused on autorickshaw drivers' role in anti-human trafficking efforts at the border between Nepal and India. This lack of research on drivers' pivotal role is

concerning given their frequent rates of interaction with individuals involved in sex work and their noted ability to facilitate other health-focused interventions. To address this, the current study will examine the role of Indian autorickshaw drivers and the ways in which they engage with women engaging in the sex work industry in South India.

Literature Review

The current study is guided by previous inquiry into the experience of anti-human trafficking support providers in India. Through the course of the interviews conducted with AHTSO professionals in Study Two, the role of autorickshaw drivers in anti-human trafficking efforts emerged in conversations with some of the formal support providers. In particular, formal support providers who conducted brothel raids and rescue operations were reliant upon autorickshaw drivers to confirm the presence of trafficked minors within these settings. In addition, autorickshaw drivers reportedly served as informants for those working with anti-trafficking organizations. The drivers' familiarity with the areas in which sex work occurs (e.g. Red Light areas) and their direct contact with individuals requiring transportation to and from these places were noted as critical.

It is important to note that autorickshaw drivers may not always differentiate between women engaging in consensual sex work who are experiencing other forms of victimization, and those experiencing sex trafficking. Sex trafficking is defined as the sexual exploitation of another individual through force, fraud, or coercion. These sexually exploitative acts can include forced prostitution, online and telephone-based sex, and more. This is because the meaning of consent and the ability to choose this work may be similarly associated with cultural experiences with poverty and gendered stigmas (Anant & Neethi, 2021; Dalla & Kreimer, 2017; Gerasimov, 2020; Swendeman et al., 2015). For

example, studies have found that women in India engage in sex work due to financial insecurity and issues of family instability (Fehrenbacher et al., 2016; McClarty et al., 2014; Swendeman et al., 2015). Similarly, a study of sex workers in Kolkata found that over 75% of women reported working in the sex industry because of financial needs, in contrast to 16.5% reporting involvement due to force (Fehrenbacher et al., 2016).

However, the stigmas associated with the sexualization of women often contribute to the conceptualization of these differing experiences in India (Anant & Neethi, 2021; Aral et al., 2006; Dalla & Kreimer, 2017; Gerasimov, 2020; Ryan et al., 2019). Further, women and girls who have been subjected to sex trafficking face harsh repercussions from their communities, regardless of their interpretation of choice (Chakraborty & Thakurata, 2013; Dalla & Kreimer, 2017; Gerasimov, 2020). Thus, perceptions of Indian autorickshaw drivers' understandings of these differences have not been examined to date.

Similarly, only one study has examined autorickshaw drivers' contributions to ending sex trafficking in India. In an investigation of anti-human trafficking intervention efforts between the India and Nepal border, Chetry and Pande (2019) found that anti-human trafficking organizations emphasized the importance of building a network of informants. As a result, transportation providers, such as bus drivers and rickshaw drivers, were recruited to surveil the border and the women and girls crossing it. These drivers, who came into contact with many different people, could acquire information about a girl who is being trafficked (or suspect that trafficking is occurring) and would inform the anti-human trafficking organization member who can then intervene. Earlier documentation from the United Nations Office for Drugs on Crime and the government

of India (2008) supports this finding – reporting efforts from anti-human trafficking organizations, such as the Bhoomika Vihar Counseling Center in Bihar, for whom autorickshaw drivers were a vital component of the information network.

Other forms of autorickshaw involvement have come in the form of education and awareness efforts. For example, *tuk-tuk* (regional name for autorickshaw) drivers have used their vehicles to spread awareness about human trafficking in Laos (Ageros & Pathilath, 2009). Autorickshaw drivers have also been at the center of organizations' anti-sex trafficking education efforts in India (Paulose, 2017; Punyam et al., 2012). For example, the Men Against Demand (MAD) program, created by Prajwala, an anti-sex trafficking organization working to rescue, rehabilitate, and reintegrate sex trafficking survivors in South India, was developed in response to learning that autorickshaw drivers and industrial employees were the primary sources of trafficking demand in their community (Paulose, 2017). Though the material covered by the training is not available, an Indian news source states that the MAD program encourages men to take a stand against sex trafficking by no longer seeking paid sex (New Indian Express, 2012).

Autorickshaw drivers have often been positioned as scapegoats contributing to the demand for sex trafficking in India (Paulose, 2017; Nair & Sen, 2005). However, it is critical to differentiate sex work from sex trafficking. Much of the recent literature on sex work has been discussed in the context of sex trafficking. It is through this lens that sex work is most commonly viewed, leading to the frequent conflation of sex work with human trafficking (Dasgupta, 2020; Kempadoo, 2015).³ Further, sex work is heavily

³ Not all women who are involved in the sex industry are victims of sex trafficking, and previous literature has highlighted the ways in which the anti-human trafficking movements has contributed to harm against sex workers. In Ahmed and Seshu's, (2012) review of anti-human trafficking raid, rescue, and

stigmatized labor (Ryan et al., 2019), and since the passing of the Immoral Trafficking and Prevention Act (1956), it has held a precarious position in Indian society. The Act, passed in an effort to combat sex trafficking, outlawed activities related to sex work (such as owning a brothel) but did not outlaw sex work completely (Pai et al., 2018). A combination of these factors may result in the over-identification of autorickshaw drivers as culprits of sex trafficking.

In many cases, autorickshaw drivers have been depicted as a third party to sex work, serving as a form of mediator between brokers and sex workers (Anant & Neethi, 2021; Brady et al., 2015). For example, previous research has described the supportive link between autorickshaw drivers and sex workers, as the drivers often procure and transport clients to brothels or other locations for sexual interactions (Anant & Neethi, 2021; Aral et al., 2006; Brady et al., 2015; Buzdugan et al., 2012). Anant and Neethi (2021) found in their interviews with street-based sex workers in Bangalore, Karnataka, that autorickshaw drivers were described as working hand-in-hand with brothel staff. The autorickshaw drivers would locate customers and drop them off where brothel staff would typically bring sex workers. Similarly, in a study conducted with female sex workers in India, Brady et al. (2015) found that sex workers often had to divide their earnings between brokers, brothel owners, and rickshaw drivers (as payment for bringing customers) before taking their own commission.

It follows then that transportation providers such as taxi drivers, auto-rickshaw drivers, and other informal means of transport play a key role in the larger structure of

rehabilitation efforts in India, the authors found evidence that these actions frequently undermined community-led HIV/AIDS interventions, exposed sex workers to violence, and contributed to greater stigma around sex work.

sex work both in India (Anant & Neethi, 2021) and globally (Aral et al., 2006; Emmanuel et al., 2013). Autorickshaw drivers have also frequently served as key informants for researchers attempting to access hard-to-reach sex worker populations. Autorickshaw drivers are knowledgeable of the areas in which sex workers stay and where sex work is conducted (Ganju & Saggurti, 2017; Thompson et al., 2013). In Aral et al.'s (2006) investigation into the patterns and dynamics which shape sex work in Estonia, the supportive role of taxi drivers emerged as critical. The taxi drivers held two distinctive roles. In one sense, they were the most effective and safest means through which sex workers could access clients and vice versa, and second, taxi drivers served as character references for clients. In this way, clients were not allowed entrance to a brothel without the approval of a taxi driver, essentially protecting the sex workers from intoxicated or potentially troublesome clients. Likewise, Emmanuel et al. (2013) noted that taxi and autorickshaw drivers played a significant role in linking sex workers to clients in exchange for a fee in Pakistan. These drivers also provided the sex workers with protection in some cases as well, though the authors of the study did not specify the means by which they did so.

Most commonly, however, research has focused on Indian autorickshaw drivers as clients of sex workers (Ahmed et al., 2012; Brady et al., 2015; Gaikwad, 2012; Mahejabin et al., 2014), and particularly within the context of sexual risk-taking and HIV/AIDs. Previous research has placed autorickshaw drivers and other transportation providers (such as truckers) as at high risk of acquiring and transmitting HIV/AIDS and other sexually transmitted infections (STI) (Ahmed et al., 2012; Brady et al., 2015; Gaikwad, 2012; Morisky et al., 2005; Saggurti et al., 2009). This is due in part to the

established connection between mobility and HIV, in that mobility facilitates the spread of HIV (Blanchard et al., 2005; Saggurti et al., 2012). In a comparison study between migratory and mobile men and nonmigrating men without mobility, Saggurti et al. (2012) found higher prevalence rates of HIV among Indian men who had a history of migration and higher prevalence rates among women whose husbands had migrated.

Autorickshaw and truck drivers are two populations in South Asia that most frequently engage in sex with sex workers (Ahmed et al., 2012; Brady et al., 2015; Gaikwad, 2012; Mahejabin et al., 2014). The rickshaw workforce often includes migrant men transitioning from rural areas to metropolitan cities, and autorickshaw drivers have been shown to engage in risky sex, such as sex without a condom and sex with sex workers (Saggurti et al., 2009; Morisky et al., 2005). Studies conducted with rickshaw drivers in the Philippines have described drivers as frequenting locations where sex workers are employed through their work. Morisky et al. (2005) suggest that autorickshaw drivers, who often work long hours into the night, experience a level of anonymity. This feeling of secrecy, coupled with their proximity to sex workers, may be the reason why rickshaw drivers engage in sex with sex workers (Morisky et al., 2005). Similarly, research on floating sex workers, or sex workers who operate outside of a brothel, in Dhaka, Bangladesh, reported that 40% of the sex workers' clients operated a rickshaw, and 20% were truck drivers (Mahejabin et al., 2014).

However, autorickshaw drivers in India are aware of the risks of HIV/AIDs and appear to be mostly knowledgeable about how HIV is transmitted (Bawa et al., 2014). Other programs have successfully employed autorickshaw drivers as peer educators on the risk of HIV/AIDs. In a study conducted on a peer education program in the

Philippines, 20 autorickshaw drivers were nominated by fellow drivers or volunteered to participate as peer educators. Peer educators received training in the scope of and prevention of HIV/AIDS and STIs, such as condom use, the role of men in transmission, and the social and behavioral aspects of HIV and STI prevention. The rickshaw drivers then developed educational materials, which they utilized to educate fellow rickshaw drivers. Educational posters and stickers on STI/HIV were also placed in the rickshaws, and rickshaw drivers distributed condoms to customers who frequented sex workers (Moriski et al., 2005).

Findings from Govinda (2020) suggest that drivers face negative perceptions of their work. These perceptions are a result of rickshaw drivers and truckers being the focus of the HIV/AIDS epidemic and worldwide news coverage of sexual violence against women, such as the Dehli gang rape and murder⁴. Drivers reported driving was considered to be a good job before these events, but now the image within the larger society has been ruined (Govinda, 2020). These perceptions led rickshaw drivers to be apprehensive of providing transportation to sex workers, which might lead others to associate drivers with HIV or are concerned that the sex worker would cause them trouble (Govinda, 2020).

The connection between autorickshaw drivers and the sex work industry is evident in the literature. However, much of this focus has been on rickshaw drivers as contributors to ST (Nair & Sen, 2005; Punyam et al., 2012) and HIV/AIDS risk (Ahmed et al., 2012; Brady et al., 2015; Gaikwad, 2012; Morisky et al., 2005; Saggurti et al., 2009). Further, there has been a documented connection between autorickshaw drivers

⁴ In 2012, in South West Delhi, Jyoti Singh was fatally beaten, gang-raped and tortured on a private bus while traveling with her male friend, who was also assaulted. (British Broadcasting Cooperation, 2020)

and sex workers, though this information is scant and contradictory. The purpose of the present research was to explore the experiences of autorickshaw drivers who provide transportation to sex workers and generate a theoretical model for how autorickshaw drivers and sex workers associate with each other in the Southern state Karnataka, India. In-depth interviews with 15 autorickshaw drivers were conducted in order to capture their lived experiences. These experiences were then investigated using grounded theory (Charmaz, 2005; Strauss and Corbin, 1998) to aid in collecting and analyzing data and constructing the theoretical model.

Methods

Research Design Overview

As the aims of the current study were to explore and theorize the nature of relationships between autorickshaw drivers and sex workers in South India, a grounded theory approach (Charmaz, 2005; Strauss & Corbin, 1998) was chosen to steer the qualitative inquiry. Grounded theory utilizes an inductive approach to data collection and analysis. In this style, researchers are expected to approach the research inquiry with little to no preconceived notions about the subject as possible. This “blank slate” approach allows researchers to remain sensitive to the data and restricts interpretations filtered through the researcher’s biases and beliefs (Strauss & Corbin, 1998).

Several different approaches to grounded theory have been noted (see Charmaz, 2006; Clark, 2005). The authors followed Charmaz’s (2005; 2006) constructivist grounded theory which positions itself within a social constructivist perspective, “... emphasizing diverse local worlds, multiple realities, and the complexities of particular worlds, views, and actions” (Creswell & Poth, 2013, pg. 65). The social constructivist

grounded theory stresses the importance of process. By focusing on the processes through which events, actions, meanings, individuals, and social structures relate, connections that may typically be hidden from view are brought to light (Charmaz, 2020). Charmaz (2020) advocates for qualitative research to be conducted on the often-ignored inequalities experienced by individuals and notes the value of these shared experiences between those directly interacting with these inequitable systems. Given the societal inequalities experienced by Indian autorickshaw drivers due to caste and other markers of status, and the hidden nature of their interactions with sex workers (another group experiencing societal inequity), social constructivist grounded theory is particularly useful for the current study. In-depth individual interviews were held with autorickshaw drivers who have worked with local sex workers in a metropolitan city in the South Indian state of Karnataka.

Researcher Descriptions

The first author conceptualized the original study (Study Two: Challenges and barriers to service provision: A qualitative examination of Indian sex trafficking service professionals' experiences) and conducted data analysis with the second author. While Strauss and Corbin (1998) note that a blank slate approach is preferable for grounded theory, the first author does have some familiarity with sex work through their previous research on the topic of sex trafficking. However, the first author has not conducted any studies with autorickshaw drivers or sex workers. The limited research on the connection between these two groups demonstrates the "blank slate" that currently exists in the literature. Therefore, much of the first authors' knowledge of the topic has been informed by anecdotes from Indian anti-human trafficking formal support providers.

The third and fourth authors provided guidance on the questioning route and conducted the interviews with the autorickshaw drivers. Both interviewers are native to India and live and work in Karnataka. The interviewers were fluent in Kannada and English languages. As part of their work with a public health research institute, both interviewers had received substantial training in conducting qualitative interviews. Further, the interviewers have predominantly worked with sensitive populations, including sex workers, and on topics such as rural maternal health. They were qualified to conduct culturally competent research.

Study Participants

A total of 15 autorickshaw drivers who provided transportation services in Karnataka, India, participated in the study. All participants reported working with local sex workers whom they carried as passengers. Autorickshaw driving is typically a male-dominated industry (Ahmed et al., 2012), and all 15 participants identified as male. Most autorickshaw drivers were in their 40s ($M = 46.33$, $SD = 11.06$). Nearly all of the participants had worked in other informal labor sectors such as agriculture, tea stall owners, cloth center workers, and odd jobs laborers. On average, participants had worked as an autorickshaw driver for about 23 years ($SD = 11.44$), and were earning INR 19,933.33 a month on average ($SD = \text{INR } 10,760.16$; $M = \text{USD } 258.56$, $SD = \text{USD } 139.57$).

Table 1*Demographics of Autorickshaw Drivers who provide support to sex workers*

Characteristics	M(SD)	%
Age	46.33 (11.06)	
Years working	23 (11.44)	
Monthly income		
INR	19,933₹ (10,760₹)	
USD	\$258.56 (\$139.57)	
Gender		
Male		100.0
Educational attainment		
No schooling		6.7
1 st standard		6.7
4 th standard		6.7
5 th standard		13.3
7 th standard		20.0
8 th standard		26.7
10 th standard		20.0
Religion		
Hindu		73.3
Muslim		26.7

Participant Recruitment

Approval for conducting the study was received from institutional review boards (IRB) at both a US-based university's institutional review board (IRB) and a partnering NGO in Karnataka, India. Autorickshaw drivers were recruited from an autorickshaw center in close proximity to the NGO. The NGO's Community Supervisor, who specializes in connecting with sensitive and hard-to-reach populations within the community, provided autorickshaw drivers with information about the study and a study flyer. The partnering NGO's contact information was included in the recruitment materials for further questions and scheduling.

Participant Selection

Purposeful sampling methods were used to ensure that study participants were those who were most likely to have knowledge regarding the topic of discussion (Luborsky & Rubinstein, 1995). In this study, participants must have worked as an autorickshaw driver in India, have experience working with sex workers through their autorickshaw careers, and be over the age of 18 to participate. In accordance with Grounded Theory methods, sampling occurred in two phases; ten interviews were collected in phase one. After reviewing and discussing the interview transcripts, five additional interviews were conducted. A total of 15 interviews were conducted with the autorickshaw drivers.

Data Collection

Data Collection Procedures

In the Spring of 2021, autorickshaw drivers who were interested in participating in the study scheduled interviews with the partnering NGO's Community Supervisor. On the day of the interview, participants were provided with a consent form further explaining the purpose and intent of the study. After ensuring participants understood the purpose of the study, the autorickshaw drivers filled out the consent form and completed a short demographics questionnaire. The drivers were then assigned an identification number in order to provide participant anonymity.

Authors three and four conducted individual interviews, and authors five and six acted as note-takers. A semi-structured questioning route was used to guide the interviews. This questioning route was modified from a previous route developed with the help of Indian professionals familiar with human trafficking and issues related to

women's and children's rights. The questioning route included questions such as: What are some of the ways sex workers are supported in Mysuru? What kind of work do you specifically do with the sex workers in Mysuru? How do others in the community view your work with the sex workers? The interviewers used additional probes related to the primary inquiries as well. Each interview was about one hour in length.

Recording and Data Transformation

All interviews were digitally recorded and transcribed verbatim. The transcripts were then translated from Kannada to English and double-checked for accuracy by an individual whose native tongue is Kannada and who speaks English fluently. The notes taken in English during the debriefing process following each interview were also transcribed and informed data analysis.

Analysis

Data-analytic Strategies

The data for the current study were analyzed using a strategy in agreement with a constructivist grounded theory approach. The analytic process consisted of immersion in the data, repeated coding, sorting, and category development. MAXQDA software was used to assist with data organization and note-taking during the data analysis process. Analysis began with a thorough read-through of all transcripts to become familiar with the data. The first author kept a physical journal and memos in MAXQDA to record their impressions, questions, and speculations about the developing theory. Following familiarization, data was open coded, which consisted of reviewing the transcripts line by line to generate initial codes. Initial codes were then compared and contrasted to determine their fitness. Open coding was followed by axial coding, in which codes were

combined to create categories. These categories were developed through discussions of the initial codes between the authors. Categories were examined in relation to each other to determine their suitability within the emerging theoretical model.

Methodological Integrity

A number of steps to support the methodological integrity of the data were employed. By using purposive sampling, or by selecting participants based on the level of experience they may have with the topic under investigation, the data is representative of individuals who have direct experience with the processes under investigation. This sampling procedure ensures that the theoretical model developed from the study is reflective of the experiences of autorickshaw drivers who have worked with sex workers in India. Next, authors five and six served as note-takers during all of the interviews. These notes were used to record interesting points that arose during the course of the interview, responses that required further probing, and general notes regarding the interview overall. These notes were used during team debriefing sessions, provided additional context to the interviews during the data analysis process, and indicated potential codes. Lastly, in an attempt to maintain the methodological integrity of the data, data analysis was conducted with the assistance of an expert peer. Coding and category development occurred separately and was discussed with the expert peer for each round. Comparisons between categories were discussed, and category fitness in the theoretical model was also discussed.

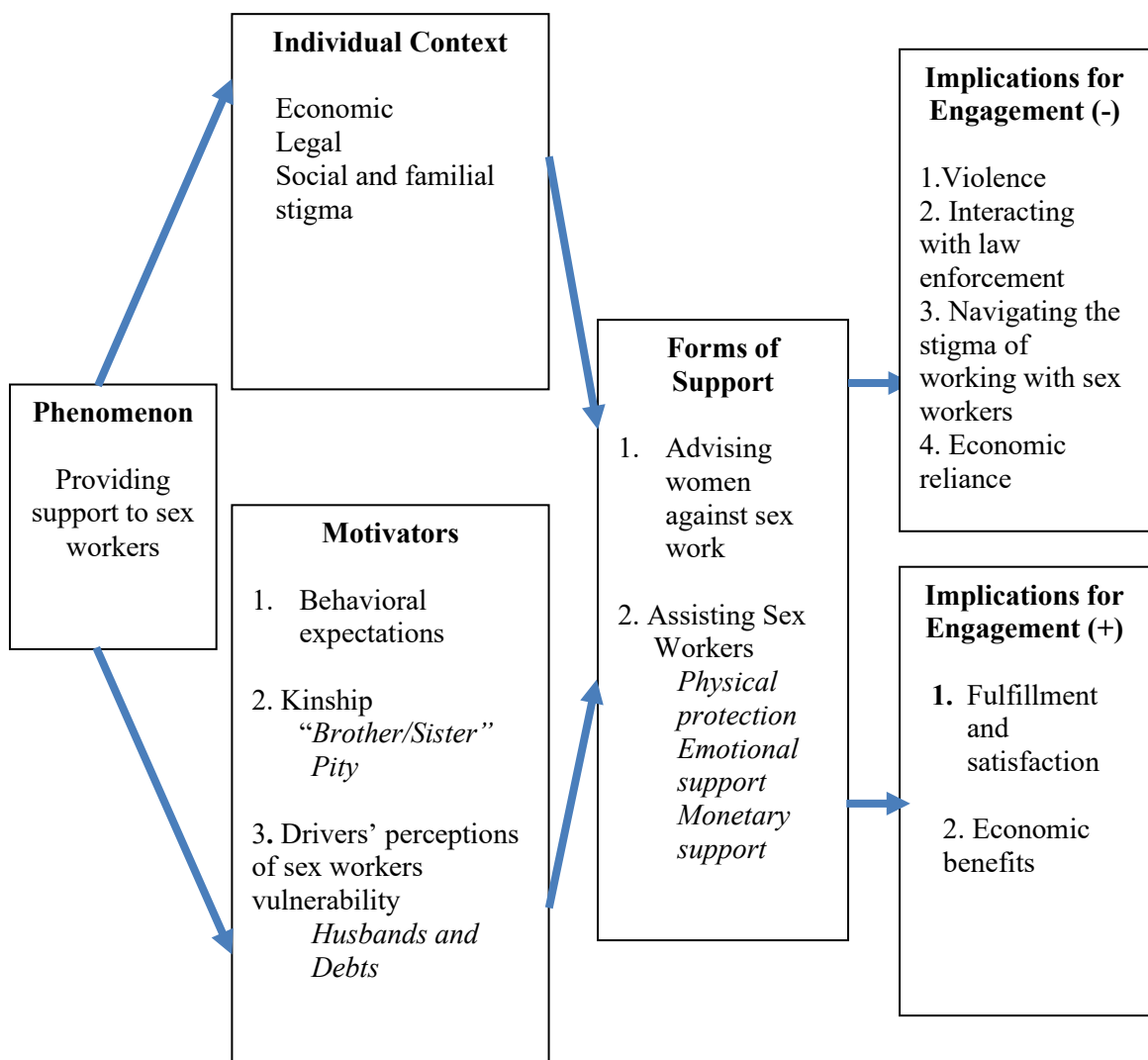
Findings

As the study aims to explore and theorize the nature of relationships between autorickshaw drivers and sex workers, the results are organized in alignment with the

corresponding model (See fig. 1). Autorickshaw drivers provide a number of forms of support to sex workers. This support-providing process consists of four categories that illustrate the experiences and relationships between the autorickshaw drivers and sex workers. These categories are Individual context, Motivations, Forms of support, and Implications for engagement.

Figure 1.

A theoretical model of autorickshaw drivers and sex workers relationship



Individual Context

The autorickshaw drivers themselves faced many vulnerabilities as a result of social stratification on the basis of caste, class, and for those who were not Hindu, religion. These aspects of the drivers' identities shape their lived experiences by influencing the level of power autorickshaw drivers hold in different contexts.

Autorickshaw drivers from low caste backgrounds and within lower economic classes experience limited power within the greater society despite their "high powered" male identities. There was low educational attainment and, therefore, limited career options for many of the participants. Taking up a career as an autorickshaw driver was a practical choice for the participants who did not have many other viable job prospects.

Despite this, driving an autorickshaw was more favorable than other wage-based labor, such as in agriculture or factory work. A number of participants had chosen autorickshaw driving after facing toilsome and exploitative experiences working in other fields. Driving an autorickshaw was a career path where these men could have independence and direct control over their earnings. However, driving was not without its' difficulties. Most participants could not sustain a living wage from driving an autorickshaw. Some participants sold produce in addition to driving or worked nearly 24-hour shifts in order to make ends meet. Autorickshaw drivers also faced challenges within their communities due to their career choice. Participants expressed that driving an autorickshaw and, by association, autorickshaw drivers are viewed negatively within the wider society.

Yes, people from different walks of life call us, like office people call us, people from hospital call us, the people who has fallen on road calls us. Everyone needs us. There are few department people who call auto drivers as bad people, but we should feel happy about our work. (IDI_#108)

Motivators for Supporting Sex Workers

Despite the autorickshaw drivers' personal backgrounds, a few factors appeared to have roused them to provide aid to sex workers. These factors were labeled as motivators. Motivators for autorickshaw drivers included gender role expectations, kinship, and the drivers' perceptions of the sex workers' vulnerabilities.

Gender expectations

Within a typical patriarchal system, social and family roles are organized according to gender. These roles become a part of the gendered expectations for men and women, which serve to maintain male domination and female subservience. For men, these role expectations include marriage, rearing male children, and providing for and looking after the welfare of all dependents within the family (Sriram & Navalkar, 2013). These gendered duties may have contributed to the autorickshaw drivers' motivation to help women who were engaging in sex work. Some of the autorickshaw drivers expressed these heavily gendered values, "According to our religion it is bad, but women are helpless as there is no one to look after them." (IDI_#113)

Another driver described the sense of responsibility to the sex workers he feels due to his gender:

Her only motive is to look after her kids. She boldly comes and faces all the problems and challenges, and she will stand firm. And me being a man, I have to support them and will not think about what others think about me or my job. Or I am not worried about, "How do they view my work?" If I do something wrong, I am answerable. We have to do the work to make god happy and not to make anyone else happy. We need not think about anybody else. (IDI_#112)

Kinship

For some autorickshaw drivers, the similarities between their circumstances and the sex workers were evident. This led to autorickshaw drivers' feelings of sympathy towards sex workers. This sentiment was described as kinship. A driver described, "I had seen the problems that they were facing, and they are also like us. I just wanted to help them that was the only intention which made me work with them, and there was nothing apart from that." (IDI_#110)

"Brother/Sister." Common within the interview transcripts was language indicating close relationships between the autorickshaw drivers and sex workers. In particular, the drivers and sex workers referred to each other as "brother" and "sister." For example, one autorickshaw driver described his preference for transporting sex workers as compared to some other passengers, "With sex workers it is not like that. They call us brother and I also respect them. They tell us, 'Brother, will you drop me?' and I tell them yes." (IDI_#113)

Due to the shared intimacy between autorickshaw drivers and sex workers, autorickshaw drivers were able to gain access to information that would typically not be shared outside of the family unit and therefore, were allowed greater insight into the troubles faced by sex workers.

I get tears in my eyes after seeing their condition [...] They say how these customers treat them and touching them inappropriately. By being men, I should not be talking about all these things, but they share everything without any shyness. For example, if your husband beats you and you think of me as your brother, you will share everything with me. In the same manner, sex workers will share everything with me after they come out doing everything. They share everything openly without any hesitation [...] In the same way, when they come and sit in my auto, they tell everything. (IDI_#111)

Pity. Within the autorickshaw drivers' descriptions of their experiences with the sex workers were expressions of compassion and sorrow. The drivers stood witness to many of the troubling experiences sex workers faced. This, coupled with the drivers' kinship with the sex workers, led to feelings of pity. These feelings motivated the autorickshaw drivers to act and help the sex workers.

When we recall the pain that they experience, we feel very bad, Madam. We have literally seen many experiencing all these pains in front of our own eyes. When we look at these things, we feel like helping them beyond our strength. I will try maximum to help them. After that, it is their destiny. (IDI_#112)

Drivers' perceptions of sex workers' vulnerability

The autorickshaw drivers' motivation to help sex workers may have stemmed from the drivers' understanding of the women's social positions and the accompanying vulnerabilities. Overarchingly, the autorickshaw drivers believed that the women were forced into engaging in sex work due to unfortunate situations at home. Few autorickshaw drivers felt that the women they were assisting chose sex work out of personal interest or enjoyment, and those that did, indicated that this percentage of women was marginal. One driver states, "If a lady has to come out of her house and involve herself in such a work, then there is a strong background force. Then only she will come. Otherwise, nobody will come for fun or enjoyment." (IDI_#108)

Husbands and Debt. Husbands were identified as the primary reason for women's sex work involvement. In particular, the autorickshaw drivers pointed to the husband's inability to fulfill his role within the typical patriarchal household, leaving the financial responsibilities to their wives. Women were then required to both finance and take on the burden of caring for the entire household. One driver explains:

Driver: See, Madam, I have married one woman. After marriage, I have to take care of her and my family well. If I take care of them properly, why will they come [to sex work], Madam? If [women] get married and [husbands] do not take proper care of them, what will they do? If I am not good, I consume alcohol, and continue to do so, what will they do?

Interviewer: Yes sir, so they go like that. It is not their fault.

Driver: There is no fault. Any woman, for that matter, is not at fault. It is the fault of the man. If you want, you can give it to paper. Anywhere in India, you send it. You can send what I have spoken to Kumaraswamy (Member of the Karnataka Legislative Assembly). I will not [be] bothered. If the husband is right, why will our women go out? If we drink and sleep at home, the next door neighbor will pick up. I will not shy away to tell or have fear of telling. You tell it to anyone. This is the thing happening. Sad. What is the fault of [women]? Tell me.

(IDI_#102)

Due to the financial burden of maintaining a household, some women were described as having to take loans in order to make ends meet. The autorickshaw drivers felt that the women they worked with became involved in sex work to pay off these loans. “Not many females come to work in this field willingly. The females who have left their husbands, they have to pay the house rent, clear the debts. For such things they get involved in this type of work (IDI_#101). Another driver described food insecurities faced by the sex workers due to these issues saying, “They don’t have money to buy food and have many debts to be given back. Sometimes customers pay for their food, and they take that food home.” (IDI_#104)

Forms of Instrumental Support

Autorickshaw drivers described the incredible amount of violence sex workers face on a daily basis. Most commonly, sex workers experienced theft, harassment from buyers and the public, and physical and sexual assault at the hands of buyers and law enforcement. Autorickshaw drivers regularly positioned themselves as the sex workers’

main source of support when these incidents occurred. The ways in which autorickshaw drivers provided support to the sex workers were labeled as forms of instrumental support. These actions were two-fold, 1) autorickshaw drivers frequently held discussions with sex workers to dissuade them from continuing in this line of work, and 2) autorickshaw drivers provided active forms of assistance to sex workers.

Advising women against sex work

Many of the autorickshaw drivers often found themselves compelled to encourage women to stop engaging in sex work. In some cases, these conversations resulted in sex workers revealing the personal circumstances that precipitated their involvement in the sex work industry. These stories revealed the complexities of living as a woman in a heavily patriarchal society. For example, an autorickshaw driver recalled two such stories in which both women had lost their husbands, either through death or abandonment, and had children and a household to maintain. Despite the complexities of these situations, autorickshaw drivers still recommended women's exit from sex work.

They take them and burn them with a cigarette butt. They torture them. Some share it with us. Then we tell them why you need such a business, you go for some other job in a hotel. They say they do not have strength to work. (IDI #106)

Similarly, while the drivers noted that their passengers should not be looked down upon for this field of work, they simultaneously recommended that the sex workers find work in other, more suitable industries:

It's their profession and we cannot consider it as wrong. I usually ask them to work as house maids, or to do some other work. A few may listen to us, and a few may not listen to us. Ultimately it is their choice. (IDI #108)

Assisting sex workers

Other than offering encouragement to leave the sex work industry, autorickshaw drivers also provided more active support to sex workers during their interactions. Some autorickshaw drivers reported that they were the only people to support sex workers. One driver explains, “If they have any problem, they will share it with us. We can help them [with] what we can do. Others will not help them. Their relatives will [...] think that their prestige and respect will be spoiled.” (IDI_#109) The autorickshaw drivers commonly employed three forms of active support: protection, emotional support, and monetary support.

Physical protection. While describing their experiences working with sex workers, many autorickshaw drivers described instances in which sex workers required their physical assistance. The use of physical support was necessary in autorickshaw drivers’ protection of sex workers –who experienced assault and other forms of violence from buyers and police. Autorickshaw drivers assisted sex workers by providing a quick means of escape from these dangerous situations and sometimes became directly involved in defending them from others. An autorickshaw driver mentioned, “If someone misbehaves with ladies, we have given them nicely [beaten them], and this has happened 2 to 3 times.” (IDI #111)

When that woman does such kind of a work, boys will trouble her. When they torture her saying that she should stay with them and sleep with them, I have fought with them. They have done this to the family girls. At that time, I have fought with them. (IDI_#102)

Emotional support. Autorickshaw drivers emphasized the importance of being viewed as trustworthy by sex workers. They demonstrated their capacity for

trustworthiness through safe transportation. One driver describes, “We should drop them and be in their confidence. They will have a thought in their mind that, ‘If I get into this brother’s auto, I will reach home safely.’”(IDI #114). By consistently providing the sex workers with reliable and safe transportation, autorickshaw drivers established themselves as dependable individuals with whom sex workers could share about their lives. In these relationships, sex workers opened up to the autorickshaw drivers and described some of their struggles. Likewise, the autorickshaw drivers did the same. “Sex workers come to us, and we take them. They tell us their problems and we also tell them our problems. Because of them, we are able to earn little better.” (IDI #104) This type of support was labeled as emotional support.

The sex workers whom we pick up and drop will become close to us, at that time they share their joy and sorrow with us, and they also speak about the support system if they are getting any from anyone. Poor ladies. They have shared a lot of things, Madam. (IDI #112)

Monetary support. Lastly, autorickshaw drivers were a source of monetary support for the sex workers with whom they had established relationships. Through the development of these relationships, autorickshaw drivers were able to better understand sex workers’ positions, which enabled them to be more understanding with these passengers as compared to others. For example, autorickshaw drivers frequently described situations in which they accepted delayed payments from sex workers as well as provided financial assistance when sex workers were in need. This monetary support was repaid and sometimes reciprocated by the sex workers when autorickshaw drivers also found themselves in financial straits. Autorickshaw drivers described:

They do not get any kind of support. Sometimes I help them. I ask them whether they had any customer. They say, "No brother, today there is nothing." I ask them whether need any money. I give them 50 to 100 rupees. If we give them 100 rupees, they give us 200 rupees in return. Many women say, "Please take brother, you have helped us during our difficult days. Please keep it with you." IDI #106

Implications for Engagement

Negative outcomes

Autorickshaw drivers described a number of negative outcomes that resulted from working with sex workers. These negative outcomes for drivers included violence, issues with police, struggles navigating the stigma of working with sex workers, and economic reliance upon the increased fair provided by sex workers.

Violence. Often, autorickshaw drivers faced danger while transporting sex workers. Issues with intoxicated customers posed a challenge for many drivers. These individuals' instigated fights with the drivers and sex workers alike and also robbed autorickshaw drivers. One driver said, "They have hit me, have sent me back without giving money. They have also tried to drag the sex workers, and we have tried to help the sex workers." (IDI_#108). Another driver shared some of the difficult experiences he had faced:

Challenges what we face is sometimes drunkards come and fight. Few of them snatch money from sex worker and they say you had so much money. As we will be sitting in front of them, and we have hit them many times. Few people are so much drunk that they will fall on floor. Few of them take money from our pockets. Working with drunkards it is so difficult [...](IDI_#113)

Interactions with law enforcement. Drivers also faced challenges from law enforcement. In general, the consensus among the autorickshaw drivers was that members of law enforcement, such as police, had full knowledge that sex work was being conducted in the city. Police received payouts from brothels and also visited these

locations as a customer. Autorickshaw drivers also had to give a percentage of their wages to police officers if suspected of transporting sex workers.

We face challenges from police and rowdy (gangs). If a sex worker doesn't agree to go with them, the customers will chase us. If [sex workers] sit in our auto, [customers] will stop us in the middle of the road. Next, here come police. Once or twice, they will see us. Later, they will come to a conclusion saying we are into this kind work and will demand for money forcefully. [Police] will say, "You will take so much money from sex worker, why don't you give us?" (IDI_#109)

For others, interactions with police led to the seizure of their vehicle and, therefore, their livelihood. Drivers who possessed the funds, or those who were in the position to take out a loan, could then pay to retrieve their vehicle from law enforcement.

If policemen comes to know about it, then the sex workers guide us to go like this or that, they know the roads better whether there are no policemen, they will only show us in which way to go and where the policemen will stand regularly. (IDI_#110)

Navigating the stigma of working with sex workers. The autorickshaw drivers were acutely conscious of society's negative perceptions of sex workers and the social consequences of their work. Nearly all of the drivers noted that within the purview of their religion, sex work was not acceptable work, and some of the autorickshaw drivers went to great lengths to keep their families and neighbors from discovering that they help and transport sex workers.

Few people don't care but few think we are involved in bad things and why we have to earn doing bad things. Few people say we are doing our work of picking and dropping by taking our auto charges. If some people who knows if they see us dropping them, they can tell that to our wife. That your husband is doing wrong things. My wife has not questioned me, and no one has ever said anything to her about me. (IDI_#103)

The repercussions of the autorickshaw drivers' work coming to light could be severe, and some worried about their reputations within the community. One states:

Everybody will say it is bad, because if they come to know that I am involved they will speak ill of my family and comment that, “Tomorrow, he will involve his family [in the sex industry].” They will treat us differently. (IDI_#105)

Economic reliance. For the vast majority, the increased fares provided by the sex workers were instrumental in helping the autorickshaw drivers support themselves and their families. Without these funds supplementing their regular pay, the drivers could not meet or fulfill their additional responsibilities as the male head of the household. These responsibilities included getting female family members married (typically requiring a dowry payment) and building up emergency savings. A driver says, “Madam, sometimes we don’t get rent, and we have no other option as we have to look after our family. So, we do this work. We just go and come where the party tells us to go.” (IDI_#104). Two drivers expressed their reliance upon sex workers’ fares as an addiction saying, “Other than this work I cannot do anything else. We become addicted to it. We cannot leave this.” (IDI_#106)

We should not get addicted to this job. If we get addicted in getting more money, we may end in developing bad habits like smoking and eating chewing tobacco. Once we are into it, it is not possible to come out. (IDI_#113)

Positive outcomes

Fulfillment and satisfaction. The autorickshaw drivers also experienced positive outcomes from their interactions with sex workers. In particular, the autorickshaw drivers gained a sense of fulfillment and satisfaction from helping sex workers. These drivers had a sense that through this work, they were helping humanity.

Madam, I have a policy if I feel what I am doing is right, I don’t care for anyone what they say or what they talk about me, it can be my relatives or my community people, but if I feel what I am doing is wrong, I will never do it, because my intention is to help them. I don’t care about what society or community thinks

about me, I will never feel guilty about it, because what I am doing is good, I just want to help them and that is my mentality. (IDI_#112)

Economic Benefits. Additionally, the autorickshaw drivers benefitted from the increased fares provided by the sex workers. The drivers often reported receiving double their regular rate for transporting sex workers. While the financial incentive for this work is very enticing, the drivers themselves did not request an additional fare from sex workers. Instead, the women would set their own rates and give according to how they felt. This understanding between the autorickshaw drivers and sex workers was widespread throughout the transcripts. “I don’t demand because I know how much difficult it is for them to earn. I tell them to give fixed rent and tell them to give how much ever they want. I take how much they give me.” (IDI_#113). The autorickshaw drivers also accepted delayed payments from sex workers who could not pay their fares after an unsuccessful workday. “Sometimes when they don’t have enough money, we just send them saying it is ok, you can pay us tomorrow. (#IDI_#112). Other drivers refused the added pay from the sex workers or accepted far less than the typical bonus payment. “We see their problems through our eyes, and there is no need to say. After seeing their problem, we refuse to take commission of 50-100 rupees.” (IDI_#104)

Discussion

This study is the very first to explore the relationships between autorickshaw drivers and sex workers in Karnataka, India. Despite the precarious financial situations of autorickshaw drivers, the drivers provided considerable support to female sex workers. Autorickshaw drivers encouraged women to leave sex work and provided protection, emotional, and monetary support. The sex work provided trusted autorickshaw drivers

with increased fare rates, but it was clear that the fare alone was not the only motivation for their support. Interestingly, drivers were dependent upon the fares provided by the sex workers but did not always take this increased fare or would take less than what was offered to them. Autorickshaw drivers also had to negotiate several negative outcomes that may arise from their interactions with sex workers. Regardless, autorickshaw drivers chose to overlook these adverse outcomes in lieu of continuing their work with sex workers.

Our findings align with two other studies that have suggested positive social relationships between autorickshaw drivers and sex workers (Heravian et al., 2012). Much like in Kotiswaran's (2011, pg 114) report in which Indian autorickshaw drivers felt empathetic towards sex workers, the autorickshaw drivers in the current study were extremely moved by what they understood as the plight of the sex worker. Some of the autorickshaw drivers claimed they would fight for the sex workers until the end of their lives or described feeling distraught after thinking about sex workers' experiences.

The relationship between the two is mutually beneficial in some ways. The autorickshaw drivers conveyed through the interviews that the sex workers view them as safe. The drivers provided the sex workers with active support, such as physically intervening when sex workers were faced with violent customers. In turn, autorickshaw drivers benefited from their relationships with the sex worker through the increased fare rates they would pay. The drivers also benefit from these relationships by providing a context in which they could exercise their masculinity and power over women. In the cases of our participants, these exercises were benevolent, but were a means through which their masculinity could be validated. This is similar to findings reported by

Govinda (2020). Among a sample of lower class/caste male taxi drivers, the drivers exercised masculinity through their ownership and operation of a taxi. The taxi drivers positioned themselves as their passengers' protector when transporting women, prioritizing her safety and security.

The support drivers provide is understandably important, given that previous research has found a lack of social support from family members among Indian sex workers. For example, many sex worker participants in Dalla and Kremer's (2017) study described great lengths that they would go to in order to keep their involvement in the sex industry a secret. The women described their lives as "ruined" in the eyes of the family members due to the shame and stigma associated with sex work. Similarly, peer relationships with other sex workers or madams can be tumultuous and difficult to maintain (Dalla & Kremer, 2017; Jorjoran Shushtari et al., 2021). Thus, the apparent non-judgemental and benevolent support autorickshaw drivers provide may fill the social support gap some sex workers seek.

There were a number of difficulties that both the autorickshaw drivers and the sex workers faced in their work. Both parties are in economically precarious positions, and their daily income is determined by the number of customers they serve. In addition to this, autorickshaw drivers and sex workers struggled with some of their customers. In particular, both drivers and sex workers faced violence, theft, and difficulties with intoxicated individuals. Neither autorickshaw drivers nor sex workers had protection from these issues, and most relied upon each other. Law enforcement and police also caused trouble for autorickshaw drivers and sex workers. For example, autorickshaw drivers reported harassment from police for registration and other bureaucratic issues.

Other studies have found that rickshaw drivers in other areas face similar difficulties. The fees associated with penalization from law enforcement can be overly onerous for autorickshaw drivers who are already facing financial challenges. Findings from this study demonstrate the need for economic support programs to be developed for autorickshaw drivers and sex workers equally. Further, the steps to vehicle registration should be simplified so that autorickshaw drivers do not face unnecessary economic setbacks.

Autorickshaw drivers also faced issues from police who punished them if they were suspected of transporting sex workers. Due to the Immoral Trafficking and Prevention Act, these drivers may have been suspected of human trafficking. These interactions with law enforcement have been noted to be violent for sex workers and rickshaw drivers. The findings in the current study support suggestions from Ahmed and Seshu (2012), who have shown that harm is caused when sex work is conflated with sex trafficking in India. Instead, autorickshaw drivers should be trained to identify minors and forced, fraudulent, and coercive sex work. Sex workers, too, have also been shown to be some of the best individuals to combat trafficking. Instead of punishing women for sex work, sex worker collectives, such as those discussed in Gerasimov (2020), should be encouraged. Anti-human trafficking organizations should consider that those who are the most familiar with sex work and the sex industry and its' structures hold the most knowledge about how to approach anti-sex trafficking efforts.

The decriminalization of sex workers would further support these efforts. This would allow autorickshaw drivers and sex workers to report sex trafficking without fear of legal repercussions for their labor. Finally, the stigma associated with sex work must

be addressed within communities. Despite their warm feelings towards the sex workers, most of the autorickshaw drivers in this study were cautious to keep their connections with the sex workers away from family members and members of their communities. Naturally, this stigma would also hinder sex trafficking reporting in these populations.

Limitations

It is possible that the autorickshaw drivers in this study did not wish to discuss their relationships with sex workers to the fullest extent due to fears of judgment or disapproval. Sex work carries a heavy stigma in India, and it is possible that the autorickshaw drivers wished to mitigate that stigma. Similarly, authors three and four, who conducted the interviews with the drivers, and authors five and six, the note-takers present during the interviews, are Indian women. Discussions around sex are typically taboo in Indian society, and the topic is especially not discussed with women (Chakraborty & Thakurata, 2013). The interviewers and notetakers' gender may have caused drivers to withhold information during the interview process. Two of the autorickshaw drivers expressed some hesitancy about sharing their experiences with the interviewers, but they were reassured that these discussions were permissible for the purpose of the study. Further, the focus of this study was on autorickshaw drivers who work with female sex workers. Therefore, the findings should not be extrapolated to transgender sex workers, who are equally present in India (All India Network of Sex Workers, Ganju & Saggurti, 2017; Thompson et al., 2013). All of the autorickshaw drivers who participated in this study worked in the Southern state of Karnataka. Sex work can be found in other parts of India, but these findings also cannot be assumed to transfer to other geographical locations. Lastly, while the study's findings include a

theoretical model, the study design does not allow us to make causal conclusions about the relationship between the drivers and sex workers.

Conclusions

Despite these limitations, this qualitative study provides a first exploration of autorickshaw drivers and sex workers social relationships. A mutually supportive relationship was revealed between the two populations, and a theoretical model was developed in order to depict this relationship. The findings from this study provide support for the development of economic programs for sex workers and rickshaw drives. Both of whom face considerable economic struggles. More importantly, however, this study shows that autorickshaw drivers and sex workers work together. Considering that anti-human trafficking organizations in India are recruiting autorickshaw drivers to assist them in their efforts, more trainings should be developed for autorickshaw drivers to help them identify victims of sex trafficking. This increase in identification may assist anti-human trafficking organizations in their efforts to intervene when ST is occurring, and provide services to ST survivors. However, if anti-human trafficking organizations genuinely wish to end ST, more effort should be put forth into expanding women's rights. Ensuring that all people, but particularly women, have access to quality education and a means through which they can support themselves economically is an important step in reducing trafficking vulnerabilities.

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V. CONCLUSION

Given the growing amount of attention and government aid spent on anti-human trafficking efforts globally and in India, it is concerning, but not surprising, that the successful exit and rehabilitation of trafficked women in India is a challenging outcome to obtain. The current project provides insight into the efforts of formal support providers working to end ST in India from three critical forms of data. First, the scoping review highlights the need to evaluate rehabilitative treatments for survivors of ST in South Asia. Unfortunately, the review highlights the limited evidence supporting the treatment of ST survivors. It remains unclear whether or not the services provided by the studies conducted at NGOs in India and Nepal are genuinely beneficial to the hundreds of girls that receive treatment there. Given the efforts on behalf of the majority of South Asian governments to end ST and rehabilitate survivors, evaluations of these programs are necessary. This is particularly true when considering that these programs may be one of the few available lifelines for women involved in ST – particularly among trafficked Indian girls and women who experience greater rates of physical and sexual violence compared to women residing in other South Asian countries (George, & Sabarwal, 2013; Gupta et al., 2011; Silverman et al., 2011). Future evaluations will allow for the development of evidence-based treatment models and “best practices” for working with ST survivors, leading to truly successful outcomes for survivors.

The second study is one of the first investigations into anti-human trafficking formal support providers’ experiences and perceptions of working with survivors of ST throughout the country of India. To date, no other study has employed qualitative methods to gather providers’ perspectives of their work. The findings of the study point

to specific multi-level barriers and challenges faced by providers when conducting their work with ST survivors. Increased efforts to spread awareness about ST in communities and regular monitoring of organizations providing services to ST survivors are required. However, this study also highlights the importance of organizational collaborations. Anti-human trafficking professionals must work together across agencies to share resources and reduce the burden of this all-consuming work on professionals.

Relatedly, the third study expands our understanding of how formal support providers conduct anti-human trafficking work. Specifically, some of the formal support providers pointed to the role of autorickshaw drivers in assisting them to locate victims of ST. This study is the only study that has directly explored autorickshaw drivers' role in the sex work industry. Through qualitative interviews, autorickshaw drivers highlighted the vulnerabilities faced by women involved in the sex work industry and identified themselves as key support providers for these women who frequently face violence, stigma, and who are otherwise barred from society due to their work. Researchers are encouraged to move beyond the pervasive trope of autorickshaw drivers as contributors to ST and instead view them as an equally vulnerable population, and a critical component of ST intervention efforts.

Overall, these studies are critical for broadening our understanding of ST in India. The findings will force researchers to consider the complexity of this human rights and public health issue. To ensure that we are not contributing to the further harm of ST survivors, more rigorous research on rehabilitation programs for survivors is required. The findings from this work have the potential to serve as a foundation for the practical restructuring of anti-human trafficking programs in South Asia. These efforts must

include reform at all levels of the ecological system in which formal support providers are operating. Finally, it is evident from this study that individuals involved in the sex work industry may be the best equipped and most knowledgeable in regard to combatting ST. These groups of individuals should not be ignored or demonized by researchers and anti-human trafficking stakeholders. To do so contributes to greater harm among already vulnerable individuals.

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SELECT PUBLICATIONS & PRESENTATIONS

1. Helpingstine C., Kenny, M., Canfield, B., (2021) Survivors of commercial sexual exploitation: Experiences working in service organizations. *The Journal of Human Trafficking*, 1-14. doi:10.1080/23322705.2021.1946334
2. Helpingstine, C., Kenny, M., Malik, F., (2021). Vicarious Traumatization and Burnout among Service Providers for Victims of Commercial Sexual Exploitation. *Journal of Child Sexual Abuse*, 1-24. doi: 10.1080/10538712.2021.1938771
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5. Kenny, M., & Helpingstine, C., (February, 2022) Avoiding Vicarious Trauma and Burnout: Advice from Trauma Professionals. Oral presentation for the 38th International Symposium on Child Abuse. Held virtually, AL.