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# Reframing Rehabilitation of Sex Trafficked Victims from the Survivors' Point of View

Author: Sarah Wiese  
Supervisor: Srilata Sircar

*It was my dream to become a dancer. I did not stop myself from dreaming.  
I continue to dream even now and hope that I can realize my dream in an  
even bigger way. I have a vision and a mission and I try to reach that vision  
and mission. This has been my rehabilitation.*

– DMT PRACTITIONER

## **Abstract**

There is little research on the rehabilitation of sex trafficked persons as it is conceptualized, articulated, and implemented in dominant anti-trafficking discourse and subsequent mainstream praxis. This research aims to remedy this through a qualitative case study of Kolkata Sanved and their alternative rehabilitation process of Dance Movement Therapy (DMT). The research is situated in the critical theory of vulnerability, while embodiment and empowerment are used in the analysis of understandings and practices. This case, in contrast to mainstream rehabilitations, brings in the voices of survivors to re-conceptualize rehabilitation processes and outcomes. It was observed that in listening to survivors' voices on what is needed after exit from sexual exploitation, rehabilitation interventions can increase in effectiveness. This suggests that rehabilitations can be expanded from a conceptualization of protection and assistance of victims to the empowerment of survivors. It is therefore concluded that a survivor-centered approach to rehabilitation can have transformative effects on the lives of individuals and their agency, and overall contribute to enhancing the systematic response to issues surrounding sex trafficking.

**Keywords:** Rehabilitation; Sex Trafficking; Survivor; Victim; Empowerment; Embodiment

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# 1. Introduction

Trafficking is a problem persistent across countries, within and across borders, and affecting women, men, girls, and boys for multiple purposes of exploitation (UNODC 2016). This widespread issue is a matter of great concern to governments, international organizations, NGOs, and other stakeholders across all levels, and of which the importance of interventions has increased in the past two decades (Dell et al., 2017). As such, international treaties and the legislative and criminal justice response has given way to policies and research aimed at eliminating trafficking (Sarkar 2016). In India, trafficking is addressed through the Immoral Traffic in Persons (Prevention) Act (ITPA) and the Indian Penal Code (IPC 370, 370A), but despite this thousands of people, particularly women and girls, are trafficked every year (Pandey 2014). While there is global consensus that trafficking is criminal, in violation to human rights, and should be eliminated, the nascent data and clandestine nature of its operations has resulted in estimations and unsystematic responses (Dell et al., 2017).

Addressing the issue of sex trafficking as a subset has further complications. Of the 23,000 detected and reported persons trafficked for the specific purpose of sexual exploitation between 2012 and 2014, 96 per cent were female (UNODC 2016). The magnitude of sex trafficking of women and girls in India is large, where in 2008 the Ministry of Women and Child Development estimated there to be three million “prostitutes”<sup>1</sup> in the country (UNODC 2008). The city of Kolkata, located in the state of West Bengal– is a hub destination for sex trafficking, with the districts of South and North 24 Paraganas, Nadia, Murshidabad, Malda, Darjeeling, Coochbehar, Jalpaiguri and Uttar Dinajpur, Howrah, Midnapore, and Birbhum identified as likely supply sources (Pandey 2014). Surrounding states of Sikkim, Bihar, Odisha, Jharkhand, and Assam and neighboring countries Bhutan, Bangladesh, and Nepal are also significant supply sources (ibid).

The extent of the problem lies not just in eliminating trafficking and sex trafficking however. The lives of the multitudes of persons who have been sex trafficked must be accounted for. Current international frameworks provide suggestions as to increasing the assistance provided to victims (UNODC 2016). These suggestions are often perfunctory and general, because the lived experiences of women and girls who have been sex trafficked have hardly been documented (O’Connor 2017). Recently, a small body of research on the negative

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<sup>1</sup> The terminology of ‘prostitute’ and ‘prostitution’ are dis-identified with in this research due to the author’s differentiation between sex trafficked persons/persons trafficked for sexual exploitation and sex workers. See chapter 3: Analytical Framework for further discussion as to why.

effects experienced by sex trafficked persons, particularly children, has begun to grow (Muraya and Fry 2015), and so has the research on addressing the needs of survivors of sex trafficking through rehabilitation interventions (Dell et al., 2017).

The paucity of research on rehabilitations and the lack of acknowledgement and weight given to its importance overall has formed the objectives of this research. In examining this gap, the NGO 'Kolkata Sanved' has emerged as both a tool and a site for the purpose of the study. Kolkata Sanved is a non-governmental organization in Kolkata, India, which aims to provide rehabilitation to survivors, including sex trafficked persons, in the form of psychosocial support through 'Dance Movement Therapy' (DMT). The DMT process of rehabilitation is a unique and alternative method, and has merits as a case study as it puts forth an emphasis on agency (and empowerment) as a necessity in the conceptualization and practice of rehabilitation.

This qualitative research examined the case of Kolkata Sanved's understanding and practice of rehabilitating survivors, as well as the dominant discourse's conceptualization and subsequent praxis of rehabilitating victims. The research will explore the possibilities and limits existent in them. The chapters which follows are, Aims and Delimitations; Analytical Framework; Theoretical Framework; Methods and Methodology; Analysis; and Conclusion.

## 2. Aims and Delimitations

### 2.1 Aims

The purpose of this research is to explore the limits and possibilities of the conceptualization, implementation, and outcomes of rehabilitation for survivors of sex trafficking. The study will analyze both the dominant discourse articulation and mainstream praxis, as well as the case of an alternative approach as set forth by Kolkata Sanved.

The first research question is therefore, *How has rehabilitation of sex trafficked persons been conceptualized and articulated in the mainstream discourse and praxis?*

This will be operationalized through the sub question, *What are the main categories through which rehabilitation is dominantly expressed and what are the limits to this imagination of rehabilitation?*



In the process of formulating research questions, it became necessary to question the epistemology of rehabilitation and of sex trafficking, as well as its beneficiaries, i.e. as either ‘victims’ or ‘survivors’. It is for this reason that the analysis of the first question must be situated within a critical analytical framework which deconstructs prevailing assumptions and biases surrounding trafficking, sex work, and sexual exploitation– as it is that which informs current understandings and practices of mainstream rehabilitation.

In analysis of this, the case of Kolkata Sanved has presented a unique position within the overall discursive context of rehabilitation. Kolkata Sanved is a non-governmental organization (NGO) which offers psychosocial support to survivors through the use of Dance Movement Therapy (DMT) as an alternative approach to rehabilitation.

The second question is then, *How has rehabilitation of survivors been conceptualized and articulated by Kolkata Sanved in understanding and practice?*

To analyze this, a theoretical framework of embodiment and empowerment brings in the lived experience of survivors, and their experience of the DMT rehabilitation process. So to operationalize the second question, the sub-question becomes, *What role has DMT played as a rehabilitation process and what has been its effects?*

## **2.2 Delimitations**

The subjects of the research are delimited to ‘survivors’– in particular, rescued minors (who overwhelmingly are girls) who have been sex trafficked. Therefore, this thesis does not include women who were sex trafficked as minors but are now adults, adult women who have been rescued and are now in shelter homes, or those who have been rescued but then returned to sex work.

This delimitation is necessary when examining the case, because ‘survivors’, particularly girls who have been sex trafficked, are a main target of Kolkata Sanved’s rehabilitation intervention process, and are often referred to specifically by the NGO. However, in all other areas where ‘rescued minor girls’ or ‘survivors’ is not specified, a more general language of ‘sex trafficked persons’ will be used in order to keep separate any moral or political implications regarding the language of victimization.

### 3. Analytical Framework

The analytical framework first sets out a critical discussion on the dominant framing of trafficking, sex trafficking, sex work, and sexual exploitation and attempts to delineate these into distinct analytical categories. Then, four more analytical categories are drawn out to highlight issues faced by persons trafficked for sexual exploitation which are overlooked within the dominant discursive framework.

#### 3.1 Trafficking

The conceptualization of ‘trafficking’ at a glance seems specified, but is actually melded together of many concepts, phenomena, and assumptions. The difference between trafficking and sex trafficking, and sex trafficking and sex work, is often not made clear in anti-trafficking discourse, because the language used unifies these sectors together as one and the same (Andrijasevic 2010, 57; Kotiswaran 2012; Cojocaru 2015; O’Brien et al., 2015). The first international definition of trafficking (UN 2000), *The UN Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, Supplementing The United Nations Convention Against Transnational Organized Crime (The Palermo Protocol)* defines ‘Trafficking in persons’ as

the recruitment, transportation, transfer, harbouring 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 of 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. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (UN 2000)

Trafficking on its own encompasses many multitudes of intertwined issues surrounding coercive migration and labor practices and should be conceptualized as such (Andrijasevic 2010, 58). In the Protocol, sex trafficking is not delineated from the definition of trafficking, while simultaneously linking it to both ‘prostitution’ and ‘sexual exploitation’. This is problematic because “the most persistent of all trafficking myths asserts that the destination of all trafficking is prostitution, all prostitutes are women and as no woman can deliberately choose to be a prostitute, all of them are trafficked,” (Bandyopadhyay et al., 2007, 86).

Feminism has for long seen prostitution as violence against women, and many feminists still do. However, a new understanding of the practice has emerged with the gradual politicization of people who engage in prostitution, and with their voice becoming increasingly public. One of the key transformations that has come about because of this, is the emergence of the term sex work to replace ‘prostitution’.

The understanding behind this is that we need to demystify ‘sex’– it is only the mystification of sex by both patriarchal discourses and feminists that makes sex work appear to be ‘a fate worse than death’. (Menon 2012, 180)

The particular wording of the Protocol’s definition and the discourse that follows it has large consequences on policies and practices that address persons trafficked for any reason, as well as non-trafficked persons (Menon 2012 186; Kotiswaran 2012). Researchers who are critical of the Protocol’s definition of trafficking argue that its conflation with “prostitution” is due to the dominant, conservative moral position on sex work, which has large implications on trafficking and labor policies, and on the lives of exploited persons no matter their situation (Bandyopadhyay et al., 2007; Kotiswaran 2012; O’Brien et al., 2013; Cojocaru 2015).

Durbar Mahila Samanwaya Committee (DMSC), which is an organized forum of sex workers in Kolkata, offers an alternative definition to the Protocol, conceptualizing trafficking as “an *outcome* of a process whereby people are recruited and moved within or across national borders without informed consent, coerced into a job against their will and as a result lose control over their lives” (Bandyopadhyay et al., 2007, 93). Furthermore, DMSC’s working definition of sex trafficking covers all minors under 18 years and unwilling adult women, which “are consistent with Indian laws,” (Jana et al., 2014).

In this thesis, DMSC’s definition of trafficking and working definition of sex trafficking will be used. When trafficking is conceptualized as a process that results in the loss of autonomy, other intertwined categories such as sex trafficking, prostitution, sex work, work, and exploitation, can each necessitate their own context of autonomy, and be better understood as distinct analytical categories.

### **3.2 Sex Trafficking**

Additionally in the Protocol, exploitation vis-à-vis sex trafficking is ambivalently defined as prostitution or other sexual exploitation. The conflation of sex work and sex trafficking as *trafficking* detracts from being explicit of the meaning of

exploitation and fails to understand the nuance between who exploits, who is exploited, how, and why, as well as the outcomes of exploitation (Kotiswaran 2012; Reinelt 2016). In this thesis, exploitation can be defined as *to profit from a person's labor through force or deception*. When a person is engaged in labor with no “agreement on certain terms and conditions of exchange—of labour or commodities—for money” (Menon 2012, 187), the person's autonomy over the output of their labor is completely controlled by those exploiting them.

To differentiate between exploitation and work, sex work must be defined. This is to re-frame the meaning of sexual exploitation while moving away from the stigmatized terminology of prostitution. Sex work is a type of work that an autonomous adult may choose to engage with (Bandyopadhyay et al., 2007, 93). Work includes a contract negotiated between two consenting adult parties where no coercion or deception is involved (Andrijasevic 2010, 58). Sex trafficking is a distinct phenomenon from sex work, as it is the coercion of a person without their choice or consent through the redaction of their autonomy, for the purpose of exploitation for profit (ibid).

Therefore, since trafficking involves the exploitation of a person's labor against their will through the redaction of their autonomy, and work by definition does not involve coercion or deception, as such it is not sex work *per se* that one is trafficked into, but rather into sexual exploitation. (In the case of minors, legally and criminally speaking, sex trafficking or sex work is *always* sexual exploitation) (Jana et al., 2014).

Using this understanding, *sex trafficking is the employment of a non-consenting person or a minor into sexual exploitation through coercion or deception* (Bandyopadhyay et al., 2007, 93; Andrijasevic 2010, 58). When one understands that sex trafficking is for the purpose of sexual exploitation, it can become clear that sexual exploitation— and not voluntary sex work— is the issue that sex trafficked persons face. This distinction becomes important when attempting to remedy the effects of exploitation in sex trafficked persons, bringing into focus questions on the presence or lack of their autonomy- and agency- before, during, and after rehabilitation.

### **3.3 Vulnerability**

Sex trafficking begins when traffickers operate usually with the use of lures in the form of offering someone a job, marriage, food, or any other such opportunity that one who lives in poverty, without education, unemployment, and/or under gender inequalities finds appealing and may take the risk of accepting (Menon 2012, 181; Sarkar 2016). Individuals in search of better living look for viable livelihood

opportunities, but if they have a lack of marketable skills or education, poverty, or prompted by “parental or marital violence or drudgery, or to seek love” (Bandyopadhyay 2007, 90) they may take these risks, as they appear as an opportunity. Viewing subjects as risk-taking considers the agency of the person as they take calculated decisions based on what is available to them, but the consensus in the dominant discourse is that a person who takes the risk of these lures does so because of their ‘state’ of vulnerability; a perspective which disregards any form of agency at all (Menon 2012 181).

Martha Fineman’s theory of vulnerability asserts,

In discussions of public responsibility, the concept of vulnerability is sometimes used to define groups of ... stigmatized subjects, designated as ‘populations.’ Vulnerability is typically associated with victimhood, deprivation, dependency, or pathology (Fineman 2008)

This is exhibited as in the 2009 Report of the Special Rapporteur: “trafficking continues to thrive as potential victims become more desperate to escape their unfavourable situations,” especially as “the current world economic crisis has further exacerbated the desperation and the quest for human security, survival and development,” (UN 2009).

The dominant anti-trafficking discourse claims that the ‘state of vulnerable populations’ is what leads to their exploitation (O’Brien et al., 2013). This results in interventions focused on addressing root causes of vulnerability, or, the ‘push-factors’ – which is highly necessary to prevent and eliminate trafficking (Rafferty 2013). Nonetheless, this approach does little to remedy the lives of sex trafficked persons post-sex trafficking.

Vulnerability theory is often cited in critical discussions of ‘push factors’ into trafficking (Kotiswaran 2012). Cojocarú argues that this perspective stemming from the Protocol’s definition of trafficking has fueled the abolitionist movement through the politically conservative language of vulnerability, using such terms as ‘prostitution’ and ‘slavery’ (2015). This does not say that abolishing human rights violations is not necessary – it is very necessary – but the conflation and condemnation of prostitution as slavery redirects attention away from trafficked persons, to the political position of moral outrage on sex work (Andrijasevic 2010; Jana et al., 2014).

### 3.4. Analytical Categories

The vulnerability theory's perspective will be used often to critically discuss overlooked issues in rehabilitation. Overlooked issues include stigmatization, victimization, confinement, and trauma, which are outlined in the following subsections so as to expand the analytical framework. They will be gone into more depth in the analysis.

#### 3.4.1 Stigmatization

The abolitionist approach to trafficking, sex trafficking, and sex work, incited by the outrage from the vulnerability perspective *withdraws attention away from the subjects* so that "Rather than addressing the needs of sex workers themselves or of trafficked persons, international anti-trafficking law has been mobilized towards an ideological end, namely the abolition of sex work," (Kotiswaran 2012). The ideology is rooted in a patriarchal "conservative sexual morality which casts 'good' women as modest, chaste, and innocent," and pervades judgement on the choices that women make, stigmatizing them both in society *and* in the anti-trafficking discourse (Menon 2012, 189). As patriarchal morals assign women certain sexual stigmas, attitudes towards sex and sexuality in relation to gender and gender roles remain a significant part of social life by dictating to women what is or is not allowed, and what will be stigmatized or not (Huq 2006).

The discourse surrounding sex trafficking is closely attached to the conservative sexual morals which stigmatize women since their 'sexual behavior' does not fall under what is allowed— as influenced by the 'fate worse than death' abolitionist perspective. In other words, "Society assigns stigma to persons who violate social norms regarding sexuality, regardless of whether those norms are violated by one's own volition," (Cunningham and DeMarni Cromer 2016). Therefore, girls and women who have been sex trafficked become stigmatized for having had even an association with it (Russell 2013).

This signifies the patriarchal values, beliefs, and morals surrounding the broader perception of sex work and gender-based violence (Huq 2006; Russell 2013). The institutional structures of patriarchal moral-sexual stigma surrounding sex work thusly serve to limit sex trafficked persons from re-entering mainstream society due to social rejection (Bandyopadhyay et al., 2007, 90)

#### 3.4.2 Victimization

The vulnerability perspective on and the stigmatization of sex trafficking underscores the response: the focus on the necessity of "prosecution, protection, and prevention (PPP)" policies and practices (Pandey et al., 2013). As trafficking,

and sex trafficking, are complex systems which requires multiple angles of intervention, prosecution and prevention are very important to address (Rafferty 2013). The PPP approach angles protection interventions towards addressing push-factor vulnerabilities but, “In practice, however, these responses focus on the prosecution of traffickers and, to a lesser extent, protect their victims,” (Pandey et al., 2013).

The ‘protection of victims’ becomes problematic when conceptualizing rehabilitations. The vulnerability perspective of protection in the dominant anti-trafficking discourse induces an assumption that treats sex trafficked persons as “passive” victims who must be saved (Agustin 2007, 39; Cojocar 2015). The assumed passivity of sex trafficked persons ascribes an *identity* of victim to that person (ibid). In other words, the person is victimized—considered to be without autonomy—even after they have exited stay in sexual exploitation. The victimization of sex trafficked persons continues post-exit without acknowledging that to be a victim of a crime is a condition, even a temporary situation, but one with lasting consequences pertaining to their loss of autonomy.

Sexual exploitation is a gross human rights violation against the exploited. But the victimization of sex trafficked persons (particularly women and girls) is complicit in their stigmatization. Thus, the subjects onto which the crime of sexual exploitation is perpetrated are less acknowledged than is the moral outrage on the crime itself. This results in the voices of those women and girls to remain unheard, which can prevent rehabilitations from advancing any actual repossession of those individuals’ autonomy (Agustin 2007, 39; Cojocar 2015). In assuming trafficked persons and/or sex workers are “eternally doomed, for ever trapped in the condition of victimhood, without rights and without ever regaining control over her life,” (Bandyopadhyay et al., 2007, 92), the discourse imposes an identity of ‘victim’ onto sex trafficked persons, assuming that victims will always remain victims.

### **3.4.3 Confinement**

When ‘victim’ is an identity, a person’s agency is discounted in the entire process of entrance, stay, and exit; as if the victim is a vessel exploited and not a thinking, feeling person in circumstances which confine and entrap them. Confinement is a multi-layered condition stemming from broader societal stigmatization— which confines sex trafficked persons “spatially, socially, and labour-wise,” (Andrijasevic 2010, 95), to “the use of physical restraint, physical violence or the threat thereof, or through the threat of other non-economic sanctions, such as imprisonment or deportation” (O’Connell Davidson 1998, 29).

Feminist work on violence has “sought to demonstrate that within the most constraining of contexts women *acted* – they used physical and psychological resistance strategies in the moments of violence, and developed coping and survival strategies both within ongoing abuse and in the aftermath,” (Kelly 2003, emphasis mine). When conceptualizing rehabilitation, the violence and abuse experienced by women entrapped in sexual exploitation is emphasized only in as much as that it is perpetrated onto them, rather than recognizing that it is experienced by them. The lived experiences of violence therefore, is superseded and thusly ignored.

#### **3.4.4 Trauma**

Further complexities in rehabilitations are due to physiological trauma that the trafficked person may have sustained (Dell et al., 2017). Individuals who are sex trafficked can experience multiple types of violence and abuse (e.g., sexual, physical, and emotional), unsafe living and work conditions, isolation, and malnutrition, among other serious injuries. The conditions under which individuals who are trafficked must endure can result in a number of physical, emotional, psychological, social, mental health and physical health problems, substance use, legal and immigration issues, economic and housing challenges and difficulties reintegrating into society (ibid).

A recent study has found that there is little research on the lived experiences of women in sexual exploitation, but found that the trauma experienced by those exploited are significant, regardless of the presence or lack of agency in their preconditions leading to and conditions of sexual exploitation (O’Connor 2017).

The problems surrounding sex trafficking are complex, so the problems faced by sex trafficked persons are complicated: ranging from broader societal norms and stigmatization to individual traumatization. The analytical framework has highlighted some of the difficulties regarding entrance, stay, and exit from sexual exploitation which influence succeeding rehabilitation interventions for sex trafficked persons. In drawing out the contextual experiences which are lived by sex trafficked persons, the conceptualization of rehabilitation can be redefined. In order to approach rehabilitation from the survivors’ point of view, the following chapter will use theories of embodiment and empowerment to situate sex trafficked persons’ position in the issues they face.



## 4. Theoretical Framework

By situating the issues in the analytical framework, this chapter then outlines theories of embodiment and empowerment to bring in the voices of survivors in re-conceptualizing rehabilitation. Theories of embodiment opens up understandings of pre-conditions and conditions of sex trafficked persons, and empowerment is used to re-conceptualize the possibilities of success and effectiveness in rehabilitation. These theories help to understand the victim-centered approach to rehabilitation and the survivor-centered approach.

### 4.1 Body Politics

Patriarchal constraint in women's lives has epistemological roots in the knowledge surrounding gender, sex, and sexuality. In patriarchal societies, "Female bodies, psyche, and identity are assumed ... to be inferior socially and physically. Such norms are hard to break." (Harcourt 2009, 90). Feminisms allows us to question the socially constructed norms of "gendered identities, including those inscribed on the body and sexualities," (Harcourt 2009, 15; Nelson 1999). In this way, one can call into question the assumptions surrounding binaries of masculinity/femininity, male bodies/female bodies, man/woman, etc., in order to create new understandings of subjective lived experience. Body politics makes the lived experiences of women— or, the story of their lives— important in order to open up necessary reanalysis of dominant discourses which fail to address why and how women's lives are lived as such in the first place (Mascia-Lees 2011, 2; Wilcox 2015, 22).

#### 4.1.1 Embodiment

Embodiment in body politics is a crucial category of analysis which conceptualizes the links between power structures of gender with people's lived experiences through their bodies. The relationship one has with their own gendered embodied identity, with that identity in interaction with society, and the social relationship amongst gendered bodies, is a political one (Wilcox 2015, 2). Therefore, a gendered body is one in which power relations influence one's identity, behavior, sexuality, and subsequent relationships with others' identities, behaviors, and sexualities (ibid).

Embodiment becomes an important analytical concept in understanding lived experience, as humans' lives- and their potential, capabilities, and outcomes for their lives- are informed by gendered social constructs. Cultural, social, and economic institutions embed socially constructed gender norms into power structures through beliefs, values, and norms (Kabeer 2005). Gendered power

structures affect lived experience when gender is defined as “the psycho-social, political-cultural, scientific and economic reading of sexual difference,” which is therefore “lived differently in different places, bodies, and locations,” (Harcourt 2009, 14).

When considering the embodiment of the stigmatization, confinement, victimization, and trauma experienced by sex trafficked persons, power structures and people’s embodied experiences therein are highlighted. By incorporating sex trafficked persons’ embodied experiences into analysis, we can politicize the relationship between bodies and power, and redefine understandings of autonomy within power structures (Hutchings 2013, 16). With this new understanding of embodied autonomy, agency in the discourse of sex trafficking and rehabilitation is called into question.

Embodiment can build on Fineman’s theory of vulnerability (Wilcox 2015, 20), which takes basis in Foucauldian understandings of the body in relation to power. In stigmatized, ‘vulnerable populations’, an individual’s rationality, autonomy, self-awareness, and internalized patriarchal norms are excluded from analysis, but body politics reaffirms that it is their gendered embodiment which is reflected in and influences an individual’s agency (ibid).

Embodiment has already been applied as a theoretical tool to Kolkata Sanved’s rehabilitation process, as Sarkar Munsri has suggested that rehabilitation can be better conceptualized as “re-habitation” of the survivor’s body (Sarkar Munsri 2016). Embodiment becomes important when delving into the analysis of the second research question.

## 4.2 Empowerment

In the face of sex trafficked persons’ embodied experiences relating to their autonomy, a process of change can be implemented through empowerment. Empowerment as a concept has become widely used in recent years, particularly since the advent in popularity of gender mainstreaming, yet its increased usage has diluted its original meaning as “a complex process of self-realization, self-actualization and mobilization to demand change, to a simple act of transformation bestowed by a transfer of money and/or information.” (Cornwall et al., 2007, 7). Naila Kabeer’s multitudes of work has set out to address this using her empowerment framework: she theorizes that being empowered is not simply having power, or even acquiring power, but is more equivalent to the *process* of gaining power where one previously had none. A processual change must occur for an individual who has been denied the ability to access and exercise power. This process is what Kabeer calls ‘agency,’ or the process of making of a choice

and then acting on that choice. To enable this there must first be the necessary pre-conditions, or ‘resources’ leading to an outcome, or ‘achievement’ (Kabeer 2005). These three pieces of the puzzle (resources, agency, and achievements) are necessary for empowerment to be fully realized, and are elaborated on below.

The ability to make choices and act on them does not exist in a vacuum, because the process of gaining empowerment depends upon conditions of resources, agency, and achievements occurring in a context of unequal power structures. Gendered power structures in society are legitimized through norms made up of cultural and ideological beliefs and values. These beliefs, values, and norms make up a collective societal perception, and in certain cases stigmatization, which then implicates an individual’s sense of self-worth and self-perception. This ‘sense of self’ is a direct outcome of whether one feels they have any agency and to what degree, or, ‘sense of agency’. Sense of agency directly implicates actual agency, because the way in which a person views themselves implicates the choices they feel good about making (Kabeer 2005).

#### **4.2.1 Resources**

Resources for empowerment can be understood using the capabilities approach as framed by Amartya Sen and advanced by Martha Nussbaum among others, because it begs the question “What is each person able to do and to be?” (Nussbaum 2011, 18). This approach understands capabilities in its basic form as made up of both an individual’s own inherent qualities and characteristics (such as “personality traits, intellectual and emotional capacities, [and] internalized learning” etc.), in combination with the opportunities made available in a political, social, and economic environment (Nussbaum 2011, 20). The opportunities existing in this environment depends on the freedom afforded to each person (Nussbaum 2011, 25), or, *conditions* of recourse. With a limited amount of freedoms comes the limited extent of agency potential. The capabilities approach widens the lens in which empowerment can take place, because it understands that the resources one has in their context of choice-making are influenced by conditions of opportunities made available to them.

#### **4.2.2 Agency**

Agency in its observable form (i.e. decision making) can be either “purposeful behavior” or “action taken when there is little choice” (Kabeer 2005). In the context of a patriarchal society, ‘real choice’ may not always exist if there are no options that are both visible and viable. Women making and acting on decisions are demonstrating agency, but if they are in a dependent position to powerful others, and/or there exists a lack of options it may be “hardly a choice at all,” (Nussbaum in Phillips 2013, 147). For example, agency that is purposeful

behavior, or, positive agency, is having “the power to” actively exercise choice even if others are in opposition. When agency occurs where there is little other choice, those with “authority or the use of violence, and other forms of coercion” have the power to supersede that individual’s purposeful agency (Kabeer 2005).

Phillips expands upon this, saying that agency in and of itself exists in every person, but enactment becomes problematic due to the prevalence of coercion (Phillips 2013, 143). Coercion in the form of pressures stemming from power structures and dispersed through social relationships directs processes of agency, and even formulates agency into a way of “dealing with these pressures,” (ibid). In this sense, power structures themselves are what forms an individual’s capacity to attain and enact agency. These barriers become even clearer when coercion crosses the physical boundary of the body due to violence or the threat of violence (ibid).

Positive agency is distinguished between actively making a decision, and making one without any possibility of choosing differently from the outset, including lack of options or coercion. The latter form of agency occurs in the contextual structure of power as enforced through cultural and ideological norms and which may result in a woman’s acceptance, internalization, or even collusion with structural inequalities if a choice does not seem “within the realm of possibility,” (Kabeer 2005; Hirschmann 2003).

#### **4.2.3 Achievements**

The process of change to become empowered is therefore intimately connected with pre-existing structural constraints that have influenced women’s sense of agency, self-worth, and self-perception, leading to a distinct realm of possibilities of real choice. Conditions influencing resources and agency preclude whether made decisions can be realized or not (Friedman 2003, 71). Madhok (2013, 107-108) suggests that agency must be conceptualized as including, but broader than the ability to make and act on choices, by understanding that within the empowerment framework operating under structural constraints of coercion and patriarchy, transformation can still take place, because of each woman’s engagement in their own making of the self. Outcomes, therefore, are dependent on each subject’s subjectivity, with varied meanings and unique experiences (Madhok 2013, 110). Transformation in the process of empowerment can allow “women to question, analyse, and act on the structures of patriarchal constraint in their lives,” (Kabeer 2005).

The theoretical framework will have large implications in the analysis of the realities of sex trafficked persons’ experience of entrance, stay, and exit from sexual exploitation and their possibilities for the outcomes of rehabilitation.

## 5. Methods and Methodology

In this chapter, the methods and methodological choices are detailed, including ontology and epistemology, research design, data collection and analysis, and ethics throughout.

### 5.1 Feminist Methodology

Feminism in social sciences has emphasized the need for scholarly work to open itself up to a wider range of voices to allow for a “more complete analysis of the complexities of the social world,” (England 1994). In making these voices relevant in what is to be studied, feminist methodology changes “what counts as scientific knowledge,” (Cresswell 2013, 149). Subjects which are traditionally considered worthy of knowledge in geography were found through hegemonic understandings of science, or ‘neopositivist empiricism’– an “objective” epistemology (England 1994). Feminists have critiqued the conducting of research through a dichotomy of subject-object, or, ‘self’ and ‘the other,’ which presumes an inherent power relation in which ‘the other’ becomes socially constructed as inferior (Nayak and Jeffrey 2011, 134). This situates knowledge production from the hegemonic lens- a ‘masculinist’ position “produced historically by men,” (Cresswell 2013, 154). This perspective considers what counts as knowledge to be ‘rationality’ and ‘reason’, in which a detached social positionality is assumed– “Femininity and the feminine are thus constructed as the non-rational or irrational other – outsider of the scope of reason,” (Cresswell 2013, 155). The masculinist position therefore disqualifies subjective knowledge and has excluded women as both producers of knowledge and as knowing subjects (Cresswell 2013, 154). The adoption of feminist epistemology in conducting this research allowed for the understanding of “why particular ideas are dominant, and particular segments of the population marginalised,” in order to expand the “lived experience of women’s oppression” into the domain of what is relevant for geographical study (Nayak and Jeffrey 2011, 134; 139).

Ontologically, the research draws upon Foucauldian understandings of power in geographies of sexuality, which allows for the study on the “relationship between sexuality, space, and place” (Nayak and Jeffrey 2011, 158). This is to evidence the different and multiple realities that individuals experience (J.W. Creswell 2013, 20) through the reproduction of discrimination and marginalization in a politicized space (Nayak and Jeffrey 2011, 162).

## **5.2 Research Design**

This research is a case study of the rehabilitation process as practiced by Kolkata Sanved, a non-governmental organization (NGO) in Kolkata, India. As a methodology, a case study was chosen in order to make an in-depth exploration of the specific case of the DMT rehabilitation process (J.W. Creswell 2013, 97).

The nature of this study is qualitative, aiming to understand and find meaning through descriptive research (Scheyvens 2014, 60). A qualitative design— as both “an art and a science,”— is ideally suited to study this case in order to encapsulate humans’ experiences in context and in detail (Scheyvens 2014, 59). Extending from the epistemology and ontology which informs this research design, a feminist research approach was undertaken to “center on and make problematic women’s diverse situations and the institutions that frame those situations,” (J.W. Creswell 2013, 29). This approach focused the questions posed in the thesis to be interpretive and transformative (ibid).

## **5.3 Methods**

Data collection took place in Kolkata, India, over the course of three months from January to March 2017 during an internship with Kolkata Sanved. Access to this organization was gained due to having a personal and vested interest in their work (J.W. Creswell 2013, 171). Instead of considering this a limitation in bias, I see it as the opportunity to involve ‘empowerment’ in research (Scheyvens 2014, 161). For this reason, ethical considerations permeated all steps in the research process, and no funding was provided for its duration.

“Being attentive to the politics of knowledge production and processes of research,” is an important consideration in undertaking feminist geography, so reflexivity on my own positionality as a researcher pervaded the entire process (Sultana 2007). Reflections on researcher accountability influenced data collection and analysis, so that my insertion into power relations would not influence my efforts at representation (ibid). Therefore, in order to conduct ethical research with women in a development context, the interviews were undergone organically when it was clear that respondents voiced interest in participation and trust had been built (Scheyvens 2014, 192; J.W. Creswell 2013, 55-57).

## **5.4 Data Collection**

The process of collecting data in the first two months consisted of familiarizing myself with the structures and processes of the NGO in its conceptualization and operation of the DMT rehabilitation process. In this sense, field journals, secondary source scanning, and informal conversations built up my sense of what questions will come to be asked. These initial sources are not included in the

thesis, but in a ‘piloting’ sense has influenced the official data collection through immersion. In sketching ideas, field notes and reflective passages were compiled as this influenced the questions posed to interview respondents (J.W. Creswell 2013, 181). During this phase, the victim-centered and survivor-centered approaches began its formulation.

Data was collected through semi structured interviews with four respondents, and through one semi-structured focus group with an additional four respondents. Once securing permission to conduct research and interviews with the director of the NGO, snowball sampling (J.W. Creswell 2013, 158) occurred naturally within the organization– as members became familiar with what was to be studied, they suggested who should be my next interviewee, in order to more formally answer my questions. Each subsequent interview was prepared for by continuing with field notes and and sketching ideas as well as drawing from information gleaned in previous interviews.

The four individual interviews were with,

- Sohini Chakraborty – founder and director of Kolkata Sanved
- Abhijit – an NGO worker with multiple years of experience in human rights, with a connection with Kolkata Sanved
- Priya\*<sup>2</sup> – a rescue worker, with a connection with Kolkata Sanved
- Rani\* – a student and volunteer at Kolkata Sanved

The focus group was made up of four DMT practitioners, or, those who conduct rehabilitation programs with survivors at shelter homes or in the community. These women notably responded with interspersing identities in which the dominant was as a DMT practitioner, but sometimes also as a survivor, or as a former participant to DMT rehabilitation.

The DMT practitioners are,

- Lakshmi\*, female age 28
- Sita\*, female age 23
- Veena\*, female age 24
- Lata\*, female age 25

The focus group was conducted in Bengali and English and translated by Rani.

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<sup>2</sup> \* Names have been changed

Each interview was conducted with a protocol of ethics, so that each respondent, a) could choose anonymity of themselves or any others mentioned; b) redact any information shared at any time; and c) choose to not answer. With the exception of Rani, whose interview took place over a series of emails, all respondents agreed to be recorded.

One of the characteristics of all the interviews is that every respondent tried to assume the position of ‘the survivor’ in answer to questions, and I have interpreted this to be both a colloquial way of expressing and a signifier of empathy, thus their quotes were kept in original form with ‘quotation marks’ around the assumed position.

### **5.5 Data Analysis**

The analytical strategy followed J.W. Creswell (2013) in the tradition of Huberman and Miles. First, interview transcripts were read multiple times and memoed, to become immersed in the details “trying to get a sense of the interview as a whole before breaking it into parts,” (ibid, 183). Next, codes were found amongst the memos and highlighted independently for each interview. Categorizing codes was done multiple times in different ways, remaining open for the possibility of unknown codes to emerge, until the the overall codes for all the interviews were found. These were; rehabilitations, survivor, victim, fear/trust, trauma, confinement, stigma, space, voice, resources, agency, and achievements. From these categories, came the themes of embodiment and empowerment, drawn from the theoretical framework.

### **5.6 Validity, Reliability and Limitations**

Due to the existing lack of research on both the lived experiences of sex trafficked survivors and the effectiveness of rehabilitation, any drawbacks to this study should be taken as a call for further research. Thus, in order to increase the validity of the study, I do not intend this research to be generalizable, but instead should incite new explorations on the understanding and practice of rehabilitation. In doing so, this research may offer “nongeneralizing knowledges that can learn from other kinds of knowledges,” (Rose 1997). In order to situate reliability, I use multiple critical sources to situate the case in the overall context. To that end, and in order to ensure that my own privileged relation to the production and dispersion of knowledge does not supersede the integrity of my respondents’ knowledge (Rose 1997), the analysis relies on their quotations to the fullest extent.



## 6. Analysis

In light of this thesis's analytical framework of sex trafficking, the theories of embodiment and empowerment are used to situate sex trafficked persons in a context of victimization which pervades their entrance, stay, and exit from sexual exploitation, and which subsequently influences the methods and outcomes of rehabilitation. The analysis begins with an exploration of the first research question, exploring how rehabilitation is conceptualized and articulated in dominant anti-trafficking discourse and subsequent mainstream practice. The limitations to this imagination are highlighted through introducing my theorization of it as a 'victim-centered approach' as was detected in the data, which is followed up in the second section's analysis of mainstream practice as influenced by the discursive imagination.

The third section of the analysis draws on body politics' embodiment theory to uncover the aspects of survivors' experience which are overlooked and undervalued in practicing rehabilitations, and see how this influences the perspective of Kolkata Sanved. Finally, the DMT rehabilitation process as a case in itself is examined using the empowerment framework, showing the advantages of an alternative, survivor-centered approach.

### 6.1 The Mainstream Conceptualization and Articulation of Rehabilitation

This section shall ask the question, *How has rehabilitation of sex trafficked persons been conceptualized and articulated in the mainstream discourse and praxis?*

Here, I attempt to show that rehabilitation of sex trafficked persons as it is currently conceptualized leads to limited success, as it is framed within a 'victim-centered approach'. This is so called because rehabilitations focus on a narrow view of empowerment without firstly acknowledging embodiment.

#### 6.1.1 The Dominant Discourse on Rehabilitation

In 2000, the Palermo Protocol defined trafficking, and in 2004 the mandate of the Special Rapporteur on trafficking was established and is still in effect today (UN 2014). Each year a report is made depending on what particular aspect seems to have the most urgency (ibid). In 2011 the theme was *The right to an effective remedy for trafficked persons*, which does suggest some examples of remedies,

including ‘recovery’, or medical and psychological care as well as legal and social assistance due to the “severe physical and psychological consequences for the victims.” However, recovery efforts are defined as obligatory only when states are in violation of international law, i.e.:

In the context of trafficking in persons, States are under an obligation to provide remedies for trafficked persons where they fail to exercise due diligence to prevent and combat trafficking in persons or to protect the human rights of trafficked persons. (UN 2011)

If the right exists solely when due diligence is not exercised, one may question if the right exists at all? This is an important criticism considering the difficulties states already have in combatting trafficking and sex trafficking, considering many of its operations are so clandestine (Reinelt 2016; Dell et al., 2017). Restitution is also cited as a right to effective remedy, which is restoring the trafficked person to their prior “situation.”

For instance, where trafficked women and girls have been subjected to sexual and gender-based violence, they may face discrimination, social stigma, communal and family ostracism upon return to their families and communities, thereby resulting in their re-victimization. In this context, measures to address the root causes of trafficking, such as gender discrimination and inequality, play a crucial role in ensuring effective restitution of trafficked women and girls. (UN 2011)

Although the report acknowledges the complex situation that sex trafficked persons may experience in a patriarchal society, the recommendation does not lay with addressing the needs of the trafficked persons– it highlights the need to abolish conditions of vulnerability. Addressing these conditions are highly necessary, but for the purpose of this thesis, it is important to put an equal emphasis on sex trafficked persons’ needs in rehabilitation.

The *UN Report of the Special Rapporteur of trafficking in persons: especially women and children 2009: Victim Identification, Protection, and Assistance*, specified what the rehabilitation should include:

States parties [should] consider implementing measures to provide for the physical, psychological and social recovery of victims [through] Appropriate housing; Counselling and information, in particular as regards their legal rights, in a language that the victims of trafficking in persons can understand; Medical, psychological and material assistance; Employment, educational and training opportunities. (UN 2009).

In practice however, only part of these recommendations are implemented in West Bengal. Appropriate housing is given when rescued persons are placed in a shelter home, where “their basic needs are taken care of, like shelter, food, clothing, and education,” (Sohini). Medical and sometimes psychological assistance is also given, as well as education and vocational training opportunities, the latter being a large domain of NGO interventions in West Bengal (Sohini).

Counselling and information on legal rights sometimes exists if the girl is called as a witness to the crime if traffickers and/or pimps are being prosecuted, but Priya said that much of the time the girls, as witnesses are not prepared for “what to tell.. who will be there, what to expect, and what could possibly happen,” (Priya). The legal/criminal justice approach to sex trafficked persons focuses solely on perpetrator accountability, and cannot be considered a part of the rehabilitation process of individuals (Adams 2011). As such, rehabilitation is typically undergone as a treatment of the “situation of sex trafficking” rather than focusing on the rehabilitation of sex trafficked persons.

### **6.1.2 Victim**

While reviewing this dominant discourse on anti-trafficking, it was seen that the term victim and survivor was used interchangeably. It became clear during fieldwork that victim is a term more often used by stakeholders, whereas survivor was a self-stated term by survivors themselves.

The framing of rehabilitation of ‘victims’ can be conceptualized as a victim-centered approach. As mentioned in the analytical framework, the victimization of sex trafficked persons imposes the vulnerability perspective on stigmatized groups of people. Many of the sources which deal with anti-trafficking offer some cursory advice on what to do with sex trafficked persons, once rescued, often in the form of ‘protection and assistance to victims,’ (See UN sources). When rehabilitation is geared towards protecting and assisting victims, that which is to be remedied becomes the broader issue of sex trafficking, redirecting attention away from the needs of individuals as they exit sexual exploitation.

When asked why sex trafficked persons are often called victims, Sohini replied,

Some people say ‘they are victim of the situation so they need to be called victim’. [From the time of rescue] immediately we are putting a labelization. ‘I am labeling you. She’s trafficked.’ Of course she is trafficked from one place– [but] as soon as they’re coming into a shelter, they need to be viewed as an individual even if they’re trafficked. Trafficking is a situation. It’s a condition.

Sohini acknowledged that sex trafficked persons are indeed victims of the situation of sex trafficking, but stressed that this is not the only identity of sex trafficked persons. This will be revisited in section 6.3.1, when defining ‘survivor’. What follows now is the implications on rehabilitation of using a victim-centered approach.

## **6.2 The Mainstream Praxis of Rehabilitation**

In light of uncovering the mainstream conceptualization of rehabilitation, we can then ask *What are the main categories through which rehabilitation is dominantly expressed and what are the limits to this imagination of rehabilitation?* According to the data, vocational training is the traditional method in which rehabilitation is expressed.

### **6.2.1 Vocational Training**

Simply rescuing sex trafficked persons and immediate return to their family has been found to be an ineffective strategy, thus the thinking goes that,

Economic rehabilitation may be an important precursor to successful reintegration. Because for many victims, economic desperation was responsible for their victimization, thus elements propelling re-trafficking persist if the victims return home without any vocational skill training. (Pandey 2013).

When seen in light of the vulnerability perspective, it makes sense that interventions are traditionally focused on ‘vocational training as a rehabilitation’ for the purpose of reintegration, because it is treating the vulnerable preconditions which led to sex trafficking in the first place. Vocational training, as the mainstream conceptualization of empowerment (i.e. economically), is typically provided by NGOs in West Bengal to residents in shelter homes, and which differ depending on the organization’s methods. In the past, vocational training given to girls was stereotypically tailoring or knitting (Abhijit, Sohini). In recent years, Sohini has remarked that vocational training has become more diversified, particularly with the collaboration with corporations due to the advent of corporate social responsibility (CSR). The diversified livelihood trainings include such things as beautician training, hospitality management, and retail.

However, Abhijit emphatically suggested that vocational training does not work for sex trafficked girls due to the particular trauma, confinement, and stigma they experience as opposed to beneficiaries from other backgrounds, such as shelter

home residents facing different types of marginalization. If successful reintegration into society is the inferred goal of vocational training, then it does not serve its usefulness for girls dealing with trauma in a society that does not accept them. Vocational training is only useful in specific contexts. For example, she may be faced with questions like,

‘I am not able to go back to my village. I learned certain skills in the city-based rehabilitation which I cannot apply in the village when I’m going back.’ (Sohini)

or, if applying to a job with the vocational skills learned,

Whenever the interviewer comes to know that she was trafficked she will be rejected. Without telling her if she compares [to ‘mainstream’ applicants]. Or she is sacked. (Abhijit)

This highlights a problem with vocational training when all too often they are conducted without understanding the embodiment that each sex trafficked person faces, so rehabilitation outcomes are not always met. This issue comes to light when survivors are asked their perspective on receiving vocational trainings, such as when Abhijit described their feedback as,

‘You didn’t ask what do we want, actually. You did whatever was designed for us. You didn’t ask our choice, our expectations, what we actually want. We wanted to study higher, go to mainstream society, maybe we have interest in photography, we have interest in music. We may have interest to work as an NGO worker.’

The victim-centered approach is top-down, training survivors without their perspective taken into account. It is difficult to expect the same outcomes in competing for jobs for persons who have been sex trafficked as it is for applicants from mainstream society. This is especially true when the investment placed in them is not the same, in addition to the special forms of care that is needed besides.

### **6.2.2 Limits to this Imagination**

The mainstream practices of rehabilitation are influenced by the dominant discourse’s conceptualization of the lived experiences of sex trafficked persons. With the stigmatization through the vulnerability perspective, the embodiment of ‘victims’ ceases to matter in lieu of the moral-political position on sex work and sex trafficking. The response to the protection and assistance to victims is then limited to placement in a shelter home and the provision of vocational training. This was clearly explained by Russell as,

Research into human trafficking for sexual exploitation often conceptualizes the experience through the lens of migration and/or sex work. Women's bodies are often politicized and the corporeal experiences of trafficking are neglected. The gendered stigma attached to women who have been trafficked for sexual exploitation is clearly evident across cultures and requires further analysis as part of wider societal responses to sexual violence. (Russell 2013).

There still exists very little research on the effects of rehabilitation interventions, particularly for children (Muraya and Fry 2015). In Muraya and Fry's review of existing research on rehabilitations of trafficked children, of the 15 sources eligible, they found that recovery services must be 'rights-based and trauma-informed,' concluding that effective recovery includes legal aid, safe and secure accommodation, medical care, and psychosocial care (ibid). As noted above, the psychosocial care is one aspect largely missed out on in lieu of meeting basic needs and adding vocational training, yet in this research, it was the most significant barrier to successful rehabilitation as cited by survivors themselves.

This lack in rehabilitation was documented by another recent review of research on rehabilitations which include some kind of psychosocial care, where only six studies assessed the "effects of an exit or postexit intervention intended to directly serve survivors of human trafficking on mental health (including trauma), health, or psychosocial outcomes," (Dell et al., 2017). Additional complexities arise when realizing that the rehabilitation methods dealing with psychosocial care are varied, and have included "individual counseling, group sessions, creative therapies, psychotherapy, psychiatric care and peer counseling (Muraya and Fry 2015).

### **6.3 The Case of Kolkata Sanved: An Alternative Conceptualization of Rehabilitating Survivors**

The third and fourth analysis sections focuses on the actual processes and practices as put forth by Kolkata Sanved, and aims to address the second research question and its sub-question.

Here, the second research question is addressed: *How has rehabilitation of survivors been conceptualized and articulated by Kolkata Sanved in understanding and practice?* This is done by situating this NGO's understanding of sex trafficked persons as survivors, through analyzing the embodiment experienced by survivors.

### 6.3.1 Survivor

In studying Kolkata Sanved's alternative method to rehabilitation, it became necessary to first examine the meaning of being a survivor as opposed to calling sex trafficked persons victims, which was pre-empted during preliminary literature review and subsequently informed all interviews. Based off the literature review, I asked Sohini to differentiate between a victim and a survivor, Sohini explained that

Saying survivor is much more dignified as an individual. Because 'I am surviving with the situation. I am a victim of the situation, but side by side I am surviving also.'

The identifying of an individual as a survivor emphasizes that person's individuality and humanity; "we see an individual as a *person*, and not as a victim," (Sohini). In not victimizing a person, that person's identity is not limited to the situation that happened to them. This is especially pertinent in re-conceptualizing rehabilitation when realizing that sex trafficking is a condition. It is an "incident. A traumatic incident" to be sure, but it is a condition which can cease to exist (Sohini). Victimizing a person who has exited sexual exploitation only serves to re-emphasize the condition of sex trafficking that they were in.

Rehabilitating a *victim* therefore, is rehabilitating a condition which no longer exists. The condition of the person in rehabilitation is actually that of surviving with a traumatic incident(s). This differentiation has been explored in psychology, that how people are treated after a traumatic event- as victim or survivor- "may well affect how they recover," (Maercker and Müller 2004), an understanding not often present in dominant discourse and praxis on sex trafficking.

Kolkata Sanved's process began when identifying this gap in rehabilitation by conceptualizing a survivor as a person who has survived a traumatic experience who can continue to live and grow: they "first think that any participant of the program is an independent individual. So we first look after the individual's growth," (Sohini). Because sex trafficking is a complex system full of many intertwined issues, most anti-trafficking stakeholders tend to approach survivors as a group of victimized people, or a 'stigmatized population' from the vulnerability perspective. This is summed up when Sohini said,

We [the stakeholders] forget about the individual. We are only focusing on the issue. But the issue is not only the life... so we never listen to [survivors'] perspective, we don't want to see their perspective.

Survivors are the first to recognize this in practice. "They constantly ask [rehabilitation stakeholders] 'What is our future? If you bring in a rehabilitation,

well, what will be next?’” (Sohini). By shifting the focus towards each sex trafficked person as an individual survivor instead of a victimized group, rehabilitation can be reframed with a survivor-centered approach and bring survivors’ point of view to the foreground.

The survivors’ point of view towards their own life- past, present, and future- became the focal point of analysis of embodiment in rehabilitation. Every interviewee spoke in terms of embodying a survivor in order to describe the process of rescue, rehabilitation, and reintegration (RRR), such that answers were often formulated as hypothetically quoting what a survivor(s) might respond. What a survivor says, or doesn’t say, and what they feel and intuit laid the foundation for analyzing a survivor-centered approach to rehabilitation.

### **6.3.2 Fear and Distrust**

In order to rehabilitate survivors of sex trafficking, we must understand what exactly is to be rehabilitated. As uncovered in the first research question, rehabilitation is typically undergone as a treatment of the “situation of sex trafficking”. However, persons who have been sex trafficked and have been rescued are facing a very particular set of problems. Therefore, to understand what is to be rehabilitated, we must first understand who is being rehabilitated and how they have come to rehabilitation.

According to Priya, a respondent involved in rescue processes, sex trafficked persons who enter into shelter homes are typically rescued from red light areas during police raids. The police conduct a raid once receiving ‘intel’ that of a particular minor girl is being held in a brothel, which is illegal in India. The police, who are not in uniform, along with a social worker and various witnesses enter a brothel to identify the girl, and through visual approximation of age may also rescue other girls who look to be a minor, as well as any girl or woman who says they wish to be rescued.

However, this process is tricky and not all together reliable to rescuing all persons in sexual exploitation; conditions of fear and distrust in which sex trafficked persons live results in only rare instances where they actually speak up. During a rescue, when contact is first initiated with the girl(s) and they are asked what is their age and if they have been trafficked to the brothel against their will,

Most of the time, the girls don’t give the right answers. They don’t. Because first of all they’re really scared, and second, their trust is so screwed up, because everyone they have trusted in their lives has messed it up. They have broken their trust. ...And they’ve never had the exposure of encountering nice people in their life. They’ve only encountered people



who've been mean and corrupt and bad. People who sold them and traded them like a commodity. (Priya)

Fear and distrust dominated the analysis of survivors' embodiment, and will be analyzed through the lens of trauma, confinement, and stigma. But at that moment of rescue, fear and distrust results in many of the girls not wanting to be rescued. Distrust may happen if the girl was forced or coerced into sexual exploitation by a family member, a friend, a boyfriend, fiancé, or husband, or any other close acquaintance. Breach of trust may occur from anyone even not of close acquaintance if they were promised something else, such as a job. Additionally, distrust in the police may be present if corruption and abuse is present, or for the fear of arrest. Pimps often cultivate the fear of police by telling the girls,

“You think the police are going to come and rescue you?” They don't use the word rescue, [but instead] “They're gonna 'arrest you.’” So when the girls meet the cops, they immediately associate it with 'arrest'. And they think of police station. (Priya)

Inciting fear is already a documented means of control by pimps to keep control of their labor, and therefore profits (Andrijasevic 2010) and who may be 'lingering in the shadows' during raids. Pimps also cultivate a fear of pursuit should sex trafficked persons run away or go with the rescue, saying as Priya said, “Don't you ever think you can live out there anywhere. We will come and find you. We'll come and get you.” Sometimes pimps doctor proof of age documents and instruct girls to tell that their age is 18.

Secondly, a fear of the unknown may give sex trafficked girls little reason to wish to go with the police. The condition of lacking options or being uninformed about their options leaves them instead with questions like,

‘I don't know the outside world, I don't know other options. ... I've never been to school, I've never been to college, who will give me a job?’ (Priya)

If sex trafficked girls have never been exposed to more than this perspective on life, they may believe what is said to them: that they can't have a life outside the brothel. The uncertainty and hopelessness for future change is exacerbated by fear and distrust, so at the time of rescue sex trafficked girls can wonder,

‘Who are you? You're just coming in, on the day of rescue, and saying there are options outside, you can find different options,’ (Priya)

### 6.3.3 Trauma

Additionally, multiple respondents told that sex trafficked girls are not aware of what sex trafficking is, or that there is a word for it. The fear and distrust that has been induced in them is part of an unnamable trauma- even when harassment, abuse, and violence has taken place. The silence that remains unspoken by a survivor of trauma does not mean that they don't have their own lens about their trauma. As previously noted, violence, including the threat of violence, is widespread in sexual exploitation which does result in trauma (Dell et al., 2017; O'Connor 2017). Sohini responded that through much feedback from survivors, Kolkata Sanved has found that,

Most of the time, the survivor doesn't accept that they are sexually exploited. Or that any violence happened on them. [There is] PTSD and lots of other health issues. Sometimes they are numb with their emotions...they focus on only two emotions, either super angry, or sad. They don't know about happiness, surprise, and other parts of the emotional spectrum.

Survivors of sex trafficking are inflicted with a complex trauma, “negatively impacting development and future attachments”, including psychological symptoms such as “posttraumatic stress disorder (PTSD); damaged sense of self, compromised interpersonal boundaries and distrust of others; suicidality; anxiety and depression; and substance abuse,” (Cole et al., 2016) Additional complex physical health problems may include those which are “dermatological, neurological, musculoskeletal, gastrointestinal, and/or gynecological. These include chronic pain in the head, stomach, back, and pelvis; fatigue; dizzy spells; skin conditions; dental problems; sensory problems; heart disturbances; and weakened immunity...and sexually transmitted infections,” (Muraya and Fry 2015).

Manic disorders, sleep disturbances, aggression and other behavioral disorders, and self-harm have sometimes been additionally observed (Priya). This trauma complexity is difficult to deal with, particularly during the stay in a shelter home where oftentimes a lack of infrastructure and funding can prevent a full range of services from being provided to residents, from outdoor play time to therapy sessions (Priya). Many times, addressing this becomes a burden falling on the care providers at shelter homes who are typically not fully equipped to deal with the scope of the symptoms and the expression of trauma.

Multiple respondents also noted that there is often the risk of re-traumatization of survivors, for example during court proceedings, or as the inability to cope resulting in for example, leaving or losing their job, or being at risk of re-

trafficking. These potential scenarios oftentimes remain unaddressed, and which can come as a complete shock to survivors. Abhijit addressed this issue in the following manner:

The trauma, the counselling process, the therapy, is very important. If you don't come out from the trauma, if you can't speak for your own rights, how can you develop your skills? ... 'It happened to me... It was the black days. Ok. But I have to come out. I have to go ahead. Forgetting the past.' Otherwise you will not be able to go ahead.

Going ahead, or, moving forward for one's own well-being, was a colloquial term for rehabilitation as understood by survivors working with Kolkata Sanved's method, which will be returned to in the fourth section of analysis on empowerment. Sohini suggested that by dealing with the trauma, these risks could potentially be mitigated, in that "As soon as you can build your own self-care system, even if re-traumatization happens, you know where to go."

#### **6.3.4 Confinement**

Confinement has already been analytically framed through the vulnerability perspective towards victims. However, it is necessary to return to this category using the embodiment theory, since the former understands confinement as existing only within the walls of a brothel, but the data suggests that it is lived by sex trafficked persons in many more stages. We have already examined some of the reasons for which a girl may not wish to exit during rescue. In terms of confinement, Priya says "They're like, 'Big deal, I'm stuck in this, there's no other way. ... Now I'm in this space, this is my life, I suck it up and move on with it.'" When physically removed from an exploitative environment, we can see that trauma continues to embody constraint, with little space available to deal with it. Additionally, all respondents have remarked multiple times that life at the shelter home also imposes 'mobility restrictions', albeit in a different way. This was put by Rani as,

They are being rescued from a confined life, but they are going from confinement to confinement. At the shelter home they are no longer being abused, but you still have no control over your own life. You're still not in control.

The lack of control over one's life in this sense is largely due to inability to deal with trauma in these establishments. Placement in a shelter home (whether governmental or non-governmental run) is a government process, which continues from the moment of rescue until reintegration. It is here that the survivor's basic needs are taken care of, in the form of food, shelter, some kind of

education, and often trainings. In this sense, confinement is a necessary method by which to look after survivors' needs. Yet, sometimes survivors are kept even "under lock and key" out of fear they might run away, or fear of the free mobility of traffickers. This seems logical, but has compounded effects on the rehabilitation potential of survivors. Therefore, there are positives and negatives to the stay at the shelter home, particularly as one tries to simultaneously deal with their trauma while being in restricted mobility. Abhijit described this as:

They are not seeing mainstream society. Slum area children go to mainstream schools, they play with mainstream society children, but victims of trafficking are confined in the shelter home. They're not allowed out...the situation is not nice. There are so many things that they have to think of. They're traumatized, they need counselling. But I don't like that process, keeping them in a confined place.

These findings are consistent with a case study made by Kolkata (Kolkata Sanved 2016). Mobility restrictions pose an obstacle to recovery, at least in so far that residents of shelter homes cannot gain even the sense of 'moving forward' past trauma. When reflecting on her time as a participant to the DMT rehabilitation process, Sita said,

In the past, I would think that I am a backward (marginalized) girl. I would think that I can't do anything, I will not be able to do anything, I will not move forward. These negative sensations were always present in the body and the mind. When we do DMT and other art based activities, we nurture our inner space and understand the areas within ourselves in which we are stable, and the areas in which something is lacking. We are able to analyse ourselves and realize: I cannot stop at this point. I have to move forward. The DMT process has these effects. Through DMT, I have realized this.

Space has subsequently become an important part of coding the DMT process, which will be elaborated upon later in the empowerment analysis.

### **6.3.5 Stigma**

Moving forward is additionally compromised by stigma, which again was an analytical category used to frame the issue of sex trafficking in gendered power structures of moral-sexual stigma. Yet in addition to that, the data shows that stigma and stigmatization are lived by survivors in multiple ways. Research shows that sexual exploitations

Occur within social contexts that shape how survivors judge themselves and are evaluated by others. Because these are gendered sexual and

intimate crimes that violate social norms about what is appropriate and acceptable, survivors may experience stigma that includes victim blaming from the broader society as well as stigmatizing reactions from others in response to disclosure. (Kennedy and Prock 2016)

The first kind of stigma is imposed by broader social norms. Sohini remarked that “Any kind of sexual violence has a stigma. It’s [how the] larger society sees the entire sexual violence, not only for the trafficked survivor,” and women and girls are made to feel they are the guilty party for any form of violence. Women and girls are blamed for even any kind of deviance from socially accepted gendered norms, such as wearing a short dress, among many other so-called transgressions (Abhijit).

The broader social norms also place blame on survivors, particularly when it becomes disclosed they have been sex trafficked. Abhijit said, “It’s very difficult to accept the girl if someone comes to *know* that she was trafficked to a red light area, that, ‘She is not pure. No one can marry her’.” The issue of ‘impurity’ stigma as a code came up from multiple respondents. Priya said, “They (the family/society) considers you impure. They consider you as an outcast...Society doesn’t accept these women and girls.” The impurity stigma is embodied in that if one feels their body is impure, one also feels that their *self* is impure. Survivors have said this is connected with feelings of hopelessness for their life such that they feel “Their life has been finished,” (Sohini) “There is nothing for me in life,” and “What options will I have? My life is ruined,” (Priya). This points to internalized stigma, a “composite concept that includes aspects of self-blame, shame, and anticipatory stigma,” (Kennedy and Prock 2016), where survivors stigmatize themselves. Stigmatization theorists have found that anticipatory stigma is the fear of disclosure; shame “is defined as a moral emotional response in which the survivor feels deeply unworthy, defective, and debased in comparison to others,” and self-blame is the belief that the violence is indeed the fault of oneself (ibid).

Internalized stigma compounds the difficulty a survivor has in understanding their options. Priya connected this to the broader societal gender norms when she said,

A girl in India...is prepared for marriage. Ever since you are a child. Like you think ‘Oh I need to get bigger and have a guy and have a family and be a wife and have children’, etc. So now they’ve been raped. And they’ve been in this kind of place. So they actually think there is no option for them.

[Some people have said] ‘Ah yeah these girls, why do we try so hard? You rescue them and tomorrow they’ll go back into the same thing.’ I mean,

why are they going back into the same thing? Because they've not been given options which are feasible, and pays them enough, and which will sustain them.

Embodied norms have led society and the survivors themselves to believe that as girls, their options are typically limited to marriage, and sexual violence causes an 'impurity' that risks losing that option. Successful rehabilitation (and later on reintegration) becomes even a more distant goal when in addition to treating trauma and confinement, individuals deal with the lack of options and stigmatization, including internalized stigma.

This makes it very difficult for survivors to exit the lived embodiment of sex trafficking during rehabilitation and reintegration, and to leave the shelter homes on an equal footing with mainstream society. In other words, empowerment, or access to resources, agency, and achievements, as a process becomes difficult to engage as an individual. This embodied understanding is understood by Kolkata Sanved, but is not given weight in the mainstream design and implementation of rehabilitation as framed and designed through a victim-centered approach as described above, leading to limitations to empowerment potential. The rehabilitation of sex trafficked survivors presents a daunting challenge to stakeholders, but empowerment may be possible to achieve if intervention is reframed from the survivors' point of view.

## **6.4 The Case of Kolkata Sanved: Praxis of Rehabilitation**

Finally, the second sub-question asks, *What role has DMT played as a rehabilitation process and what has been its effects?* This section analyzes how the NGO puts the empowerment of survivors into practice based off their understanding of survivors' embodiment.

### **6.4.1 Access to Resources**

Rehabilitation as understood and practiced by Kolkata Sanved through DMT differs from the dominant understanding and praxis because of their emphasis in listening and responding to survivors' needs. In light of this thesis's analytical framework, the case of this NGO formulates rehabilitation interventions by refocusing attention on the needs of survivors and addressing their process of having lost their autonomy during sex trafficking and sexual exploitation. This is what constitutes a 'survivor-centered approach'. The survivor-centered approach puts extra effort into psychosocial support, an aspect largely overlooked in dominant articulations, because survivors have said it is integral to their recovery.

Psychosocial support is addressed by this NGO through the medium of the body, by understanding that embodied violence is related to fear, distrust, confinement, trauma, and stigmatization. Sohini explained that by involving the body creatively in psychosocial rehabilitation, Dance Movement Therapy can then,

Look after how [survivors] can release their emotion, their trauma, their pain, their marginalization, and come up to a positive attitude, a positive self-image, a positive outlook on life.

Survivors have said that they feel they have no options, and acquiring empowerment seems hopeless in the face of their embodied experience. With a survivor-centered approach, Kolkata Sanved aims to create a 'space' to facilitate therapeutic 'release' as a means to access to resources. Theoretically, this takes survivors from a place in which they were denied the ability to access resources through a processual change of gaining space where they can exercise agency.

Gaining 'access' is to be able to see options (resources). As demonstrated above, even when resources are made available for survivors facing trauma, confinement, and stigma, they are often neither visible nor viable. Accessing available options then, proves difficult.

In practically approaching the needs of survivors, the DMT process facilitates a space in which resources become visible to be accessed. The capacity to know that options exist and one can indeed choose them is considered a crucial first step by this NGO. This is so that survivors know opportunities are attainable and empowerment is a possibility. The DMT rehabilitation process is designed to create a platform in which survivors can find space *within themselves* so that 'sense of agency' is mobilized. This is detailed by Sohini:

'As soon as I am healed and recovered from a certain state, I am able to see the life. I am envisioning my life.' ...How to overcome this incident and look at the life in a larger level is very, very important for Sanved, which we do through Dance Movement Therapy (DMT).

We also try to create opportunities, and we try to create a vision among [survivors] about whether they can access those opportunities. They need to start to believe that 'We are individuals, we have rights, and we also have the right to access opportunities...[To have] the option of choices, and see the choices. Then I can make a decision.'

Building the capacity of survivors to 'envision' their options and opportunities through a sense of agency has significantly increased their capacity to make decisions for their life. During survivors' exit and reintegration, having a sense of

agency precludes change—or, empowerment. When sense of agency starts from within oneself by acquiring the capacity to envision and access options, decision making becomes possible even in the face of obstacles. Seeing choices, making decisions, and acting on them are seen as distinct steps in the agency process for Kolkata Sanved. This was emphasized by Sita in reflecting on her time as a participant in the DMT rehabilitation process, who said,

Previously, my dance and studies had stopped for a while and I used to wonder what will happen, what will I do after this? There were no options. When DMT supported me and gave me an opportunity, I found a space in which I could release myself from these thoughts and told myself that I have to move forward from here. It was my dream to become a dancer. I did not stop myself from dreaming. I continue to dream even now and hope that I can realize my dream in an even bigger way. I have a vision and a mission and I try to reach that vision and mission. This has been my rehabilitation.

The first step for Sita in rehabilitation (moving forward) was not acting on opportunities, but deciding that she *could* act on opportunities— ‘dreaming’. The action she took to become a DMT practitioner later on in her life was made possible by first releasing her trauma and stepping out from confinement through ‘finding the space within herself.’ Knowing that one can dream, and access those dreams, was an important first step to take before being able to act on that dream.

#### **6.4.2 Space**

In interventions, creating space to access resources— (seeing options and knowing one can make choices) is difficult due to confinement both in the form of trauma as well as the physical limitations of recovery within a shelter home.

Four DMT practitioners (rehabilitation facilitators) who were themselves previous participants of the DMT rehabilitation process were interviewed for this thesis. Their main emphasis was on their own self-perception as empowered individuals, and how this change was enabled through their participation in the DMT rehabilitation process. The DMT practitioners often reflected on their process of rehabilitation both as a survivor and former DMT participant, from their current perspective as a DMT practitioner.

Lakshmi shared her own experience of finding the space within herself to envision her choices when she was a resident of a shelter home and a participant to DMT:

There was once a time when I was in the same situation as my [DMT] participants who stay in shelter homes. The participants feel many



emotions at the same time. In the same way, when I was at the shelter home, I would feel these emotions as well. I would not talk to anyone, I would hit people and break things, I would use abusive language: there was a lot of anger within me. In all my actions, there was a sense of hopelessness since I was away from my family.

As I went through the DMT process, I slowly started seeing changes within myself. I started feeling empowered. When I would get angry, I would not lose my temper straight away. Instead, I would use my mind to understand what my next action should be: I would realize that, at this point, I need to cool down. When I would get angry, I felt like hitting other people. But when I went through DMT, I realised that, if I hit someone, that person will feel the same pain that I feel when I am hit by someone. Since I went through the DMT process, I was able to make these connections.

Fostering space within oneself allows survivors to express themselves in constructive ways. The difficulties of providing rehabilitation interventions in the context of sex trafficked survivors has already been detailed. Shelter home residents often cannot cope with the expression of their trauma, which can take many forms such as fighting with others.

The inability to cope causes adjustment difficulties, which Priya has likened to the feeling of “jet lag,” but which lasts more than a week- it can be months of years before survivors can reach the point of having a sense of agency to access resources. Finding space within oneself can be facilitated by creating a space where survivors can express themselves. Lakshmi described this problem with space when she said,

Very often, participants do not have the space to express themselves. There is no one to listen to them. People think that just bringing a child to a shelter home is enough for her/his welfare. But what is very important is creating a space for children to express themselves and release their frustration about the experiences that they have gone through and their separation from their families. If this space is not there, unexpressed frustration can have serious consequences for the welfare of the children.

Due to the lack of infrastructure available to deal with the expression of trauma, these serious consequences become additional unmet needs of survivors. Listening to the needs of survivors through the provision of space was further elaborated by Veena, a DMT practitioner:

We [DMT practitioners] try to give our participants an open space in which they can speak freely, which we got when we were going through DMT. When participants share their feelings and experiences with us, we understand that we have been successful in creating such a space. Sometimes, participants tell me that they want to talk to me. Through this sharing, they are able to release their pain and a space for open communication is created.

Space has created the possibility for communication to occur in DMT rehabilitation. Survivors can both express their thoughts and feelings and know that they are being listened to. Gaining the space to communicate can be theorized as accessing resources, if we see communication as a freedom that was once denied. Veena gave an example of this happening during her sessions at one shelter home:

Almost every week, some participant will tell us he has something important to share with us. Since we have been doing DMT with them for a long time, they are comfortable with confiding in us: they tell us what has happened and how they feel. The participants themselves come to us to share their feelings; we have not made any rules or said anything to them about this. They share their feelings because they want to.

Having the ability to trust in the space to share their feelings is both a resource gained and an achievement in itself. The DMT practitioners recognize this because they empathize with the shelter home residents,

We are able to understand the participants because we have risen from the same situation. . . . Since we were in their situation once, we can understand them. We got help from DMT, because of which we were able to gradually overcome our problems. We try to give the same kind of help to our participants and hope that they will overcome their problems as well.  
(Lakshmi)

### **6.4.3 Agency**

The survivor-centered approach to rehabilitation asks the needs of the beneficiaries. The needs of the beneficiaries are best articulated by survivors themselves. In having the space to express their feelings and needs, survivors are demonstrating agency. Asking survivors what they want is enabling their ‘power to’ decide *what* they want, and giving them the space to express that. The DMT process operationalizes this by conducting a ‘needs assessment’ for every survivor group participating:

We understand the feelings of the participants through the needs analysis that we do before we start DMT with a new group. We facilitate a short session through which we see their movements and get feedback from them about what they want. ... We understand their needs through the DMT process. (Sita)

Lakshmi explained that identifying needs through observation indicates embodied experience:

We see how open their bodies are: whether they are talking to others or not, whether they are making eye contact, how much they are communicating with others, what their peer bonding is like, etc.

Another DMT practitioner, Lata, added to this by emphasizing the necessity of understanding individuals' embodied experience saying,

We ask [the participants] some questions through which we get to know their background. Sometimes we ask them questions about what they want through DMT.

Survivors who are given the option of articulating their needs gain the agency to make decisions on what they think is best needed for themselves. Veena explained how the survivor-centered approach, as framed by survivors for the needs of survivors, looks like in practice:

I can understand what is going on in the minds of the participants. Sometimes, they do not talk, avoid other people, and dislike being around too many other people. From this, we can understand that the participant feels lonely. Very often, participants keep remembering their homes and families and go through a lot of stress because of this...

We can understand their anger, their mood, their needs and desires. Sometimes, one of the participants gets up and leaves the class but later will come himself/herself to say sorry to the practitioner. This closeness and trust between the practitioner and participant gets built on its own.

Agency is demonstrable even in small ways, such as this example of a participant who thought about his/her actions and making the decision to apologize. Perhaps such a small detail could typically go unnoticed as indicative of recovery, but the survivor-centered approach knows exactly what to observe as signs of rehabilitation. These small, but significant, steps on the path to rehabilitation must be reiterated as being part of the processual change which encompasses empowerment. The process of rehabilitation is time-consuming, and the process of gaining empowerment is also. "Change is a process," (Sohini) and the process

itself can be facilitated by continuously asking survivors what they want in rehabilitation, and employing flexibility in conducting rehabilitations:

Very often, the children only want to dance...they think it is a pure dance class. Since they like dancing and we work with movements, which are a part of dance, we try to shape movements and dance *into therapy* to take them through the DMT process. We try to take into account their wishes.

Often they will say things like: 'We want to play a game', 'We want to sit and talk', "We want to share our thoughts. When we do these things, we are not doing DMT. Instead, the participants sit and talk about their lives, their wants, their hopes. Through this sharing process, we are able to identify that, in this class, we cannot just continue with things the way we have planned: we have to take into account the participants' wishes and their enjoyment. So, we frame the games they want to play into DMT activities. (Lakshmi)

In addition to this, Kolkata Sanved makes sure its process is collaborative with all allied stakeholders who have a vested interest in rehabilitating survivors. Priya said that "Going into a home, generally, [stakeholders] have a good heart and want to help these kids, but they don't know how to do this." DMT practitioners who "have gone through similar experiences as the participants are able to connect to them and understand the situation they are in" (Lakshmi) serve as an intermediary to care providers in shelter homes, to foster the growth in both parties' capacity to meet the needs of survivors.

The care providers at the shelter home know about the children: how they are and what their reactions are. Before we start taking rehabilitation sessions with a new group, we get information from the care providers and we design the activities and DMT process in accordance with this. (Veena)

When we go to a [needs assessment] session, we discuss a lot with the care providers as much as we observe the movements and behaviors of the participants. ...After this, we look at the case work of the participants given by the care providers. (Lakshmi)

Building the capacity of all stakeholders in the rehabilitation of survivors in a shelter home is another way to increase the space in which survivors can have room to begin their process of empowerment. The care provider staff at shelter homes are often overburdened with the large scope of survivors' needs, so the DMT process aims to give them the space they need for release:

When we talk to the staff about doing DMT, they also have their own needs, which they tell us about. For example, we conduct workshops solely on stress release for them. So, we take them through the DMT process first to address their needs and to understand what they want for the residents. (Lakshmi)

Overall, through providing space to access resources, positive agency can be enabled for survivors through restructuring the context in which choices can be visible in the ‘realm of possibility.’ With a survivor-centered approach to rehabilitation, pressure and coercions can be superseded when survivors are enabled to find the strength within themselves to enact empowerment. This was summed up by Sohini who said,

We believe that we will be building strength and ability within the survivors, so that they can raise their voice, so that they can speak up, they can talk about their rights. We find that is very important in the rehabilitation. Because at the end of the day, ‘I need to be the change-agent for my life. Not other parties. So if I do not have that capacity and ability, then how can I rehabilitate myself?’

We believe ... like, Sanved is not rehabilitating you; *you* are rehabilitating you. Sanved is providing that facilitation space and building that ecosystem. So that you as a survivor, as an individual can create your life and move ahead.

#### **6.4.4 Achievements**

The process of change that is initiated through the opening of space to access resources and act on agency has seen results in establishing sense of agency amongst survivors, and therefore their potential for transformation in the ‘making of the self.’ Achievements in this sense are,

That you are an individual with self-worth. ...If I feel I am self-worthy, I have value. Value for oneself is so important. Then, ‘I can access the opportunities’. (Sohini)

Establishing self-worth and self-value, and therefore self-perception is crucial for decisions made to be realized in actuality. This is because the DMT practitioners who have developed a positive self-perception have explained that from there, they are motivated to continue “growing as people,” (Veena). ‘Growth’ was considered an integral part for the DMT practitioners to be able to continue facilitating rehabilitation in varied contexts. In this sense, rehabilitation has

become a self-sustaining mechanism for increased capacity in their lives and as part of the survivor-centered approach.

One thing I think is that rehabilitation took place within me when I participated in DMT sessions. But, it is when I facilitate DMT sessions and see the change in others that I actually realize that rehabilitation does take place. This change only comes through the experience of DMT. (Lakshmi)

Empowerment has taken place for Lakshmi and the other DMT practitioners through a transformation of their own self-perception. This was explicated in how Lakshmi retroactively observed that rehabilitation has taken place within her when she saw the changes in her participants, through their experience. Experiencing rehabilitation for oneself was one of the most important signifiers of ‘achievement’ from the point of view of survivors. As Sita said,

Listening is a different thing from experiencing. Experiencing is most important for the body and mind.

Lakshmi added that,

Only when people go through DMT themselves do they start believing in its effectiveness. This is because DMT is experiential in nature. ...For me, rehabilitation is not just about dancing: it is the language and the power of expression provided by dance that has an impact on the body and mind.

Through the experience of acquiring the space to express and the capacity to communicate, the ‘body and mind’ could accept the possibilities of rehabilitation, bringing with it the belief in transformation. Achievements for each individual are subjective, but subjectivity may in fact be the best tool for analyzing the outcome of rehabilitations. This is because achievements of self-worth and self-value have long-lasting implications for future decision making. The process of change in a sense is like “a ripple-effect” (Sohini).

DMT practitioners have emphasized the importance of continuous self-growth and experience as a tool of their continued agency, for the purpose of self-empowerment and in the work of empowering others. This in turn, compounds the ability of a survivor-centered approach to grow and change in its methods.

Sanved’s work is DMT: rehabilitation through dance (healing through dance.) But we [as practitioners] get many different kinds of training (capacity building) apart from dance and different dance forms. We apply the things we learn in our own lives and in DMT sessions, where we see whether our participants absorb these lessons. (Lakshmi)

All the DMT practitioners put special focus on their continuation of rehabilitation in the form of empowerment. Continuous empowerment has roots in their experience of the DMT rehabilitation process, and motivates their passion to work with strengthening the methods of this survivor-centered approach:

We know that rehabilitation has taken place for us through DMT, but we also have gone through other workshops like drama therapy, art therapy etc. Maya Krishna Rao, who does a lot of work for empowerment of women, also did a workshop with us. Through participating in these things, we are taking our own rehabilitation forward. (Lakshmi)

If we did not go through capacity building workshops, we would not be able to take forward our own work as facilitators. ...When we go to another place to learn something, DMT does not leave out body, since we are always working with DMT and gaining our power through it. (Veena)

We have taken part in storytelling and studied modules on gender-based violence and anti-trafficking. We have not just studied about these things but have experienced them with the body and the mind. And we do not keep this within ourselves. (Sita)

For survivors, rehabilitation has taken place as something more than simply learning to cope and deal with the past in the contextual present. The space for growth is always given weight in the process of empowerment for survivors: “I really believe in DMT: I have experienced it and am experiencing it; I am facilitating it and I have worked to create a space in which people can take part in DMT.” (Lakshmi). The engagement in processual self-reflection has given the DMT practitioners an achievement of being their own ‘change-agent.’

Those reflections are very important when ‘I am becoming a change-agent for my life. So that I know my strength, my weakness, my positivity, my negativity’. Having a clear understanding about the self. ‘My skills. My abilities. My dreams, my hopes, my future.’ (Sohini).

#### **6.4.5 Voice**

In making such achievements as recognizing that oneself can become empowered, those individuals are then able to affect their “immediate peer-group...then to the family, then community, and then the larger society,” to create a ripple-effect of transformative change (Sohini).

Change is recognized by the DMT practitioners in that through the space and experience of rehabilitation– or continuous, transformative empowerment, they have been able to develop their voice. This voice enables survivors to speak out:

for themselves and for others. This has created a “connection with society.” (Sita). Individual change and empowerment has implications on changes in society’s perception on survivors and the rehabilitation process. Lata described this as:

For example, before doing DMT, I used to lose my temper about very small things. Now, I have changed. The change doesn’t take place in one day: for some people it takes one month, for some people it takes two months, for some people it takes one year – the time over which a person changes depends on that person. But however long it takes, society is able to see the changes. After seeing this, society realizes that DMT can bring about change in individuals.

The change that occurs in individuals can change the perception of society. The necessity of DMT as an experiential process however, has sometimes caused its work to be misunderstood.

There are many people in society who do not know about the effects of DMT at all, because of which they have a lot of negative perceptions about it. But, when people experience the activities, they start believing in DMT. (Lakshmi)

All of the DMT practitioners spoke about society’s perception of survivors, that survivors are ‘mad’. This is indicative of a stigmatization surrounding mental health and sexual violence. Lata put this forward as such:

When people do DMT, it is possible that something bad has happened in their lives which has affected them physically or mentally, because of which they have come for the sessions. [But] when society sees the participants, it assumes that they are participating in this class because they are mad. Sometimes people think that since the participants cannot do anything else, they are doing a dance for mad people. ...The participants are stigmatized in this way.

When society observes people who have done DMT over a period of time, it is able to see the changes in that person.

Survivors are themselves creating the change in society’s perception of them, through their own empowerment process.

Even though we emphasize the fact that DMT takes a lot of time to bring about a change, they still think that DMT classes are for mad people. Such judgments about DMT participants being made stem from society itself. But when there is a change, then society talks about the effectiveness of DMT. (Sita)



The stigmatization that pervades perception of survivors is compounded by how “People use a mocking tone when they talk about dance,” (Lakshmi) and “The word ‘dance’ is stigmatized such that people assume that if I dance I am doing something immoral.” (Sita).

Dance is seen by society only as a form of entertainment, and as nothing other than entertainment. DMT is dance, so society thinks that this also must be for entertainment. ...People say that, ‘DMT is a dance done by mad people, nothing can come of this, it has no focus, there is no place for this, etc.’ Since society perceives dance only as entertainment, many people say that DMT is not real work and that it is not a path which can be taken to move forward. (Lakshmi)

However, due to the DMT practitioners’ own transformation which has taken place through dance and DMT, they have found the courage to handle stigma by speaking up. This has happened because,

As soon as you overcome your trauma, as soon as you create—you build—your positive self-image, then it’s easy to handle this. Because you are not blaming yourself, you are not stigmatizing yourself. (Sohini)

Having the space to heal and experience empowerment has enabled survivors to question the stigmatization imposed on their lives, motivating their analysis of and action taken on structures of constraint in society. Sita exemplified this when she spoke of her participation in advocacy that Kolkata Sanved takes part in:

We don’t just facilitate DMT sessions. We also do issue-based performances for advocacy. Through performances at campaign programmes, we convey our message to the community and society. Through dance, we show society what things are like at present and the changes that we want to see. We are not just DMT facilitators. We also have a space to share our own stories and send a message to society.

I recently participated [in one such performance campaign] ‘Breaking the Silence’ which is about raising your voice. This was not just about me— it was about expressing what I have gone through so that I can reach out to other people through story and dance.

Reaching out through expression to a larger audience has begun to change these structural constraints in broader society, because it facilitates the space for everyone to begin processes of transformation. Here, Veena explained that the survivor-centered approach informs advocacy because:

When we go to different places to perform through things like drama, the audience gets an understanding of the problems. In a lot of places, people do not know about the problems: girls do not have a space to raise their voices. For example, as part of 'Breaking the Silence', many people came from villages where they are not allowed to speak and are suppressed. Here, they get a space to speak and their voices are heard by everyone. (Veena)

In changing one's own self-perception, from victim, to survivor, to change-agent and empowerment facilitator, the DMT rehabilitation process has incited a domino effect of change on the perception and stigmatization of survivors. Starting from the survivor-centered approach, the issues around sex trafficking and the rehabilitation of survivors has brought transformation to the entire society. By being able to speak up and speak out, survivors have demonstrated that success is possible in rehabilitation, as long as we listen to their voice.

## 7. Conclusion

This research aimed to answer two main research questions, 1) *How has rehabilitation of sex trafficked persons been conceptualized and articulated in the mainstream discourse and praxis?* and 2) *How has rehabilitation of survivors been conceptualized and articulated by Kolkata Sanved in understanding and practice?* To answer these questions, I first laid out a critical analytical framework of sex trafficking so as to situate the limits to the current, mainstream practice of rehabilitation. The context in which survivors are being rehabilitated is fraught with issues often overlooked in the dominant conceptualization and mainstream praxis. The conflation of and stigmatization of prostitution with trafficking results in policies and practices which discounts the lived experience of sex trafficked persons' autonomy. From this vulnerability perspective, sex trafficked persons are stigmatized and victimized, so that their fear, distrust, confinement, trauma, and stigma remains unchallenged in rehabilitation. As such, approaching rehabilitation as protecting 'victims' focuses on treating vulnerabilities, not embodied experience. Therefore, the method of using vocational training to support reintegration was found to have its drawbacks, including the disregard for the necessity of psychosocial support and agency in 'moving forward.'

Then, using the theoretical foundation, the case of Kolkata Sanved was explored through the role that DMT played as a rehabilitation process and its effects. It was found that their practice of rehabilitation was largely based on an understanding of survivors' embodiment, and empowerment based on embodiment. In using

embodiment to explore alternative approaches to mainstream articulations, the DMT rehabilitation process emerged as a potential tool on which other rehabilitations may be framed. This is exemplified by the ‘successes’ in its ability to create access to resources, agency, and achievement possibilities in the lives of beneficiaries. These successes in acquiring empowerment where one previously had none was founded in the provision of space, and resulted in the enabling of voice. Participants of the DMT rehabilitation process have emerged as ‘change-agents’ in their lives and with the possibility to incite change in broader society.

The results of this research suggest that the conceptualization of rehabilitation can be improved when including an understanding of embodiment, and making the space for survivors to express themselves in order to become empowered— to see choices, and make and act on decisions, as well as gaining voice. This research has found value in incorporating survivors’ point of view on their lived, embodied experience in enacting transformative change in their lives and in addressing the rehabilitation of sex trafficked persons. The conclusion of this study calls for further research into re-framing rehabilitation with consideration to the survivors’ point of view.

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