

AFTERCARE STANDARD OPERATING PROCEDURES AND REHABILITATION OF SURVIVORS OF HUMAN TRAFFICKING

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EXECUTIVE SUMMARY

Trafficking in human beings is one of the largest organized crimes in the world along with arms and drugs trafficking. Trafficking encompasses a wide range of exploitative practices against human beings where victims of human trafficking are subjected to continuous and multiple crimes at different stages of trafficking. Trafficking often transcends national boundaries, traversing geographical routes categorized as source, transit and destination involving a network of criminal nexuses/collaborators in recruitment, harbouring, deception, transfer and transportation. Human trafficking denies victim their basic freedom while inflicting horrific violence, abuse and exploitation.

Article 3 (a) of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime defines *“Trafficking in persons shall mean 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;”*

Human Trafficking can take many forms including forced sex trade/sexual exploitation or as forced labour to serve commercial or business interests, trafficking for illegal organ harvesting or for bonded labour or domestic servitude or forced marriage.

The Indian Constitution enshrines normative and legal basis to combat trafficking as part of its Fundamental Rights. *Article 23 (1) of Constitution of India prohibits trafficking in human beings and begar and other similar forms of forced labour, making a contravention of the same a punishable offence. Article 21 of Constitution of India guarantees that no person shall be deprived of his life or personal liberty except according to the procedure established by law and provides the basis for other enactments that combat the scourge of trafficking. In line with constitutional guarantees, Section 370 of Indian Penal Code specifically defines and makes human trafficking punishable. Related and read with the legislations on trafficking are Protection of Children from Sexual offences Act, (POCSO) 2012, to protect children from sexual abuse and exploitation. There are other specific legislations enacted relating to trafficking in women and children Prohibition of Child Marriage Act, 2006, Bonded Labour System (Abolition) Act, 1976, The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986, Transplantation of Human Organs Act, 1994, apart from specific Sections in the IPC, e.g. Sections 372 and 373 dealing with selling and buying of girls for the purpose of prostitution.*

Globally, efforts to combat human trafficking advocate an integrated strategy that includes Prevention, Protection and Prosecution with emphasis on post rescue victim care for rehabilitation and reintegration. Victims of trafficking because of prolonged and continued exploitation suffer from severe psychological trauma that affects their sense of wellbeing and self-worth. Coupled with long separation from mainstream society, calculated and persistent dependency engendered by pimps, employers and

traffickers, many victims perceive being trafficked as their only survival option. Every rescue of a trafficked victim therefore needs to lead to a sustainable process of psychological, social and economic rehabilitation and reintegration of the victim into society with dignity and self-power.

A critical component of -any intervention with victims of trafficking, is the provision of **Aftercare Support and Services** to the victim.

VIHAAN, with a mission to combat and make human trafficking a rarity, puts the victim at the center of its mission with unwavering focus on victim care and support to ensure the transition from victimhood to that of being a Champion. VIHAAN's strategy includes an **end to end approach** encompassing the needs of the victim in the immediate stage after rescue to addressing short term needs and then addressing the longer-term requirements, all of which enable sustainable support towards rehabilitation and reintegration.

Aftercare is central to the value and mission of VIHAAN. Its definition of Aftercare goes beyond the legal definition noted in the Juvenile Justice (Care and Protection) of Children Act,2015 wherein the concept of Aftercare is applicable in respect to young adults between 18 and 21 years of age, who leave institutional childcare system. VIHAAN defines Aftercare as an essential process to address the psychological, medical, social, legal, economic and self – empowerment needs of the victim from rescue to the stage wherein the victim is towards a journey of a survivor and is enabled to live a life of self-determination. It also aims to bring about systemic changes in the process and actions that are being taken to tackle human trafficking for making the system more victim-sensitive and effective.

The terms 'victims' and 'survivors' is used strategically in the aftercare work of VIHAAN. The victim is referred as survivor post rescue where she/he is no longer in conditions of bondage/captivity/enslavement of any form of human trafficking and sexual abuse/ exploitation.

In order to be successful in making sure each and every survivor is given their rights and receives the best for their life, VIHAAN strongly believes in establishing partnerships both with the government, medical institutions and other civil society organisations

The Standard Operating Procedure (SOP) for Aftercare has been developed by VIHAAN, based on the organisation's ground level experience of close to a decade, learnings from grassroots level implementation actions and supported by its internal research and analyses , always keeping in mind the need to achieve what is best for the victim/survivor.

The SOP is meant to serve as an internal training tool for the team members of VIHAAN while at the same time, be a resource for all stakeholders involved in the sector especially with anti-human trafficking work, including partner CSOs/ NGOs, peers organizations, law enforcement authorities, Government authorities and others .

The SOP has been developed guided by extant laws of India, as well as from the rich learning from VIHAAN's own practice keeping in view the laws of the land.

The SOP is planned to serve as a valuable reference tool for any staff induction training as well as a practical guide for the Aftercare team to effectively execute their responsibilities. It will also serve as a resource for other team members as well as external stakeholders on key procedures of providing quality and effective Aftercare to Victims of Human Trafficking thus supporting them to make the transition from a victim to a survivor and a Champion, traversing a path towards independence and

This document aims to be an exhaustive one in terms of capturing procedures at every stage of the Aftercare cycle of a victim and survivor. However, there are processes which may not be covered within this document as each case of a victim of trafficking is unique, while the crime of trafficking is dynamic constantly shifting into various forms. Thus, a document such as this needs to be revisited and updated yearly to make aligned with changing social contexts and the shifting nature of nexuses and crimes related to human trafficking.

This document nevertheless will be a ready reckoner for certain standard actions which are to be taken by various agencies including VIHAAN in ensuring Aftercare for victims of trafficking and for combating the crime of trafficking itself.

empowerment.

Purpose of the SOP

Keeping the needs of the victims/survivors in mind, this manual is created to help :

- 1) Aftercare professionals in delivering a series of cohesive and coordinated actions to enhance the efficacy of Aftercare services provided by VIHAAN to rehabilitate and reintegrate victims/survivors of human trafficking , keeping the needs of the victims at the center of its approach and strategy.
- 2)This SOP serves as a manual with information on how to provide assistance in the immediate, short and long term.
- 3)The manual also provides guidance on the roles and process of engagement with the institutional actors and agencies entrusted legally with the protection of and support to trafficked persons..
- 4)It also contains examples and case studies to provide practical insights to the Aftercare professionals, along with essential formats and documentation relevant to operational needs of Aftercare team members.
- 5)This manual follows a sequential or step -by step approach as an easy guide to a Social Worker and the multi-disciplinary team members of the organization of VIHAAN.
- 6) The SOP is a document to highlight the need and areas for linkages with other external stakeholders.

Hence, it is an important document within the orientation and induction process of Social Workers and also for understanding the actions that need to be taken vis a vis victims/survivor of human trafficking.

Thus, this is an important tool which guides even Government stakeholders and actors through the distinct but interconnected steps to ensure full protection and assistance to the trafficked persons.

Who is the SOP intended for?

The main actors for whom this SOP is intended for usage and serve as a ready reference are:

- Aftercare Team of VIHAAN/ Social Workers / or any person of VIHAAN connected with Aftercare
- Police including SJPU (Special Juvenile Police Units), AHTUs (Anti Human Trafficking Units)
- District Magistrate
- District Nodal Officers /Labour Inspectors
- Child Welfare Committees
- NGOs working on tackling human trafficking
- Legal authorities such SLSA/DLSA
- Shelter Home authorities and care givers
- State Commissions for Protection of Child Rights (SCPCRs)
- Government Departments related to human trafficking

The manual covers both children and adult victims of trafficking and have tried to put down the procedures and actions to be taken specific (where relevant) for these two groups.

The document is developed and viewed as a living document that would get periodically updated and revised to serve changing needs and developments in the field and most of all, to provide comprehensive and holistic services for victim support.

INTRODUCTION

An Overview on Human Trafficking

A person who is subjected to exploitation, and abuse for economic gain for another person is said to be a victim of human trafficking. A person may be trafficked inter or intra country. There are various types of exploitative labour into and for which a person (man, woman, and children) –may be trafficked.

According to UNODC, some of the common identified types of human trafficking are sexual exploitation, forced labour, forced or bonded labour; domestic servitude and forced marriage; organ removal; and the exploitation of children in begging, sex trade and warfare.

In India, according to Indian Penal Code, recruiting, transporting, harbouring, transferring, receiving a person or person by

- I. using threats, or
- II. using force, or any other form of coercion, or
- III. by abduction, or
- IV. by practicing fraud, or deception, or
- V. by abuse of power, or
- VI. by inducement, including the giving or receiving of payments or benefits,

in order to achieve the consent of any person having control over the person recruited, transported, harboured, transferred or received commits the offence of trafficking.

UNODC has a similar definition of human trafficking and it defines trafficking as “recruitment, transportation, transfer, harbouring or receipt of persons” by use of:

- I. threat or use of force or other forms of coercion,
- II. abduction,
- III. fraud,
- IV. deception,
- V. abuse of power or of a position of vulnerability
- VII. giving or receiving of payments or benefits

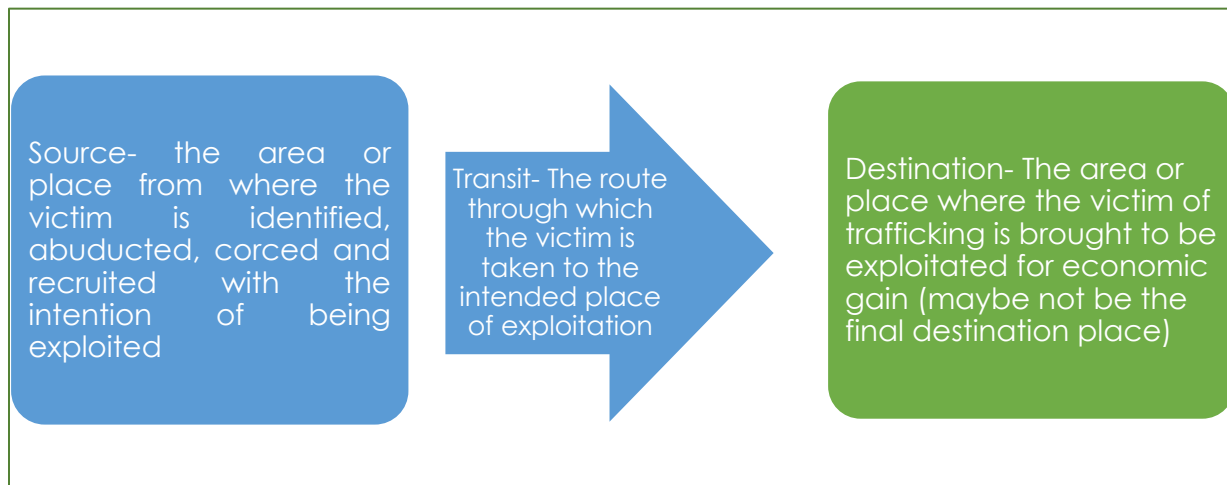
to achieve the consent of a person having control over another person, for the purpose of exploitation.

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. In other words, the three primary elements one should note in order to identify human trafficking are:

- Act,
- Means, and
- Purpose

ACTS	MEANS	PURPOSE
<ul style="list-style-type: none"> • Procurement • Recruitment • Transportation • Harboring • Receipt <p>...of persons</p>	<ul style="list-style-type: none"> • Threat • Force • Coercion • Abduction • Fraud • Deception • Abuse of power or position of vulnerability • Giving gifts or benefits 	<p>Exploitation including</p> <ul style="list-style-type: none"> • Prostitution of others • Physical exploitation • Sexual exploitation • Forced labour • Slavery or similar practice • Removal of organs • Servitude • Any other type of exploitation

Human trafficking is one of the gravest violations of human rights. It is a basket of crimes ranging from cheating, kidnapping, abduction for various purposes, buying and selling, wrongful confinement leading to various forms of exploitation and crimes such as child labour, bonded labour, sexual exploitation, rape, organ trade, etc. The crime of human trafficking may have local, national and international dimensions with respect to stakeholders, geography, jurisdiction of crime etc. The crime starts at a source area where the first actor in the chain of trafficking takes an action to recruit a victim, follows through transit areas through which the victim is transported to the destination where he/ she is exploited for some form of economic gain.



The Indian Constitution prohibits the trafficking in human beings and forced labour, employment of children in factories. The Constitution of India provides every person with right to life, the right to move freely throughout the territory of India, to reside and settle in any part of the territory of India, to practice any profession, or to carry on any occupation, trade or business, right to education. Therefore, when a person gets trafficked, it violates some core fundamental rights they are entitled to under the constitution.

Prevalence of human trafficking

In order to determine how to tackle human trafficking, it is important to know the prevalence of the offence. Because of the nature of the clandestine nature of the offence, it is very challenging to get accurate numbers, and the offence is often under-reported. However, one can get a sense of the prevalence from the yearly report of National Crime Records Bureau, GOI. The NCRB is a repository of information on crime and criminals so as to assist the investigators in linking crime to the perpetrators including data on trafficking of women and children. The most current available data from the National Crime Records Bureau (NCRB) indicate that there were 8,132 reported cases of human trafficking across India in 2016. In the same year, 15,379 people were trafficked of whom 9,034 victims were below the age of 18. In addition, 23,117 people were rescued from trafficking situations of whom 14,183 people were below the age of 18. The NCRB report notes that the number of rescued victims is higher than the number of trafficked people as rescued victims may also include persons trafficked in the previous year. Most of the rescued victims reported being trafficked for the purpose of forced labour (10,509 victims), followed by sexual exploitation for prostitution (4,980 victims), and other forms of sexual exploitation (2,590 cases).

<http://ncrb.gov.in/StatPublications/CII/CII2016/pdfs/NEWPDFs/Crime%20in%20India%20-%202016%20Complete%20PDF%20291117.pdf>

Though reports from NGOs claim that data of NCRB often denotes a lower side of the crime of trafficking in terms of numbers.

The victims of human trafficking are often from very vulnerable socio-economic backgrounds predominantly with underlying causes such as poverty, low literacy and socio-structural vulnerabilities. In addition to legal support to access justice, the victims need significant psychosocial support to enable them to become capable of driving their own destiny as independent and free citizens and human beings.

GOVERNMENT STRUCTURES AND LEGISLATIVE PROVISIONS TO TACKLE HUMAN TRAFFICKING

There are several Ministries and Department under Government of India, which tackles with the problem of human trafficking within the country and beyond.

- Ministry of Home Affairs
- Ministry of Women and Child Development
- Ministry of Labour and Employment
- Ministry of External Affairs
- Ministry of Law and Justice

The Ministry of Women and Child Development (MWCD), Government of India, is the nodal Ministry, which deals with the subject of prevention of trafficking in women and children for commercial sexual exploitation. In its efforts, MWCD works very closely with the Ministry of Home Affairs (MHA), Ministry of External Affairs (MEA) and the Ministry of Labour and Employment.

These Ministries then coordinate with the mandated Law Enforcement Agencies (LEA), Anti-Human Trafficking Units (AHTUs), the allied Departments of the State Governments, National Commissions for Children and Women respectively, National Legal Services Authority, the UN Bodies such as UNICEF and UNODC. The State Governments in turn work with SJPU, Police, State Commissions for Women and Children respectively, District Legal Services Authorities, CWCs, Shelter Homes and places of safety, State and District Child Protection Units, State Labour Department, Department of Education and Schools, the different Task Forces formed for tackling trafficking.

The Ministry of Home Affairs has established an Anti-Trafficking Cell to deal with matters relating to law enforcement response on Trafficking in human beings, excluding legislative, welfare and promotional aspects, which are subject matters of Department of Women & Child Development. The Cell provides suitable guidelines to the States/UTs from time to time for strengthening law enforcement response in tackling human trafficking. It also acts as an interface with other Ministries like Ministry of Women & Child Development, Ministry of External Affairs, Ministry of Labour & Employment, Ministry of Railways etc. MHA supplements the efforts of State Governments by providing them advice and guidelines from time to time.

https://www.mha.gov.in/sites/default/files/WSdiv_childlabour_12122019.pdf (Standard Operation Procedure (SOP) to handle trafficking of children for child labour)

MHA and the UNDOC has come up with a Comprehensive Scheme for Establishment of integrated Anti Human Trafficking Units and capacity building of responders, including Training of Trainers for strengthening the law enforcement response to human trafficking in India Plan

<https://www.mha.gov.in/sites/default/files/Scheme-AHTU-SS-271011.pdf>

The Ministry of Women and Child Development – has the mandate for implementation of -Immoral Traffic in Women and Girl Act. 1956 (as amended upto 1986). They have the mandate for upholding the

legislative, welfare and promotional aspects in response to human trafficking, including children. It runs various schemes such as Ujjwala - A Comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation and Re-Integration of Victims of Trafficking for Commercial Sexual Exploitation (Proposed Draft January 2019). The Ministry is also implementing the Swadhar Greh Scheme which targets the women victims of difficult circumstances who are in need of institutional support for rehabilitation so that they could lead their life with dignity. The Scheme envisages providing shelter, food, clothing and health as well as economic and social security for these women.

<https://wcd.nic.in/sites/default/files/Draft%20proposed%20guidelines%20of%20Ujjawala%20Scheme.pdf>

MWCD and MHA continued to implement TrackChild, a system to identify missing children nationally. MWCD continued to support the national Childline hotline, an emergency phone service for children in need of assistance, including trafficking victims. State- and district-level law enforcement continued to carry out operations to rescue and rehabilitate missing and exploited children, some of whom may have been subjected to forced labor or sex trafficking.

The National Human Rights Commission has brought out an SOP for combating trafficking of persons in India in 2017 which includes care and protection protocols.

https://nhrc.nic.in/sites/default/files/sop_CTPI_19012018.pdf

The Ministry of Labour and Employment has the mandate for looking into child and forced labour issues including trafficking for forced, bonded or exploitative labour. The Ministry has framed a Standard Operating Procedure (SOP) creating a ready reckoner for trainers, practitioners and monitoring agencies to ensure complete prohibition of child labour and protection of adolescents from hazardous labour ultimately leading to Child Labour Free India. The Ministry has developed an online portal PENCIL (Platform for Effective Enforcement for No Child Labour) which is functional w.e.f. 26.09.2018. The purpose of this portal is to provide for a mechanism for both enforcement of the legislative provisions and effective implementation of the National Child Labour Project (NCLP).

<https://labour.gov.in/child-and-women-labour>

[https://www.msde.gov.in/assets/images/Notification/Standard%20Operating%20Procedure%20\(SOP\)%20for%20Enforcement%20of%20the%20Child%20and%20Adole](https://www.msde.gov.in/assets/images/Notification/Standard%20Operating%20Procedure%20(SOP)%20for%20Enforcement%20of%20the%20Child%20and%20Adole) (SOP for enforcement of the child and adolescent labour (Prohibition and Regulation) Act, 1986.

National Commission for Protection of Child Rights has developed a User Handbook in 2017 for implementation of POCSO cases which contains the medical, legal procedures to be undertaken, roles and responsibilities of stakeholders and protective mechanisms for victims.

<https://pmc.gov.in/sites/default/files/69301171.pdf>

Staffs of VIHAAN, members of MDU can look up the links and the relevant resources to understand the role and responsibilities of stakeholders and also the care and protection standards as mandated by the Government, the laws of the country and its legislative provisions.

The Juvenile Justice (Care and Protection) of Children Act, 2015 has put in place various rights-based standards of ensuring rehabilitation for children in need of care and protection which also includes

victims of trafficking. The Rules of the Act (Model JJ Rules, 2016) lays down specific steps for shelter homes, CCIs, CWCs and JJBs in ensuring services for survivors.

Other legislative provisions for care and protection of children from trafficking include the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986; Protection of Children from Sexual Offences Act, 2012 to protect children from sexual abuse and exploitation, whereas the Immoral Trafficking (Prevention) Act, 1956 deals with trafficking for commercial sexual exploitation.

Criminal Law (amendment) Act 2013 has come into force wherein Section 370 of the Indian Penal Code has been substituted with Section 370 and 370A IPC which provide for comprehensive measures to counter the menace of human trafficking including trafficking of children for exploitation in any form including physical exploitation or any form of sexual exploitation, slavery, servitude, or the forced removal of organs. There are other specific legislations enacted relating to trafficking in women and children Prohibition of Child Marriage Act, 2006, Bonded Labour System (Abolition) Act, 1976, Transplantation of Human Organs Act, 1994, apart from specific Sections in the IPC, e.g. Sections 372 and 373 dealing with selling and buying of girls for the purpose of prostitution.

Fundamental Principles and Premises based on the Indian Constitution and subsequent legislations and Laws governing victims of human trafficking or vulnerable women and children are :

The SOP underscored the following principles in the response to Human Trafficking.

- **Principle of dignity and worth:** All human beings shall be treated with equal dignity and rights.
- **Rights -based Approach:** Trafficking in human beings is a grave violation of human rights, therefore, it is critical that response systems are rights-based and human rights oriented.
- **Principle of participation:** Every victim has the right to be heard and to and be informed at all stages of the Aftercare plan, and has the right to be consulted and his/her opinion taken into account in the progress of the AC plan and case.
- **Principle of best interest:** All decisions regarding the victim shall be based on the primary consideration that they are in the best interest of the victim.
- **Principle of safety:** All measures shall be taken to ensure that the victim is safe and is not subjected to any harm, abuse or maltreatment while in contact with the care and protection system, and thereafter.
- **Principle of equality and non-discrimination:** There shall be no discrimination against a victim on any grounds including sex, caste, ethnicity, place of birth, disability and equality of access, opportunity and treatment shall be provided

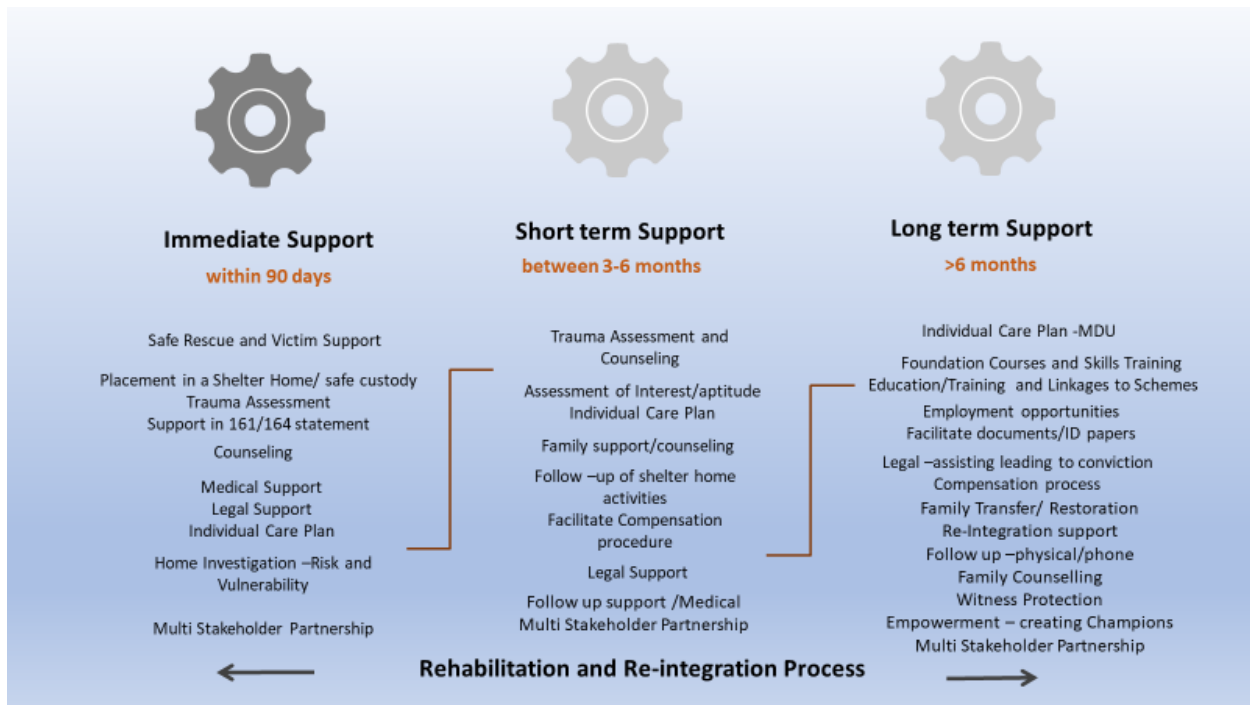
AFTERCARE FRAMEWORK

Aftercare within VIHAAN

VIHAAN defines Aftercare as the delivery of victim-centric and end-to-end services to survivors of human trafficking and abuse. The services include both direct (*VIHAAN identifies the victim at the place of exploitation, assists police on the rescue and executes the end to end process till reintegration*) as well as referral cases and care is based on the unique individual requirements of each survivor. As noted in the section dealing with Definitions, the VIHAAN approach varies significantly from the definition of Aftercare as detailed under JJ Act. VIHAAN's approach to Aftercare, in contrast to the current provisions of JJ ACT does not commence only after restoration of the survivors but commences right at the time of pre-rescue and rescue and continues beyond restoration till the point where a survivors is capacitated to live with independence, freedom and self –autonomy.

Therefore, the role of Aftercare in VIHAAN starts right from the time of pre-rescue (if it is a direct case) and from the time a referral case is approved internally (for referral cases) continues through the various phases of the life of the survivors namely Recovery, Rehabilitation and a time bound Reintegration process. A composite set of services provided at the time of pre-rescue and post rescue are aimed at reintegrating survivors and enabling them to journey through the process of rehabilitation. A key element in Aftercare at VIHAAN is the ability to appreciate the uniqueness of each victim and his or her response to the services provided. Aftercare within VIHAAN is ensured through the Social Worker who is responsible and accountable to ensure all services required by the survivor is pooled from the various disciplines in the organisation and is provided to the survivor effectively. Services are also made available or referred to from various external stakeholders and agencies mandated and accountable for care and protection of victims of trafficking. Aftercare is also ensured through linkages with Government welfare schemes and programs accessible through Government departments and civil society organisations. These approached on Aftercare and its services has enabled the organisation to customise and include innovative approaches in working with survivors leading to their successful rehabilitation and reintegration.

AFTERCARE FRAMEWORK



The Aftercare Framework given above governs all actions that VIHAAN undertakes towards ensuring care and protection of victims of trafficking. The Framework denotes the **end to end approach** which is a holistic model of ensuring care for victims and survivors from day 1 to the stage where the survivor is considered successfully and sustainably reintegrated (as per the VIHAAN parameters given later in this document).

The key elements that govern Aftercare Framework are :

Taken from the JJ Act, 2015 and internal policies and experiences of VIHAAN, certain strategies and approaches form the foundation upon which the Aftercare plan is executed.

- **Victim centered approach** i.e. all actions take into account the victim’s needs and victim’s rights of self –determination and autonomy. This also means that the victim is involved from the beginning in her/his Aftercare plan through consultations, dialogue with social workers and the AC team. Thus the victim can make an informed decision regarding all aspects of the case/situation including risks, progress and therefore participate in the steps/actions taken for their safety and protection and at the same time acquire justice.

- Care is also provided keeping in mind the **best interest of the victim** which means the basis for any decision taken to ensure fulfilment of his basic rights and needs, identity, social well-being and physical, emotional and intellectual development
- Deploy an **end to end strategy** that provides physical, psychological, social, economic, medical and legal support to the victims for their effective rehabilitation and integration into society
- Ensure **timely and effective support at various stages** of the life cycle of the survivor
- Map and understand the progress at each stage and **customise interventions** for better outcomes for the victim
- Cater to specific objectives of operations while working with Government
- In case of referrals, provide relevant services depending on the stage at which a case is referred
- To establish and facilitate **multi sectoral engagement and partnerships** to ensure access to all services and support that is required for successful rehabilitation /reintegration of victims of trafficking.
- **Training and capacity building** of the stakeholders and formal actors related to care and protection of victims of trafficking such as shelter home caregivers, CWCs, law enforcement officials, lawyers and other stakeholders
- Identify and **facilitate systemic and process changes** to ensure replicable good practices to enhance casework for all victims of trafficking.

The Framework rests on three interlinked and complimentary axes

- **Immediate Support : Services provided from the day of Rescue or Referral received to 3 months**
- **Short term Support : Services Provided within 3 months to 6 months**
- **Long Term Support : Services Provided from 6 months to a period of 3 years (based on the Rehab/reintegration**

Support	Time frame of rescue	Outcome
Immediate	within 90 days	Safe Rescue & Custody
Short-Term	3-6 months (includes the Immediate Care and Protection)	Safe Rescue, Custody, Recovery
Long-Term	> 6 months (includes Immediate and short term Care and Protection)	Defined at 3 stages as mentioned below <ul style="list-style-type: none"> • Progressive Recovery • Progressive Rehabilitation and Re-Integration • Advance Rehabilitation and Re-integration

Outcomes for each Stage: Immediate, Short-Term and Long Term has been defined with subsequent actions to be taken to fulfill the outcome. The outcome in the immediate stage/support is to secure the safety of the victim, separate the victim from the perpetrator/perpetrators or place of exploitation and to place the victim in a place of safety or safe custody. The outcome in the second level in addition to the previous stage also aims for starting the process of recovery and healing from trauma, abuse and its manifestations. This progressive recovery stage is further strengthened by linking to other stakeholders and service providers including local partner NGOs. Here, the Aftercare plan will include a slow disengagement process from VIHAAN and the victim/survivor through careful planning. This is ensured through various services mentioned later in the SOP. The long-term support aims for identifiable parameters of healing and recovery (where recovery is evident from staff records, observations, self-assessment etc) which then facilitates the process of reintegration into the family or community. The final outcome or 'advanced reintegration' is successful and sustainable reintegration at three levels – Social, Economic and Self for e.g. where the survivor is no longer facing exploitation, feels accepted into the community, has a dignified and non-exploitative source of livelihood or income, feels empowered or equipped to lead a meaningful life, does not face stigma, able to assimilate in society and able to access their rightful entitlements (amongst other parameters).

Do's and Don'ts while working with victim/survivors

It is important that certain things are kept in mind while working with the survivors as they are in vulnerable situations.

Do's:

- Be kind and thoughtful to the victim/survivor, as they are coming from the vulnerable situation or are persons whose Rights (several of them) have been grossly violated
- Understanding the victim/survivor while they are sharing any incidents. Be empathetic towards their experiences
- If the victim/survivor is abused after she has been rescued, be on her side and protect her from further abuses. VIHAAN should its child protection and safeguarding policy to uphold 'do no harm' principle to the victims/survivors with whom social workers are working
- Work with the victim/survivor to participate in developing ICP, ensure that opinions and consent of the survivor is taken in all matter concerning them
- If the victim is found suffering/complaining of any disease/trauma help her and advocate for her to the IO, Magistrate, CWC in availing the medical/counseling support.
- Try to gather all the information from the victim/survivors including all the names and details of the accused who are involved in the case.
- Accompany every time they go to hospital, court, police station.
- Safeguard the survivors from exposure in media or interviewing by the media.
- Maintain physical boundaries and give them the space as they may not be comfortable with physical proximity

- Maintain confidentiality of the survivor – details on the case, identity details , family background etc at all times. Data stored regarding survivors in offices, laptops should be adequately protected.
- Maintain dress code strictly while meeting the survivors.
- Ensure victim is provided with the basic needs e.g. food water, basic hygiene needs, immediate medical and psychological care during and post rescue
- Post rescue produce the victim before the appropriate legal authority within 24 hours.

Don't's:

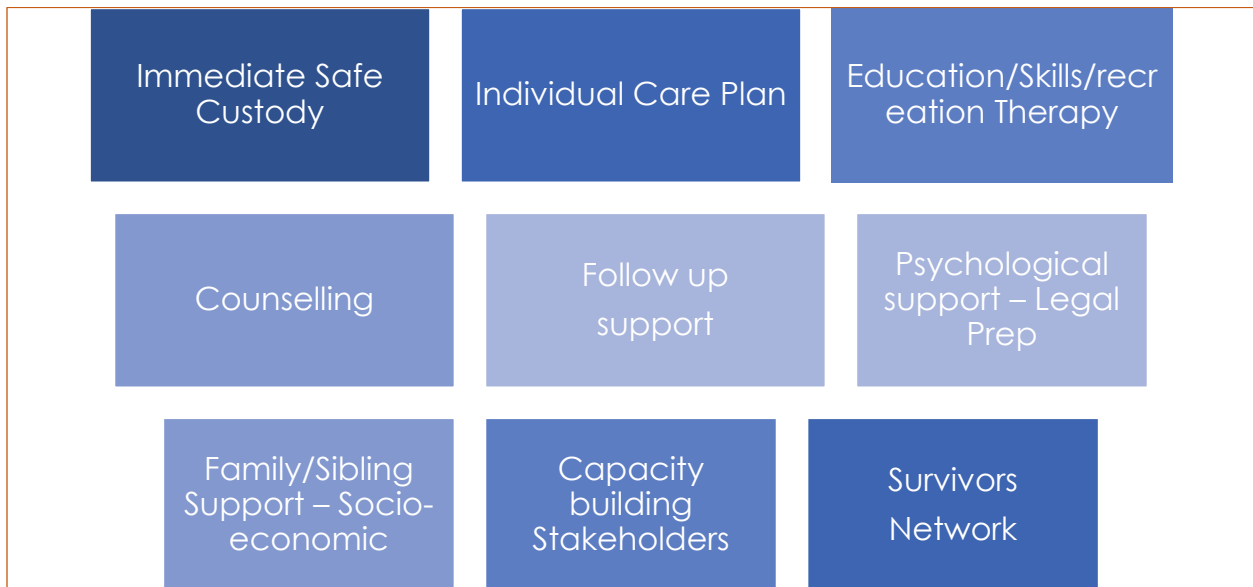
- Don't give the survivor false promises. Give them realistic update on the status after the rescue.
- Don't give any food which comes from unknown sources in the court, police station.
- Don't leave the survivor alone. Keep an eye on the victim all the time during rescue and post rescue transfers and also while escorting to Court, hospital
- Don't interview victim in the presence of accused/agents
- Staffs interviewing victims should be aware of interview techniques which are sensitive

STAGES OF AFTERCARE

This Chapter details the actions that need to be undertaken under the three levels in the Framework.

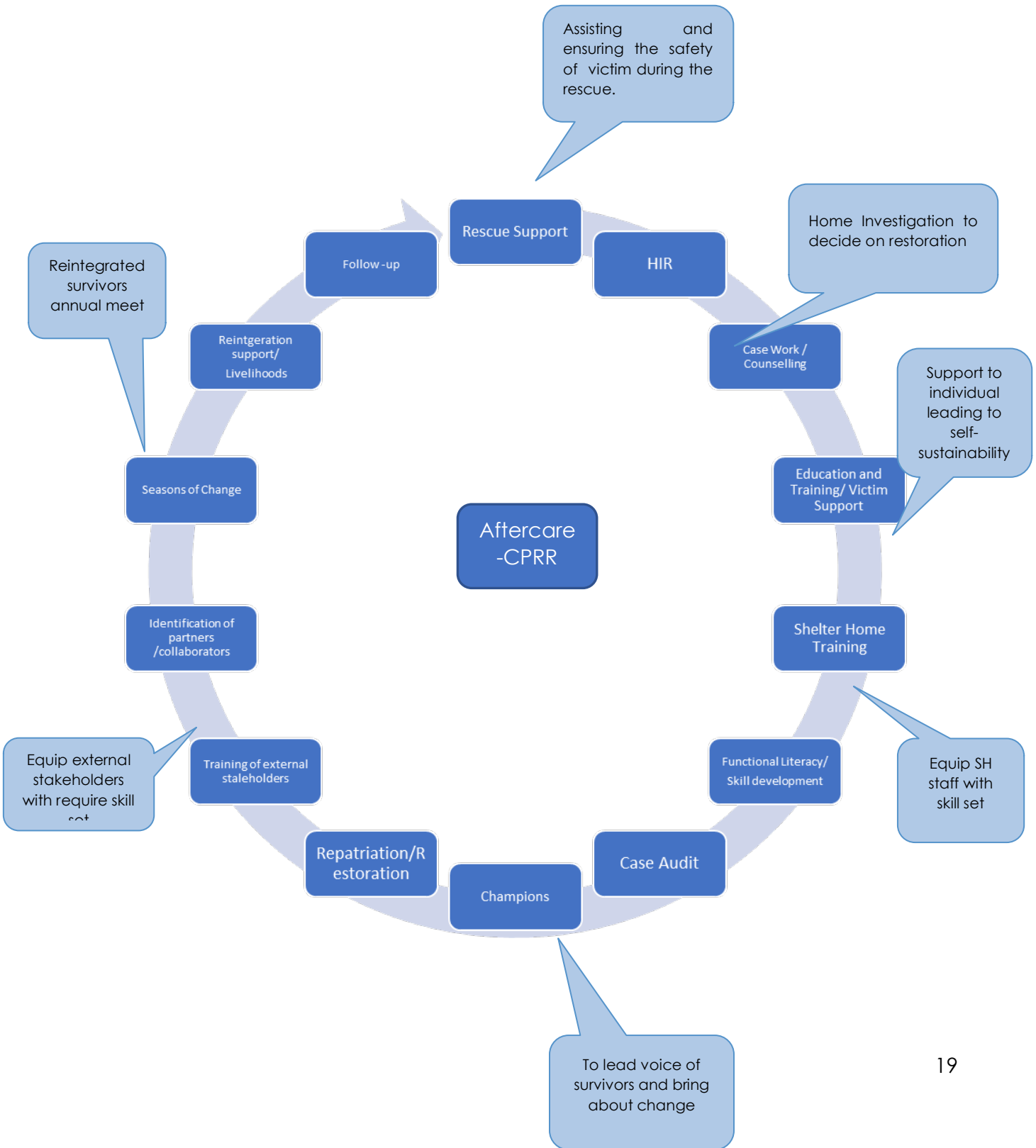
The Care and Protection of a survivor is paramount to VIHAAN. The Aftercare team facilitates and provide the services that lead to rehabilitation and reintegration of a victim of trafficking. The Role of Aftercare begins before rescue / receiving a referral case, and continues until the survivor is reintegrated socially and economically in the community/society. There are several steps that Aftercare Team needs to do under each level of support in order to achieve successful rehabilitation and reintegration of victims of trafficking. These are often repetitive in all the three levels and sometimes unique to a specific level of support. The steps given are also not prescriptive and while some steps follow the other, sometimes the chronology of service and support are solely according to the needs of the victim. Some of the major activities under AC are given in the below.

AC ACTIVITIES AND OPPORTUNITIES at a glance



Some of above activities and opportunities (and could be more) are cross cutting across all three stages of Aftercare Support (Immediate, Short Term and Long Term). Some however are more pertinent at specific stages particularly family support/livelihood support, survivors' network can only begin once the survivor is on a path of healing and recovery and hence are more essential in the short term and long term support.

AFTERCARE OPERATING MODEL



The Operating Model operated within the AC framework. The model is a descriptive tool that might, for example, help the Team to understand the process of start to end vis a vis giving support to a victim of trafficking, how elements are interlinked to one another and the purpose behind some of the elements behind the processes. It is the building blocks within the AC framework.

Objectives of the operating model for Aftercare :

- To deliver the case work follow up effectively
- To support the rescue operation
- To conduct effective home investigation
- To follow effectively repatriation process
- To provide quality support on education and training
- To understand the challenges and customise the learning within the new strategy in place.
- To design a more impactful, efficacious and cost-effective model of CPRR which also includes external collaborations with stakeholders, organisations and service providers
- To ensure the human capital is aligned to the above – so as to achieve the goals effectively
- To work on strengthening the systems and structures mandated towards care and protection of victims of trafficking

IMMEDIATE SUPPORT

One of the primary actions to be taken here is the rescue operation of a victim of trafficking and ensure immediate safety and protection. This encompasses few steps which needs to be understood in detail in order to launch a safe and successful rescue with the appropriate authorities without any further harm or risk to the victim or the rescue team.

SAFE RESCUE AND VICTIM SUPPORT

- The work with a victim of trafficking starts rights from the time of receiving information about a victim in an exploitative situation. The AC team then prepares a rescue plan along with appropriate authorities. The rescue is carried out according to the law of the land.
- The most important focus of any rescue operation is to ensure safety and protection of the victim without further re-victimization or re-traumatization

- The victim should be separated from the perpetrator or place of exploitation as soon as possible

Further details on rescue and pre-rescue preparations are given later in this document.

Follow up Procedures

- If after age verification, the victim is a minor then the Magistrate will transfer the case to the child welfare Committee.
- A report by the social worker needs to be submitted before the CWC containing all the information gathered about the victim. Also a request is made to put the survivor into a specific licensed home.
- In case of a major girl the Court is requested to pass an order for VIHAAN to do a Home investigation for the victim.
- In the ITPA act Special Court an Inquiry is conducted with the victim by the Inquiry Committee to decide whether the victim requires to be in a shelter home or if the victim has to be released to her family.
- A Probation Officer's report is called for which has to be submitted to the Court within 21 days of the rescue. Since the PO has to submit a report it is important for the aftercare team to inform the PO about information collected about the girl so that this could be incorporated in the report.
- On the 21st day the Court passes an order either for the victim's safe custody in the shelter Home or for her release to her relatives.
- In case the victim is not an Indian an order for Repatriation is passed and the victim continues to be in the Shelter home till the procedure is completed.
- If the property of the victim is at the place of rescue an application has to be made in the court/CWC for property collection.

All victims and /or witnesses are entitled to protection on submitting a request to the police or to the concerned Court by himself/herself or parent/ guardian. This protection can be extended to any other person with custody of the child. The police on its own or the Court on its own motion at any stage may decide to extend this assistance.

Social/Home Investigation report

- The social worker/case worker needs to ascertain with the survivor whether their address is correct and get as many landmarks as possible.
- The request for Social Investigation Report needs to be made within a week of the rescue – either from the CWC / Court. Ideally the SIR must be completed within 21 days (for major victims) and 15 days (for minor victims) submitted to the Court. (refer the JJ Act)
- The HIR/SIR format should always be sent with the request email.
- The HIR/SIR format should have the flexibility for more information to be added on it. In case the

victim is from the same city the VIHAAN team does the HIR/SIR.

- A social investigation Report has to be submitted to the court with the signature and seal of the Govt. PO and by the govt. Probation officer. Even though the Court or CWC can authorise any professional social worker to do an SIR it must have the seal and signature of a Govt. probation officer.
- It is important we choose a partner organisation that is sensitive to the issues of trafficking to do the SIR and ensure confidentiality is maintained. If it is a new partner organisation ensure an orientation is given to them.

SHORT TERM SUPPORT

Some actions from the immediate support are continuous onto the short-term and long-term ones. Rehabilitation and Reintegration is a process which can take several years for a survivor of trafficking and here in the short-term support the focus is more on recovery of the survivor and settlement in a shelter home/ place of custody.

Initial phase in the shelter Home

- The survivor in the initial phase may be hostile towards the rescued team hence it is important that a new team meets up with them immediately after the rescue. This helps them to vent all their anger and frustrations. However, it would also be good for the case worker/social worker on the rescue to connect with the survivor since they may have specific questions for them.
- The social workers need to ensure that the in-house counsellors' orient the survivor to the routine, rules, officials, and activities in the shelter home and reinforce the same.
- The social worker to ensure that survivor is getting counselling and support for psychological trauma
- The survivors are regularly followed-up (according to the follow up guideline) with and are encouraged to share their story.
- Survivors are encouraged to be a part of activities in the shelter home.
- Within a week of the survivors' stay in the shelter home the intake sheet needs to be filled out.
- Identifying occupational therapy/life skills/and any day to day activity and ensuring survivors are a part of this.
- For cases of trafficking for labour (child) the District Nodal Officer has the responsibility to prepare an Index card and decide on rehabilitative method.

Trauma Assessment and Counselling

To be done in all 3 phases, immediate, short-term and long-term. However the Assessment of Trauma needs to be prioritized in immediate and short-term phases. The survivor receives counselling from the shelter home counsellor or through a private counsellor hired by the shelter home. Counselling service is also provided by VIHAAN if the shelter home is open to it.

The social worker needs to assess the counselling available to the survivor and accordingly decide whether the services of an external trained counsellor or the intervention of VIHAAN is required.

For severe psychological trauma, social worker to make sure that the survivor is referred to a

professional psychiatrist in a Government hospital or in private practice (where such facilities are not present). Counsellors from District Child Protection Unit (DCPU) can be contacted for support and supervision.

The first counseling session takes place within the first week of the survivor's rescue depending on access to the shelter homes and availability of the rescued person. During the initial phase of counseling, it is essential for the counselor to establish rapport and trust with the survivor. Survivors may be engaged in individual and group counselling sessions as per the decisions of the counsellor.

The Trauma Assessment Tool is an inventory of items that include symptoms of trauma that tend to manifest in the survivors. When the TAT is first administered it is called the pre-test. Within a period of 6 months TAT is administered again and it is called the post-test. If the survivor is being transferred or repatriated, it is conducted before six months. . After the post-test, the counselor analyzes changes in scores and trauma levels. The counselor writes a detailed one-page analysis of the changes and enters it in the Case Management System (CMS). This analysis includes changes in trauma levels and symptoms in the period from pre-test to post-test of the TAT, along with a brief description on the possible factors that may have affected their scores.

Once counseling begins, and the initial rapport is built, the frequency of counselling is ideally based on the survivor's trauma levels, presenting concerns, and state of emotional distress.

Counselling Process



Follow-ups of Rehabilitation, Individual Care Plan

The follow up guideline details the strategy for follow up within the entire AC framework – Immediate, Short term and Long-term support

- The social worker checks if the survivor has adjusted to the daily routine of the shelter home, CCI
- The ICP is drawn in consultation with the survivor, counsellors, other actors in shelter home/CCI Individual care plan (with information on health and nutrition needs, special needs, educational, training, emotional, psychological, restoration, follow up, social mainstreaming, life skills, protection from all kinds of exploitation and abuse) has to be reviewed after three months and modified as per progress.
- The economic compensation to be availed under various schemes are shared with the survivor and linkages with appropriate authorities are done for availing the same. Here VIHAAN can provide their legal expertise or link with State or District Legal Aid Services Authority

Education

In case of children, link them with education services within the shelter home. With survivors under the age of 14 ensure enrolling them in education while living in the Home, whether in a mainstream school or an education programme within the Home. Education is considered for any survivor who aspires to

be educated and wants to pursue. AC team to assist to enrol the children to school/ and follow up on progress/challenges to ensure sustained learning process.

Therapeutic Activities

AC team will partner with other organisations and conduct dance workshops, and events that lead to fun while the process of healing is on. The other activities include celebrating festivals, birthdays that make each survivor in a home special and included. Another activity that has high impact is taking the survivors out for camps/exposure visit to enable an environment that leads to better healing. Ensure that survivor is getting psychological counselling and having access to other therapeutic mediums available in the Government or NGO run shelter home/CCI

LONG TERM SUPPORT

Future Plans for the survivor

The social worker appointed for the case would need to take inputs from the survivor, the probation officer in charge of the case at the shelter home, the in-house counsellor, and lawyers while making an aftercare plan for her which is the Individual Care Plan (ICP).

- Aftercare ensures that the various services required for the survivor from the specialist within the organisations is pooled to cater to the requirements for rehabilitation and reintegration of the survivor.
- Ideally it benefits the rehabilitation process of the survivor to be transferred from a government shelter home to private aftercare facility as per their needs, interest and scope for development. This should be done before they complete the age of 18 years. However, in certain cities like Mumbai the CWCs and the courts prefer the survivors to be transferred to a shelter home in their State of Origin. For example, a victim from West Bengal rescued in Mumbai is transferred as early as possible to a government shelter home in West Bengal. The case and follow ups are done by the nearest office of VIHAAN or a partner organisation.
- MDU and Case review meeting are conducted to plan the rehabilitation and the legal procedures for the survivor.

Compensation

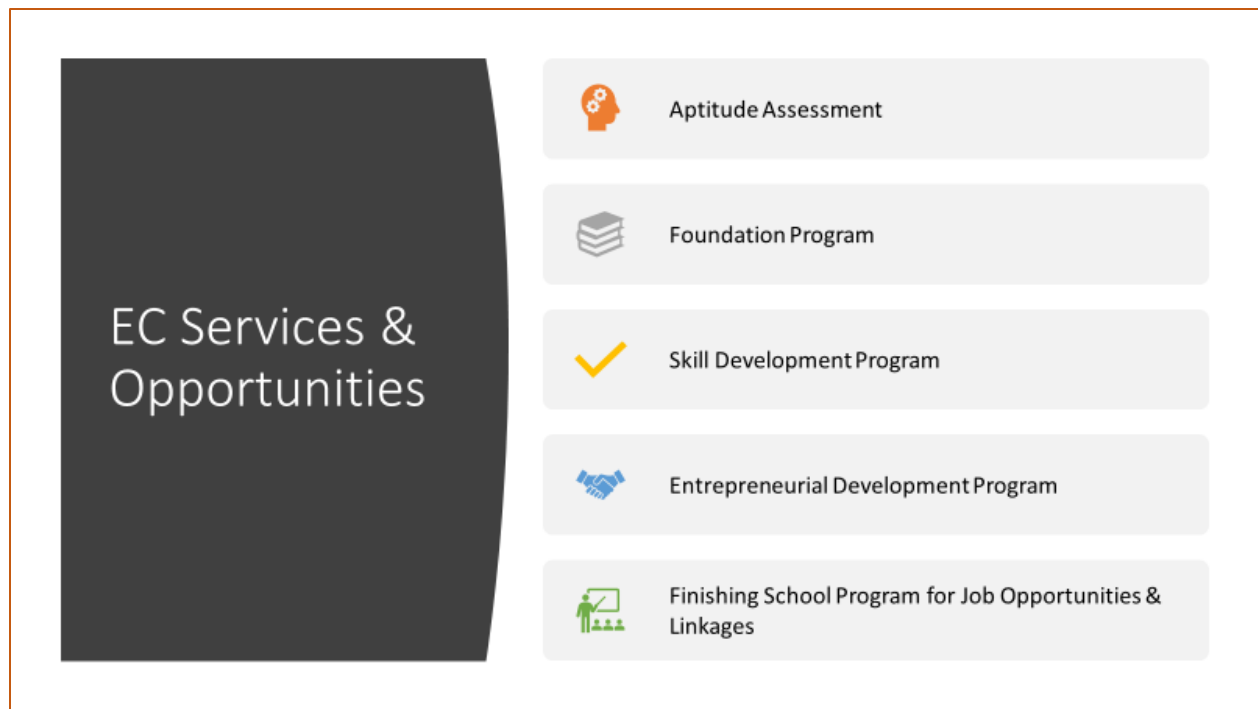
- Victims of trafficking are eligible for various kinds of compensation (victim compensation, bonded labour rehabilitation fund, interim compensation etc) some tied or untied to the status of their case. The Social Worker should inform the survivor of such compensation and work with the legal authorities for securing the same.

Skills Development and Livelihood Opportunities

- The aim of skill training is to equip residents with the skills they need to become economically independent outside of the Home.
- The rehabilitation plan for the survivors is drawn out according to their needs and interests. Customised Psychometric and aptitude testing developed by VIHAAN is administered for over the age of 14 years to understand their capabilities and interests.
- Most often the survivor is asked to choose from the various training and education programs offered in and through the shelter homes.
- Survivor can also be linked to the Foundation Courses (IT skills, life skills, communicative English) and other Skills Training Programme of VIHAAN.
- The social workers in consultation with the officials in the shelter home may decide to link the survivors to suitable trainings outside the shelter home.
- Children who are rescued from labour or adolescents who are rescued from hazardous employment shall be linked to suitable education facilities by National Child Labour Project (NCLP).

A comprehensive approach needs to be taken while planning economic rehabilitation for survivors of trafficking instead of a standardized or uniform approach.

A comprehensive approach takes into account the various concerns relating to the survivors and her/his context (health, illiteracy, lack of skills, family support, socio-economic, systemic). It tried to make linkages with Government mandated schemes and programmes while increasing capacities of survivors through innovative programmes and appropriate skills training and apprenticeship opportunities.



Transfer of Survivor to other states (Transfer) or countries (Repatriation)

- In case the victim is transferred to another State the nearest VIHAAN office or a partner NGO follows up with her.
- The case diary and the case update sheet are sent to the VIHAAN office when the case is transferred. VIHAAN coordinates with a partner organization in the other state or country and the case sheet is sent to them.
- In some States cases such as these are handled by specific Task Forces handling intercountry repatriation in collaboration with law enforcement and NGOs.
- During repatriations and transfers an official contact number is given to the survivor
- Some states such as Maharashtra and West Bengal have SOP on restoration and inter-state transfer of victims of trafficking
- For dealing with cross border trafficking and to address the various issues relating to prevention of Trafficking, victim identification and repatriation and make the process speedy and victim-friendly between India and Bangladesh, a Task Force of India and Bangladesh was constituted. So far five meetings of Task force between India and Bangladesh have been held. Fifth meeting was held on 17-18 August, 2015 at Dhaka, Bangladesh.
- A Memorandum of Understanding (MoU) between India and Bangladesh on Bi-lateral Cooperation for Prevention of Human Trafficking in Women and Children, Rescue, Recovery, Repatriation and Re-integration of Victims of Trafficking was signed in June, 2015. Under this MOU, West Bengal has a Task Force which works under the aegis of Ministry of External Affairs to handle repatriation of victims from India to Bangladesh.

Reintegration

The social worker needs to work towards a long-term sustainable plan which will make the survivor economically, socially and emotionally independent.

- The survivor is at a stage where he or she is gainfully employed/Studying/living with a family in a safe environment and striving towards economic and social independence.
- Social workers need to link the survivors with agencies that will employ them based on their interest, skills and requirements.
- AC team to provide support through physical visits or phone to see that the survivor is not further victimized and is not facing any stigma from the community
- Family is counselled to help them accept the survivor and understand the unique needs of the survivor which could be physical, mental and emotional
- AC team to work with MDU to sensitize communities and neighbourhoods in order to reduce stigma for survivors of trafficking especially sex-trafficking and also provide safety and security measures in case of threats or intimidation by traffickers/perpetrators.
- Social worker needs to ensure that the survivor is going for regular medical checkups, wherever possible create a support system for her through the community relation discipline.
- If the survivors have entrepreneurial skills, they should be encouraged to set up their own business with community support and partner NGO.
- In some cases, the family may need immediate support to take care of their basic needs. Even if we do provide them on a temporary basis effort have to be made to make the survivor economically independent.
- Long term aftercare plans are always a challenge especially when the survivor returns to her family. As a family they have to immediately deal with guilt and shame especially from neighbours and extended family. This can be an excruciating time for the survivor who has to deal with her own issues, face stigma, adjust to her family which may be after many years.

Empowerment of Survivors -

The ultimate aim of any rehabilitation and reintegration work is to empower survivors so that they are able to voice their opinions, access and claim their rights and entitlements and able to lead a violence and exploitation free life. With VIHAAN, several programmes have been undertaken to empower survivors such as Seasons of Change (platform for survivor led advocacy, peer to peer mentorship), Asmi Kendra , I Call, Champions Programmes.



Facilitate Multisectoral support and partnership

Through the Aftercare process the team should ensure working collaboratively with external stakeholders which includes Government departments and law enforcement officials and civil society organisations. This is for the purposes of providing various kinds of services which are needs-based to the survivor as no one organization can provide for all the required services and support which a survivor needs, without such collaboration and networks it is not possible in achieving sustainable rehabilitation and reintegration for survivors. Hence VIHAAN and AC team works in tandem with police, lawyers, CBOs and NGOs, Government officials etc.

Training and Capacity Building of External Stakeholders

In order to equip CCI/shelter home authorities and caregivers, CWC members, other officials, AC team along with members of MDU and practitioners conducts trainings and workshops. The purpose of such Trainings is to improve and strengthen the skills set of these actors in order to work effectively with survivors of trafficking.

Facilitate Systemic Changes

Identify and facilitate systemic and process changes to ensure replicable good practices to enhance casework for all victims of trafficking. For example, video conferencing of survivors if trafficking have been a major systemic change facilitated by VIHAAN in recent times. Good practices such as these are established as case-to case basis which is then advocated for integration into formal structures (Courts, Police) to bring about systemic change.

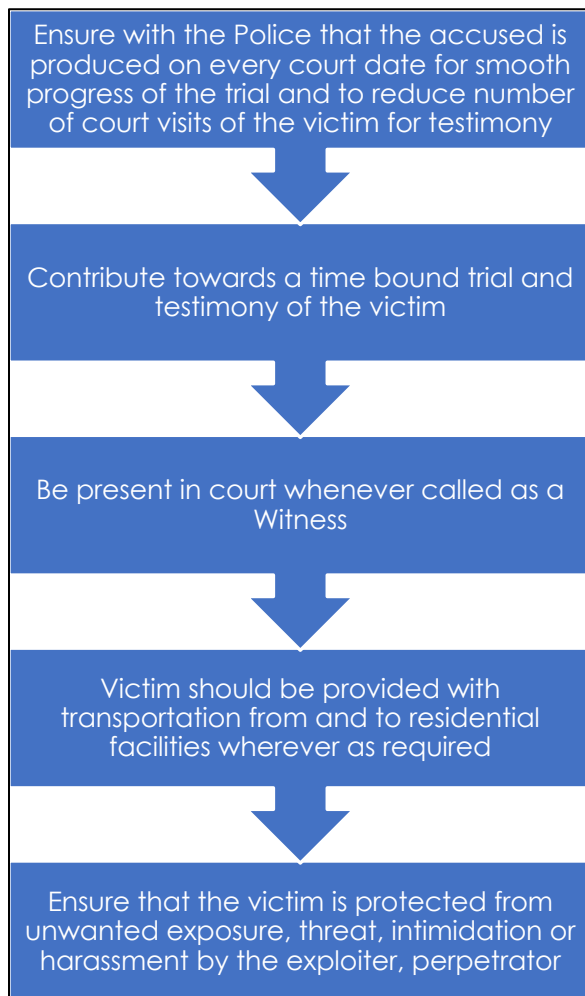
Other legal procedures Trial and Testimony

- In case important additional information is given by the survivors or there are important changes in their statement this information has to be conveyed to the legal team. The legal team may then decide to take a 161 or a 164 statement.
- Applications and coordination with the police/Court/CWC are made to ensure that the statement of the survivor is recorded. The importance of testifying in court is reiterated to the survivors during the follow-ups. In case they are unwilling to testify the social worker should encourage, clarify but cannot force them to give a testimony.
- In case the survivor agrees to testify, steps need to be taken to protect the person during and after the testimony. At this point it is important to assess whether it is safe for the survivor to return to her family or needs to be in the safe custody of a shelter home.
- During the testimony the caseworker needs to be present and support them as much as possible through the process.
- The survivors need to be familiarized with the court proceedings he or she has to undergo.
- Caseworker should take every precaution that the survivor is kept away from any kind of intimidation from criminal network present in the court premises. There should be no Verbal or

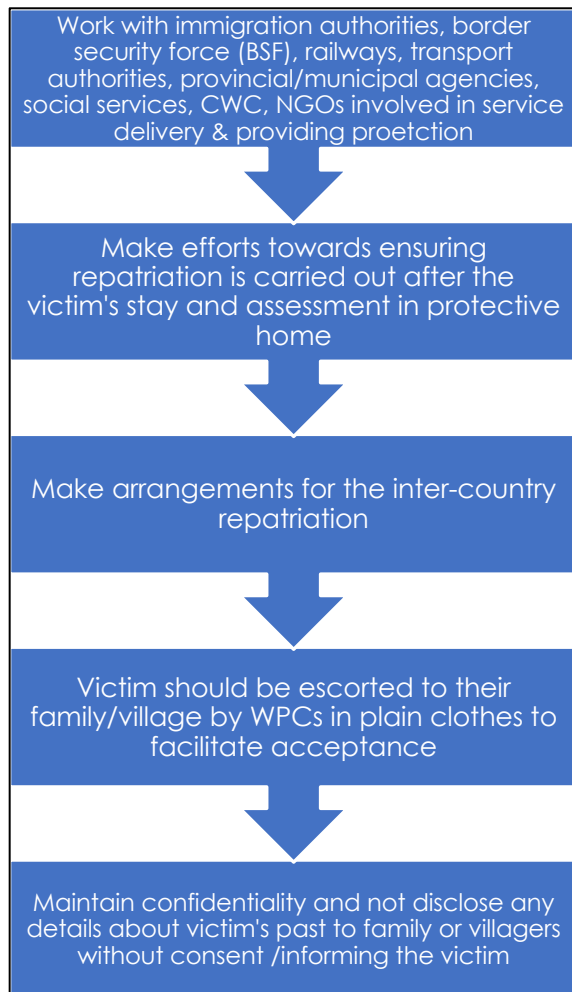
nonverbal communication between survivor and any unknown people or people.

- At every stage it is important to debrief the survivor and find out how she is doing. What are some of the trigger issues that have come up for her and how she is dealing with them. She basically needs to express her feelings to social worker who she has connected with and feel that she is supported through the process.

Guidelines during trial



Guidelines for Restoration and Repatriation



OPERATIONAL FORMATS AND PARAMETERS

This section deals with some of the practical and real-life experiences of the VIHAAN team in human trafficking cases encompassing all the stages from rescue to reintegration. It includes case studies to understand the entirety of processes when working with victims and survivors and also the relevant formats and documentation methods for aiding the rehabilitation efforts concerning a victim/survivor.

Case Study related to trafficking for sexual exploitation

Victim's name: Amina (name changed)

Date of Rescue: 4th July, 2011

Age – 30 yrs. (At the time of rescue)

Testimonial of the survivor:

I was rescued along with 9 other victims that night. None of us wanted to avail any support as we did not trust them (VIHAAN staff). We did not understand what was to follow or what will happen to us after this. The first concern for us at that moment was securing our own safety. We knew that the accused are very powerful and out of fear we did not share anything with the social worker.

Though I was scared I had a thought of sharing my story, I felt like sharing the doubts and fears I had as I slowly began trusting the social workers. Despite us ignoring them and not paying any attention to them (Social Workers), they continued to be warm, always greeted us with a smile and visited us every day.

Due to a lot of pressure it took me a long time to open up. It was difficult for me to go against the other 8 victims as none of them wanted to tell the truth or get into legal intricacies. But finally, I gained the courage and decided to go against the tide. I told the social worker how I was trafficked and was subjected to beastly torture. After I graduated in Geography from a very prestigious school in Darjeeling, the perpetrators had lured me to Bangalore with the promise of a job in the Information Technology industry. However, they had forcefully taken away my certificates and ruthlessly shoved me into the flesh trade. I aspired to be an independent working woman but all my dreams were shattered. Eleven months on I was not paid any money. My body was abused and defiled so horribly that I was in urgent need of medical care when I was rescued.

The Social workers were constantly in touch with me. I used to be angry and had terrible mood swings. I was taken to Psychiatric Center and was provided all the support I needed. I was comforted and supported by them through the most difficult phase of my life. The social workers became an integral part of my life and I allowed them to direct me to a new life. With it came the resolve to begin a life

entirely different from the one I was forced into. I was enrolled in a vocational training programme, where I participated in every session.

With the constant support and assurance from the social workers I testified in court. After I was released from the Shelter Home, I decided not to return to Darjeeling as my family did not want me. I have successfully taken up the work of a Librarian in a Religious retreat centre. With the continuous support of social workers, I started my life once again and the Social workers continue to support me. Every time I see them, I feel reassured and motivated.

Testimonial of the Social worker:

This case was a referral by AHTC. The teams had investigated the leads and furnished a report. Based on the investigation report, further discussion and planning was done. Social workers were involved in the case right from the planning stage. Networking was done with all the stakeholders (Shelter home, hospitals) before the rescue to ensure optimum support.

There were 9 victims rescued that night but not one of them were receptive to the aid we had to offer. They were majors and were in the trade for a long period thus it became difficult to build rapport. They did not want to prosecute the perpetrators nor wanted to be rescued, regardless of the torture they endured night after night.

As a part of the procedures they were produced in front of the magistrate (in case of a minor they would be produced in front of the Child Welfare Committee) and admitted to CIC for safe custody. Medical tests were done for all the 9 victims and Intake was also taken immediately after the rescue. But much to our despair the intake did not reveal any critical information. Meanwhile the Home investigation was done and it revealed that Amina's family is not willing to take her back.

Being clubbed together in the shelter home, there was tremendous pressure on anyone who dared to have an opinion different from the rest. Most of them were away from home and hence resolved to stick together and not get involved in any legal intricacies or speak to the social workers. The situation was so bleak that both lawyers and social workers had lost all hope.

Despite all the difficulties, the social workers continued their follow ups regularly with the 9 victims at the Shelter Home. Finally, one among them decided to tell the truth and that girl was Amina. She was highly educated, had graduated in Geography from a very prestigious school in Darjeeling and had then come to a big city to look for a job in the Information Technology industry but was, in a manner of speaking, knocked out on arriving at Bangalore, only to wake up to find herself in the midst of the flesh trade. Her perpetrators had lured her to Bangalore with the promise of a job in the Information Technology industry, then had forcefully taken away her certificates from her and ruthlessly shoved her into the flesh trade.

Eleven months on she had not been paid any money. Her body was abused and defiled so horribly that she was in urgent need of medical care when she was rescued. Amina exhibited sudden anger, fear and had terrible mood swings. She stopped maintaining personal hygiene and would go on binge eating or would be lost in daydreaming and when we visited, she would go on talking for long periods at stretch. There were drastic behavioral changes in her and there were times that social workers had difficult time to speak or calm her. She was taken to NIMHANS for psychiatric test where she was diagnosed with Bipolar Mood Disorder.

Though she was put on medications, social workers had a tough time dealing with her constant mood changes. They encouraged and supported her and slowly she came to trust us. She was a college graduate and she deserved a better life for herself, so the Social worker set up a program for her to get there. This helped her to vent all the she was holding inside. As the social workers saw her responding to them, they offered her vocational training where she participated and attended every session enthusiastically.

With the constant support and assurance from the social workers, Amina was ready to testify in court. She was the star witness and did outstandingly well. Amina stood before the court and told her story. What began hesitantly, ended as a confident testimony of all the hurt and humiliation, of the torture and pain, of the severe beatings and of being stripped of her dignity. She gave a detailed and yet heartrending testimony which led to each accused to be convicted for 7 years and fined as well.

Later on the lawyers were successful in obtaining court order to release her from the shelter home and she was transferred to another NGO which had better training opportunities. The social workers were constantly in touch with her, strengthening the rapport with her. Assessment was done for bringing out the best rehabilitation plan which needed to be aligned with her skills and interests. She decided not to return to Darjeeling as her family did not want her and therefore as part of reintegration, she now has successfully taken up work as a Librarian in a Religious retreat centre in Bangalore. With the continuous support of aftercare she is reaffirming her confidence. Amina is once again the happy cheerful young lady, determined to fulfill her destiny.

Amina* is one of the survivors who is one of the champions and has been the constant source of motivation for the social workers to strive despite difficult situations.

Documentation for Sex Trafficking Cases

On Spot Intake format for Sex Trafficking cases

Purpose

- To find out different incidents that has taken place which helps in adding relevant sections in the FIR.
- To find out the violence/abuse towards the victim, details on money transaction.
- To gather information on trafficking elements and accused involved in the incident.

Timeline

This format is filled soon after rescue before filing the FIR.

Who does it?

The social workers who is designated for the rescue.

*This format was reviewed on 23/04/2017 by Aftercare Discipline

Name of the Victim (including alias name)	
Stated age :	
Observed age :	
Father's name :	
Mother's name:	
Native Place & languages known by the victim:	
Address of the Victim/s	
Nationality	
Religion and Caste of the victim:	
Trafficker's name:	
Relationship with the trafficker/s or any of the members of the criminal network:	
Brothel Owner's Name or names of other members of the criminal network:	
Name of the Establishment/ Brothel & Address:	
Number of customers engaged on an average in a day	
Number of customers engaged today (at the day of rescue)	
Since how long the victim has been working:	
Is the victim allowed to go out freely?	
Last contact made with family (take contact details if available)	

Money paid by the brothel owner and trafficker and customers	
Any kind of abuse experienced by the victim - trafficker, brothel owner/keeper, customer, co-worker or any other. (report if any injuries)	
Observation made and information given	

Detailed/ Post Rescue Intake Format (for sex trafficking victims) for Sex Trafficking cases to be filled at the Shelter Home

Purpose

- The Intake sheet is very elaborate. It's used to gather details of the family, address and school details which help in conducting the Home Investigation.
- To gather information on trafficking element, explaining the features of the perpetrators and abuse faced at the brothels.
- It helps in gathering information on Means and purpose used by trafficker and the criminal network to lure the victim into the trade and money transactions involved.
- To assess the risk analysis of victim at the place of safe custody.
- It helps in giving the description of victim/survivor.

Timeline

This format will be filled when the survivor is in the shelter home ideally within 48 hours maximum of one week. In case of survivor is not sharing any information, escalate it to the line manager for the further guidance.

Who does it

The social worker will fill the intake of victim/survivor while in the shelter home.

*This format was reviewed on 23/04/2017 by Aftercare Discipline

Case Number:	Date of Rescue:
Interviewer's Name:	Police Station:

Time of Interview:	IO in charge:
Location of interview:	Location of rescue:
status of the 161 statement.	Date she was put in the shelter home:

Photograph
of the victim
during or
post rescue

Personal Details

1. Name of the victim: (Also mention alias names)

2. Date of Birth:

3. Stated Age:

4. Verified Age:

5. Does the victim have any documents to prove her age? Yes/No

If Yes what are the documents?

6. Tick the list of items found with the victim during the rescue:

- Phone diary
- Diary
- Pan card
- Photographs
- Voter's ID
- Jewellery
- Money

- Aadhar card
- Any other items
- Bank Account Number /Passbook

7. Married /Unmarried (please tick the right answer)
8. If married, what is her husband’s name and where is he at present?
9. Stated Address with detailed landmarks: (for Bangladeshi victims ask the village chairman & union name)
10. Education qualification:
11. School name
12. School Address with landmarks:
13. Languages known:
14. Caste:
15. Religion:

Trafficking details and Past Status

16. Status before she was trafficked:
17. Where was he/she trafficked from? Take description of the trafficking route and mode of transport.
18. Past Work Experience
 18. a - Any existing Skills/ Training attended

Name of Workplace	Job profile	Duration	Income	Address

19. How long has she been in this city? (Specify if possible, months, years, dates etc)
20. How long has she been in the trade?

21. How did she reach the brothel/house – transport used, trafficking route, transit point: (give a detailed description of how she was brought from her village to the brothel?)
22. “Means” and “Purpose” used by the trafficker & pimp to force her in the trade
23. Description of all her perpetrators: (physical appearance)
24. Did she know him/her before being trafficked: (mention detail of the relationship)?
25. Is he/she from the same village?
26. How did she meet him/her; how many times; for what purpose? (In the context of events/incidences before getting trafficked)
27. Was she sold? How?
28. Incidences of abuse during trafficking and in the brothel
29. Any marks/injuries of abuse?
30. Was she detained in the brothel or anywhere else?
31. Does she reside in the spot of crime or does she stay someplace else?
32. Did anyone rape her? Does she identify anyone?
33. Did she ever try running away from the brothel?
34. How much did she earn and how much did she have to give to the brothel keeper/pimp?
35. Number of customer sent to her per day
36. Mode of transport used to take her from place to place for customers
37. Telephone numbers: (in case of many numbers, please attach a separate list with this document)
 - Family members =
 - Traffickers or other perpetrators =
 - Other victims who might still be in the trade =
38. Was she rescued before this?
 - 38 a. Details of the previous rescue:

Family Details

39. Family Constellation/ Assessment

Name	Relation with victim	Age	Occupation And mention	Contact details	Education level and mention if	Any observation/ possibility of	Any other detail

			Location		trained -Skills	trafficking	

40. Victim’s statement about her family and relationships

41. Who is the victim closest to, in her family/name of a friend in the village?

42. Does the family know where she is and what she does?

43. When was the last contact made and with whom?

44. Last telephone conversation with the family

45. Any well-known person in her village/native, who will know her or her family well – (detail information)

Medical History and Current Medical Condition

46. Has she been taken to any doctor/ health care center for consultation or any in house doctor visits the brothel?

Interviewer’s Notes:

- Physical description
 - a. Height
 - b. Complexion
 - c. Weight
 - d. Identification mark
 - e. Age of the victim according to the interviewer:
- Behavior
- Past: Medical condition of the victim
- Does the victim have any addictions?
- Body language

- Emotional status
- Her relationship with the other victims from the same rescue
 - What does she want us to tell her family during the HIR visit?

Suggestions: (readiness to receive help and info, family support systems, inter family relation, family

relation with neighbors, living conditions, body language, risk factors, current responsibilities etc.)

Interest Areas/Hobbies -

Future plans (What she aspires):

RISK ANALYSIS (IS THERE CHANCES FOR HIM/HER TO BE RE TRAFFICKED) ACCORDING TO THE INTERVIEWER:

- Risk (high/low)
- Need to be kept under watch (explain)

What is her relationship with the other inmates in the home?

Has the victim kept any of the property in the custody of the shelter home?

What are the activities the victim is engaged in within the shelter home? (Detail description of her schedule in the shelter home)

Date:

Reported by:

Follow up Format

Purpose

- To have a systematically planned follow up of the survivor.
- To work towards achieving the objectives at the time of follow up and based on outcome plan the future.
- To document the work that is being done in the field.
- To assess the victim based on different parameters.
- To update other disciplines that need to be addressed on the update and POAs for the case.

Timeline

Within 24 hours (for local follow up)

Within 5 days (for outstation follow up)

Who does it

Designated Social worker whoever does the follow up of the victim.

Instructions

- The same format needs to be updated for phone follow-ups as well - you can mention "Phone follow-up" in the Place of follow-up section
- Fill in the assessment based on the discipline you belong to; for e.g. if an aftercare social worker is reporting, please fill in the aftercare assessment categories only, and not that of other disciplines

*This format was reviewed on 30/05/2017 by Aftercare Discipline and CM

Date & Place of Rescue/ Referred by	These details should be entered each time only if there are multiple victims in the same Op
Case number/Op Name	These details should be entered each time only if there are multiple victims in the same Op
Survivor's name	These details should be entered each time only if there are multiple victims in the same Op

Date of follow-up	Fill in the date that the follow-up was done
Number of overall follow ups by AC, EC, CI, Medico-Legal, Counseling)	To fill in sequential order from previous follow up number – to be added by EC/CI/Counseling/Medico legal team For e.g. if the survivor was met for the 5 th time by a VIHAAN staff (irrespective of which discipline), the next follow-up number will be 6
Place of follow-up	Shelter-home name or residence
Staff member doing the follow-up	Name of staff doing the follow-up
Action Taken based on previous follow up PoA	
Purpose of follow-up	Map to the previous follow up PoA
Follow-up Update	Discussion held (Verbatim as per said by the victim)
Add Specific observation (as per the Social Worker)	
Assess the following parameters	<ol style="list-style-type: none"> 1. Behaviour 2. Health Status 3. Security status 4. Economic/Social Progress (Education/Skill Training/Any access to schemes/ social identity cards etc)
Plan of Action with dates for action/person	
Suggested plan of Action for other disciplines	<p>If there's an action point for another discipline, please mention that here.</p> <p>E.g If a survivor gives additional information about a suspect or other girls trapped where she was rescued, the action plan can be that the Investigations team should verify the information provided</p>

<p>Next date of follow-up</p>	<p>Based on your interaction with the survivor, mention the next tentative date of follow-up</p>
<p>Assessment category (as per disciplines' categorization) – if applicable</p>	<p>Based on the discipline reporting the follow-up, choose any one of the categories applicable</p> <p>Aftercare: as per CPRR Assessment</p> <p>Category 1 - Safe and healthy, making progress</p> <p>Category 2 - Safe but concerns over development</p> <p>Category 3 - At risk</p> <p>Medico-legal:</p> <p>Regular follow-up required</p> <p>Periodic follow-up required</p> <p>No follow-up required</p> <p>Counseling/CI: Categories will be sent out shortly (if relevant)</p>

HIR Final Format

Purpose

- To understand the socio-economic status of family and the perception of the family and the community on issues of trafficking to assess the risks associated with release or return of a victim back to the family.
- To gather information on the trafficking elements and the trafficker’s connection with family or/and community.
- To know about the relationship within the family and their involvement in trafficking if any.
- To assess if the family is safe place for victim.
- To know if the family is fit to take care if the victim if victim is released and returns home.
- To analyze the risk factors and plan precautionary measures in case of risk involvement.

- To find out the modus operandi of perpetrators.
- To analyze the situation and based on that give the recommendation for returning back home of the victim to the concerned authority (CWC/Court).
- To identify/find out/gather information on available resources and services within the village or block level which could benefit the victim and her family in the future.

Timeline

Timeline to send the HIR request: Within 24hrs to maximum of 5day the request shout go out to the concerned teams/organization

Timeline to get an order for SIR: Within 24hrs from the CWC in case of minor victims and the court in case of major victims

Timeline to complete the HIR: Within 15 days from the time of rescue/ HIR request in India. One month for International cases.

Who does it

Designated Social worker whoever does the follow up of the victim.

Home Investigation Report

*This format was reviewed on 23/04/2017 by Aftercare Discipline

Notes for Interview Form

Please gather responses to all questions asked in the HIR. Please ask as many follow-up questions as are necessary to get as much information as required.

Do not leave any section blank.

- Please make sure there are more than 2 interviews taken. It can be with the parents or guardian, neighbours (with the address, phone number, if possible photo to be taken of the interviewee), school teachers/principals, friends (with the address, phone number, if possible photo to be taken of the interviewee), panchayat member (with the address, phone number, if possible photo to be taken of the interviewee), or a senior family member. In absence of these people a close relative may be interviewed.
- Please gauge the level of responsiveness to the questions. If the answers are vague and evasive, the statement is probably a lie. Please include your own perceptions of whether the person is telling the truth. Indicate which parts of the statement are false or vague.
- Begin with icebreaker questions. This is to gauge what is the level of the person's responsiveness and what is the level at which we should ask questions. The questions can vary depending on the interviewer's ability and interests; it is always useful to find a common interest to build a rapport.

- Body language – must convey interest in what the person is saying. Please try and incorporate this in the report.
- Always be polite and respectful to the person.
- Please thank them for giving time to answer these questions.

Home Investigation Report

Details Of the Interviewer:

Name of Interviewer:		Date of Interview:	
Place of interview:		Time of Interview:	
Case Number:		Name of the victim:	
Name of the organization			

Personal Details Of The Person Interviewed:

Name	
Address	
Landmarks to reach victim's house (please give details with route wherever possible)	
Phone number Mobile and Landline	
Relationship of the interviewed with the victim. Parents/ Grandparents/ Elder Brother/ Neighbor/ Friend/ Any other relative (Specify)	

<p>Nature of relationship with the victim</p> <p>(Interviewer should try to assess whether the relationship between the interviewed and victim (and family) was friendly, neutral or one of animosity to judge the authenticity of the answers)</p>	
<p>Place of work</p> <p>Occupation-</p>	<p>Mode of payment-</p> <p>Salary needs to mention – Per day/ per week / per month –</p> <p>Mention if it is in kind, then how much per week/day/month.</p>

Details of Occupants in the house:

Name	Age	Relationship with the victim	Occupation and location	Any observation or possibility of trafficking	Income per month

Details of the victim:

<p>Full Name of victim:</p>	
<p>Age: (date of birth)</p> <p>(if exact date not available please try to calculate the approximate age by asking the age of the siblings, mother, any significant events in the year or month of birth)</p>	

<p>Description of the Victim including any Birthmark:</p>	
<p>Religion to which the victim belongs</p>	
<p>Caste of the victim Sub Caste-</p>	
<p>Education of the victim; did she/he go to school, if yes till which class? (please mention if child was withdrawn from school or dropped out etc)</p>	
<p>Nature of relationship of family members with the victim Was there any dispute / clash with the family member? What was the cause of Dispute / Clash? Was the family able to speak to the victim over the phone / person since the last dispute / clash</p>	<p>Explain in detail, If dispute-</p>
<p>Date on which victim left home (any specific festival or season when victim left home)</p>	
<p>Was the parent aware of the child leaving home? Was the parent involved in sending the Child? Did the parent receive any money /any promises/ threats for sending the child? If not, was a missing complaint filed?</p>	

<p>If yes, take a copy of the missing complaint.</p>	
<p>Was the parent aware where the child was taken? If yes explain</p>	
<p>Why did the victim go? (Any friends, boyfriend, Marriage, problem at school, relationship at home...or any other)</p> <p><i>(Note :Try to get as many details as possible on the situation leading to the victim going missing, or being sent away)</i></p>	
<p>Has victim gone missing before? Yes/No</p> <p>If yes, were parent's aware? And who took the victim?</p> <p>Where, what work she was doing,</p>	
<p>How was she rescued -Any organisation/Self rescue?</p> <p>Who took the custody?</p>	
<p>Whether the parents or guardians had any information where the victim was after she left ?</p>	

<p>Did they try reaching her?</p> <p>How and through whom?</p> <p>Date of Last contact?</p> <p>(phone, information from any person, etc...)</p> <p>Any other person who came/through Phone talked about the victim or the family spoke to about the victim?</p>	
<p>Did the victim send money to the family? If yes, mode of transaction.</p>	
<p>What was the victim doing before leaving home?</p>	
<p>Has the victim been working before leaving home? (Details)</p>	
<p>Does the victim have any addictions? (Ask only if appropriate)</p>	
<p>Did the victim suffer from any illness?</p>	
<p>Whether children from the village/ community are getting trafficked (being taken for work) or gone missing (Explain)</p>	

General Questions: Trafficking Elements

1. What is the origin of the trafficker/ handler/ or any other middleman/agent? (country, state and district)
 - Is he/she from the same village?
 - Is he/she related to the victim? (explain)
2. What was the reason/allurement techniques used by the trafficker to take the victim?
3. Does the family see any impact on their financial condition now that the victim does not earn
4. Community Profile (Please describe the following)
 - main source of livelihood,
 - social composition (caste, religion etc.),
 - migration trends
 - perception on trafficking (through DCPO/Any district level authority)
 - any special social customs - Child marriage, involved in sexual trade as a traditional custom,

Economic Conditions of the Family:

Please give details of any significant assets owned by the family like own house, land, cattle, poultry, cycle, TV, mobile phone etc.

How does the house look like in terms of kutcha house or semi concrete, number of rooms versus number of members staying?

Mention type and nature of work done by the family members (agricultural labour, daily wage labour, seasonal migration for work, any other)

Average income of family (calculate per annum as per description given by respondent)

Mention if family has BPL card, government schemes, NREGA job card, etc.

Any support received from government programs like – food programs, housing support, pensions etc (give details)

Factors Conducive for Returning back home of a Victim:

1. Suitability of Economic Condition – Yes/ No -
 - Explain Why in either case ?
2. Risk Assessment (w.r.t. Traffickers Influence) – If Yes
 - Explain Why?
3. Family's acceptance/relationship with the Victim – Yes/No
 - Explain Why?

If 2 out of 3 are not conducive, the Victim can't be restored.

Final Assessment –

- High Risk(can't be restored)
- To be Kept under watch (but can be restored)

What is the action plan, for preparing the family/Community for the return of the victim back home?
Plan with other disciplines/Local partners.

Note: If possible, collect the following: (if no copies or scans are available take photographs of the documents in the digital camera).

- ✓ Kindly tick (the available documents)
- Photo of the victim
- Photo of the victim along with the family (most recent photo)
- Copies of School certificate, birth certificate, ration card, Aadhar card, etc.,
- Copies of ID proof of victim, parents
- Postal address of the family/ parents.
- Bank acc details
- Pan card copy.
- Contact details of village elders

Signed:		Date:	
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Individual Care Plan (ICP)

Purpose

- To have systematic plans for victim in order to achieve results in the given period of time.
- The social worker can focus concretely in rehabilitation of survivor.
- It is needed in monitoring the outcome.

Timeline

It should be filled within 30 days from the day of rescue/ after receiving the referral case.

Who does it?

Designated Social worker.

Individual Care Plan

‘Individual care plan’ (ICP) is a comprehensive development plan for victim based on age specific and gender specific needs and the case history of the victim, prepared in consultation with the victim, in order to restore the victim’s self esteem, dignity and self worth and nurture her/him into a responsible citizen.

Please follow the instructions while filling the form.

- I. The form should be filled in consultation with victim and/ or family/ guardian and/or should be based on information in intake sheets, HIRs and previous discussions with victims.
- II. Certain questions require the judgment/observation of the caseworker. Please be realistic in your approach of observation.
- III. Certain questions may not be applicable if the victim is living in in-laws' house. Please use your judgment and the information available to arrive at a comprehensive plan for the victim.

Name of Caseworker:

Date of preparing the ICP:

Background Information about the victim:

Name of the victim (Include any aliases or nicknames the victim goes by)	
DOB/Age	
Gender	
Case ID	
Material Status	
Address: (Please clearly specify village, Post Office, Union/Ward, police station, district)	Present: PS: PO: Husband: Husband Address:

	Permanent: Father:
Contact Number:	
Father's Name:	
Mother's Name:	
Husband's Name:	
Religion:	
Present Occupation	

Repatriation Details (fill applicable sections)

Repatriation Date:	
Repatriated From:	
Repatriated By: VIHAANBD/Others	

Educational and Skill Assessment:

Information Needs	Current Status
What is the educational level of the victim? (Till which level had the victim studied, if at all, before being trafficked)	

Is the victim currently going to school or participating in any learning program?	
If yes, provide details of the learning institution	
Has the victim received any vocational skills training? No	
If yes, please provide details of the training (what skill, who provided the training, how long was the course, was it certified)	
Has the victim expressed an interest in or need to learn specific skills? Please provide details.	
What kind of work victim wants to be engaged with?	
What types of training does victim want to receive? (Identify at least 3 of them)	
How would she utilize her training in doing her work?	
How about the market demand of the work, which you want to do?	
Is there any risk in doing the work?	
If yes: what types of risk? Please explain:	
What measures would be taken to mitigate the risk?	
What support he/she expect from VIHAAN?	

Where he/she want to work?	
Where she wants to see herself after two years?	

Psychological Assessment:

Does the victim have special needs?	
If yes, please specify and provide details	
<p>Does the victim have a history of abuse? If yes, please provide details</p> <ol style="list-style-type: none"> 1. Victim is clingy 2. Victim is afraid of physical spaces 3. Victim is afraid of people 4. Victim has unexplained bruises 5. Victim has soreness on the body 6. Victim does not respond when spoken to 7. Victim appears traumatized 8. Others (specify) 	
<p>Describe your impressions on interacting with the victim</p> <p>(For e.g. shy, confident, unhappy, angry, restless, talkative, non-communicative)</p>	
Describe the victim's relationship with his/her parents.	

Describe the victim's relationship with the other members of the family – siblings, grandparents etc (if applicable)	
Describe the relationship of the victim with his/her peer group – friends, classmates, shelter home residents	
What are the recreational interests of the victim – games, sports, art, reading etc	

Victims Legal Need Assessment:

Is Legal service required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes: Has the FIR already been registered	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, case number:
What is the status of the case	<input type="checkbox"/> FIR lodged <input type="checkbox"/> Investigation stage <input type="checkbox"/> Trial stage
Does the victim/family seek legal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any case running in India	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this case legal high	<input type="checkbox"/> Yes <input type="checkbox"/> No

Shelter, Water and Sanitation:

What kind of a house does the family live in?	
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Does the family own the house or the land on which the house it built?	
What toilet facilities are available to the family?	
What is the source of drinking water for the family?	

Health and Nutritional Assessment:

Does the victim consume any harmful substance?	
If yes, provide details (what substance, how much, how often)	
Does the victim eat regularly? (Probe if the victim has an eating disorder or is disinterested in eating)	
Does the victim have any recurring illness? If yes, provide details.	

Family Details excluding victim:

Name	Age	Relationship with the victim	Education (level till which studied)	Occupation	Income per month (approximate)

Livelihood and Family Security:

Does the family own land?	
If yes, how much land does the family own?	
How many crops does the family grow during a year?	
What are the other livelihood resources for family? (Provide details of livestock like cows, goats, chicken etc)	
Does anyone from the family migrate outside the village for work?	
If yes, provide details of migration patterns in the family: <ul style="list-style-type: none"> ● Who in the family migrates? ● To which place do they migrate? ● What kind of work do they do at the migrated place ● How much do they earn monthly in this period? 	
Does the family have a loan that they need to repay?	

<p>If yes, please provide details</p> <ul style="list-style-type: none"> I. Loan Amount II. Amount to be repaid III. Loan taken from IV. Date loan was taken 	
<p>Does any member of the family have a bank account?</p> <p>If yes, provide details – who has the account, which bank, distance to bank</p>	
<p>Is any member of the family a member of any of the following groups?</p> <p>If yes, provide details.</p> <p>(SHG, CBO, NGO, Credit and Saving group, Farmers clubs)</p>	
<p>Is the family currently availing benefit from a government program?</p> <p>(VGF, VGD, Aged Allowance, Disability allowance, or any other govt. allowance etc.)</p> <p>Please provide details</p>	
<p>Is there any family member with special needs? If yes, provide details.</p>	
<p>Mention any vocational or employable skills that the family members may have.</p> <p>(E.g. tailoring, sewing, masonry, carpentry, weaving)</p>	

<p>Has the community experienced a natural calamity like flood, earthquake, Cyclone or drought in the past 3 years?</p> <p>If yes, please provide details of the type of calamity, and its impact on the community and family.</p>	
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Risk Assessment

<p>Is the accused in the case in custody or out on bail [1]?</p>	
<p>Does the accused in the case live in the same community as the victim?</p>	
<p>Is the victim or family under any threat from the accused or other member of the criminal network?</p>	
<p>Is there a threat to the victim from within the family? (Re Trafficked, abused, stigmatised)</p>	

SUMMARY OF ASSESSMENT

Summarize the findings about the victim, family and community based on the information above and information from other sources like the HIR, feedback of shelter home staff (where applicable), counsellors and discussions with family members and others.

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Summary of Present Assessment:

ACTION PLAN (Immediate): 0-3 Months

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Time limit for action	Remarks
01					
02					
03					
04					

ACTION PLAN (Short Term): 3-6 Months

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Time limit for action	Remarks
01					
02					
03					

ACTION PLAN (Long Term): 6 Months & above

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Specific Time limit for action	Remarks
01					
02					
03					
04					

Identity Cards and Compensation

[Instruction: Please verify with the physical documents]

IDENTITY CARDS	Present status (Please tick whichever is applicable)	
	Yes	No
Birth Certificate (of the victim)		
School certificate (of the victim)		
Disability Certificate		
Received compensation from Government		

HIR		
Intake Sheet		
Case Dairy/History		
Photo		
Chairman Certificate		
National ID Card copy		
Court Attendance Report		
Medical Report/Documents		
Follow up report		
Travel Permit		
Repatriation Doc		
Others		

Name of Caseworker:

Signature:

Designation:

Date of assessment

Documentation – Child Labour Cases

Case Study

Name of the Survivor: - Dinu

Date of Rescue: - 25-Oct-2016

Testimony of the Victim:

I was working in the coat making factory, but the rigorous work hours and less food and comfort were one of the reasons I wanted to return back home in Bihar. I never thought that few people from **VIHAAN** will extend their hands to help me get out from the place. I was rescued with another boy that evening, I can still recall the vivid memories of unknown people coming to our factory floor and asking me to come along with them. At first, my mind became blank, because never had I seen so many people come at once and talking amongst them for my safety. The unknown people took me with them in their car and started asking about my history and whereabouts. At first, I was hesitant to speak about my family because deep down I was thinking what my family would feel when they will hear me being caught by police and unknown people. Soon after interacting with these unknown people (VIHAAN team), I understood that they are my well-wishers who want to find out information about me and my home so that I can be sent back to my family.

I started disclosing each and every event of my life from starting to work in the coat making unit for the last 13 months and how my cousin brother Munna Kumar, who manipulated and brought me to this unit to work along with him. I shared to the unknown person that, "one month back, I went to my village to meet my family members and have come back to join work again after spending time with family." The person started asking me detailed information about my work, and I shared that during these 13 months working period in the coat making unit, I was made to work from 10 AM in the morning to 12 AM at night. And also, when the coat orders for stitching were more, I would work the entire night along with other factory workers to complete the orders. After hearing the stories about my work time and my movements around the factory, he asked me about my food and lifestyle habits. I shared that I used to get food two times a day- once at 1 pm in the afternoon and once at 9pm at night. And hearing this, I could feel the sadness and shock of my answer in the expression of the "bhaiya" – social worker who was asking me. I started opening up and became comfortable with the bhaiya, and shared that my co-workers used to beat and bully me regularly as I was one of the new employees at work and was still a novice at stitching the coat.

Bhaiya asked me about my salary, and how much I have received while working for these months. I shared with him, that when I was asked to come to Delhi and work here, I was promised Rs 5000 per month but in reality, my owner skipped the payments every month and thus I had received Rs 15000 till date while working for 13 months.

After hearing all my stories, I was taken to a home (Sanskar Shelter Home) where many other small children of my age and above were staying. Before I reached the place, I was anxious because it was a late night, and the bhaiya was not answering where I was being taken, despite me asking repeatedly. I was also given a school bag, loaded with goodie items. But after I reached there, I felt safe and sensed

comfort among other boys. That night, I could not sleep properly, because I had no habit of sleeping on the bed.

Next morning, I woke up quite late and saw the same bhaiya has come to meet me. I felt relieved to see a known face amongst the unknown. The bhaiya was in a jovial mood and started comforting me and engaged me in a relaxed conversation. He asked me about my interests, studies, favourite food, sports, village life and more. I shared that I was studying in class 6 in nearby government school along with my brother in class 2, but because of no food and money at home, I also joined hands for work with my family during the agricultural season. Later, when my cousin offered me and told me about the work in Delhi, I readily agreed to accompany him.

The bhaiya while conversing with me, asked about my home address correctly, and assured me that someone will visit my home to identify my parents and my house so that I can be safely sent back at home. I gave him all the details he required as asked for, and also told that my parents will become very nervous if they hear that I am staying in a shelter home.

Almost every day the bhaiya used to come to visit me, and I used to long for him the entire day. Many a times, it has happened, that from noon to dusk, I have waited for bhaiya, but he did not show up, those were the days when I felt angry, agitated, restless and felt like a prisoner in that home. But the next day, I could see the happy face of my bhaiya apologising for not turning up for days and also give explanation how he got busy with work. Those were the moments when I started getting attached to my bhaiya, as he became my inspiration and motivation to start a new life again. He used to tell me stories, motivated me, encouraged me to never give up, and that determined me to go back to studies once again.

Soon I got adjusted to the shelter home environment when one day I heard that my father has come to meet and take me. I was very upset and cried because I was not allowed to meet him. The other day, when bhaiya came and told me about my father's visit, I refused to speak to him and behaved rudely and told him that never will I speak to him unless I am sent back at home. Bhaiya not for once he lost his temper and stayed calm and listened to me patiently and assured that they have to follow procedures and rules of government for handing me to my father. For me, understanding rules and regulations were alien so I refused to understand and became silent.

After two days, bhaiya came and told me that tomorrow I will be going home, and asked me to pack my bag. I could not express my joy, but at the same time, I felt upset of leaving the place which has started to become my home.

The next morning I was ready with my bag and all set to go to Bihar. Bhaiya came along with two other unknown people (partner organization) and introduced me to them saying that they will help me to reach my home. I was sad that I will not get the chance of meeting bhaiya, but he took my phone number and shared that he will always be in touch with me.

I travelled with the other bhaiya by train from Delhi to Patna, and while travelling I was a bit skeptical as the people around me were unknown and they were not that interactive, unlike bhaiya. I reached Patna early morning, and I shared to one of the unknown people that my home is not in Patna but in Motihari, because I could sense that I was been taken to another place. I reached an office, where few unknown people were sitting together (CWC Patna) whom the bhaiya's were referring as "Sir" and "Madam." The lady sitting in the middle, asked about my home and the details like before, about how I went to Delhi, why I went and so on. Few of the times, I answered to her question and the rest I kept quiet. Deep at my

heart, I was broken at that time, as the lady asked me to stay at a home for another few days. And thus I was taken from that office to another home (Apna Ghar, Patna) among many boys. But there I stayed for a day and was transferred to another home (Rainbow Home), and during that time I became anxious and agitated because while conversing to other inmates in the shelter home, I was told that I will never be able to return back home. And that is the point, where I started misbehaving with the Warden of shelter home. After a day, another bhaiya came to meet me and told me that he has heard about all my story from my bhaiya of Delhi, and asked me to be calm as these are the procedures of the government to be followed. But I did not believe him and refused to pay attention to him. After two days, the shelter home warden told me that my father has come to take me home. I rushed from the first floor to the ground floor to see him and touch him. Then after submitting all my identity documents, I returned back home with my father.

After returning home, bhaiya from Patna used to call him regularly asking about me, my family, and other details. Soon, I got attached to the bhaiya, as he came home all the way from Patna to Motihari to meet me and see me. I told him that I want to study and now I feel safe and happy at home and also complained him about the irregularity of the government school teachers at school, and this is one of the reasons I feel disinterested to study. Like these, the bhaiya and didi came to visit me for three-four times and helped to open a bank account and deposit money in my account. I was very excited when I got news of being awarded a compensation of Rs 1,09,384 and I can withdraw the compensatory amount once I turn 18 years.

After I came back home, I decided not to return to Delhi and with the continuous support of my bhaiya, I started my life once again. And with every visit of them at my home, I felt reassured and motivated. I also shared with bhaiya about my interests in singing and performing musical shows. He motivated me and asked me to learn and find out more. The journey from the coat making unit back at my home has been a roller coaster ride, as during this tenure of few months, I met numerous people, few who have exploited me, beat me, and few who wanted my safety and made an effort to reach my home so that I can start a healthy life.

Testimony of the Social Worker:

On the basis of the information provided by an informer, the CWC Dilshad Garden had passed an order to the concerned Police Station, Childline and Child labour task Force along with VIHAAN to rescue children from the coat cover tailoring factory.

There were 2 victims rescued. Both were minors and one among them was Dinu who was working in tailoring factory for a long period. Dinu was brought by his own relative who was working in another factory in the same locality.

As part organizational procedures, Dinu was produced before SDM with IO for the recording of 164 statement and later was produced before the Child Welfare Committee. He was admitted to Sanskar Shelter home for temporary shelter and for safe stay. The CWC passed order for VIHAAN to conduct Home Investigation Report. On that basis the HIR was conducted and submitted to CWC.

Meanwhile, CWC ordered the employer to give Dinu's back wages as compensation. His wages compensation was recovered from the employer and deposited in the account of Dinu as Fixed Deposit

(the account will be in a joint account of Dinu and guardian as he is minor and can be withdrawn only after he turns major).

While he was in the shelter home, he was being followed up. Dinu was studying in 4th STD and helping the family in agricultural season. But due to very poor economic condition, he came to Delhi to work. He shared that he has studied till class VI and he has a brother who studies in class II.

Meanwhile, VIHAAN team coordinated with a partner organization, My India who has a presence in survivor's native place and conducted the home investigation report. After positive HIR, CWC gave order and directed transfer to the concerned CWC of survivor's native place.

As per order of CWC, the survivor was transferred to CWC of survivor's native place. He was sent to his native CWC with partner organization who escorted him during transfer.

The partner organization did the production of the survivor at his native place. He was admitted to shelter home till restoration. SW followed up with the survivor during his short stay at shelter home. He shared that he was very happy and determined to go back to studies.

SW received a call from survivor's parents saying that the child had been handed over to them by Rainbow home after submitting relevant documents.

The survivor's case was transferred from North Zone Delhi to East Zone Bihar with all past orders and case details. SW Point person from Bihar was given responsibility for doing regular follow up over the phone and physically follow up as needed.

Now the survivor is home and studying in class 8th. With the continuous support of social work, the survivor is growing in confidence and studying with his passion to be a singer.

On the Spot Intake format for Child Labour cases

Purpose

- To gather trafficking elements involved in the case.
- To find out the risk involved at workplace and exploitation faced by children.

Timeline

To be filled within 6 hours of rescue (i.e, before filing the FIR in the police station).

Who does it

Designated social workers.

*This format was reviewed on 23/04/2017 by Aftercare Leaders

Name of the Victim:	
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Stated age:	
Observed age :	
Father's name :	
Mother's name:	
Native Place :	
Address of the victim :	
Trafficker's name:	
Owner's Name:	
Name of the Establishment & Address:	
Advance Money given to the parent's:	

Working hours :	
Since how long the victim has been working :	
Is the victim allowed to go out freely:	
Last contact made with family	
Salary paid(Victim's salary and weekly allowance)	
Any kind of abuse experienced by the victim (report if any injuries	
Food timings and rest hours in a day	
Observation made and information given :	

Detailed/Post Rescue Intake Format for Child Labour cases to be filled in the Shelter Home

Purpose

- To gather details on the elements of trafficking involved in the case.
- To find out the abuse and exploitation of the child at the workplace.
- To find the details of the family.

Timeline

To be filled within two days of rescue.

Who does it (designated person in the Ops Plan)

Filled by designated Social worker at the time of Ops plan.

*This format was reviewed on 23/04/2017 by Aftercare Leaders

INTAKE SHEET

Case Number:	Date of Rescue:
Interviewer's Name:	Police Station:
Time of Interview:	IO in charge:
Location of interview:	Location of rescue:
status of the 161 statement	Date child was put in the shelter home:

Photograph of
the victim
during or post
rescue

1. Name of the victim: (Also mention alias names)

2. Date of Birth:

3. Stated Age:

4. Verified Age:

5. Does the victim have any documents to prove her age? Yes/No

✓ Tick the list of items found with the victim during the rescue:

- Phone diary
- Diary
- Pan card
- Photographs
- Voter's ID
- Jewellery
- Money
- Aadhar card
- Any other items

6. Stated Address with detailed landmarks:

7. Education qualification:

8. School name:

9. School Address with landmarks:

10. Languages known:

11. Caste/religion:

12. Status before child was trafficked:

13. Past Work Experience

Name of Workplace	Job profile	Duration	Income	Address
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14. Family Constellation/ Assessment

Name	Relation with victim	Age	Occupation/ Location	Contact details	Education / Skills	Any other detail

15. Victim’s statement about child family and relationships

16. Who is the victim closest to, in his/her family/name of a friend in the village?

17. Does the family know where child is and what he/she does?

18. When was the last contact made and with whom?

19. Last telephone conversation with the family

20. Any well known person in his/her village/native, who will know his/her or his/her family well – (detail information)

21. How long has he/she been in this city? (Specify if possible, months, years, dates etc)

22. How long has he/she been in the working?

23. How did he/she reach the establishment – transport used, trafficking route, transit point: (give a detailed description of how he/she was brought from his/her village to the establishment?)
24. “Means” and “Purpose” used by the trafficker & handler/agent to force him/ her into child labour
25. Description of all his/her perpetrators: (physical appearance)
26. Did child know him/her before being trafficked: (mention detail of the relationship)
27. Is he/she from the same village?
28. How did child meet him/her; how many times; for what purpose? (In the context of events/incidences before getting trafficked)
29. Was the child sold? How?
30. Incidences of abuse during trafficking and in the establishment
31. Any marks/injuries of abuse?
32. Was child detained in the establishment or anywhere else?
33. Does child reside in the spot of crime or does he/she stay someplace else?
34. Did anyone rape/sexually abuse the child? Does he/she identify anyone
35. Did the child ever try running away from the establishment?
36. How much did he/she earn and how did he/she have to give to the establishment keeper/agent?
37. Mode of transport used to take he/her from place to place for work
38. Telephone numbers: (in case of many numbers, please attach a separate list with this document)

Family members =

Traffickers or other perpetrators =

Other victims who might still be entrapped =

39. Was he/she rescued before this?

39 a. Details of the previous rescue:

40. Has he/she been taken to any doctor/ health care center for consultation or any in house doctor visits the establishment?

Interviewer's Notes:

- Physical description
 - a. Height:
 - b. Complexion:
 - c. Weight:
 - d. Identification mark:
 - e. Age of the victim according to the interviewer:
- Behavior:
- Medical condition of the victim:
- Does the victim have any addictions?
- Body language:
- Emotional status:
- His/her relationship with the other victims from the same rescue:
- What does he/she want us to tell her family during the HIR visit?

Suggestions: (readiness to receive help and info, family support systems, inter family relation, family relation with neighbors, living conditions, body language, risk factors, current responsibilities etc.)

Future Plans (immediate/short term/ long term):

Future plans (After repatriation):

Victims Skill assessment: (does she have former training in any skill)

RISK ANALYSIS (IS THERE CHANCES FOR HIM/HER TO BE RE TRAFFICKED) ACCORDING TO THE INTERVIEWER: (based on the HIR)

- Risk (high/low)
- Need to be kept under watch (explain)

What is his/her relationship with the other inmates in the home?

Has the victim kept any of the property in the custody of the shelter home?

What were the activities the victim participated in the shelter home? (Detail description of his/her schedule in the shelter home)

Did he/she get any certificates?

Date:

Reported by:

Follow up Format

Purpose

- To assess the situation of children in their home.
- To assess the category of child so that the follow up can be planned.
- To analyze the risk factors at home and community.

Timeline

Within 24 hours (for local follow up)

Within 7 days (for outstation follow up)

Who does it (designated person in the Ops Plan)

Concerned Social worker who does the follow up of child.

Instructions

- The same format needs to be updated for phone follow-ups as well - you can mention "Phone follow-up" in the Place of follow-up section
- Fill in the assessment based on the discipline you belong to; for e.g. if an aftercare social worker is reporting, please fill in the aftercare assessment categories only, and not that of other disciplines

*This format was reviewed on 30/05/2017 by Aftercare Leaders and CM

Date & Place of Rescue/ Referred by	These details should be entered each time only if there are multiple victims in the same Op
Case number/Op Name	These details should be entered each time only if there are multiple victims in the same Op
Survivor's name	These details should be entered each time only if there are multiple victims in the same Op
Date of follow-up	Fill in the date that the follow-up was done

Number of overall follow ups by AC, EC, CI, Medico-Legal, Counseling)	To fill in sequential order from previous follow up number – to be added by EC/CI/Counseling/Medico legal team For e.g. if the survivor was met for the 5 th time by a VIHAAN staff (irrespective of which discipline), the next follow-up number will be 6
Place of follow-up	Shelter-home name or residence
Staff member doing the follow-up	Name of staff doing the follow-up
Purpose of follow-up	Map to the previous follow up PoA
Follow-up Update	Discussion held (Verbatim as per said by the victim)
Assess the following parameters Add specific observation	<ol style="list-style-type: none"> 1. Behaviour 2. Health Status 3. Security status 4. Economic/Social Progress (Education/Skill Training/Any access to schemes/social identity cards etc) Specific Observations of the SW or staff visiting (Narrative)
Plan of Action with dates for action/person	
Suggested plan of Action for other disciplines	If there's an action point for another discipline, please mention that here. E.g If a survivor gives additional information about a suspect or other girls trapped where she was rescued, the action plan can be that the Investigations team should verify the information provided
Next date of follow-up	Based on your interaction with the survivor, mention the next tentative date of follow-up

<p>Assessment category (as per disciplines' categorization) – if applicable</p>	<p>Based on the discipline reporting the follow-up, choose any one of the categories applicable</p> <p>Aftercare: as per CPRR Assessment</p> <p>Category 1 - Safe and healthy, making progress</p> <p>Category 2 - Safe but concerns over development</p> <p>Category 3 - At risk</p> <p>Medico-legal:</p> <p>Regular follow-up required</p> <p>Periodic follow-up required</p> <p>No follow-up required</p> <p>Counseling/CI: Categories will be sent out shortly (if relevant)</p>
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HIR Final Format

Purpose

- To know about the relationship within the family and their involvement in trafficking if any.
- To know the capability of family if victim is released.
- To find out the modus operandi of perpetrators.
- To analyze the risk factor and give the recommendation for restoration to the concerned authority (CWC/Court) and possibilities of restoration back to family.
- To understand the socio-economic status of family and environmental status of community.
- To gather information on the trafficking elements and the trafficker's connection with family and community.

Timeline

To be filled within 15 days from the time of rescue/ HIR request received in India. One month for International cases.

Who does it (designated person in the Ops Plan)

To be filled by Social worker who conducts the HIR.

Home Investigation Report

Notes for Interview Form

- Please gather responses to all questions asked in the HIR. Please ask as many follow-up questions as are necessary to get as much information as required.
- Do not leave any section blank.
- Please make sure interview is taken with the parents or guardian or a senior family member. In absence of these people a close relative may be interviewed.
- Please gauge the level of responsiveness to the questions. If the answers are vague and evasive, the statement is probably a lie. Please include your own perceptions of whether the person is telling the truth. Indicate which parts of the statement are false or vague.
- Begin with icebreaker questions. This is to gauge what is the level of the person's responsiveness and what is the level at which we should ask questions. The questions can vary depending on the interviewer's' ability and interests; it is always useful to find a common interest to build a rapport.
- Body language – must convey interest in what the person is saying. Please try and incorporate this in the report.
- Always be polite and respectful to the person.
- Please thank them for giving time to answer these questions.

Home Investigation Report

Details Of the Interviewer:

Name of Interviewer:		Date of Interview:	
Place of interview:		Time of Interview:	

Case Number:		Name of the victim:	
Name of the organization			

Personal Details Of The Person Interviewed:

Name	
Address	
Landmarks to reach victim's house (please give details with route wherever possible)	
Phone number Mobile and Landline	
Relationship of the interviewed with the victim (Parents/Grand Parents/ Elder Brother/ Neighbor/ Friend/ Any other relative (Specify)	
Nature of relationship with the victim (Interviewer should try to assess whether the relationship between the interviewed and victim (and family) was friendly, neutral or one of animosity to judge the authenticity of the answers)	
Place of work Occupation-	Mode of payment- Salary needs to mentioned – Per day/ per week / per month – Mention if it is in kind, then how much per week/day/month.

Details of Occupants in the house:

Name	Age	Relationship with interviewer	Occupation and location	Any observation or possibility of trafficking	Income per month

Details of the victim:

Full Name of victim:	
Age: (date of birth) (if exact date not available please try to calculate the approximate age by asking the age of the siblings, mother, any significant events in the year or month of birth)	
Description of the Victim including any Birthmark:	
Religion to which the victim belongs	
Caste of the victim Sub Caste-	
Education of the victim; did she/he go to school, if yes till	

<p>which class?</p> <p>(please mention if child was withdrawn from school or dropped out etc)</p>	
<p>Nature of relationship of family members with the victim.</p> <p>Was there any dispute / clash with the family member? What was the cause of Dispute / Clash?</p> <p>Was the family able to speak to the victim over the phone / person since the last dispute / clash</p>	<p>Explain in detail, If dispute-</p>
<p>Date on which victim left home (any specific festival or season when victim left home)</p>	
<p>Was the parent aware of the child leaving home?</p> <p>Was the parent involved in sending the Child?</p> <p>Did the parent receive any money /any promises/ threats for sending the child?</p> <p>If not, was a missing complaint filed?</p> <p>If yes, take a copy of the missing complaint.</p>	
<p>Was the parent aware where the child was taken? If yes explain</p>	

<p>Why did the victim go? (Any friends, boy friend, Marriage, problem at school, relationship at home...or any other)</p> <p><i>(Note :Try to get as many details as possible on the situation leading to the victim going missing, or being sent away)</i></p>	
<p>Has victim gone missing before? Yes/No</p> <p>If yes, were parent's aware? And who took the victim?</p>	
<p>Where, what work she was doing</p>	
<p>How was she rescued -Any organisation/Self rescue? Who took the custody?</p>	
<p>Whether the parents or guardians had any information where the victim was after she left ?</p> <p>Did they try reaching her?</p> <p>How and through whom?</p> <p>Date of Last contact? (phone, information from any person, etc...)</p> <p>Any other person who came/through Phone talked about the victim or the family spoke to about the victim?</p>	
<p>Did the victim send money to the family? If yes,mode of transaction?</p>	

What was the victim doing before leaving home?	
Has the victim been working before leaving home? (Details)	
Does the victim have any addictions? (Ask only if appropriate)	
Did the victim suffer from any illness?	
Whether children from the village/ community are getting trafficked (being taken for work) or gone missing (Explain)	

General Questions: Trafficking Elements

Type of Criminal	Name	Age	Gender	Modus Operandi
Trafficker- Name of the person who convinced family to send the child for work				

- Is he/she from the same village?
 - Is he/she related to the victim? (explain)
2. What was the reason/allurement techniques used by the trafficker to take the child?
 3. Does the family see any impact on their financial condition now that the victim does not earn
 4. Community Profile (*Please describe the following*)
 - Main source of livelihood,
 - Social composition (caste, religion etc.),
 - Migration trends,
 - Perception on trafficking(through DCPO/Any district level authority)
 - Any special social customs - child marriage,involved in sexual trade as a traditional custom

Economic Conditions of the Family:

- Please give details of any significant assets owned by the family like own house, land, cattle, poultry, cycle, TV, mobile phone etc.
 - How does the house look like in terms of kutcha house or semi concrete, number of rooms versus number of members staying?
 - Mention type and nature of work done by the family members (agricultural labour, daily wage labour, seasonal migration for work, any other)
- Average income of family (calculate per annum as per description given by respondent)
- Mention if family has BPL card, government schemes, NREGA job card, etc.
 - Any support received from government programs like – food programs, housing support, pensions etc (give details)

Factors Conducive for Returning back home of a victim

1. Suitability of Economic Condition 1. – Yes/ No -
 - Explain Why in either case ?
2. Risk Assessment (w.r.t Traffickers Influence) – If Yes
 - Explain Why?
3. Family's acceptance/relationship with the Victim –Yes/No
 - Explain Why?

If 2 out of 3 are not conducive, the Child can't be restored.

Final Assessment –

- High Risk(can't be restored)
- To be Kept under watch (but can be restored)

What is the action plan, for preparing the family/Community for the return of the victim back home? Plan with other disciplines/Local partners.

Note: If possible collect the following: (if no copies or scans are available take photographs of the documents in the digital camera).

- ✓ Kindly tick (the available documents)
- Photo of the victim
- Photo of the victim along with the family (most recent photo)
- Copies of School certificate, birth certificate, ration card, Aadhar card, etc.,
- Copies of ID proof of victim, parents
- Postal address of the family/ parents.
- Bank acc details
- Pan card copy.
- Contact details of village elders

Signed:		Date:	
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INDIVIDUAL CARE PLAN

Purpose

- To have systematic plans for victim in order to achieve results in the given period of time.
- The social worker can focus concretely in rehabilitation of children and supporting the family.
- To monitor and analyze the outcome from the work done for children and family.

Timeline

Who does it (designated person in the Ops Plan)

Social worker designated in the ops plan.

Individual Care Plan

'Individual care plan' (ICP) is a comprehensive development plan for victim based on age specific and gender specific needs and the case history of the victim, prepared in consultation with the victim, in order to restore the victim's self esteem, dignity and self worth and nurture her/him into a responsible citizen.

Please follow the instructions while filling the form.

- IV. The form should be filled in consultation with victim and/ or family/ guardian and/or should be based on information in intake sheets, HIRs and previous discussions with victims.
- V. Certain questions require the judgment/observation of the caseworker. Please be realistic in your approach of observation.
- VI. Certain questions may not be applicable if the victim is living in in-laws' house. Please use your judgment and the information available to arrive at a comprehensive plan for the victim.

Name of Caseworker:

Date of preparing the ICP:

Background Information about the victim:

Name of the victim (Include any aliases or nicknames the victim goes by)	
DOB/Age	
Gender	

Case ID	
Material Status	
Address: (Please clearly specify village, Post Office, Union/Ward, police station, district)	Present: PS: PO: Husband: Husband Address:
	Permanent: Father:
Contact Number:	
Father's Name:	
Mother's Name:	
Husband's Name:	
Religion:	
Present Occupation	

Repatriation Details (fill applicable sections)

Repatriation Date:	
Repatriated From:	

Repatriated By: VIHAANBD/Others	
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Educational and Skill Assessment:

Information Needs	Current Status
What is the educational level of the victim? (Till which level had the victim studied, if at all, before being trafficked)	
Is the victim currently going to school or participating in any learning program?	
If yes, provide details of the learning institution	
Has the victim received any vocational skills training? No	
If yes, please provide details of the training (what skill, who provided the training, how long was the course, was it certified)	
Has the victim expressed an interest in or need to learn specific skills? Please provide details.	
What kind of work victim wants to be engaged with?	
What types of training does victim want to receive? (Identify at least 3 of them)	
How would she utilize her training in doing her work?	

How about the market demand of the work, which you want to do?	
Is there any risk in doing the work?	
If yes: what types of risk? Please explain:	
What measures would be taken to mitigate the risk?	
What support he/she expect from VIHAANBD?	
Where he/she want to work?	
Where she wants to see herself after two years?	

Psychological Assessment:

Does the victim have special needs?	
If yes, please specify and provide details	
<p>Does the victim have a history of abuse? If yes, please provide details</p> <ol style="list-style-type: none"> 1. Victim is clingy 2. Victim is afraid of physical spaces 3. Victim is afraid of people 4. Victim has unexplained bruises 5. Victim has soreness on the body 	

<p>6. Victim does not respond when spoken to</p> <p>7. Victim appears traumatized</p> <p>8. Others (specify)</p>	
<p>Describe your impressions on interacting with the victim</p> <p>(For e.g. shy, confident, unhappy, angry, restless, talkative, non-communicative)</p>	
<p>Describe the victim's relationship with his/her parents.</p>	
<p>Describe the victim's relationship with the other members of the family – siblings, grandparents etc (if applicable)</p>	
<p>Describe the relationship of the victim with his/her peer group – friends, classmates, shelter home residents</p>	
<p>What are the recreational interests of the victim – games, sports, art, reading etc</p>	

Victims Legal Need Assessment:

<p>Is Legal service required?</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>If Yes: Has the FIR already been registered</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/> No If Yes, case number:</p>

What is the status of the case	<input type="checkbox"/> FIR lodged <input type="checkbox"/> Investigation stage <input type="checkbox"/> Trial stage
Does the victim/family seek legal assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any case running in India	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this case legal high	<input type="checkbox"/> Yes <input type="checkbox"/> No

Shelter, Water and Sanitation:

What kind of a house does the family live in?	.
Does the family own the house or the land on which the house it built?	
What toilet facilities are available to the family?	
What is the source of drinking water for the family?	

Health and Nutritional Assessment:

Does the victim consume any harmful substance?	
If yes, provide details (what substance, how much, how often)	

Does the victim eat regularly? (Probe if the victim has an eating disorder or is disinterested in eating)	
Does the victim have any recurring illness? If yes, provide details.	

Family Details excluding victim:

Name	Age	Relationship with the victim	Education (level till which studied)	Occupation	Income per month (approximate)

Livelihood and Family Security:

Does the family own land?	
If yes, how much land does the family own?	
How many crops does the family grow during a year?	

<p>What are the other livelihood resources for family? (Provide details of livestock like cows, goats, chicken etc)</p>	
<p>Does anyone from the family migrate outside the village for work?</p>	
<p>If yes, provide details of migration patterns in the family:</p> <ul style="list-style-type: none"> ● Who in the family migrates? ● To which place do they migrate? ● What kind of work do they do at the migrated place ● How much do they earn monthly in this period? 	
<p>Does the family have a loan that they need to repay?</p>	
<p>If yes, please provide details</p> <ol style="list-style-type: none"> I. Loan Amount II. Amount to be repaid III. Loan taken from IV. Date loan was taken 	
<p>Does any member of the family have a bank account?</p> <p>If yes, provide details – who has the account, which bank, distance to bank</p>	

<p>Is any member of the family a member of any of the following groups?</p> <p>If yes, provide details.</p> <p>(SHG, CBO, NGO, Credit and Saving group, Farmers clubs)</p>	
<p>Is the family currently availing benefit from a government program?</p> <p>(VGF, VGD, Aged Allowance, Disability allowance, or any other govt. allowance etc.)</p> <p>Please provide details</p>	
<p>Is there any family member with special needs? If yes, provide details.</p>	
<p>Mention any vocational or employable skills that the family members may have.</p> <p>(E.g. tailoring, sewing, masonry, carpentry, weaving)</p>	

Community

<p>Has the community experienced a natural calamity like flood, earthquake, Cyclone or drought in the past 3 years?</p> <p>If yes, please provide details of the type of calamity, and its impact on the community and family.</p>	
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Risk Assessment

Is the accused in the case in custody or out on bail [1]?	
Does the accused in the case live in the same community as the victim?	
Is the victim or family under any threat from the accused or other member of the criminal network?	
Is there a threat to the victim from within the family? (Re Trafficked, abused, stigmatised)	

SUMMARY OF ASSESSMENT

Summarize the findings about the victim, family and community based on the information above and information from other sources like the HIR, feedback of shelter home staff (where applicable), counsellors and discussions with family members and others.

Summary of Present Assessment:

ACTION PLAN (Immediate): 0-3 Months

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Time limit for action	Remarks
01					
02					
03					
04					

ACTION PLAN (Short Term): 3-6 Months

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Time limit for action	Remarks
01					
02					
03					

ACTION PLAN (Long Term): 6 Months & above

Sl. No	Name of actions	Who will carry out the actions	Place of Implementation	Specific Time limit for action	Remarks
01					

02					
03					
04					

Annexure 1: Identity Cards and Compensation

[Instruction: Please verify with the physical documents]

IDENTITY CARDS	Present status (Please tick whichever is applicable)	
	Yes	No
Birth Certificate (of the victim)		
School certificate (of the victim)		
Disability Certificate		
Received compensation from Government		
HIR		
Intake Sheet		
Case Dairy/History		
Photo		

Chairman Certificate		
National ID Card copy		
Court Attendance Report		
Medical Report/Documents		
Follow up report		
Travel Permit		
Repatriation Doc		
Others		

Name of Caseworker:

Signature:

Designation:

Date of assessment:

POCSO AND AFTERCARE

The Protection of Children from Sexual Offences (POCSO) Act, 2012. The Act has come into force with effect from 14th November 2012 along with the Rules framed thereunder. The POCSO Act, 2012 is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences through designated Special Courts.

Child victims under the POCSO Act can also be children in need of care and protection. (i) Section 30 (xiii) of the Juvenile Justice Act, 2015 requires the CWCs to take action for rehabilitation of sexually abused children who are reported as children in need of care and protection to the Committee by SJPU or local police under the POCSO Act, 2012.

POCSO Case Referral Process Flow:

Objective:

- Both Legal and Aftercare to take up cases to maximize the output
- Identify genuine cases and get referrals from CWC and other stakeholders thus increasing credibility
- At the same time MDU to meet with the CWC's in place and make them aware about the organizations area of work
- MDU to work with the DLSA, State and other civil society organisations in order to empower them to take up such cases and provide the needed assistance. This is to build the capacities of institutions to service POCSO cases to address the increasing number of cases.

Points to consider while assessing a POCSO Case:

Aftercare

- Identify the trauma levels of the child (visit in a shelter home or family)
- Support system – Family/ neighbourhood (through the first visit – for home investigation)
- Safety and security of the child and other risk factors.
- To refer to the at-risk category parameters of the CPRR model and assess the status of the case.

Legal:

- FIR analysis
- Medical report/ 161/164 assessment
- Current Legal status and willingness of the survivor/family support to take the case forward

Steps to prioritise taking up of POCSO cases:

- If review of the CWC documents and the first visit highlight trafficking element,
- If the review does not highlight trafficking element, then for other forms of sexual abuse and exploitation, the AC/Legal team to highlight the case points as mentioned above and the MDU to decide based on maximizing the end to end services provided by VIHAAN. Final decision to be taken by the leadership team.
- Teams to review the number of referral cases, vs possibility of trafficking referrals within the zone.

Challenges faced:

- Children do not report abuse due to various reasons – such as 'self-guilt', threats or manipulation by the abuser, or they do not understand its abuse

- In case it's a case of incest, it is difficult to get support from the family especially in following up the legal case
- Family does not want involvement from any outside agency
- Relocation of victim has been observed in a couple of cases and the Social worker loses contact with the victim/family.
- CWC wants only specific services; in that case it cannot be transformed into a referral case. This will continue to be within Specific Referral.

Procedures to be followed under POCSO

Reporting of POCSO cases

Under Section 19 of the POCSO Act, 'Reporting of offences' by any person including the child has been made **mandatory**. Section 21 of the Act provides punishment for failure to report or record a child sexual abuse case. However, a child cannot be punished for failure to report {S.21 (2)}.

VIHAAN's role in Aftercare and Rehabilitation of POCSO Victims

POCSO gives Non- Governmental Organizations (NGO), Social Workers, Special Educators, Counselors and other experts a legitimate role to support victims and families through the entire process starting from registration of a complaint to trial and long-term rehabilitation. NGOs may play the roles of a "support person", "expert", "special educator", [as defined under Rule 2 (c, d, f) & 3 of POCSO Rules, 2012] or as interpreters and translators. A person who is familiar with the manner of communication of the child or whose presence is conducive to communicating with the child.

Registration of Complaint

- Accompany parents to the police station to register a complaint. Remember the child is not taken to the police station
- Usually a parent, relative, neighbor or friend are most often the persons to report a case.
- VIHAAN SW to work with the Police on next steps, recording statement and medical examination
- **Recording the statement:** The statement of the child should be recorded at a place preferred by the child [Section 24 (1)]. This can be at the child's home or if a child feels more comfortable.
- The child's statement should be recorded by a woman police officer not below the rank of Sub-Inspector [Section 24 (1)].
- The officer recording the statement of the child must be in plain clothes. They should not be

Inform and share information with the child before reporting. The child should be able to understand the consequences of registering a complaint.

The recording of Statement needs to be handled sensitively. Give the child adequate breaks. Ensure that they are not hungry.

Police to make use of translator and special education in cases involving children with special needs

wearing police uniform.

- The statement of the child must be recorded in the presence of the child's parent/s or in the presence of an adult whom the child trusts [Section 26 (1)]. However, if a parent is also the accused they must not be present during the statement recording of the child.
- VIHAAN SW to check if the police personnel are using any audio-video device to record the statement of the child [Section 26 (4)], if yes, take the consent of the child to speak on camera or recording.

Assessment and Protection of the Child

- Local police or the SJPU should report the commission of a sexual offence against a child to the CWC within 24 hours of receiving information and should also indicate if the child is in need of care and protection
- If the child is without support or, in case of is living with the abuser or is in a situation of extraordinary risk at home, immediate arrangements for the child's care and protection is to be made.
- This may include admitting the child to a hospital or shelter home within 24 hours of the report.
- If the child is living with the abuser or is in an institution or is without a home and parental support, the child should be produced before the Child Welfare Committee within 24 hours [S. 19 (6) of Act and Rule 4 (3) POCSO Rules, 2012]].
- Upon production, as per Rule 4 (4), POCSO Rules, the CWC should determine within 3 days whether the child needs to be taken out of the custody of the family or shared household and placed in a Children's Home or Shelter Home. SW should make recommendations to CWC for the same.

Support Persons for Victims

- The CWC can provide a Support Person to assist the child and family during the investigation and trial of the case. The Support Person is required to maintain confidentiality and keep the child and the parent/guardian or other person whom the child trusts informed about the proceedings of the case, including available assistance, judicial procedures and other outcomes and any other support needed to the child.
- VIHAAN can approach the nearest CWC to get an official order appointing you/your agency as a Support Person in the case

Medical Examination

- The police must take the child to the hospital for medical examination within 24 hours of having received the report in accordance with Rule 5.
- SW can help in reducing the trauma of the child by talking about the procedures from before
- SW to make sure that child does not come in contact with accused in the hospital
- Ensure adequate transport arrangements for the child and the family/guardian
- Provide full protection and confidentiality to the victim and to parents/guardian when accompanying them for medical examination
- Informed Consent: the person giving the consent should be told about the purpose, expected risks, side effects, and benefits of the examination, and the amount of time it will take. This information should be given before the examination is conducted, in a form, language and manner that the child and his parent/ guardian can understand.
- Medical examination needs to be conducted in the presence of a person trusted by the child (e.g. parent / relative / social worker), in the absence of which, a woman nominated by the hospital
- VIHAAN SW (as Support Person) to be present during medical examination
- Immediate medical treatment : includes treatment for cuts, bruises, and other injuries including genital injuries which can be provided by any medical facility, private or public
- Tests for pregnancy/ STDs : Pregnancy test should be done on girls
- Child is informed on emergency contraception, and, unless medically contraindicated, offered emergency contraception.
- Legally, the child can provide consent or consent must be obtained from parents, guardian, or surrogate decision-maker
- Forensic Examination : Doctor to conduct thorough medical and forensic examination, to see if sexual acts have been attempted or completed. Preserve the clothes and other relevant material that the child was wearing at the time of the incident. Collect materials, swabs and samples for DNA profiling/ forensic evidence from hair, nails, body surfaces or orifices, any product of conception, before washing /cleaning / before the child urinates / defecates. Collect blood samples for intoxicants and blood group. Ensure proper labeling, storage, preservation and chain of custody is established for samples and materials being handed over for forensic examination.

Medical examination should be conducted with sensitivity and care.

Not to conduct "Two" finger test on victims of sexual assault. Past sexual experience has no bearing on the current case of sexual violence.

At all times, child should be informed and prepared in advance

Relevant actors should be aware of the guidelines of interviewing POCSO victims

Build rapport with the child, build the trust and confidence of the child and the family as you start interacting with them. Remember the abuser has broken the trust of the child, thus, it is going to take a while for the child to trust another adult who is a stranger.

Recording164 statement and Legal Process

- VIHAAN SW (as a Support Person) to be present with the child as the child's statement and evidence gets recorded in court
- Work with Public Prosecutor (and VIHAAN's lawyer) in the case to ensure that the court proceedings go smoothly.
- Take the children to the court and drop them back, take the child to the court in advance and make the child meet the judge, if possible, familiarize the child with the court atmosphere. (along with an police/family member/shelter home staff as escort)
- Inform the child about the need to give this statement/ testimony in front of a judge during trial. Make sure that the child gets frequent breaks, is fed well and feels comfortable while deposing before the judge during trial.
- Inform the parents/guardians of the proceedings of the case with details of available assistance, judicial procedures and potential outcomes of the case.
- Inform the child of the role he/she may play in the judicial process.
- Constantly communicate and convey to the relevant authorities the concerns of the child/ family, if any, regarding his/her safety
- Coordinate with Police regarding developments of the case

Place of Safety/ Rehabilitation

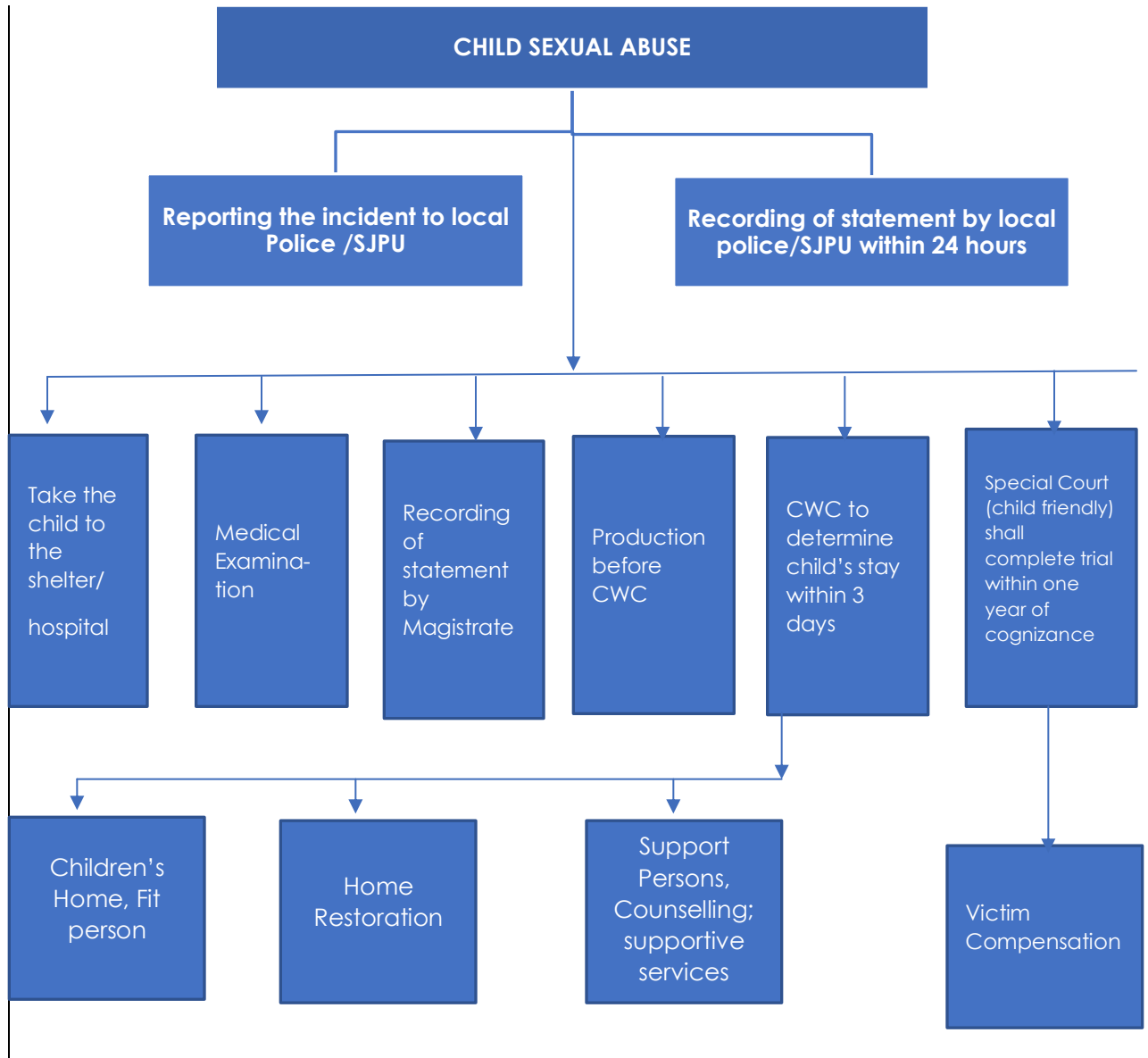
- The minimum standard of care for children received and placed in Shelter Homes/Children Homes (CCIs) in respect of POCSO Act, 2012 is commensurate with the standards of care and protection perceived in the Juvenile Justice (Care and Protection of Children) Act, 2015 and the rules to be framed therein. It may be noted that CCI's for the purpose of the POCSO Act, 2012 refers to Children Homes/Shelter Homes; in this context, Section 50 of the Juvenile Justice (Care and Protection of Children) Act, 2015 envisages the standard and nature of services to be provided based on the individual care plans of each child.
- Special Court may order compensation on an interim basis to meet immediate needs of the child for relief and rehabilitation at any stage after registration of FIR
- VIHAAN SW to work towards a comprehensive care plan and long term rehabilitation of the child

Home Verification/ Needs Assessment

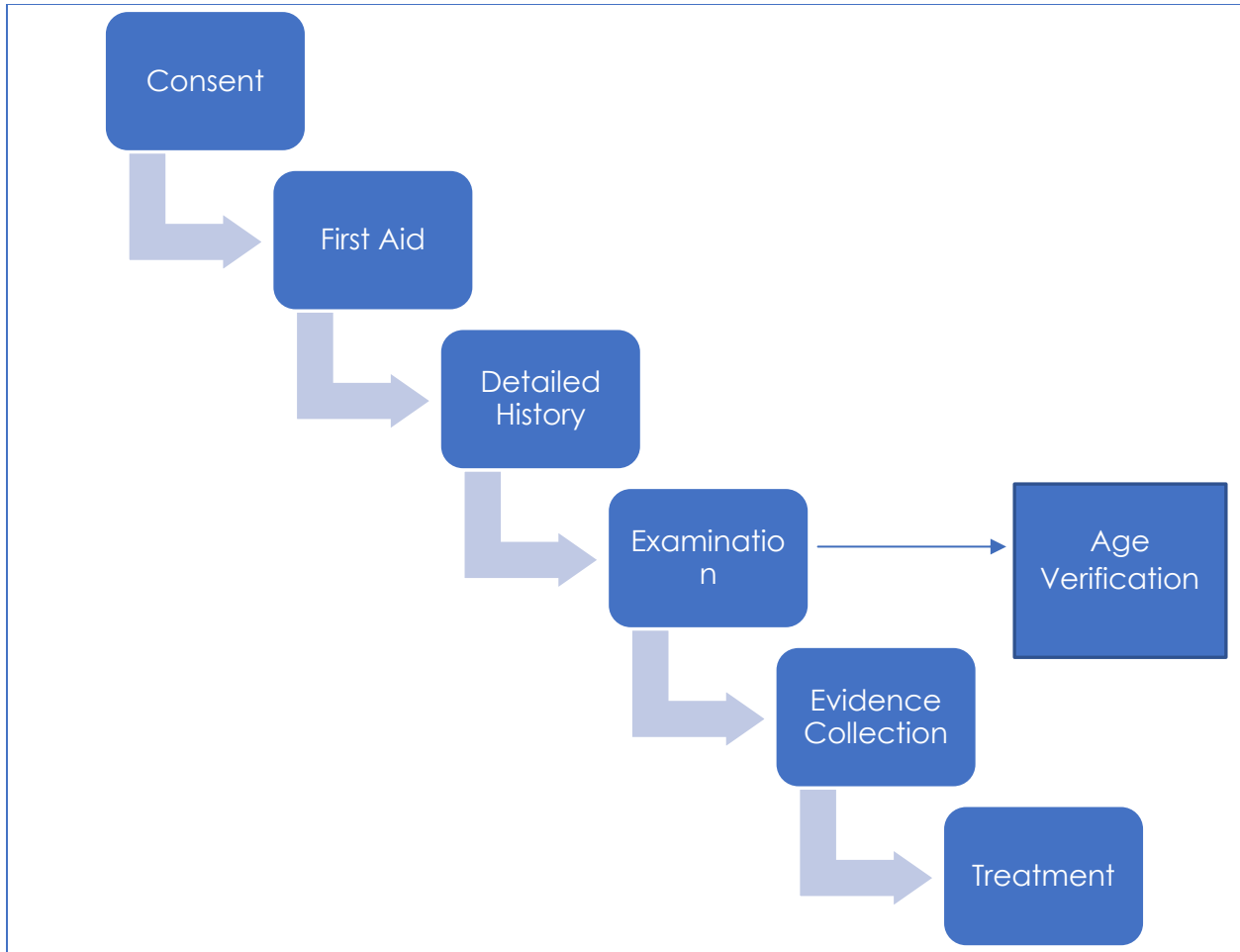
- Conduct a thorough Needs Assessment/Home Study of the child with the prior permission of the CWC at the time of registration of complaint and after the complaint has been registered
- A few important aspects to be looked at while doing the needs assessment are:
 - Mental health condition and need for counseling • Medical needs (short term and long term)
 - Educational needs of the child
 - Socio-economic profile of the family
 - Protective factors in the family and community
 - Immediate and perceived threats
 - What does the child feel about his/her future?

- What does the family feel about the child's future? Based on the above a detailed care plan must be prepared by the agency and the child has to be supported through comprehensive long-term rehabilitation
- VIHAAN SW submit regular reports to the Child Welfare Committee about the status of the child and your intervention

Processes under POCSO



Medical Examination



Preliminary Assessment Report format

Purpose

Timeline

Who does it

Intake Sheet Template POCSO

Purpose

Timeline

Who does it

Follow up Format

Purpose

Timeline

Who does it

HIR Final Format

Purpose

Timeline

Who does it

ICP

Purpose

Timeline

Who does it

PARAMETERS OF MONITORING IN CPRR

The progress of every survivor towards successful rehabilitation and reintegration is the aim of every Aftercare Programme. Under CPRR, progress is measured in three ways:

- I. Safety Parameters
- II. Aftercare Framework
- III. Champions and Reintegration Parameters

I. Safety Parameters

Safety in general is defined as a state of being safe, freedom from the occurrence or risk of injury, danger, or loss. This indicates that all measures shall be taken to ensure that the child is safe and is not subjected to any harm, abuse or maltreatment while in contact with the criminal justice system and thereafter.

In the context of victims of trafficking and them being safe, safety refers to formal or informal risk assessments, preparations, and contingency plans designed to increase the safety of a human trafficking victim.

To define the Safety parameters the following needs to be assessed/reviewed –

- 1) Assess the current risk and identify current and potential safety concerns.
- 2) Create strategies and provide services avoiding or reducing the threat of harm.
- 3) The steps taken when safety is threatened or compromised.

Safety for a victim of trafficking is defined at various stages and is perceived from the point of view of the victim and the perception of VIHAAN while offering services. Safety and security of a victim is of prime importance to the services we provide and hence is defined at various levels of services provided.

Safety at various stages in a human trafficking situation –

- While a victim is being rescued,
- During the process of rehabilitation,
- And once the victim is re-integrated/restored.

Safety Concerns of Victims of trafficking that needs to be assessed

- Movement (from one place to another/SH to another SH or from SH to court, disorientation, unfamiliarity with current location)
- Lack of food, medicine, medical care, clothing, or safe shelter;
- Increased vulnerability to exploitation, abuse, or other crimes;
- Lack of psychological well-being which could lead to isolation from peers, staffs or towards self-harm (cutting themselves, suicide)
- Confiscation of money and/or identity documents (lack of social identity)
- Physical harm or violence to the victim or others
- Criminal Network's access to victims
- Access /Threats by accused leading to increased vulnerability – this can happen in courts, during production in CWCs or in communities after reintegration

- Lack of acceptance within community/family post restoration leading to feeling unacceptable (unsafe)
- Stigma and discrimination by neighbours and community members – survivors are often seen as ‘easy targets’ for further abuse and exploitation after reintegration

The three broad categories of assessing survivors within the CPRR program within Aftercare is as follows

Category 1 : Safe and Making Progress

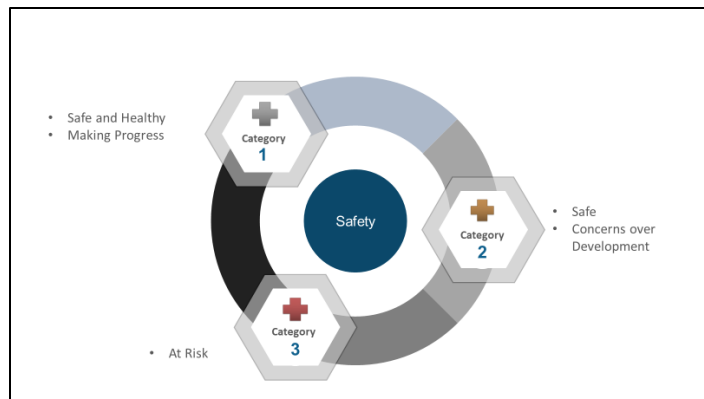
Parameters

- Absence of all parameters in category 2 or absence of at least one of point a. to d. of category 2.
- Absence of parameters listed in category 3.
- Married based on informed Choice.

Category 2: Safe and Concerns over development

Parameters – Presence of any one reason listed below and absence of category 3 parameters.

- Lack of relevant/appropriate activities within SH.
- Lack of Educational Linkages.
- Lack of Skill Training/Vocational training.
- Lack of facilitation/support on victim compensation
- Lack of Employment linkage/opportunities.
- Lack of aspiration
- Lack of progress on Mental Health/Medical illness
- Lack of progress on legal process/casework (PERCEPTION of the Victim/assessment by SW)



Category 3: At Risk

Parameters – Presence of one /more parameter. Assessment of the condition of accused not arrested can be same for many cases across, and hence assessing this condition along with other conditions leading /contributing to safety should be assessed.

- Concerns over the SH of stay
- Negative HIR but restoration completed
- Victim missing or runaway from SH/from home
- Trauma/Mental Health concerns and manifestations
- Lack of medical support
- Released by Court /CWC soon after rescue
- Accused not arrested

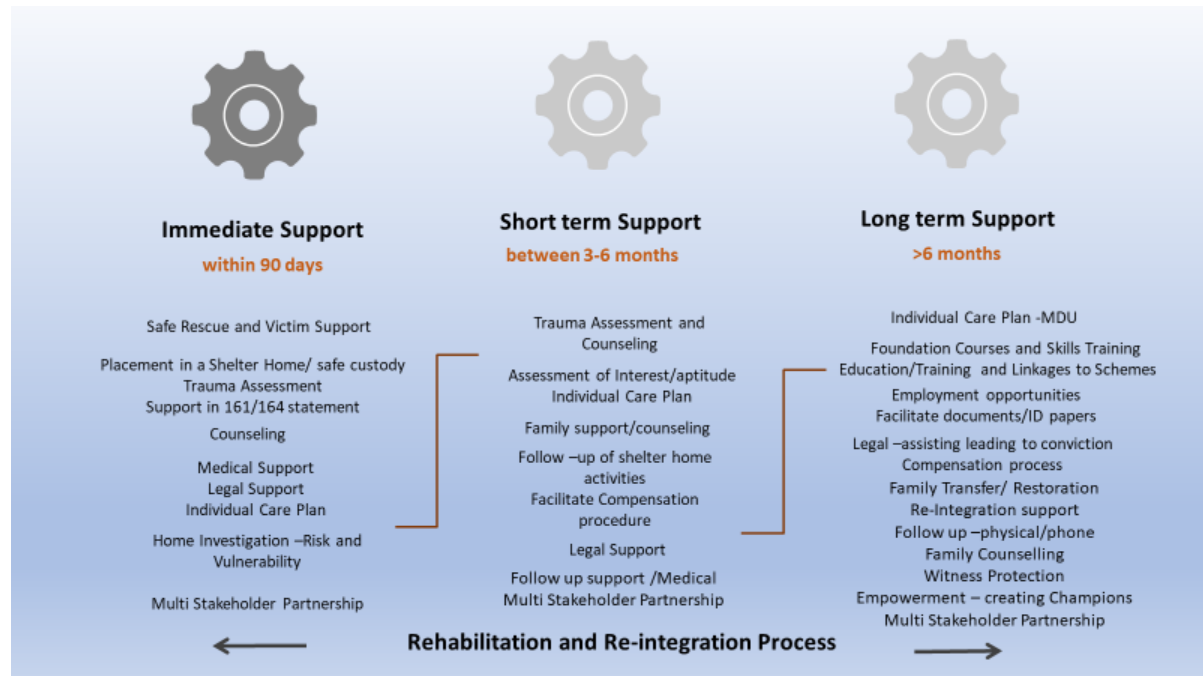
- Accused is in touch with the victims

II. Aftercare Framework

Within the AC Framework, a survivor’s progress is measured against time period which can range from 0 days to 3-7 years.

1. Immediate Support (0-3 months)
2. Short term Support (3-6 months)
3. Long term Support (6 months and above)

This classification enables us to provide the status of safety to a victim of trafficking at any period of engagement with the victim. It ensures that safety is paramount at each stage of the Aftercare process. Moreover safety for a victim of trafficking is both physical and mental reassurance of his /her safety as an individual. And hence the assessment of safety is comprehensive understanding of the victim’s life at any period rather than a stand alone parameter at the time of re-integration/restoration.



The parameters /indicators that define safety at each of these stages are as follows –

Indicators/Parameters of safety –Stage wise (Victims of Trafficking)		
Immediate Support	Short term Support	Long term Support

<ul style="list-style-type: none"> ● Rescued Safely ● Separated from the accused ● Assisted by a SW throughout until left in safe custody ● Safe custody at the SH (which has been assessed and evaluated prior to the rescue) / institutional care ● A positive HIR ● Counseling/ trauma assessment (to ensure no harm to self or others) ● Collection of all documents/materials/ money etc. of the victim ● Medical Support 	<ul style="list-style-type: none"> ● In a shelter home ● With family (where HIR is positive) ● Accused arrested ● CN is not in touch with the victim ● Victim not in touch with CN ● Aware of the place of stay ● Regular social Worker follow up (ensuring psychological reassurance) ● Protection during court proceedings (support of SW/Lawyer/organization and transportation facility) ● Socially/Legally aware (Increased awareness leading to sense of safety) ● Regular and need-based counselling and psychosocial support given 	<ul style="list-style-type: none"> ● In Shelter home ● With Family/on their own if major (HIR positive) ● Accused arrested ● CN not in touch/not present in the area of stay ● Victim not in touch with CN ● Access to job/Skills/Education ● Protection during Court proceedings ● Victim calls the SW in case of issue/emergency ● Presence of friends/family member/spouse/SW, a person that the victim can reach out and trusts. ● Able to access victim compensation to help being economically independent ● Lack of stigma and harm
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III. Reintegration and Champion Parameters

These parameters help to establish the safety outcomes of a survivor when she/he is restored and reintegrated within the family or on their own (for major). It ensures that a survivor is feeling accepted and is able to sustain in their reintegrated state and thus does not get re-trafficked or harmed in any way.

Classification	Codes	Parameters	Weightages	Scores	Total Score
Child Labor (less than 15 years)	CL15 1	Safe accommodation -Back in the community or in a residential school etc (child involved in the decision making process)	0.2	5	1
	CL15 2	Safe and not contacted by trafficker at least 6 months	0.2	5	1
	CL15 3	Not gone back to work	0.2	5	1
	CL15 4	Enrolled in School formal or bridge course, NIOS	0.1	0	0
	CL15 5	Mental and Physical health – healthy	0.1	0	0
	CL15 6	Employment opportunities for Family - through partners/direct	0.1	0	0
	CL15 7	Family connected to SHG's/community groups/Panchayats/local institutions Access to support - Local civil society/partners/social workers	0.05	0	0

	CL15 8	Compensation received	0.05	0	0
		Total Score			3

Classification	Codes	Parameters	Weightages	Scores	Total Score
Child Labor (15 years less than 18 years)	CL18 1	Safe accommodation -Back in the community or in a residential school etc (child involved in the decision making process)	0.2	5	1
	CL18 2	Safe and not contacted by trafficker at least 6 months	0.2	5	1
	CL18 3	Not gone back to work (hazardous) as per CL act	0.2	5	1
	CL18 4	Enrolled in School formal or bridge course, NIOS	0.1		
	CL18 5	Mental and Physical health – healthy	0.05		
	CL18 6	Makes informed choice /decision of not being in touch with VIHAAN	0.05		

	CL18 7	Employment opportunities for Family - through partners/direct or Victim's Formal apprenticeship with reputed industry	0.05		
	CL18 8	Family connected to SHG's/community groups/Panchayats/local institutions, Access to support - Local civil society/partners/social workers	0.05		
	CL18 9	Compensation received	0.05		
	CL18 10	Enrolled in certified vocational training	0.05		

Classification	Codes	Parameters	Weightages	Scores	Total Score
Sex trafficking (Minor) less than 18 years	STMin 1	Safe accommodation -Back in the community or in a residential school etc (child involved in the decision making process)	0.2		
	STMin 2	Safe and not contacted by trafficker at least 6 months	0.2		
	STMin 3	Not gone back to trade	0.2		
	STMin 4	Enrolled in School formal or bridge course, NIOS	0.1		

	STMin 5	Mental and Physical health – healthy	0.1		
	STMin 6	Employment opportunities for Family - through partners/direct or Formal apprenticeship with reputed industry (only if above 15 years of age)	0.05		
	STMin 7	Family connected to SHG's/community groups/Panchayats/local institutions or Access to support - Local civil society/partners/social workers/compensation received	0.05		
	STMin 8	Enrolled in certified vocational training	0.05		
	STMin 9	Victim decides for well being and does not want to be in touch	0.05		
Classification	Codes	Parameters	Weightages	Scores	Total Score
Sex trafficking (Major)	STMaj 1	Safe accommodation -Back in the community or in a residential school etc (victim involved in the decision making process)	0.15		
	STMaj 2	Safe and not contacted by trafficker at least 6 months	0.2		
	STMaj 3	Not gone back to work	0.15		
	STMaj 4	Enrolled in School formal or bridge course, NIOS	0.1		

	STMaj 5	Mental and Physical health – healthy	0.1		
	STMaj 6	Employment opportunities for Family - through partners/direct	0.05		
	STMaj 7	Family connected to SHG's/community groups/Panchayats/local institutions or Access to support - Local civil society/partners/social workers/compensation received	0.05		
	STMaj 8	Enrolled in certified vocational training	0.05		
	STMaj 9	Formal apprenticeship with reputed industry	0.05		
	STMaj 10	Informed choice of Marriage	0.05		
	STMaj 11	Makes informed decision of leading life independently and not be in touch with VIHAAN	0.05		
Classification	Codes	Parameters	Weightages	Scores	Total Score
Champion	Champ 1	Reintegration Score			
	Champ 2	Expresses interest to be a part of the cause			

	Champ 3	Provides leads/information to prevent trafficking (community level)			
	Champ 4	Leads Support groups/work in Shelter homes/organisations in the network working for the cause			
	Champ 5	willing to represent in official-ministerial meetings etc			
	Champ 6	Willingness to represent and talk to investors and champion the cause			

ANNEXES

A. Checklist of Documents to be kept in the file and also uploaded in the case diary file :

List of Documents	Yes	No	Timeline to put in the folder
HIR			
Medical Reports			
HIR Analytical Report			
Certified copies of CWC and Court Orders			
Intake Sheet			

ICP			
Follow up reports			
ICP Review Report each case			Quarterly
Repatriation orders			
Age verification certificates			
FIR copy of the case			
Photograph			
Educational certificates (degree etc)			
ID proof documents			
Case Diary			

B. PRE-RESCUE AND RESCUE OPERATIONS DETAIL

Pre-Rescue

In the pre -rescue phase, the role of AC team essentially involves in guiding and providing inputs to the Intel team (I team) and the MDU to ensure that the rescue planning evolves to an effective rescue that ensures both justice as well as timely and relevant care for the victims both during the rescue and post rescue.

Intel Phase:

- Working closely with the Intel team in understanding the victims, their current status, and the initial statements/information he/she is/may be providing.
- Assisting the I team in every stage of preliminary information (PI) to obtain the required/necessary information of the victims, to enable planning of an operation from an Aftercare perspective.
- Knowing more about the victims. For example, finding out about her native state, what languages does she speak, how was the victim during intel and information gathering such as - bold or scared. (Refer here to the Aftercare pre rescue Checklist)

- When the intel report converts from preliminary information (PI) to preliminary report (PR), it indicates that a rescue operation is going to happen. At this stage the social worker gets involved in understanding more about the victim and their background, from the Intel team members.
- Getting to understand the modus operandi of the criminal network

Rescue Planning Phase:

- Plan and Attend Networking Meetings: Join multi-disciplinary unit (MDU) in networking with the police, DWCD, CWC, Jurisdiction hospital (RMO/CMO) other partners / stakeholders. As rescues need to be conducted along with statutory authorities (Police department or Labour department) such meetings would be held. To assist the authorities and to plan coordinated action for rescue including apprehension of criminals and support and protection to victims.
- Going for networking meetings with lawyer and investigator and with other discipline to police, DWCD, CWC, other partners / stakeholders. (This meeting will be held with the objective of planning and facilitating along with the stakeholders about the upcoming rescue operation and to assist in the rescue ensuring complete safety of the victims. Meetings with senior officials (like DCPs/SPs/DWCD director etc) to keep them informed and get their support in case of escalations.
- Social workers along with the rescue team members prepare plans on how to reach the victims as quickly as possible during the rescue. Hence it is important to study the maps of the rescue area including hideouts, escape routes and be familiar with the place.
- At this stage Social worker prepares the aftercare (AC) plan which is approved by the discipline head and the process stated in the operations manual is followed thereafter.

Prepare an aftercare plan which will include:

- How to support the victim/s during the rescue operation?
- How to identify victim vs accused?
- Planning the immediate and short-term services to be provided for each victim - Identifying safe custody home, with relevant activities for rehabilitation, and a planned schedule for follow ups and counselling
- Identify partner organizations who will help with Social Investigation Report and Home Investigation Report (SIR/HIR)
- If the address of the family is available, verify information about family. If the family is involved in trafficking the victim, the social worker will make arrangements on safe custody accordingly.

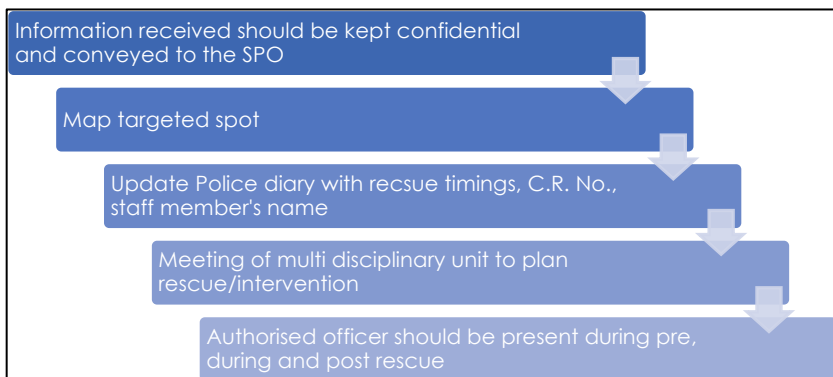
Important points for Pre-Rescue and Rescue

- AC team to work closely with investigation team
- Generate PI and PR with an Aftercare perspective
- Review Aftercare checklist
- Check immediate aid services for victims
- Network with stakeholders and agencies for rescue
- Do risk assessment
- Prepare for safe production and place of safety
- Prepare rescue kits

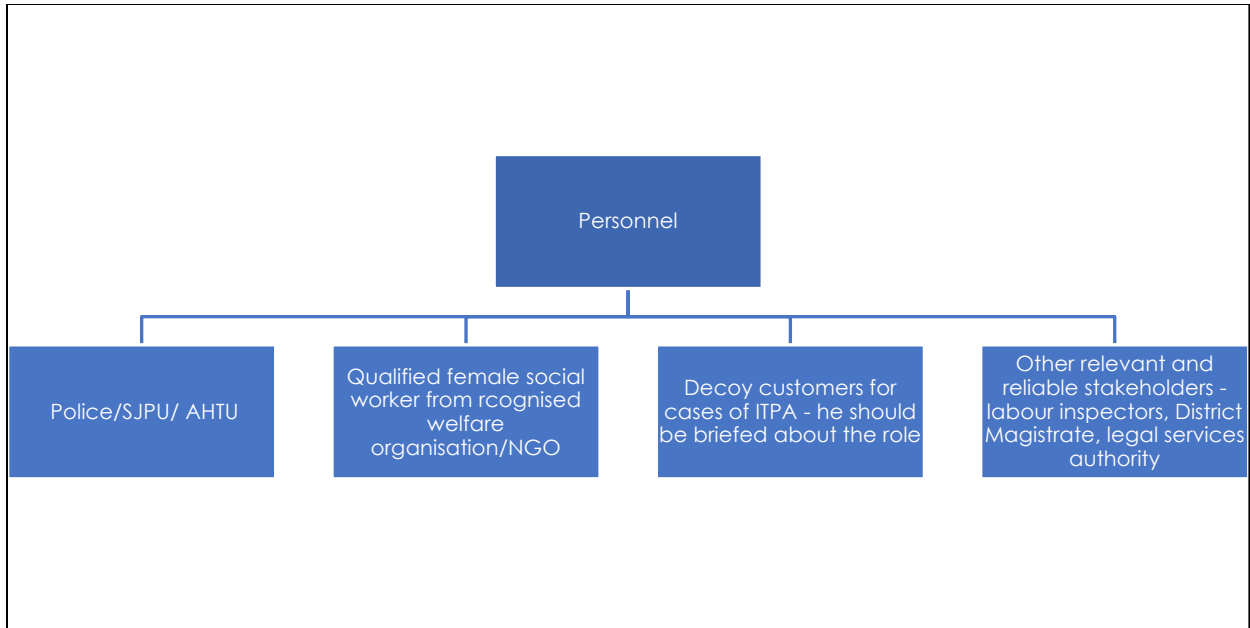
- Post approval of the AC plan and before the rescue the Social Workers works on the following actions-
 - Contact and inform nearest women’s shelter or childcare institution, or fit person, fit facility (as approved by the district DCPU or CWC) of the rescue for immediate shelter to ensure they have vacancy without giving information about the location of rescue. It is important to have an alternative plan just in case there is an issue at the police station about putting the rescued victims in a particular shelter home.
 - In case for minor, Social workers need to inform the CWC about the childcare institution where the rescued survivors will be kept in, with the approximate number of victims without giving details of the operation.
 - The entire MDU needs to do a risk assessment and plan about the production i.e taking victims to Court/CWC, medicals and come up with a plan on how to protect the victim.
 - Train the MDU on AC’s principles while working with victims.
 - Prepare Rescue kits as per the estimated number of victims, and this should include the following -

There are few processes related to pre-rescue and rescue which are given below as process flow as graphical representations.

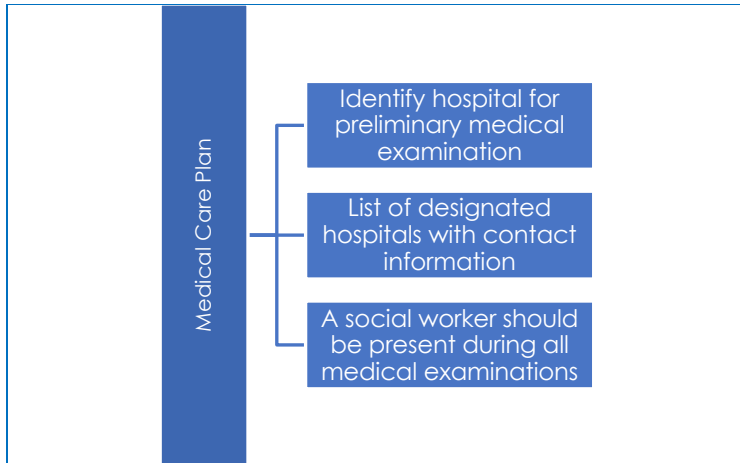
Flow of Information



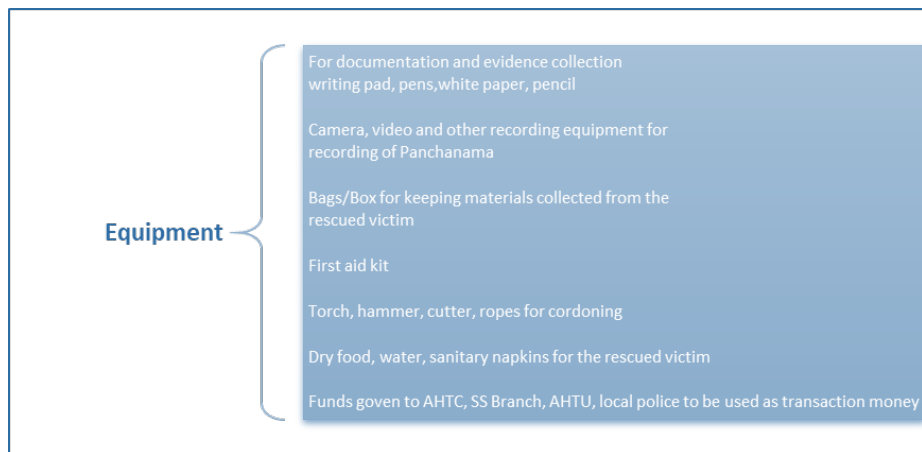
Rescue Team



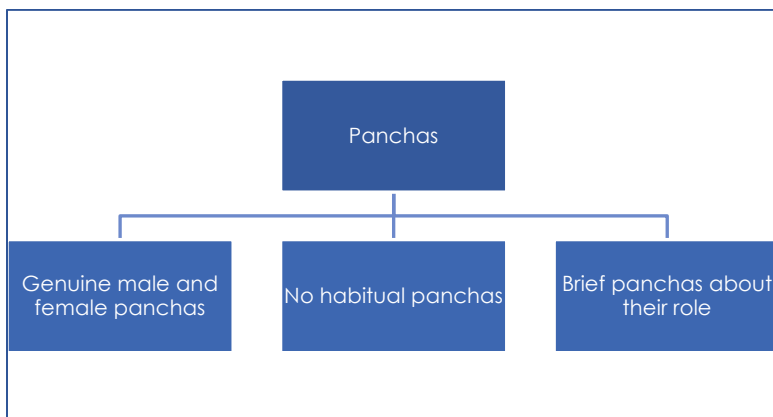
Medical Plan



Equipment for Conducting Rescue



Panchas



RESCUE OPERATION

The rescue has to be conducted as per the law and the provisions under it. Also rescue is done with the appropriate authorities and mandated agencies. The aim of the rescue team should be to ensure that the experience of the victim is less chaotic and traumatic. Care must be taken at all time of the well-being and protection of the victim and collection of all evidence for investigation and prosecution and securing justice for the victims.

The points mentioned below are the actions to be taken and pointers to be remembered during a rescue operation

Rescue Operation

- Important to reach the victim as soon as possible.
- Separate the major and minor victims.
- If the victim is known to have any children or is saying to have any children, then they should be rescued along with the victim
- Ensure a caseworker or a social worker is with the victim at all times during the rescue operation, protect the victims, separate them from perpetrators, protect them from threats during and after rescue, make them feel comfortable, let them know that they are victims and not criminals.
- Separate accused and victim
- Case/social worker should ensure victim is carrying all her belongings, take the mobile phones and give it police and ensure that the phone get deposited in the shelter home.
- If media is involved all team members on the rescue needs to be vigilant to ensure victims are not exposed.
- Sec 74 of the JJ Act, 2015, mandates ensuring the anonymity of a rescued child (here a child means a person below the age of 18 years).

Transport from rescue spot to police station

- Work closely with the WPC to protect the rescued survivors. Aftercare associate ideally should be with the victim in the vehicle with the WPC, the perpetrator should not be in the same vehicle and the WPC should be present.
- The rescue team needs to be careful about the Media at all time. Ensure no one's face is exposed - victims and staff. This is primarily to protect the identity of the survivors and the staff. Sec 74 of the JJ

Probable challenges for Rescue Team

There may be a language barrier between the victim and the Team.

Victims may not want to be rescued due to grooming of pimps, traffickers and false information given about police

Victim could be completely unaware of their rights

Victims may fear for their own safety

Since the victims are under trauma, they may not state the correct facts, which could even be misleading (eg. child victim stating her age to be above 18 years)

Victim may be under the influence of drugs/ drinks

Victim may have children with them and do not want to be separated

Act, 2015, mandates the prohibition of disclosure of identity of a rescued child.

Transport and in the Police station

Post rescue, the victim is referred to as the 'survivor' *

*For VIHAAN, a survivor is a child/woman who is out of the bondage/captivity/enslavement of any form of human trafficking and sexual abuse/ exploitation and is referred to / desires to access VIHAAN' aftercare and legal services where, VIHAAN is able to get involved in their journey of rehabilitation and reintegration.

- Ensure survivors are kept in a safe and protected room away from the perpetrators, survivors should not at any time have access to strangers or other people in the police station. Ensure WPC is present at all times. 107. (1) JJ Act, 2015 - In every police station, at least one officer, not below the rank of assistant sub-inspector, with aptitude, appropriate training and orientation may be designated as the child welfare police officer to exclusively deal with children either as victims or perpetrators, in co-ordination with the police, voluntary and non-governmental organisations.
- The rescued team needs to ensure that the survivor is protected at all time from the Media that no one is present at the police station with undercover cameras.
- Attend to the immediate needs of the survivor of food, water, clothing, using the toilet or any medical emergencies or needs
- After survivors have settled down, Initial statement can be taken from the victim.
- A social worker/case worker informs survivor of what is going to happen at each stage as it is their right to know and to make the survivor informed and comfortable with the various processes of giving statement, medicals, transfer and stay at a shelter home, etc.
- The recording of statement of survivors for case diary (161 statement) shall be done by a woman police official, and if no woman police official is available the interview shall be done only in the presence of a female member of an NGO. This is a mandatory requirement u/s. 15(6A) ITPA
- While the police are taking down statements from the survivors during or after their statement, the social worker/case worker also interviews them to get information which can be used in the FIR.
- Care must be taken to see that the survivor/s is/are not traumatized by asking to give multiple accounts and interviews. Social workers need to assess how ready the survivors are to give their statement and at every stage keep the lawyers informed. If the is not ready to give a statement a supplementary statement can be given the next day or later at the shelter home where the survivor has been transferred.
- In most situations when survivors are at the police station, they give a statement which may not

necessarily be the truth. If this is perceived to have happened, the IO visits the shelter home within 7 days of the rescue and gets a statement of the survivor. Ideally no survivor should spend an entire night in the police station however due to procedures at police station.

- It should be kept in mind that a survivor may not be giving out correct information due to psychological trauma, grooming by traffickers, pimps, brothel owners to mistrust the police /authorities or simply because they are scared and confused.
- If there are urgent medical issues faced by the survivorss which needs immediate attention, the social worker with a WPC with the permission/requisition of IO or PI takes the victim to the hospital.
- Most often during the statements the police orders for general medical/preliminary medicals or premedical tests. This is ordered by the PI/IO. The survivors are accompanied by social workers / caseworkers and WPC and a constable.
- Pre-Medical tests include physical external checkup. The main objective is to ensure the survivors are physically fit and not tortured during the custody. Social worker enquires the victim if a customer engaged her on that day/the previous night, if Yes, the social workers should ensure that the forensic tests will be done during the general medical/preliminary medicals. If the victim is not mentioning about the engagement enquire the Pancha and the decoy about the same.
- If the paperwork post rescue is taking 24 hours or more, the victim can be produced directly before the CWC or magistrate and then taken to the shelter home/childcare institution. Law requires that it has to be done within 24 hours after rescue. (refer ITPA Act sec 17)
- It is essential that the rescued persons are immediately placed in a place of safety. Women can be placed in shelter homes or Government or NGO run Short Stay Homes. Children can be placed in CCIs or with fit person or fit institution as per the instruction of CWC
- PI needs to write requisition with the victim's name and the name of the shelter home. Without this the survivors will not be received at the shelter home. It is the responsibility of the case worker/Social worker to get this right requisition.
- The IO when he's submitting his application for a medical examination can ask for a female doctor to do this test. u/s. 53 (2) Cr. PC. If no female doctor is available, the medical examination should be conducted in the presence of a female medical attendant, or a female representative of an NGO. The IO should inform the doctor to take all steps to respect the dignity of the victim. Any HIV test/ other medical test should be organized by the IO only after the informed consent of the victim.

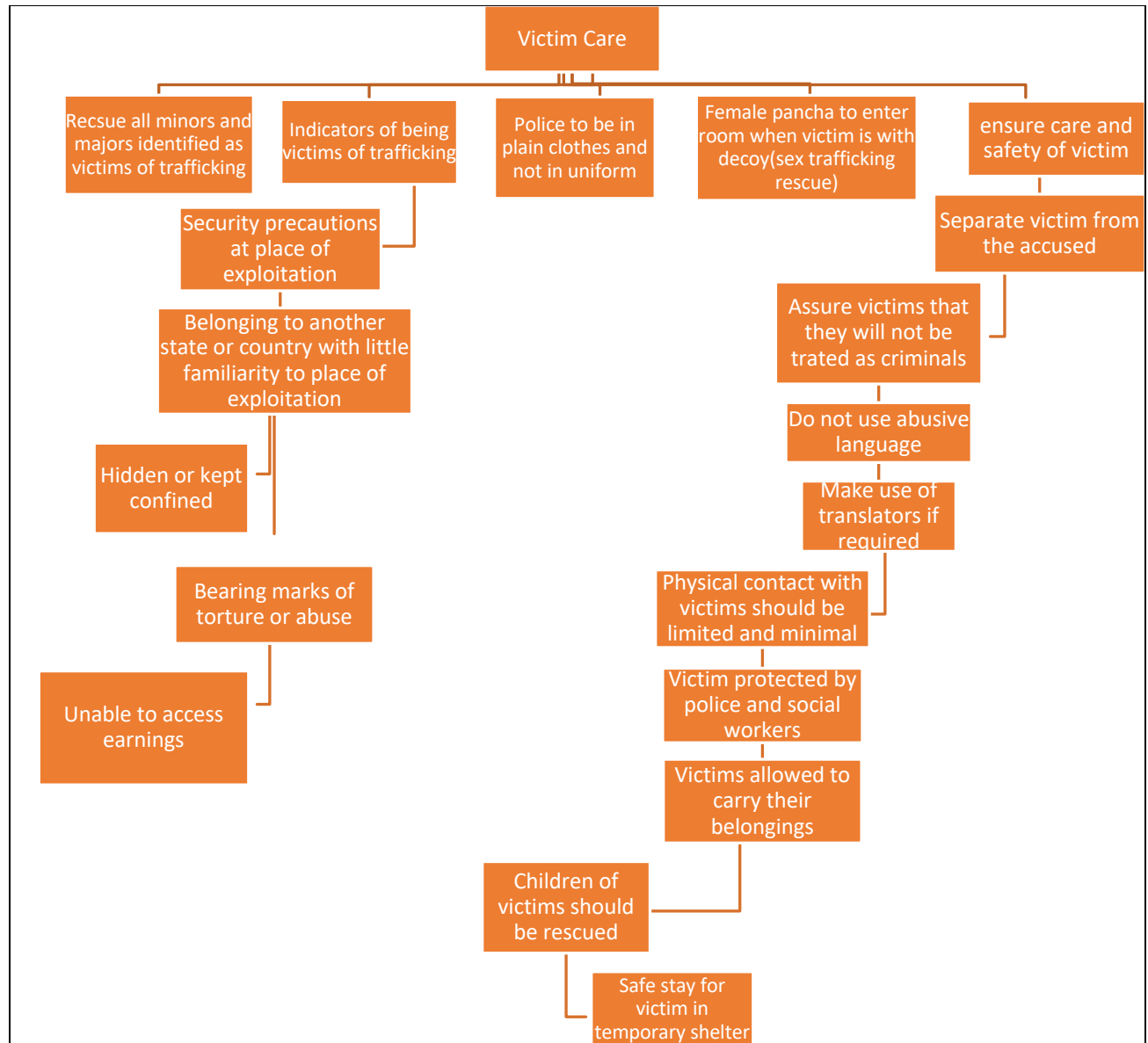
Transport to the shelter home, women's home or childcare institution:

- WPC, social worker and male J&C staff to accompany the survivor and to drop them at the shelter home to ensure the victim/s is/are protected and safe.

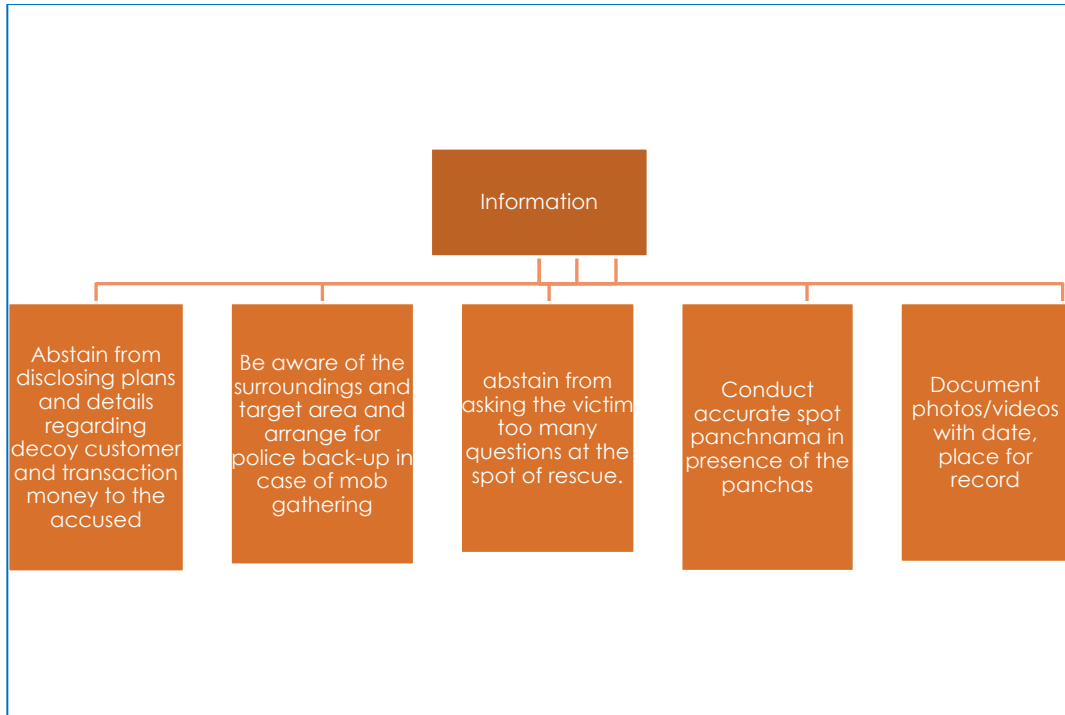
Interactions with Media:

- No strangers or people from the media should be permitted to interview the girls.
- The VIHAAN staff and volunteers should not provide any information to the media.
- In case of media presence, the faces of social workers and survivors have to be kept covered.
- Media asking for information need to be told to email their request to *info@Vihaanteam.org*
- The team should be prepared to deal with the media at the rescue and post rescue during medical and Court procedure.

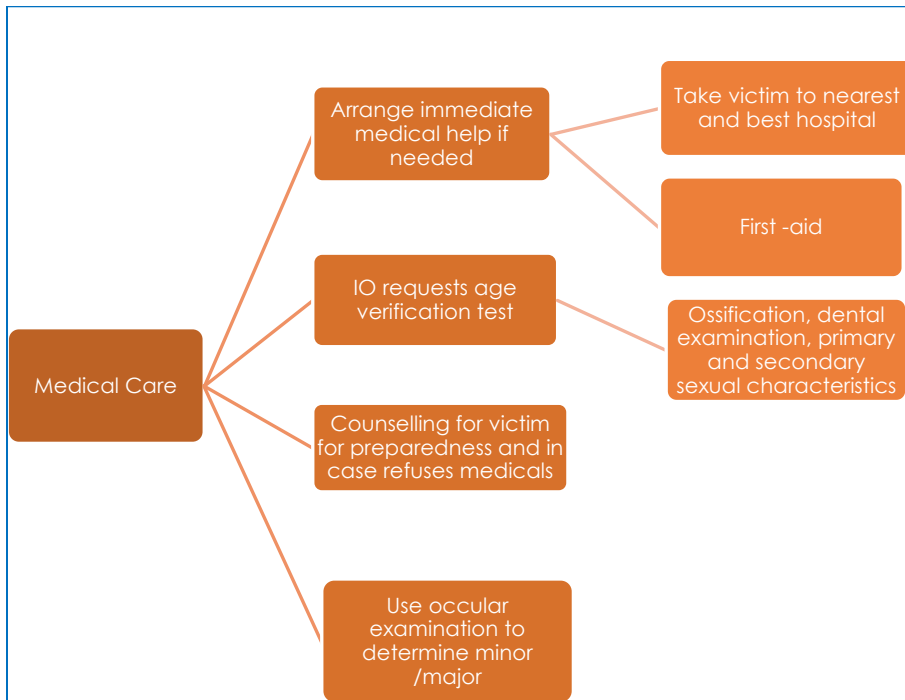
Victim Care



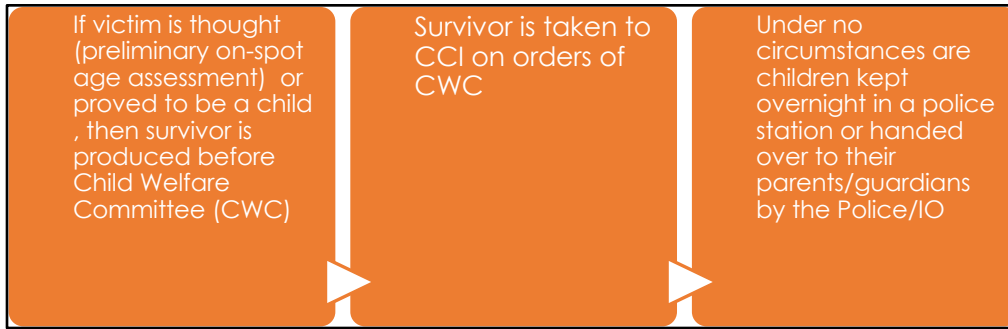
Handling Information



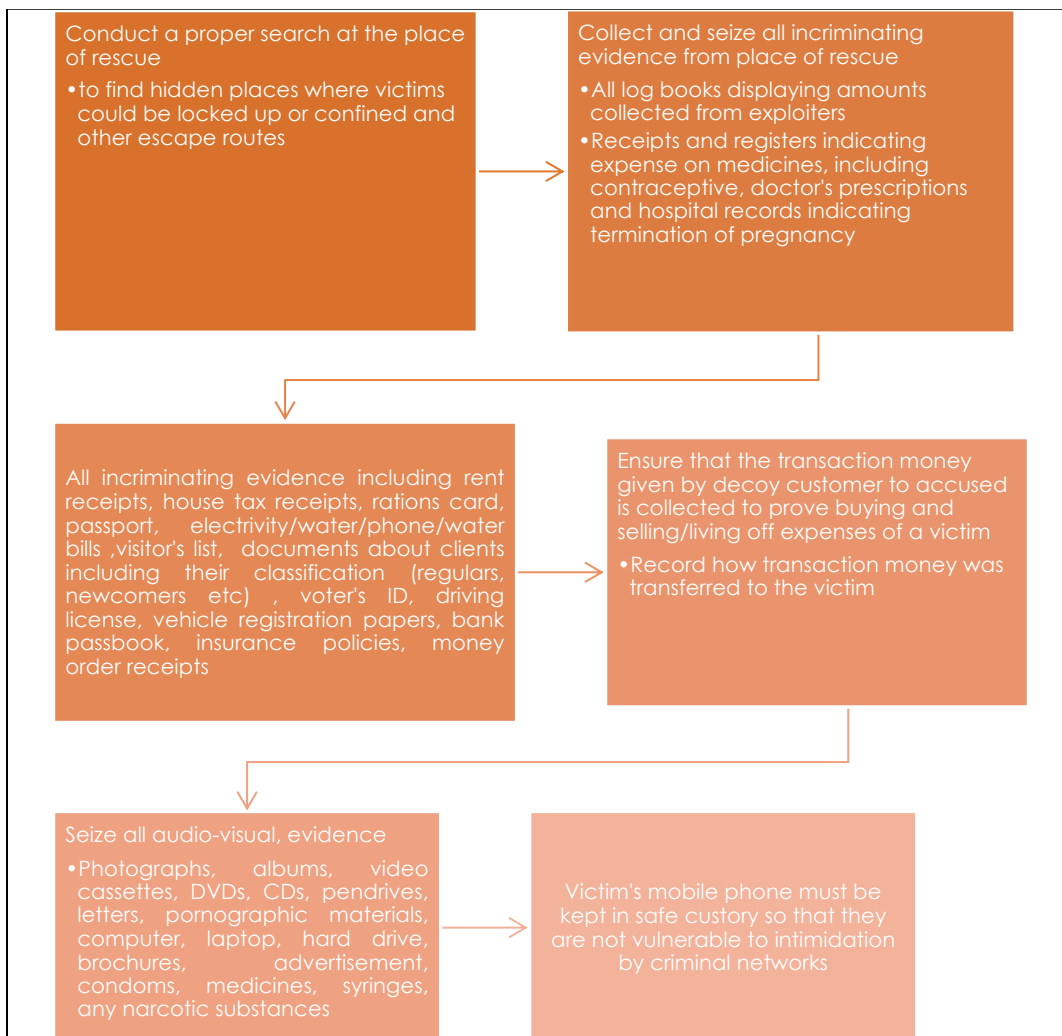
Medical Care



Process regarding children



Collecting Evidence



Placement in Shelter home/ Safe Custody

- Ensure police fills in the register (This is the entry register maintained by the Shelter home which will

have the record of who admitted the survivor, date and time, and about the survivor' belongings.)*
VIHAAN staff are not supposed to sign on this registrar or any other documents.

- Ensure all procedures are followed for registration and that the registry is signed by WPC who is handing over custody.
- Ensure Police memo/ requisition is given to the shelter home staff. This requisition letter states that a request is made for a temporary safe shelter for the survivor as they cannot be kept in the police station overnight. The survivor will be produced before the CWC or magistrate within the 24hrs of FIR is been filled this process is also called as first remand.
- There is a register in the shelter home. The staff at the shelter home physically checks whether they have any sharp instruments which can be used to harm themselves. Their bags are checked for cell phones, SIM cards, jewellery, money and any objects which can be used to harm oneself. In the shelter home Registry belongings of the survivor taken by the home are logged in. Be present when shelter home staff goes through the belongings of the survivor, ensure all is entered into the registry. The victim's belongings need to be kept in the custody of the superintendent.
- Gate Register: WPC has to write her police number and designation and write the time at which they dropped the survivor. They also have to include that a WPC will be taking them the same day or the next day to the court or CWC for the production.
- Aftercare staff along with other team members on the rescue team and the police will leave the shelter home after all the procedures are completed.

Court / CWC:

- The MDU revisits the risk assessment done at the planning stage of the rescue while taking the survivor to the court, CWC and medicals.
- The next or the same morning, the caseworker/s goes to shelter home to pick up the survivor with the WPC to bring them to the CWC or Court. If for any reason the WPCs have taken the survivor early morning to the court without informing anybody then the caseworkers go directly to the court/police station.
- Initially the daytime is hard for the survivor to keep awake since their routine is to be awake at night and sleep in the day. Hence the first couple of days they may refuse to cooperate and may demand that they want to sleep.
- Case workers should respect the survivor at all times and give them their space. Let them rest in the vehicle if they choose to.
- At the court the caseworkers meet up with the lawyers and the survivor are produced before the magistrate.

- Case worker ensures possible perpetrators do not have access to the survivor or intimidate them through eye contacts.
- Case worker has to brief the girl about the court and what will happen there, why they are being produced there closer to the time of being in the court otherwise they may forget.
- Most often the court orders that the medical is to be done, directly after the court, or the next day if court is late in the afternoon. According to law, 48 hours from rescue the medicals should be done and another 48 hours by which the report should be ready.
- When the girl has been produced: Compulsory order in first remand: HIR and medical examination and age verification. Judge can order for this to be done with support from VIHAAN.
- Caseworker needs to ensure that even after the survivor are produced in the court the perpetrators have no access to them.
- The caseworker and WPC bring survivor back to shelter home.
- At end of first day MDU to do another risk assessment based and share this information with the superintendent of the home and the probation officer.
- Immediately after the rescue the aftercare team follows up with the victim on a daily basis. Some shelter homes other than the government homes do not permit daily visits but visits need to be as frequent as possible.
- During these follow up visits initially address whether the physical needs of the victim are taken care of at the home. Ensure that they have toiletries, inner wears, soaps, combs, clothes sometimes they request for oil or shampoo.
- Ensure that the in-house counsellor/probation officer gives a proper orientation about the shelter home. Make sure they are comfortable and are gradually settling in.

Medical

- The victim has the right to say no to the medical tests being done. Case worker/s need to explain how this will benefit them. If they still refuse, they will need to sign on the requisition that they have refused to do the test. This slip will be sent to the CWC or Court.
- Medical examination should be conducted ensuring complete privacy, preferably in a separate room, respecting the individual's autonomy and after explaining the procedures involved
- The IO should take informed Consent of the survivor for medical examination. The same has been mandated under Section 164(A) of CrPC and Guidelines for medico-legal care for survivor of sexual

violence, 2003, World Health Organization). In case the victim is a child (under 12 years of age), consent for examination needs to be sought from the parent or guardian.

- The court order needs to state who is responsible for the medical, the resident medical officer, or the chief medical officer (RMO or CMO) and the order is taken to them. The order should give a briefing of the case, dates etc which is important for the forensic tests. The order includes the following procedures: the gynaecological test, ultrasound, physical examination, history of the girl, blood test for health state (complete blood count, haemoglobin or HB level, clotting time, electrolyte sedimentation time (EST), test for infection, blood test for HIV, HIV counselling, age verification / ossification test. If the victim is addicted to any kind of drug symptoms need to be identified by social worker and she/he needs to refer test like kidney, liver and lungs scanning etc. According to law, the order should be detailed otherwise the doctors may not do all the tests.
- Caseworker/s and WPC and preferably one shelter home staff and ideally one male constable should escort the survivor to the hospital.
- At the hospital the team meets the RMO or CMO. The court order is given to them and they give the orders for free medical checkups. The RMO or CMO signs the requisition /memo and the case worker ensures that the WPC takes the requisition/memo.
- WPC/Case worker gets the survivor's names registered in the medico-legal register one page per person at the OPD and they are given a number which indicates when they will be called for the medical tests.
- Ensure that the doctor takes consent of a person competent to give such consent on the victim's behalf to conduct the medical examination of a child (Section 164A of CrPC 1973). As per section 27 of POCSO Act, whenever examination of a child is done, a parent or any person whom the child trusts should be present throughout the examination.
- Case worker takes the survivor to the gynaecology ward. One doctor preferably a female will be assigned to the victim. That doctor will look at the medical history including sexual history any kind of illnesses which will be recorded in the Outpatient book and register.
- The survivor will undergo physical examination and be checked for internal scars in vagina, external scars (these scars should be recorded by the doctor and photo has to be taken by the doctor this will go into the forensic lab as an evidence, social worker should also take the photo of the scar for our record purpose) , general examination, will be checked for pregnancy or growth in uterus. If a male doctor is examining the victim, a female staff which may be a hospital staff member, or a caseworker needs to be present. Their signature is taken on the documents. The hospitals authorities/CMO/RMO will assign a male doctor to the gynaecology test if there is no female doctor available. The IO when he is submitting his application for a medical examination can ask for a female doctor to do these tests.

- If there are signs of physical abuse (less likely if they have been in the brothel for more than 6 months), like burns or wounds in the vaginal area they are added to the report. Hair sample from the genital area and armpit (if injury is within 24 hours) is taken to find semen sample. Within 24 hours or if the victim has changed her clothes or had a bath then clothes should be taken for examination. This is difficult to monitor since medicals get delayed and survivor insist in having a bath. During menstruation internal examination is not done, samples are taken.
- After gynaecology & physical examination, doctor will write list of other examinations, blood test, ultrasound of abdomen and pelvis, HIV testing and counselling, passing her on to radiology department for age verification etc. They have a check list and will tick what tests need to be done. If the victim does not appear healthy they will order for more tests to be done.
- Case workers accompany survivor to the different departments for testing. WPC has to sign at every department since the reports are on her name. Case worker/Social worker ensures that the documentation is done properly at the hospital. Case worker/Social worker should not sign on any of this document.
- HIV testing: after 24 hours results come in. If a test comes positive, the girl will get private counselling session. Caseworker prepares victim for the examination and will be with the victim during all examinations and tests whenever possible. The procedures include ultrasound, urine samples are taken for pregnancy tests. Survivor gets a one-dose kit for antibiotics. At the Integrated Counselling and Testing Centre (ICTC) centre there is voluntary counselling and testing centre and medicines are given free in most government hospitals. HIV testing is mandatory. If one female staff is with the victim being examined the WPC and preferably one more VIHAAN staff or volunteers will be outside the examination room to protect the other survivors.
- Caseworker/Social worker needs to inform the CWC or courts and the authorities in the home if there are serious health issues.

Guidelines regarding Informed Consent for victims of trafficking (sex-trafficking, child labour and POCSO) The person giving the consent should be told about the purpose, expected risks, side effects, and benefits of the examination, and the amount of time it will take. This information should be given before the examination is conducted, in a form, language and manner that the child and his parent/ guardian can understand.

Inform the child about the need to give this statement/ testimony in front of a judge during trial. Make sure that the child gets frequent breaks, is fed well and feels comfortable while deposing before the judge during trial.

Inform the parents/guardians of the proceedings of the case with details of available assistance, judicial procedures and potential outcomes of the case.

Inform the child of the role he/she may play in the judicial process.

Constantly communicate and convey to the relevant authorities the concerns of the child/ family, if any, regarding his/her safety

- Age verification procedures sometimes include passport size photograph, name, and identification marks etc. The procedures are written on a requisition which, include minimal 8 x-rays for multiple bone tests like skull, dental structure, elbows, knee, pelvic area, palms. These reports will indicate bone density and the fusion of bones. The doctor's give 6 months to 1 year span to be on the safe side in court. Multiple bone test could be +/- 6 months, but they often give a range of +/- a year.

C. GLOSSARY

ADCP	Additional Deputy Commissioner of Police
BDHC	Bangladesh High Commission
Bonded Labour Act	Bonded Labor System (Abolition) Act, 1976
BSF	Border Security Force
CAD	Criminal Appeal Decision
CDPO	Child Development Protection Officer
CDR	Call Detail Record
Child and Adolescent Labour Act	Child and Adolescent Labour (Prohibition and Regulation) Act, 1986
CID	Criminal Investigation Department, Government of India

CMO	Chief Medical Officer
CRC	Child Rights Commission
CrI RP	Criminal Revision Petition
CrMD	Criminal Miscellaneous Petition
CRP	Criminal Petition
DCPO	District Child Protection Office
DD	Deputy Director
DLSA	District Legal Service Authority
DOP	Director Of Prosecutors
DSW	District Of Social Welfare
DYSP	Deputy Superintendent of Police
EP	Exemption Petition
ESI	Employee State Insurance
FLW	Fine Levy Warrant

FOC	Framing Of Charges
FRRO	Foreigners Regional Registration Office
GD	General Diary Entry
HBC	Hearing Before Charges
HC	High Court
HRC	Human Rights Commission
IB	Intelligence Bureau
ICDS	Integrated Child Development Scheme, Government of India
ICTC	Integrated Counselling and Testing Centre
IL	Intervention Leader
IPC	Indian Penal Code
ITPA	Immoral Traffic (Prevention) Act, 1956.
JD	Joint Director
Juvenile Justice Act	Juvenile Justice (Care and Protection of Children) Act, 2015.

MCOCA	Maharashtra Control Of Organized Crime Act, 1999
MDU	Multi-Disciplinary Unit
MHA	Ministry Of Home Affairs
MWCD	Ministry Of Women And Child Development
NLSA	National Legal Service Authorities
OC	Office In Charge
PC	Police Constable
PCA	Prevention Of Corruption Act, 2016 Amendment
PD	Project Director
PI	Preliminary Information
PR	Preliminary Report
POCSO	Protection of Children from Sexual Offences Act, 2012
PSI	Police Sub-Inspector
RC	Reception Centre

RMO	Resident Medical Officer
Sec.	Section
S.C.	Sessions Case
SDPO	Sub-Divisional Police Officer
SHO	Station House Officer
SLP	Special Leave Petition
SPL.C.	Special Case
SPP	Special Public Prosecutor
TCSO	Transnational Child Sexual Offence
UNODC	United Nations Office on Drug and Crime
UNTOC	United Nations Convention Against Transnational Organized Crime
WP	Writ Petition

D. DEFINITIONS

Headings	Reference	Definition
After-care	S. 2(5) of Juvenile Justice Act, 2015	Making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society.
Best interest of the child	S. 2(9) of Juvenile Justice Act, 2015	The basis for any decision taken regarding the child, to ensure fulfillment of his basic rights and needs, identity, social well-being and physical, emotional and intellectual development.
Bonded Labour	S. 2(e) of Bonded Labour Act, 1976	Labour or service rendered under the bonded labour system.
Brothel	S. 2(a) of ITPA, 1956	Any house, room, conveyance or place, or any portion of any house, room, conveyance or place, which is used for purposes of sexual exploitation or abuse for the gain of another.
Child	S. 2(12) of Juvenile Justice Act, 2015	Any person who has not completed eighteen years of age is a child.
	S. 2(1)(d) of POCSO, 2012	Any person below the age of "eighteen years."
	S. 2(ii) of Child and Adolescent Labour Act, 1986	A person who has not completed his fourteenth year of age or such age as may be specified in the Right of Children to Free and Compulsory Education Act, 2009.
	S. 2(aa) of ITPA, 1956	A person who has not completed the age of sixteen years.
Child in need of care and protection	S. 2(14) of Juvenile Justice Act, 2015	Following categories of children are inter alia considered as child in need of care and protection:

	S. 2(14)(iii) of Juvenile Justice Act, 2015	A child who resides with a person (whether a guardian of the child or not) and such person— (a) has injured, exploited, abused or neglected the child or has violated any other law; or (b) has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or (c) has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person.
	S. 2(14)(v) of Juvenile Justice Act, 2015	A child who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child.
	S. 2(14)(viii) of Juvenile Justice Act, 2015	A child who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or
	S. 2(14)(x) of Juvenile Justice Act, 2015	A child who is being or is likely to be abused for unconscionable gains; or
	S. 2(14)(xii) of Juvenile Justice Act, 2015	A child who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnization of such marriage.
Child Labour	S. 3(1) of Child and Adolescent Labour Act, 1986	No child shall be employed or permitted to work in any occupation or process.

	S. 3(2) of Child and Adolescent Labour Act, 1986	<p>Following scenarios are exception to child labour:</p> <p>(a) helping his family or family enterprise, which is other than any hazardous occupations or processes set forth in the Schedule, after his school hours or during vacations;</p> <p>(b) working as an artist in an audio-visual entertainment industry, including advertising, films, television serials or any such other entertainment or sports activities except the circus, subject to such conditions and safety measures, as may be prescribed: Provided that no such work under this clause shall affect the school education of the child.</p>
Child Care Institution	S. 2(21) of Juvenile Justice Act, 2015	Children’s Home, open shelter, observation home, special home, place of safety, Specialized Adoption Agency and a fit facility recognized under this Act for providing care and protection to children, who are in need of such services.
Children Home/Minor Home	S. 2(19) of Juvenile Justice Act, 2015	Children Home refers to Children’s Home, established or maintained, in every district or group of districts, by the State Government, either by itself, or through a voluntary or non-governmental organization.
Human Trafficking	S. 370 of IPC, 1860	<p>Whoever, for the purpose of exploitation, (a)recruits, (b)transports, (c)harbours, (d)transfers, or (e)receives, a person or persons, by—</p> <p>i. using threats, or</p> <p>ii. using force, or any other form of coercion, or</p> <p>iii. by abduction, or</p> <p>iv. by practicing fraud, or deception, or</p> <p>v. by abuse of power, or</p> <p>vi. by inducement, including the giving or receiving of payments or benefits, in order to achieve the consent of any person having control over the person recruited, transported, harboured, transferred or received commits the offence of trafficking.</p>

	Article 3(a) of UNODC	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.
Major Home/ Protective Home	S.2(g) of ITPA, 1956	An institution by whatever name called (being an institution established or licensed as such under Section 21), in which (person) who are in need of care and protection, may be kept under this act (and where appropriate technically qualified person, equipments and other facilities have been provided) but does not include - 1) a shelter where (under trials) may be kept in pursuance of this act; or 2) a corrective institution
Prostitution	S. 2(f) of ITPA, 1956	Sexual exploitation or abuse of persons for commercial purposes and the expression "prostitute" shall be construed accordingly.
Rehabilitation	World Health Organisation	Rehabilitation is a set of interventions needed when a person is experiencing or is likely to experience limitations in everyday functioning due to ageing or a health condition, including chronic diseases or disorders, injuries or traumas . Rehabilitation enables individuals of all ages to maintain or return to their daily life activities, fulfil meaningful life roles and maximize their well-being.
Reintegration	Guidelines on Children's Reintegration – Interagency Group on Children's	The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life

	Reintegration, 2016	
Repatriation	VIHAAN	<p>The Wikipedia definition of Repatriation is - "<i>Repatriation is the process of returning a person to their place of origin or citizenship</i>".</p> <p>Most of our cases involve cross-border or inter-country repatriation, where our survivors are foreign nationals and are sent back to their own country/ place of origin. <i>Repatriation is the process of returning a person to their place of origin or citizenship safely.</i></p>
Safety	VIHAAN	<p>Safety in general is defined as a state of being safe, freedom from the occurrence or risk of injury, danger or loss.</p> <p>In the context of victims of trafficking and them being safe, safety refers to formal or informal risk assessment, preparations, and contingency plans designed to increase the safety of a human trafficking victim.</p>
Survivors	General (Dictionary)	The definition of a survivor is a person who copes with a bad situation or affliction and who gets through, or a person who manages to live through a situation that often causes death
	VIHAAN	For VIHAAN, a survivor is a child/woman who is out of the bondage/captivity/enslavement of any form of human trafficking and sexual abuse/ exploitation and is referred to / desires to access VIHAAN' aftercare and legal services / where, VIHAAN is able to get involved in their journey of rehabilitation and reintegration.