Spring 5-2018

A Comparison of India and the United States: A Look at Innovative Child Welfare Service Practices

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A COMPARISON OF INDIA AND THE UNITED STATES:
A LOOK AT INNOVATIVE CHILD WELFARE SERVICE PRACTICES

An Undergraduate Honors Thesis
Submitted in Partial fulfillments of
University Honors Program Requirements
University of Nebraska-Lincoln

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March 12, 2018

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Abstract

Child abuse and neglect are human rights issues on a global level. Violence is not cookie cutter; it comes in many different shapes and sizes. Many countries have started the uncomfortable, but critical, discussion on how best to address this problem which has reached epidemic proportions. Numerous service providers are creating innovative practices to combat the cycle of violence. This paper looks to identify what specific providers are currently doing to mitigate risk for children and families by analyzing the similarities and differences between India and the United States. Data for this research was collected through a variety of sources in the form of detailed handwritten notes, personal journal reflections, and observations. It was then evaluated to answer the proposed research questions. An overview of the various innovative practices of the service provider are discussed, and policy implications are also explored.

Key Words: family studies, child abuse, innovative programs, India, United States

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Chapter One:

Introduction

The World Health Organization 2017 defines child abuse internationally as, "all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation" (World Health Organization, 2017, p.1). In 2014, an estimated one billion children between the ages of two and 17 experienced at least one type of abuse (Compassion International, 2017). Recognized by the United Nations as a social issue of high concern, many countries still struggle to combat this multifaceted human rights violation.

Research Goal

The overall goal of this research is to identify unique and creative services offered by providers to help mitigate risk in vulnerable child populations in India and the United States. While these two countries have many differences, the two also share a considerable number of similarities. Both countries were colonized by the British and, upon gaining their independence, enacted democracies (Lange, Mahoney, & vom Hau, 2006). The United States and India are stratified societies. The United States divides its population into groups based on socioeconomic status, race, gender, religion, etc. while India utilizes caste divisions. These two countries also have long histories of harsh treatment towards groups who have been deemed as "less than" by the rest of society—minorities, the disabled, and other vulnerable populations in the United States and the untouchables within the Indian caste system (McCarthy, 2016). Each country can learn from the other as they continue their pursuit to end child abuse.

Study Significance

The United States is considered a global superpower due to its strong economy, technological advances, military, and education system (Araya, 2017). As a result of this role, other countries look to the United States as the ideal model to follow. But the United States is a the perfect example. The country still has a lot of work to do regarding its process for addressing vulnerability—including within the child welfare system. As a country that others turn to for guidance, it is imperative that the example by the U.S. is a good one. The United States can also learn from other countries. Because programs, policies, and services are not one-size-fits-all, new ideas and information prove to be beneficial.

While India is not considered a global superpower, it does possess some traits necessary to hold power in the global sphere. India has the world's third-largest military by personal strength and the seventh-largest economy (Ayres, 2017). India also has some of the highest rates of discrimination amongst its diverse population and over 270 million people live in extreme poverty (Ayres, 2017). Rural areas increase inequality and scarcity of resources. Starvation, homelessness, and pain can be seen walking through both the paved streets of cities and the dirt roads of villages. An emerging force, India has a lot to learn from other developed countries concerning child welfare, as well as plenty of valuable knowledge to share in return.

If a country has no formal or efficient procedure for addressing child abuse, the door stays open to other similar and more severe social issues like human trafficking, prostitution, and intimate partner violence. Dealing with these issues is essential as women and children are two of the most vulnerable populations around the world. As a global community, we must work to proactively create the change needed to provide all children the same opportunities to live abuse-free lives.

This research looks to identify current innovative child welfare programs throughout India and the United States to use for proposing suggestions to reduce child abuse around the globe further. Policy implications are discussed for each country as are areas for future research.

Overview of Methodology

The data were collected from a variety of sources. Information regarding the United States' child welfare programs was gathered through personal experiences, observations, and interviews at the Lancaster Country Child Advocacy Center located in Lincoln, Nebraska as part of a more than 300-hour internship. Information about India's child welfare programs was collected during an 18-day study abroad trip to northern India. Informal interviews, lectures, seminars, and expert testimonies given by several non-governmental organization (NGO) directors—Prerana, Tata Institute of Social Science (TISS), Save the Children India, and Samvedna—allowed for the collection of a large amount of diverse data.

The data were collected in the form of detailed handwritten notes and personal journal reflections. It was analyzed by transcribing and organizing the notes by the specific organization—Child Advocacy Center, Prerana, Tata Institute of Social Science, Save the Children India, and Samvedna. These notes were then examined in detail, looking specifically at the innovative practices each provider utilized to mitigate risk for the children they work with. Urie Bronfenbrenner's ecological model was also used in conjunction with the accumulated data to help clarify the research questions.

Bronfenbrenner argued that everything in a child's environment affected his or her growth and development (Sheppard, 2012). Child abuse originates within the child's microsystem—immediate family and siblings. However, the effects can spread into the other systems—the child's mesosystem through extended family and school—and the child's

macrosystem through current societal conditions and culture—impacting the health and well-being of the child and his or her community (Sheppard, 2012). The ecological model is an important framework for this research as it provides detailed insight into patterns discovered within child abuse.

Research Questions

      To address the goals, this research asks the following four questions.

         1. What are the specific innovative practices used by each service provider to mitigate risk?

         2. What are the similarities and differences across providers in India?

         3. What are the similarities and differences between Indian service providers and those in the United States?

         4. What are the policy implications of these findings?

Chapter Two:

Literature Review

This research identifies current innovative programming on child abuse and trauma in India and the United States. Child abuse comes in many forms. As previously stated, the World Health Organization defines abuse as physical, emotional, and sexual violence as well as neglect and exploitation (World Health Organization, 2017). Children are not only abused by family members but also by other individuals in their communities.

Child Abuse in the United States

There are an estimated 74.2 million children under the age of 18 currently in the United States, accounting for about one-fourth of the total country's population (Annie E. Casey Foundation, 2011). The number of children in the U.S. is at an all-time high, and so are the rates of child abuse and neglect. On average, one in four girls and one in six boys will be sexually abused before they turn 18 (National Sexual Violence Resource Center, 2015). Research done by the National Child Abuse Hotline found that in 2014, almost 1600 children died as a result of abuse and neglect (Childhelp, 2018). That equates to roughly five children dying every day. Death from neglect claimed the lives of 56.1% of these children and 43.9% died from physical abuse (Childhelp, 2018). Many of these children suffered from both neglect and physical abuse, resulting in death.

A report of child abuse is made every ten seconds in the United States (Childhelp, 2018). The American Society for the Positive Care of Children documented almost four million child maltreatment referral reports were received in 2015 (American SPCC, 2018). Of these reports, 75.3% of the children were neglected, 17.2% were physically abused, 8.4% were sexually abused, and 6.9% were psychologically maltreated (American SPCC, 2018). Many experts still

believe that child abuse is underreported due to many factors, including the young age of the most vulnerable children, and argue that the rates of abuse are much higher than documented.

The financial costs for victims and society are enormous. In the United States, one year of confirmed child abuse cases cost the government approximately $124 billion (Seth, 2015). The state of Texas alone allocated four billion dollars to their State Department of Family and Protective Services in 2017 to help offset these costs (Wiltz, 2017). But other costs are also incurred.

Survivors of abuse cause a strain on society as a whole. Victims have lower health in general and have been found to have decreased economic productivity (Childhelp, 2018). Other unmeasurable costs include impacts to a country's education, criminal justice, welfare, and healthcare systems. In short, the effects of abuse and trauma are wide-ranging and expensive.

Child Abuse in India

India is a prosperous and lively country—her streets are filled with noise and energy. Yet, there is limited movement in the resolve to solve their child abuse epidemic. The Ministry of Women and Children determined that over two-thirds of Indian children are physically abused, 53.22% are sexually abused, and every second-born child in India has been emotionally abused (Delhi Commission for Protection of Child Rights, 2014). In a country of over 1.3 billion people, India has roughly 440 million children under the age of 18—making up 40% of their total population (Saini, 2013). More and more children are born into poverty, illiteracy, and living insecurities (Saini, 2013). Low income and poverty levels are risk factors and strong predictors of child maltreatment and abuse across the globe (Klevens, Barnett, Florence, & Moore, 2015). As a result, the number of at-risk families is steadily rising. Those in need of support, care, and protection continue to skyrocket, creating a multi-faceted problem for the country.

While children around the globe are at-risk of suffering from abuse, there are several

subgroups of children in India that are at a much higher risk. The first is the female child. A

common practice that has been rising due to new and affordable ultrasound sex detection

technologies is female feticide (Seth, 2015). Female children are neglected beginning before

birth and continue throughout their lifetime, resulting from gender violence, lack of legal

protection and formal recognition, and household burdens (Seth, 2015). Beaten into submission,

starved into servitude, and victimized into compliance, many female children suffer at the hands

of a 75,000-year-old patriarchal society.

Disabled children are also at high-risk for exploitation in India. Children with disabilities

are almost two times more likely to be subjected to some form of abuse. In India, 80% of

children with disabilities will not survive past the age of 40, and over one-third of disabilities are

preventable (ChildLine India Foundation, 2017). Disabled children are abused and sexually

exploited. They are also more likely to be subjected to corporal punishment in schools

(ChildLine India Foundation, 2017). Many children often fall prey to living on the street. Some

end up trafficked by individuals who purposely mutilate them in an attempt to generate more

sympathy and make them more effective at begging.

The final subgroup of children at higher risk for abuse is child laborers. Children forced

into labor are deprived of their childhood and primary physical and mental development. India's

ever-increasing rates of illiteracy and poverty help perpetuate this child rights violation (Seth,

2015). Children who advocate for their own education instead of helping their families by

working are often silenced using physical abuse. Some are even sold into slavery (Seth, 2015).

There is limited research regarding the exact rates of child abuse that are reported to law

enforcement. The National Crime Records Bureau of India only had 94,172 registered cases of

crimes against children in 2015 (National Crime Records Bureau, 2018). The number of registered cases involving child trafficking was reported as 3,490 cases total (National Crime Records Bureau, 2018). Abuse is not typically reported to law enforcement or other agencies, further continuing the cycle of exploitation by marginalizing the issue.

Despite a large population of abuse victims, India currently only allocates 50 paisa, or half a rupee, for every 100 rupees pledged for social development towards child protection (Seth, 2015). This equates to less than one cent per every $1.50 in the total budget in terms of American dollars.

Short- And Long-Term Consequences of Abuse

Child abuse victims struggle with many short- and long-term effects as a result of the trauma they endured. Short-term effects in children include regressive behaviors such as thumb-sucking and bed-wetting, eating problems, disturbances in sleep, sexualized behaviors, social withdrawal, aggression, and chronic generalized aches and pains (Seth, 2015). Children often suffer from abdominal pain and frequent urinary tract infections (Seth, 2015). Long-term effects include struggling with post-traumatic stress disorder, anxiety, and depression. These can affect victims the rest of their lives. Adult survivors of abuse have been found to have a higher risk of heart disease as well (Saini, 2013).

In a study done by the National Child Abuse Hotline, individuals who reported six or more adverse childhood experiences had, on average, a life expectancy that was two decades shorter than individuals who reported none (Childhelp, 2018). Children who are abused or neglected were also found to be nine times more likely to become involved in some form of criminal activity (Childhelp, 2018). Individuals of abuse were also at a higher risk of suffering from intimate partner violence, illicit drug, and alcohol abuse, sexually transmitted infections,

and had higher rates of suicide (Childhelp, 2018). The effects of adverse childhood experiences are profound.

United States and India as Allies

India is a bustling developing country—the physical infrastructure and technology spheres are booming. Yet, widespread hunger, inadequate access to basic needs, and insufficient education systems increase the levels of inequalities within the country. The United States is often looked to as a prime example when it comes to modeling programs and policies. In many respects, it is a good illustration of impactful and innovative human rights programs in action. However, neither country has learned how to eradicate child abuse, nor have they perfectly addressed every child welfare issue.

India and the United States have more progress to make. While each has their own unique journey they must make as independent nations, both countries can turn to each other for support, recommendations, and lessons on what has been and could be successful in addressing the problem of child abuse and neglect.

Research Summary

As previously stated, the overall goal of this research is to analyze the various programming in India and the United States to understand how child abuse is being addressed and how risk is being mitigated for the most vulnerable child populations. Each country has their own unique history of battling child abuse within their borders, but each can learn valuable lessons from the other. Through analyzing current literature, personal experiences and observations, expert testimonies and lectures, this paper looks to answer four key research questions. They include:

1. What are the specific innovative practices used by each service provider to mitigate

risk?

2. What are the similarities and differences across providers in India?

3. What are the similarities and differences between Indian service providers and those in

the United States?

4. What are the policy implications of these findings?

Chapter Three:

Methods

The goal of this research was to identify the unique and creative programs service providers within India and the United States are using to combat risk in vulnerable child populations. Each country can offer the other valuable programming ideas and policy information as they continue their pursuit to end child abuse within their own borders.

To address the overall goal, this study was intended to answer the following research questions:

1. What are the specific innovative practices used by each service provider to mitigate risk?

2. What are the similarities and differences across providers in India?

3. What are the similarities and differences between Indian service providers and those in the United States?

4. What are the policy implications?

Participants

Children are an extremely vulnerable population around the world. Their voices are often ignored, overlooked, and deemed unimportant. Children most likely to know their abusers. Four out of every five abusers are parents of those they abuse (National Children's Alliance, 2018). Younger children are at higher risk of abuse given their age, limited access to reporting the abuse, and an increased likelihood of not being taken seriously (Child Welfare Information Gateway, 2017). Globally, children who are disabled are also at an increased risk for abuse.

In India, female children are at higher risk of being abused than male children. This is a result of years of extreme inequality between genders. Female children are often neglected

beginning at birth and are subjected to violence in and out of their home (Seth, 2015). Females are viewed as the property of males, either their father's or their husband's. Child laborers are also at great risk as education holds little value. It is typical for every family member, regardless of age, to work to survive.

The commercial sex industry (CSI) is highly integrated within the Indian culture. Children born in brothels are at high risk. With the increasing demand, more children are sold by their families or kidnapped by traffickers. Abuse of children happens in and out of the home, with danger increasing as family wealth decreases.

In the United States, children placed in out-of-home care are at a higher risk of abuse. A study done on the prevalence of physical abuse in residential and foster care found that 25% of adolescents, between the ages of 12 and 17, experienced physical abuse (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2014). It can be inferred that this number is substantially higher overall when accounting for younger children, including other forms of abuse and maltreatment.

All of these subgroups of children—females, child laborers, the disabled, and those placed in out-of-home care—are at an increased risk of being abused. Every non-governmental organization visited for data collection targeted at least one of these groups. Their staff operates tirelessly around the clock to create better outcomes for child abuse survivors.

Data Sources and Procedures

Data was collected at several service providers across India and the United States (refere to Table 1, below). A service-learning trip to northern India provided the basis for acquiring data in India. Handwritten notes were taken during informal interviews, lectures, and seminars.

Additional notes and observations were recorded during a 305-hour internship at the Child

Advocacy Center in Lincoln, Nebraska in the United States.

Table 1: Data Source, Type, and Method

Source:	Type:	Data Collection Method:
Director of Prerana	Lecture/Informal Interview	Handwritten Notes
Tata Institute of Social Science (TISS): 6 Experts	Seminar	Handwritten Notes
Coordinator of Save the Children India	Lecture/Informal Interview	Handwritten Notes
Project and Program Managers of Samvedna	Lecture/Informal Interview	Handwritten Notes
Lincoln Child Advocacy Center Staff and Community Partners	305-Hour Internship, Volunteer Work, Informal Interviews	Handwritten Notes, Recorded Observations

Data Collection in India. During May of 2017, I participated in a three-week study

abroad trip to India. The purpose of the trip was to gain a deeper understanding of the global

issue of human trafficking. Our group traveled throughout northern India stopping to meet with

several NGOs in Mumbai and Bhopal. We had the unique opportunity to interact with survivors

and children of human trafficking, singing songs and creating friendship bracelets for each other.

The first non-governmental organization visited was Prerana located in Mumbai. This

organization works to end the intergenerational cycle of prostitution and protect women and

children from human trafficking threats (Patkar, personal communication, May 2017). They

provide a safe environment for children 24 hours a day, seven days a week, supplying children

with an education, access to health care, and the strength to break the abuse cycle. This

organization primarily focuses on addressing issues of child sexual abuse and human trafficking.

Our study abroad group met with the Co-Founder and Director, Mrs. Priti Patkar. Notes were

taken during an informal interview.

Next, our group traveled to the Tata Institute of Social Sciences, TISS, also located in

Mumbai. TISS is a multi-campus publically funded research university with programs centered

on human service professions (TISS RCI-VAW, personal communication, May 2017). Here,

multiple experts shared their current research on women, children, human trafficking, and law

enforcement. Handwritten notes were taken during the individual seminars from each researcher.

Our group then visited another non-governmental organization in Mumbai, Save the

Children India. Here we met with the Coordinator, Jhoyti Nale, who shared a detailed overview

of the organization's many projects including their efforts to end human trafficking, rescuing

children sold into prostitution, and providing hearing-impaired children cochlear implants (Save

the Children India, personal communication, May 2017). Again, thorough notes were recorded in

my research journal.

Journeying to Bhopal, we met with the Project and Program Managers of Samvedna, Ms.

Divya Parmar and Mr. Ramani Ranjan Sethi. Samvedna means "sensitivity is the jewel of

humankind" (Parmar & Sethi, personal communication, May 2017). Living out this motto, the

organization strives to empower marginalized populations, helping to restore their human rights

through providing opportunities for education and social development (Parmar & Sethi, personal

communication, May 2017). Samvedna works with the Bedia people, a community trapped in the

commercial sex industry. Handwritten notes were transcribed during the informal interviews.

Our group also spent time absorbing the deep-rooted culture in between NGO visits—touring the Taj Mahal in Agra, partaking in a safari in Ranthambore National Park, and riding elephants up to the historic Amber Fort located in Jaipur. The hands-on experience provided necessary self-reflection, as well as significant comparisons to the state of child welfare back in the United States. This reflection led to an analysis regarding what was shared with our group with personal experiences the summer prior, in 2016, as an intern at the Lincoln Child Advocacy Center (CAC).

Data Collection in the United States. The mission of the CAC is to "provide a coordinated, multidisciplinary approach to the problem of child abuse," offering forensic interviews, medical examinations, and continued advocacy for the abused child and their non-offending family members (Child Advocacy Center, personal communication, 2016). As an intern, I assisted with compiling comprehensive interview summaries of cases, providing children and families with resources, familiarizing myself with investigation protocols, and attending current research-based training on abuse and trauma in the United States.

During my 300-plus hour internship, comprehensive notes were transcribed regarding observations during the extensive four-month internship at the (CAC) in Lincoln, Nebraska. Notes were gathered after conversations with forensic interviewers, child advocates, the director, and other members of the multi-disciplinary team, such as law enforcement officers, mental health professionals, and court officials. Additionally, recorded observations and reactions were made.

Data Analyses

Upon returning to the United States, all of the detailed handwritten notes were typed, edited, and reorganized for easy analysis, including information from the CAC. A thorough

summary was written for each of the NGOs in northern India and the CAC. Then, the typed

notes were compiled together and then separated into the following categories: programming

focused on human trafficking, programming focused on education, partnerships with other

entities, location and target population, and training opportunities.

      These categories were then further divided into material regarding programming for

children, programming for family members, practices for the community, and suggestions for

government entities. Once sorted, the notes were analyzed. Similarities were identified between

the different NGOs. Differences were also found, as were possible policy implications for both

countries.

Chapter Four:

Results

Research Question 1: What are the specific innovative practices used by each service provider to mitigate risk?

Each of the providers I met with in India and the United States shared the common goal of wanting to change the current environment in which children are exposed. They all recognized the need for innovation in targeting specific populations and worked to establish creative programs to fulfill this goal.

Prerana

Prerana has been lending a hand in the effort to combat the human rights issue of human trafficking for the last 26 years. Prerana provides programming in three red light areas of Mumbai, with the primary goal of eliminating second generation trafficking, referred to as ESGT (Patkar, personal communication, May 2017). For this project, we visited Prerana's community center, located in the Kamathipura red light district. Through an innovative three-prong approach, Prerana staff are able to provide a compressive method that has proven to be 100% effective since the organization was founded (Patkar, personal communication, May 2017).

The first prong is their Night Care Centers (NCC). The most critical time for mothers and children is at night. The NCC provides a safe shelter for mothers to send their children, so they are protected from the dangers associated with the red light area. The NCC provides a secure space for children while their mothers work. In addition to the security of the NCC, the community center provides additional basic needs including six nutritious meals a day, free medical care, and education for the children. Patkar shared that Prerana now has three NCCs in

three different Mumbai red light districts allowing them to work with over 250 children (Patkar, personal communication, May 2017).

The second prong includes the Educational Support Programs (ESP). This innovative prong addresses the lack of education and personal development in red light districts. Similarly to the NCCs, there are three ESPs, aiding over 350 children every single day to fulfill their academic goals (Patkar, personal communication, May 2017). Educational programs offered include sponsored vocational training, life skills, personal development, stress management workshops, and extracurricular activities (Patkar, personal communication, May 2017).

The final prong is the Institutional Placement Program (IPP). This program is focused on severing the link the children have with the red light districts. Prerana works with the mothers to determine if institutionalization is the best option for their child. Often this is the only practical choice for children born in the local brothels to keep them safe (Patkar, personal communication, May 2017). Using a protocol designed by their Child Welfare Committee, Prerana selects the best institutions and provides counseling for both mother and child. Children are housed until they can return to a safe home or age out at 18. The IPP has handled the cases of over 1,200 children since Prerana's founding in 1986 (Patkar, personal communication, May 2017).

Prerana's co-founder and director, Priti Patkar, described how as a staff team, they work to "scale deep, not up" (Patkar, personal communication, May 2017). Instead of focusing on the things out of their control, staff members focus on what they can do to improve the lives of the children with which they work. They provide abundant learning opportunities in the form of field trips, a free formal education, and the ability for children to explore areas of high interest. Patkar credits their success to keeping the child at the center of everything—every decision and every discussion is about what that specific child needs.

This child-centered-focus can be seen through their outreach to the children's' mothers. Each of the three prongs works to keep mothers informed so they can continue advocating for their children. The bond between mother and child is never broken, despite the lifestyle of the mother. Prerana understands how valuable this relationship is and how detrimental the act of severing a positive support line can have on both parties involved (Patkar, personal communication, May 2017). Prerana needs mothers onboard to advocate for their child to continue their success in Kamathipura, Falkland Road, and Vashi Turbhe.

Tata Institute of Social Sciences

The Tata Institute of Social Sciences, or TISS, was established in 1936. Focused on social issues, criminology, human trafficking, and family equality, the University conducts regular studies in these areas, using extension as a means to bring effective programs founded in research back to the community. One such program is centered around integrating social workers into the justice system. Law enforcement does not typically prioritize creating safe connections with victims of abuse like social workers do. Strengths and protective factors are not discussed or implemented correctly. Families struggling with violence in the home are often left to fend for themselves.

The research at TISS has also allowed for the creation of a new department specifically-focused on violence among families and children. Centered on holistic approaches, a pro-women and child attitude is used. Choices are usually left entirely up to the women and children; whatever is best for their specific circumstances. Regardless, continued support is given to cases, and cases are never officially closed—if a family comes back for additional aid, they are never turned away.

Save the Children India

Founded in 1988, Save the Children India works to provide a formal education for human

trafficking survivors, most of whom are still children when they are rescued. They emphasize

trade school and crafts to help the women and children take ownership and help fund their

education (Save the Children India, personal communication, May 2017).

Save the Children India also works with severely impaired children. In India, there is no

routine hearing screening as there is in more developed countries like the United States.

Disabilities often go unnoticed for the child's first few years of life until parents notice. Often

cast out of their homes, these children are provided hearing aids to help them have a higher

quality of life (Save the Children India, personal communication, May 2017). This simple action

benefits the child, helps prevent further abuse, and increases the child's ability to live a long and

healthy life.

Save the Children India also partners to train law enforcement on trauma-focused care.

Often girls who are rescued from brothels are made to feel less like the victim and more like the

criminal. Since 2007, over 5,000 law enforcement officers have learned to change their original

mindset (Save the Children India, personal communication, May 2017). The overall goal of these

trainings is also to help increase the conviction rate which currently sits at 4% (Save the Children

India, personal communication, May 2017). By stressing the need to work together, not

independently, Save the Children India is able to make a positive impact with the partnerships of

other local organizations.

Samvedna

Samvedna of Bhopal (located in the Indian state of Madhya Pradesh) works in rural

communities with women and children of the Bedia community, a caste that has glamorized

prostitution over marriage and education for its members. The community fosters a false hope of

freedom from oppression for women who choose to sell themselves and marry money, while

isolating and exploiting them through societal control. This organization advocates for the formal

education of the community's youth. Through the implantation of this protective factor, children

are shown new opportunities and kept out of the intergenerational cycle of abuse and

exploitation.

Samvedna believes that to create a safe world for at-risk Bedia children, the world around

them must change (Parmar & Sethi, personal communication, May 2017). In a community

founded on prostitution and commercial sex exploitation, children grow up surrounded by

violence and have learned to normalize it. Education for the Bedia children is not an option one

can choose. Boys grow up to be dependent on the earnings prostitution brought in. Girls either

get married and become a housewife or ceremoniously marry money and become a prostitute.

Samvedna works in these remote villages to promote the idea of formal education for

both boys and girls. Through the tool of education, Samvedna is able to keep children in school

who would otherwise be subjected to the violent lifestyle of prostitution. Children are safe from

abuse and are less likely to be sold into slavery and the commercial sex industry (Parmar &

Sethi, personal communication, May 2017).

Lincoln Child Advocacy Center

In the United States, the Lincoln Child Advocacy Center's mission is to allow "small

voices to be heard" (Child Advocacy Center, personal communication, 2016). Using a holistic,

team-based approach to child abuse, trauma is reduced, justice is sought for the survivors, and

healing is fostered. The Center creates a welcoming environment where children who allege

abuse come with their non-offending caregivers. Children are interviewed by trained forensic

interviews, evaluated by top medical and mental health professionals, and assigned a personal

advocate for continued support (Child Advocacy Center, personal communication, 2016). While

the Center has regular hours, staff members are on-call for emergency situations around the

clock.

The Child Advocacy Center also works tirelessly to promote education and training for

community members. Instruction on recognizing and reporting child abuse and neglect and

special topic seminars are held regularly (Child Advocacy Center, personal communication,

2016). Personalized training opportunities are also available for local community organizations

who work closely with children and identify the importance of keeping children safe.

Research Question 2: What are the similarities and differences across providers in India?

Similarities

Various similarities were noted between the non-governmental organizations in northern

India. The first was the impact made by each provider. Through the use of innovative and

creative practices, the intergenerational cycle of abuse and violence is breaking—one child at a

time. During every interview, the directors, coordinators, and managers stressed how they

measured this success. Instead of focusing on numbers and statistics, these providers focus on

each child. Every child who escapes the abuse is celebrated just as fervently as the previous

child.

Another similarity uncovered from the data was how highly prioritized education was.

All of the NGOs are working tirelessly to mitigate risk in vulnerable children throughout India,

starting with education. In a country where education, especially for females, is not a value, a

change in this thinking must be ignited. Education is one key way out of the never-ending cycle

of exploitation. Each of the NGOs recognizes this—Prerana with their Educational Support

Programs, TISS with education-focused interventions, Save the Children India's free vocational training, and Samvedna's push for sponsored education in the cities.

Children, especially female children, must be shown that their future holds more possibilities than simply being illiterate, the property of men, and heir-bearers. Children must have the myths about prostitution and the false sense of power as a woman torn apart. They must be shown their worth in a country that for thousands of years has said otherwise.

Differences

While vulnerable children were at the center of every organization's practices, there were several crucial differences between them—uniqueness was found at each NGO. Prerana's outreach targets children impacted by human trafficking. They tailor their approach to the specific needs of this population. Their Night Care Centers were developed with the awareness that nighttime invites the most risk as mothers are servicing clients.

The Tata Institute of Social Sciences was the organization that developed innovative programming centered around legislation, future policy ideas, and governmental input. A wide-range of children were targeted, with varying research techniques and extension practices. Policy-focused approaches were the focal point of the Institute.

Save the Children India provides vocational training in an attempt to show rescued children from the commercial sex industry how they can make a respectable living for themselves. Additionally, they work closely with law enforcement to rescue these girls from brothels and effectively reintegrate them back into society. Save the Children India also has developed innovative programming to help mitigate the risk of abuse for disabled children. By being proactive in their outreach strategies, Save the Children India can decrease the prospect of these children being exploited later in life.

Samvedna centers their attention on the children of the Beida community. Children living in these rural villages have been socialized into glorifying the profession of prostitution (Parmar & Sethi, personal communication, May 2017). Outreach staff immerse themselves into the communities, talking with parents and relatives, advocating for formal education as a way out of their debilitating caste. Stories of boys and girls successfully graduating from grade school and attending universities prove to be examples of success. The process of bringing a child out of the community and into the city for school is lengthy, sometimes taking years before family members allow children to go (Parmar & Sethi, personal communication, May 2017). A loss of a child equates to lost income and more struggle for the families who do let their children attend school. However, these families have been shown how struggle now provides for a better future for the next generation.

Both Similarities and Differences

Use of police as allies incurred both similarities and differences across the target programs. Most of TISS's extension programs encourage the training of law enforcement and changing policy regarding how (and when) the government should step in. Many issues are campaigned by families to stay decriminalized, like domestic violence for example (Criminology and Justice/TISS RCI-VAW, 2017). Culturally, the family unit is valued and turning against them is not accepted. Instead, requests for additional supports to prevent the abuse are made.

Save the Children India also values utilizing a partnership with the police. Law enforcement officers are the only ones who can rescue the children from their traffickers (Save the Children India, personal communication, May 2017). Therefore, a beneficial union was forged. The police are also the only ones with the power to shut down brothels and prevent other children from entering into the commercial sex industry (Save the Children India, personal

communication, May 2017). Trainings are done to ensure that all parties address the trauma appropriately and with empathy for the survivors.

Unlike these two NGOs, Prerana chooses not to maintain a relationship with the police to implement their programs. During our interview, Patkar stressed how the law is often not on the side of abused children (Patkar, personal communication, May 2017). This is because unintended consequences are often not explored prior to the implementation of new legislation. While this is slowly changing, Prerana favors traditional in-house outreach. Employing friendly, non-threatening individuals, the organization's impact and success rate are higher than if law enforcement were to join (Patkar, personal communication, May 2017). Their involvement would cause more harm than good.

Similarly, Samvedna does not work closely with the police. Relationships built on trust have to be formed in order for Samvedna to be successful in their mission. If the organization were to call the police when they find abused and exploited children, they would fail miserably (Parmar & Sethi, personal communication, May 2017). Mothers would stop listening, the intergenerational cycle of abuse would continue, and progress would move backwards. In the same way as Prerana, Samvedna's outreach begins in the community and grows out slowly, but surely.

Finally, each non-governmental organization focuses on a particular location setting. Prerana's efforts are centered on urban environments of the red light districts in Kamathipura, Falkland Road, and Vashi Turbhe. Samvedna targets the rural villages where members of the Bedia community live. TISS and Save the Children India aim their work towards urban and rural areas, participating in creative outreach programming in both situations.

Research Question 3: What are the similarities and differences between Indian service providers and those in the United States?

Similarities

Each of the NGOs was immersed in their community. Members knew of their work, as the organizations had all made it a top priority to gain the trust and respect of those nearest them. Never forgetting that the fight is not over yet, the organizations pressed on, developing new relationships and strengthening old ones, at both the local and national level. Pushing for improved child welfare legislation, the service providers advocated for updating outdated laws.

While each non-governmental organization focuses on a particular population of vulnerable children, all emphasize providing quality comprehensive care to children and their families. Prerana's three-prong approach envelops all aspects of care—reducing initial risk (Night Care Centers), cultivating protective factors (Educational Support Programs), and opening doors for a healthier future (Institutional Placement Program). TISS analyzes research to develop new programming to address current gaps in care for child abuse survivors. Save the Children India not only works with law enforcement to rescue trafficked children from brothels, but they also supply a free education to survivors helping to prevent re-entry into the commercial sex industry. They provide training to community members regarding trauma-focused care as well. Samvedna supplies an education for the susceptible Bedia children. Additionally, they offer continual support during the children's long and extremely difficult journey out of the intergenerational exploitation cycle. The CAC provides comprehensive care as children and their families receive advocacy, legal support, preventative education, and professional counseling.

All the providers talked about the issue through continued outreach in their community, highlighting its importance and making abuse visible. All members need to understand that abuse

is a human rights issue. This education will happen naturally through humanizing the issue of abuse and talking about it. If both countries can change the taboo nature surrounding this topic, they will find that preventing the problem will become easier.

Children are at the heart of every decision, program, and practice of each service provider in northern India and in the United States. Each organization acknowledges the need for providing a better future for the next generation. While the process of this varies, innovative practices are focused on keeping children safe, giving them the ability to freely enjoy their childhood.

Differences

While every practice is child-centered, the specifics of what this looks like is extremely different between countries. In the United States, when a child is perceived to be in danger, removal is often the first step in the process. The foster care system's platform is built upon creating a safe, temporary arrangement in which adults provide for the care of children whose birthparents are currently unable to care for them (National Adoption Center, 2018). The ultimate goal is reunification with the birth family, but this takes time and the foster care system has limited resources. It is not uncommon for further abuse and neglect to occur in out-of-home placements (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2014). However, children are believed to be in better hands when they are removed from a known dangerous home as a way to mitigate their risk.

In India, there is no formal infrastructure set up to put children in out-of-home care like there is in the United States. Service providers get creative and problem-solve utilizing the limited resources available to them. This often includes the family members who are the alleged

abuser of the child the provider is working with. While a foreign concept back in the United States, success has been made in India.

Prerana highlights this successful solution perfectly. Working with mothers in the local brothels, Prerana uses them as allies, not enemies. They do not look down on the women, but instead partner with them to create a plan to protect their children (Patkar, personal communication, May 2017). By bringing the issue to the forefront, children can be protected and exploitation begins to cease.

Samvedna also prioritizes the bond between children and their families. Children who attend school in the cities are provided lodging during the week and go home for the weekend to spend it back in their villages with their family (Parmar & Sethi, personal communication, May 2017). Families are recognized as invaluable partners in the fight to break intergenerational violence; many simply lack necessary supports to protect their children from falling into the trap.

Overall, social service programming for abused children varies. Every country is different and cities within every country are different. Therefore, practices have to be adapted and changed according to individual needs. The problem of child abuse is not going to go away quickly; time and support are needed. You must give the family with the assistance necessary to create a long-lasting change—you have to provide counseling or therapy, teach parents new ways of parenting, and acknowledge that education and communication are vital to future success. It is impossible to say which service provider had the "best" innovative practice or had the "greatest" success. Success is relative, as each child helped is one less child hurt.

Research Question 4: What are the policy implications of these findings?

Abuse is a multifaceted problem. It is a problem that has numerous direct and indirect relationships to policy. Throughout data analysis, several areas lacking in policy emerged. These

include an inability for children to report abuse, education for the public on resources, a re-evaluation in both countries on their child welfare policies, and the need to address disparities in current policy implementation.

Children are often unable to report abuse as their abuser is someone close to them—a parent, another family member, or a family friend. Children are also not believed or taken seriously. An "imagination" can be their downfall. There are several solutions to address a victim's inability to report abuse. As a community, it is vital that everyone be an active player. To turn a blind eye to abuse is just as horrible as if you did the initial abusing. Expecting things to change on their own will have one waiting forever.

At its most basic level, training and education must be provided to all parties involved. This includes parents and family members, law enforcement, government officials, medical personnel, and children. If the public is aware of local resources, the vicious cycle of violence and ignorance will be allowed to continue. New training protocols and uniform guidelines must be implemented. If children are kept the priority, barriers will be broken down.

An internal reevaluation of current policy must be conducted. Both countries should recognize what the other is not only doing differently but also where they are finding success. The perfection of policy and programming has not been found anywhere yet; changes can always be made. Future research and production of results will help eradicate child abuse and neglect in both countries.

Disparities in policy implementation form as a result of several factors. For starters, many victims do not trust those who should be their first line of defense in the fight against the abuse. Lawmakers and those in professional settings which come into contact with victims—medical personnel, law enforcement—can fall prey to victim-blaming or fail to validate their claims with

empathy and belief (Sharma, Unnikrishnan, & Sharma, 2015). Corruption is partly to blame for

low conviction rates of abusers and is found throughout the system. If all members of the team

are not one the same page, child neglect and abuse will remain in our societies.

Chapter Five:

Discussion

Application of Theory

Erie Bronfenbrenner's ecological systems theory argues that everything in a child's environment affects his or her growth and development (Sheppard, 2012). Child abuse negatively impacts a child's growth and development. Immediate family and siblings make up the child's microsystem as children have the most direct contact with these individuals. A child's microsystem provides basic needs, safety, and emotional support. Often the child's abuser is a member of his or her family. Negative events like abuse and neglect can impact a child's physical, emotional, and social development. Withdrawal, aggression, anxiety, and chronic aches are just a few of the consequences an unhealthy microsystem can have on a child.

Effects of abuse can also spread into other systems. A child's mesosystem contain links between relationships the child has (Sheppard, 2012). For example, with extended family or school. If a child is abused, the extended family might be the abuser, or they might feel the impact of the abuse through continued sickness, regressive behaviors, or depression. A child attending school might show symptoms of abuse through a lack of involvement or social withdrawal.

A child's exosystem consists of influences that have an indirect effect on the child. Local laws regarding how abuse is reported, investigated, and fixed varies. However, the impact can be detrimental to the child. If a country is not investing in protecting the next generation, the cycle of abuse is hard to stop and continues.

Finally, a child's macrosystem is made up of the societal ideologies and cultural values. These include gender roles, religious beliefs, and media. All four ecological systems are influential to a child's development and socialization.

Abuse is not one-dimensional. Its negative effects extend outside the relationship between abuser and victim and into the community, impacting the health and wellbeing of everyone (Sheppard, 2012). All influences within a child's environment must be considered when analyzing abuse and developing innovative welfare practices.

Limitations

This research study does present a few limitations. The first is the limited knowledge of other non-governmental organizations outside of the four we visited. A quick search uncovers the governmental statistic that India has between one and two million different NGOs as of 2010 (Non-Governmental Organization India, 2010). While this number is not of NGOs specific to child exploitation prevention, it is apparent that there are countless more organizations that were not analyzed. These service providers would provide insight into even more innovative programs.

The same can be said of the Child Advocacy Center. Information was only gathered from the Lincoln, Nebraska CAC. There are 854 Child Advocacy Centers around the United States (National Children's Alliance, 2018). Additional research should provide a wider analysis of other centers in other cities and states.

Finally, concerns regarding confidentiality, privacy, and safety of children prevented the scope of access to information. Observations of children in the community were limited while in India. Names of children were changed and exhaustive information on certain topics were hard

to come by. If we had been able to spend more time in the country, this limitation could have

potentially been avoided or reduced.

Future Research

Children are one of the most vulnerable populations, and several subgroups of children

are at greater risk of abuse and neglect than others. Previous research points to extremely high

rates around the world, making it a recognized human rights issue by the United Nations (World

Health Organization, 2017). While on the surface it appears outreach to vulnerable children are

limited, once individuals are on the ground, immersed in the work of service provision,

innovative practices for mitigating the risk of abuse are abundant.

There are still needs of children not being addressed by the five analyzed NGOs. The

literature shows that disabled children are at an increased risk for violence. Save the Children

India works to provide screening, as well as cochlear implants for children who need them.

Hearing imparities are only one type of disability though. A question for further investigation is

who is helping support other disabled children such as the blind, children with mental health

conditions, and those on the autism spectrum. Are innovative practices being implemented in

India and the United States in this area, and if so, what specifically are they?

Additional research should also explore innovative programs working with other

subgroups of trafficked children that are in place. Prerana and Save the Children India channeled

their efforts into children either trafficked into or who have mothers entrapped in the commercial

sex industry, but there are numerous other types of trafficking. The Tata Institute of Social

Sciences had recently begun studying other forms-forced labor, child bride, debt bondage, and

more. Little research has been done, but more needs to occur to fully understand implications for

preventative intervention and outreach in order to continue breaking the violent cycle of exploitation.

  Finally, further comparisons should be made between other developing countries such as countries in the Middle East or in Africa and developed countries like Canada or the United Kingdom. Innovative child welfare practices exist around the globe and additional research would prove to expand my research results.

  Culture is unique to a community, and it unites people. Individuals share attitudes, values, and beliefs that ground them. Culture is the mutual narrative of a society, but narratives sometimes need to be changed. The exploitation of children must be stopped and the value of human rights must be reprioritized. It is possible for this necessary transformation not only to keep the vibrant cultures of countries alive but to provide the next generations with something to continue to be proud of.

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