

The Road to Recovery: A Call for Psychosocial Rehabilitation of Children of Commercial Sex Workers

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ABSTRACT

Children of sex workers represent one of the most marginalized and vulnerable populations, frequently exposed to stigma, discrimination, poverty, violence, neglect, disrupted education, and an increased risk of exploitation. These adversities negatively affect their physical, psychological, social, and educational development, placing them at heightened risk for anxiety, depression, trauma-related disorders, behavioural problems, and poor life outcomes. Psychosocial rehabilitation offers a holistic, rights-based approach to addressing these multidimensional challenges by promoting emotional well-being, resilience, social inclusion, and functional recovery. This paper highlights the psychosocial needs of children of sex workers and discusses key rehabilitation strategies, including trauma-informed counselling, educational support, life-skills training, family and community interventions, vocational guidance, and access to healthcare and child protection services. Community-based rehabilitation, multisectoral collaboration, and stigma-reduction initiatives are essential for creating safe and supportive environments that foster healthy development and social participation. Integrated interventions involving health, education, social welfare, and legal systems can interrupt the cycle of intergenerational poverty and exploitation while empowering children to achieve their full potential. Strengthening psychosocial rehabilitation services is therefore critical to ensuring the protection, inclusion, and long-term well-being of this highly vulnerable population.

Keywords: Children of sex workers; Psychosocial rehabilitation; Stigma; Mental health; Community-based rehabilitation; Social inclusion

Introduction

The long-standing menace of human trafficking continues to be a serious problem that is ruining the lives of “Commercial Sex Worker (CSW)” children in ways that cannot be repaired. India is home to nearly 800,000 “female sex workers (FSW),” but unofficial figures are expected to be even higher (Halder, 2016). Children of CSW possess a heavy social burden since their birth. As the CSWs have been associated with a profession that holds deep rooted historical and social discrimination and prejudices, their children are faces high level of social injustice and neglect (Deb, 2023). Offspring of CSWs are rarely recognized as a unique at-risk demographic. Nevertheless, they may have identical social, economic, and health issues as their mothers, particularly in regions where sex work is prohibited, as is the situation in numerous countries. Women providing sexual services in these environments encounter harassment and occasional arrest (Beard et al., 2010; Ficht et al., 2018).

Typically, sex work is linked to revolutionary ideas of coercion, poverty, deprivation, discrimination and violence. Sex work as a profession has been around in India for years, and it is often a profession that attracts people from all walks of life due to social stigma and family disowning. This profession often lures women and children from poor families, generally as victims of sexual abuse, sex trade, trafficking or commercial exploitation. The dynamics of this profession have also changed over time, in the last two decades, due to changes in the socio-economic environment of the country, with women of lower- and middle-class families working as sex workers in secret to meet materialistic needs. In each country, sex workers differ in background and reason for entering the profession. In Thailand, it is regarded as a culturally accepted profession. In India, it is believed that the entry is mainly due to poverty and family conflict, and

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rural women can often not find work. Other factors contributing to the sex trade include trafficking, sexual exploitation and false promises of marriage (Gadekar, 2015; Panda et al., 2015). Public health tends to focus on the dangers of transmissible infectious diseases such as HIV, rather than the health concerns related to sex work practice and their mental health consequences. But there appear to be more opinion pieces or assumptions about sex work than actual research articles, given the great concern for the health of sex workers' customers (Day, 2007). Children of sex workers, like their mothers are one of the most vulnerable sections of the society. They are burdened with societal prejudices and suffer from inferiority complexes, social estrangement, discrimination, violence, abuse and low quality of life. They are often denied education because schools require name of biological father for admission. Female children are groomed for the same job but male offsprings often work on the side. These kids are often overlooked and not much work is done to reintegrate them into society through schooling and meeting their basic needs.

According to Yerpude and Jogdand (2012), more focus has been given on sexual health in earlier studies than conducting a reliable investigation into the concept of reproductive and child health. Previous studies have focused primarily on CSWs as a group, examining their background, occupation and plight.

The Problem:

Ma, Chan & Loke (2019) highlight the traditional roles of women as mothers, however, children of CSWs may suffer from social inequalities due to criminalization, marginalized lifestyles and stigma. The author sought to understand the challenges FSWs face in negotiating their stigmatized identity as sex workers with a maternal identity in developing nations such as Kenya. The study highlighted the contradictory identity of being a sex worker and a mother, with significant challenges related to social, health, legal services and family. The research aimed at improving health and safety for FSWs and their children, specifically through the decriminalization of sex work and related prostitution laws. This brings out the need for understanding the socialization agencies of children of CSWs.

Children of sex workers in India face a series of social, psychological and economic challenges including violence, abuse, stigma and neglect due to their parents' occupation, hampering their overall development and prospects of a brighter future. This population has a high prevalence of poverty. It's tough for sex workers to make a living and their children are born into poor homes. No regular income may mean inadequate nutrition, shelter and healthcare which are critical for the development and well-being of a child. These young people are more likely to suffer from malnutrition and are more prone to a variety of health problems because of their poor living conditions (Das, 2015). Children of sex workers tend to be vulnerable due to the combined effect of poverty and lack of adequate social support systems. Partial or incomplete immunization and nutrition among children of sex workers predispose them to preventable health problems (Kakeri et al., 2018). Education Access Another serious issue for this population is education access. Although free and compulsory education is guaranteed to all children up to the age of 14 by the Indian constitution, these children are routinely excluded from the education system by informal means. Discrimination and stigma at the societal level, as well as the temporary nature of the jobs of their parents, hinder them from enrolling in the formal schooling system. Additionally, children of CSWs may have irregular school attendance due to the migration of their family or their low socio-economic condition. These problems impede their education and perpetuate the existing gaps in access to quality education. The lack of suitable educational opportunities can increase the cycle of poverty and vulnerability and reduce the potential for children to escape from their current situations (Sarkar et al., 2018).

Children of sex workers face a big problem in getting access to health care. They are often without medical care, immunizations, and health checkups. Their precarious living conditions put them at greater risk of poor health outcomes. Moreover, the stigma and social prejudices that their families face can also impede health care workers from delivering adequate care, thus further exacerbating the health care inequities they endure. These children often have partial or incomplete childhood

immunization, which puts them in high-risk situations for preventable health issues (Kakeri et al., 2018). These disparities in healthcare have far-reaching consequences. This population may be more vulnerable to malnutrition, anemia and a range of infectious diseases (Das, 2015), which can create a vicious cycle of ill health that can persist into adulthood.

Persistent social stigma, negative perception and discrimination terhadap work of the parents is one of the most severe problems faced by the children of sex workers in India. The social biases and prejudices around sex work are very deep-rooted and that extends to children. It is difficult to adjust to mainstream society. This stigma is not only present in the community, but it has also crept into many institutions, including schools, healthcare facilities, and even government agencies. The negative attitude of the society towards these children may lead to exclusion, bullying and hostile environment that further limits their access to important services and opportunities (Acharya et al., 2020). Little research has been published on the mental health of children of sex workers. This problem has been little studied by researchers, probably due to a number of difficulties in data collection. But one study found that separation from parents, sexual abuse, early sexual debut, low school enrolment, witnessing the interaction between mothers and clients and social deprivation are several factors that harm the mental health of children of sex workers (Beard et al., 2010).

Children born into an environment of social exclusion, neglect and the constant uncertainty of their parents' occupation have a negative effect on their psychological well-being and are often deeply harmed by their thoughts and adverse experiences. Trauma may cause them to feel anxious, stressed, and uneasy in general. Studies show that these children are often involved in anti-social activities such as; theft, crime, drug addiction etc. In India, a study reported to be the first of its kind, found that children of sex workers reported more psychological distress than their peers (Rahman et al., 2019). The long-term effects of their traumatic childhood experiences, their poor psychosocial well-being and their mental health problems may threaten their personal and social development.

Children of sex workers in India experience poverty, lack of access to education and psychological trauma. To respond to these challenges, legal reforms, community awareness, educational initiatives, and access to healthcare are needed. It is important to recognize and respect their rights in order to break the cycle of vulnerability.

Malnutrition:

A sound mind in a sound body is the need of the future development of our country. Hence the rearing and nurturing of the child in childhood plays a vital role not only for the development of the child but also for the development of the nation. The most critical but ignored issue is the malnutrition of children of sex workers. They are a deprived section of our society. A 2017 study by Thomson Reuters Foundation found that 22% of children of sex workers are malnourished. Mothers were in their occupation i.e sex work and got pregnant without planning; no pregnancies are unplanned and few are unwanted as well. Sex workers can become pregnant and due to lack of knowledge and finances they resort to unsafe abortion which results in maternal mortality and morbidity (Willis, Welch, Onda, 2016). Some mothers have a child. Almost all children of CSWs are raised by their mothers alone (Yerpude & Jogdand, 2012). But the mother is frustrated with herself and she doesn't get enough time for her daily needs because of the peculiar working hours of the mother. Another major challenge for them can be to give special attention or fulfil the children's nutritional needs in such a situation. Nevertheless, few studies have focused on the nutritional status of the children of CSWs. Also, a study examining the causes of death of children of commercial sex workers shows that most children died from nutritional deficiency (Macias-Konstantopoulos, Perttu, Weerasinghe, Dlamini, & Willis, 2024). Children who are nutritionally deficient experience delayed physical development, weak bones, digestive problems, impaired cognitive development and an increased risk of chronic disease and other health issues.

Health Inequities:

According to the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. But this is a very ideal definition, but this is highly acknowledged worldwide. With this definition, the most unhealthy are sex workers, because they are unwell in all these parameters. Most of the women are pushed into this profession where there are no basic human rights for them. They are not accepted by the society and on a day to day basis they are having difficulties to fulfill their basic needs. In such circumstances their children are born to strife. These children face serious health inequities such as malnutrition, HIV and tuberculosis, lack of immunization, mental health problems arising from social exclusion, poverty, discrimination, stigma and precarious living conditions. They are not socially accepted and are faced with different types of discrimination during their life. Even during pregnancy sex workers face many challenges to get access to the antenatal checkups by the health care providers, sometimes they are beaten and also humiliated by the service provider (Willis, Welch, Onda, 2016). The same study reported 20% of FSWs died in pregnancy and child birth.

The mother of these children has to go for work and they start giving their children solid food after one month of their birth instead of breast milk at a very early age. Early introduction of solid food is also linked to several health problems such as obesity, diabetes and stunted growth (Emanuel, 2024). Many sex workers also have to search or visit clients at night, so they leave their small child alone overnight. Some of them even give their baby cough syrup or other medicines or sleeping pills to make them sleep overnight or during working hours (Willis, Welch, Onda, 2016).

Social Stigma:

In Indian Society prostitution or sex work is originally rooted in the form of devotion. The Encyclopedia of Sexuality by Jayaji Krishna Nath, M.D. and Vishwarath R. Nayar that in India by 300 CE among Hindus purchasing and dedicating young girls for dancing in temples and worshipping of God known as Devadasi system used to be an established custom. Time went on and the custom got bigger and the girls were called 'Nagarvadhu' or the 'Bride of the town'. They are married to God and not to men. They are called the "wives of God." But with the decline of feudalism, priests began to abuse them, which was the first form of prostitution (Kaur, 2023). Thus the prestigious devotional activity became a stigmatised profession. At the present time, some women enter this profession by choice, while many women are forced into this profession. Thus it affects their physical, mental and sexual health and also every aspect of their children. According to the National Human Right Commission, there are about 5.4 million children of prostitutes in India, most of whom live with their mothers in brothels or red light areas (Kaur, 2023). These children are faced with deep rooted stigma in every aspect of their life which shapes and affects their physical and emotional well being and future opportunity. They are treated as 'undeserving or unwanted human' in schools, health centers and at every public platform because of their mother's stigmatized occupation. Except their biological mothers most of the children born and brought up in the red light area or brothel do not have any type of familia or social support.

Malnutrition and mental health problems are also common among these children. they are partly immunized or not immunized and therefore they have many preventable health problems. Moreover, the education of the children in school environments is very complicated. A father's name and signature are required for admission in school settings. As their father is unknown and no customer of their mother is willing or allows them to use their name as the father of their child for school admission because of society's fear and social stigma (Toren, 2020).

Mental Health:

The children of CSWs are deprived of several opportunities and inclusive development. They are ostracized by the mainstream society and live their life with a sense of shame about their origin. This results in poor mental health status. Besides, social stigma, fatherlessness, lack of love and care, busy schedule of mother, suffering of mother, adverse living conditions and family instability

have a serious impact on their mental health. Further, presence, support and love of parents is directly associated with positive growth of children and absence of their presence and support can have negative psychosocial impacts (Khanna, 2023). Also, children from red light areas live with the fear of exclusion, discrimination and abuse, if they reveal their true identity. They also have other mental health problems such as sadness, nervousness and hopelessness (Ssali, Nabaggala, Mubiru, Semakula, Seeley, & King, 2023). These children are also bullied by peer groups or older children at school or in the presence of others by excessive teasing or calling offensive names which are humiliating and shameful (Dutt, Nagraj, & N., 2017).

Meeting the Challenge

1. **Physical Rehabilitation:** Access to healthcare and nutrition; Shelter: A study recommends the construction of night shelters and childcare facilities in the “red-light area (RLA)” to enable the children of sex workers to be raised there while the CSW is at work. The study also highlighted the importance of peer workers and NGOs in helping FSWs to raise their children (Pardeshi & Bhattacharya, 2006).
2. **Preventive health care measures Psychological Rehabilitation Psychological health issues and intervention Dealing with trauma and stress Therapeutic interventions and counseling:** Exposure to trauma has deleterious impacts on mental and physical health, persisting even decades later (Qureshi et al., 2010; Goldberg et al., 2014; Magruder et al., 2015). Individuals exposed are at increased risk for significant depression, anxiety disorders, substance addiction and dependency, as well as behavioral issues in children and adolescents (Breslau, Davis, Peterson, & Schultz, 2000; Breslau, Davis, & Schultz, 2003; McLaughlin et al., 2012). The incidence of chronic medical conditions escalates with the accumulation of lifetime stressful events (Scott et al., 2013). For trauma professionals trained primarily in biopsychosocial models the public health model provides important lessons. Early models of public health were designed to handle one-causative infectious diseases, but have developed to accommodate the complexities of chronic diseases such as mental disorders, which tend to be multi-causal. The US Centers for Disease Control and Prevention advocates for a social-ecological model for prevention that incorporates risk factors at multiple levels including individual characteristics (Dahlberg & Krug, 2002), interpersonal relationships, community characteristics, and societal norms. This model provides guidance for prevention and early intervention with a three-tiered approach: primary prevention (to prevent the onset of disease), secondary prevention (to intervene early to improve outcomes), and tertiary prevention (to reduce the disability associated with disease) (Gordon, 1983).
3. **Socio-economic empowerment:** The socio economic empowerment of children of CSWs will go a long way in breaking the vicious cycle of poverty, stigma, illiteracy and marginalisation. In school admission, barriers should be removed for these children such as their father’s name, profile of the student etc. Moreover, those students who are not good at education, vocational education an essential alternative tool. Moreover, more efforts should be made to empower mothers through providing alternative career opportunities (Toren, 2020). More research needs to be done in this domain to identify and highlight the issues, and also, more and more NGOs are needed for the empowerment and addressing the issues of sex workers and their children. But there are many NGOs such as Kranti, Prabhat, Snehalaya, Oasis India, Prarana, Rescue foundation in Maharashtra, Prajwala in Hyderabad and other states, Sanlaap in West Bengal, Kat-Katha in Delhi, etc, who are working tirelessly for the empowerment of these children. But still, many children continue to struggle each day for a decent life and a dignified existence.
4. **Legal assistance:** The rights of children of CSWs and their well-being are protected and promoted by a number of legal supports. The constitution of India has entitled every child to fundamental rights such as Equality before law (Article 14), Prohibition of discrimination (Article 15), Right to life and dignity (Article 21), Right to free and compulsory education (Article 21A) and Prohibition of trafficking and forced labor (Article 23). Moreover, several laws such as the Immoral Traffic (Prevention) Act 1956,

Right to Education 2009, Protection of Children from Sexual Offences Act 2012, Juvenile Justice (Care and Protection of Children) Act 2015, Child Labour (Prohibition and Regulation) Act 1986, amended in 2016 have been also implemented to bring these children in the mainstream society. And some schemes like PM cares for children, Ujjwala yojna, ICDS scheme, Sukanya Samridhhi yojana etc... have also been initiated to help these children. Besides these, a Child Helpline Number 1098 was started to help and support children in times of emergency. There is strong legislation for the children of CSWs in India but the implementation of these legislations is weak due to various factors such as lack of awareness, poverty, social stigma, and unsupportive environment.

Conclusion

The psychosocial rehabilitation of children born to commercial sex workers in India is an urgent constitutional and developmental imperative. Ecological systems frameworks and recorded psychiatric morbidity show that these children are exposed to a complex environment of systemic discrimination, spatial vulnerability and ingrained social stigma that compromises their emotional, cognitive and physical development. The COVID-19 pandemic exposed major vulnerabilities and widespread structural obstacles in the education system, including the fragility of existing safety nets and the ineffectiveness of purely punitive or rescue-oriented approaches.

Budhadev Karmaskar v. State of West Bengal and Prajwala v. Union of India are examples of how progressive jurisprudence has taken a revolutionary path. The judiciary has based the rehabilitation on the rights to human dignity, maternal-infant bonding and voluntary consent, challenging historical biases and requiring the removal of structural obstacles to the provision of public services. India needs a cohesive, rights-oriented action plan to harmonise these advanced legal frameworks with practical realities. This requires tackling administrative bottlenecks in Child Welfare Committees under Mission Vatsalya, putting in place robust post-restoration monitoring mechanisms, doing away with document-based exclusion in educational institutions, and shielding vulnerable families from displacement owing to urban gentrification. If the state couples key legislative reforms with community-based, trauma-informed therapies, intergenerational cycles of exploitation can be broken and a future of safety, recovery, and dignity can be assured for these historically marginalized children.

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