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A Qualitative Exploration of Life at an After-Care Program in Delhi, India

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Adolescent Girls' Psychosocial Experiences Following Transition out of Institutionalized  
Care: A Qualitative Exploration of Life at an After-Care Program in Delhi, India

A dissertation submitted in partial satisfaction of the requirements for the degree of  
Doctor of Philosophy in Social Welfare

by

Neha Srivastava

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## ABSTRACT OF THE DISSERTATION

Adolescent Girls' Psychosocial Experiences Following Transition out of Institutionalized  
Care: A Qualitative Exploration of Life at an After-Care Program in Delhi, India

by

Neha Srivastava

Doctor of Philosophy in Social Welfare

University of California, Los Angeles, 2019

Professor Robert Schilling, Chair

Estimates suggest that approximately one million adolescents age out of institutionalized care in India every year (Dutta, 2016). Unfortunately, little is known about their post-transition experiences, specifically within the context of after-care programs.

This study aimed to describe and understand adolescent girls' subjective experiences of life in an after-care facility after transitioning out of institutionalized care in Delhi, India. A Qualitative approach - Interpretative Phenomenological Analysis (Smith et al., 2010) - was employed to answer the central research question: What are the psychosocial experiences of adolescent girls (18-19 years old) who have recently (1-6 months ago) transitioned from institutionalized care to an after-care program in Delhi, India?

Through a process of purposive sampling, ten girls who had recently (1-6 months ago) transitioned into an after-care facility were recruited into the study. Participation required completion of an open-ended, semi-structured interview with the researcher. Participants were also given the option to engage in two additional unstructured interviews. A total of 20 interviews were included in this study.

Audio recordings of interviews were transliterated into English and analyzed by the researcher through a process of inductive, line-by-line coding. Five major themes emerged from the data: i) Developing a Sense of Self, ii) Seeking, Avoiding, and Managing Intimacy, iii) Striving to Accomplish One's Goals, iv) Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant, and v) Psychological Distress: Experiences and Treatment.

In the Discussion section, findings are situated within the context of existing literature, discussed in light of the socio-cultural setting in which they evolved, considered in relation to the psychosocial experiences of non-institutionalized adolescent girls in urban India, and interpreted in terms of Attachment Theory (Bowlby, 1958). The significance of interpersonal relationships across themes is understood as indication that the girls' view themselves and the world in relational terms; Relational-Cultural Theory (Miller, 1976; Jordan, 2010) is drawn upon to help make sense of girls' ongoing experiences from a relational perspective. Implications for future research, social work practice, and limitations of the study are also discussed.

The dissertation of Neha Srivastava is approved.

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2019

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Nyamathi, A., Ekstrand, M., Srivastava, N., Carpenter, C. L., Salem, B. E., Al-Harrasi, S., ... &

Sinha, S. (2016). ASHA-Life intervention perspectives voiced by rural Indian women living with AIDS. *Health care for women international*, 37(4), 412-425.

Nyamathi, A. M., Srivastava, N., Salem, B. E., Wall, S., Kwon, J., Ekstrand, M., ... & Faucette, M. (2016). Female ex-offender perspectives on drug initiation, relapse, and desire to remain drug free. *Journal of forensic nursing*, 12(2), 81-90.

Ali, A., Lees, K., McFarlane, E., & Srivastava, N. (2013) Who is a patriot? Psychological recolonization and the proliferation of U.S nationalism. *Race, Gender, & Class*, 20 (1-2).

### **CONFERENCE PRESENTATIONS**

Srivastava, N., McFarlane, E., Ali, A., Hawkins, R., & Udo-Inyang, I. (2011) Psychological recolonization of Asian-Indian American women: The need for anti-oppression advocacy. *Asian-American Psychological Conference 2011*, Washington, DC. Aug. 3, 2011.

Ali, A., Lees, K., Udo-Inyang, I., Srivastava, N., & Bardshaw, L. (2011) PhotoCLUB: Designing a virtual community using digital photography to empower marginalized youth. *Conference on Harnessing Images, Text and Sound for Education*. Charlottetown, Prince Edward Island, Canada, July 26-28, 2011

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## INTRODUCTION

### Background

For India's 25 million orphans and vulnerable children (UNICEF, 2012), institutionalized care settings, or orphanages, are often the only option for long-term, stable shelter and social integration. Despite the well-documented limitations of these institutions, in the absence of a developed foster care system (Mishra & Sondhi, 2016), they are a critical source of support to children in need of a home.

The Juvenile Justice Act (2015) requires youth living in institutions to transition into either kinship care or transitional after-care programs at the age of 18. Considering the majority of children raised within these settings are exposed to severe, multi-dimensional forms of trauma prior to entering care, and report having limited support networks outside of the care setting (Bhargava et al., 2018), it may be expected that the period during and shortly after transition, characterized by shifts in responsibilities, relationships, and expectations, presents unique challenges (Dutta, 2016). Research regarding the experiences of youth transitioning out of the foster-care system in the United States supports this notion - numerous studies indicate that youth are emotionally fragile and vulnerable to health and safety risks shortly after transitioning out of care (Stein & Dixon, 2006).

Though there are no official statistics, estimates suggest that approximately one million adolescent boys and girls age out of institutionalized care in India every year (Dutta, 2016). Unfortunately, little is known about their post-transition experiences, specifically within the context of after-care programs. Existing research has primarily been conducted with samples dominated

by participants residing in kinship care and results offer a general, and often confusing, picture of the experiences of this population. While studies report that youth who have transitioned out of care experience clinically significant symptoms of depression at disproportionate rates, there is also evidence to suggest that youth report feeling satisfied and overall happy with their lives within after-care settings. Though most studies establish that youth who have transitioned out of care lack adequate support networks, little is understood about the kind of support they have or require (Atluri et al., 2018; Modi et al., 2016; Bhargava et al., 2018).

Additionally, extant studies largely collect data via surveys and diagnostic measures; our understanding of this population is mediated by theoretical frameworks and assumptions that may not represent their experiences. The current state of knowledge in this area is incomplete and offers little direction in the development of intervention and policy.

In an effort to address this problem, this exploratory study aims to take a step towards building a nuanced understanding of the psychosocial experiences of adolescent girls who have recently transitioned into an after-care facility from institutionalized care in Delhi, India.

This study only includes female participants as the experiences of disadvantaged girls in India have been especially ignored in both research literature and discourse. Most existing literature includes both male and female participants without adequately exploring the impact of gender on findings; a focus on the experiences of females hopes to draw attention to the unique challenges faced by girls in this context.

This study employs qualitative methodology - Interpretative Phenomenological Analysis (Smith et al., 2010) - with the intention of developing an understanding of participants' perspectives and subjective experiences.



## **Research Questions & Aims**

This study is centered on the following question:

What are the psychosocial experiences of adolescent girls (18-19 years old) who have recently (1-6 months ago) transitioned from institutionalized care to an after-care program in Delhi, India?

Four sub-questions follow:

- i) What are the lived experiences of the girls?
- ii) What is the emotional experience of the girls in their present circumstances?
- iv) What do the girls' interpersonal relationships look like at present?
- iii) What are some challenges/unmet needs in the girls' lives at present?

The aims of this study are:

- i) To describe and understand, in the perspective of the girls, the subjective experience of life in an after-care facility after transitioning out of institutionalized care.
- ii) To describe and understand the girls' emotional world - their feelings regarding their circumstances, overall psychological health, and emotions that they may be struggling with.
- iii) To describe and understand the nature of girls' interpersonal relationships, as well as the significance and meaning of these relationships in their lives.
- iv) To describe and understand, from the girls' perspective, what their ongoing challenges and needs are.

## **Significance of this Study**

This study is significant in two important ways: i) While the majority of studies employ quantitative methods to assess the prevalence of mental health issues and other psychosocial

challenges, this study utilizes qualitative methodology to bring the perspectives and subjective experiences of this population into discussion. It is hoped that these perspectives will lend nuance to the existing literature and provide direction for future research. ii) This study focuses specifically on girls' experiences within six months of transitioning into after-care. In the researcher's knowledge, no other study has examined experiences during this critical period.

### **Theoretical Frameworks**

This study's approach and procedures were guided by two theories: i) Social Constructivism and ii) Attachment Theory.

Social Constructivism (Vygotsky, 1978) informs this study's conception of reality, and consequently, methodological choices.

Attachment Theory (Bowlby, 1958) provides a frame for understanding the psychological consequences of childhood trauma - an experience common to all participants included in this study. The interview protocol was developed based on an understanding of childhood trauma rooted in Attachment Theory. Findings are interpreted within the context of Attachment Theory in the discussion section.

A third theory, Relational-Cultural Theory (Miller, 1974), is drawn upon in the discussion section as a useful frame within which to understand findings. Though this theory did not inform methods or concepts used in conducting this research, it was found to be relevant to findings after data analysis was complete. Relational-Cultural Theory is introduced and connected to findings in the discussion section.

**Social Constructivism.** This study was conducted within the paradigm of social constructivism. The social constructivist framework encompasses numerous theories founded on the

belief that subjective meanings are not inherent to individuals, but are created through complex social interactions (Creswell, 2007, p. 21). This framework posits that understanding can be developed by focusing on how participants construct their reality, rather than viewing the external environment *as* reality (Vygotsky, 1978; Cottone, 2007; Neimeyer, 1995). Accordingly, the social constructivist formulation of reality is pluralistic and dynamic.

Social constructivism is an appropriate framework for research with marginalized and culturally diverse populations for two reasons: i) It recognizes and encourages reflection on the social, cultural, and relational forces that shape participants' realities (Creswell, 2007), thus allowing an understanding of unique dynamics that may not be represented in mainstream literature, ii) Theories within this framework understand participants as 'capable and competent social agents, creating as well as being shaped by their social situations' (Marr & Malone, 2007) and encourage a collaborative relationship between researcher and participant. In working with marginalized groups who are typically understood from the perspective of the dominant population, a framework that encourages reflection on the power dynamic between researcher and participant may be helpful in tackling tendencies to view participants as 'the other.'

This study aligned itself with social constructivism methodologically by employing Interpretative Phenomenological Analysis - a qualitative approach that centers on understanding participants' perspectives within the social and relational contexts in which they are shared - as its framework for conducting research.

**Attachment Theory: A Framework for Understanding Complex Trauma.** Attachment Theory is a useful and well-established framework for understanding the implications of childhood trauma exposure (Haskell et al., 2009). Attachment theory, a seminal framework developed

by John Bowlby (1958; 1977) and advanced by Mary Ainsworth (1979), posits that individuals' early caregiving relationships form the basis of their adult representations of self and interpersonal relationships (Cook et al., 2009). Within this framework, an attachment is defined as an emotional and enduring bond developed with someone from whom a child seeks protection and care (Fraley & Shaver, 2000). Though the attachment bond is typically developed with the mother, it may be forged with other members of the family who take the role of primary caregiver (Haskell et al., 2009). Attachment is viewed by Bowlby (1982) as not merely a psychological drive, but a neurobiological requirement for healthy development.

The central function of the attachment relationship is to provide emotional security and protection against stressors (Rutter & O'Connor, 1999). Secure attachments are characterized by a caregiver's sensitive, warm, and appropriate responses to a child's needs. Within the bounds of a secure attachment, a child develops a stable and robust sense of self, while learning to appropriately identify, express, and manage emotions. Secure attachments in childhood are critical for healthy psychosocial functioning in adulthood (Cook et al., 2009).

Impairments in the attachment relationship, such as unpredictable, punitive styles of parenting, bear far-reaching consequences on the holistic development of a child. Challenges around identifying and managing emotions (emotional dysregulation), low self-worth, and interpersonal difficulties are well documented consequences of impaired attachments in childhood (Gregorowski & Seedat, 2013).

Complex trauma is defined as "recurrent interpersonal trauma perpetrated by caregivers early in life" (Greeson et al, 2011). Examples of complex trauma include neglect, physical violence, sexual abuse and exploitation. When understood within the framework of attachment theo-

ry, complex trauma may be characterized as an experience which profoundly damages early attachment, and, consequently, internal models of self and relationships (Haskell et al., 2009).

The impacts of complex trauma exposure manifest across multiple domains of functioning: i) Attachment - issues around trust, social isolation, and interpersonal difficulties, ii) Emotion Regulation - difficulties in labelling and expressing feelings, and in communicating their needs, iii) Cognition - problems focusing and completing tasks, and learning difficulties, iv) Behavior control - poor modulation of impulses, self-destructive behavior, aggression, and reenactment of trauma, v) Dissociation - depersonalization, impaired memory, alterations in states of consciousness, vi) Self-Concept - lack of a stable, coherent sense of self, low self-esteem, feelings of shame and guilt, and vii) Physical Health - increased medical problems, sensorimotor developmental problems (Cook et al., 2009).

Exposure to complex trauma, particularly prolonged subjection to sexual abuse and profound neglect, is well documented among children admitted to institutionalized care in India, both prior to and after entering care (Kaur et al., 2018). In this study, complex trauma and its consequences are understood within the framework of Attachment Theory. This understanding of complex trauma informs this study's conceptual framework, practices employed during data collection, reflections on relational processes, and analysis of data.

### **Key Terms**

**Lived Experience.** For the purpose of this study, 'lived experience' will refer to participants' personal knowledge and conscious understanding of their reality, unmediated by representations created by other people (Chandler & Munday, 2011).

**Transition.** Transition, here, is understood in terms of Scholssberg's Transition Theory, according to which - a transition is an event which results in a change in assumptions about one-self and the world and thus requires a corresponding change in one's behavior and relationships" (Scholssberg, 1995). According to this theory, an occurrence is defined as a transition only if the individual experiencing it views it as such. Thus, an individual's perception of a transition is essential to understanding its significance (Evans, Forney, & Guido-Brito, 1998).

### **Adolescence & Emerging Adulthood: Conceptions Relevant to Girls in Urban India.**

Girls included in this study are between the ages of 18-19 years. From a Western perspective, this age range falls into the developmental stage of 'emerging adulthood,' a period distinct from both adolescence and adulthood, that is characterized by relative freedom from social roles and expectations alongside increased exploration in areas of love, work, and personal beliefs (Arnett, 2000). However, it is recognized that the concept of emerging adulthood largely exists only in cultures wherein individuals can afford the privilege of delaying entry into adult roles and responsibilities (Arnett, 2000). Thus, alternate, more culturally sensitive conceptions of adolescence are explored here.

Developmental theorists in India have typically characterized the transition to adulthood in terms of a 'child-adult continuity' - individuals are viewed as proceeding from childhood to adulthood; adolescence is not considered a distinct phase. Recently, researchers have begun to recognize adolescence as a distinct stage, though it is primarily observed in privileged, urban sections of society (Kapadia, 2017, p. 58; Saraswathi, 1999).

In lower-income urban communities as well, the child-adult continuity framework is evolving as entry into adulthood has been progressively delayed due to cultural shifts and devel-

opments in educational and career opportunities. Transitioning into adulthood within lower and middle income urban contexts however remains a markedly gendered process in most instances. While boys are typically afforded greater freedoms in the exploration of identity, romantic relationships, and sexual experimentation, girls, during this phase, are allowed limited freedoms and are expected to uphold traditional gender roles. These are of course, broad generalizations - considerable nuance exists within these experiences for both males and females (Kapadia, 2017; Saraswathi, 1999).

With regard to the specific population included in this study - girls transitioning out of institutionalized care in a low income urban environment - it is challenging to find a definition that captures the complexities of their developmental stage. In the researcher's experience, the girls referred to themselves and others in the house as 'bacche,' the Hindi term for 'children.' Staff, as well, used this term. This indicates, at least at a superficial level, an adoption of the child-adult continuity framework; individuals are 'children' until they meet some socially constructed definition of adulthood.

This being said, the participants in this study live without adult supervision and are expected to manage their household independently, while preparing for employment and ultimately independent living. Taking this into consideration, a broad definition of emerging adulthood is used here to characterize the girls' current developmental stage: 'a period marked by preparation for adult roles and responsibilities in the absence of adults' (Arnett, 2002). This definition aligns with the researcher's perspective, not necessarily the participants'.

**Youth Living in Institutionalized Care: Orphans, Abandoned Children & Other Vulnerable Children.** Youth living in institutionalized care settings in India are typically orphans, abandoned children, or other vulnerable children.

UNICEF (2013) defines an ‘orphan’ as a child who has lost one or both parents. It is relevant to note that an orphan may have one living parent; this parent may be unable to take care of the child due to a range of reasons.

‘Abandoned children’ are defined as children who do not live with their mother or father (UNICEF, 2014). In the context of institutionalized care in India, these are children who are intentionally abandoned by their parents through the act of leaving a child alone in a public space, such as a railway station. Girls are abandoned in India at significantly higher rates than boys: The Times of India reported in 2009 that nine of ten abandoned children are female (SOS Children’s Village, 2019).

‘Other Vulnerable Children’ is a term used in this study to refer to children who are without a secure home base due to various reasons. This group includes: children of sex workers, street children, children affected by natural calamities and man-made disasters, and children with disabilities who belong to families that are unable to support them (Mishra & Sondhi, 2018).

**Institutionalized Care Settings.** According to the Indian Juvenile Justice Act (2015), any child under the age of 18 without residence, and in need of protection, may seek shelter at an institutionalized care setting. Broadly, an institutionalized care setting is defined as a ‘group home where children from multiple families live with non-biological caregivers’ (Whetten et al., 2014). An institutionalized care setting, in this context, is a dormitory style residential facility



that provides long term care under the jurisdiction of the Department of Women and Child Development (Dutta, 2016; Department of Women and Child Development, 2012).

In Delhi, India, the Department of Women & Child Development runs 27 institutionalized care settings, or ‘children’s homes’, as they are referred to locally. These settings are segregated by gender and disability status. The number of residents per home ranges from 100-300, and the number of staff depends on the size of the home. A small number of staff live on-site and attend to the day to day needs of children. These members of staff serve as the primary caregivers for the children in terms of providing practical supports. For about a 100 children, there are usually 4-5 staff members who live on-site (Department of Women and Child Development, 2012; Modi et al., 2016).

Institutionalized care settings are of three types: governmental, non-governmental receiving partial government aid, and private.

**Transitioning in the Context of Institutionalized Care.** The Indian Juvenile Justice Act (2015) and Integrated Child Protection Scheme (2008) stipulate that children above the age of 18 are required to transition out of institutionalized care settings with the help of staff. While kinship care is encouraged in cases where family support is available, these policies require institutionalized care settings to offer after-care support to youth for three years post-transition, until the age of 21 (Dutta, 2018; Modi et al., 2016).

**After-Care Programs.** Though institutionalized care settings are mandated by law to provide after-care support for a period of three years to youth who do not have any access to family/kinship care post-transition, there is huge variation in the quality and nature of this support. This variation may be attributed to a lack of cohesion among institutionalized care settings -

while some settings are government run, a large proportion are administered by non-governmental organizations receiving private funding, and many are entirely private in their administration and funding (Dutta, 2018; Modi et al., 2016).

The after-care program discussed in this study is a transitional residential facility wherein eleven girls who grew up in the same institutionalized care facility live together. The ‘transitional residential facility’ is actually a section of a homeless shelter for adult women. Though staff frequently visit the site, no staff member lives onsite with the girls. All girls living at the facility are above the age of 18.

## LITERATURE REVIEW

### State of Knowledge

**Psychosocial Experiences of Youth Transitioning/Transitioned out of Institutionalized Care in India.** Six recent studies have been conducted with regard to the experiences of youth after transitioning out of institutionalized care in urban India.

Dutta (2016) investigated the experiences of girls who had transitioned out of institutionalized care using quantitative methods. 100 girls who had transitioned out of ten different institutional homes across two major cities - Mumbai and Kolkata - were included in this study. Though most of this study's participants did not actually live in an after-care program - 68% resided in kinship care, and only 17% in after-care - this study provides a general picture of girls' well-being post-transition. This study found that while the majority of girls reported being moderately (48%) to very happy (39%) and overall satisfied (59%) with their lives, 70% of participants reported that they did not feel they had anyone to turn to for support. This study also found that girls who had transitioned into kinship care faced greater difficulties in completing their education than those who transitioned into after-care programs.

Dutta (2017), also conducted a qualitative investigation of the experiences of 20 women, in kinship care and independent living situations, 1-4 years after transitioning out of institutionalized care in Mumbai, India. Through semi-structured interviews, she found that participants connected successful transition experiences with the quality of care they received prior to transition, the extent to which their transition was planned, and the social support they had available post-transition.

In 2016, a team of researchers at Duke University (Ahuja et al, 2016), administered measures assessing the psychological well-being of 32 individuals, both male and female, who had transitioned out of institutionalized care and were either living independently or in group settings. Results indicated that while the majority of participants reported being satisfied with their current life, a disproportionate percentage of participants met criterion for clinical depression. Alongside, participants communicated that though they felt they could turn to staff for support, they still experienced a need for greater social support.

Similarly, Modi et al. (2016) conducted a mixed-methods study examining the experiences of youth, male and female, living in after-care programs in the realms of education, employment, mental health, physical health, and safety. In this study, researcher's found promising results in terms of education - 93% of participants reported completing high school, and 83% expressed a desire to pursue further education. However, 58% of participants said that they struggled to cope with emotional challenges, and over two-thirds of participants reported that they found it difficult to trust others.

Atluri et al. (2018), as well, administered measures assessing the psychosocial well-being of 50 youth, both male and female, who were either living in after-care or had graduated from after-care programs. A brief, semi-structured interview was also included in this study. Researchers conducting this study found that participants reported experiencing clinically significant symptoms of depression at higher than average rates. Again, however, participants did not report being dissatisfied with their lives. This study found that boys attained a higher level of education than girls who had transitioned out of institutionalized care. Additionally, girls reported receiving less support towards vocational development.

Bhargava et al., (2018) also investigated the experiences of a sample of 47 youth, male and female, between the ages of 17-29 who had transitioned out of institutionalized care using quantitative measures. This study found that youth were largely dissatisfied with the services they had received in after-care programs; participants felt that their experiences in after-care did not prepare them for challenges in the real world.

Taken together, these findings provide broad and conflicting information about the experiences of transitioned youth. The contradictory nature of results may be linked to the fact that in all of these studies, samples included individuals who i) transitioned out of care at significantly different times, ii) lived in kinship care, after-care programs, and independent living. Additionally, measures used in this study, such as the Beck Anxiety Inventory (Beck, 1988) and Rosenberg's Self-Esteem Scale (Rosenberg, 1965), utilize specific, and limited conceptions of their variables of interest; it may be that they do not capture culture-specific variations. A nuanced understanding of psychosocial experiences following transition is absent from the literature.

### **Psychosocial Experiences of Youth Living in Institutionalized Care**

**Negative Experiences & Outcomes.** Researchers have traditionally supported the position that institutionalized care is a distressing environment for children associated with severe emotional, developmental, mental, and physical delays (Browne, 2009; Wolff & Fesseha, 1999). Disengaged, emotionally inadequate caregiving, improper nutrition, and unchecked abuse have been identified as features of these institutions contributing to long term psychosocial impairment (Ijezendoorn et al., 2011).

Existing research indicates that youth living in institutionalized care settings typically experience mental health issues, challenges around social integration, and cognitive impairments

at rates higher than that observed among youth in non-institutionalized settings (Kaur et al., 2018). Studies such as that conducted by Rahman et al. (2012) have found that approximately 40% of children living in institutionalized care settings experience behavioral and emotional problems,

Most studies employ diagnostic tools to assess the prevalence of common mental health issues. For example, one such study, conducted with a sample of adolescent boys residing at an institutionalized care setting in Delhi, India reported that 20.7% experienced high hopelessness, 8% experienced depression, 61.3% exhibited behavioral problems, and 2% had attempted suicide (Khurana et al., 2004). There is concern surrounding the validity of such studies, particularly with regard to the extent to which diagnostic measures developed in the West may appropriately capture this population's symptoms and experiences.

Reports from mental health staff at nonprofits, or non-governmental organizations (NGO's) are an alternative source of clinical data. A well-known NGO based in Delhi, Salaam Balak, reported that at any given time, approximately 30% of their residents experience significant mental health issues. The most common issues reported are: depression, post-traumatic stress, complicated grief, substance misuse, self-esteem issues and acute stress surrounding academics, learning disabilities, and attachment issues (Sen, 2009).

A paper discussing the trauma histories and mental health issues of residents at Udayan Ghar purports that the 'loss of parents due to homicide or suicide' is a childhood experience common among shelter residents. Mental health staff at Udayan Ghar assert that the majority of newly admitted girls show 'clear evidence' of sexual abuse. Disorganized and insecure attach-

ment, depression, self-harm behaviors, lack of motivation to attend school, and sexual promiscuity are problems regularly reported by shelter residents (Nayar-Akhtar, 2015).

**Positive Experiences & Outcomes.** Recently, there has been an interest in understanding institutionalized care from a harm-reduction perspective - viewing it as the only feasible and safe option for care for many children has oriented researchers towards understanding it in comparison to the experiences of orphans and other vulnerable children in family based settings, rather than in reference to the general population. Additionally, there has been an interest in factors promoting resilience within these settings (Mishra & Sondhi, 2018).

One of the largest and most important studies comparing outcomes for orphans living in institutionalized and non-institutionalized care is the Positive Outcomes for Orphans (POFO) study (Whetten, Ostermann, Whetten, Pence, O'Donnell, Messer, & Thielman, 2009). POFO is an ongoing longitudinal study that follows orphans and other vulnerable children between the ages of 6 to 12 living in institutionalized care and family based settings. This is a multi-site study, engaging sites and participants in five low and middle income countries: Cambodia, Ethiopia, Kenya, India, and Tanzania. A baseline examination of participants included in this study indicated that children in institutionalized care settings scored as or better than children in family care settings on a number of scales assessing physical and emotional well-being (Whetten et al., 2014).

Additional literature suggests that outcomes for youth in institutionalized care may not necessarily be worse than children in family based care. Studies assessing children's nutritional status in Kenya and psychosocial development in China indicate better outcomes for children in group homes vs. family homes (Braitstein et al., 2013). Research conducted in the United States

on youth graduating from group homes, as well, has indicated that the group environment may have served as a protective factor against risks in the external environment (Schiff, 2006).

This line of research indicates that the experiences within institutionalized care settings are varied; youth aging out of these settings cannot merely be survivors of a highly deprived environment. Accordingly, this study aims to approach investigation of adolescent girls' experiences post-transition using qualitative methods that allow an understanding of a full picture of their experiences, both positive and negative.

## **Background**

**Criteria for Admission to Institutionalized Care.** A child is deemed eligible for long term residence at a home in Delhi once it is determined that i) reunification with family or relatives may be harmful to the child, ii) it is beneficial for the child to live at a home in Delhi, as opposed to a home located near the child's place of origin (in the case that the child is not originally from Delhi) (Personal Communication, 2015). Each child's progress is monitored by the Department of Women and Children's Development. Staff at the shelter are expected to submit regular reports outlining each child's status in terms of education and health (Sen, 2009).

Once admitted for long-term residential care, children are enrolled in school or provided with home-based tuition depending on their preparedness for formal education. Additionally, the majority of homes engage children in classes in dance, music, fine arts, theater, and computer skills (Sen, 2009). Vocational training is provided to residents after they enter high school.

**Education & Vocational Training in Institutionalized Care.** Statistics regarding rates of school completion and job placement among homeless youth living in institutional care in India are not available. Anecdotal data presents multiple perspectives. It is reported that children



living at Udayan Ghar, a residential home for homeless girls below the age of 18 in Delhi, are typically diligent students, committing several hours a day to homework. However, according to mental health staff, a significant proportion of residents, particularly those referred to individual psychotherapy, struggle with academic and interpersonal challenges at school (Nayar-Akhtar, 2016). Similarly, staff at Salaam Balak, another residential home located in Delhi, assert that issues surrounding concentration, motivation, and self-esteem in the context of academics are common among adolescents at the home. The same program however also reports that a small proportion of residents have been successful academically, some progressing so far as to earn college degrees (Sen, 2009).

According to mental health staff the Kilkari Home for Girls, a residential institution for homeless girls in Delhi, truancy is prevalent among adolescent girls living at the home. In particular, girls are inclined towards skipping school after entering high school. Reports from staff and residents at the home present a similar narrative - the girls do not receive adequate primary and middle school education, due to both the school system's inability to meet the needs of this population and the Delhi government's policy which allows children enrolled in government schools to pass all grades up till high school, regardless of academic performance. Upon entering high school, the girls often find themselves in an environment that only further damages their self-esteem and motivation to stay in school as they are forced to grapple with material which the system has not prepared them for. As a result, dropping out of high school in favor of home schooling or vocational training has become a widespread phenomenon at this home (Personal Communication, 2016).

**Psychosocial Support Available within Institutionalized Care.** After mental health issues were acknowledged as a significant concern among youth living in institutional care settings in India, efforts were made towards developing in-house mental health programs. Salaam Balak, a well-established NGO located in Delhi that operates 4 residential homes for boys and girls who have survived homelessness, was one of the first organizations to develop and implement a mental health program in 2003 (Sen, 2009).

In its initial stages, the mental health program at Salaam Balak was operated by staff who were trained in basic mental health care - diagnosis of serious mental illnesses, active listening, etc. Over a period of two years, the program evolved to include consultations with licensed mental health professionals such as psychologists and child psychiatrists (Sen, 2009). The current model of mental health treatment in institutional care is a product of insights of both mental health clinicians who have worked at early mental health programs within the institutional care system in Delhi, as well as regular full time staff at children's homes.

The current model of mental health programs in institutional care in Delhi, India primarily focuses on providing individual psychotherapy (Sen, 2009). The programs are implemented by counselors and social workers hired on both a full-time and part-time basis. Counselors at these mental health programs focus both on preventive mental health care and mental health treatment for residents coping with psychological distress. Individual therapy sessions are provided on an 'as-needed basis,' i.e. residents who are deemed to be in critical need of counseling are provided with counseling when and as required. Residents may also approach counselors themselves to seek counseling.

Group counseling sessions are also provided at regular intervals. Additionally, skills training programs, such as life skills training workshops, are a regular feature of mental health programs within institutional care settings (Sen, 2009; Nayar-Akhtar, 2015; Personal Communication, 2015). Individual and group mental health treatment provided by counselors in institutional care typically does not adhere to a specific therapeutic modality; counselors report that their approach is centered on ‘empathetic listening and problem solving,’ and fostering a ‘holding’ environment for youth (Sen, 2009; Nayar-Akhtar, 2015).

Though children’s homes have reported a ‘palpable shift in environment’ following the implementation of in-house mental health care (Sen, 2009), a number of challenges and frustrations are reported by counselors at these programs. Among these is a lack of clarity regarding appropriate therapeutic approaches, particularly in working with children who have survived complex trauma. Ambiguity surrounding the counselor’s role in mental health care, given the multiple, and often conflicting influences from caregivers within the home is another source of frustration within the system. Further, mental health staff attribute high rates of employee turnover and burnout in these settings to feelings of helplessness and a lack of guidance in regard to appropriate approaches to treatment (Personal Communication, 2015; Nayar-Akhtar, 2015).

These challenges are not surprising, given that similar hurdles have been noted by mental health practitioners working with youth living in residential care facilities in the United States. Research indicates that due to the complex childhood trauma histories of youth living in residential care, formation of a therapeutic alliance that is experienced as nurturing and safe is difficult (Bickman et al., 2004). While it may be convenient to implicate attachment issues faced by youth living in residential care as the barrier to developing a strong therapeutic alliance, it is important

to note that little is known about the youth's expectations and perspectives regarding psychotherapy within institutional care. Additionally, research indicates that the context of institutional care poses unique barriers to progress of psychotherapy as youth struggle to form healthy relationships with multiple caregivers and peers within a residential setting (Byers & Lutz, 2015).

## **METHODS**

### **Research Approach**

This study was conducted within the framework of Interpretive Phenomenological Analysis (Smith, 1996; Smith, Flowers, & Larkin, 2009). Interpretive Phenomenological Analysis (IPA) aims to ‘examine how people make sense of their major life experiences’ (Smith et al., 2009, p.1) through the development of a ‘highly intensive and detailed analysis of the accounts of a relatively small number of participants’ (Larkin & Watts, 2006). This approach has three defining features: i) phenomenological inquiry ii) interpretation, and iii) idiography (Kelly et al., 2016).

Phenomenological inquiry, an approach that aims to understand subjective human experience, is the foundation of IPA research. This line of inquiry is concerned not with producing theory, but with developing a rich and nuanced account of lived experience through systematic processes. (Smith et al., 2009). Interpretive Phenomenological Analysis differentiates itself from other phenomenological approaches, such as transcendental and descriptive phenomenology, in that it does not aim to uncover the ‘essence’ or universal meaning of an experience (Larkin & Thompson, 2011, p. 102). Instead, the aim of IPA research is to understand how people make meaning of an experience, with a particular emphasis on person-in-context meaning making (Larkin & Thompson, 2011).

Interpretation is central to the process of conducting an IPA study. IPA researchers view analysis based on symbolic form, such as text, as an interpretive process; only ‘pure descriptions’ of lived experiences are deemed descriptive in nature (Van Manen, 2002, p. 25). Additionally, this approach views research findings as a product of the interactions between the researcher and

participant; findings do not exist independently of the relational processes from which they emerge (Larking, Watts, & Clifton, 2006).

Idiography is the third underpinning of IPA. Idiography focuses on the particular, as opposed to the general. This standpoint differs from ‘nomothetic’ approaches which strive to make general claims about human behavior. Interpretive Phenomenological Research employs an idiographic approach in two ways: i) by adopting analytic methods that emphasize attention to detail and depth, ii) by concerning itself with how a specific person experienced a phenomena in a specific context. To be clear, idiography does not disallow generalizations; rather, it advocates for attending to variation of experience within broader phenomena (Smith et al., 2009).

### **Rationale**

Interpretative Phenomenological Analysis was chosen as this study’s approach for two primary reasons.

One, IPA’s concern with participants’ perspectives on their lived experience, as opposed to the factual status of particular instances (Van Manen, 2002, p. 10) allows this study to acknowledge individual perspectives as valid sources of information and meaning. The employment of a research approach that values multiple perspectives and desists from committing to a singular, static version of reality is imperative in developing an understanding of this populations, as it is one that has historically been understudied and excluded from discourse on its own experiences.

Secondly, IPA’s acknowledgement of the inherently interpretive nature of phenomenological inquiry (Smith et al., 2009) allows space for reflection on the role of social, cultural, and relational factors that shape this study. Given that this study seeks to understand experiences

within a context that is not familiar to the researcher in many regards, and that translated transcripts were the primary source of data, such reflection is crucial for a complete understanding of findings.

### **Development of Research Questions: A Collaborative Process.**

The central research question was developed in collaboration with staff at the research site. This approach is consistent with IPA methodology (Smith et al., 2009), and social constructivist approaches which encourage the involvement of community members at all levels of the research process (Priya, 2015).

Prior to arriving at the research site for the purpose of data collection in January 2017, the researcher had developed a set of research questions through traditional methods. These research questions were derived from i) an identification of gaps in the literature, ii) field observations collected during the researcher's clinical work with the site during the summers of 2015 (June-August) and 2016 (July-August).

After arriving in Delhi for the purpose of data collection in January 2017, the researcher met with both clinical and management staff at the organization to discuss her plans. During this period, staff requested the researcher to meet with girls who had recently transitioned out of the Kilkari Home. Staff expressed concern for the girls and a desire to better understand their experiences and needs as the after care program was newly developed at the time (Personal Communication, 2017).

Staff's expressed interest, along with a recognition of the lack of literature on the experiences of youth transitioning out of institutionalized care in India, led the researcher to develop the central research question that guides this study. Sub-questions were developed with the help

of a review of existing theory connected to the phenomena of interest, as is recommended by IPA literature (Smith et al., 2009).

### **Research Questions**

This study is centered on the following question:

What are the psychosocial experiences of adolescent girls (18-19 years old) who have recently (1-6 months ago) transitioned from institutionalized care to an after-care program in Delhi, India?

Four sub-questions follow:

- i) What does the lifeworld of the girls look like?
- ii) What is the emotional experience of the girls in their present circumstances?
- iv) What do the girls' interpersonal relationships look like at present?
- iii) What are some challenges/unmet needs in the girls' lives at present?

### **Research Setting**

This study was conducted at an after-care housing facility for adolescent girls who have transitioned out of the Kilkari Home for Girls, an institutionalized care setting for girls between the ages of 5-18 in Delhi, India. The after-care housing facility is located within the Rang Shalla Complex, a residential care setting for homeless adult women located in Delhi, India. The 'after-care facility' is a reserved section of the Rang Shalla Complex comprised of one large computer room/workspace, two bedrooms, a common area, private kitchen, and two private bathrooms. A total of eleven girls who have transitioned out of the Kilkari Home lived at this facility during the time of data collection (July-September 2017).



The girls live at the after-care facility independently - no staff from the Kilkari Home live with them full time. However, a nurse who is employed by the Rang Shalla Complex lives with the girls in the section reserved for them. Though the Rang Shalla Complex employs several other staff members who live onsite full-time, the girls do not report frequent engagement with them. All onsite staff are female.

Additionally, the Rang Shalla Complex operates as a temporary shelter for homeless adult women who are in need of medical assistance. Accordingly, the shelter is typically populated by homeless adult women coping with significant medical issues.

The facility is located in Pul Bangash, a low-income residential neighborhood in Old Delhi. Staff affiliated with the Kilkari Home describe this neighborhood as being unsafe, particularly at night (Personal Communication, 2017). The Rang Shalla Complex is secured by a gate that is locked at all times - someone on the inside must be contacted via phone to be granted entry.

### **IRB Approval**

This study was submitted to the IRB at the University of California - Los Angeles on March 10th, 2017. This study was approved with amendments by the IRB on March 28th, 2017.

### **Recruitment**

In accordance with recommendations for IPA research, this study sought to include a small number of participants who had all experienced a similar phenomena (Smith et al., 2009).

To be included in this study, participants had to meet the following criteria: i) currently residing in Delhi at the after-care facility for girls operated by the Rainbow Foundation, ii) transitioned out of the Kilkari Home between 1-6 months ago, iii) above the age of 18.

Participants were recruited into the study through a process of purposive sampling. The researcher consulted with mental health staff at the Kilkari Home to determine which residents of the after-care facility met inclusion criteria and may be suitable candidates for the study.

The researcher met with residents who were referred to the study to broadly explain that participation in the study would entail i) engaging in a 30-90 minute interview wherein the researcher will ask questions about their experiences since leaving Kilkari ii) the option to meet with the researcher for two additional unstructured interviews over a three month period should the participant be interested, iii) allowing audio-recording of the initial interview and following unstructured interviews (however, participants were informed at the start of each interview that they could request for audio-recording to be stopped at any time). The study requirements were explained to potential participants both verbally and with the help of a study information sheet that was translated into Hindi.

Consent and confidentiality were explained to participants. As per IRB guidelines, Residents who agreed to participate in the study did so by providing verbal consent; written consent was only required from mental health staff who referred participants to the study (as suggested by the IRB).

The researcher met with all eleven current residents of the after-care program to discuss the possibility of involvement in the study. Ten girls agreed to participate, one declined.

All interactions were conducted in Hindi.

### **Participants**

The following table provides information on the age, time lapsed since transition, and length of stay at Kilkari for each participant. This information was collected verbally at the start

of the initial interview. Information regarding participants' place of origin was intentionally not collected. From a trauma-informed perspective, this was deemed to be a potentially triggering question for girls who had childhood experiences of abandonment and running away.

**Table 1.1 Participant Information: Age, Length of Time at Transitional Facility, & Years Spent at Kilkari Home**

<b>Participant Number</b>	<b>Age</b>	<b>Length of Time at Transitional Facility</b>	<b>Years Spent at Kilkari Home</b>
Participant 1	18	3 Months	6
Participant 2	19	4 Months	5
Participant 3	18	3 Months	10
Participant 4	19	2 Months	11
Participant 5	18	2 Months	7
Participant 6	18	4 Months	8
Participant 7	19	6 Months	5
Participant 8	18	6 Months	8
Participant 9	18	1.5 Months	6
Participant 10	19	6 Months	10

### **Data Collection**

Data was collected by means of in-depth interviews, both semi-structured and unstructured.

**Overview.** As mentioned earlier, all participants who agreed to enroll in the study were required to meet with the researcher individually to engage in the semi-structured interview. Following this interview, participants had the option to meet with the researcher two additional times for an unstructured interview. Data collection was structured in this way as phenomenological inquiry encourages repeated interviews to allow participants multiple opportunities to reflect on and articulate their thoughts (Smith et al., 2009).

**Timeframe.** Data was collected over a period of three months, from June-August 2017. Staff associated with the Kilkari Home suggested that the researcher conduct interviews during this period as it coincided with summer break from school/vocational training for a few of the girls.

The researcher visited the research site approximately three days a week during this three month period. The length of time the researcher spent at the site was determined by the number and length of interviews conducted on that day. Participants were made aware of the researcher's availability and could schedule a meeting before hand; this was usually not possible due to the unpredictable nature of most of the girls' schedules. Accordingly, the interviewer spoke with whoever was available and interested on a particular day.

On several days, if none of the participants wanted to engage in formal interviews, or if no one was available, the researcher only spent a short amount of informal time on site. Typically, the researcher only conducted one interview on a day when participants were available.

**Language.** All interviews were conducted by the researcher in Hindi. The researcher is a native speaker of the language.

**Recording & Storage.** All interviews were recorded on an audio-recorder that did not have wifi/data connectivity of any kind. Participants were informed at the start of each interview that they could request for the audio recorder to be turned off at any time. All recordings were stored on an encrypted server that only the researcher had access to. Recording names did not include any identifiers.

**Number of Interviews Conducted.** The number of interviews conducted with each participant was determined by their interest and availability. A total of 23 interviews were conducted - five participants spoke with the researcher over three sessions, three participants met with the researcher two times each, and two participants met with the researcher for only the first interview. Three participants (Participants 3,4, and 8) requested that one of their interviews not be recorded. Data from these sessions was not included in this study. Accordingly, a total of 20 interviews from 10 participants were included in this study. The following table indicates how many interviews were completed and recorded with each participant.

**Table 1.2 Number of Interviews Completed & Recorded**

Participant Number	Number of Interviews Completed	Number of Interviews Recorded
Participant 1	3	3
Participant 2	1	1
Participant 3	3	2
Participant 4	3	2
Participant 5	2	2
1	2	3

Participant 7	3	3
Participant 8	2	1
Participant 9	2	2
Participant 10	1	1
Total	23	20

**Interviews.** Following is a description of how each type of interview was conducted:

*Semi-Structured Interviews.* All participants engaged in the semi-structured interview.

This interview was guided by the central research question. At the start of this interview, participants were asked their age, the length of time they had lived at Kilkari, and the length of time they have lived at the after-care facility. Following this set of questions, the interview was guided by four broad questions: i) How would you describe your life at this facility, at present? ii) How have you been feeling, emotionally, since moving here? iii) What are some challenges you would say you are currently dealing with? iv) What kind of relationships do you have in your life, since moving here?

After conducting the first two interviews, the researcher reflected on the process and participants' areas of interest. Based on these reflections, subsequent interviews included an additional question - How would you describe your relationships in your life at present?

Aside from these four broad questions, the interview followed a relatively free-flowing format - participants were allowed to take the interview in whatever direction felt relevant. The researcher encouraged participants to elaborate on the topics they brought up, and probed further

when deemed appropriate. A total of 10 semi-structured interviews were conducted. These interviews typically lasted 45-90 minutes.

*Unstructured Interviews.* These interviews were entirely participant-centered, in that their content was determined by the participant. The interviewer opened the interview by asking, ‘How have you been doing?’ and the interview proceeded from there. A total of 13 unstructured interviews were conducted; 10 of which are included in this study. These interviews lasted 30-90 minutes.

Memo-ing was an integral part of the interviewing process. The researcher recorded her feelings and reflections on each interview after it was completed.

*Interview Protocol.* The researcher engaged in data collection from a trauma-informed perspective, i.e. it was assumed that participants had experienced childhood trauma in some capacity and that probes connected to these experiences may be emotionally triggering. Alongside, the researcher was interested in understanding participants’ perspectives on their own experiences; interviews were intended to be participant-led as far as possible.

Accordingly, prompts used during the interview process were largely open-ended. Examples of commonly used prompts were: ‘Can you tell me more about that?’, ‘What did that feel like?’ and ‘How did you experience that?’ The researcher also often used paraphrasing to encourage participants to speak further on a matter.

Though it is recognized that validation may bias participant responses, the researcher did occasionally validate some of the participants’ assertions, often unintentionally. Examples of validating responses include: ‘It sounds like you are working very hard,’ and ‘It sounds like you have come a long way.’ Efforts were made towards minimizing the number of such responses.

Pointed, leading questions were avoided as far as possible. For example, the researcher did not ask questions such as ‘Did you ever experience abuse in that situation?’ and ‘How do you feel this connects to your earlier experience?’ In the researcher’s perspective, questions of this nature would distort participants’ narratives into what is seen/sought by the researcher, rather than what is important to the participant. It is recognized, however, that the absence of such questions leads to gaps in the data, particularly in areas where participants may experience hesitation.

*Requests to Not be Recorded.* Prior to data collection, it was determined by the researcher that participants would have the option to request the researcher to stop recording an interview at any time. Participants were informed of this right at the start of every interview. During the course of 23 interviews, three participants requested that the researcher stop recording. The researcher complied with participants’ requests and determined that no information from these interviews would be included in the study. Though information from these interviews was not memo-ed about in terms of content, there is discussion on the significance of participants’ requests to stop recording.

The researcher decided not to include any information from unrecorded interviews in an effort to avoid violating participants’ trust.

### **Data Analysis**

Analysis of data included several stages: transcription and translation, reading transcripts and listening to audio files, open coding, developing code groups, and identifying emerging themes. Analytic procedures aimed to capture the experiences and understandings of each participant through close line-by-line coding, as suggested by Smith, Flowers, and Larkin (2009).



**Transcription & Translation.** All interviews were transcribed and translated by an external transcription and translation service located in Delhi, India. This process was recognized as a sensitive and important stage of analysis, as it is one that bears the risk of fundamentally distorting participants' narratives (Nes et al., 2010).

Accordingly, the researcher collaborated with the translation service at every step. The researcher communicated the nature of her project and data to translators so that they had a sense of the context of interviews. The researcher requested translators to send her two translated transcripts before completing all interviews. These two transcripts were compared with the audio files by means of a close reading while the associated audio file was being listened to. Once it was determined that the translators were able to, as far as possible, capture the nuances of participants' narratives, they were requested to complete transliteration of all 20 audio files.

**Close Reading Alongside Listening to Audio Recording.** The researcher closely read each transcript while listening to the associated audio file. This was done so as to help the researcher 'enter the participant's world' (Smith et al., 2009, p. 82) by making notes on context, tone, and pauses - all of which are important sources of information. The researcher also noted nuanced Hindi terminology that was used in the interview, but could not be captured in English.

**Line By Line Open Coding.** In this stage of coding, the researcher read each transcript closely, while attaching 'codes' or descriptors to units of meaningful data. During this process. The researcher asked herself two primary questions with regard to each unit of data: i) What is the participant trying to say? ii) What is the participant trying to do? As the researcher moved through a transcript, she noted 'similarities and differences, echoes and amplifications in what the person [was] saying' (Smith et al., 2009, p. 82).

Examples of open codes include ‘reflecting on old patterns,’ ‘trying to make sense of one’s feelings,’ and ‘experiences with vocational training.’ A total of 2056 unique codes were produced through this process. Atlas.ti was used for the process of coding.

**Developing Code Groups.** The aim of this step was to organize the data and reduce the number of codes such that data could be understood at a conceptual level. Codes were grouped based on similarities in terms of content and action being performed. For example, all codes that described coping behaviors were sorted into a group entitled ‘Coping with Psychological Distress.’ The same code could be placed in multiple groups. Codes were grouped into a total of 66 groups. Atlas.ti was used for this stage of the process.

**Developing Themes.** After the creation of code groups, the researcher further organized groups into code families that were strung together by broader similarities. For example, the code family ‘Feelings of Abandonment and Loss’ included the following code groups: Fear that Independence will lead to Abandonment, Issues Around Trust, Loneliness/Isolation, Feeling Like One Cannot Depend on Others, Not Wanting to Depend on Others, Feeling Separate from Others, and Feeling Rejected by Kilkari Staff. Again, the same code group could belong to multiple families so as to capture distinct dimensions of each group.

Once code families were formed, the researcher created a table to represent each family. Within each table, the researcher included each associated code group, as well as a selection of (in some cases, all) the direct quotations associated with each code group. This was done so that the researcher could remain as close to the data as possible. Quotations associated with each code group were re-read by the researcher, and often new, more nuanced codes were attached to them.

This was done with the intention of ensuring that the variation of perspectives within each code group could be fully captured.

After this process was complete for each code family, the researcher reflected on the dimensions of the code group through a process of memoing. Once memoing was completed for all code groups, they were compared and analyzed with the intention of establishing conceptual connections. This was not a linear process; groups were organized and reorganized several times until the researcher felt like the complexity of each group was represented across themes. Five themes emerged through this process.

### **Establishing Trustworthiness**

The researcher strove to establish trustworthiness through three means:

**Multiple Interviews.** Each participant was provided with the opportunity to engage in three interviews conducted at different time points. Eight of ten participants were able to engage in at least two interviews, five participants completed three interviews. Multiple interviews were conducted with the intention of reducing the person-in-context specificity of the data.

**Audit Trail.** The researcher recorded every step of the research process so as to create a transparent description of research activities from start to finish. As suggested by Lincoln and Guba (1985), records were kept of the following - raw data, data analysis means and products, process notes, and materials relating to the study.

**Second Coder.** The use of multiple coders is encouraged across qualitative approaches with the intention of enhancing rigor (Berends & Jonhson, p. 374, 2005; Chiovitti & Piran, 2003). Here, a second coder was recruited to independently code a random selection of four transcripts.

In alignment with the social constructivist notion of reality as a product of human activity (Kulka, 2000), the second coder's findings are understood as an alternate, and equally valid perspective which lends to our understanding of biases, assumptions, and socio-cultural factors that shape the researcher's interpretation of the data. The second coder's findings were compared with the researcher's findings via discussion between the two raters, and reflection, on the part of the researcher, on the differences and similarities between raters' perspectives. Examining congruence between the findings of multiple coders by means of reflection on content and processes is deemed a valid and valuable means of exploring inter-rater agreement in lieu of statistical measures of inter-rater reliability (Barbour, 2001).

A description of the second coder's involvement in and contribution to the study follows.

*Background of Coder.* The secondary coder was referred to this study by a member of the researcher's dissertation committee. The coder was an American female with limited prior knowledge of the population and context under study. She had recently completed an undergraduate degree in Psychobiology.

*Training.* The researcher shared information regarding the study's central questions, aims, participants, and setting with the second coder. The researcher did not share any of her own findings from the study or any information regarding existing research in this area.

In order to train the secondary coder to work on the study, the researcher provided her with general information regarding qualitative research, phenomenology, and qualitative coding.

For the process of open coding, the coder was instructed to ask herself the following two questions in relation to each unit of meaning: i) What is the participant talking about/saying? and ii) What is the participant doing?

For the process of developing groups, the coder was provided with a tutorial on the procedures employed by the researcher - categorizing codes based on similarities in terms of content and action and reflecting on groups at a conceptual level through memo-ing.

*Procedure.* The second coder was provided with two randomly selected transcripts. After completing open coding, the researcher and second coder discussed questions and reflections regarding the process. Following this, the second coder coded two additional transcripts, and ultimately categorized codes from all four transcripts into groups.

*Findings.* The second coder reported developing 184 open codes that were categorized into six groups.

The second coder's groups are compared with themes reported in this study for two reasons: i) the second coder was not asked to develop themes, ii) the breadth of the concepts reflected in each group aligned more so with the researcher's themes than groups. The following table juxtaposes the groups developed by the second coder with the themes developed by the researcher:

**Table 1.3 Second Coder's Groups & Researcher's Themes**

Second Coder's Groups	Researcher's Themes
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Seeking, Avoiding, & Managing Intimacy Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant Psychological Distress: Experiences & Treatment Developing a Sense of Self Striving to Accomplish One's Goals	Seeking, Avoiding, & Managing Intimacy Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant Psychological Distress: Experiences & Treatment Developing a Sense of Self Striving to Accomplish One's Goals
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The second coder reported that the two groups with which the most number of codes were associated were Relationships (60 codes) and Changes Experienced (55 codes). The following table lists a selection of codes attached to each of these groups, so as to explicate the second coder's conceptualization of each category.

**Table 1.4 Second Coder's Two Main Code Groups & Selected Open Codes**

<b>Relationships</b> <b>Total Associated Codes: 60</b>	<b>Changes Experienced</b> <b>Total Associated Codes: 55</b>
Enjoying Friends Staff/Family Supportive Likes to Socialize Talks to her Sister Still has Friends at Kilkari Close Bonds Close Friends Friends Support Her Only Talks to People in the Home Thinks Everyone in Home is Friendly Speaks with Brother Wasn't Comfortable Making New Friends Talks About Feelings of Peers Does not Like Sharing Feelings with Elders Does not Like to be Alone Wants to be Able to Share Feelings	Has More Responsibilities Likes to Share, but Doesn't have Anything to Share Trying to Find a New Job Misses Having a Routine Gets Tense with Others Does not Like Sharing Feelings with Others Working Hard on Courses Feels Lonely Feels Comfortable Learning How to be in the World Without Help Does Not Want to be an Inconvenience Feels She is Different from Others

*Comparing Findings.* In terms of headings, the second coder's findings bear resemblance to the researcher's findings in general terms: both sets of findings include a group centered on relationships/intimacy, indicate discussion on feelings, and insinuate that the data includes discussion on adapting to change and dealing with challenge. However, apart from the obvious similarity between the second coder's group entitled 'Relationships' and the researcher's theme 'Seeking, Avoiding, and Managing Intimacy,' the two sets of findings are not in clear agreement at the superficial level of group headings.

An examination of the open codes included in each code group allows comparison between groups and themes at a conceptual level. The second coder reported that the group 'Changes Experienced' was her second most significant, with 55 associated codes. As reflected in Fig 1.4, this group includes codes connected to changes in different realms of participants' lives - work, psychological well being, social integration, views on self, and responsibilities. In the researcher's findings, similar codes are grouped into categories bound by narrower, and more content specific similarities. For example, codes tied to an increase in responsibilities and an appreciation for structure are grouped under 'Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant; codes related to working hard on courses and trying to find a new job are attached to the theme 'Striving to Accomplish One's Goals'; and codes concerned with feeling lonely and separate from others are included under the theme 'Seeking, Avoiding, and Managing Intimacy.'

Similarly, dimensions of the second coder's group 'Beliefs and Values' are reflected across multiple themes in the researcher's findings: personal values are included in 'Developing a Sense of Self,' values such as determination and persistence are discussed in 'Striving to Ac-

compish One's Goals,' and beliefs regarding whether or not one can depend on or trust others are included in the theme 'Grappling for Independence.'

It seems that though there is some variation at the level of open coding in that the researcher is able to make culture specific observations while the second coder makes note of activities of daily living that are not included in the researcher's codes, there is significant degree of similarity between the two sets of findings at this level. Broadly, it appears as though both the second coder and researcher made similar observations in terms of what participants spoke about.

However, the researcher and second coder diverge in terms of the level of specificity of their groupings. While the second coder construed the data into broader themes such as dealing with change and coping with challenge, the researcher categorized codes into more specific groups reflecting participants' experiences in such areas as developing a sense of self, accomplishing goals, and adapting to and understanding independence. In comparing codes associated with both raters' categorizations, it is apparent that the researcher, as well, observes coping with change and challenge to be a central feature of participants' experiences. However, the researcher organizes the data such that change and challenge are discussed in specific contexts - with regard to perspectives on self, career goals, managing oneself independently. Thus, the researcher delineates participants' perspectives in terms of dynamics within different spheres of their lives, while the second coder's groups reflect broad themes that overarch different aspects of participants' lives.

The discord between the researcher's themes and second coder's groups may be attributed to a number of factors - significant disparity between the researcher's and second



coder's familiarity with participants, setting, and cultural context; differences in experience with qualitative research; differences in personal backgrounds. In discussions with the researcher, the second coder noted that she was often 'confused' by the data in parts as she did not have context for making sense of it (Personal Communication, 2019). The second coder's lack of comfort with the data may have contributed to her more general, slightly distant interpretation.

Despite these differences, findings developed by the researcher and second coder reflect considerable agreement in terms of open codes - there is consensus around what the participants are saying, in general terms. Code groups and themes are connected by conceptual similarities, and interpersonal relationships, specifically, are observed by both raters to be of special importance to the girls.

### **Reflexive Statement.**

In accordance with the Interpretive Phenomenological Analysis paradigm, the methods discussed here are understood to be a product of relational, social, and cultural processes. The researcher reflected on these processes during the course of research through the process of memo-ing - an integral component of most forms of qualitative inquiry, including IPA research. Following are some relevant reflections from this process.

**Researcher-Participant Relational Dynamics.** Given that many of the girls included in the study were subject to severe forms of abuse in childhood - often perpetrated by caregivers - it may be expected that they experience issues around attachment. Within this context, I believe that the relational nature of the data collection process would have inevitably brought up complex feelings for many of the girls, both conscious and unconscious.

Prior to the process of data collection, I worked with girls living at the Kilkari Home in the summers of 2015 (June-August) and 2016 (July-August). At both of these times, I worked as a Volunteer Mental Health Therapist, assisting staff with intake interviews and working individually with a caseload of about five girls living at the home.

During this association with the Kilkari Home, I had the chance to develop, what I perceived to be, strong relationships with a few girls I worked with. In our work together, girls shared harrowing accounts of abuse, as well as ongoing interpersonal issues faced within the Kilkari Home. However, during each period of my clinical work at Kilkari, it was only a small number of girls that I connected with closely.

I interacted with a few other girls onsite informally. Several girls, particularly older adolescent girls, did not seem interested in speaking with me individually. In my reflections on my relationships with the girls at Kilkari, it seems important to note that my understanding of the ‘girls’ is limited to a few girls who were open to connecting with an external volunteer - a subset that may not necessarily represent the population in many regards.

Though I felt instinctively connected to the girls I did work with, and honored to hear their stories, I always felt that having been socialized into a western understanding of trauma and mental illness, I did not have the infrastructure to fully understand their experiences. A desire to conduct research rooted in the girls’ perspectives developed from these reflections.

I did not have any past clinical experience with the ten girls interviewed for this study. However, I had seen most of them around and/or engaged in brief, informal interactions during my previous visits. As I entered the research site, I assumed that that their response to me would be similar to that of the girls I had worked with at the Kilkari Home. In a superficial sense, it was

for the most part - all the girls were respectful, some appeared curious about me, and a few displayed warmth and a genuine eagerness to engage. One girl, who did not participate in the study, seemed disinterested in engaging with me even informally.

The girls referred to me as they did to other counselors/staff - Didi, or 'older sister.' This, in itself, had the effect of diminishing boundaries between myself and the participants. Being referred to in this way made our interactions feel warm and authentic, and perhaps less clinical. In retrospect, I believe this had the impact of allowing trust and openness to develop with several girls sooner than might have been the case otherwise. Alongside, it made objectivity in my work with this population more effortful. The dual effects of warmth in my relationships with these girls played a significant role in gathering and analyzing findings - while I believe it allowed for genuine, in-depth interactions, it also may have promoted a desire to be seen favorably on both ends.

During the course of data collection, I felt that I developed a strong, authentic connection with three of the girls. Though each relationship was distinct, dynamics were similar across relationships in that these girls would approach me voluntarily, continuing to engage in unrecorded exchanges with me after data collection was over. They explicitly stated that they enjoyed talking with me and felt they could share things in our sessions that they had not with anyone else thus far. I conducted three sessions each with all three of these girls; I believe the data from these interviews is the most nuanced and in-depth. That being said, it may be that the warmth in my relationships with these girls may have encouraged them to attune to my needs in some capacity during the course of interviewing; a dynamic which would certainly bear impact on findings.

With five of the girls, I believe I shared a rapport that allowed authenticity and ease, if not a high degree of intimacy. Three of these girls engaged in unstructured sessions with me which they requested to be off-record - they asked for recording to be stopped soon after the session began. I believe that these girls were interested, on occasion, in sharing intimate feelings with me, but did not necessarily appreciate being recorded - they were much more relaxed and honest off-record, sharing experiences which were of a more sensitive nature than they had in the recorded semi-structured interview. I appreciated that these girls felt comfortable enough with me to request that I stop recording, despite their interest in speaking with me off-record.

Two of the girls only engaged in one interview each. They both seemed somewhat closed off during the interview process. Though I asked both girls if they would like to speak with me again at different time points, I respected their boundaries and decision not to interview with me further. My engagement with one of these girls was also limited by her availability - my presence onsite did not regularly coincide with hers.

I assumed that the life histories of the girls I interviewed were similar to that of the girls I worked with at Kilkari. In a broad sense, this was true. Though some girls did share childhood experiences with me, a few did not. While this particular study was focused on participants' experiences in the present, rather than in the past, I believe that, in some cases, my assumptions about some of the girls' backgrounds prior to speaking with them may have limited my curiosity about the full range of their experiences.

Alongside, because I assumed they had dealt with childhood trauma, I approached my interactions with the girls from a trauma-informed perspective. In my experience, this meant I avoided pushing the girls to speak about sensitive subjects they did not appear ready to discuss, I

avoided asking triggering/leading questions about traumatic experiences, and I checked-in with the girls emotionally if they appeared to be overwhelmed in speaking about a particular topic. My judgement in this regard was based on my clinical experience in working with survivors of trauma.

In retrospect, I imagine that the girls' included in this study viewed me somewhat differently from the girls I worked with as a volunteer at the Kilkari Home. In positioning myself as researcher and in speaking with them at the request of staff, I believe that was I viewed as somehow part of the system that the girls express distrust towards. This may have discouraged some girls from engaging with the interview process authentically, particularly from being recorded.

**Outsider Status.** I viewed my status in the research site as that of an 'outsider.' In some superficial regards I could be viewed as an insider - I am from the same general region that the girls belong to - North India, - my family resided in the same city where the girls had spent most of their lives - Delhi, - and I was a native speaker of Hindi. However, despite having volunteered onsite over a period of several months, I always felt that though I was seen as a familiar entity, I was never viewed by girls/staff as being similar to them. This was evident in the curiosity the girls expressed about my background and experiences.

Contributing to my outsider status was the girls' awareness that I was studying in the United States - this alone indicated that we belonged to vastly different socio-economic groups. This being said, the girls never expressed a desire to go to study/live in the United States themselves - my status as a non-resident Indian was not aspirational. I felt as though they looked at my life with wonder and at times, confusion - I recall one girl specifically asking me what would compel me to leave India.

I believe the differences in our privilege were most apparent in instances where the girls heard me speaking in English. Given that knowledge of English is critical to upward mobility in India, and is a strong indicator of socio-economic status, it was not surprising that the few girls who heard me speak in English commented on how well I spoke and asked me how I had learned. I believe that I experienced some guilt and embarrassment in these interactions, as I was reminded of the dramatic difference in the opportunities we had been afforded.

**Unrecorded Sessions.** As mentioned earlier, three girls requested for one of their sessions to be off the record. They either asked for the recorder to be turned off prior to start of the session, or shortly after. I believe that the girls' ability to request me to turn off the recorder was indicative of the comfort and trust they experienced with me. After I turned off the recorder, the girls continued to speak with me, sharing feelings and experiences of a particularly sensitive nature. This conveyed to me both the desire of several girls to share and process their most intimate experiences, and the girls' hesitation/fear in revealing aspects of their experience to staff.

**Biases Prior to Data Collection.** I entered data collection with several biases, most notably:

i) I assumed that the girls I was going to interview had childhood experiences similar to the kinds of experiences the girls I had worked with at the Kilkari Home had shared with me. Specifically, I assumed that they had been subject to severe childhood abuse in the form of neglect, sexual violence, abandonment, and loss. As a result, I assumed that they all dealt with the consequences of complex trauma in different capacities - I expected several girls to struggle with issues around attachment, emotion regulation, and the development of a false self.

ii) Based on discussions with girls at the Kilkari Home about their fears around transitioning out of the home, and my understanding of the sensitive nature of transition, I expected that the girls who had transitioned out would be experiencing significant psychological distress. I was concerned for the girls prior to starting data collection.

iii) From the start of this research, I was consciously committed to documenting narratives that I believed the girls would recognize in some capacity - I did not want to interpret results to an extent that the girls' narratives did not feel representative of what they knew of themselves. Consequently, I was hesitant to interpret results beyond a certain point, and most likely, avoided asking follow-up questions in some areas so as to avoid leading the girls' narratives.

## FINDINGS

**Overview.** This study aimed to answer the following question: What are the psychosocial experiences of adolescent girls (18-19 years old) who have recently (1-6 months ago) transitioned from institutionalized care to an after-care setting in Delhi, India? Data, in the form of semi-structured and unstructured interview transcripts, was analyzed using analysis methods rooted in the framework of Interpretive Phenomenological Analysis. Five broad themes emerged from the data: i) Developing a Sense of Self, ii) Seeking, Avoiding, and Managing Intimacy, iii) Striving to Accomplish One's Goals, iv) Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant, and v) Psychological Distress: Experiences & Treatment.

It is of note that two Hindi words are used repeatedly in the following text: *didi*, which means sister, and *bhaiya*, which means brother.

All five themes and associated sub-themes are reflected in the following table. The number of participants who shared perspectives connected to each theme are also indicated.



**Table 1.5 Themes, Sub-Themes, & Number of Participants Contributing to Each**

**Theme**

<b>Developing a Sense of Self</b>	<b>Seeking, Avoiding, and Managing Intimacy</b>	<b>Striving to Accomplish One's Goals</b>	<b>Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant</b>	<b>Psychological Distress: Experiences and Treatment</b>
Engaging in Self-Reflection  Believing One Possesses a Special, Unrecognized Quality  Viewing Self as Empathetic and Helpful  Defining Personal Values and Beliefs	Craving Intimacy  Seeking & Appreciating 'Apanann'  Feeling Deeply Alone  Avoiding Intimacy  Intense Feelings within the Bounds of Female Friendship  Navigating Relationships with Males	Formulating Realistic Career Goals  Viewing Financial Independence as a Means to Helping Others  Persistence & Resourcefulness are Necessary  Feeling Internally Motivated  External Pressures  Experiences with Vocational Training  Anxiety & Uncertainty Around Employment	Responsibilities Build Self-Esteem & Self-Efficacy  Learning to Navigate an Unsafe Living Environment  Feeling Untethered  Experiencing Independence as a Compulsion, Not a Choice  Experiencing Concern & Boundaries as Expressions of Care	Subjective Accounts of Mental Health Issues  Physical Expressions of Psychological Distress  Trying to Cope Independently  Experiences with Seeking Help from Staff
<b>Contributing Participants: 7</b>	<b>Contributing Participants: 10</b>	<b>Contributing Participants: 7</b>	<b>Contributing Participants: 8</b>	<b>Contributing Participants: 6</b>

**Theme 1: Developing a Sense of Self**

In promoting self-sufficiency and offering solitude, the girls' living circumstances create an environment conducive to introspection. Most of the girls display self-awareness as they describe themselves, share their values, and grapple with defining their own beliefs and boundaries. Regardless of the function or stability of their self-assessments, it is evident that many of the girls are actively engaged in understanding themselves on their own terms.

**Engaging in Self-Reflection.** The majority of girls' narratives indicate conscious and intentional efforts towards developing self-awareness.

Five girls share that they regularly write in a diary. One girl tries to make sense of the conclusions she draws in her diary:

I have written a lot of things like that in my diary. The answer I have found from my diary is that I am different from others. When I write it myself in my diary, I found the same most of the times that I am -- perhaps I unable to mingle with people or I just like to stay alone, I am confused about these two answers. (P7, S1)

She goes on to share an example of when she writes in her diary:

When I feel like I have misspoken to someone about something or I have said too much, then -- first I write that thing down in my diary that I have to say sorry to her because I committed this very big mistake because she has her own life, she might be doing something be it wrong then who am I to be commenting anything on that. Whatever she is doing, I can say that to her once or twice but I cannot always that thing again and again.(P7, S1)

The girls' active efforts towards understanding themselves are further evidenced by their ability to monitor themselves and share nuanced insights into how they have changed over time, as well as why they feel as do.

One girl reflects on a recent change in her behavior:

Respondent: I don't even laugh anymore. I just pretend to laugh. I don't feel like laughing I don't know why. I force my laughs. Everyone laughs openly but I don't even feel like laughing. I think about where my laughter has gone.

Moderator: So, do you feel better by forcing the laugh or do you feel that you have to laugh so you laugh?

Respondent: I don't laugh. When I see others laughing I think about why I do not feel like laughing. (P8, S1)

A second girl shares how understanding herself better has helped provide relief from distress:

I used to be very weak earlier. You know, I used to cry so very often, but I understand myself so very well that now I am able to cope up with myself very well. (P6, S1)

A third girl reflects on why she believes she is hesitant to form new bonds:

The biggest thing I miss in my life is a friend, that I am able to share these things with that person and vice-versa. I am noticed myself in such things. I don't want too many friends in my life because in my life if family couldn't stay for long, so then how will my friends stay. (P7, S1)

A fourth girl displays insight into why she doesn't like attending her vocational classes:

I like going there in Retail and I understand that too, but what happens is, on one side I understand and on one side I don't, I get confused. I cannot even ask for help, that's why I don't feel like going there. I just like to see and catch up. I can learn by watching something. If you will teach it to me properly then I can do it in a good way, but I cannot give the details. (P4, S1)

The girls' openness to understanding their feelings, ability to self-monitor, and capacity to offer complex, nuanced reflections on themselves indicates an engagement in and inclination towards developing self-awareness.

**Believing that One Possesses a Special, Unrecognized Quality.** A theme common to a few of the girls' perspectives on themselves is a belief that they possess a quality which allows them to impact their environment in a unique way. Three girls share these beliefs organically and independent of each other, unprovoked by any specific line of questioning. For example, one girl believes that what she envisions is turned into reality:

I imagined once when I was in A, I was in school dress, I was about to get onto my van, right before that what imagination came in my mind that I am going getting on the van and my shoes got stuck in it and I feel down right away. And even that turned into reality. I was in dress, I was about to get onto van, then my shoe got stuck and I fell down and I got hit very hard in my head. I am actually mad that imagine things. What happened one day is that me and R Didi were coming back from Darya Ganj, we were in a small bus. So, R Didi went passed, I was

also about to pass by but the bus started running and then I got this imagination at that time that I got down from the bus and I fell down and again that turned into really too and I got hit very hard on my head. It was such a hard impact and I was not able to say anything to the driver, I opened all hairs at that time because they were bounded and I got hit, I opened my hair and then I did not cry in the way. Then when I was about to reach Kilkari, I cried a lot in the street and I laid flat down in the house. Most of my imaginations come true. (P7, S1)

Another girl shares that she believes she has the ability to draw people towards herself:

I know that I can attract a person towards me. I can impress anyone in 10 days, I have such a talent. Not 10 days, I can do it in a day as well. (P1, S2)

A third girl believes that she bears a unique and positive influence on the lives of males she connects closely with:

Respondent: You know I have a quality and people tell me that I'm very lucky that I get such good boys and I change them if they are not good.

Moderator: So you feel you can guide boys?

Respondent: Not guide, I can improve the boys [by] living among them.

(P6, S2)

Alongside, the same girl feels that the intensity with which she loves and cares for her friends is unparalleled:

...And sometimes I feel that no one can love my friends as I do, I feel this sometimes. In fact their parents cannot love them like I do, I feel so. They get to know this later when I go far away from them. Then they come to know the value of my love, value of my respect and everything. (P6, S2)

She goes on to express the joy she feels at this quality being recognized by others:

When I went to sleep yesterday, I was thinking that my friends don't talk to me. One of my four year old came here. He lives in Mumbai. He's getting married. He called me and asked, "Please tell me how are you and where are you living?" I got so happy. I like if someone comes back to me and say, "Please keep me in your life, I cannot get a girl like you." I'm very happy since that time that two

people came back to me saying “We swear we cannot get a friend who can understand our feelings like you.” (P6, S2)

Though each girl perceives in herself a distinct quality, the act of believing that one possesses a unique quality fosters a similar sense of being special and powerful. The girls also convey a similar belief that these qualities are not seen or understood by those around them; there is a sentiment that only they are aware of this aspect of themselves.

**Viewing Self as Empathetic & Helpful.** The majority of girls interviewed view themselves as being empathetic and helpful to others. This quality is viewed as a strength, and there is a sense of pride in sharing anecdotes that illustrate one’s ability to support others.

One girl shares how she offers practical supports to her peers:

For example, if they need anything, I get it for them. People give things to me and I give it to them. Because they also don’t have anyone so I feel good taking care of them. (P8, S1)

Another girl reflects on her inclination towards understanding and helping others:

What I am feeling is that I am the only person who wants to understand the other person, because I can easily understand the people. And there is a good thing about me that I support a lot, be it with anything, be it money, or my things, I support the person in every aspect. (P6, S3)

In another interview, she shares a similar sentiment:

No, I can manage in 10 bucks even if I get 20. I will spend less. I will not be choosy in clothes. I will fulfill my passion, but would also think about the people staying on the road. We should also support them.(P6, S1)

The same girl goes on to express the pride and happiness she feels at knowing she has been able to offer helpful advice to someone:

Respondent: I felt very happy that I am capable of advising others and they come back to me.

Moderator: Yes, I am sure...

Respondent: I'm very happy that the people I advised, they become something, and they do come back to me. He said, "Won't you have a party from me?" I said, "tell me when you are giving it". He said, "Tell me where are you?" It's his birthday on 1st. He asked me, "Shall I come? But where will I stay?" I said, "Stay with someone." He said, "Okay, I will come, but leave at night." I said, okay. (P6, S2)

A third girl narrates an incident illustrating her inability to turn down someone in need of help:

Respondent: I never say no to help others. I am ready for it all the time.

Moderator: You take time for it.

Respondent: Yeah. She called me up. I was in my home. The way I was, I came and we went there. I told her that I didn't have any money with me so how would I come. She said you borrow it from someone, I will give it you. She said you come by bus, I will give your Metro fair but you please come to meet me. Then I went there to meet her in a hurry. I took a bus, got off at Kashmere Gate, I went in a hurry. Then she said that "Didi, I want to have juice." I didn't have money with me but even then I brought juice for her. I took care of her and after that I talked to other sisters of mine, and then I left. (P7, S2)

She shares another anecdote from her childhood illustrating her innate capacity to empathize with others:

When I was young, I didn't have that realization. My parents themselves -- I mean there was a boy who was going to commit some wrong thing with me, and then suddenly my parents entered and they started beating him, then I said don't beat him papa, I was taking two rupees from him. I was very young at that time. I didn't recall about it, my sister told me this. (P7, S1)

Another girl says that she avoids sharing her problems with others because she is concerned about how it may impact them:

And earlier I never used to think like what impact it will have on the other person if I tell it to the person, whether she will have any problem or not, but now I always think like if I tell her my problem how she would feel like, that's why I don't tell anybody anything. (P1, S1)

A fifth girl describes how she and another girl helped someone in their neighborhood out of their own volition:

Yes, the shopkeeper from the shop where we get our groceries from, we know him and they are some kids over there who eat a lot of ice-cream, so we know them quite well. But we have such a relation with them that we try to pass on our knowledge to them. There is an ice-cream seller who did not know much -- he was asking a question from the map of India about a place. Even I was not that sure so I asked D and she helped and they we both explained it to him. We said, "We will definitely tell you." And then we got the map and we explained it to him. So we help people like this. (P3, S1)

The girls' experiences in this regard are different in that acts of 'helping' and displaying empathy embody distinct forms. However, a common sentiment across three of the girls' narratives is that helping involves sacrifice. While one girl values her ability to put another person's feelings above her own, another perceives her inability to set boundaries with others as an indication of her helpful nature, and a third girl recounts her ability to take the perspective of someone who was trying to rob her as an example of her innate ability to empathize. Though all of the girls' anecdotes certainly indicate that they value helping others, there is a sense that the ability to sacrifice one's own needs in favor of another person's is a strength that is particularly admired.

**Defining Personal Values and Beliefs.** Several girls share their personal beliefs and values around matters of importance - marriage, work, and interpersonal relationships. While some girls report imbibing the values of elders, others differentiate their beliefs from those around them. In grappling with their beliefs and values, the girls convey a sense of what is important to them.

One girl shares how her values and desires are very different from those in her home environment. Instead of striving for marriage and a place in her community, she wants to live independently and adopt a child:

You know the reality of my family. When I go home there is nothing. I know I will not get any support. In the village, you know what they do? They will get you married. Life is anyway not good and I do not want to marry. I do not. I want to adopt a baby and have my own small home. I want to live my life nicely. The problems I have faced, I want to forget that. I don't want to marry. (P6, S1)

She goes on to share her experience in expressing her beliefs to her family:

I thought once that I will tell and I said it lightly. My mom's mother, my grandmother, I told her, "I don't want to get married." She said, "This is unheard of." She has old thinking. (P6, S1)

Another girl shares that she did not feel a person's religion mattered in a relationship - a belief that is not always reflected by those around her:

I did not even ask anyone and decided on my own. I went to the station with K Didi but I said no on my own. Because I can see a person and tell. Being a 'Mohammedan' (Muslim) is also not a problem. If you see, every person is the same but he was not of my likeness. He was quite older than me. (P8, S1)

A third girl shares how remains committed to her belief that dating is not right, despite feeling some pressure from her peers to date:

Respondent: I also think at times like that but I don't do that. For example, sometimes it happens that -- there are girls that talk to boys, they keep on doing that, then they share that with me, so I think that when I am not like that, they narrate in that way, so should I have to be -- the way she is telling me, should I change myself to that or not? I do ask myself questions like that.

Moderator: So, what do you feel about it?

Respondent: The answer that I get from myself that, "No, M. It's not good to go into such things." (P7, S1)



A fourth girl reports that the most useful thing she learned from staff at Kilkari was the importance of working as a team:

Respondent: The best thing they taught is team building, to stay in a team.

Moderator: So, what all did you learn in team building, means what do you like?

Respondent: They taught us to work in a team together and if any one goes here or there, it all gets spoiled, the chain will spoil. So, they taught us to work together. (P5, S1)

Another girl talks about a value she learned from a beloved staff member:

I got to learn from Didi that no work is big or small, you can start from anywhere. And what we do is we touch the highs from down under. We make our way from down to up. I used to get this learn from her. I go ahead in my life thinking that whatever work I will get, I don't think it's big or small, I won't never think like that what kind of work this, there is no respect in doing this, never ever. I will do this work today -- then I will get respect. That's what Didi told me that the rangoli we used to make -- we make the rangoli. (P6, S1)

In articulating their beliefs, the girls begin to establish a sense of what they reject, what drives them, and what they identify with. Though the journey of self-discovery has only started, it is one that is clearly important to the girls at this stage in their lives.

## **Theme 2: Seeking, Avoiding, and Managing Intimacy**

Whether it is desired, avoided, or wrestled with, intimacy is a salient concern in the girls' lives - it is discussed, in some capacity, by every participant in this study.

**Craving Intimacy.** A sentiment common to a significant proportion of the girls - 7/10 - is a strong desire for intimacy.

For example, one girl shares her desperation for close relationships:

Respondent: I'm very weak-hearted.

Moderator: When did you feel so, means why did you feel this?

Respondent: I got to know [recently].

Moderator: When?

Respondent: I'm hungry for love. Also, I don't want to be away with anyone, especially my loved ones. (P1, S2)

Another girl describes her longing for a close friend with whom she can share everything:

I used to feel that -- even today -- yesterday, I was in need of a friend with whom I can share all my heart. I couldn't find anyone. And even now, I used to think that M is the best person in my friend with whom I can share everything, but now I don't even trust him. Now, I just need a good friend who can understand me and I understand her. That's what I am waiting for. (P6, S3)

A third girl expresses that what she desires most is a close friend:

The biggest thing I miss in my life is a friend, that I am able to share these things with that person and vice-versa. (P7, S1)

She elaborates further, explaining why close friends are particularly valuable at this stage in life:

We grow older and older, and we will be as old as you some day then what's the benefit of that, by that time we would have quite old and not child anymore, so there is no benefit of that. After that, we will get married and will have children. We will be having a lot of responsibility on our shoulders. But during this when we're childhood to getting to that age, there should be some significant one to talk to, with whom we can share anything, we can say to them that I like this person help me get friends with him or whatever. (P7, S1)

It is of note that the girls specifically express the desire for a close friendship, rather than for a group of friends; it seems as though the quality and intensity of intimacy is of greater concern than the number of attachments one has.

**Seeking & Appreciating 'Apnappan.'** The kind of closeness the girls value is one that is best captured by a hindi word used in the interviews - 'apnapann.' 'Apnapann' is a type of closeness wherein there is a sense that someone is 'yours.' It is described by the girls, and typically

characterized by, a kind of intimacy where there are minimal boundaries alongside a sense that involved parties have a right over each other in some capacity - this may be a right to offer advice, a right to ask for financial support, or a right to be involved in making important decisions.

One girl's description of the kind of intimacy that she misses in her life illustrates the notion of 'apnapann':

Those, in front of whom, we could say anything. That time, even if we were in the washroom or even outside, we could say anything because they were ours. But now I don't feel that way. Now, there are more responsibilities too. We have jobs along with our education so that tension is also there. (P2, S1)

Another girl fondly recounts her sister taking offense to the exchange of niceties:

Sometimes I call my sister and say thank you that you talked to me. My sister replies that you're mad, you're saying thank you to me. You're my own sister and you're saying thank you to me, what you think, am I a stranger? (P7, S1)

A third girl shares that her closest relationships are with two staff members. In interactions with these staff members, she describes feeling as one would with their mother - uninhibited, and entitled in a childlike manner:

When I am in depressions and D Didi comes or M Didi comes –like you would ask you mom, I ask them. I will tell D Didi that I want to do this, get it done, get it done. Then I tell M Didi. I behave like a child in front of them. As in, if I need something I need something. Didi I need this. Didi I need shoes. Didi I need clothes. I behave like this with Didi and I don't think I behave this way with anyone else. (P6, S1)

Upon being asked whether there is anyone she feels close to at their present living facility, one of the girls shares that she and several other girls feel close to a nurse who lives in close proximity. She conveys the extent of their relationship by sharing that the girls consider themselves to be aunts to their friend's daughter, going so far as to reprimand their friend should she discipline her own child:

Respondent: [Sometimes] her younger daughter will cry if we are not there and she will hit her sometimes in her anger, she will come and tell us, “Today, I got angry at her and I hit her.”

Moderator: Yes.

Respondent: We immediately start shouting at her telling her, “Didi, she is not you daughter, she is our daughter.” She calls us ‘Maashi’. We are like her aunt. (P3, S1)

The girls appreciate relationships and moments of intimacy where they feel they have experienced ‘apnapann.’ However, there is an awareness that this kind of intimacy has largely been absent from their lives.

**Feeling Deeply Alone.** A pervasive and persistent feeling of being alone in the world is reported by half the girls who were interviewed. For some of the girls, this was not the case at Kilkari - several girls say that they felt a greater sense of community and belonging while living there. Others share that they have felt this way for a long time, while a few report a shift in the intensity of their feelings.

One girl reflects on feeling lonely in her present living circumstances:

Yes, we used to do everything together in Kilkari like eating, drinking. In fact, we used to bathe together, wear same kind of clothes. And we also used to get beaten together because we used to eat in the same plate. It’s all changed now since we’ve come. We hardly talk to each other. I talk to someone and she talks to someone else, so there’s a lot of change. We used to be together every time from morning till evening, that’s all over now. (P10, S1)

Here, these feelings of loneliness are attributed to the fact that there are fewer shared experiences in the after care facility; at Kilkari, the girls were bound by a common routine.

Another girl expresses that she feels sad and lonely at the present living facility due to the absence of elders who can offer support:

Respondent: We feel a little sad here. We felt happy there.

Moderator: What makes you feel sad?

Respondent: There is no one elder to us with whom we can share our thoughts with.

(P2, S1)

Another third girl reflects on her experience with loneliness, stating that she has longed for, but never felt, a sense of cohesion among the girls:

I feel lonely even when I am among these people because they mind their own business and I think that we're girls are old enough, we can enjoy, we can live in group together and it will be good for us. There will be unity. When we go out and if someone bothers us, we can keep our unity, but I don't find that intent. Neither in Kilkari I had seen that intent nor do I see that here. I left starving for a lot in my life. (P7, S1)

Despite having felt lonely since she was young, she suggests that it has been harder for her to cope with these feelings since transitioning out of Kilkari:

That's what it is; it's very difficult to tell. I feel a little irritated, and the things that make me irritated -- earlier, I was not getting angry but since I have come here, I am getting more angry, I am getting irritated. Even I used to feel alone in Kilkari, and here also I feel the same way. So, I feel weird that I am living here among these people even then I still feel alone, why do I feel like, I am unable to understand myself. I have answers to the questions but I unable to relate myself to those answers that how I want live, but I live the same way here as I used to live in Kilkari. (P7, S1)

A fourth girl shares that feelings of loneliness have always been a part of her life:

I always feel lonely.

Moderator: Since when... You were saying that you have felt this way since childhood so did you feel this way from before or did this feeling come and go?

Respondent: This feeling has been there since starting. I have felt lonely since the starting. (P6, S1)

While loneliness is not an entirely new feeling for any of the girls, there is a sense that the girls are more conscious of this feeling than they were prior to transitioning. Additionally, because they are now physically alone much more of the time, the feeling seems to be experienced with greater intensity.

**Avoiding Intimacy.** The most common response to the ongoing shift in social dynamics is an instinct to isolate oneself and retreat from developing close bonds. Specifically, while the desire for close bonds persists and gnaws at many of the girls, the drive to seek and foster new relationships has diminished as there is a sense that intimacy leads to disappointment.

For example, one girl has determined that the cause of her loneliness is her desperation to form new bonds. She determines that avoiding intimacy may provide relief from both her desperation and loneliness:

I don't want to make friends anymore. I have come here to this loneliness running after friends in my life. But now, I am thinking that now I want to avoid all such things. (P7, S1)

Another girl shares how she started to disconnect from her peers after feeling as though they did not understand her:

Not trust, at first I didn't show it, I didn't share my problem then everybody had that problem. And then when I shared my problem, so my friend didn't understand, so I don't want to share it. But then I got apart from other children. (P1, S1)

Thus, for some of the girls, feelings of loneliness are perpetuated by coping in the form of the avoidance of intimacy.

**Intense Feelings Within the Bounds of Female Friendship: Hurt, Betrayal, & Longing.** Within this context, the girls report experiencing intimacy primarily within the bounds of

two types of relationships - close female friendships and relationships with males. Female friendships are often described in intense terms; it is common for girls to refer to close friends as ‘sisters.’

One girl expresses that she considers the girls she lives with to be her sisters:

Respondent: I feel good in Kabir Basti. I miss living here and my friends and sisters.

Moderator: How many sisters do you have?

Respondent: Here there are many. They are all my sisters. I consider all of them as sisters because you get attached to people you live with. (P8, S1)

Two girls report particularly intense feelings around their relationships with other girls in the facility.

One girl reports ruminating over a perceived change in a relationship with a childhood friend. She shares that she is so upset by changes in her friend’s behavior that she uses her diary to keep track of her friend’s patterns:

When we became friends in 2017, I started writing again. S says, “You are mad that you write about me.” I say, “I am not mad, you are because you don’t talk to me or do not make me laugh. You just call me and make faces as if I have done something. That is why I have to write down what my friend did today and what happened with me.” She said, “I will take your diary one day, tear it up and burn it.” I said, “Okay burn it when you get it.” (P7, S1)

She describes developing a relationship with her friend as an intentional act, entailing a mutual commitment to loyalty and unwavering support:

Because at that time, me and S, in 2005, we used to go -- I used to go learn embroidery and she was learning tailoring. So, we used to go together to Darya Ganj via bus. In case it rains some day, those days we used to walk on feet from Darya Ganj to Kashmere Gate enjoying the weather. But after then around June or July, she requested me to get friends with her then I said we will always be friends. She said you will leave me someday, so I said that even if I leave you we will be

friends. If you consider me as best friends, then I will be friends with you all the time. And in case you don't consider me a friend, even then I will be giving you time because we both consider each other friends. That's what we talked about and then after June or July we were friends, then few months went passed like that. (P7, S2)

Another girl reports having felt deeply hurt when she learned that a close female friend had betrayed her trust:

I used to be very happy with S. Talking to her, hitting her, eating together. Since I have shared my feelings with her, she was my best friend. When she started telling the other friends, my trust broke. Now I do not talk to anyone easily. I will talk, roam around, have fun, but I will not share my feelings.

...we still talk but we don't talk too much now. You know what happened? When I did not come here, before that me and her had a big fight. For some reason it happened. I stopped talking to her. She gossiped around what I told her. That is when my trust in her broke. If I get a good friend, I will be able to move out of depression. I will share my feelings with her. (P6, S1)

She goes on to share that she engaged in self-harm in relation to feelings around this friendship:

Because of her -- ask her sometime if you get chance, I didn't take medicines because of her.

Moderator: Hmm.

Respondent: For her, I have done things that I shouldn't be doing. I won't lie to you, I haven't eaten since morning. In the end, she never \_\_\_\_04:01, I cut my hands because of her also, I won't lie to you. (P6, S3)

While the experiences of both these girls are worth being understood, it is important to note that the majority of girls interviewed do not speak about their friendships in such intense terms.

**Navigating Relationships with Males.** There is a burgeoning interest among several girls in developing close relationships with males. Half the girls interviewed discussed relation-



ships with males, though no specific questions were asked in this area. Relationships with males are discussed in much less detail than friendships with females.

In most cases, the girls prefer to use the term ‘best friend’ over boyfriend to describe male friends. For example, one girl shares:

People used say that Salman is my BF, so I told everyone that he’s not my BF, he’s my best friend. (P4, S1)

This is reflective of a broader tendency among the girls to present themselves as being in control of the level of intimacy in their relationship with males.

One girl recounts how she told a male friend that he could be her best friend, but not boyfriend:

He told me that he loves me. I said, “Sorry, I don’t want to indulge in all these things but, yes, I can be your best friend” because he was not the type of BF I wanted. It was not that he did not study, he studied a lot. I said, “You will remember that there was a girl by the name of Palak.” I told him my fake name. (P6, S2)

Another girl reveals that she turned down a proposal from a male friend because he was much older than her. In doing so, she conveys her ability to set boundaries and make decisions for herself in such circumstances:

Moderator: He is older and that is a bit of a problem.

Respondent: He is 25

Moderator: Yes...

Respondent: That is why I said no. I said, “You go your way and I will go my way.” (P8, S1)

A fourth girl narrates how she resisted pressure from a male friend to turn their relationship into a romantic partnership:

Respondent: I had a boy friend whom I used to consider a very good friend and he also considered me a good friend, but I always used to say, “you are my good friend and I love you a lot,” but he used to say no, no, no. Then one day I told him that I will go away from you because you always do like this. He said it’s not possible. I said, you will see as I will do this and now I’m far away from him today. I used to call him earlier and now he calls on his own and he respects me more now.

Moderator: Now, he understood what he has lost?

Respondent: Now, he says, “I’ve never got such a good friend like you.”

Moderator: So, you talk to him?

Respondent: I talk to him and say, it’s okay, I’m still your friend, but I cannot give the same value I used to give you earlier, but do let me know if you have any problem or you need anything.

(P1, S2)

One girl shares her experiences and thoughts on physical intimacy, despite no direct questions being asked in this regard. Her reflections on this matter as well convey a sense that boundaries and agency are valued:

Respondent: For example, \_\_\_\_\_08:54... then they cross the line, then I can’t take it anymore.

Moderator: So, for example they express their feelings too much or they try to get physical with you then you don’t -- what do you feel like?

Respondent: For example, they say that I like to kiss, so come on -- I mean attachment, like few things should be done gently when they try to overpower the girl, I don’t like those things at all. (P6, S3)

In a different session, the same girl shares:

I met him twice, but met him in a distance. We enjoyed, but yes nothing like that because you never know who will change in future. So, a girl’s safety is in her own hands. (P6, S2)

The girls report being in control, in different ways, of the level of intimacy in their relationships with males. There is a sense that the girls are hesitant to be vulnerable in these relationships. Alongside, it may be that the girls want to present their relationships in terms and within bounds that they feel will be respected by staff/elders. Though they do not appear to be internally conflicted about the morality around pursuing relationships with males, there is uncertainty around how these relationships will be perceived.

One girl reflects on the attitude of staff in this regard:

And in the meantime, we find it weird over there also. We cannot answer our phone when we're there because we don't know -- even if we are talking to our brother -- I mean if we're talking in front of staff then it's going to be interpreted wrongly, so that's a very bad thing that our image is being compromised. It hardly matters because they even have common sense that they're old enough, but still we care. I answered by brother yesterday, so Didi saw me and asked me who was it, I said, "Didi, it's my brother." I mean she was asking me doubtfully, so that's little strange. (P3, S2)

Within the context described by this participant, it may be that the girls are hesitant to share the extent of their relationships with males with staff or other elders.

In describing their relationships with males, giving advice is cited as a central feature - the girls value male friends who support them and offer advice or 'counseling' during difficult times:

One girl talks about how a close male friend of hers offers her support and advice during challenging times:

His name is S. Whenever I'm sad or tensed about anything -- we met when we were going to office one time and we started talking with each other. Whenever I'm sitting and thinking about anything, he always ask me like what happened and if there is a problem, share with me. So, I told him I'm going through some problem, what shall I do? He said, "Do whatever you like to do, don't listen to others. You will only be suffer if think more. Think whatever you want." (P4, S1)

She goes on to express that their mutual ability to ‘counsel’ each other is the best feature of their relationship:

People used say that S is my BF, so I told everyone that he’s not my BF, he’s my best friend. Counseling is my best part because I like it, so that’s why he counsels me and I counsel him. We both have same qualities. He likes similar to what I like doing so we have similarities. (P4, S1)

Another girl shares that a close male friend offers her support in both practical and emotional forms, though she tries to set a boundary when it comes to accepting financial help:

Respondent: A lot, everything, be it money or be it anything. He support me in everything. But it is my specialty that I don’t like taking money from boys. That’s why I don’t take money from him.

Moderator: Why don’t you take money from the boys?

Respondent: I don’t know. Boys can say it anytime and they can misuse a girl anytime, so that’s why I don’t take it. (P6, S2)

A third girl shares how a close male friend advises her to put her own needs above their relationship:

Respondent: Like he advises me every time not to trust anyone, anybody can misuse you. In fact, don’t trust me and concentrate on your studies, concentrate on your future because you need to pay attention. Don’t waste time on useless things. He advises me a lot.

Moderator: So, you feel good to talk to him?

Respondent: Hmm. And he’s very nice friend, means whenever there is a need -- he never discussed about his needs, but yes he alway (P1, S2)

Alongside, two of the same girls view themselves as caregivers and positive influences in the lives of their male partners:

So, he said “it’s a good thing that you left and I have also left my girlfriend. Actually, she left me.” You are the first girl who is explaining me like this. I have

many friends, but nobody explained me like this. You are the kind of person I was looking for. I felt so good after being friend with you. I used to be sad, but now I feel happy all the time. (P4, S1)

He shared many things with me like he doesn't want to get in any altercation with his father. He doesn't have any problem with his father, but he doesn't like his habits because he always starting talking about his marriage, but he does not want to get married as he wants to achieve something first. He still has a lot to learn. So, I told him to try to make his father understand if he can. He said my father never going to understand me. I said it doesn't mean that you start hating your father. I said one should never hate and moreover he is your father. He is worried about you because you are his son. He said I will not hate him, but I will stay away from him. I said, yes, you can do this, you can stay away, but don't think much about us. (P4, S1)

It is of note that, in regard to their relationships with males, that the girls do not report a desire for the same kind of intimacy - *apnapann* - that they seek in friendships with other girls. Overall, the girls who do speak about their interactions with males do so with a restraint that is perhaps granted, given the sociocultural context in which they operate. The girls may further hesitate to share the full details of their relationships with males due to the judgement they have faced around this issue in the past.

### **Theme 3: Striving to Accomplish One's Goals**

Most of the girls discuss, in some capacity, who they would like to be in the future. The future self is delineated in terms of ambitions and dreams - both career related and personal. In their present reality, a significant proportion of the girls' time is oriented towards laying the groundwork for financial independence by means of vocational training. As they share their dreams and process their ongoing journey towards a particular definition of independence and adulthood, the girls express feeling a sense of conviction, determination, and hope alongside feelings of self-doubt and anxiety.

**Formulating Realistic Career Goals.** With regard to professional goals, the girls' ambitions are fairly diverse. Desired professions include - chef, pilot, soldier, counselor, and employee at McDonald's.

One girl shares that she has considered multiple career paths after taking into account different factors:

Yes. I was interested in becoming a pilot first, then I thought if I get good marks, I will not go for pilot. If I did not get good marks -- I thought two things, either banking or pilot. I was going towards banking because I got to know my interest later. Then I started working in accounts. When I came in the beginning for one week, they gave me work. Since then, I learned I'm interested in accounts, I want to be an accountant. Earlier my mind was in different places, now it's centered. (P9, S1)

Another girl reflects on different options within the realm of socially engaged work:

I don't have any doubts, but I doubt I will be able to become what I want to because I want to become a soldier, but some height is required for a soldier, you should have good height. \_\_\_\_04:19. So, that's why I thought that counseling also is a social work. Both are same, social works, but there is some difference. So, that's why I thought it would be better if I do both at the same time so that I can get work in either of it. (P4, S1)

It is of note that both girls arrived at their current career goals after considering the constraints involved in pursuing their initial professions of choice.

Alternatively, another girl reports that she aims to work at McDonald's or within the city's metro system:

I want something in McDonald's or in Metro or -- and along with McDonald's, I wish that I am able to mingle with a lot of people. (P1, S1)

A fourth girl shares that her primary aim at present is to graduate from high school:

Respondent: I just want to complete 12th, that's it. That is all I want to tell the staff. I will talk to D Didi when she comes.

Moderator: Definitely do it. If you really want to study then you do it with all your intent.

Respondent: And if we work, then anyone can get a job  
(P6, S1)

While some girls tie their career goals to broader ambitions and life goals, others base their career goals on what seems appealing in the short term.

**Viewing Financial Independence as a Means to Helping Others.** Three girls convey that they intend to provide support to their families and others in need once they are financially independent.

One girl shares that she intends to support her siblings financially once she has a job:

When I will have a job, whatever I will earn, I will take care of my brother from that money and even to my sister. I will also spend on myself but in a limited way, not a lot. I will also try to save some money. There are a lot of things that I talk to myself sitting alone, try to understand things. (P7, S1)

Another girl voices her commitment to helping others when she has the means to do so. Specifically, she intends to adopt a child after achieving financial stability:

I have to adopt one child and will look after old women like the ones there in the home. If I achieved something in future, I will distribute half of my earnings in all the homes every month. (P6, S2)

She goes on to say:

I've one more thing in mind -- I will definitely do what I said about giving money. This is not my depression, but I will do another thing that I'm telling you is I wish to have a flat where I will live in and if I will have two then I will give that to the people living outside if possible. I will keep giving money and all because we should only promise to do as much we can, don't lie. So, I think if I don't have enough money to make two and have only one then I will think about giving them, but still help them in some way. (P6, S2)

A third girl explains that her interest in becoming a soldier in the army is rooted in her desire to serve others:

I want to become a soldier because my grandfather is still in the army. He's a senior army officer in village. All the people trust him that he is good for us, for our health and for our village, he helps us in everything. So, I also want to help everyone like my grandfather and want to work a lot for everyone, so this is my goal. (P4, S1)

There is a sense that these girls not only view financial independence as a means to supporting others, but that they are, in part, motivated to attain security and success for this reason.

### **Persistence & Resourcefulness are Necessary in an Unpredictable Environment. A**

few girls express a strong commitment to achieving their goals.

One girl conveys her determination:

I have this thing well in me that no one will tell me but I tell this to myself, "K we shall do this." If we are knocking on one door and nobody listens, knock at the second one, the third one, and the fourth and fifth, someone will support. That is what I think. (P6, S1).

She goes on to elaborate on her belief in the value of persistence:

Respondent: I just want to work in one thing.

Moderator: Chef?

Respondent: The one that I will start from the basics. If I am let go of the job or that place closes, for that situation. I want to keep all kind sort of talent in me. - preparing for unforeseen circumstances

Moderator: That is good.

Respondent: I am not in depression thinking about that and I don't want to either. I have one goal and I want to become that. It is said that you focus on one thing and you will be able to do it. I take everything into consideration.

Moderator: Good. That way you are making yourself secure. If one thing does not work then you have a second thing to make it work.



Respondent: If the second thing doesn't work then I will have the third thing.

Another girl shares her belief that one should harness all their resources towards the aim of achieving one's dreams:

I am of this thinking that I will use whatever I have. Everything. There is no use of going into wrong things. But whatever helps me, I should do that. Yes, I have to go after gaining some knowledge. Whether we will be able to get a job on our own or not. So, we are hoping to get a job from here itself whichever way possible.  
(P3, S1)

A third girl recognizes that it is her ability to not give up easily that allows her to be self-directed in terms of school work:

Respondent: I don't have that much tension with studies, I can study myself.

Moderator: Yes, yes.

Respondent: Like if I do not understand something, then I will try everything to understand it. Even then if I don't understand, I will ask a friend or anybody, but I will understand it anyhow.  
(P5, S2)

To be persistent, in the perspective of these three girls, means not only to persevere despite setbacks, but to display resourcefulness by finding alternate means to attain one's goal. As they acknowledge their ability to persevere, the girls seem to reassure themselves that they will be able to achieve what they set out to do. There is a sense in their statements that it is necessary for one to be resourceful as the external environment is unpredictable.

**Feeling Internally Motivated.** Alongside an unwavering commitment to their goals, several girls (4/10) share that they feel a greater sense of internal motivation since moving out of Kilkari - the girls express that they derive motivation more so from within themselves and are

driven to accomplish things that will make them happy Concomitantly, some of the same girls, as well as others, continue to feel the pressure to meet external expectations.

One girl reflects on feeling a greater sense of direction and will to be productive not only in terms of studying, but with regard to daily chores:

Yes. And we try to -- earlier, I would not listen to anyone even if I was told ten times to study, I wouldn't do it. But now, I think for myself. It doesn't matter how tired I am, I might just read one chapter a day, but I have to study.

It's not just in studies. Like earlier when we were here, we had a 'roti routine' and we were told to go for roti, we used to feel that we won't go. A little bit of -- and if it was a Saturday turn, then definitely not. Now, I am not interested in TV so much. I am shocked that I used to watch so much TV. (P3, S1)

Another girl feels that the current circumstances have allowed her to access strengths she didn't know she had:

Yes. Earlier -- it is said that you have to take out your talent from within -- I do that now. Earlier it was that, "Didi is saying so let me do it. Didi is saying so let me do it." I just had to do it anyhow. But when I left from there, I saw one more talent in me. What is there that I can not to? I will do that. (P6, S1)

A third girl expresses that she has a clearer sense of direction and stronger convictions after transitioning into the present living situation:

There is definitely a change in me. I've started thinking about my life, where I need to go, what I have to do, how to manage. You have to look after yourself, no one is there to take care of you. We have to do everything on our own. It has happened many times that I have fallen ill and no one \_\_\_\_\_23:26, but my brother gets to know that. (P9, S1)

**External Pressures.** For a few girls however, there is still a compulsion more so than a will to achieve certain things, such as getting a job. One of the same girls who reported feeling a greater sense of internal motivation reflects on feeling pressurized to secure employment:

I want a job. I want to finish 12th and along with that I want to take an English course and computer course. I told D. I also want a job and I want to make a home for myself in Delhi. I want to make my home and live there because I do not want to depend on anyone in my life. Once even my mom said that she will not support me all. (P6, S1)

Another girl reflects a similar sentiment:

Yes, I feel like we get good jobs as soon as possible so that we can fulfill the basic needs, they can be managed. Because after some time, they're able to arrange it today, they might be able to do it for some time more, but after a time even they come to a point that we can't do it anymore. So, this thing that we can't do it anymore, before we reach to this point, if we can get job and we can manage all that so that we don't reach to that point. (P1, S1)

Thus, a generalization cannot be made with regard to the girls' motivations to secure employment - while some report a sense of internal drive, others feel that employment is not only a necessity, but a demand of their current circumstances.

**Experiences with Vocational Training.** At this point in the girls' lives, the lived experience of working towards one's goals largely entails engaging in vocational training, completing schooling, and looking for jobs/internships.

All girls interviewed report being enrolled in vocational training of some kind. Girls report enrolling in courses for stitching, hair styling, cooking, retail management, and computers. As may be expected, there is variation across girls' experiences with vocational training - a few report finding their courses repetitive or irrelevant, while others share that they enjoy their courses and feel they are gaining valuable skills.

One girl reports that though she did not get to do much work at her internship, she enjoyed the experience:

It was good there, the staff was also nice. They used to explain things to me. The staff was very good over there and we never used to talk much. We used to go wanting to work and not just sit. When there was no work we had to stay with the staff, they were good. If we needed something they would bring it for us. There

was not much work there actually, but I only stayed on because of the staff. They were very nice there. (P10, S1)

Another girl shares that though she was happy to be enrolled in her vocational training course, she felt that the style of instruction did not align with her needs:

I like going there in Retail and I understand that too, but what happens is, on one side I understand and on one side I don't, I get confused. I cannot even ask for help, that's why I don't feel like going there. I just like to see and catch up. I can learn by watching something. If you will teach it to me properly then I can do it in a good way, but I cannot give the details. (P4, S1)

**Anxiety & Uncertainty Around Employment.** The most common feeling expressed in talking about vocational training is anxiety. This anxiety stems primarily from uncertainty around the process of securing employment - while there is pressure to get a job, the process is largely controlled by staff. The girls report that they have limited control over the classes they are enrolled in, are required to complete trainings as instructed by staff, and feel compelled to engage in trainings that do not align with their learning style/level of knowledge.

One girl conveys feelings of uncertainty as she shares her ongoing experiences with job training:

Actually, we have gone to many places -- there is a NIT foundation from where we are doing the course -- we were told there that there will be some update on the job front. But they have not given a response yet. All of the kids have given the interview and few kids out of them have even been selected. We were supposed to be informed. I don't know when we will get to know. Our classes start from tomorrow. We are not told about other places, where should we apply where we should not. So we are trying on our own to get a job offer from place where we are doing our individual course from. (P3, S1)

She goes on to express her fear around remaining unemployed after completing vocational training:

Till now, everything has been fine there. But since we have been there, ‘when will we get a job’ has been constantly on our minds. We feel like we are still dependents. That we are and we know it. But the way it should have been is that we should have had a job in our hand and it’s not like that. So, for now we keep thinking about the job and everything and we feel that may be -- we have heard that people are not getting jobs even after studying a lot -- so we get frightened thinking about what if by any chance if this shuts down or something happens and we remain jobless, it will be a problem for us. Whether we will be able to get a job on our own or not. So, we are hoping to get a job from here itself whichever way possible. (P3, S1)

Another girl shares that she fears that her limited knowledge of English may act as a barrier to securing employment:

I am just scared of one thing, whether I will get a job or not. What if it is all small odd jobs? I am scared of that. Now I know myself quite well. When we were here, we didn’t know anything. Once we went there, we started cooking and all. I’m just a bit scared whether I will get a job or not because my English is not that good. (P2, S1)

A third girl conveys a similar sentiment - she worries that a lack of fluency in English and low confidence may prevent her, along with her peers, from getting a job:

Moderator: How is your job search going?

Respondent: I don’t know about that. They might be facing some problem regarding that because they’re looking for it, so they might be facing a lot of problem. Because we’re weak in most of the things, for example we’re basically -- you should have good English which is not good, we’re low in confidence. I am able to talk so well in front of you but we’re not able to talk so freely in front of someone unknown. Everyone wants good English, they all want good education which we don’t have. (P1, S1)

It seems that several girls feel a high degree of pressure to succeed within a system in which they have very little agency and about which they have been given only limited information. Given the pressure to secure employment that many of the girls report experiencing, it is unsurprising that the opacity of the vocational training system evokes strong feelings of anxiety.

#### **Theme 4: Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant**

In adjusting to a living situation with relatively fewer boundaries than what they grew up with, the girls experience new freedoms and a sense of independence. Independence opens the girls up to a range of new experiences - increased responsibilities, which some girls feel build confidence, and the challenge of navigating an unsafe living environment.

Concomitantly, a few girls are of the view that independence, in their case, is not a choice, but a compulsion - there is simply no one to depend upon. For one of these girls, to be completely independent is akin to being abandoned; the thought of independence is triggering and frightening. Feelings of being rejected by staff at the Kilkari home contribute to the sense that to be independent is to be untethered. In this context, boundaries and restrictions are appreciated as containing forces.

**Responsibilities Build Self-Esteem & Self-Efficacy.** Five girls share examples of how they believe greater responsibilities and freedom have promoted confidence and self-efficacy:

Respondent: One of the places I go to is in Kashmere Gate, near Civil Lines. And the other one is in Kailash Colony, I come back at 10:30 from there.

Moderator: That's quite a little late in night?

[Crosstalk] [Irrelevant Conversation]

Respondent: So, by doing that, I am more confident now. I am going there easily and coming back, and I get to know a lot. By doing this things for a month, I have this experience now that even if I need to do some job that I can do that easily. This is all the experience I have developed, transportation, how much I should be spending, managing everything and I come to know about the value of time. We also know that whatever are the chores, we have to manage it all, so we do everything in a limit and do it well. We don't waste anything, nothing extra and we try to keep everything in limit. We have duties allocated to all, who is doing at

what time. We can't go outside to go throw trash everyday but every Sunday we go out to throw our trash. (P1, S1)

She goes on to say that the transition has helped her and her peers realize that they cannot depend on anyone. This realization does not however cause 'tension':

It's not like any tension but we get to realize one thing that it's our house, we have to do everything. Every child who is living here they must be having this sense that we have to depend on someone, but there we realize that we have to do it on our own, we don't have to depend on anyone. And we have this kind of habit here that we have to depend on someone. (P1, S1)

Another girl shares that being responsible for herself has allowed her to feel greater control over when and how things are done:

I will do what needs to be done myself. If I'm dependent, they will do it today and maybe not do it tomorrow and if I do it myself, I would feel it's my responsibility and then I have to do it and I cannot postpone. (P9, S1)

A fourth girl reflects on how being compelled to manage for herself has helped her push her boundaries and develop a sense of self-efficacy:

This place is nice in that we're working hard, making our own food and eating, doing our own work. This part is very nice because in Kilkari \_\_\_\_\_ 1:52 we could not do that, but now we're getting to learn as we're doing the work. We are coming to know what all we can do and what we cannot. (P10, S1)

A fifth girl says that she is no longer as afraid of the outside world:

We feel good to know about the world outside. Earlier it was not like this, we were scared about accidents and all, but now it's changed. We go out and come back easily. (P5, S1)

For these girls, increased household responsibilities have fostered a sense of control and faith in their own abilities.

**Learning to Navigate an Unsafe Living Environment.** The transitional housing facility where the girls live is located in a neighborhood they are not familiar with - one that is typically

deemed unsafe. For many of the girls, navigating an unfamiliar and unsafe neighborhood independently is a new and challenging experience. Despite the absence of any direct line of questioning around this issue, seven girls share experiences and strategies connected to maintaining a sense of safety.

One girl shares that she tries to come home early to avoid having to engage with an environment that makes her uncomfortable:

We only get scared at night when it gets dark because people drink near the main gate. So, we get scared that no drunken person shall chase us because earlier there was a guard who used to open the gate, but now we keep knocking on the gate and no one opens for about 15 minutes. They first have to bring the key and till that time we have to stand out feeling scared in the dark. So, we try our best to get back in time. (P10, S1)

In another girl's perspective however, coming home late will be inevitable once she is employed. Though she tries to make sure she is always accompanied by a friend, she believes that it is important to be mentally prepared to commute independently:

I know there is a rule and it is good for our safety but when we start our jobs, we will not know what timings we will have and we might have to even come alone. I will not know whether I will be back from my job by 10 or by 9. That will depend on the job and we can't do anything about that. That is why we should get used to traveling alone. Sometimes when we go out, we try to come back by eight or nine so that we get into the habit. We should not need someone to come and pick us up later. We should get used to going through that condition that is why we do leave at that time. But we don't leave alone that much. One or two people go along, never alone. (P3, S1)

She goes on to share her rationale for not revealing details about the girls' living situation:

Yes and people don't even know that there is a hostel by that name over there. Someone was telling us that this is how it should be. Too many people should not know that girls live here or else people think all sorts of things in their minds. There can be many outcomes of that. No one really knows that much. They just



see us coming or going and that's about it. When we leave, people react in a different way. (P3, S1)

A third girl feels that she and her peers should avoid wearing shorts to minimize the chances of harassment on the street:

Respondent: That area is not good at all. I mean, men drink right in front of our house. Have you seen that ground?

Moderator: Hmm.

Respondent: You must have seen.

Moderator: Yes I have.

Respondent: They comment on us when we play there.

Moderator: What, child?

Respondent: They comment on us.

Moderator: These men comment. So that feels weird to you all?

Respondent: Hmm. Some kids go out to the shops. They wear shorts there because it's hot. So they will go out wearing that. It doesn't look good. There should be a rule that we should not go out after eight or nine. (P2, S1)

She goes on to recount an instance where she coped with the fear she felt in an unsafe situation by calling a staff member:

Respondent: Yesterday I felt what fear is. Why didi scolds us not to go out at night.

Moderator: Okay. What happened yesterday?

Respondent: Yesterday it was raining a lot here so I stayed back here. We are not allowed to stay here. It stopped raining at seven but water was collected here so mummy removed the water and she made me leave. It was 7:30 and I was very scared and it was Sunday. While passing the park I was very scared so I called didi and said, "Didi keep talking to me because I am scared." (P2, S1)

Another girl shares a strategy employed by several other girls - limiting/censoring information shared with strangers:

Respondent: If anyone asks, we tell them that we girls are staying here to study and once our study is over, we will go back to our homes. That's it.

Moderator: You all do that.

Respondent: We do not provide any more information than this to anyone. We don't talk to anyone that easily in the first place. Some of us are very straightforward so we ask them straight, "Why are you asking bhaiya?" (P3, S1)

There is a sense in the girls' thoughts around this issue that the lack of safety in their environment is not surprising to them - it is not viewed as something unexpected, particularly unusual, or avoidable. Regardless, several girls report actively feeling afraid for their safety on a regular basis. The coping strategies shared by the girls center largely on making changes in their own behavior; it seems that this is the only aspect of this experience that is perceived as being under their control.

**Feeling Untethered: 'Kilkari does not feel like our home any more.'**

Half the girls interviewed report feeling that they no longer have a home as they once did at Kilkari. Though a few expected that staff would welcome them back at Kilkari after transitioning, this has not been the case for any of the girls.

One girl shares that post-transition, she feels Kilkari was never her home:

Respondent: I don't feel like it's mine any more in Kilkari.

Moderator: You don't feel that it is anymore open for you or that --

[Crosstalk]

Respondent: No. It does not even feel like we ever lived there.

Moderator: Okay that is how you feel.

Respondent: It doesn't feel like we even lived there.

Moderator: Hmm. Why do you think so?

Respondent: Earlier they used to ask, "Yes my child how are you?" That made me so happy. There is nothing like that anymore. (P6, S1)

She elaborates further on feeling let down by staff at Kilkari:

No, Didi. You know how it is. It was like this earlier when we were about to move out. I will tell you when my trust broke. When I was in Kilkari, there is a staff -- R Didi -- she said, "You go out, right? You even go to Unnati, right? You always have our support behind you." She would say, "Our doors are always open whenever you want to come to Kilkari. You come here, stay and spend your holidays." But nothing like that happened. It's like, we will come and go and make the entry. If we go inside after five, they don't allow. (P6, S1)

Another girl reflects on how transitioning out of Kilkari has forced her to confront that she does not have any family. While she had hoped to be welcome at Kilkari, she finds that staff discourage her from visiting unless she has work onsite:

Respondent: Even if we have grown up, but we cannot forget that we don't have anyone.

Moderator: Of course, every person needs a family.

Respondent: Because Didi see, if we had mother and father then we would have assumed that we are living with our parents. We left our hostel and now living with our parents feeling good, everything will be good. But we go to Kilkari assuming that we had a hostel where we spent time, where have father, mother and other children among the staff there and they are like our family. But if Kilkari people lie, "Why do you come here daily, you should come only if you have some work to do." So, it means we can only if they call us and we cannot go there anymore when we want to. (P5, S2)

A third girl reflects a similar sentiment:

Like I thought about Kilkari staff that when we go there, they would pamper us, offer us food and ask about our problems here, but nothing happened as such. (P4, S1)

The girls appear to be struggling to accept that they are no longer as welcome at a place they once called home. Understandably, there appears to be some resentment towards staff for having let them down in this regard.

### **Experiencing Independence as a Compulsion, Not a Choice: ‘Will they support us?’.**

For several girls, independence is experienced as a compulsion, as there is no one to depend on. While these girls report being driven to achieve complete independence, there is a sense that this drive is rooted in necessity.

One girl reports feeling an urgency to be financially independent for the reason that she does not believe anyone is willing to support her:

I want a job. I want to finish 12th and along with that I want to take an English course and computer course. I told D. I also want a job and I want to make a home for myself in Delhi. I want to make my home and live there because I do not want to depend on anyone in my life. Once even my mom said that she will not support me all. (P6, S1)

The same girl shares that she is afraid that staff will abandon her once she is financially independent:

There is another fear that we will go out and work. There is this fear and we should have this fear. I am afraid that when we go out will they support us? Will they keep the relationship with us? I don't think so. (P6, S1)

In this case, the participant displays ambivalence with regard to independence - while she asserts that she is driven to achieve it, she simultaneously fears its implications.

Another girl expresses that she has learned to be her own companion as there is no one she can rely on:

Respondent: But Didi, it is better to live alone. This is what I think. This is what I have written on the first page of my diary. I agree that we feel a bit sad living alone --

Moderator: It is a bit difficult.

Respondent: But what can I do? When you don't get the companionship of anyone, we have to be our own companion.  
(P7, S2)

Another girl feels not only compelled, but preoccupied with gaining employment so that she no longer has to depend on anyone:

But since we have been there, 'when will we get a job' has been constantly on our minds. We feel like we are still dependents. That we are and we know it. But the way it should have been is that we should have had a job in our hand and it's not like that. (P3, S2)

**Experiencing Concern & Boundaries as Expressions of Care.** Within this context, wherein several girls seem to feel adrift as they adjust to their new lifestyle, expressions of worry and the imposition of boundaries are appreciated.

One girl expresses her appreciation for a staff member who displays concern with regard to her whereabouts:

One of these day, three of us have gone out for a trip and we got late. We thought it's okay we will go because we three are together. That area is not that good. That didi got worried and she started out to look for us at night. She called us when were on the way and we said, "Didi we are here." Didi said, "Okay, I was worried about you all". She said, "Where are you all? I will come to get you. You don't come alone." Then she came to pick us up. She is worried about us a lot. It feels good that we have somebody. We might feel extreme loneliness if she stops talking to us. It is because of her that we manage to stay here in these situations. (P3, S1)

Another girl shares that she feels cared for when someone worries for her:

Respondent: We feel happy to see the place where we lived. All the children and mothers meet us and ask how we are and what happening. I like all that, they worry about us when we go there.

Moderator: So, you feel as if there's someone who worries about you?

Respondent: Yes, taking care.  
(P10, S1)

A third girl appreciates that staff want to check in with her when she travels:

Didi is there. If I have to go out at night or if I need anything, then Didi says, "You just tell me." Now, tomorrow I have to go so I have told M Ji already. Or else Didi will say that you inform me before leaving.

Moderator: Hmm.

Respondent: Now, I will go for ten days. I have told D Didi already and I will tell M Didi that I am going. (P8, S1)

### **Theme 5: Psychological Distress - Experiences & Coping**

All the girls in this study report experiencing psychological distress in some capacity. Two girls report impaired functioning as a result of mental health issues, while four observe physical expressions of psychological distress. Participants share subjective experiences of distress as well as how they are inclined to cope with difficult feelings.

**Subjective Accounts of Mental Health Issues.** Two girls report experiencing significant mental health issues. Both girls refer to their issues as 'depression.' However, they characterize their experiences slightly differently - while one girl observes a desire to isolate/withdraw from social interaction, along with low energy and irritability, the other discusses intense feelings of 'tension' and a tendency to ruminate.

One girl says that she has felt ‘depressed’ since leaving Kilkari. She connects her feelings of depression to uncertainty around how long she and her peers will be allowed to live at the transitional facility:

Even I don’t know why this happened. But it’s okay now I am used to it now. Because of this that I don’t know when they will throw me out of the home, I got into depression. That is why I am in depression. (P6, S1)

She displays awareness with regards to how her depression manifests. In one instance, she reflects on her tendency to feel irritable when she is unhappy:

I have always had this good habit and I am not trying to show off -- I went through depression. When I used to go into depression I used to even shout at the staff and sometimes argue with them but I have supported the staff and they have supported me as well. (P6, S1)

She also notes her instinct to withdraw socially:

Respondent: I don’t feel like talking to anyone. I sit alone and cry.

Moderator: Hmm.

Respondent: And while crying I sleep.

Moderator: It is very difficult to face that feeling. It hurts a lot.

Respondent: Respondent: I sleep after crying for a while and when I cry, I start getting headaches. So I close this gate, keep a brick and sleep. Nobody asks what happened. Everyone is busy in their own. I cover my face with a sheet and cry myself to sleep. I wouldn’t even know when it is night, when it is day. Everyone says to me, “You sleep so much, you sleep so much.” Because I have this habit of sleeping from the starting itself.  
(P6, S1)

She goes on to express a desire for a confidante to share her feelings with:

I have had depression since I left Kilkari. I don’t know when they will throw me out from here...I have really gone into depression and I want someone whom I can share my feelings with. Someone who will keep it to themselves and do not tell it to anyone. (P6, S1)

Another girl reflects on feelings of tension and her tendency to ruminate over past events. She also notes physical manifestations of mental health issues such as decreased appetite and sleep disturbances:

Moderator: Hmm. But these family problems that you were talking about, are they still going on or do you just remember them?

Respondent: They keep on going in the mind. Now there is nothing. My mom is dead and so is my father. So, there is nothing anymore. There are three brother in the family but I don't know their whereabouts.

Moderator: But you still think about the family problems and what happened and because of that you feel tensed.

Respondent: Yes. I give up on food and drink when I am tensed. I can't eat then. When I take the pills, then I start eating a lot. It's because then I have nothing on my mind so I get hungry otherwise I do not feel hungry.

She goes on to connect her mental health issues with feelings of sadness stemming from the loss of her family:

Moderator: Do you also feel that those problems are more on your mind after going to Kabir Basti or you felt this way in Kilkari as well?

Respondent: No, when I was in Kilkari I used to think a lot because everyone's parents used to come to meet and but not mine. I was tensed about that. There is a person I consider as a brother, he also does not come often. He come to meet me very less because he is a doctor so I can't even say to him, "Bhaiya you come to meet me again and again." He lives in Haryana so he is comes once a year. I can't even ask him to come to meet me again and again. Over there, the families do not come so I don't remember it too much. I just take the medicine and then I don't think about it. Here when I see people, I think about my mom.

Moderator: You used to think about your mom and dad here as well but --

Respondent: I used to keep it all inside.

Moderator: All inside.

She also shares her experiences with seeking treatment for her mental health issues:



Respondent: I was tensed here as well. I used to cry often. Then I would take the medicine for few months and it would all stop. I used to quit the meds on my own. I did not tell Didi that I have quit taking the medicine.

Moderator: That means, you have been feeling this for few years. Do you talk to someone about this or do you mostly don't share?

Respondent: I have many problems but I don't tell them to anyone. I don't even tell them to the staff because they blow it out of proportion and that's why I do not like talking to anyone.

This participant reports taking prescribed medication to help her deal with her feelings.

She elaborates further on her experience with medication:

Respondent: I was tensed here as well. I used to cry often. Then I would take the medicine for a few months and it would all stop. I used to quit the meds on my own. I did not tell Didi that I have quit taking the medicine.  
(P8, S1)

Moderator: What do you feel when you stop taking the medicine?

Respondent: I weep a lot Didi. I feel that the nerves in my brain will burst open.

Moderator: So, you feel very bad. And when you take the medicine then --

Respondent: Then it is a little better. D Didi and B as well told me not to stop taking the medicines yet I am not taking them. I feel uneasy the entire day. (P8, S1)

The participant reports some respite from her feelings of 'tension' when taking medication. However, she goes to share that she struggles with adhering to the prescribed treatment due to associated side effects - specifically, drowsiness:

I feel very sleepy when I take medicines. I take medicine only when I am in tension. I avoid it otherwise. The doctor told me to take the medicine regularly because it is a five year course. (P8, S1)

Though their experiences are distinct, both girls are able to identify psychological and physical indicators of their mental health issues. Alongside they have developed narratives

around their mental health issues, connecting their symptoms to life events and environmental stressors.

**Physical Expressions of Psychological Distress.** Four girls share that their psychological distress manifests physically in the form of headaches, appetite loss, and sleep disturbances.

The same girl whose struggles with rumination and tension are described in the previous section reports physical symptoms associated with her mental health issues:

Yes. I give up on food and drink when I am tensed. I can't eat then. When I take the pills, then I start eating a lot. It's because then I have nothing on my mind so I get hungry otherwise I do not feel hungry. (P8, S1)

The participant whose experience of depression is outlined in the section above observes a loss of appetite in connection with her mental health issues, alongside aforementioned sleep disturbances:

I stopped feeling hungry some time ago. I became very weak. Now I have gained weight but earlier I had become so frail. There was no glow on my face. I am taking medicine now. Flu medicines. (P6, S1)

She also recounts losing her voice for a month after transitioning out of Kilkari due to her depression:

Respondent: I mean, I study but I won't lie. I got sick lately -- I started studying but then I could not when I got sick. My head used to ache.

Moderator: Sick as in? Due to depression or something else.

Respondent: Yes I got sick due to depression.

Moderator: When did this happen?

Respondent: When did this happen? I got sick when I moved out of the home. I left the home and got sick within ten days.

Moderator: So for that --

[Crosstalk]

Respondent: For a month I could not speak (P6, S1)

Another girl shares that she experiences migraines whenever she ‘thinks a lot’ :

When I think a lot, I get pain here. I am taking medicines for migraine, I have [a] migraine. (P1, S2)

A fourth girl observes recent changes in her sleep and appetite that she connects with stress:

Respondent: Nowadays, I don’t feel hungry. I don’t know why.

Moderator: After coming here?

Respondent: Yes, I am not eating properly. One roti only.

Moderator: Hmm. What about your sleep?

Respondent: With me, it is like when I try to sleep, I will keep on making stories while lying down, and I get asleep while making such stories till 1 or 2 a.m. and I wake up in the morning at around 5 or 5:30.  
(P5, S2)

In observing and trying to understand physical indicators of psychological distress, the girls convey an awareness of the physical health consequences of stress and other mental health issues, as well as an attunement with how their own bodies function.

**Trying to Cope Independently.** The girls report employing a range of strategies to manage distress - avoiding conflict/intimacy/stressors, self-talk, letting go of expectations, accepting circumstances, recognizing that circumstances may be temporary, writing in a diary, taking medication, sharing feelings with a friend, and seeking support from staff.

The most commonly employed coping strategy is avoiding situations that make one feel vulnerable. Seven girls report isolating themselves/avoiding stressful situations to manage ongoing

ing sources of distress. These may include - intimate relationships, interpersonal conflict within the facility, and job related stressors.

One girl shares how she disengages from her environment and seeks solitude when faced with stressful situations within the living facility:

I do notice myself so many times that when I start feeling irritated at this place, then I will go sit outside. I go sit outside to take some air. That's how I used to do in Kilkari. And then when I go to my course, then there -- okay, you get engaged in the course because there are a lot of girls there, they're all talking among themselves, but my context -- I mean what my task is to make the drawing, I keep myself focused to that itself. I don't get myself engaged in what they're saying. (P7, S1)

Another girl describes herself as 'secretive' as she reflects on how she hesitates to share her feelings with friends since moving out of Kilkari:

Everybody knows here I live very freely, I don't hide my things. But when I went there, I don't know why but I changed a bit, I hide things now, even my problems. I don't know, I used to be very open but now I am more secretive, very secretive. I am unable to share my problems with all. And earlier I never used to think like what impact it will have on the other person if I tell it to the person, whether she will have any problem or not, but now I always think like if I tell her my problem how she would feel like, that's why I don't tell anybody anything. I just keep quiet, thinking about it. And then when I go to my classes in Kailash Colony or the other place, so I keep on thinking about it while I am walking. (P1, S1)

Alongside, many of the same girls report employing strategies that center on reflecting and processing one's feelings, such as writing in a diary, and engaging in self-talk/self-soothing.

As mentioned in an earlier section, four girls report writing in a diary regularly.

One girl, shares an insight she was led to by writing in her diary:

“ I feel like as if I am standing behind the world now but then I think about myself and enter in the world that you're going to get a lot of things in this world itself, so why do you feel that you're all alone. Keep going on, let's see what happens. You will fall sometimes, you will cry times, you will lose some and you will gain

some, a lot is going to happen”. In my diary, I have written things like these, the way I am saying right now. (P7, S1)

Another girl discusses how she has given up on seeking support and engages in self-talk to cope with challenges:

Nobody understood me till date. I have discussed this with many Didi's, but nobody understood my concern. I thought about talking to R Didi that I don't want to study, but then I ignored it because she is always busy in her own chores. That's why I never tell anybody about my issues. Whenever I need to understand something, I try talking to myself and try to understand on my own. (P4, S1)

A third girl narrates how she soothes herself in moments of distress by disengaging and trying to calm herself internally:

I usually sit on the stairs in the evening and I study. I mean I study for three, two, four hours. I study and then when I feel like crying, then I sit all alone and cry. I was sitting alone yesterday, my phone was ringing again and again and I kept on cutting it, I cut it for two-three times. Then I cried a lot, I consoled myself, I washed my face, had some water and after that I received the call. I mean I support myself a lot. (P6, S3)

Three girls share general beliefs that help them cope with challenging circumstances.

One girl shares that understanding why behave in hurtful ways has helped her let go of resentment towards those who have harmed her:

Meanwhile, I have learnt a lot. I used to look for such questions like why are there killers, why are there criminals, why people do wrong things? I think it's not a fault of human beings, it's a fault of their situation. It happens something or the other that he become helpless to be a criminal. It's a mistake of all, one never become a criminal on its own. (P1, S2)

Another girl states that she has found relief in letting go of expecting anything from others, while third shares that she tells herself that the present circumstances are temporary.

It seems that the girls employ different coping strategies depending on what they are dealing with, as well as how much control they have over their source of distress. In the case of interpersonal issues and other evidently external sources of

distress, the girls commonly set boundaries by distancing themselves from situations or minimizing engagement with their source of distress.

In the experience of distressing emotions that may not be directly attributed to a specific external stressor, there is less clarity and awareness on how to cope - while some girls are able to reflect and self-soothe, it is of note that most of the girls do not even discuss how they confront emotional despair.

**Experiences with Seeking Help from Staff: Feeling Judged, Misunderstood, & Disappointed.** Six girls report having reached out to a staff member at some point in their lives. Though is variation across the girls' experiences in sharing their feelings with staff members, almost all the girls report feeling disappointed by their attempt to seek help in some capacity.

One girl shares that she has spoken with the onsite therapist at Kilkari on several occasions about her ongoing issues. While she reports that the therapist tried her best to offer help, her feelings remain unchanged:

Even when I used to live in Kilkari, I used to feel alone. I have told all this to N Didi a lot of times about me, that I feel that why -- that I don't have a friend and all this. I have talked a lot with her, I have shared a lot with her but even then I am unable to find an answer for that thing. Didi did tell me about it, but I can't understand how my mind works. (P7, S1)

In another instance, she recounts trying to process feelings of loneliness with the onsite therapist. Noting that she was unable to 'share the whole truth,' she says that the therapist encouraged her to focus on her studies instead of her feelings:

Because I have talked to N Didi a lot of times. I have not told her the whole truth, but most of the times I bother her for this thing that I don't feel good, I feel very lonely, that she is my friend but she doesn't talk to me. I have shared with her these types of things. But Didi had always emphasized the importance of studies, she said a lot of things to me, so I went more into that directly. (P7, S1)

Another girl shares that she has felt supported by two staff members in the past, though she is unable to speak with them now:

Respondent: There is one N Didi, with her I can talk. And then there is she, Ai. With these two, I can talk to them, N Did and A.

Moderator: So, do you still talk to N Didi?

Respondent: No, we don't talk anymore. I used to talk her when I was back in home, and she was very supportive of my things, she used to understand me.

Moderator: I know she gives you a lot of regard. Even I know her. She did tell me about you --

Respondent: And what she used to like about me is that I present everything very well and I think very well. (P6, S1)

A third girl shares that she has found speaking with a specific, trusted staff member to very helpful in resolving challenges:

I am a bit tense about what whether I will be able to do it or not. But yes whenever I'm tense, I share with the ma'am that this is going on, this is my problem and ma'am says, "If you're having this problem, share it with me, I will solve it." So, it gets sorted out. I call ma'am whenever I have any problem. (P9, S1)

A fourth girl says that she doesn't share her problems with anyone as she feels that staff are too busy to be concerned:

Nobody understood me till date. I have discussed this with many Didi's, but nobody understood my concern. I thought about talking to R Didi that I don't want to study, but then I ignored it because she is always busy in her own chores. That's why I never tell anybody about my issues. Whenever I need to understand something, I try talking to myself and try to understand on my own.(P4, S1)

A fifth girl believes that sharing her problems with staff is a fruitless endeavor, as staff are biased in their understanding:

Moderator: And when you go to Kilkari, do you feel like telling your problems to someone there or to share them?

Respondent: No, we don't feel like.

Moderator: You don't feel like it.

Respondent: Because they all know everything and they all say anything to us, so that's why we don't feel like sharing. They feel we are wrong and we feel they are wrong, so there's a lot of misunderstanding and we cannot explain them anything. (P3, S2)

As mentioned in an earlier section, both girls who report impaired functioning due to mental health issues say that they are unable to share their feelings with any staff member at present, though both were referred to external psychiatrists. One of these participants explicitly states that she is reluctant to share her experiences with onsite staff:

I have many problems but I don't tell them to anyone. I don't even tell them to the staff because they blow it out of proportion and that's why I do not like talking to anyone. (P8, S1)

Overall, the girls report variation in the response they have received from staff. It is of note however, that only one girl said that she experienced relief in speaking to staff after transitioning; the other girls shared that they had primarily engaged with staff prior to transition.

It seems that the girls fear judgement in speaking with staff about matters that they consider very personal - lack of trust in the system is a barrier to seeking help from the inside. It appears as though staff may be aware of this as both girls who reported clinically significant mental health issues were referred to external practitioners.



## **DISCUSSION**

### **Overview**

Findings from this study offer insight into the lived experiences of adolescent girls residing in an after-care facility after transitioning out of institutionalized care in Delhi, India. Five themes capture findings: i) Developing a Sense of Self, ii) Seeking, Avoiding, and Managing Intimacy, iii) Striving to Accomplish One's Goals, iv) Grappling with Independence: Feeling Untethered, Learning to be Self-Reliant, and v) Psychological Distress: Experiences and Treatment.

In order to understand the relevance and implications of these findings, the impact of the socio-cultural context in which the study was conducted is considered. Further, findings are discussed in terms of Attachment Theory (Bowlby, 1958) and situated within existing literature. The psychosocial experiences of non-institutionalized adolescent girls in urban India are also briefly examined as a point of reference.

Relational-Cultural Theory (Miller, 1976; Jordan, 2010), is drawn upon in an effort to make sense of girls' perspectives on themselves and the value of interpersonal relationships in their lives. Though Relational-Cultural Theory did not inform this study's development and execution, it is cited here due to its relevance in understanding participants' relational construals of themselves and others; in the researcher's perspective, Attachment Theory was unable to adequately frame this unanticipated feature of findings. Implications for social work practice, directions for future research, and limitations of the study are also discussed.

### **Impact of Socio-Cultural Context**

It is important to consider findings within the socio-cultural context in which they evolved; responses were undoubtedly impacted by implicit restrictions and expectations specific

to this context. Additionally, findings were a product of relational processes unique to each researcher-participant dyad - it is likely that girls' perspectives were mediated by how they believed their thoughts would be received by the researcher.

The girls' reflections on their relationships with males appear to be inhibited by their perceptions of what is acceptable in this part of their lives. As noted in the Results chapter, one girl shares that though she does not experience internal conflict with regard to her relationships with boys, she is frustrated by staff's judgements - "We cannot answer our phone when we're there because we don't know -- even if we are talking to our brother -- I mean if we're talking in front of staff then it's going to be interpreted wrongly, so that's a very bad thing that our image is being compromised" (P3, S2).

Relationships with boys are spoken of in emotionally neutral terms, as compared to the emotional intensity conveyed in reflections on friendships with girls. There are two common themes among girls' narratives on this matter: i) control over the level of intimacy and nature of their relationships with boys - several girls report choosing to refer to their closest male companion as a 'best friend' rather than boy friend, and ii) limited discussion on feelings of attraction or experiences with sexual intimacy - only one girl brings up the topic of physical intimacy with boys, noting that it is important to maintain boundaries in this regard: 'a girl's safety is in her own hands' (P6,S2).

Given the girls' current developmental stage, sexual exploration or feelings of attraction - towards either boys or girls - may be expected to some extent. The absence of discussion on matters such as attraction, sexual behaviors, and experiences of sexual abuse does not indicate that these issues are irrelevant; it is likely that the girls did not feel comfortable discussing experi-

ences of this nature. It is worth mention that all three girls who independently requested for one of their sessions to not be recorded elaborated on their relationships with males in their unrecorded interviews. This further suggests that participants in this study were concerned with how they would be perceived by not only the researcher, but the audience for this research.

Thus, findings, to some extent, indicate how the girls would like to be perceived within the setting in which data was collected. Framing results in this light lends to the richness of the data; reflection on what the girls feel comfortable in sharing and how they want to be perceived adds nuance to our picture of what, in the girls' perspectives, is important and and safe.

### **Findings Within the Context of Attachment Theory**

Attachment Theory (Bowlby, 1958) provides a frame for understanding the psychological consequences of exposure to complex trauma - a severe form of childhood trauma that is commonly experienced by children prior to admission into institutionalized care. Considering typical pathways to admission to the Kilkari Home - abandonment by caregivers, running away/rescue from abusive homes - it may be assumed that most, if not all, participants in this study experienced trauma of this nature before entering care.

Complex trauma is defined as “recurrent interpersonal trauma perpetrated by caregivers early in life” (Greeson et al, 2011). Examples of complex trauma include neglect, physical violence, sexual abuse and exploitation. When understood within the framework of attachment theory, complex trauma may be characterized as an experience which profoundly damages early attachment, and, consequently, internal models of self and relationships (Haskell et al., 2009).

The impacts of complex trauma exposure manifest across multiple domains of functioning: i) Attachment - issues around trust, social isolation, and interpersonal difficulties, ii) Emo-

tion Regulation - difficulties in labelling and expressing feelings, and in communicating their needs, iii) Cognition - problems focusing and completing tasks, and learning difficulties, iv) Behavior control - poor modulation of impulses, self-destructive behavior, aggression, and reenactment of trauma, v) Dissociation - depersonalization, impaired memory, alterations in states of consciousness, vi) Self-Concept - lack of a stable, coherent sense of self, low self-esteem, feelings of shame and guilt, and vii) Physical Health - increased medical problems, sensorimotor developmental problems (Cook et al., 2009).

With regard to girls' attachment patterns, findings from this study indicate that though there is variation in girls' experiences, a common dynamic is the simultaneous desire for and rejection of intimacy. While all girls included in this study report a strong desire for close relationships, several share that they are inclined to avoid intimacy in their current circumstances due to fears around being disappointed, despite being preoccupied with relationships. Issues around trust are also widely reported among the girls.

From the perspective of Ainsworth's (1989) work on adult attachment styles, the dynamic reported by the girls reflects patterns typical of ambivalent-preoccupied attachment, a pattern of attachment rooted in unpredictable and emotionally inadequate early caregiving. It has been characterized as being of two types - passive, wherein an individual is unable to seek comfort and connection from others, and aggressive, wherein an individual experiences anger and hostility in response to experiences of disconnection (Gangi, 2017). Girls' narratives reflect both passive and aggressive responses to disconnection - while some girls share that they are inclined to isolate themselves, two girls in particular, express feeling anger at being rejected/disappointed in a close friendship.

Aside from issues around attachment, the girls narratives do not reflect the full extent of pathology typically associated with childhood exposure to complex trauma. Though all girls share experiencing psychological distress in some capacity, and two girls report functional impairment as a result of mental health issues, girls do not report issues commonly experienced by survivors of complex trauma such as substance use, sexual promiscuity, emotional instability, and self-harm.

There are several considerations in making sense of this aspect of the findings. One, it is important to note that participants were not directly questioned with regard to their sexual behaviors and experiences with substance use and self harm. Taking into account girls' hesitation around discussing romantic relationships and complete avoidance of discussion on sexual behaviors, it may be that girls were reluctant to discuss sensitive matters which are associated with significant stigma in the Indian socio-cultural context.

Second, while culture specific conceptions of childhood trauma are still evolving, it is relatively well established that South Asian populations appraise and respond to trauma somewhat differently than their Western counterparts (Gilmoor et al., 2019). Several studies indicate that internalizing responses in reaction to psychological distress such as numbing and dissociation are more common than externalizing behaviors such as substance use among women in India (Varma et al., 2007). Taking this into account, it may be that the researcher's understanding of complex trauma from a Western perspective limits understanding of participants' experiences.

Third, it may be that participants have limited access to emotionally upsetting aspects of their own experience. Dissociation, or 'a sense of disconnection from oneself or one's surroundings' (Steinberg & Schnall, 2001) is recognized as a common response to complex trauma expo-

sure (Cook et al., 2009). In some cases, dissociation may be understood as an adaptive response, promoting survival by allowing an individual to disengage from painful parts of their experience (Steinberg & Schnall, 2001). It may particularly serve an adaptive function in resource-poor settings where an individual's emotional needs may not be easily met. While findings from this study cannot confirm that the girls are dissociated from parts of their experience, it is worth considering that this may be an aspect of their coping that is reflected in the data.

Fourth, the nature and underpinnings of protective mechanisms, such as resilience and post-traumatic growth, are not well understood in this population (Mishra & Sondhi, 2018). In understanding girls' response to trauma, it is important to discuss factors promoting positive outcomes; it may be that there are dynamics in the girls' lives that prevent the onset of severe pathology typically associated with complex trauma. Though there is debate as to whether post-traumatic growth, or positive changes experienced as a result of struggles with trauma (Calhoun & Tedeschi, 2006), is possible among children and adolescents due to variability in cognitive and emotional capacities prior to adulthood, recent research has indicated that traumatic events may, in some cases, stimulate the development of adaptive strengths and coping strategies among youth (Kilmer et al., 2014). Several girls included in this study convey a sense of having accepted their circumstances and report employing active coping strategies such as diary writing; it will be of value to further examine how girls' construals of their trauma and current experiences impact their experience of pathology typically associated with complex trauma exposure.

Regardless of whether girls' narratives only reflect the parts of their experience that they have access to, here, their perspectives are considered valid: within the bounds of this study, par-

ticipants do not convey severe pathology in relation to complex trauma exposure, aside from significant issues around attachment.

### **Findings Within the Context of Existing Literature**

**Overview of Recent Literature.** Six recent studies have been conducted with regard to the experiences of youth after transitioning out of institutionalized care in urban India. Dutta (2016) investigated the experiences of girls who had transitioned out of institutionalized care using quantitative methods. 100 girls who had transitioned out of ten different institutional homes across two major cities - Mumbai and Kolkata - were included in this study. Though most of this study's participants did not actually live in an after-care program - 68% resided in kinship care, and only 17% in after-care - this study provides a general picture of girls' well-being post-transition. Dutta (2017), also conducted a qualitative investigation of the experiences of 20 women 1-4 years after transitioning out of institutionalized care in Mumbai, India.

In 2016, a team of researchers at Duke University (Ahuja et al, 2016), administered measures assessing the psychological well-being of 32 individuals, both male and female, who had transitioned out of institutionalized care and were either living independently or in group settings. Similarly, Modi et al. (2016) conducted a mixed-methods study examining the experiences of youth living in after-care programs in the realms of education, employment, mental health, physical health, and safety. Atluri et al. (2018), as well, administered measures assessing the psychosocial well-being of 50 youth, both male and female, who were either living in after-care or had graduated from after-care programs. A brief, semi-structured interview was also included in this study. Bhargava et al., (2018) also investigated the experiences of a sample of 47 youth,

male and female, between the ages of 17-29 who had transitioned out of institutionalized care using quantitative measures.

**Career Goals & Vocational Training.** This study's findings on girls' commitment to their ambitions and goals is supported, to some extent, by existing literature. Girls in this study not only reported a wide range of ambitions, but conveyed a sense of being determined to achieve their goals. In Dutta's (2016) study, more than 79% of participants stated that they 'had an ambition that they wanted to fulfill,' and 71% reported having made a plan to fulfill their ambition. Modi et al. (2016) reported that 93% of residents in an after-care program in Delhi, India had completed secondary level education, and 83% of youth expressed a desire to study further. 87% of participants in their study had participated in vocational training.

Dutta (2016) found that only half the girls in her study were able to pursue higher education after leaving institutionalized care, and 38% had been unable to complete high school. 52% of girls included in the study had been able to find employment. Given that the majority of participants in this study were in kinship care, these findings may not relate to the experiences of girls in the present study.

Bhargava et al. (2018) found that those who enrolled in after-care programs had better educational outcomes than those who did not. However, their findings also indicated that males attained higher levels of education and had greater success in securing employment than females. Additionally, females reported that they did not feel the support they received within their after-care programs in preparing and finding employment was sufficient.

Findings from this study help in further understanding how girls in after-care programs experience vocational training and the process of job seeking: girls interviewed in this study re-



ported that they experienced a lack of control in navigating the vocational training system, as well as in searching for employment. Alongside, these systems and processes were perceived as being opaque as staff did not let girls interface with job placement coordinators directly.

This study captures an aspect of the girls' experience in searching for employment that is not conveyed in existing research - insecurities around limited fluency in English. Several girls feel that an impediment to their success in interviews is their lack of comfort in speaking English. The girls also feel that their knowledge of English is not markedly improved by the attendance of English classes - what they believe they need is conversational practice.

**Psychological Well-Being.** There is considerable variation regarding the psychological well-being of youth who have transitioned out of institutionalized care in India. Dutta (2016) found that 49% of girls interviewed in her study were happy to manage on their own after leaving institutionalized care, 51% were satisfied with their lives, and 53% were confident about a bright future. On a happiness scale, 5% reported being extremely unhappy, 8% were unhappy, 48% were moderately happy, and 39% were very happy.

Ahuja et al. (2016) also found in their study that the majority of participants reported high to moderate satisfaction with life. Though participants in this study were found to have low anxiety, a disproportionate number of participants were found to meet diagnostic requirements for adjustment disorder and depression. The authors of this study hypothesize that the mental health issues faced by participants in their study may be tied to challenges around adjusting to the new demands of life in after-care.

Atluri et al. (2018), as well, found that while the majority of participants included in their study met clinical criterion for depression, only a small number of participants reported being

dissatisfied with life. Modi et al. (2016), reported that 56% of youth found it hard to cope with challenges in their lives.

Findings from this study regarding psychological well-being were somewhat different from what is found in the literature. In this study, none of the girls interviewed expressed feeling ‘very happy’ or ‘happy’ upon being asked how they were feeling in their present circumstances. Rather, girls, typically replied saying that they were ‘fine’ (Hindi: theek) or ‘good’ (Hindi: acchi/accha), and offered details on their emotional health after being asked follow-up questions. Additionally, while the girls did not explicitly say that they were ‘dissatisfied’ with their current lives, they did not convey being actively satisfied. Rather, there was a tone of acceptance of one’s circumstances in girls’ perspectives - they were neither outraged by their present situation, nor did they express strong positive emotion towards it.

Findings from this study help to illustrate the subjective experience of mental illness within this context. Two girls in this study reported experiencing mental health issues that impacted their functionality. Both girls reported being referred to external psychologists/psychiatrists for help. Girls’ subjective accounts of their mental health issues convey not only feelings of psychological distress, but a profound sense of being alone in their pain, while accepting that this pain is a part of their lives. Their experiences with seeking help indicate that though psychotherapy and medication are helpful, they do not resolve girls’ feelings, nor do girls feel deeply understood within these settings.

This study also found that physical expressions of psychological distress are common among the girls - four girls reflected on headaches and other issues, such as weight loss, which they connected to psychological distress. This finding aligns with a significant body of existing

research that suggests that somatic symptoms such as dizziness and physical pain are common expressions of psychological distress among survivors of trauma (Gupta et al., 2012).

It is worth noting that studies that have examined mental health literacy among girls from low income communities in urban India have found that even in discussing suicidality, there is a tendency to minimize the severity of psychological distress and risk associated with one's problems (Saraf et al., 2018). This finding helps frame the girls' reflections on their psychological well-being - it may be that there is a disconnection between the researcher's conception of severe emotional distress and participants' construal of the same phenomenon.

Girls' reflections on how they cope with psychological distress - diary writing, avoiding socializing - were also unique to this study. While other studies have examined patterns in help seeking in this population (Modi et al., 2016), no study cited here has identified specific coping mechanisms used by members of this population.

**Social Support.** Most existing studies available to the researcher suggest that this population struggles to seek and maintain social support. Dutta (2016, 2017) found that 70% of girls included in her study did not feel that they had anyone they could talk to and 38% said that they felt it was harder for them to connect with others due to their institutional past. Bhargava et al. (2018) as well, found that participants both enrolled and not-enrolled in after-care programs experienced difficulties in maintaining social networks.

Participants in Ahuja et al. (2016)'s study largely reported that they felt they could turn to staff from their institutional home after transitioning into residential care. However, despite feeling as though staff were available to them, most participants said they felt an increased need for social support following transition.

Findings from this study offer insight into the nature of support desired specifically by girls who have transitioned out of care. Girls in this study share that they seek close, authentic bonds more so than large support networks. The importance of social support and intimacy is also conveyed in findings, as elaborated upon in the following section.

### **Psychosocial Experiences of Non-Institutionalized Adolescent Girls in Urban India**

Situating findings within literature on the psychosocial experiences of non-institutionalized adolescent girls in India is useful in providing context to findings.

There is limited research on the psychosocial experiences of adolescents in India, particularly that of girls.. Statistics indicating that women in the 19-29 age group are responsible for a greater proportion of suicides (56%) than men (40%) convey the presence of unique psychological vulnerabilities among young women in urban India (Ramdass et al., 2017). Though some studies indicate that male urban youth experience depression at higher rates than girls (Bhasin et al., 2010), being female is specifically identified as a risk factor for mental health problems among low-income populations (Saraf et al., 2018).

These vulnerabilities are attributed to the fewer opportunities in terms of education and employment and significant risk for exposure to physical abuse and sexual exploitation that are characteristic of women's experiences in low income settings (Saraf et al., 2018). Studies have suggested that exposure to gender discrimination and limited decision making power, as well, are connected to high rates of clinically significant psychopathology among young women in low-income urban communities (Pillai et al., 2008)

A national survey of psychosocial trends among adolescent (15-19 year old) girls conducted by UNICEF India (2013) notes the following: one-fourth (27%) of women are married

before the age of 15, and more than half (58%) are married before the age of 18; 12% of women between the ages of 15-19 have a child; 5% of girls and 11% of boys in this age range report engaging in pre-marital sex; and 46% of girls between the ages of 15-19 report experiencing limited decision making power in their own lives (UNICEF, 2013).

Though this survey presents a limited picture of the experiences of adolescent girls in India, it offers some insight into the context in which findings from this study emerge. A recent qualitative study examining factors promoting resilience among youth living in institutionalized care in India found that participants felt that they were afforded better opportunities for education, had more autonomy, and were allowed greater opportunity to attend to higher order needs than would have been possible for them in their homes (Mishra & Sondhi, 2018).

While it cannot be established that the girls included in this study feel the same way, and though there are certainly similarities between the experiences of non-institutionalized and institutionalized adolescent girls in India in terms of experiences of discrimination and psychological distress, reflection on what is typical for non-institutionalized girls from similar backgrounds allows greater sensitivity in reflecting on how participants in this study may view their current experiences and opportunities. Specifically, it is clear that participants' reported level of agency in their lives, feelings of self-efficacy, and non-traditional goals - one girl shares that she would like to adopt a child, several girls say that they do not want to get married - are not representative of norms in the general population.

### **Relationships: An Overarching Theme**

**Relational Identities.** Four out of five themes that emerged from the data are connected by a common thread - they are, in large part, construed in terms of interpersonal relationships.

Only girls' reflections on their experiences of psychological distress are not spoken of in relational terms.

As the girls engage in self-reflection, much of their thought process centers on how they are similar to or different from their peer group. Further, the majority of girls pride themselves in their ability to help and empathize with others; recognition of this quality is a source of joy and validation. Several girls convey that being helpful entails sacrifice - the ability to forego one's own needs is viewed as a strength.

All the girls included in this study spoke in considerable detail about the value of interpersonal relationships in their lives. Several girls expressed feeling alone and desperate for close, authentic friendships; two girls explicitly stated that the absence of a close friendship in their lives was their greatest source of distress. Alongside, several girls reported an inclination to isolate themselves and avoid forming new bonds, despite feelings of loneliness. Intense feelings around experiences of betrayal or shifts in the dynamics of close friendships were also shared by a few girls.

Several of the girls' career goals and personal ambitions are also rooted in a desire to help others. One girl shared that she aspires to be a soldier in the Indian Army so that she may serve her community, while another wants to be a counselor towards the end of supporting people in need. In terms of personal ambitions, one girl reports a desire to adopt a child, while several girls construe financial independence as a means to supporting their families.

A few girls report feeling motivated to achieve financial independence as they realize that there is no one to depend on. Concomitantly, the idea of financial independence elicits anxiety for some girls as they worry it will mark the end of their connection with the Kilkari Home.

Within the context of their current circumstances, wherein several girls report feeling rejected and ignored by staff members who acted as caregivers during their childhood, financial independence is especially scary as the girls expect staff to entirely abandon them once it is attained.

Though the researcher did not expect girls' perspectives to center around interpersonal relationships in this way, this finding is unsurprising, given that a number of studies suggest that women in India tend to view themselves in terms of their relationships with others. In one of the few large scale studies to examine Indian women's self-concepts, Parikh and Garg (1989), found that women's identities were reflected in their social roles, connections with others, and responsibilities. More recent work in India as well has indicated that women across socio-economic groups are inclined to describe themselves in relational terms (Fatma & Bhatnagar, 2016; Misra, 2001).

It is worth noting that a relational identity is not necessarily one that has no place for individualistic ambitions and self-evaluations; rather it is one where self-worth, values, and core self-evaluations are determined by one's relationships and position within socio-cultural contexts. Studies comparing the self-concepts of Indian and American young adults have found that individuals from both cultures make 'self-based statements' in describing themselves, though Indians use 'social identity' based descriptions more often than Americans (Dhawan et al. 1995).

This aligns with how many of the girls' describe themselves and their experiences. While their perspective is fundamentally relational, girls also report ambitions centered on their personal interests, such as cooking and computer programming, while a few other girls talk about the value of self-reliance and resourcefulness in pursuing one's ambitions. Alongside, most girls

share that being able to do things for themselves, rather than to please others, fosters greater drive and a sense of control.

In an effort to better understand how girls' relational identities impact their ongoing experiences, findings are discussed within the framework of Relational-Cultural Theory (Miller, 1976). This theory was chosen to interpret findings as it allows for an understanding of how individuals' with relational self-concepts may experience and cope with shifts in relationships.

**Relational-Cultural Theory.** Relational-Cultural Theory (RCT) is a theory of human development and clinical practice based on the work of Miller (1976), Chodrow (1978), and Gilligan (1982). It was developed by female identifying mental health clinicians and researchers in response to a shared sense that individualistic models of psychological development not only failed to capture the relational nature of women's self-conceptions and experiences, but pathologized women by misunderstanding and devaluing their relational and contextual experiences (Robb, 2006). Broadly, this theory suggests that women view themselves in relation to others, and further, that women's 'deepest sense of being is continuously formed in connection with others and inextricably tied to relational movement' (Jordan, 1997, p15). Additionally, it aims to identify contextual and sociocultural challenges that may impact an individual's ability to connect with others.

The central tenets of Relational-Cultural Theory are described as follows:

i) Psychological growth or maturity is understood as moving towards relationships characterized by authenticity, empathy, and engagement, rather than striving for separation, autonomy, or mastery (Comstock et al., 2008; Lensz, 2016). Thus, the desire for connection is viewed as a strength, rather than a deficiency (Covington, 1998, p. 117).



ii) Authentic, empathetic relational connection is viewed as being necessary for psychological growth and health (Jordan, 2010).

iii) Conversely, relational disconnection is understood as being a source of feelings of shame, fear, frustration, self-blame, and low self worth (Jordan & Dooley, 2000).

iv) Relational Movement is a term used in reference to the process of moving from connection to disconnection and back to fulfilling connection. Developing a personal insight into the nature and reasons for this movement, or relational awareness, is critical to coping with it (Comstock et al., 2008).

v) Qualities such as empathy and authenticity, and resources such as communication skills, which foster connection are viewed as competencies that promote psychological well-being. Some researchers have referred to these competencies as ‘pathways to connection.’ (Hartling et al., 2000; Covington, 1998).

Though this theory was originally developed in the United States by a group of white women, it has, over time included the perspectives of advocates, practitioners, and researchers representing a spectrum of cultural backgrounds and gender identities with the intention of expanding notions of psychological growth, self, and connectedness, among other relevant constructs (Comstock et al., 2008; Jordan, 2004; Dooley & Fedeles, 2004). A review of empirical studies on RCT’s usefulness in conceptualizing human development found considerable support for the psychometric validation of RCT constructs, though limited evidence of the efficacy of RCT based interventions (Lenz, 2016).

**Findings Within the a Relational-Cultural Framework.** From a Relational-Cultural perspective, the girls’ current circumstances, wherein they report experiencing shifts in their rela-

tionships, may be understood as a period of relational movement. Specifically, the girls report experiences of social disconnection - rejection by staff who they were once close to at Kilkari, and changes in dynamics with their peers.

What may make coping with these experiences of disconnection particularly difficult, is that they were neither anticipated, nor are they easily understood by the girls - relational awareness in this regard is yet to be developed. Several girls appear particularly confused and resentful in being made to feel unwelcome at Kilkari as they say staff assured them that it would always be their home.

Taking this into account, it is unsurprising that pressures to achieve autonomy, via financial independence, are met with anxiety and fear. In consideration of girls' ongoing experiences of being rejected by staff, financial independence may be perceived as a threat to any remaining ties to the Kilkari Home. In one girl's words: "I am afraid that when we go out will they support us? Will they keep the relationship with us? I don't think so" (P6, S1). Thus, for many girls, though responsibilities and a sense of self-efficacy may be valued, independence connotes isolation and loneliness.

Within this context, it is adaptive for the girls to strive towards building new connections while nurturing existing relationships. Girls' construals of themselves as empathetic and helpful may be a source of comfort in allowing them to believe that they possess the relational competencies required to maintain a healthy support network. Some girls view financial independence as a means to supporting others. While this perspective may reflect cultural values, it may also serve as a path to staying connected to and needed by others.

It is worth mention that within the Relational-Cultural framework, growth-fostering relationships are characterized by mutual experiences of vitality, freedom, increased self-awareness and self-worth, as well as a greater drive to connect with others (Jordan & Dooley, 2000). In this study, the kind of connection the girls desire is best described by a Hindi term - 'apnapann.' As discussed in the results section, this is a type of closeness defined by porous boundaries and a sense that another person is 'yours,' to the extent that unsolicited intervention in their lives is acceptable. The kind of connection the girls described and strove for in this study may help in developing a culture-specific notion of connection in this context.

Interpreting girls' narratives through the lens of Relational-Cultural Theory certainly does not provide a complete understanding of their experiences. The theory does however offer a perspective on the girls' experiences that takes into account the significance of interpersonal relationships in their lives.

### **Implications for Social Work Practice**

This study may help inform social work practice in the following ways: i) Findings from this study convey the importance of relationships, particularly, close, authentic bonds in the girls' lives. It is hoped that these findings may encourage practitioners working with this population to not only acknowledge and validate the girls' need for close relationships, but to help them develop the relational competencies that may foster the development and maintenance of such bonds. ii) The girls' perspectives clearly indicate that they have felt rejected and ignored by staff from the institutionalized care setting where they grew up. The girls report being particularly let down due to staff's assurances that they would be available prior to transition. These findings may be helpful to staff in determining how they communicate their availability to transitioning youth

prior to transition, as well as the efforts they make to actually be available. iii) For many girls, pressures to be financially independent are met with anxiety and a sense that there is no one they can depend on. Framing independence and autonomy in a way such that it is not as threatening to the girls' relational identities may be helpful.

### **Implications for Research**

Existing research, including this study, fails to examine the sexual behaviors and preferences of youth, both male and female, who have transitioned out of institutionalized care. Sexual abuse, substance use, and crime involvement are also phenomena that remain unstudied. While stigma and judgement associated with discussion of these matters will be a barrier in any study, it is important for researchers to identify methods and safe spaces that may allow an understanding of these more sensitive issues.

Additionally, it will be useful for researchers to understand how this population construes their childhood trauma as they progress into adulthood - How do young women who have grown up in institutionalized care make sense of what happened to them when they were children? Alongside, multi-method investigation into how complex trauma is experienced and dealt with by this population, as well as exploration of factors promoting resilience and post-traumatic growth will be useful in developing clinical interventions.

All recent studies conducted with this population have involved participants' direct engagement with researchers. Even quantitative studies employed researcher administered measures. As discussed in this section, relational methodologies may inhibit participants' self-expression. The use of self-report measures, or qualitative methodologies such as diary studies or PhotoVoice, may allow participants a chance to express themselves in a context that is not relational.

## **Limitations**

**Relational Nature of Data Collection.** Data for this study was collected by means of semi-structured and unstructured interviewing - inherently relational processes. While this study acknowledges the role and impact of this methodology on findings, it cannot be denied that this format of data collection may have operated as a limitation. As mentioned earlier, given this population's experiences with childhood trauma, issues around attachment may be a concern for a significant portion of participants. Thus, the relational processes involved in data collection may have evoked tendencies such as attuning to/meeting the needs of others, avoiding intimacy, and experiencing feelings of distrust/suspicion. It is challenging to identify and account for these dynamics.

**Barriers to Understanding Cultural Context.** This study was conducted by a researcher studying at an institution in the United States and guided by a committee comprised entirely of American citizens (two women and two men). Though the researcher identifies as an ethnically Indian woman, she has only lived in India as an adolescent for four years of her life. Despite the researcher's efforts towards unpacking her assumptions prior to conducting this research, as well as efforts towards developing familiarity with the local culture by spending an extended period at the site, this research was ultimately developed and conducted by individuals socialized into western modes of understanding the phenomena of interest. Further, the analysis and writing was done for a western audience and critique offered by the committee was rooted in an American perspective on findings. Consequently, this research may distort and/or fail to understand the perspectives of the population studied.

**Researcher's Collaboration with Staff.** While the researcher's collaboration with staff may have been critical in allowing access to the site and participants, it may have led participants in this study to view her, to some extent, as being part of a system that they do not trust in many regards. This lack of trust in the system is exhibited in some of the girls' preference for speaking with the researcher off-record.

**Selection Bias.** Participation in this study was voluntary. Out of the eleven girls living at the after-care setting, ten agreed to participate. Out of these ten girls, five completed three interviews each that were included in this study, three completed two interviews that were included in this study, and two only completed the initial interview. Thus, this study is biased in that results disproportionately reflect the perspectives of a select group of girls who were: i) inclined towards speaking with the researcher, ii) open to having their sessions recorded, and iii) physically available for interviewing at the times the researcher was onsite.

It may be that additional exploration of the perspectives of girls who were disinterested in speaking with the researcher would significantly alter findings.

**Transferability of Findings.** This study reflects the perspectives of girls living at a single after-care program receiving partial government aid, in Delhi, India; findings may not necessarily reflect experiences and perspectives of residents at programs run by private organizations, or programs located in other regions, particularly rural areas.

## **Conclusion**

This study aimed to answer the following question: What are the psychosocial experiences of adolescent girls (18-19 years old) who have recently (1-6 months ago) transitioned from institutionalized care to an after-care program in Delhi, India? The specific aims of this study

were to describe and understand girls' lived experiences, interpersonal relationships, emotional worlds, and ongoing challenges.

Findings from this study offer a subjective account of what adolescent girls' lives look like within an after care program. In the girls' perspectives, their current circumstances are shaped by a range of experiences, including struggles to adapt to and make sense of their recently granted independence; external pressures and internal motivations to secure employment, efforts to understand themselves, and feelings of loneliness.

Interpersonal relationships are discussed across themes; the girls' identities are understood to be relational. Intimacy, specifically close female friendship, is simultaneously longed for, rejected, and deliberated over. An appreciation of the salience of interpersonal relationships in the girls' lives allows for insight into the challenge they face in coping with relational shifts and disconnection tied to transition out of institutionalized care. Recognizing the extent to which interpersonal connection is important to the girls also helps in understanding girls' fears and anxieties around achieving independence, which, in the perspective of a few girls, connotes isolation.

The girls' emotional experiences encompass a spectrum of feelings. Though only two girls report clinically significant mental health issues, all girls included in this study express feelings of psychological distress - anxiety, fear, sadness - in relation to different aspects of their lives. Girls report coping with distress in different ways - isolation, writing in a diary, sleeping, engaging in self-talk, taking psychiatric medication, speaking with staff, and distraction. Concomitantly, a few girls convey a sense of hope with regard to their futures. Though none of the girls overtly state that they are 'happy' or 'satisfied' in their circumstances, they do not express

being outrightly discontent either; most girls suggest that they bear a neutral, accepting stance towards their lives.

With regard to ongoing challenges, most girls cite the management of shifts in interpersonal dynamics as a central challenge - changes within close female friendships, conflict with male friends, and experiences of being ignored by Kilkari staff are shared as emotionally challenging struggles. Alongside, learning to navigate a vocational training/job placement system perceived as being confusing and inaccessible while managing external and internal pressures to achieve financial independence is a significant challenge for many girls.

It is recognized that findings from this study are constrained by several factors - the relational nature of data collection, the socio-cultural context within which data was collected, and dynamics between the researcher and participant. As reflected by the absence of discussion on sensitive matters such as sexual behaviors, these findings do not offer a complete picture of adolescent girls' experiences in after-care.

However, findings do reflect what the girls feel safe in sharing and how they are comfortable in being seen by the outside world. This information may serve as a starting point in reflecting on what girls transitioning out of institutionalized care in urban India expect from their environment in terms of support and understanding; it may be useful for individuals who engage with this population to consider their own roles in forging and shifting these expectations. It is hoped that by exploring how girls who have grown up in institutionalized care frame their own experiences, this study contributes to literature that encourages work with this population rooted in empathy, curiosity, respect, and self-awareness rather than rigid assumptions and unexamined sympathy.



## REFERENCES

- Ahuja, C., Chodavadia, P., Kinger, K., Levy, J., & Ariely, S. G. (2016). Two-year assessment of mental and physical health of OVCs in a residential care organisation: India report. *Institutionalised Children Explorations and Beyond*, 3(1), 10-28.
- Ainsworth, M. S. (1979). Infant–mother attachment. *American psychologist*, 34(10), 932.
- Arnett, J. J., & Tanner, J. L. (Eds.). (2006). *Emerging adults in America: Coming of age in the 21st century*. Washington, DC: American Psychological Association.
- Arnett, J. J. (2002). The psychology of globalization. *American psychologist*, 57(10), 774.
- Atluri, N, Mounika, P., Riti, C., Gupta, S.A. (2018). Mental and emotional health needs of orphaned and separated youth in New Delhi, India during transition into adulthood. *Institutionalised Children Explorations and Beyond*, 6.
- Barbour, R. S. (2001). Checklists for improving rigour in qualitative research: a case of the tail wagging the dog?. *Bmj*, 322(7294), 1115-1117.
- Beck, A. T., Steer, R. A., & Carbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical psychology review*, 8(1), 77-100.
- Berends, L., & Johnston, J. (2005). Using multiple coders to enhance qualitative analysis: The case of interviews with consumers of drug treatment. *Addiction Research & Theory*,

13(4), 373-381.

Bhargava, R, Riti, C., Shubhangi, K., Modi, K. (2018). Young adults transitioning from institutional care to independent living: The role of aftercare support and services.

*Institutionalised Children: Explorations and Beyond*, (6).

Bhasin, S. K., Sharma, R., & Saini, N. K. (2010). Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study. *The Indian Journal of Pediatrics*, 77(2), 161-165.

Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*, 52(4), 664.

Bowlby, J. (1958). The nature of the child's tie to his mother. *International journal of psycho-analysis*, 39, 350-373.

Browne, K. (2009). *The risk of harm to young children in institutional care*. London: Save the Children.

Byers, A. N., & Lutz, D. J. (2015). Therapeutic alliance with youth in residential care: Challenges and recommendations. *Residential Treatment for Children & Youth*, 32(1), 1-18.

Calhoun, L. G., & Tedeschi, R. G. (Eds.). (2014). *Handbook of posttraumatic growth: Research and practice*. Routledge.

Chandler, D., & Munday, R. (2011). *A dictionary of media and communication*. OUP Oxford.

- Chiovitti, R. F., & Piran, N. (2003). Rigour and grounded theory research. *Journal of advanced nursing*, 44(4), 427-435.
- Chodrow, N. (1978). *The reproduction of mothering*. Los Angeles: The Regents of the University of California.
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & II, G. S. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, 86(3), 279-287.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . van der Kolk, B. (2009). Complex Trauma in Children and Adolescents. *Psychiatric Annals*, 35(5), 390-398.
- Cottone, R. (2007). Paradigms of counseling and psychotherapy, revisited: Is social constructivism a paradigm?. *Journal of Mental Health Counseling*, 29(3), 189-203.
- Covington, S. (1998). The relational theory of women's psychological development: Implications for the criminal justice system. *Female offenders: Critical perspectives and effective interventions*, 2, 113-131.
- Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The counseling psychologist*, 35(2), 236-264.
- Department of Women and Child Development. (2012). *Children Homes List*. Retrieved from:

<http://cwc.wcddel.in/ChildrenHomeList.aspx>

Dutta, S. (2016). Institutional care in India: Investigating processes for social reintegration.

*Children and Youth Services Review*, 66, 144-153.

Evans, N. J., & Forney, D. S., Guido-DiBrito (1998). *Student development in college:*

*Theory, research, and practice.*

Fraley, R. C., & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments,

emerging controversies, and unanswered questions. *Review of general psychology*, 4(2),

132-154. Gangi, 2017

Gilligan, C. (1982). New maps of development: New visions of maturity. *American Journal of*

*Orthopsychiatry*, 52(2), 199. Gilmoor et al., 2019

Greeson, J. K., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake, G. S., Ko, S. J., & Fairbank, J. A.

(2011). Complex trauma and mental health in children and adolescents placed in foster

care: Findings from the National Child Traumatic Stress Network. *Child welfare*, 90(6), 91-108.

Gregorowski, C., & Seedat, S. (2013). Addressing childhood trauma in a developmental context.

*Journal of Child & Adolescent Mental Health*, 25(2), 105-118.

Hartling, L. M., Rosen, W., Walker, M., & Jordan, J. V. (2000). *Shame and humiliation: From*

*isolation to relational transformation* (Work in Progress No. 88). Wellesley, MA: Stone

Center Working Paper Series.

- Haskell, L., & Randall, M. (2009). Disrupted attachments: A social context complex trauma framework and the lives of Aboriginal peoples in Canada. *Journal of Aboriginal Health*, 5(3), 48-99.
- Institute for Policy Research (2015). PRS Legislative Research: Juvenile Justice (Care and Protection of Children) Bill, 2014, available at:  
<http://www.prsindia.org/uploads/media/Juvenile%20Justice/Legislative%20Brief%20Juvenile%20Justice%20Bill.pdf> (last accessed February 10, 2016).
- Jordan, J. V., & Dooley, C. (2000). *Relational practice in action: A group manual*. Stone Center, Wellesley College.
- Jordan, J. V. (Ed.). (1997). *Women's growth in diversity: More writings from the Stone Center*. Guilford Press.
- Jordan, J. V. (2010). *Relational-cultural therapy. Handbook of counseling women*. Guilford Press.
- Kapadia, S. (2017). *Adolescence in urban India: Cultural construction in a society in transition*. Springer.
- Kaur, R., Vinnakota, A., Panigrahi, S., & Manasa, R. V. (2018). A descriptive study on behavioral and emotional problems in orphans and other vulnerable children staying in institutional homes. *Indian journal of psychological medicine*, 40(2), 161.
- Khurana, S., Sharma, N., Jena, S., Saha, R., & Ingle, G. K. (2004). Mental health status of

- runaway adolescents. *The Indian Journal of Pediatrics*, 71(5), 405-409.
- Kilmer, R. P., & Gil-Rivas, V. (2010). Exploring posttraumatic growth in children impacted by Hurricane Katrina: Correlates of the phenomenon and developmental considerations. *Child development*, 81(4), 1211-1227.
- Kulka, A. (2000) *Social Constructivism and the philosophy of science*. New York: Routledge.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.
- Larkin, M., & Thompson, A. R. (2012). Interpretative phenomenological analysis in mental health and psychotherapy research. *Qualitative research methods in mental health and psychotherapy*, 101-116.
- Lenz, A. S. (2016). Relational-cultural theory: Fostering the growth of a paradigm through empirical research. *Journal of Counseling & Development*, 94(4), 415-428.
- Marr, P., & Malone, K. (2007, December). What about me? Children as co-researchers. In *AARE 2007 international education research conference* (p. 27).
- Miller, W. B. (1976). Sexual and contraceptive behavior in young unmarried women. *Primary Care*, 3(3), 427-453.
- Miller, J. B. (1994). *Women's psychological development: Connections, disconnections, and violations*. Brunner/Mazel.
- Mishra, R., & Sondhi, V. (2018). Fostering Resilience among Orphaned Adolescents through

- Institutional Care in India. *Residential Treatment for Children & Youth*, 1-24.
- Modi, K., Nayar-Akhtar, M., Ariely, S., & Gupta, D. (2016). Addressing Challenges of Transition from Children's Home to Independence: Udayan Care's Udayan Ghars (Sunshine Children's Homes) & Aftercare Programme. *Scottish Journal of Residential Child Care*, 15(2).
- Modi, K., Prasad, A., & Mishra, J. (2018). Assisting Youth Leaving Care: Understanding Udayan Care's Aftercare Programme through the Prism of Ecological Systems Theory. *Scottish Journal of Residential Child Care*, 17(1).
- Nayar-Akhtar, M. (2015). On the Seashore of Sunshine Homes: Psychoanalytic Perspectives on Working with Institutionalized Children in India. *Psychoanalytic Inquiry*, 35(7), 744-757.
- Neimeyer, R. A. (1995). *Constructivist psychotherapies: Features, foundations, and future directions*.
- Nes, L. S., Carlson, C. R., Crofford, L. J., de Leeuw, R., & Segerstrom, S. C. (2011). Individual differences and self-regulatory fatigue: Optimism, conscientiousness, and self-consciousness. *Personality and individual differences*, 50(4), 475-480.
- Pillai, A., Patel, V., Cardozo, P., Goodman, R., Weiss, H. A., & Andrew, G. (2008). Non-traditional lifestyles and prevalence of mental disorders in adolescents in Goa, India. *The British Journal of Psychiatry*, 192(1), 45-51.

- Priya, K. R. (2015). On the social constructionist approach to traumatized selves in post-disaster settings: State-induced violence in Nandigram, India. *Culture, medicine, and psychiatry*, 39(3), 428-448.
- Rahman, W., Mullick, M. S. I., Pathan, M. A. S., Chowdhury, N. F., Shahidullah, M., Ahmed, H., ... & Rahman, F. (2012). Prevalence of behavioral and emotional disorders among the orphans and factors associated with these disorders. *Bangabandhu Sheikh Mujib Medical University Journal*, 5(1), 29-34.
- Ramadass, S., Gupta, S. K., & Nongkynrih, B. (2017). Adolescent health in urban India. *Journal of family medicine and primary care*, 6(3), 468–476
- Rosenberg, M. (1965). Rosenberg self-esteem scale (SES). *Society and the adolescent self-image*.
- Conner, M., Warren, R., Close, S., & Sparks, P. (1999). Alcohol consumption and the theory of planned behavior: An examination of the cognitive mediation of past behavior. *Journal of Applied Social Psychology*, 29(8), 1676-1704.
- Saraf, G., Chandra, P. S., Desai, G., & Rao, G. N. (2018). What adolescent girls know about mental health: findings from a mental health literacy survey from an urban slum setting in India. *Indian journal of psychological medicine*, 40(5), 433.
- Saraswathi, T. S. (1999). *Adult-child continuity in India: Is adolescence a myth or an emerging reality?*



- Schiff, J. W., & Moore, K. (2006). The impact of the sweat lodge ceremony on dimensions of well-being. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 13(3), 48-69.
- Schlossberg, N. K. (1981). A model for analyzing human adaptation to transition. *The counseling psychologist*, 9(2), 2-18.
- Sen, A. (2009). Street children in India: a NonGovernment Organization (NGO) based intervention model. *Journal of Developmental & Behavioral Pediatrics*, 30(6).
- Smith, J.A., Flower, P., and Larkin, M. (2009), *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.
- Smith, J. A. (2010). Interpretative phenomenological analysis: A reply to Amedeo Giorgi. *Existential analysis*, 21(2), 186-193.
- Smith, 1996
- SOS Children's Village (2019). *How India's Children are Mistreated at Orphanages*. Retrieved from: <https://www.savethechildren.in/resource-centre/articles/how-india%E2%80%99s-children-are-mistreated-at-orphanages>
- Stein, M., & Dixon, J. (2006). Young people leaving care in Scotland. *European Journal of Social Work*, 9(4), 407-423.
- Steinberg, M. (2001). Updating diagnostic criteria for dissociative disorders: Learning from scientific advances. *Journal of Trauma & Dissociation*, 2(1), 59-63.
- UNICEF (2013). *Adolescents in India: A desk review of existing evidence, behaviors, and policies*.

UNICEF (2012). *Investing in people: caring for vulnerable children and their families*.

Van Manen, M. (2002). *Researching the experience of pedagogy*. Education Canada -Toronto, 42(4), 24-39.

Vygotsky, L. (1978). Interaction between learning and development. *Readings on the development of children*, 23(3), 34-41.

Whetten, K., Ostermann, J., Whetten, R. A., Pence, B. W., O'Donnell, K., Messer, L. C., & Thielman, N. M. (2009). The Positive Outcomes for Orphans Research T: A Comparison of the Wellbeing of Orphans and Abandoned Children Ages 6-12 in Institutional and Community-Based Care Settings in 5 Less Wealthy Nations. *PLoS One*, 4, (69).

Escueta, M., Whetten, K., Ostermann, J., & O'Donnell, K. (2014). Adverse childhood experiences, psychosocial well-being and cognitive development among orphans and abandoned children in five low income countries. *BMC international health and human rights*, 14(1), 6.

Wolff, P. H., & Fesseha, G. (1999). The orphans of Eritrea: a five-year follow-up study. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(8), 1231-1237.