Health Consequences for Victims of Human Trafficking for Sexual Exploitation: HIV and AIDS

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Sexual Trafficking: Breaking the Silence
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IOM South Africa
Ask yourself what it might be like to be a victim of trafficking for sexual exploitation

IOM Romania
AIDS and Victims of Trafficking

Irregular Migration

Trafficking in Persons

Health Concerns of Trafficked Persons

HIV and AIDS

 Trafficking for Sexual Exploitation
Overview

- The context
- Health and the process of trafficking
- HIV/AIDS – IOM field experience
- Responses and Recommendations
The context – women and mobility

- Increasing migration
- Women migrants
- Irregular migration

IOM Kosovo

You Pay for a night-She Pays with her Life
FORCED PROSTITUTION=SLAVERY: THERE IS NO CHOICE!
The context – irregular migration

Irregular Migration

 Trafficking in Persons
A violation of human rights and coercion for exploitation (crime against a person)

 Smuggling of Migrants
An organized illegal border crossing (crime against the state)
The health of trafficked persons

- Health and mobility
- Health and the process of trafficking in persons
- Criminalization of the victim
Health and mobility

Health:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

- World Health Organization
Many of the inequalities that drive the spread of disease also drive migration and are amplified during the migration process.
Health and mobility

Vulnerabilities of migrants:

- Disparities in health and access to health services
- The policy and the reality of access
- Lack of support systems (family, community, etc.)
- Sense of anonymity, separation from regular partners
- Isolation and stigma / discrimination
- Sexual and gender-based violence during mobility
- Irregular and undocumented migrants

Result: More deaths and preventable diseases
Health and mobility

Trafficked persons particularly vulnerable to health risks:

- Initially disempowered background
- Coercive and stressful nature of their mobility (violence, deception, coercion, abuse, etc.)
- Nature of the activities for which they are exploited (forced prostitution)
- Stigma and isolation upon return
Exploited women laborers

Women sex workers

Migrant women

Women experiencing sexual abuse, domestic violence, torture

Source: LSHTM 2003

Spheres of marginalization and vulnerability
Health Implications at Each Stage in the Trafficking Process

Predeparture/Recruitment -> Movement/Transit -> Exploitation

Trafficking Process
Health and the process of trafficking

- Physical, psychological and sexual violence
- Abusive living and working conditions
- Limited / no access to health services
- Exposure to diseases
- Similar to victims of torture and domestic / inter-familiar violence – trauma, terror, memory, etc.
Health and the process of trafficking

Pre-departure / Recruitment
- Family based violence, child abuse
- Poverty, malnourishment
- Lack of preventative health care, lack of health information
- Level of disease prevalence and health status in origin community
  - HIV prevalence
  - already in sex work
  - already suffered sexual violence
  - access to information, services
  - culture and sexuality
Health and the process of trafficking

Travel and transit
Health and the process of trafficking

Destination / Exploitation

Trafficking for Sexual Exploitation:

- Limited or no ability to negotiate safe sex
- High numbers of partners – 10-25, 40-50 per night (LSHTM study)
- Horrific conditions
- No or minimal health care
- Ongoing violence / control of all types
- The special vulnerabilities of adolescents and children
Criminalization of the victim

- Migration status - irregular, undocumented
- Type of exploitation – sex work
- First step: identifying victims of trafficking

IOM Romania
Sphere of Protection: Victim Safety and Security

- Victim Identification
- Direct Assistance
- Return

(Re)integration
HIV and AIDS and Trafficking: Experience from the field

- IOM programs
- Data on HIV from programs:
  - S. Africa
  - Indonesia
  - Ukraine
- Overall feedback
Experience from the field

IOM programs

- origin / transit / destination – 3 Ps (prevention, protection, and prosecution)
- Diverse programs (case-by-base to massive organized response, HIV/AIDS, CT, other)
- Comprehensive assistance (medical, psychosocial, shelter, economic, documents, etc.) – including HIV and AIDS service
- Partners - NGOs, IOs, governments, etc. depending on the context
Experience from the field

Examples of IOM programs

- Information campaigns:
  - Safe migration: Safe Journey Road show - Zimbabwe

- Facilitating policy development: Budapest Declaration on Public Health and Trafficking in Human Beings

- Research: new PHAMSA study, new Ukraine study

- Capacity building and training:
  - Health providers – S. Africa
  - Life skills for VoT and at-risk groups - Vietnam

- Direct medical assistance: Indonesia, Ukraine

- Prevention: life skills with girls in school - HIV and CT – Ethiopia
Experience from the field

Southern African Region (SACTAP)

- Provides HIV and AIDS services via NGOs – VCT
- Experience is that VoT don’t want to be tested in the destination country – rather upon return - (re)integration
- ARVs available through local gov’t clinics
- HIV/AIDS programme in VoT center / shelter in Gauteng Province – includes hospice care
Experience from the field

Indonesia:

- 3 recovery centers (Jakarta, Surabaya and Pontianak) - IOM staff, NGO, social worker / nurse
- Provide reproductive health education, complete STI exam and VCT (recovery period, sometimes reintegration period)
- Free ARV Tx through national treatment centers (29 hospitals) – including the police hospital
- Stigma related to CSW (possible HIV status)
- Approximately 30% of VoT were sexually exploited
Experience from the field

Indonesia con’t:

- Not all VoT tested, 90% receive reproductive care and an HIV/AIDS education session – many partner NGOs have trained HIV/AIDS counselors
- IOM Jakarta has identified HIV+ VoT, including one with stage 3 AIDS
- June 2005 – Jan 2006, 201 HIV tests, only 5+ results, (all in sexual exploitation, between 16-29 but mostly under 23)
- Still a challenge to convince VoT to get tested
Experience from the field

Ukraine:

Rehabilitation Center (2002 – 2005)

Data gathered from VoT during their stay at the RC – all with signed, written consent

- Total number VoT: 789
- 99% female, 77% urban, mixed levels of education
- 30% posttraumatic stress disorder
- Problems related to drug and alcohol use
- Neurological problems related to head trauma
Experience from the field

Ukraine con’t:

STIs:
- 43.6% Chlamydia
- 60.8% Bacterial Vaginosis
- 66.4% Pelvic Inflammatory Disease
- Patients tested for HIV: 98.2%
- HIV+ : 19 (2.4%)
Experience from the field

Overall feedback from the field:

- Not enough is known:
  - % sexual exploitation vs. other forms of trafficking
  - In Asia and E. Europe, % HIV+ VoT is low, but not enough data from other regions AND some studies show high levels in sex workers in general...
  - Stigma (as VoT, as HIV+)
Experience from the field

Overall feedback con’t:

- Many other needs - many other health concerns - TIMING
- Need for consistent Tx – better to initiate after returned / (re)integrated – unless already being treated
- Need to be realistic
  - Time with VoT
  - Her (or his) immediate needs and priorities

Good practice: VoT decides
Responses and Recommendations

Former victim of trafficking now working in a clinic in the Dominican Republic
AIDS and Victims of Trafficking

“By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services.”

* By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights ...through the elimination of all forms of discrimination...including trafficking in women and girls (Paragraph 61).”

2001 UN GA Declaration of Commitment on HIV/AIDS
Responses and Recommendations

- Budapest Declaration
- UN Office on Drugs and Crime – Trafficking and AIDS working group
- Increased interest – ongoing studies and more mainstreaming in programs
Responses and Recommendations

- Comprehensive response to human trafficking – 3 Ps
- Build capacity to identify victims of trafficking (health workers)
- Move beyond immediate, emergency care into reintegration and recovery programs
- Involve people who were victims of trafficking for sexual exploitation in policy and program design and implementation
Responses and Recommendations

- Promote regular migration flows
- Protect the human rights of all migrants
- Improve access to health information and services for migrants regardless of status
- Promote the human rights of HIV+ migrants regardless of their migration status (regular / irregular)
Responses and Recommendations

- Integrate HIV and AIDS services into other health activities for trafficked persons (e.g. reproductive health, violence against women)
- International cooperation – innovative strategies to ensure continuous access to treatment and other services
Thank you

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