

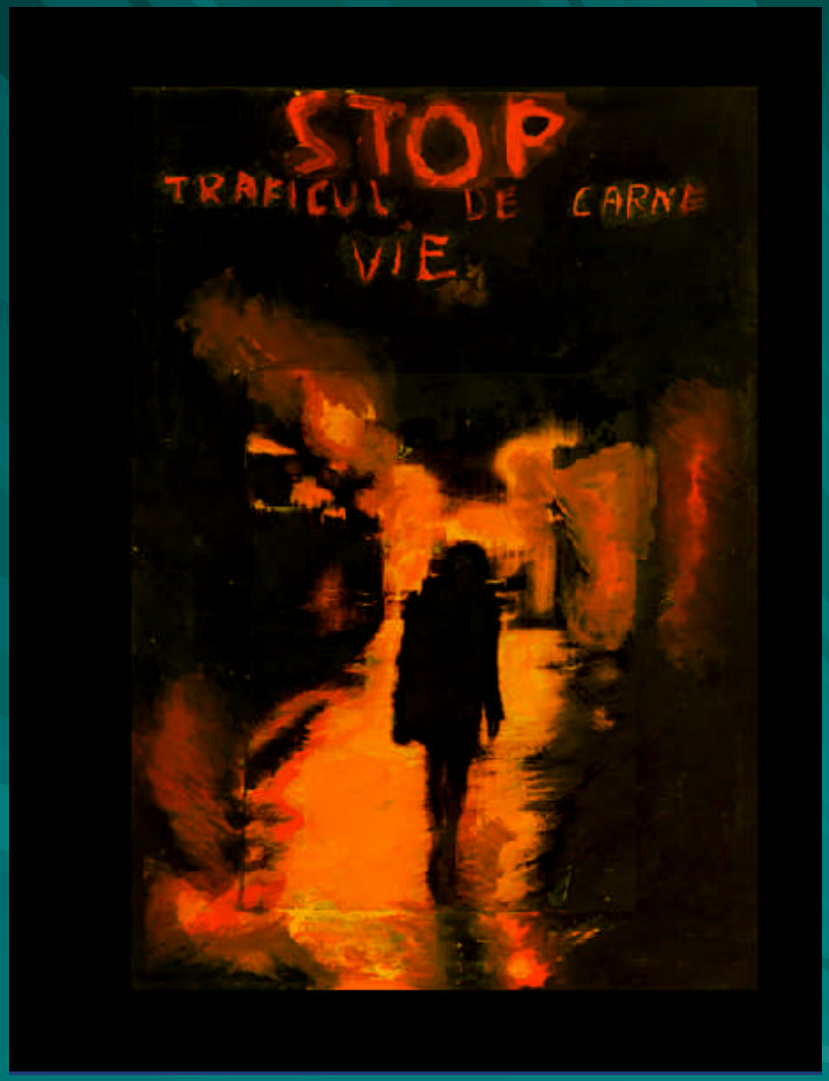
IOM South Africa

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

Rosilyne Borland
International Organization for Migration

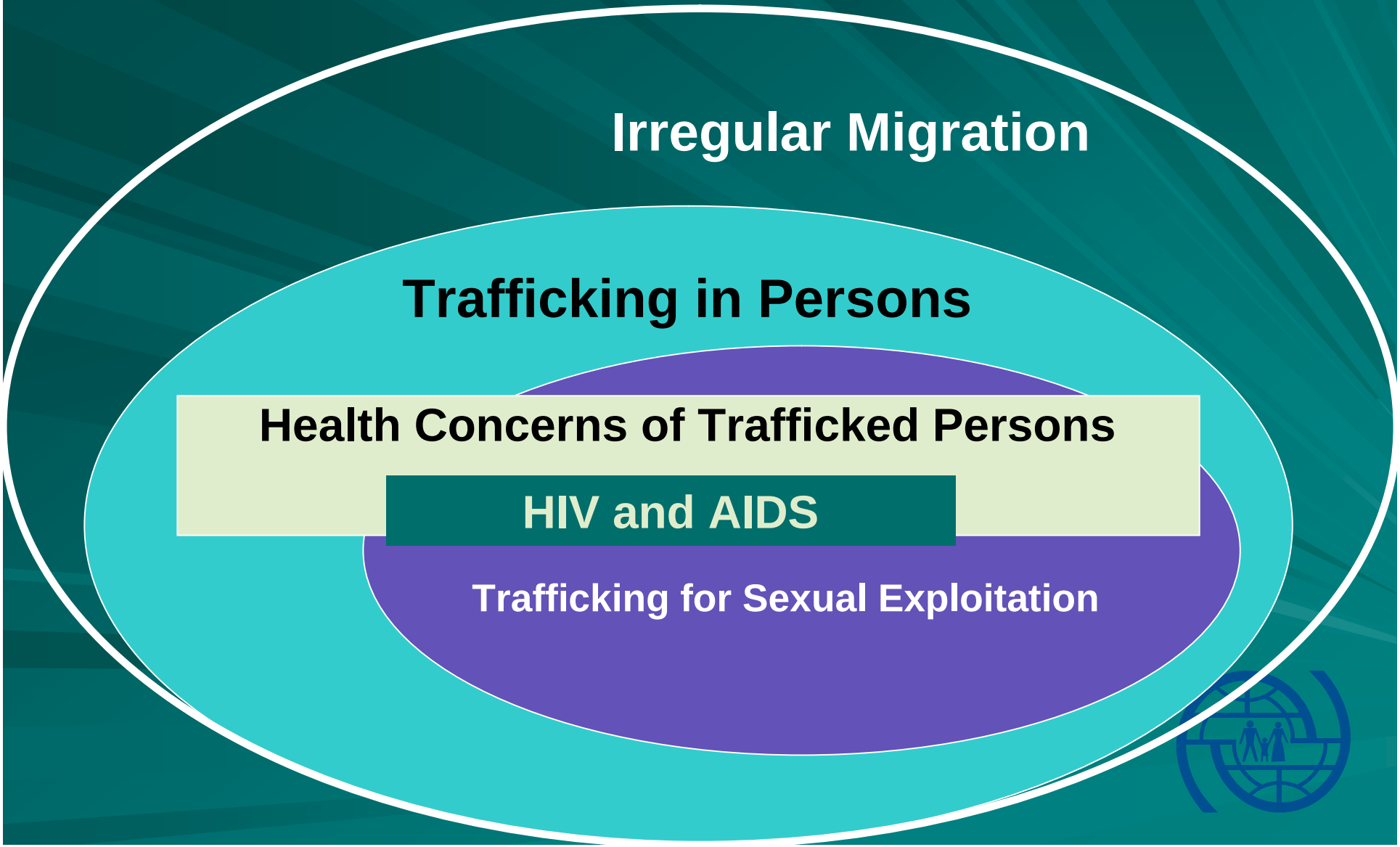
Sexual Trafficking: Breaking the Silence
UNC – April 2006

Ask yourself what it might be like to be a victim of trafficking for sexual exploitation



IOM Romania

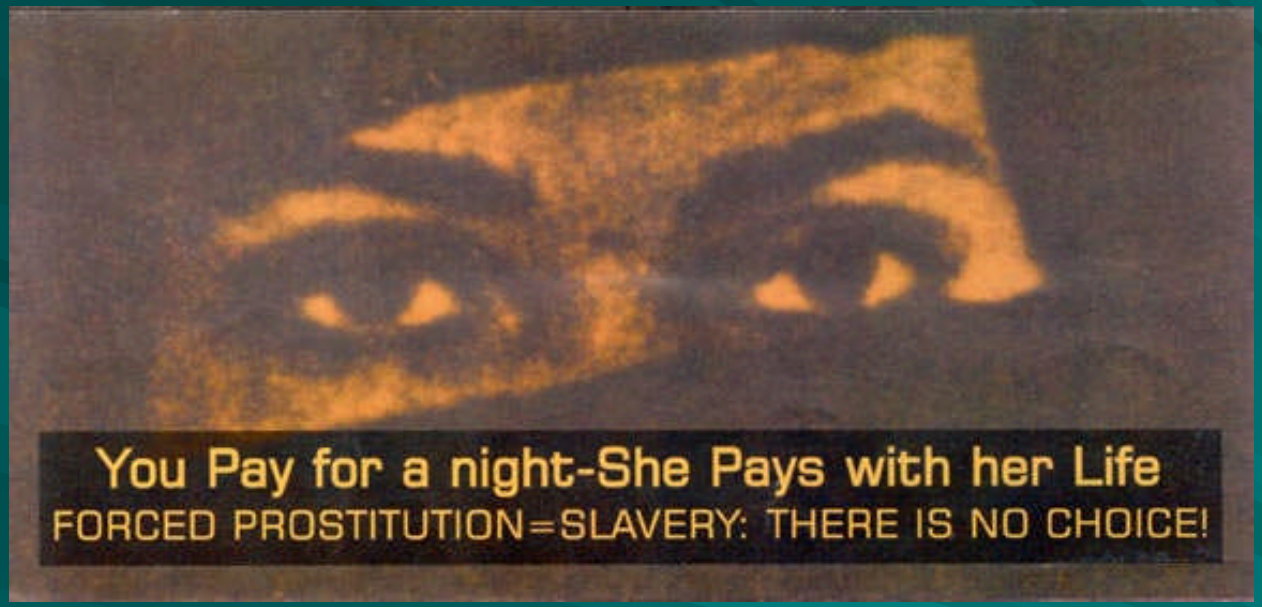
AIDS and Victims of Trafficking



Overview

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

The context – women and mobility

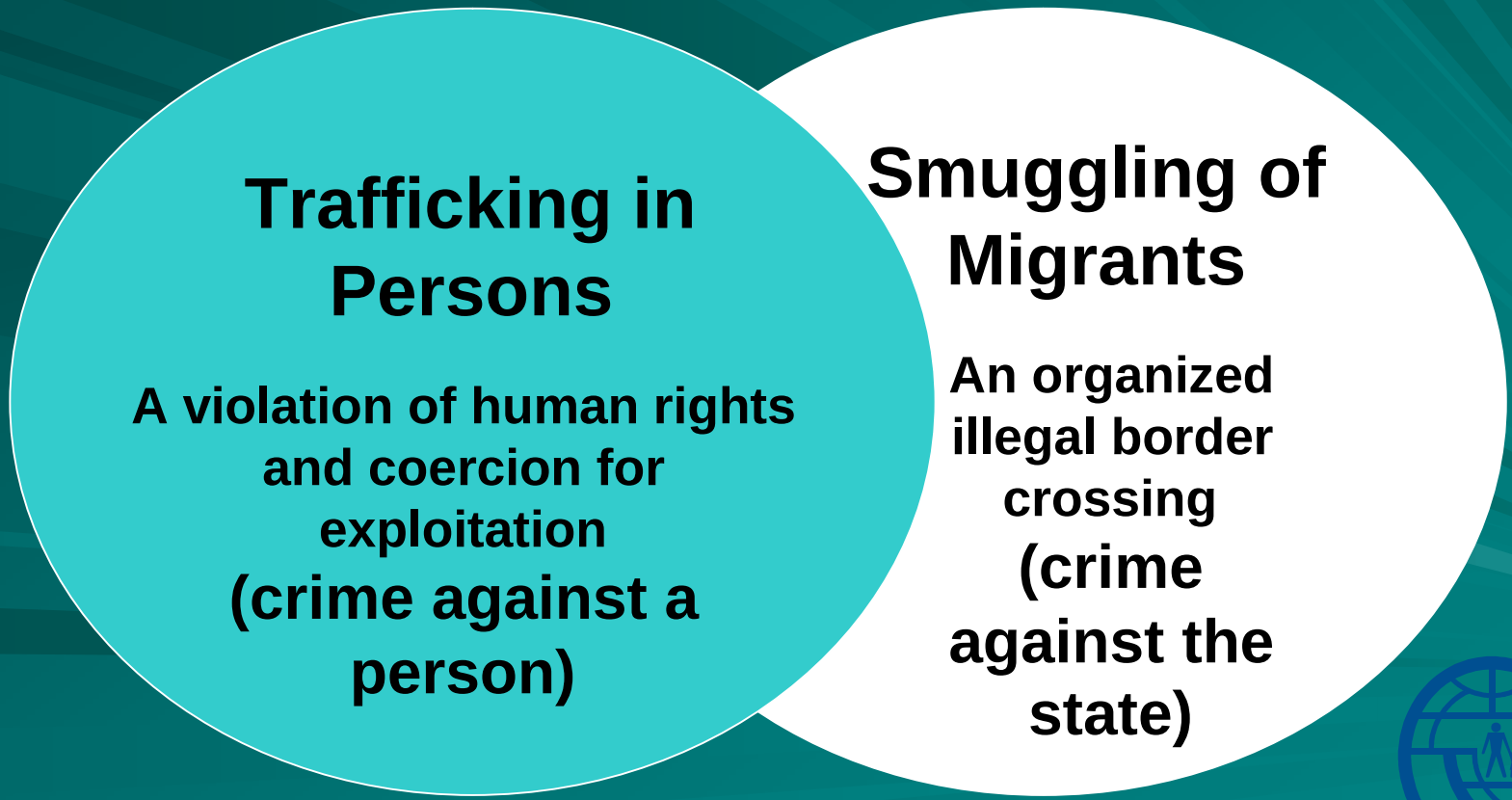


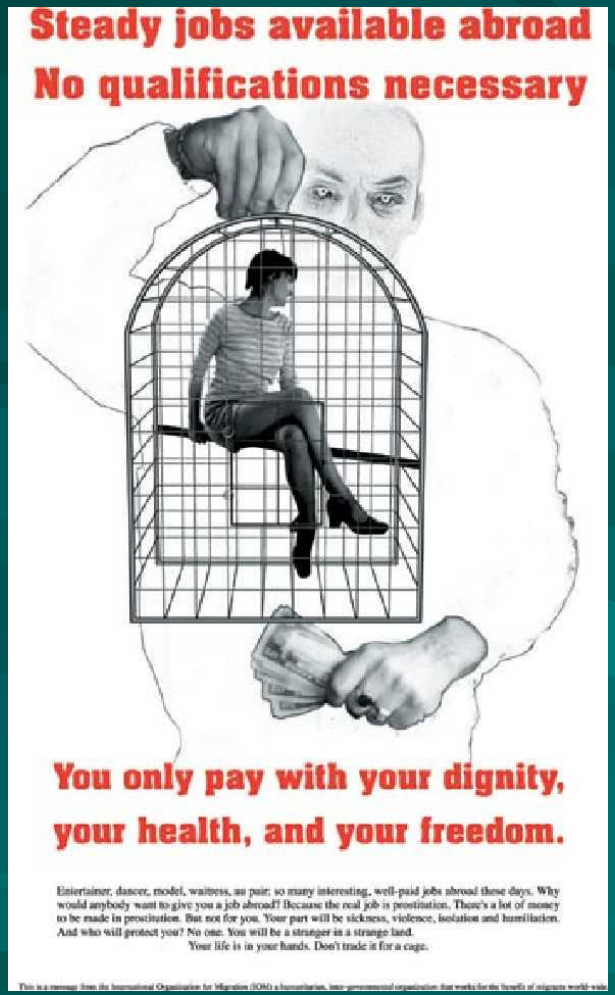
IOM Kosovo

- Increasing migration
- Women migrants
- Irregular migration

The context – irregular migration

Irregular Migration





The health of trafficked persons

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

Health and mobility

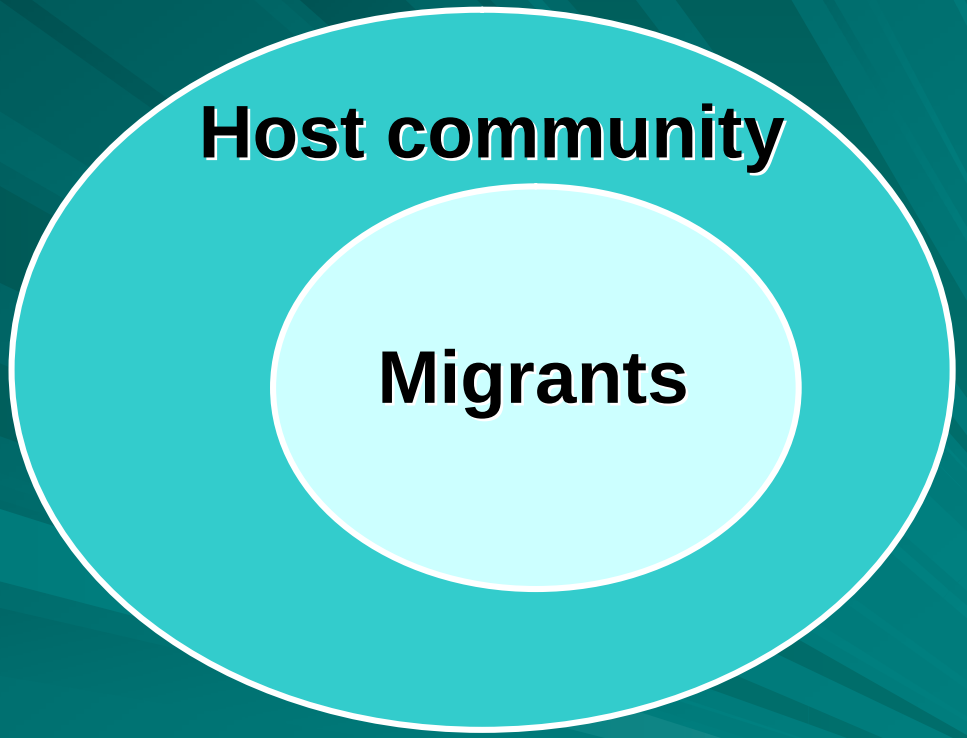
Health:

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

- World Health Organization

Health and mobility

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

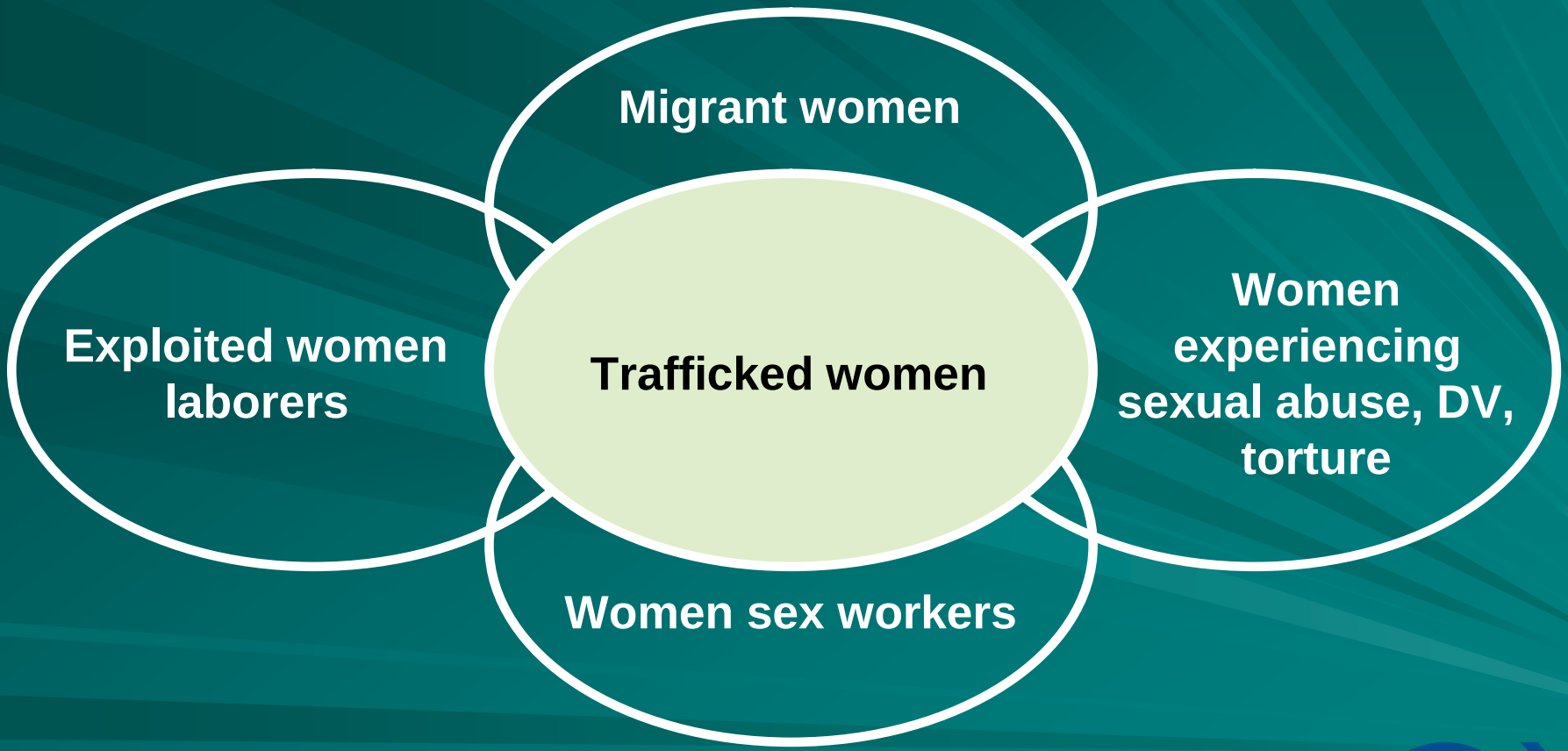
Result: More deaths and preventable diseases

Health and mobility

Trafficked persons *particularly* vulnerable to health risks:

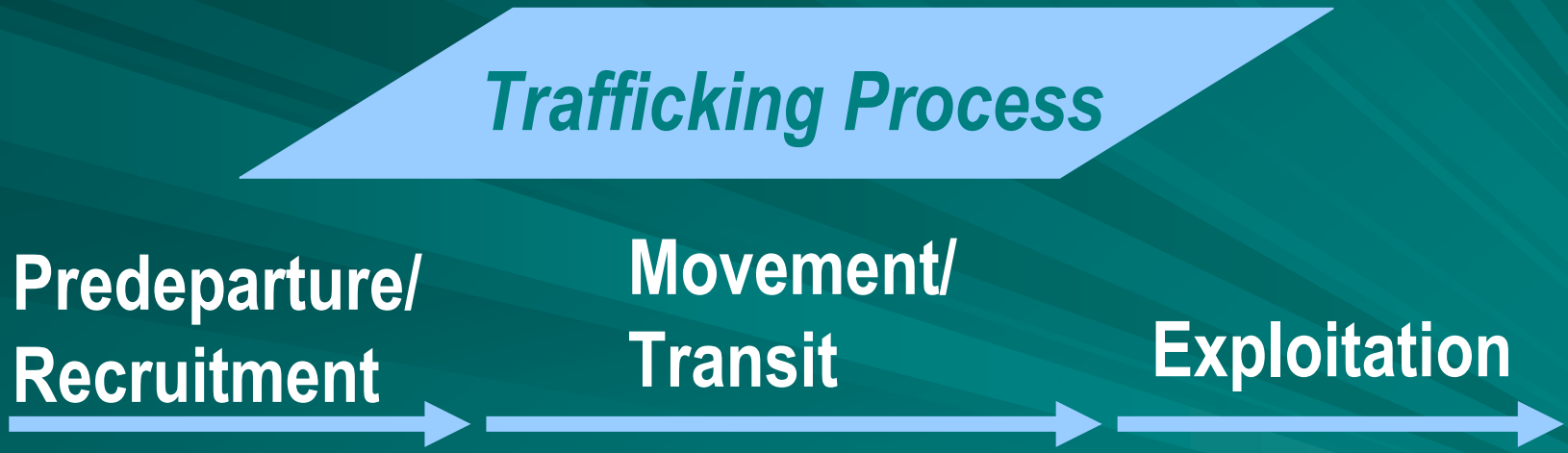
- Initially disempowered background
- Coercive and stressful nature of their mobility (violence, deception, coercion, abuse, etc.)
- Nature of the activities for which they are exploited (forced prostitution)
- Stigma and isolation upon return

Spheres of marginalization and vulnerability



Source: LSHTM 2003

Health Implications at Each Stage in the 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

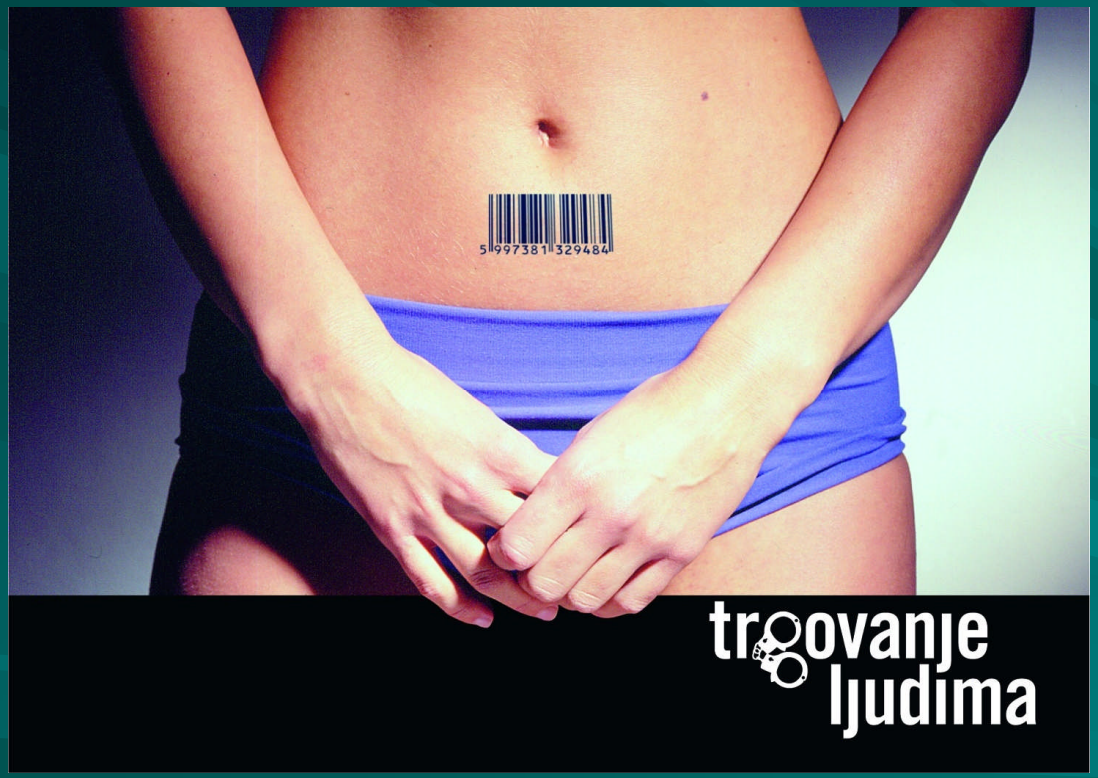


IOM Romania

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


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

IOM Croatia

Experience from the field

IOM programs

- origin / transit / destination – 3 Ps
- 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

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 PHARMSA 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

Southern African Region (SACTAP) con't:

- Have had one HIV+ person, already aware of her status, able to continue treatment through her return to Mozambique
- Data not available but coming soon – PHAMSA study

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)

- 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 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"

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 status

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



IOM Colombia

Thank you

rborland@iom.int