

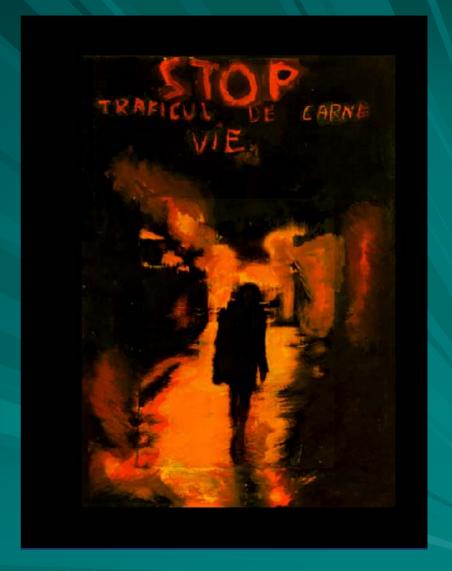
Health Consequences for Victims of Human Trafficking for Sexual Exploitation: HIV and AIDS

Rosilyne Borland
International Organization for Migration
Sexual Trafficking: Breaking the Silence
UNC – April 2006

**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** 

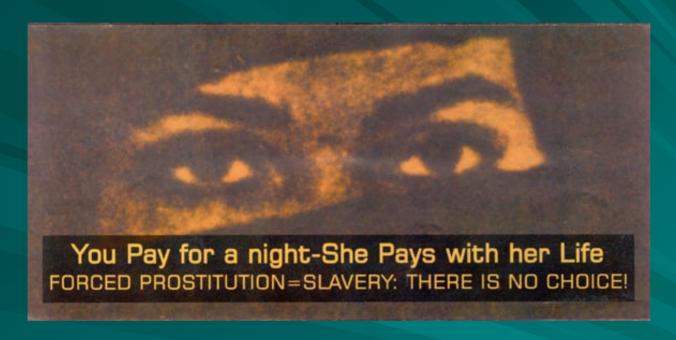
**Trafficking for Sexual Exploitation** 

#### Overview

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



#### The context – women and mobility



IOM Kosovo

- Increasing migration
- Women migrants
- Irregular migration



#### 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)



#### Steady jobs available abroad No qualifications necessary



You only pay with your dignity, your health, and your freedom.

Entertainer, dancer, model, waitness, an pair; so many interesting, well-paid jobs abroad these days. Why would anybody want to give you a job abroad? Because the real job is possituation. There's a lot of money to be made in providuelon. But not for you. Your part will be sickness, violence, isolation and hamiltation. And who will geneted you? No one, You will be a stranger in a strange land.

You life is in your hand. Book trude if for a cage.

This is a newage from the Instructional Organization for Wignation (ION) a humanitarion, into governmental organization flat works for the Youth of originate world with

# The health of trafficked persons

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



#### **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

Host community

Migrants



#### **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

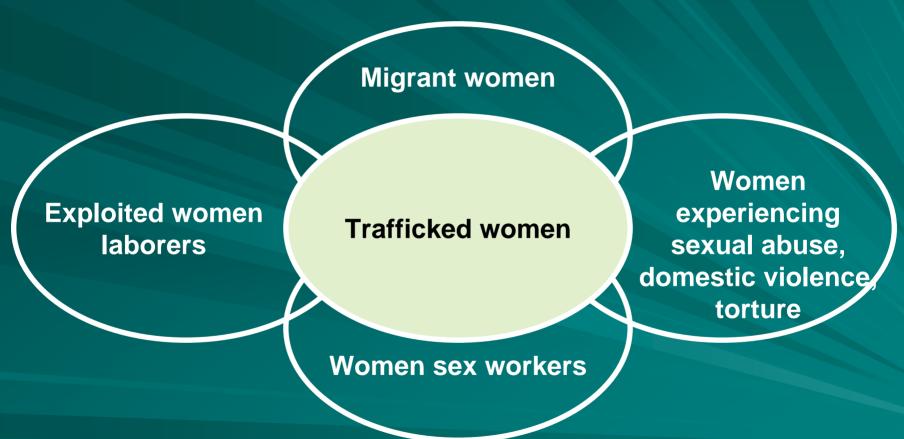
Result: More deaths and preventable diseases

### 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

Trafficking Process

Predeparture/ Recruitment Movement/ Transit

Exploitation



#### 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.

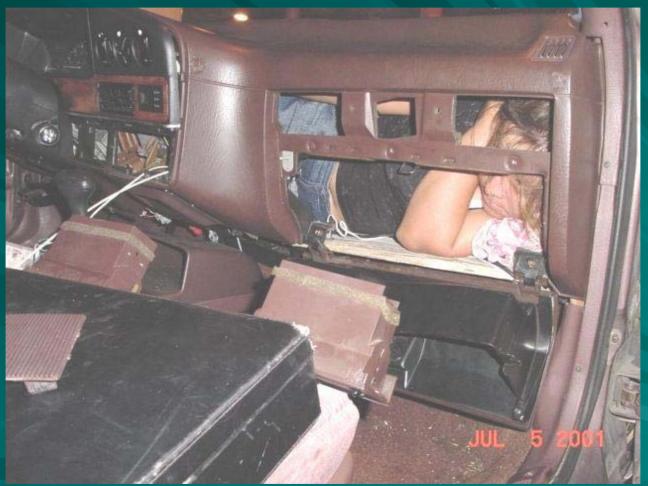
#### Health and the process of trafficking

#### 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



## HIV and AIDS and Trafficking: Experience from the field



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

**IOM Croatia** 



#### **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

#### **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



#### 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

#### 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

#### **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

#### 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%)



#### 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+)



#### 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** 





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

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



- 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

- 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)



- ■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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**IOM Colombia** 

