



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

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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**

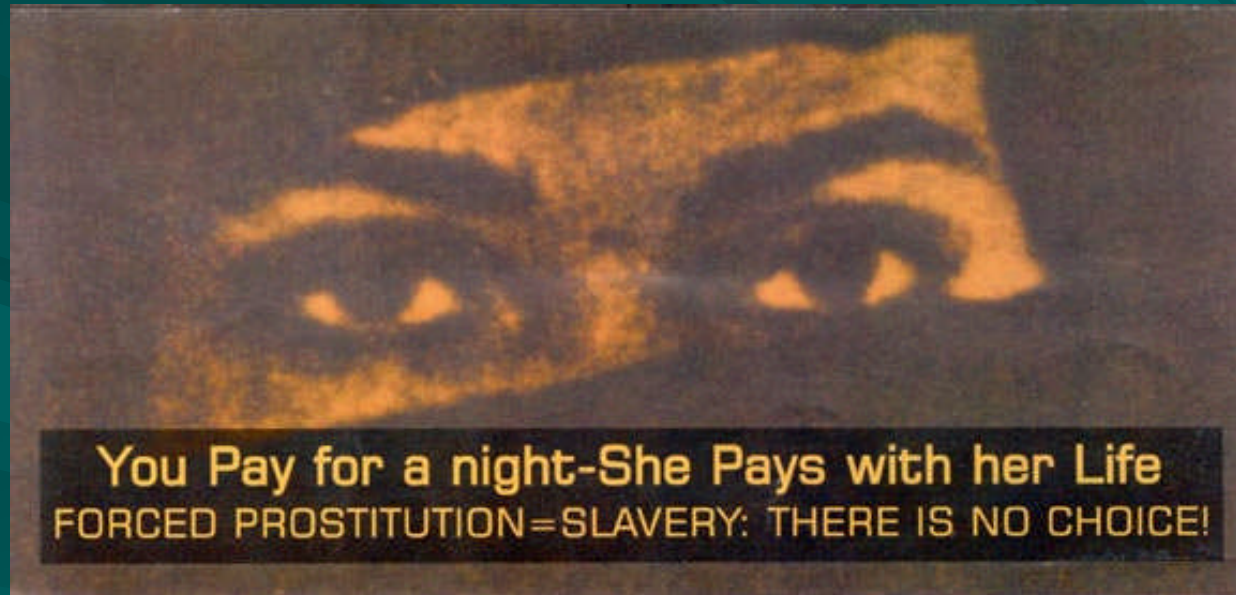


# Overview

- 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**

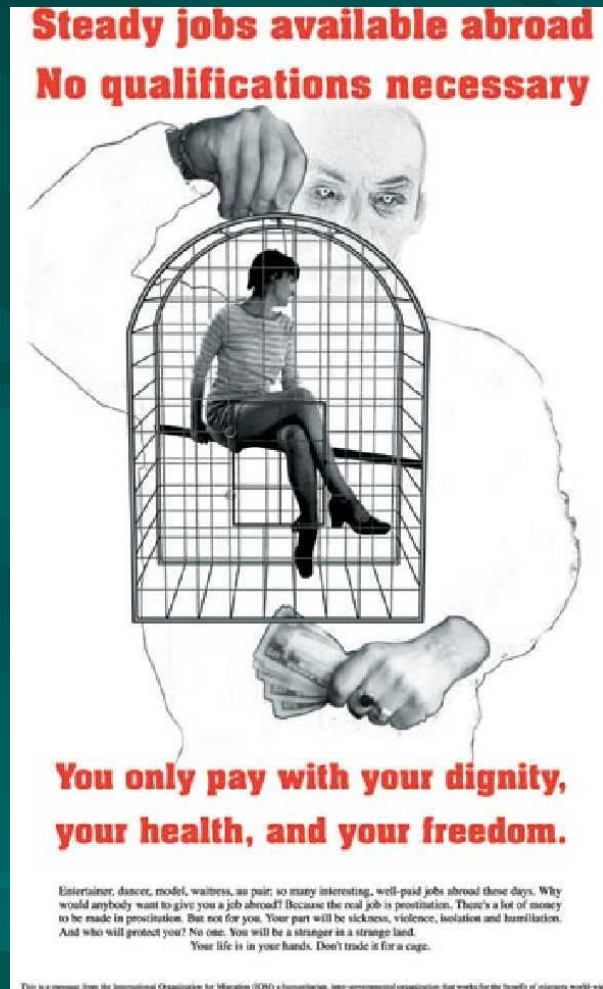
### **Trafficking in Persons**

**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)**





# 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”

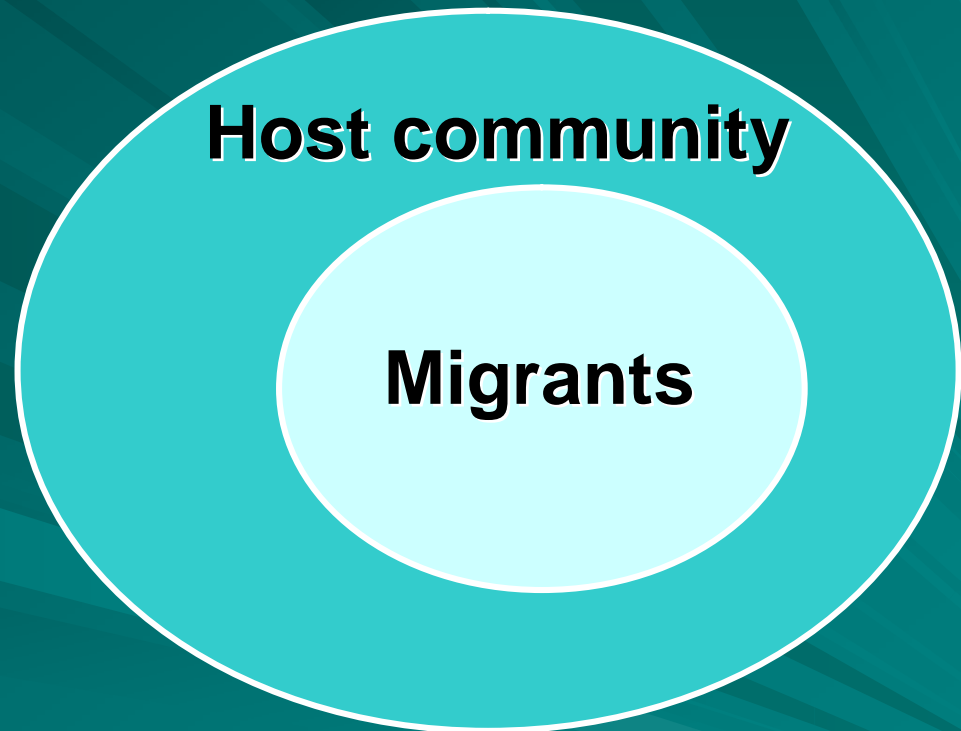
- World Health Organization





# 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



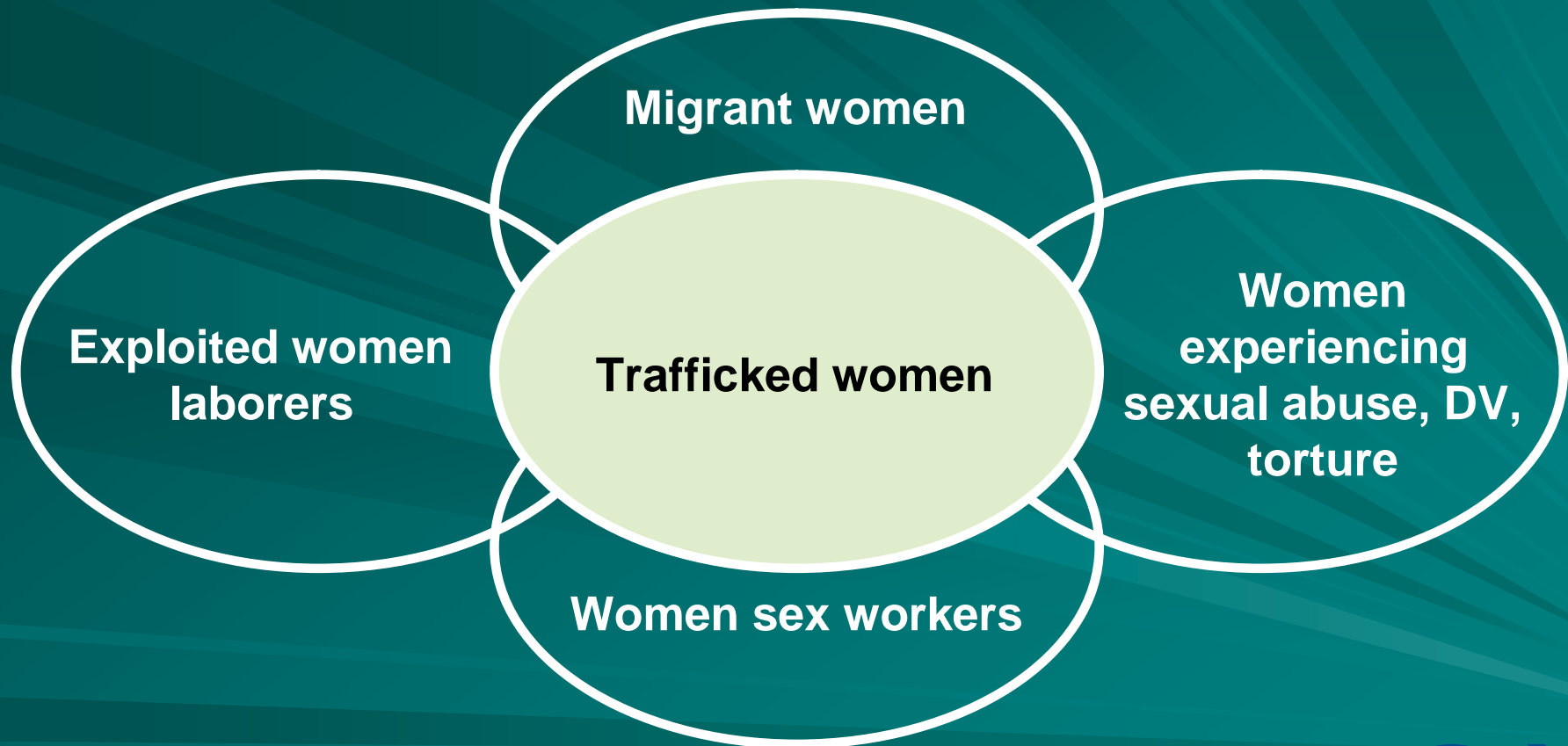
# Health and mobility

**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

## *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-familial 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





EN COLOMBIA MILES DE PERSONAS SON COMERCIALIZADAS  
CON FINES DE PROSTITUCIÓN, TRABAJO FORZADO, ESCLAVITUD...



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# Thank you

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## IOM Colombia

