Trafficking, sex work, and HIV: efforts to resolve conflicts

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Trafficking occurs in sex work as it does in other types of labour. However, the issue of trafficking in sex work has been singled out, its scale and potential for harm frequently mis-stated or exaggerated to bolster antiprostitution arguments, inflame public opinion, and justify repressive and counterproductive police action.[1–5] Conflation of sex work with trafficking leads not only to difficulties with definition and harm to sex workers on the ground, but also to conflicts that undermine HIV prevention.

The UN definition of trafficking requires coercion and movement or harbouring of people for the aims of exploitation, and estimates of its prevalence vary widely.[4] A useful operational definition of trafficking in sex work settings identifies two clear situations—either minors being exploited or adults being coerced against their will.[6,7] Surveillance data from peer-based interventions using such criteria identified trafficking in only 4–10% of women entering sex work in Mysore and West Bengal, India.[6,7] Nevertheless, there are many issues for those trafficked into child prostitution or coerced into sex work.[4,8] Trafficking, in addition to being a gross violation of human rights, increases vulnerability to other forms of violence and HIV or sexually transmitted infection (STI) acquisition.[9] The affected people, mostly women and girls, deserve appropriate interventions and services that are carefully designed to mitigate rather than exacerbate harm.[6,7,10]

For most adult sex workers who choose their profession without coercion, the issue is quite different. In this case, it is the official response to trafficking, particularly police actions, which is most likely to increase vulnerability to violence or HIV acquisition.[4] This represents the first level of conflict between HIV prevention and antitrafficking programmes (figure 1). Common so-called raid and rescue actions and related police responses destabilise sex worker communities and drive sex workers underground, increasing vulnerability and risk for all sex workers, disrupting HIV and STI prevention efforts, impeding access to services, and severing relations with service providers. Such actions often fail to uphold human rights or improve the situation of sex workers who have been trafficked, and have not been critically assessed.[4,6]

Solutions to the issue of trafficking and related violence in sex work have been described that seek to align antitrafficking efforts with HIV prevention.[6,7] The self-regulatory board (SRB) developed by the Durbar Mahila Samanwaya Committee (Sonagachi, India) and replicated by Ashodaya Samithi (Mysore, India) reports better antitrafficking and antiviolence results at every stage—identification, protection, case management, and follow-up—compared with the raid and rescue model.[6,7] SRB approaches both build on and strengthen HIV and STI prevention efforts—by the engagement of peer networks, reduction of HIV and STI vulnerability, and linkage with HIV and STI services—rather than undermining them (figure 1).

The second level of conflict is higher and shows deep-seated contradictions in the attitudes and dealings of societies towards and with sex work.[1] Intergovernmental and donor policies on sex work, HIV, and human trafficking often clash substantially, leading to situations in which activities in one area set back efforts in another. One example is forced large-scale brothel closures carried out as antitrafficking measures. In Goa, India, there was increased sex worker vulnerability after the destruction of Goa's red-light district.[11] In Cambodia, the Ministry of Interior's antitrafficking policies undermined highly successful Ministry of Health interventions that had turned around a growing HIV epidemic.[12,13] The conflicting national policies in this case were supported by US donor funds for both antitrafficking and HIV prevention activities.[12,13]

There is less robust research on human trafficking in Africa—on issues related to either trafficking or

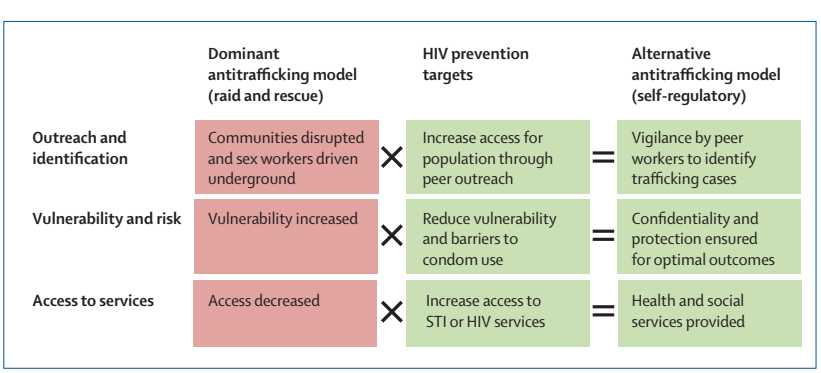

Figure 1: **Antitrafficking models and HIV prevention targets: conflict or synergy?**
STI=sexually transmitted infections.

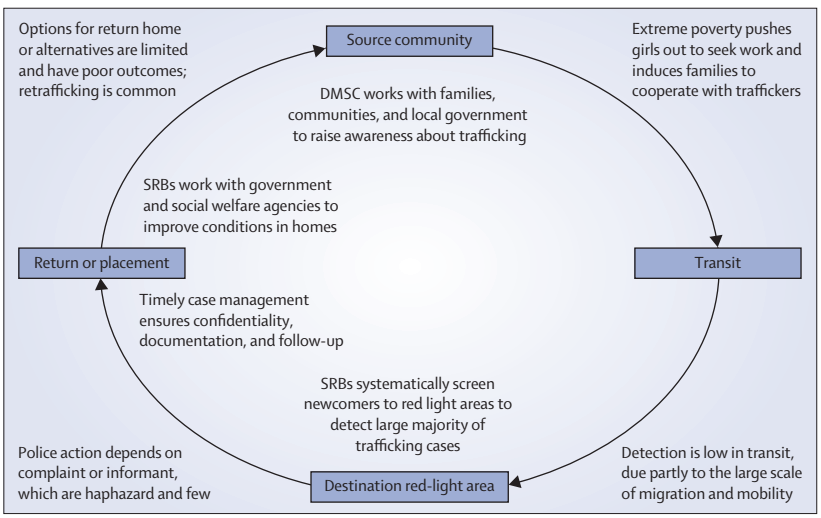

Figure 2: **SRB areas of focus to interrupt the trafficking cycle**
DMSC=Durbar Mahila Samanwaya Committee. SRB=self-regulatory board. Reproduced with permission from reference 6.

antitrafficking responses—compared with Asia. Yet the facile and misleading conflation of sex work and trafficking, particularly around large sporting events in the African and international media, has been described.[1] In addition, ideologically-driven as opposed to evidence-based donor policies that restrict funding in sex work settings could further undermine the generally weak response to HIV prevention in sex workers in Africa.[14,15] Restrictive immigration laws coupled with punitive or exploitative law-enforcement practices increase migrant sex workers' vulnerability.[15]

Experience shows that it is feasible to address both HIV and human trafficking positively in sex work settings if prevention efforts are aligned with and committed to sex worker participation.[6,7] This needs the dominant antitrafficking theory and methods to be rethought at local level, together with coherent policies among governments and donors that guide and support efforts in both HIV and human trafficking.

At programme level, the SRB experience—building on sex workers' commitment to improve their living and working conditions—shows substantial advantages that can result from building an antitrafficking response on a strong community platform with developed peer networks. Identification of trafficking cases is vastly improved, as sex workers are best placed to identify underaged or coerced people in sex work areas. The Durbar Mahila Samanwaya Committee assists almost three times as many trafficked women and girls in West Bengal as all other agencies combined.[6] Through careful case management, potential harm to those trafficked is minimised by the maintenance of confidentiality, removal from harm, careful placement, and follow-up. Importantly, SRBs show how real collaboration—with community, legal, health, police, and social services—can be operationalised and offers substantial advantages over conflict between agencies (figure 2).

In destination communities in which human trafficking, sex work, and HIV might overlap, interventions are clearly feasible and can be mutually enhancing. Other policies and programmes are needed to improve conditions and strengthen primary prevention in source communities and to improve post-intervention services for protection, health, social reintegration, and livelihoods.

At policy level, the clear imperative is to resolve conflicts and do no harm. The support and inclusion of sex worker communities as partners in human trafficking prevention fits well with HIV programme priorities and improves antitrafficking outcomes. The alignment of ministry and donor support for complementary responses at the local level—as is currently being attempted in Cambodia[16]—is likewise crucial. The decriminalisation of sex work and its recognition as legitimate work would arguably set the stage for more comprehensive programmes to protect workers—whether migrant or local—support their human rights, and improve workplace safety.

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