East Los Angeles WOMEN'S CENTER

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HUMAN TRAFFICKING AND HIV PREVENTION WITH A FOCUS ON LATINAS: *Assessment Study*

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Executive Summary

Human trafficking for the purpose of forcing women to engage in sexual acts for monetary gain has become a significant public health problem and human rights issue in Southern California, and more specifically in the City of Los Angeles. The risks associated with women and girls trafficked for the sex trade includes unprotected sex, physical trauma and multiple sex partners often heighten the transmission and spread of HIV and other sexually transmitted diseases. Non-English speaking women who have been trafficked, sold and forced into prostitution in Los Angeles often lack Spanish language HIV prevention education resources and are not afforded access to preventive medical care.

Through funding provided to the East Los Angeles Women's Center by the City of Los Angeles AIDS Coordinator's Office, this Assessment Study aimed to better define the causes and consequences of human sex trafficking, with particular attention to HIV risk and potential strategies for reducing HIV risk.

Section 1 of the Assessment Study includes a review of current research literature related to human trafficking and HIV risk. Articles, reports and studies were identified through a number of web based search strategies. University databases were included in the literature search.

Section 2 presents the data from a qualitative study of human trafficking and commercial sex trafficking that was conducted from February-June 2014 where key informants, as well as current and previous trafficked sex workers were interviewed. Results suggest that the sex trafficking and the commercial sex business have direct implications in the spread of HIV/AIDS. Participants reported that as women are trafficked both domestically and internationally in the U.S. and sexually exploited for profit they are repeatedly forced to engage in high-risk sexual practices. The majority of the time trafficked sex workers lack the sexual health education that can minimize STD and HIV/AIDS exposure. Compounding this issue is the physical and emotional abuse that women forced into the sex work industry experience on a daily basis by their captors. The current and former sex workers in the sample revealed that they are expected to turn a profit at any cost and in many instances this means forgoing the use of condoms in order to receive a higher payment for their services. Unsafe sex practices not only expose sex workers to a host of contagious infections including STDs and HIV but also expose the men seeking these services.

Recommendations are provided for organizations to garner community support in an effort to build trusting relationships with sex workers and provide them with the information they need to prevent or reduce their risk for HIV/AIDS. Additional recommendations identify strategies for developing prevention programs that meet the cultural and language needs of sex trafficked women. Our research advisor, Richard Cervantes, Ph.D., assisted in the development of all study methods and measures.

Section 1

HIV Risk and Sex Trafficking In Los Angeles:

A Summary of the Literature

Introduction

The purpose of this summary is to highlight the current state of knowledge related to the nexus of human sex trafficking and HIV, particularly as this intersection represents a public health issue for the city of Los Angeles. While the research-based literature regarding these issues is relatively small, there is available information that can assist in the development of programs, practices and policies aimed at reducing HIV infection that is associated with sex trafficking. This review will focus on the behavioral, structural and cultural factors related to HIV risk among trafficked sex workers.

The Problem

Human/sex trafficking is a crime and form of modern day slavery that exists around the globe, including here in Los Angeles, California. Trafficking involves controlling a person through force, fraud, or coercion to exploit the victim for forced labor, sexual exploitation, or both. Human/sex trafficking strips victims of their freedom and violates our nation's promise that every person is guaranteed basic human rights (CA DOJ Attorney General, 2014). In 2012, it was reported that there were 20.9 million victims of forced labor globally at any given time over the 2002-2011 period (United Nations Office on Drugs and Crime, 2012). Out of these victims, 9.1 million have moved internally or internationally, while 11.8 million are subject to forced labor in their place of origin or residence. Previous reports by UNODC estimated global profits generated from forced laborers who have been trafficked amounting to US$31.6 billion per year.

Three decades into the HIV pandemic, understanding of the burden of HIV among these women remains limited. Although data characterizing HIV risk among female sex workers is scarce, the burden of disease within this population is disproportionately high (Baral et al., 2012). Female sex workers are a population who are at a heightened risk of HIV infection secondary to biological, behavioral, and structural risk factors. Behavioral risk factors act at the level of the individual, with sex workers experiencing high-risk sexual exposures through high numbers of sexual partners and high concurrency of these partners. Biologically, the high prevalence of bacterial sexually transmitted infections (STIs) in sex workers (Cwikel et al., 2008) and the synergistic relation between HIV and STIs (Cohen, 1998) compound their risks and could lead to complications around reproductive health and childbearing (Chacham et al., 2007; Decker et al., 2011; Swain et al., 2011). In some settings, protective sexual practices including consistent condom use and HIV testing are higher among sex workers than among women in the general population (UNAIDS, 2009 & 2010), although these rates remain low in many areas (Medhi et al., 2012). HIV transmission among sex workers might also be driven, or exacerbated, by the intersection of injection drug use and sex work through increased parenteral exposures from shared injection equipment, sex with more HIV-positive partners, low condom use, and increased risk of other STIs such as syphilis and hepatitis C (Medhi et al., 2012; Strathdee et al., 2011; Tuan et al., 2007).

Structural risk factors indirectly heighten risk for HIV infection among sex workers by restricting access to preventive health and HIV and STI services and treatment (UNAIDS, 2009; Chakrapani et al., 2009; Rosenheck et al., 2010; Ayala, 1999). Structural factors also include the limiting influences of poverty, discrimination, and gender inequality as well as the damaging effects of physical and sexual violence, stigma, and social exclusion (Argento et al., 2011; Simic et al., 2009; Onyeneho, 2009; Udoh et al., 2009). Finally, structural factors such as the organization and power dynamics of sex work and legal and regulatory policies regarding sex work have also been shown to contribute to sex workers' increased risk of HIV infection by limiting their ability to negotiate safer sex (Nhurod et al., 2010; Yang et al., 2010; Sirotin et al., 2010; Erausquin, 2011). That is to say, unregulated sex work without clear policies toward health, safe sex practices, equity in pricing and other structural controls increases the women's risk for being coerced and, physically and emotionally abused, as well as heighten the biological risks for HIV infection. Health enabling environments, including safer work spaces, structural support for condom promotion and distribution, and community empowerment for sex workers have been shown to reduce structural risks for HIV infection (Argento et al., 2011; International HIV/AIDS Alliance CHaAAG, 2010; Reza-Paul et al., 2008; Shannon et al., 2008; Kerrigan et al., 2003; Sweat et al., 2006).

Prevention Issues

Interventions targeting behavioral and structural-level risk factors for HIV among sex workers have proven successful for increasing protective behaviors and decreasing HIV and STI transmission (Ghose et al., 2008; Gibney et al., 2002; Odek, 2009). In fact, 44 of 87 countries with available data report that over 80% of sex workers used condoms with their last client (UNAIDS, 2010). Despite these promising results and an increasing number of initiatives, UNAIDS estimates that less than 50% of sex workers worldwide are covered by ongoing HIV prevention programs (UNAIDS, 2010). In view of this urgent need for HIV prevention and treatment among sex workers, there is still a lack of crucial information to guide global resource investment because most meta-analyses are limited to a single country or area (Halperin et al., 2009; Malta el al., 2010; Scorgie et al., 2011; Poon et al., 2011). Systematic reviews and meta-analyses have been undertaken in other populations who are most at risk, including men having sex with other men (MSM) and people who use drugs, to better characterize the relative burden of HIV to background rates (Mathers et al., 2010; Baral et al., 2007). To date, however, such a review has not been completed for female sex workers, yet such a review is needed to better characterize the relative level of HIV risk among these women and to guide the allocation of resources and content of HIV prevention programs and policies.

Further, trafficked persons are at increased risk of HIV infection because of the limited power they may have in negotiating safe sex, because they are subjected to more repetitive and violent forms of sex and because of limited or no information about HIV risks and safe sexual practices. Frequent vaginal or rectal abrasions from multiple forced episodes of intercourse, multiple sex partners and the presence of other sexually transmitted infections can increase the risk of HIV infection (I.O.M., 2009). Generally, trafficked women are at an increased risk of acquiring HIV through sexual violence, unsafe sex, the presence or history of STIs and behaviors that may facilitate transmission like vaginal douching resulting in a proliferation of lymphocytes and creating a vaginal epithelium vulnerable to local trauma (Fonck et al., 2001). Empirical studies have demonstrated that sex workers are likely to agree to sex without a condom with a client when offered a higher payment, often between $2-$100 higher, for their services (Levitt and Venkatesh, 2007). Epidemiological studies have also shown an association between the presence of STIs, to

which trafficked victims are exposed and an increased risk of acquiring or transmitting HIV infection (Pinto et al., 2005). Due to the fact that they are virtually or literally enslaved victims of trafficking, they have no ability to insist upon condom use and are vulnerable to dangerous sexual practices, where injuries and abrasions associated with transmission are sustained (Physicians for Human Rights, 2003).

Legal Issues

Although condom use is known to be highly effective in preventing the spread of HIV, many sex workers do not carry condoms due to fear of police harassment. To look more closely at this problem, research conducted by Human Rights Watch in New York, Washington, D.C., Los Angeles, and San Francisco found that police often seize condoms as evidence of prostitution-related offenses and introduce the condoms as evidence in criminal proceedings (Wurth et al., 2013).

However, in September 2014, California became the first state in the nation to adopt a law aiming to protect sex workers from being prosecuted as prostitutes merely because they're carrying condoms. The police practice of targeting for arrest those in possession of multiple condoms undermines critical efforts to help this vulnerable population avoid sexually transmitted diseases, advocates for sex workers argue (Schwartz, 2015). Governor Jerry Brown signed into law on September 19, 2014 requires a court to state explicitly that the presence of condoms is relevant to the individual case before prosecutors can use them as evidence of prostitution. The original bill, authored by California Assembly member Tom Ammiano (D-San Francisco), would have banned the use of condoms entirely as evidence of prostitution, but it didn't have the votes to pass (Schwartz, 2015).

California state law does requires mandatory HIV testing for anyone convicted of a prostitution charge for the first time and anyone arrested who has a prior prostitution-related Conviction (Human Rights Watch, 2012). If arrested on prostitution charges again after testing positive for HIV, charges can be elevated from a misdemeanor to a felony charge, carrying a possible sentence of up to three years in prison.

Culture, Sex Trafficking and HIV Risk

The extent of transnational migration of sex workers from Latin American into Los Angeles is not well known. It is expected, however that low income Latinas who migrate to the U.S. also often find themselves as victims to rings of sex traffickers. Research estimates of those who are trafficked from Latin America to the U.S. versus those who are coerced into the trade within the U.S. borders is sorely needed.

Human trafficking is a serious concern in Latin America with obvious implications for Los Angeles and other Southwest cities (U.S. State Dept., 2013; Langberg, 2005). While accurate data estimating the number of trafficking victims are problematic, large numbers of women from southern and central Mexico are reportedly trafficked across the Mexico-US border for sex annually (U.S. State Dept., 2013; Shirk & Webber, 2004). The exploitation of Central American women and child migrants has also been reported, especially in border areas, tourist destinations, ports, and areas hosting migrant workers (IOM, 2010; U.S. State Dept., 2013; Langberg, 2005).

Across the region, sex work was generally perceived as necessary to facilitate migration or economic survival. Sex workers in transit stations were primarily motivated by poverty (Villalobos et al., 2004), though some were tricked, forced, or coerced (Dreser et al., 2002). Sex trafficking has been described in border areas, ports, areas hosting migrant workers, and tourist destinations. Along the Costa Rica-Nicaragua border, truck drivers reported sex with undocumented Nicaraguan sex workers as young as 13 (Villalobos et al., 2004). Sex workers from certain countries are also moved between cities or establishments in border areas to provide clients with a supply of ''new'' women, suggesting the existence of trafficking networks (Uribe-Salas et al., 2002; Dreser et al., 2002).

Sex traffickers find it far more profitable to bring women to places where sexual services can be sold and bought openly than to locations where such transactions are legally forbidden. One such example is Mexico where prostitution is tolerated under current Mexican law, albeit with zoning restrictions. Women and children are reportedly trafficked from Mexico's poor interior to urban centers, lured by fraudulent offers of employment or threats of physical violence (U.S. State Dept., 2013). Tijuana, for instance, provides a perfect solution to the socio-legal constraints of the sex industry (U.S. State Dept., 2013). The city has long been a major tourism and weekend destination for Southern Californians. With more than 60 million people crossing the busiest international border annually, there is no shortage of demand for fringe services.

There are few incentives to bring women into the United States when a pimp can do the same work 'legally' on the other side of the border. There is no shortage of customers from the U.S. side and little risk of running into legal troubles. Sex workers working in Tijuana have long been suspected of being lured from small towns in the interior of Mexico or other Latin American countries by traffickers and pimps (Zhang, 2009). Local human rights groups and social service agencies claim that few women working on the street operate as free lancers. Ugarte, Zarate, and Farley estimated that in the years 2000–2002 'approximately 135,000 Mexican children have been kidnapped and trafficked into illegal adoption, prostitution, and pornography' (Ugarte, et.al 2003). Statistics on the number of prostitutes vary widely. Ugarte et al. (2003) believed that 15,000 women work in street prostitution in Tijuana and more in the city's more than 200 brothels and clubs. Cearley (2004) estimated that 3000 women work in dance clubs, bars or massage parlors; and about 500 to 600 stand on the streets in the red-light district.

Trafficked females in other contexts experience high levels of HIV/STIs and physical, sexual, and psychological abuse; however, we did not locate any studies reporting the circumstances shaping HIV risk among sex trafficked females. Research teasing out trafficking, mobility, sex work, and the reasons for sex work initiation is needed (Goldberg et al., 2012).

Latinas are disproportionately over-represented among individuals and HIV infection in Los Angeles. Understanding the cultural factors associated with sex trafficking and HIV incidence is particularly important in developing policies, practices and prevention strategies for trafficked individual in Los Angeles. Hispanics/Latinos represent nearly 17% of the U.S. population but accounted for 21% of new HIV infections in 2010. About 20% of people living with HIV infection in 2009 were Hispanics/Latinos. In 2010 the rate of new HIV infections for Latino males was 2.9 times that for white males, and the rate of new infections for Latinas was 4.2 times that for white females. Since the epidemic began, more than 96,200 Hispanics/Latinos with an AIDS diagnosis have died (CDC, 2013). Almost 80% of the HIV diagnoses among Hispanic/Latino men in the

United States and dependent areas in 2011 were attributed to male-to-male sexual contact. Eighty-six percent of the HIV diagnoses among Hispanic/Latino women were attributed to heterosexual contact (CDC, 2014).

The HIV epidemic continues to have a profound effect on female, male, and transgender sex workers who engage in sexual activity for income, employment, or non-monetary items such as food, drugs, and shelter (CDC, 2013). For example, in Los Angeles County, among a sample of 85 female sex workers, 5.9% reported being HIV-positive (Harawa & Bingham, in press). To date, however, little HIV research has focused on female sex workers in Los Angeles or California (CDC, 2014). Globally, female sex workers are 14 times more likely to be infected with HIV than adult women overall (Wirtz et al., 2014). Among sex workers, a number of factors work against the use of preventive measures. Social stigma, isolation, legal and issues, gender bias, higher payments for sex without condoms, forced sexual acts, and drug use combine to make sex workers vulnerable to sexually transmitted diseases such as HIV.

Los Angeles County is an extensive area that is home to over 10 million people (U.S. Census Bureau, 2013). The County includes the City of Los Angeles and numerous smaller cities. Los Angeles County is the entity for which HIV and AIDS statistics are collected by the Los Angeles County Department of Public Health (LADPH) and the entity to which HIV funding is provided by the federal government (LACDPH, 2014). In Los Angeles County, 47,148 persons are estimated to be living with HIV (LADPH, 2014). Forty one percent of people living with HIV in Los Angeles County are Latino. In 2013, 77% of new HIV diagnoses occurred in men who have sex with men and 10% in those who reported heterosexual contact (LADPH, 2014). Among women, Latina women had the most new HIV infections (45%) compared to 35% in African-American women and 15% in white women (LADPH, 2014).

Most HIV prevention literature portrays women as especially vulnerable to HIV infection because of biological susceptibility and men's sexual power and privilege. On the contrary, heterosexual men are perceived as active transmitters of HIV but not active agents in prevention. Although the women's vulnerability paradigm was a radical revision of earlier views of women in the epidemic, mounting challenges undermine its current usefulness (Higgins et al., 2010).

According to Weave, Inc. (2014), the United States is one of the top three destination points for trafficked victims and California, New York, Texas and Nevada are the top destination states within the country. Los Angeles is one of the top three points of entry into this country for victims of slavery and trafficking. This trafficking route occurs in a triangle from Los Angeles, California to Las Vegas, Nevada, and back to Sacramento, California. The diverse communities of these extensive cities make it easier to hide and move victims from place to place, making it very difficult for law enforcement to locate potential survivors. Sacramento is among the top 5 cities in the United States experiencing an epidemic of child trafficking. Moreover, 30 percent of children who are trafficked reported sexual abuse by someone in their family and 14 percent disclosed sexual abuse by both someone within and outside of their family (Williamson & Prior, 2009).

In addition, the National Human Trafficking Resource Center (NHTRC), a 24-hour national confidential, multi-modal hotline and resource center serving the United States reported that the three most common forms of sex trafficking reported to the hotline involved pimp-controlled

prostitution, commercial-front brothels, and escort services. Labor trafficking was most frequently reported in domestic work, restaurants, peddling rings, and sales crews. NTRC further reports that California is the state with the most reports of potential human trafficking. Pimp-controlled sex trafficking was the most frequently cited form of trafficking, and was referenced in 46% of all cases involving the child welfare system. The most frequently cited locations of child trafficking in these cases were in California, Florida, and Texas.

Summary from the Literature Review

Human trafficking for the purpose of forcing individuals into the sex industry has increased over the past decade. This phenomenon poses a significant public health problem as trafficked women are at a much higher risk of HIV and STD infections as a result of biological trauma, high number of intercourse encounters, and intravenous drug use. These issues affect a large number of Latina women who are trafficked into the sex trade in the City of Los Angeles. Further, cultural and linguistic factors among trafficked women decrease their access to preventive health education and preventive health practices. Prevention models that include structural policy changes, as well as direct service efforts that use culturally competent strategies to increase access to prevention practices are sorely needed for trafficked women in Los Angeles. Similar prevention models in other regions have proven to increase condom use and increased use of other HIV prevention practices.

Section 2

Qualitative Interview Study

Introduction/Methodology

This section presents the findings from a qualitative study in which key focus groups and key informant interviews were conducted with trafficked and commercial sex workers to gain insight into their experiences. Thirteen key informant interviews and 1 focus group were conducted in Los Angeles, California from February through June 2014. The average duration of each key informant interview and focus group was 90 minutes. The focus group included three former domestic sex workers and a faith based minister. The 13 key informant interview participants included sex trafficked survivors, former domestic sex workers, law enforcement specializing in human trafficking, two executive directors of non-profit organizations focused on human trafficking and sex work, an outreach worker of a large prominent faith based organization that reaches out to sex workers on the streets, an expert and authority from the Department of Homeland Security, and an anthropologist who completed her dissertation on Mexican immigrants, sex workers and HIV.

All interviews and focus groups were conducted by trained staff of the ELAWC and lasted about one and a half hours. Informed consent procedures developed by BAI were used to provide information to study participants, inform them about potential risks and benefits of the study. The focus group meeting and key informant interviews were documented by a note taker and recorded for accuracy and fidelity with verbal consent from the participants. A total of 16 individuals participated in either a focus group or a key informant interview.

A discussion guide was utilized to assure consistency of data between and among focus groups and interviews. Interview topics included questions on: 1) health issues--HIV and STD risks and status, drug use and unintended pregnancy, 2) violence and abuse-history and journey, 3) structural and contextual factors, 4) sex work initiation, continuation and migration.

Findings from the Interviews

Eleven participants indicated they were involved directly in human trafficking or sex work. While the experiences of the participants represented a variety of perspectives, a number of consistent themes emerged from the interviews and focus groups: (a) the complex set of factors and groups that precipitate a woman's entrapment in trafficked sex work, most notably the role of deception, poverty and abuse, also impact their risk for HIV; (b) the role of migration and its related isolation, that women typically aren't put to work in their home communities; (c) the felt dilemma between the increased, ever-present health risks, including HIV, and the powerful disincentives for protecting oneself; (d) the particular vulnerabilities of Latinas, especially Latinas recently emancipated from foster care; and (e) the critical role of trust-building in any effective intervention. These themes are discussed in greater detail, below.

The role of deception, poverty and abuse

Deception played a primary role in many participants' initiation. Of the eleven participants presently involved in sex work, six revealed they had been victims of human sex trafficking while the remaining five indicated because of personal circumstances they were forced into the sex business. Several human sex trafficking victims explained that they were tricked into the business under the guise of an opportunity to do domestic work in the U.S. Another participant explained that while in college a man lured her into the business with a promise of making her a model. Commercial sex work is also perpetuated by "pimps who trick women into sex work" and in many cases it's the "boyfriends or husbands who force them." Another participant revealed that she, along with her six month-old baby, was kidnapped while on a trip to Mexico. The anthropologist in the group agreed that most trafficked women are immigrants lured under the pretense of a job opportunity or in some cases are escaping political turmoil in their home country.

Poverty also played a central role. The participants highlighted that poverty was the biggest economic risk factor among women in the sex trade or commercial sex business. Participants explained they were unemployed and "desperate for money…choosing to make money to have a better life." Some of these participants indicated not having an education and living in high crime areas in the Los Angeles County.

Some participants stated that it was because of financial and emotional need that they chose to become involved in the commercial sex business. One participant stated she "got involved in sex work out of desperation, needed money, making about $500 a day, but had many risks." Another participant stated that after her parents divorced she left home. She stated "It was pretty easy, where I was at; there were a lot of bars so the men would come up to you and offer you money. I was outside the bars and within six months, I ended up inside the bars. I had regular clients, it became natural, just something to do, this happened in East Los Angeles."

Several others described having been taken advantage of because of their financial need. One participant observed that the focus of "recruiters" is on single women in crisis, women that need money desperately. She stated, "they prey on these vulnerable women that are having financial difficulties." Sometimes the financial need is related to a drug habit. Several participants expressed that they got into the business to finance their drug addiction. One stated that "the drugs brought the exploitation on," and "It's about a desperate quick way to make money."

Most of the participants revealed they had a history of abuse; they were sexually or physically abused as a child, or they lived in a home where domestic violence was an ongoing occurrence or where gang or community violence was a constant threat. Some had a history of mental health issues. Stressful situations like these seem to exacerbate underlying mental health issues and in some cases lead to substance abuse. The outreach worker strongly believed that most women on the street have a history of sexual abuse. She observed that "their [psychological] profile looks the same across the board, whether it's domestic or international" and cited three main factors for engagement: sexual abuse, neglect and mental health issues. She stated, "It makes them vulnerable to be recruited."

Once involved in sex work, stress and mental health issue continued as concerns, as did abuse. Participants agreed that mental health and drug addiction are huge issue of concern among sex

workers. Participants described PTSD, depression, and self-harm as very common among sex workers.

Participants report countless instances when they suffered horrific physical traumas as a consequence of being victims of the sex trafficking business. They experienced "everything you can imagine" one participant expressed. Sex workers experienced kidnapping, physical beatings on the head and the genital area, hair pulling, broken arms and legs, knife stabbings in the face, cigarette burns on the skin, and "slapping, punching, hitting, kicking and the use of electric tasers and golf clubs." Many participants involved in the sex business also expressed being gang raped. These participants were also forced to work all week "turning six tricks per day or more, seven days a week." Others said they were "forced to work three weeks and rest one (the week they were menstruating). Another participant added that she "would often see more than 20 guys a day. Each guy was 15 minutes and paid $40-50 dollars depending on what he wanted." One participant stated that "From Thursday to Saturday we had to be with between 20-30 men to obtain 8 ounces of milk for the kids." She added that:

> "One of the biggest tortures was seeing how children were used. They used them from the top; they're not bought just used for their mouth, they know that their intimate parts will tear so they are only used for oral sex. With girls age 8-14 virginity has a price, what you see in Tijuana where little girls have had surgeries where they are sewn so the price of their virginity is even higher."

Participants also recounted instances when they were starved and where women were tattooed on the face as a sign of ownership.

All trafficked and commercial sex workers expressed they have a varying degree of mental health issues. One participant indicated being diagnosed as bipolar. Others indicated having some depression, PTSD, and trauma. One participant stated that she can never get the images out of her head completely. She explained, "I have had hours of therapy and you would need hours for me to share. I know some things will never go away." Some participants said they were addicted to drugs but are now in recovery.

Most agreed that on the surface, emotional trauma is difficult to see, however, the trafficked sex workers vividly illustrated their emotional experiences. One woman explained that because of the emotional trauma "you learn to put up this wall, block out any emotion, happy, sad, joy, even orgasms." In many cases these women began to cut themselves because they "need some kind of emotion." They said, "we need to know we're still human." Several women shared that they lived in constant fear. They lacked freedom and were totally controlled by the traffickers. They were always being degraded, suffering constant mental breakdowns. One participant noted that:

> "In order to effectively get a girl to be loyal to you and not run away, you need to break down their self esteem and build it up to what you want it to be. That is especially true for the younger women. They have low self esteem about their abilities, their capability to not be smart or good enough to be anything else, etc. being anything other than what their pimp wants them to be."

This breakdown instilled a sense of helplessness in the women. They began to believe that no one would help them that "your family will want nothing to do with you." Participants expressed

experiencing self-guilt, PTSD, shame, anxiety, food and sleep disorders. One commercial sex worker explained that "the emotional rollercoaster of constantly hustling for money, in strip clubs, on the street, dealing with strangers, pimps, law enforcement" took a toll on her. Some participants were raped and said they are "emotionally scarred."

The experience with trauma on the job depended somewhat on the circumstances. Some who were connected to gangs reported experiencing greater violence than those connected to individual pimps. The anthropologist explained that gangs like the Zetas, 18th Street, MS13, and the Mexican mafia are the primary actors responsible for human trafficking. The outreach worker from a faith based institution stated:

> "Gangs, it is a 32 billion dollar industry…I see gangs on the streets…I see a lot of pimps that are independent, however gang members are seeing what a lucrative business this is, and how it could increase because with drugs they have to get the drugs, package the drugs, and transport the drugs, then they have to sell it and then it's gone. With a girl, you put her on the street and dress her up and she turns a trick then another trick and another trick, it's a continual money producer. It's a product you can sell over and over again."

Finally, participants said that some women engage in prostitution for the attention they get from it. One participant stated "some girls that I do know do it for the attention, it's not even about the money, they see it like it's an affection." "They want the men to want them so they turn to prostituting and they might get the love they so much need, but it's usually violent and has nothing to do with love for them."

Role of migration

One participant working for the Department of Homeland Security observed that there is no common demographic profile for female human trafficked sex workers. She stated, "if you look at them, no one can tell who is a victim. It is a hidden crime." Sex workers come from various countries, including Mexico, countries in Latin Americas and Central America, Africa, China, and Russia. Their ages range from 19 to 40 years old and in many cases they're even younger. One participant indicated that "a lot of older men prey on the Latina community because they're exotic; they have hips, they have breasts they have lips, they have their hair you know, it's just different." Another added, "For foreign victims it's about promising the" "American dream, making money, and helping their families." In some cases trafficked women were already involved in the prostitution business in their home country. In the majority of cases, poverty is a deciding factor for those accepting such propositions.

The movement of women from one region or country to another was seen by participants as characteristic of the "market." One participant stated that it's a "buyer driven market so traffickers are willing to supply the demand. Traffickers will do anything to supply the demand." On the international scale, participants explained that it's "the cartel, these rich guys that own all these homes and bring these women over the border with the pretext that they are going to be domestic workers." One participant said that "depending who the girls are sold to, we usually have them in brothels, escort services, janitorial services, hotels, strip clubs, bars, and massage parlors. The Latinas are in brothels, strip clubs and that kind of stuff. We find the Asians mostly in massage parlors. In the spas, we find Russians." Other organizations include "the entertainment industry" including those that sell pornography, strip clubs, casinos and modeling agencies.

The anthropologist who had researched human trafficking stated, "for international victims, entry points are all airports and ports." She added that physical entry points for human sex trafficking lie on the borders between Tijuana, Mexico, Juarez, Mexico and the U.S. She noted that once women gain entry into the U.S. many may end up in Santa Ana, California. She further stated that in most cases victims enter the U.S. legally with a student visas.

Unprotected sex and the disincentives for protection

Overwhelmingly, the majority of participants expressed that unprotected sex is the primary HIV and STD risk factor among active sex workers. In several instances, inadequate or the complete lack of sex education kept workers uninformed of the precautions they needed to take when engaging in sexual activity. However, even with the best understanding of disease and pregnancy prevention, participants said that the sex business is about the money, how much money a woman can or should be making. One participant stated that they had quotas they needed to meet. For example, a participant recalled that a woman needed to bring in "$500 or run the risk of getting beaten up because you could have had a better day. Making this money sometimes means not using a condom to get paid." Participants confirmed a general understanding in the commercial sex business that women will get paid more if they don't use a condom; go "bare back." Getting paid more for not using a condom exposes women and their clients to a host of infections including HIV and AIDS. One participant stated that "On some of the guys I would see diseases like changes in skin color, bumps on the penis, really dark penises or raw looking scars."

Given the frequency of unprotected sex reported by participants, it's not surprising that they also reported a wide range of health related problems among active sex workers. Engaging in sexual activity without using a condom increases their risk of contracting sexual transmitted diseases (STDs) which can lead to Pelvic Inflammatory Disease (PID). Sex workers are also at high risk of contracting HIV or AIDS by engaging in unprotected sex. One participant stated that sex workers get "a lot of infections, anally; also, you get a lot of sore throats from oral sex."

The lack of adequate feminine hygiene is another health related problem. In some cases participants described that women were not allowed to seek medical attention including gynecological health care. They were forced to care for themselves. One stated that "[Women] are forced to still work if they're on their period. Pimps stuff makeup sponges up their vaginas when they have their period." Additionally, without proper protection women also run the risk of becoming pregnant. One participant explained, "To prevent pregnancy we would put toilet paper or trash inside our intimate parts. There was no protection. If you did get pregnant there was a higher risk of them killing you." Still another category of health problems suffered by sex workers includes dental issues. Participants report some sex workers "have never been to a dentist." Sex workers also suffer from malnutrition given the steady diet of fast food their traffickers provide.

Participants revealed that as a consequence of the sex work they were subjected to they have had even more debilitating issues with their health including uterine cancer and in some cases hysterectomies. Some developed diabetes as a consequence of their diet. Other participants indicated that they are recovering addicts with a history of addiction to narcotics, alcohol, methamphetamines or heroin. Finally, as noted earlier, mental health and emotional trauma continue to be pressing issues.

A particularly vulnerable demographic: foster youth

Participants noted that another consistent risk factor is the absence of family, with those aging out of the foster care system being particularly vulnerable. The majority of participants described not growing up with a parent or the support and love of their family. In most of the cases, the women were raised in a dysfunctional and violent family; in one case the participant's mother was a victim of the sex trade herself and lacked the understanding to protect her children from entering the life, the participant and her siblings were placed in foster care and eventually were sexually exploited.

Some participants indicated that individuals that age out of the foster care system are victimized and lured into the commercial sex business. Indeed, participants who had aged out of foster care described not having the proper tools to successfully build a life for themselves and in an attempt to feel part of something became involved in the sex business. A law enforcement participant specializing in human trafficking stated, "Once they age out, society/the system says you're on your own. They're on their own without the tools to function." He added that a more open and accessible entry point are the classified advertisements of magazines seeking maid services, prostitution, and massage therapists. Other social media sources are also responsible, i.e., Craigslist, Back page.

Cultural risk factors for immigrant Latinas

More specific to women who are trafficked into the U.S., cultural risk factors include the acculturative process, including language barriers (i.e., not knowing how to speak or communicate in English), not being familiar with the law or legal system, the lack of an education, and among Latinas, using shame to keep women silent as promiscuity is traditionally frowned upon in the Latino culture.

In addition, Latinas who had entered the country illegally described the constant fear of deportation that keeps them silent. Some participants were aware of their legal rights --that even though if they are in the country illegally they still have rights under federal law (i.e., Violence Against Women Act of 1994 (VAWA)) and can be granted U-visas as they are victims of crimes from eligible categories such as trafficking, rape, prostitution, sexual exploitation, among others.

"Leaving the business" is fraught with external and internal barriers

Participants explained that leaving or exiting the sex business is a high -risk prospect for trafficked women. One participant stated that, first; the women need to want to get out. "The things that would help are that you need to want it, you need to want to transition out. Once I knew I wanted to transition out, having that guidance and support for somewhere to stay."After years of mental breakdown and in many cases only knowing this kind of life, some participants explained that it is extremely difficult for some victims to comprehend that life can be different, that it doesn't need to be like this. One participant expressed "The women are not ready to leave; they have to be ready to leave. They can come up with a 'safety plan.'" Participants agreed that a woman knows when she's able to get away. Participants explained that "Leaving or exiting would happen behind the traffickers' backs. Women would need to have help from the outside." Some of the participants explained that they know the best time to try to escape, but once that decision is made and they take action, there has to be someone on the other side to help rescue them and complete the escape. In other cases, when commercial sex workers age out " clients pass them over, and they don't want them." They may try to exit, however they do not have any skills and cannot support themselves.

They may engage in even riskier sex practices in order to stay in the business. Other sex workers become so addicted to drugs they are no longer turning a profit for their pimp. Similarly, when commercial sex workers decide to exit the business, they, too, need someone to help them. However, there are very few resources for those women who want to exit and start a new life.

Participants provided a long list of barriers that prevent women from leaving the sex business. For trafficked women, the barriers seem sometimes insurmountable. Participants explained that women incur a financial debt for getting into the U.S. that needs to be paid before she will be released. On average, the law enforcement participant explained, "the debt is sometimes up to $20,000." Paying this back seems impossible when, as he elaborated, "these women are sometimes forced to pay for their own food and are charged $10 for Top Ramen."

Isolation and fear create barriers as well. The law enforcement participant noted that "The traffickers themselves, they keep the women from leaving by mentally abusing them, it's a mental bond." Very often women are disconnected from the outside world, "that's how the trafficker wants it, especially with Latinas." Participants described the isolation and lack of support women in the business feel. "You are isolated, but every interaction is with a pimp, buyer or another prostitute. So there is full immersion in this world, there is no support in a positive way, the interaction is only in support of this lifestyle."

The constant threats traffickers make also keep women in check. As described earlier by participants, trafficked women live in perpetual fear. They fear the mental and physical abuse inflicted by the traffickers, they are repeatedly told that no one else will want them, they fear that the traffickers will hurt someone in their family if they don't comply, they fear the law enforcement, they fear being arrested and deported, and they fear the shame their family might feel toward them for what they are doing. Some participants remarked that some women "don't know any better, they've been in the sex work business since they were in middle school and operate at a 12 year old level." These tactics produce feelings of powerlessness among the women. If the sex worker manages to leave the business, they often lack the support they need to stay out. They lack an education or skills to find a job, money quickly runs out, they don't have stable housing, they don't have the support of their family, and they don't have a driver's license. A participant stated, "When times are bad financially, women are always tempted to go back."

The problem of the "temptation to go back" was confirmed by participants. The majority agreed that the fast money the commercial sex business provides is addicting. The attachment to money is huge, especially if the individual has a drug addiction she has to support. In some cases some women want to change, they want to get out, but are not ready, or don't know how to get out. One participant commented, "most women don't know how to live differently. All they know is the street life and if they do manage to leave, they end up back in the game. It's a mental bond holding them to the life of sex work."

The role of deception, poverty and abuse.

The need for long- term mental health services was highlighted by all of the participants including services that offer emotional healing. Gynecological health services were also identified, as a much needed service. For some, obtaining skills that can help them improve their financial stability like "job training, how to open a bank account and financial management skills." Some participants indicated needing substance abuse treatment, including sobriety maintenance. Others mentioned having participated in parenting classes, domestic violence classes, and the *Promotora* program.

Participants shared a range of ideas on how the risk of HIV infection among sex workers in Los Angeles can be reduced. Most of the conversation revolved around providing outreach and educating the workers but doing so in a way that didn't increase their burden. Some suggestions included providing HIV education on the streets to get the conversation started about HIV risk and prevention. The law enforcement officer stated:

> "Doing HIV 101 on the streets is helpful because it gets the conversation started. You want to have conversation in the safe place not in the field. HIV outreach on the streets helps, because you want to have that connection about HIV. Handing out toothbrush, toothpaste, and hygiene products with your hotline number, you'd be surprised how much that helps. Going into the bars while they are working is not helping because they can't talk. You are cutting into their pay out. They can get in trouble."

Some participants deeply believe HIV education is key in reducing the spread of HIV/AIDS. One participant described her experience bringing information to sex workers on the street. She recalled, "I taught them how to use condoms, the importance of it, and the importance of using specific lubes. Dental dams for oral sex because it's so important right now. These women are getting it and they come to me every time they see me coming to programs or they see me going to church they'll hit me up, 'Hey do you have any condoms?', 'Can you get me some condoms?'" She added that because a lot of these women are so young they don't know what chlamydia, syphilis, or herpes are.

However, another participant stated that before the HIV 101 education can begin, it is important for outreach workers to establish a trusting relationship with the sex workers. The anthropologist explained:

> "If you do not build a relationship with these ladies you cannot get to the task. Don't preach abstention of anything, drugs, sex trafficking, none of that. Don't tell them that you want to get them out of their lives. They're going to shut the door. Tell them all you want is for them to be safe so that you can eradicate HIV in their community."

Participants agreed that trust has to be established within the community in order to generate community support in reducing the risk of HIV. One participant clearly illustrated this. She explained that her church offers many services for girls on the street. She tries to get "the girls" to change and see something different. She adds "My church is very open to doing a lot of things; they would be open to a support group. They have asked me if I have enough girls to do an HIV presentations and awareness. Some women have said that they will support me, do whatever they need to do. I have a community behind me; I have a lot of people behind me that will help me do these things." In addition to HIV education outreach, many participants highlighted the importance of providing testing and counseling.

Participants stressed that although providing HIV education, and not "rescuing" these women, is the primary objective in reducing the spread of HIV, it is essential to understand the fact that "most women are not aware of how to get out or who to call or even if that is safe." For those that decide or are able to exit the business some participants express that it is important to "Remove the stigma women have of their experiences so they can actively seek help, so they can talk about it." Other

participants expressed that "these women need more support groups, trauma informed services. They need healthy alternatives. Shelter for 45 -60 days can't do anything; they need training in technical jobs."

Even though the majority of participants were in favor of providing outreach services to commercial sex workers, there were some participants that also voiced their concern about the sex business, itself. They argued that in order to most effectively combat the spread of HIV, there needs to be a reduction in the demand for sex workers. One participant simply stated "as long as there is trafficking, you cannot remove the risk for HIV. They know, but if someone is gonna pay an extra 100 bucks to take off the condom, you're gonna take the condom off." Lastly, they advocated for consequences for facilitating sex work that are severe enough to deter those that contribute to the business. One participant stated "We need stronger laws for the pimps. The people buying the sex should also be punished. It is about need and supply. We need to stop the supply."

Conclusions and **R**ecommendations:

Human trafficking is widespread and encompasses a spectrum of experiences, activities and circumstances. The women who participated in the study had varied experiences such as: an international abduction from Mexico and forced into the sex trade by the cartel, a young woman raised in foster care and searching for a way out by working in strip clubs, young girls forced into prostitution by their pimps, and women beaten and tortured by the men who pay for sex. Across these different journeys, however, lies a common theme: each woman or girl was exploited and their human rights were violated. A survivor trafficked from Mexico stated, "Each time she had a sexual encounter she would lose a piece of her soul."

Human trafficking for sex trade is a human rights violation of the worst kind; it is considered modern day slavery. Women and their bodies have become a commodity to be bought and sold. Trading women and girls as sex slaves for prostitution and pornography has become a growing branch of the world economy, pouring tens of billions of dollars a year into the broader economy.

The second theme focused on the experience of powerlessness and violence: an overwhelming majority of those impacted by human trafficking had a history of sexual assault and grew up in homes with domestic violence, and their exposure to multiple sex encounters often were violent and unprotected putting them at risk of contracting HIV and STDs and making them powerless over their own lives.

Address the whole person; provide coordinated care.

The interviews and the research literature affirm that there can be successful approaches of preventing HIV and STDs among women who have been trafficked and forced into the sex trade. But first and foremost, a relationship of trust needs to be established with the women who are approached. It is not enough to deliver a presentation on HIV; communication and connections with the women and girls in these situations need to be consistent and must address issues of poverty, life skills, immigration, sexual violence and helping them create a social support network. The need to address the complexity of the barriers facing the women leads to the second recommendation: Community based programs providing HIV and STD prevention must be linked to a network of providers that address family planning, health care, legal services and interventions in order to help women and girls find true support.

Increase community-based outreach.
In the absence of public policies that regulate sex work, community based prevention through street based community outreach may be a strategy that best addresses the behavioral risks associated with HIV in this highly vulnerable group of women and girls. The use of Promotoras (community educators) for example, has proven to be effective in the Latino community, addressing public health problems and increasing prevention practices for diabetes, cardiovascular disease, cancer and other health issues among Latinos. Promotoras are the bridge to the community and are able to connect with other women to help build awareness and increase HIV/STI testing. Women who test positive for HIV could be referred for appropriate health care follow up and treatment. Community collaborations between law enforcement, the health sector and community based, grass root organizations are also needed to best plan strategies and implement practices to reduce HIV and STD risk among trafficked women. Planning efforts can identify strategies, short and long terms objectives toward addressing this public health issue. Finally, improving case finding and surveillance data on the numbers of Latinas involved in trafficked sex work, as well as those who are HIV positive is sorely needed.

As an example of community-based interventions addressing the whole person, ELAWC proposes to host a ***Safe Space-Platicas (Talk Circle) for women in the life focusing on HIV prevention.*** The approach will be grounded in principles of harm reduction, and concentrate on specific aspects of working conditions, self empowerment, safety, as well as mental health, substance use and socially constructed issues influencing behavior that can put them at risk for contracting HIV. An advocate, health educator and/or Promotora will facilitate the monthly drop in trainings for the women, building trust in order to focus on HIV prevention, safety and self-empowerment.

Provide training for direct service providers and law enforcement
Interviewees described instances in which those who should have been helpful – social service agencies or law enforcement personnel—created even more danger or barriers, and when well-meaning interventions, for example, those that begin with "abstinence," missed the mark. Developing education for law enforcement related to trafficked women and HIV risk is critical. Creating "time of arrest" HIV materials that can be distributed to sex workers by law enforcement is another suggestion.

Support interagency collaboration that targets youth.
Prevention of human trafficking requires collaboration and networked information gathering from community organizations, educators, youth mentors, health and mental health providers, foster care agencies, social services agencies, and faith and law enforcement communities. To prevent human trafficking domestically at a young age, schools, foster care group homes and youth programs must educate youth on the harm and risk of human trafficking, pornography, prostitution, running away, and on practical strategies for risk reduction. Youth need training and education on how to avoid the traps of traffickers and gangs, how to intervene with their peers who may be in danger and how to communicate that information to adults and law enforcement who can help intervene. Outreach and awareness on human trafficking should include social media campaigns using the social networking services frequented by that demographic. Public awareness campaigns on human trafficking and HIV prevention are also effective when they are youth driven; these may include a series of TV and radio public service announcements (PSA).

Interventions need to go where the women are, in the language they speak.
Developing specific HIV prevention messages for trafficked women and sex workers in Spanish is crucial –access to resources and help, and creating a dialogue with women in the life on HIV risks, routes of transmission, and the impact of sexual trauma. Teaming up and training women out of the life to do street outreach and education on HIV prevention should be explored as a possible strategy to reach women in bars, brothels, clubs, etc.

Human trafficking is one of the fastest growing criminal industries; every year thousands of individuals will be impacted by this horrific phenomenon. Better training of service providers and targeted, culturally responsive outreach have the potential to increase women's risk-reducing behavior. But the key to helping women in the life successfully educate themselves about the risks of HIV and to protect themselves is trust. Once trust is established with women, some may even find the strength to leave this life. One woman who was interviewed for the study was empowered by participating in the interview and the East Los Angeles Women's Center's *Promotora* program. Through the relationship she built with the center and the trust that she felt, this woman found strength to contact Victims of Crime and tell her story. She is now actively working with detectives and Victims of Crime to identify the homes where she was forced to work and identify her captors.

Just as the experiences that expose women to this high risk, violent environment are complex, so to is the solution. Building trust with women in these circumstances takes multiple contacts through a variety of outreach strategies during which responders demonstrate consistent, accessible and respectful care. Coordinated efforts that build relationships can help women find the strength they need to reduce their risk of being infected with HIV and gain power over their own lives.

In order to end human trafficking, we must fight harder. This requires fighting against the subordination of women and girls and most importantly encouraging others to speak the truth about the experience of victims of human trafficking in the world today. This is the challenge we face and we cannot afford to remain silent.

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