FINAL REPORT:
Investigating the social context of sex trafficking and HIV vulnerability along the Mexico-U.S. border

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**Background**

Sex trafficking is a human rights violation with enormous health and social impacts, including HIV. Influenced by migration flows, the AIDS pandemic, and child sex tourism, attention to trafficking has recently proliferated. This study employs the international definition provided by the U.N. Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children in which sex trafficking is constituted by any act of recruitment, transportation, transfer, harboring or receipt of persons, using threat, force, coercion, abduction, fraud, or deception, for the purpose of prostitution or sexual exploitation. Very high HIV prevalence has been documented among trafficked women and girls in Asia (i.e., 22-45.8%); however, little is known regarding the public health impacts of trafficking, especially HIV, among trafficked women and girls in Latin America. unreported.

**REASONS FOR MIGRATION**
- Economic inequalities
- Desire for socio-economic mobility
- Gender inequities
- Natural disasters
- Political upheaval
- Deportation policies
- Urbanization,
- Transnational networks

**SEX TRAFFICKING (ST)**
- 80% of victims are female
- Latin America: 100,000 trafficked across international borders annually
- 41% of trafficking victims in 2007 in the U.S. were Latin American
- Most individuals trafficked to the U.S. are trafficked from or through Mexico
- ~10,000 women/year from southern & central Mexico are trafficked to U.S. border for sex

**MEXICO**
- Major source, transit, & destination country
- Trafficking in region reported to be increasing
- Sex tourism locations: Border areas as 'hot spots'
- Mexico-U.S. border: Tijuana is a popular destination for sex tourism, including child sex tourism
- 9000 female sex workers (FSWs) sell/trade sex to U.S., Mexican, and international clients
- Underage sex work visible at all hours of day
- Adult sex work is 'quasi-legal' in red light district

**USA**

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Materials & Methods

**Objective**
- To describe formerly trafficked FSWs’ experiences with sex trafficking and their relationship to HIV vulnerability in Mexico

**Study setting: Tijuana, Mexico**

**HIV epidemic**
- Baja California: 2nd highest cumulative AIDS incidence
- Prevalence: 6% among FSWs

**Mobility**
- Busiest land crossing; increase in deportations
- Approximately half of the population is migrants

**Data collection**
Ethnographic fieldwork and in-depth interviews with 31 formerly trafficked FSWs (Sept. 2010 – July 2011)

**In-depth interviews**
- 31 FSWs recruited from HIV prevention study*  
  - Eligibility: Aged ≥18, sold/traded sex in Tijuana in the past month, reported former sex trafficking

**Former sex trafficking defined as any of the following:**
- Forced/coerced into sex work
- <18 years old at sex work entry
- Transported for sexual exploitation

**Interview topics:**
- Sex work initiation, continuation, & migration
- Violence and abuse
- Health issues: HIV, drug use, unintended pregnancy
- Structural and contextual factors

*Parent study: Proyecto Parejas (PI: Strathdee)*
- Conducted among 232 adult FSWs in Tijuana & Cd. Juarez
  - Eligibility: Aged ≥18, resided in Tijuana or Cd. Juarez, and reported having sold/traded sex in the past month, having a regular non-commercial male sexual partner for the last 6 months, and no plans to permanently leave the city for the next 24 months

**Data analysis**
- NVIVO 9.0
- Data analysis restricted to 30 FSWs
- Constant comparative method to describe the structure and relationships between themes
Results

Participant characteristics

Table 1: Socio-demographic characteristics of formerly trafficked FSWs (n=30) in Tijuana, Mexico, 2011

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, years*</td>
<td>32.4 (19-54)</td>
</tr>
<tr>
<td>How many years of education completed, years*</td>
<td>7.1 (1-15)</td>
</tr>
<tr>
<td>Race: Latino/Hispanic</td>
<td>29 (96.7%)</td>
</tr>
<tr>
<td>Living arrangement</td>
<td></td>
</tr>
<tr>
<td>Your own house/apartment</td>
<td>12 (40.0%)</td>
</tr>
<tr>
<td>Rented room</td>
<td>11 (36.7%)</td>
</tr>
<tr>
<td>Relative’s or friend’s house/apartment</td>
<td>2 (6.7%)</td>
</tr>
<tr>
<td>More than one place</td>
<td>3 (10.0%)</td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>28 (93.3%)</td>
</tr>
<tr>
<td>United States</td>
<td>1 (3.3%)</td>
</tr>
<tr>
<td>Central American country</td>
<td>1 (3.3%)</td>
</tr>
<tr>
<td>Was born outside of Tijuana</td>
<td>19 (63.3%)</td>
</tr>
<tr>
<td>% of vaginal sex acts with clients that were unprotected in the last month*</td>
<td>50.5 (0-100)</td>
</tr>
<tr>
<td>Drugs used in the past 6 months</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>19 (63.3%)</td>
</tr>
<tr>
<td>Crack</td>
<td>2 (6.9%)</td>
</tr>
<tr>
<td>Cocaine</td>
<td>6 (20.7%)</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>22 (75.9%)</td>
</tr>
<tr>
<td>Ever injected drugs in the past 6 months</td>
<td>21 (70.0%)</td>
</tr>
<tr>
<td>Injected drugs in the past 6 months</td>
<td>18 (60.0%)</td>
</tr>
<tr>
<td>HIV/STI status</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>2 (7.1%)</td>
</tr>
<tr>
<td>Any STI/HIV</td>
<td>5 (16.7%)</td>
</tr>
</tbody>
</table>

NOTE: Data are N (%) of women, unless otherwise indicated. Certain percentages may reflect denominators smaller than the n value give in the column head. Except as specifically noted, these discrepancies are due to missing data.

* Mean (range)

Findings

Trafficking along the Mexico-U.S. border is heterogeneous, ranging from cases of severe exploitation to very subtle forms of deception or coercion. Sex trafficking was linked to HIV vulnerability through the themes of gender-based violence, economic exploitation and independence, migration, and stigma.

These themes were demonstrated to increase these women’s likelihood of sex trafficking and exploitation, increase their marginalization and reliance on sex work, and decrease their HIV prevention capacities.
Table 2: Sex trafficking experiences of formerly trafficked female sex workers in Tijuana, Mexico, 2011

<table>
<thead>
<tr>
<th>Variable</th>
<th>(n = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Began sex work &lt;18 years old (SW&lt;18)</td>
<td>25 (85.3%)</td>
</tr>
<tr>
<td>Forced, deceived, or coerced into sex work entry or continuation (ForcedSW)</td>
<td>11 (36.7%)</td>
</tr>
<tr>
<td>Transported for sexual exploitation against their will (TransportSW)</td>
<td>2 (6.67%)</td>
</tr>
<tr>
<td>Age when female participant first traded sex, in years*</td>
<td>17.2 (12-28)</td>
</tr>
<tr>
<td>Age when female participant began to work regularly in sex work, in years*</td>
<td>18.2 (12-30)</td>
</tr>
<tr>
<td>Participant was ever:</td>
<td></td>
</tr>
<tr>
<td>Promised a job that turned out to be selling or trading sex</td>
<td>6 (20.0%)</td>
</tr>
<tr>
<td>Sold or traded for sexual purposes</td>
<td>5 (16.7%)</td>
</tr>
<tr>
<td>Forced to exchange sex for money, drugs, or other goods at the orders of another person</td>
<td>5 (16.7%)</td>
</tr>
<tr>
<td>Held captive/kidnapped for sexual purposes</td>
<td>5 (16.7%)</td>
</tr>
<tr>
<td>Denied your earnings or what was owed you from selling/trading sex</td>
<td>6 (20.0%)</td>
</tr>
<tr>
<td>Ever experienced a traumatic event</td>
<td>9 (30.0%)</td>
</tr>
<tr>
<td>Ever been forced/coerced to have non-consensual sex</td>
<td>11 (36.7%)</td>
</tr>
<tr>
<td>Age at first rape, in years*</td>
<td>11.6 (3-18)</td>
</tr>
<tr>
<td>Ever physically abused</td>
<td>7 (23.3%)</td>
</tr>
<tr>
<td>Age at first abuse, in years*</td>
<td>18.3 (9-27)</td>
</tr>
</tbody>
</table>

NOTE: Data are N (%) of women, unless otherwise indicated. Certain percentages may reflect denominators smaller than the n value given in the column head. Except as specifically noted, these discrepancies are due to missing data. *Mean (range)
Q: That first time that you had sex with a client, when you were with your friend [her trafficker], did she tell you to use a condom?
A: “I don’t remember, I think probably not, because I remember when he pulled out… I got scared, I started to cry, I was all wet down there, and so I don’t think he used one. Later, the other girls explained, “listen, you have to take these precautions, don’t even think about doing it without a condom”… That was when I started to know about using condoms.”

[HIV risk during trafficking]

“They [her traffickers] would get us in the room at night, the first time I said “no, that’s not how the business went,” that’s not how we did it. Pretty much the only ones we didn’t use protection with were with him [her trafficker] or his friends; he hit me too.”

[ForcedSW]
"A lot of people don’t know that I’m still alive and over here it’s tough. The damn drugs get you really bad and I’ve always had the fear that they’ll see how I am, or maybe that they’re embarrassed or something, [so] I distance myself from them."

―[SW<18, ForcedSW]

"I started [sex work] before I was 15…it was out of necessity […] It was the need for money, right? I became a mom at a very, very young age; I was already pregnant at 15 years old. I started prostitution after I had my daughter[…] because of a person that I met on the streets, he initiated me. He wanted to trick me. me out…I started going out with him, then he started taking me to the bars."

―[SW<18, ForcedSW]

"I found it easy to go back to what they had already taught me to do."

―[SW<18, ForcedSW]

"In the end I had to do it, um, to be able to live, because my mom didn’t, um, she didn’t look at me in the same way anymore either, and she said, ‘This is what you wanted, so deal with it now, so you’ll learn that it’s not the same’, so that was when I, you know, had to go and exchange..."

―[SW<18, ForcedSW]

**STIGMA & SHAME**

**Women were stigmatized by families and peers, both as youth and FSWs**

- One participant who had been raped and had a resulting unintended pregnancy at age 14 had to drop out of school because of the stigma and shame this caused her family.

**Double Stigma: sex worker & drug user**

- Internalization of stigma as barrier to leaving sex work
- Limits options for economic/social advancement
- Women purposefully distanced themselves from family members, friends, or institutions to avoid further stigma
  - Reinforced marginalization & sex work dependence

**Stigma as Institutionalized**

- Institutionalized stigma and social hostility towards FSWs
  - Health care, law enforcement, drug treatment services
  - Exacerbate health and social impacts of sex work
- Most important barrier to care & reporting of violence

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**ECONOMIC FACTORS**

"I started [sex work] before I was 15…it was out of necessity […] It was the need for money, right? I became a mom at a very, very young age; I was already pregnant at 15 years old. I started prostitution after I had my daughter[…] because of a person that I met on the streets, he initiated me. He wanted to trick me. me out…I started going out with him, then he started taking me to the bars."

―[SW<18, ForcedSW]
Q: What would you like for there to be, in terms of services, in order to meet your needs?
A: “That there would be the opportunity…to learn about office work, computers, because there are jobs…but well, no, one doesn’t have the means to study, and many don’t, not just me. I know that many would take a computer course, or a beauty [course], to look for a better job. There are a lot that are happy with what they do, but there are a lot who aren’t, who do it because we don’t have another way of getting a job.”

Q: If you had that opportunity, would you take it to give yourself another chance at life?
A: “Of course I would.”

“I was already really hooked on heroin, and I had to sell my body to curarme [get high] […] One time that I was really malilla [in withdrawal] here, I didn’t have [money] …the guy who would give me [heroin] wasn’t here, they had sent him to jail, and I was by myself and that was the first time I knew what malilla [withdrawal] was… I couldn’t walk or anything. So then, this man who was interested in me, he always told me ‘hey, I’ll give you money,’ and well […] he called me and I accepted.”

― [SW<18, ForcedSW]

“Since I had already tried it [sex work] I just went back to it, right? You tell yourself, ‘It’s easy, it’s just my body or whatever;’ it seems easy to me. If I hadn’t been introduced to prostitution in Guadalajara, maybe it wouldn’t have come to this, right? But since I was introduced to it there, I needed money for my drugs.”

― [SW<18, ForcedSW]
PROGRESSION TOWARDS INDEPENDENCE:

“He [her intimate partner] was the one that initiated me, he wanted to deceive me, to be my pimp... But I didn’t let him and I left, but I started doing it on my own. I said, ‘Instead of giving someone else money, I’d rather keep it. If I’m doing something bad, well, it should at least be worth it.’ [...]. At least I opened my eyes, I didn’t want to keep giving money to people who just wanted to take advantage of me.”

- [SW<18, ForcedSW]

REASONS FOR MIGRATION: IMPLICATIONS FOR TRAFFICKING & HIV RISK

Ran away from home to escape abuse
Forced by intimate partner or family
Forced movement for sexual exploitation
Deported from the U.S.
Voluntary migration for sex work in Tijuana
Limited opportunities in home communities
Desire for socio-economic mobility
Family instability

Q: When you started exchanging sex on your own, were you free to do what you wanted?
A: “You could say that my life was calmer because I was earning my own money; the money I earned belonged to me. I rented a hotel room and lived there, living on my own, you know, nobody told me what to do, and that was when I started to get more familiar with it [sex work].”

- [SW<18, ForcedSW]

A: “Once we got here, he took me to the alley where there were a lot of women [...] he said, “Look, this is where you are going to work [...] Don’t think that the women here only sit around, they have to move.” From the time I got here [Tijuana], the next day he wanted to send me off to work [...] he first charged and then he sent them over here. He wasn’t embarrassed to do it. He is just like my mom, the same. In fact, they should get married; they would make a good couple.”

Q: So, when you noticed what kind of person your partner was, did he threaten you?
A: “Yes, he did threaten me... He said he was going to call immigration services so they would take me away, because I wasn’t from here.”

- [SW<18, ForcedSW, TransportSW]
Discussion

PUBLIC HEALTH IMPLICATIONS

Our analysis highlights how the early experiences of young, abused women along the Mexico-U.S. border may have a direct impact of their future vulnerability to trafficking, sex work, and their associated health impacts, including HIV/STIs, addictions, and violence.

The findings of this study underscore the importance of efforts to prevent and address abuse of minors and provide counseling, shelter, HIV prevention, and related services to prevent trafficking and reduce harm among migrant women and FSWs in Mexico-U.S. border cities.

The women in our study described themselves during trafficking as younger and possessing less knowledge and skills related to HIV and violence prevention, they explained that once they had begun to work independently as FSWs, they had developed a solid basis of knowledge surrounding HIV risk and transmission and had improved their abilities to prevent HIV and violence. They also described the need for shelter, food, and emotional support during their trafficking experience as factors that enabled others to take advantage of them. For vulnerable young women and migrants, the provision of shelter, psychological support, and vocational opportunities represent opportunities to prevent or intervene in sex trafficking, and the provision of condoms and HIV prevention information are necessary to reduce HIV risk. Conversely, women described their most pressing needs as sex workers as more congruent with interventions incorporating principles of harm reduction (e.g., condom and needle distribution), addictions treatment, and the provision of employment opportunities for those women who wish to exit sex work.

Recommended interventions to reduce vulnerability to HIV & trafficking

**STRUCTURAL LEVEL**
- Vocational training & placements for at-risk youth and FSWs
- Shelter & support for migrant/homeless youth & FSWs
- Promote awareness and strengthen response to gender-based violence and sexual exploitation/trafficking

**INDIVIDUAL LEVEL**
- Psychological support for victims of abuse
- Free/low-cost male & female condoms
- Effective addictions treatment
- Interventions to increase economic/social opportunities
- Peer-based interventions
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