

REPORT :

Victims of Human Trafficking in Mumbai

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Mumbai Smiles

Human Trafficking

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Global overview

According to the 2000 UN Trafficking Protocol, the definition of human trafficking is *"the recruitment, transportation, transfer, harboring or receipt of persons by means of threat or use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labor services, slavery or similar practices, servitude or the removal of organs"* (Kara, 2009).

Some people mistakenly understands human trafficking to be focused on the movement of people to different places, but the main point is about the whole process of exploitation, from acquiring the people to coercing labor or providing of body parts (Kara, 2009). Human trafficking includes the trafficking of people for sex, for organs, for labor, and more. Mumbai Smiles focuses on the trafficking of women and children, especially girls, for sexual activities. This document will cover the processes, causes, and continuation of the sex trafficking industry on a global scale in general, then, it will concentrate on this industry in Mumbai, India.

Process of sex trafficking

The process of sex trafficking has now developed into a complex operation driven by large profits. The process can be divided into slave trading (which includes recruitment and transportation) and slavery. The slave recruitment, transportation, and slavery could be performed by the same group of traffickers, or the victim could be sold to different groups multiple times. Most of the information below about the global process of sex trafficking is from "Sex Trafficking. Inside the Business of Modern Slavery" written by Kara in 2009.

Recruitment of victims often includes deceit, such as the offer of false jobs, marriages, and travels to other places. Some families sell their children to sex traffickers as a result of deceit, but some may do so knowingly because they believe that they are left with no other options. Most families who sell their children to traffickers, whether intentionally or not, are living in poverty and in desperate need of a greater income and economic relief to survive. The high cost of the maintenance children are heavy and also, most hope for a better future of their children in a different environment; thus, some may sell their children. Some families are in debt bondage, owing money to a group of people until they're able to pay off their debt. Many of these families are unable to gain enough money to escape for many generations, leaving many children of these families in hard situations and vulnerable to trafficking.

Sometimes, recruitment is done by victims of human trafficking or former victims of human trafficking. Another method of recruitment is by seduction and romance by loverboys, agents who seduce girls and young women and convince them to travel to another place for their future together. After the young girls are transported to another location, they are sold to traffickers and exploited.

Traffickers may also use force and coercion, including psychological ones, such as threats to family members, and also drugs, kidnapping, and abduction. However, force may be less commonly used, as victims might have stronger urges to escape at every chance they get, but even so, it is still sometimes used. Also, the illegal adoption of children and the usage of children of victims may be other ways to recruit women and children for sex trafficking.

The next step is the transportation of victims. Transportation is usually from rural to urban areas and possibly international travel. Means of travel could include any method, from car, bus, train, plane, speedboat, ferry, and raft to marching. Transportation could also include false passports and other documents to facilitate the moving of victims.

The slavery of the victims is often very brutal, including rape, torture, starvation, humiliation, being drugged, held captive, and being threatened. Usually, the victims of human trafficking (VHT) go through a conditioning period, are "broken," before or after transportation to decrease hope and increase submissiveness. Sometimes, the conditioning period is done by the first few clients of the victim. The venues of VHT include brothels, clubs, massage parlors, apartments, hotels, and the streets.

The fate of sex slaves is usually very difficult. Escape is rare because of the high levels of monitoring and physical and psychological threats, but if victims do escape, they are often re-trafficked, return to prostitution, have few job opportunities, are shunned by family, have HIV and other complications, and/or suffer from addiction to substances.

Causes of sex trafficking

The main reason there is still sex trafficking now is that it accrues so much profit. 500,000-600,000 individuals are sexually trafficked every year (Kara, 2009). **One woman or child is trafficked for the purpose of sexual exploitation every 60 seconds**, according to 2009 data. Revenue created through the sale of trafficked slaves is \$1 billion annually, with 50% in benefits. Revenue created by the exploitation of victims is \$9.5 billion (US State Department) or \$31.7 billion (International Labour Organization) (Kara, 2009). **Human trafficking has been identified as the third largest source of profit for organized crime**, following arms and drug trafficking (United Nations Office on Drugs and Crime, 2008).

Economics of sex slavery includes supply and demand for VHT. On the supply side, globalization has intensified the disenfranchisement of the poor, deepened poverty in rural areas, making the impoverished rural more vulnerable to traffickers, and facilitated ease in recruitment and transportation of slaves. Also on the supply side, gender inequality results in women having fewer opportunities for education, health care, and economic activity, which places them in a more desperate and vulnerable state. 70% of the 985 million people living in extreme poverty are women (Kara, 2009).

On the demand side, there is male sexual demand for this type of service. Just

a small segment of men are responsible for this demand; only 0.5% of males over 18 are required to purchase commercial sex on any given day to maximize the capacity of 1.2 million trafficked sex slaves (Kara, 2009). Estimations are 6-9% of males over 18 years old in the world purchase sex from prostitutes at least once a year. Although the percentage does not include the majority of males, there is elasticity in demand for sex services. Profits are increased substantially with the use of sex slaves since they minimize the cost, which drives for a greater demand for slaves. As the number of slaves increase, the price of service decreases, and the number and participation of customers increase, leading to a greater demand for sex services (Kara, 2009).

Continuation of sex trafficking

Human trafficking for sexual activity continues because there are few risks and large profits. Due to many factors on government and law enforcement side, there are few risks for traffickers. For many helping to fight human trafficking, there may be confusion of the definition of trafficking, so more focus is focused on the movement of people, not on other parts, such as the exploitative slavery portion. There is also corruption in law enforcement, border control, and judicial systems, a lack of international coordination and cooperation, a lack of specific law enforcement focused on slave crimes, little feeble enforcement of the law, little prosecution of crimes, little protection for victims, and ineffective laws that have little economic consequences for sex traffickers (Kara, 2009).

India

There has been a 95.5% increase in trafficking cases registered from 2011-2015, which is very alarming, but one positive aspect is that it encourages law enforcement agencies to increase reporting and identification of trafficking offenses (Maharashtra State Commission for the Protection of Child Rights, 2017). According to 2016 data, West Bengal had over a third of the world's total number of sexually exploited victims, Rajasthan has the second-highest number of trafficked children, and **Maharashtra had the second-highest number of trafficked females** (Charpenel, 2019). **In India, 90 percent of all VHT are from India, and 89 percent of all VHT are transferred from other states internally.** Of the 10 percent of VHT not from India, most are from Nepal. About 20,000 Nepalese girls are trafficked to India annually (Kara, 2009).

Indian states that are the biggest destination of trafficked minors include Maharashtra and West Bengal (Maharashtra State Commission for the Protection of Child Rights, 2017). Studies and surveys sponsored by the Ministry of Women and Child Development (MWCD) estimate that **there are about three million prostitutes in India, of which an estimated 40 percent are children** (United Nations Office on Drugs and Crime, 2008). UNICEF reports that **approximately 1.2 million children are exploited in prostitution throughout India** (ECPAT International, 2011). In 2005, the National Human Rights Commission (NHRC) estimated that **of the children who are trafficked within India, almost half of them**

are between the ages 11 and 14 (ECPAT International, 2011). A more recent report by Maharashtra State Commission for the Protection of Child Rights 2017 with data collected from 2015-2016 shows that of the people trafficked in public areas in India, the percentage of those who are children has dropped down to only 5.5%.

Mumbai: Kamathipura, Khetwadi, Ghatkopar¹

Mumbai has more prostitutes than all other Indian cities and one out of seven prostitutes are slaves (Kara, 2009). There are 16 hotspots in Mumbai in which women and girls are sold for sex in public places (Maharashtra State Commission for the Protection of Child Rights, 2017). According to conservative estimates released by NGOs, **trafficking for sexual purposes in Mumbai exploits approximately 400,000 individuals, including 180,000 children**. Police estimate that there are about 35,000 Nepalese nationals in Mumbai's red-light areas, although social activists insist the number is closer to 100,000, the majority of whom are minors (ECPAT International, 2011). **Kamathipura is considered to be Asia's largest red-light area, with about 5,000 sex workers** (Gezinksi, 2013). Keep in mind that the number of VHTs in an area are best estimates from different resources and from investigations conducted at different times, thus, the numbers may not match up precisely, as information from a stigmatized group is difficult to obtain. The numbers are still included to provide a better picture of the extent of human trafficking in Mumbai.

Recruitment process

VHT are often physically abused at home, victims of child marriage, abandoned by husbands or families, ran away from home, are orphans, or have little social support (Maharashtra State Commission for the Protection of Child Rights, 2017). The recruitment process of trafficking could include abuse of authority from parents, guardians, teachers, religious-political-social leaders, employers, or other authority figures (Human Rights Law Network, 2011).

Increasingly, technology and the internet are used for recruitment (US State Department, 2019). Today, a greater number of young girls are recruited by loverboys, who are young men usually between 20-24 years old and hired by traffickers to attract and trap young girls. These young men may obtain the

¹ The following is more specific information about human trafficking for sexual activities in Mumbai, but keep in mind that the previous information about human trafficking on a global scale is still applicable to Mumbai. Please also keep in mind that some of the information below was gathered from data about India in general or other parts of India but could possibly be generalized to Mumbai. Also, some of the discrepancies below in numbers could be due to out-of-date information or due to data about sex workers in general, not focused on victims of human trafficking. Information about prostitutes is already a challenge to obtain from researchers; it is even more challenging to identify VHT and collect information from only VHT when conducting a study, so the best effort is presented below to collect recent information that could pertain to VHT in Mumbai.

telephone numbers of their next victim by bribing employees of mobile recharging stores, who easily give up information for just a few hundred rupees. The recruited young man then contacts the girl and befriends her, attracting her to urban centres with promise of employment, marriage, or even a visit to a tourist attraction. Once in the city, the girl is trapped and sold in a brothel. These young intermediaries receive about INR 50,000 (approx. USD 720) per deceived victim (Charpenel, 2019). Traffickers may also entice girls with drugs (US State Department, 2019). Some traffickers exploit Indian and Nepali women and girls in India as “orchestra dancers,” where girls work for dance groups hired to perform at public functions but are subsequently subjected to sex trafficking (US State Department, 2019).

Exploitation during enslavement

After the VHT are recruited and transported once or more than once (information about transportation is not included in the Mumbai section because there is not enough information specific to this area regarding this topic), they are exploited and are forced to provide sexual services. They suffer many forms of abuse and other difficulties inflicted by traffickers and others while they are exploited. Many forms of maltreatment may be done by traffickers as a way to control the VHT by turning them submissive.

Before detailing the harsh conditions of enslavement, the document will cover the three tiers of the economic model in Indian red-light areas (Kara, 2009).

- The first level is slavery and debt bondage. Victims of sex trafficking initially are held in slavery or debt bondage system: They must work off a debt by sleeping with any client who selects them. There are only a few ways they can escape slavery: They may be sent home to recruit new victims; they may be evicted to the streets if they no longer entice a sufficient number of clients; or they may transition to the *adhiya* system after accepting a life of prostitution.
- The next level is the *adhiya*, which literally means 'one-half.' They are usually former slaves who remain in the brothels and split half their earnings with the *malik*. They can reject a client, but they risk to be replaced by a new slave if the *malik* judges they are not generating enough revenue. Moreover, police bribes are on them, and they must also pay for utilities, room maintenance, and other expenses. They also help to acclimatize new slaves by playing a 'big sister' role and trying to convince them it is best to obey the *gharwali* so they will be a “free” *adhiya* someday.
- The third level is the lodgers, who are voluntary prostitutes or *adhiyas* who save money to rent a room in the brothel where they accept clients. Rental rates are usually 15-20% of the revenues. Most of them finally leave the brothel when they find a boyfriend or a husband. They are often in their thirties and, due to their age, they charge the least for each service.

Brothels usually have a mix of all three economic arrangements, with *adhiyas* and lodgers in the lower floors and the slaves in the higher ones. Though slaves are the most profitable, a certain number of *adhiyas* and lodgers are required to assist with

the transition of new slaves and provide a “clean” front to noncorrupt police and social workers. The average ratio is approximately 20 slaves to 1 *adhiya* or lodger.

Working conditions²

Commercial sexual exploitation (CSE) is done in public places (bars and brothels) and private networks (hotels and private place, rented or owned) (Maharashtra State Commission for the Protection of Child Rights, 2017). At Mumbai, exploitation is most common in brothels, which are most common in red-light districts (Kara, 2009). However, minors are increasingly used in private networks, most likely because they are more hidden in such places, and also, there have been dramatic changes in Mumbai's urban landscape, pushing more sex workers to other areas (Maharashtra State Commission for the Protection of Child Rights, 2017; Bandewar, 2016). Working hours are long for VHT; they usually work every day for seven to eleven customers (Maharashtra State Commission for the Protection of Child Rights, 2017), although some sex workers, especially older ones, may receive fewer customers. The living environment is also usually dirty and hazardous, including little or no clean water, food, adequate housing, clothing, hygiene, health-care resources, clean air, and enough light (Maharashtra State Commission for the Protection of Child Rights, 2017; Gezinksi, 2013).

Control

Money is controlled by the victims' exploiters. Most VHT based in Mumbai received no money or very little of it. The little money is needed for food, clothing, and makeup (Maharashtra State Commission for the Protection of Child Rights, 2017). Sometimes, they also need the money to support their *admis* (intimate partner) and family members. Moreover, many clients bargain or do not pay for the services. Sometimes, sex workers are too fearful to lose the customer, so they do not negotiate in terms of price or the usage of condoms (Gezinksi, 2013).

Also as a way to control the victims, traffickers may teach VHT that the police and law enforcement are the “bad people.” Most survivors in commercial sexual exploitation of children (CSEC) encountered both positive and negative experiences with police and law enforcement (Maharashtra State Commission for the Protection of Child Rights, 2017). VHT usually experience high levels of monitoring, confinement, threats, and violence; also language barriers, such as not allowing VHT to sleep with customers who speak the same language, and financial control make it difficult for VHT to escape (Maharashtra State Commission for the Protection of Child Rights, 2017).

² Because there is more information about the enslavement conditions, it is organized in three sections to facilitate the flow of the document. The sections include working conditions, control, and abuse. Although the information is divided into different parts, the organization and titles are subjective; the data is highly related to each other and the conditions listed are all forms of abuse enacted to control the victims.

Abuse

VHT experience physical, sexual, psychological, emotional, and verbal abuse (Maharashtra State Commission for the Protection of Child Rights, 2017). Abuse could be from police, intimate partners, brothel keepers, clients, other sex workers - young female sex workers may earn more, causing conflicts between sex workers who earn different amounts of money (Gezinksi, 2013), and also community members, who may view that sex workers are interfering with their lives by soliciting on the streets.

Sex workers may also see abuse done to others, sometimes used by traffickers as threats if they do not adhere to requests (Reach, 2018). From MSF's Need Assessment study with sex workers in Mumbai, 81% faced or seen verbal abuse of sex-workers or children, 81% faced or seen physical abuse of sex-workers or children. Most are sad or indifferent in these situations and occasionally angry. Ten participants had been physically abused in the past, and most resolve situations by themselves, with a few approaching the police for help. Only one participant has heard about the Protection of Children from Sexual Offences Act, and no participants answered the sexual abuse question (Reach, 2018). According to "Social Determinants of Mental Health Status of Female Sex Workers (FSW)", a study from 2010 of 150 FSW from Mumbai metropolitan area, an even higher percentage was found for sex workers experiencing abuse. 90% of their research participants experienced beatings by clients and 72.7% experienced beatings by their regular partner. 82% experienced ill-treatment by clients, and 90.7% were treated as untouchables by people.

Some VHT receive medications and injections from managers without the purpose stated (Maharashtra State Commission for the Protection of Child Rights, 2017). There is not enough information, but some could be drugs as a way to keep victims addicted and controlled, or they could be hormones and birth control. Some traffickers force girls as young as five years old in sex trafficking to take hormone injections to appear older (the information is for India in general) (US State Department, 2019). Alcohol may be used to "initiate" women and girls into sex work involuntarily with heavy voluntary alcohol use continuing as a means for them to cope with their lack of autonomy (Silverman, 2011). Some traffickers also force women and girls to conceive and deliver babies for sale (for India in general) (US State Department, 2019) or to use their babies as a way to further control them.

Sex workers already experience an enormous amount of violence and abuse in general, but there is data from "Sex Trafficking and Initiation-Related Violence, Alcohol Use, and HIV Risk Among HIV-infected Female Sex Workers in Mumbai, 2011" suggesting that VHT may experience more violence and risks than sex workers in the first month of work. In the study, surveys were completed with HIV-infected FSWs (n = 211) recruited from an HIV-related service organization in Mumbai. 41.7% reported being forced or coerced into sex work. During the first month in sex work, such FSWs had higher odds of sexual violence³, more than

³ Adjusted odds ratio [AOR], 3.1; 95% confidence interval [CI], 1.6-6.1

seven clients per day⁴, no use of condoms⁵, and frequent alcohol use⁶ than HIV-infected FSWs not entering involuntarily. Those trafficked into sex work were also at higher odds for alcohol use at first sex work episode⁷. These results suggest that having been trafficked into sex work is prevalent among this population and that such FSWs may face high levels of sexual violence, alcohol use, and exposure to HIV infection in the first month of sex work. Below are tables from the abovementioned paper that clarify the information mentioned above.

Table 2. Sex Trafficking and Experiences of Violence, Alcohol Use, and HIV Risk in the First Month of Sex Work as Reported by HIV-Infected Female Sex Workers (FSWs) in Mumbai, India (n = 211)

Variable	FSWs, % [95% CI] (No.)
Forced or coerced into sex work	41.7 [35–49] (88)
Sexual violence in first month of sex work	62.2 [56–69] (132)
≥7 clients per day in first month of sex work	35.9 [29–43] (75)
No client condom use during first month of sex work	50.7 [44–58] (107)
Used alcohol very often in first month of sex work	54.0 [47–61] (114)
Used alcohol at first sex work encounter	59.2 [52–66] (125)

Abbreviations: CI, confidence interval; HIV, human immunodeficiency virus.

Table 3. Associations Between Being Trafficked Into Sex Work and Experiences of Sexual Violence, Frequent Alcohol Use, and HIV Risk in the First Month of Sex Work Among HIV-Infected Female Sex Workers in Mumbai, India (n = 211)

Variable	Female sex workers, % (No.)		OR (95% CI)	
	Trafficked into sex work (n = 88)	Not trafficked into sex work (n = 123)	Crude	Adjusted ^a
Sexual violence in first month of sex work	75.0 (66)	53.7 (66)	2.6 (1.4–4.7)	3.1 (1.6–6.1)
≥7 clients/day in first month of sex work	51.2 (44)	25.2 (31)	3.1 (1.7–5.6)	3.3 (1.8–6.1)
No client condom use in first month of sex work	68.2 (60)	38.2 (47)	3.5 (2.0–6.2)	3.8 (2.1–7.1)
Used alcohol very often in first month of sex work	62.5 (55)	48.0 (59)	1.8 (1.04–1.2)	1.9 (1.0–3.4)
Alcohol use at first sex work episode	69.3 (61)	52.0 (64)	2.1 (1.2–3.7)	2.2 (1.2–4.0)

Abbreviations: CI, confidence interval; HIV, human immunodeficiency virus; OR, odds ratio.

^a Adjusted ORs were adjusted for history of any formal education, marital status, religion, income, and age at entry into sex work.

Below is a table from “Social Determinants of Mental Health Status of Female Sex Workers, 2010” to show the percentage out of 150 female sex workers in Mumbai metropolitan area who experienced different types of abuses and difficulties. Although these participants are not all victims or none are victims, high percentages of them experienced abuse and other sufferings.

⁴ AOR, 3.3; 1.8-6.1

⁵ AOR, 3.8, 2.1-7.1

⁶ AOR, 1.9; 1.0-3.4

⁷ AOR, 2.2; 95% CI, 1.2-4.0

Table 2: Living conditions, mobility pattern and abuse faced

Aspect	(N)%
Living Conditions	
Inadequate Water Supply	(119) 79.3
Lack of Toilet Facility	(99) 66.0
Lack of Privacy	(129) 86.0
Dirty surroundings	(120) 80.0
Pattern of Mobility	
Moving within city	(30) 20.0
Moving outside state	(120) 80.0
Moved out up to 1 to 3 times	(76) 50.7
Moved out up to 4 or 6 times	(61) 40.7
Moved out up to 7 or more times	(14) 9.3
Physical abuse	
Beating by client	(135) 90.0
Beating by regular partner	(109) 72.7
Discrimination	
Ill-treating by clients	(123) 82.0
Treated as untouchables by people	(136) 90.7

Causes of sex trafficking in Mumbai

The enormous profits drive sex trafficking. In Mumbai, **each sex slave brings a profit of \$13,000 a year to traffickers** (Charpenel, 2019). Other than the enormous profits, gender inequality in India is another primary reason. In general, India places more importance on males, and males carry the passing of lineage. There are certain behaviors and values for women to follow to be accepted into society, such as marrying earlier in life and bearing male children. Dowry payment is an amount of money and/or goods given from the bride's family to the groom's family when marrying. Even though they have been illegal since 1961, dowry payments are still practiced and are more costly as the girl increases in age. Economic strain could also be lightened when there are less people in the family to spend resources on. As a result, it is more preferable to marry girls off early. There is also violence against women in India in general: 15,000 women are murdered annually due to dowry disputes and 500,000 female fetuses were aborted annually since 1981 (Kara, 2009). Because of gender inequality, there are fewer educational, healthcare, and economic opportunities available for women, so they are less informed and in desperate situations when making choices. Furthermore, as a result of the preference for males before and after birth, there has been a decline of the sex ratio for females, thus, increasing the demand for women and girls for marriage and sexual activities (Human Rights Law Network, 2006).

Devadasis is a traditional type of prostitution in the name of religion (Human Rights Law Network, 2006). Although this practice was banned by the 'Karnataka *Devadasis* (Prohibition of Dedication) Act', it continues today. Under the 'modern' religious practice, eight to ten-year-old-girls of low status from impoverished families are dedicated to a temple in an official ceremony. When these girls reach puberty, they are 'married' to the deity in another ceremony and forced to spend their 'wedding' night with a village elder. After this ceremony, the *devadasi* is

available for sexual exploitation by the entire community. (ECPAT International, 2011).

People from lower socioeconomic status are also vulnerable to sexual exploitation. Ethnic minorities, religious minorities, people from tribes, people from lower castes, those living in poverty, people from rural and vulnerable areas, and those from political insecure areas are treated as less important than others; they have fewer educational, healthcare, legal, and economic opportunities (Kara, 2009). Young women in these groups are especially vulnerable, as families are looking for economic relief and better opportunities. Some parents even sell their children directly to brothel owners. Many traffickers contact victims through family members or relatives and traffickers could also be victims of trafficking (ECPAT International, 2011). Field studies by Fellowship, the nodal organization of ATSEC (Action Against Trafficking and Sexual Exploitation of Children) in Orissa, show that 90% of trafficking victims' families are "Below Poverty Line" (BPL), of which 35% are *dalit* households (ECPAT International, 2011).

Economics of slavery

As far as the supply of VHT, the number of victims increase annually in Kamathipura, especially minors (**more than 25% of all VHT are minors**, according to the Charpenel from 2019), and many are trafficked from Nepal, Bangladesh, and several other Indian states. Many victims are daughters of trafficked women, often lasting several generations (Kara, 2009).

Regarding the demand of sex slaves and sexual services, due to an increase in people trafficked from Nepal, Bangladesh, and rural India, Kamathipura service prices decreased 50% from 1999-2009; as a result, there has been an increase in males using the services, as they are cheaper and more affordable (Kara, 2009). There is also a strong demand for younger girls because of the belief that having sex with virgin girls may cure AIDS (Maharashtra State Commission for the Protection of Child Rights, 2011). Also, there is a demand for Nepalese girls because they are thought to be thinner and more submissive because they are far from home and are not fluent in Indian languages.

Alike the main reason for the continuation of sex trafficking on a global scale, in India, the reason is also that the profits of sex trafficking are much greater than the risks. There is corruption within officials and lack of follow-through on legislation. Some police and medical officers accept bribes that allow minors to become victims. The police even run raids and have brothel owners pay to release the minors (Kara, 2009). There is also corruption with police and legal officials leaking information about police raids and periods of high police monitoring, resulting in unsuccessful searches, with VHT and minors hidden (Maharashtra State Commission for the Protection of Child Rights, 2017). Furthermore, officials usually fail to arrest traffickers and follow through with appropriate punishment. Other than corruption, there is also a lack of appropriate resources for VHT (details below in "How VHT are Affected"), so they usually return to the brothels even after rescues).

How VHT in Mumbai are affected

Access to Education

Although there is not yet extensive information about how VHT are affected in terms of access to education as a result of being trafficked, there is information about the education levels of VHT. Below are the results of education levels from three different studies. They differ vastly in the percentage of illiterate prostitutes, as data is difficult to obtain from a stigmatized group, and also much of the discrepancy may be because some of the studies are about sex workers instead of focusing only on VHT. Non-VHT tends to enter into prostitution at an older age compared to VHT, so this factor could yield different percentages. 42% of children in MSF Needs Assessment Report had formal education, and most dropped out because they were not interested and many parents did not see the importance of schooling either. Only a few children discontinued schooling due to monetary issues or because they were victims of trafficking (Reach, 2018). Another study based on 150 sex workers from Kamathipura showed that about 38.6% of female sex workers were illiterate and 34.4% were educated up to high school and above (Lakshmana, 2010). An additional study of 150 sex workers from Mumbai metropolitan area showed that 14.7% were illiterate, 60% had education for one to seven years, while 25.3% had education for eight to twelve years (Kumar, 2010).

Health situation

VHT are affected negatively in numerous ways in terms of all aspects of health, including both physical and mental health. Since VHT are affected in such profound ways for both physical and mental health, both deeply tied to each other, it has been challenging to separate this section into exclusively physical and mental health. Even so, they are loosely separated into these two categories to aid with the flow of this document. Keep in mind that information in physical health may be relevant to mental health and vice versa.

Physical health

VHT experience danger and physical abuse at the hands of police, intimate partners, brothel keepers, clients, and other sex workers (Gezinksi, 2013). 50% of sex workers based in Mumbai from MSF Needs Assessment Report do not feel safe. VHT could be physically injured as a result of violence; 84.6% of the VHT who experienced physical violence were beaten with a physical object, such as a stick, broom, or rolling pin (Maharashtra State Commission for the Protection of Child Rights, 2017). Qualitative research among Indian and Nepali FSWs whom identified as VHT based in Mumbai indicates that violence in the period immediately after entry to sex work may involve high levels of sexual brutality, leading to vaginal injuries and significant blood loss, thus creating high vulnerability to sexually transmitted infection (Silverman, 2011). Furthermore, exposure to violence has been linked both to a lower likelihood of adherence to antiretroviral therapy and to higher current sexual risk among HIV-infected FSWs (Silverman, 2011). According to Maharashtra State Commission for the Protection of Child Rights from 2017, **VHT**

experience more sexual violence than other sex workers, and there is a significant correlation between HIV and sexual violence.

VHT experience a host of health complications as a result of unprotected sex: diseases (over half of VHT survivors suffer from HIV, AIDs, STDs, or other gynecological problems), pregnancy (30% of participants out of 13 people experienced pregnancy from Maharashtra State Commission for the Protection of Child Rights)(a total of 15 VHT participated in Maharashtra State Commission for the Protection of Child Rights' detailed interviews, 2017). VHT also experience other physical health problems, such as TB and Hepatitis (Gezinksi, 2013). According to 100 FSW who sought substance abuse help in Bangalore, 78% were physically ill, with 14% suffering from Hepatitis, and also 14% suffering from liver damage (Pandiyani, 2012).

There is also a lack of hygiene and nutrition in the victims' working area. 62% of sex workers based in Mumbai from MSF Needs Assessment Report skip meals because of lifestyle or lack of income. Most only have access to communal toilets and most do not feel comfortable using them (Reach, 2018).

Mental health

People involved in the sex industry extensively used fear to control participants, including threats, violence, and coercion to force them to comply, so that they "don't just leave" the system (Maharashtra State Commission for the Protection of Child Rights, 2017). All 15 VHT based in Mumbai from CSEC experienced a significant amount of fear and emotional distress. With sex workers based in Mumbai from MSF Needs Assessment Report, 2 are not happy with their work, 16 are not happy with their work but have to do it, and 5 are happy with their work. Half of the victims from CSEC wanted to die or considered suicide, while 3 attempted suicide (15 VHT based in Mumbai). Victims carry shame and view themselves as worthless and ruined. In addition, they may have fears of the abuser, of the police, and also fears of societal rejection, thus, reintegration into society is a huge challenge (Maharashtra State Commission for the Protection of Child Rights, 2017).

Please continue to keep in mind that the data in this section is also from multiple different resources collected at different times, with some studies about female sex workers and some about victims of human trafficking. There is also data about the prevalence of a mental illness from different sources. Although there are some discrepancies due to the factors stated above, all the data is included to provide a more complete picture about the victims of human trafficking in Mumbai.

Social determinants of mental health

Social determinants, especially violence and discrimination, significantly affect the mental health of female sex workers in Mumbai. The degree and pattern of mobility, lack of privacy, and hygiene showed some association with the General Health Questionnaire sub-scores. Also, educated sex workers had a greater chance of having depression (Kumar, 2010). Nearly half (42.9%) of the female sex workers from "Social Support of Female Sex Workers" (150 FSW from Kamathipura) were

engaged in their work in different places and not restricted to one place. About 30% of the female sex workers were in brothels (Lakshmana, 2010). **There is a strong relationship between mental ill-health, risk-taking behaviors, drug use and sexual behaviors among commercial sex workers** (Pandiyani, 2012).

As a result of trafficking, the social support of VHT is also affected, which may be another factor negatively affecting their mental health. In a study of 150 female sex workers in Kamathipura, only about 14.3% of female sex workers' total social support was good and adequate. About one third (34.3%) the respondents had less and inadequate friend support. Of those in family support, more than half (54.3%) had less and inadequate. In significant others support, half (50%) of the respondents had less support. 42.9% of female sex workers had overall less social support. One third of the female sex workers were living with (35.7%) others, who are not family, husband, or children; 35.7% were living with their husband and children, about 10% of the female sex workers were living with only their children; 11.4% were living alone; 7.1% were living with their family of origin. Study indicated that majority (82.9%) of the family members of the female sex workers' did not know about their sex work. Significant positive correlation existed ($r=0.334$, $p<0.01$) between age of the respondents and their family support; similarly positive significant correlation was found ($r=0.277$, $p<0.05$) between family support and the duration of sex work (Lakshmana, 2010).

Mental Illness

The study from "Social Determinants of Mental Health Status of Female Sex Workers" was carried out at the red-light areas of Kamathipura and Turbhe Store in the Mumbai metropolitan area among 150 brothel-based female sex workers. It is generally held that a General Health Questionnaire (GHQ-28) score of above 24 indicates the possibility of caseness, meaning that the person could be suffering from some sort of mental illness. In the sample, it was found that the mean GHQ score was above 62, indicating that female sex workers had a very low mental health status irrespective of their background characteristics. (Kumar, 2010).

According to 100 FSW who sought substance abuse help in Bangalore, 78% were having psychological morbidity (depression and adjustment disorder). 71% were suffering from depression, 73% were suffering from social dysfunction, and 42% were suffering from anxiety. Significant past illness present in current history of mental illness was found in 16 cases of the study population: Dysthymia-7, Major Depressive Disorder-1, Bipolar Affective Disorder-4, Adjustment disorder-4, but only six were on treatment (Pandiyani, 2012). With sex workers based in Mumbai from MSF Needs Assessment Report, none had visited a therapist or done therapy before, even though many may be suffering from mental illnesses.

Depression

Pandiyani reviewed the works of several researchers and found that Bhat reported the prevalence of neurotic disorders in 82 commercial sex workers in India to be 45%, and out of those who had neurotic disorders, 94% had depressive disorders (Pandiyani, 2012). Many women are depressed because of the fear of social

rejection, financial crisis, and acute inferiority complex (Mental health database for Sonagachi sex workers, 2019).

Substance abuse

Some traffickers use substances to keep the victims addicted and controlled, especially in the beginning. Also, some clients may provide substances instead of money for VHT in exchange for sexual activity (own sources). Either with or without initiation from traffickers and clients, many VHT use substances on their own to cope with mental, physical pain, and the lack of choice as victims.

In the literature review of done by laisuklang, Lakshmana et al. indicated that a majority (72.9%) of the FSW were using one or other substances, and alcohol (58.6%) was the most frequently used substance. In another study of HIV-infected FSW in Mumbai, almost half (44%) of FSW in India report drinking alcohol, and a recent study of HIV-infected FSW found that the majority of those who do use alcohol are heavy and or dependent drinkers (Silverman, 2011). Lakshmana also stated that 12.9% of FSW were using nicotine, and 1.4% had multiple substance abuse (Lakshmana, 2010). In "Psychological Morbidity among Female Sex Workers with Alcohol and Drug Abuse, 2012," it was found that among 100 FSW in Bangalore who sought help for substance abuse, 100% were using alcohol, 74% were using tobacco, 14% were using opioids, 6% were using cannabis, and 6% were using cocaine.

Healthcare

Prostituted people are discriminated against in the system and also with doctors, having little access to the national health care system. They tend to hide their identity and medical issues, not receiving needed treatments. Most prostituted people visit charlatans but are also sexually abused there (Charpenel, 2019). Because of the lack of money, it can be difficult to obtain treatment and medication (Gezinski, 2013) and healthcare hours are not convenient (Gangoli, 1999). 29% of sex workers based in Mumbai from MSF Needs Assessment Report had NGOs in the area providing healthcare service, and some sex workers find NGOs helpful in providing resources.

Socioeconomic status

Women and children of low socioeconomic status are most vulnerable to becoming victims, thus, almost all VHT already had low socioeconomic status before being trafficked. But after being involved in sex work in a society that stigmatizes women and prostitution, their status falls even further. People usually treat them with shame, and often, their families do not accept them back into the community either. On top of that, they usually lack money, working skills, and education to enter into a different type of job. VHT often re-enter into brothels because they do not see any other options to earn a living and survive, and they often carry shame with them.

Access to rights

Legal help for VHT is especially hard because the burden of proof is on the persecutor and the accused is presumed innocent until proven guilty. To help the situation and enforce laws, victims must break the silence, but they must feel protected, not threatened, thus, better witness and victim protection are necessary (Human Rights Law Network, 2011). VHT should also receive appropriate compensation and conviction if they chose to continue with these processes (Human Rights Law Network, 2011).

18 participants from MSF Needs Assessment Report do not know their rights, entitlements, and services that they are eligible for, and 33% would ask nobody if asked who should inform them about their rights and entitlements. Only 2 respondents knew about PM Dhan Jan Yojana⁸ (Reach, 2018). Most interviewees based in Mumbai from MSF Needs Assessment Report do not have a ration card, birth certificate, or a voter ID card, and 7 participants do not have an Aadhaar card. 13 participants would like help in procuring documentation, as identification is needed for bank loans, access to shelter homes, and for children school admissions. (Reach, 2018).

Other aspects.

There is a lack of reintegration services, organizational accountability, and coordination between NGOs and the government (Charpenel, 2019). Half of the sex workers based in Mumbai from MSF's study express that a union or self-help group would be beneficial for all (keep in mind that union groups have been attempted in the past with little success) (Reach, 2018). Some professionals suggest that a Coalition of Freedom should be created to abolish all forms of trafficking and slavery, starting with the tactical interventions required to invert the risk-reward economics of the sex trafficking industry. The coalition should be formed with personnel from NGOs, economists, business leaders, lawyers, lobbyists, academicians, and law enforcement, and organized in two units: one focused on victims and the other on policy and tactics (Kara, 2009).

Rescue and rehabilitation systems currently need great improvement. Victims are sometimes treated like criminals, without trauma intervention, health services, resources, and inadequate housing and food resources; as a result, most rescued survivors end up in brothels again, often after multiple rescues (Human Rights Law Network, 2006). Foundation-level needs, such as food, shelter, and safety, as described by Maslow, are most important to VHT. VHT would also like more resources on health visits, medication, clothing, free condoms, education of children, and help from NGOs (all interviewees stated that they were trafficked in Kamathipura) (Gezinski, 2013). VHT should be empowered to make their own decisions in life for themselves, be provided services, and be provided resources for alternative ways to live (Human Rights Law Network, 2011). Several other

⁸ A financial inclusion program of Government of India which is applicable to 20 to 65 years age group, that aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions (Source: Wikipedia).

programs are suggested by different resources: Offer tailored livelihood training programs along with financial literacy classes (Kara, 2009). 54% of participants from MSF Needs Assessment Report would like to explore alternative livelihood options. Income, safety, and respect are most important for victims regarding other careers (Reach, 2018). Offer programs that focus on sensitivity training of adolescent children, especially with a focus on boys. Create healthy environments for adolescent boys regarding educational, vocational skills training, and emotional needs (Reach, 2018). Offer awareness-building classes to help alleviate conflicts between sex workers and other community members (Reach, 2018). Increase therapy interventions by integrating them with other programs or create therapy centers (Reach, 2018).

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