Characterization of Sex Trafficking in Metro Manila

Prevalence of Sex Trafficking

As a known source, destination, and transit point for trafficked women and girls,[15, 87, 96-98] respondents characterized sex trafficking in Metro Manila as a pervasive and progressively worsening problem.

Accurate prevalence figures on sex trafficking are extremely challenging to generate due to the underground nature of human trafficking.[15] Several respondents emphasized that published prevalence estimates for sex trafficking in Metro Manila and the Philippines are little more than educated guesses and cannot be considered reliable. The country's Department of Social Welfare and Development (DSWD) reported entry of over 3,000 children into prostitution each year in the Philippines.[15] A 2007 study described 287 individuals nationwide who were rescued from sex trafficking situations over a one year period, of which 40 percent were minors.[96]

Existing data on known victims of sex trafficking has been collected by a number of government agencies and NGOs working on anti-trafficking initiatives. Documentation from one anti-trafficking service provider in the Philippines indicated that since 2001 it had intercepted approximately 10,000 incipient trafficking victims at major seaports and airports en route to situations of forced labor and prostitution.[99] Several respondents reported providing social services for between 20 and 100 victims of trafficking in Metro Manila per year.

One physician who treats victims of child abuse pointed to national census figures as one source of data, but quickly cautioned, "You know we barely look [at government data] because we know how inaccurate it is." This physician continued by stating that in the last year, her/his organization had treated more survivors of child abuse than the total nationwide figure reported to the Department of Social Welfare and Development.

Consistent with recent studies,[15] the age at which girls are trafficked into prostitution reportedly ranges from 12 to 23 years, with the vast majority trafficked as minors.[†] Girls trafficked to Metro Manila were reported to come from rural regions of the Philippines including Samar, Cebu and Mindanao as well as different areas within Visayas.

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[*] One interview was not fully transcribed due to the poor quality of the recording. This interview was therefore not included and not used in our analysis.

[†] While the problem of sex trafficking in Metro Manila was also thought to extend to women over age 18, we reflect language used by most of our respondents who more frequently referenced sex trafficking as a problem facing girls.

Metro Manila reportedly serves as a source as well as a transit area through which girls are sent to Japan and Singapore. Several respondents in Metro Manila also reported treating rescued girls and young women who had been trafficked through the province of Mindanao to Malaysia, though it was unclear how many of these girls originated from Manila.

Two respondents also characterized Metro Manila as a transit area where girls receive "training" before becoming dancers or entertainers elsewhere. "They get recruited in the rural areas and then train in Manila. And once they [have completed] training preparation they are ready for international exposure," noted an anti-trafficking advocate. The characterization of Metro Manila as a source, destination, and transit area for sex trafficking is well supported in the literature.[15, 87, 96, 97]

How Women and Girls Are Trafficked: Mechanisms

The mechanism by which girls enter sex trafficking in Metro Manila was reported to involve elements of force, deception, economic desperation, and psychological manipulation. Trafficked girls often do not realize they will be entering prostitution and are deceived with promises of decent jobs in areas such as domestic help or restaurant work. Published literature supports this finding[100] while also describing how children may be trafficked at first for forced labor, but later transferred or sold into commercial sexual exploitation.[15, 96]

Families were perceived as playing a complicit role in trafficking at times, by approving or pressuring their daughters, nieces, or neighbors to seek work in Metro Manila to support the family. In return, family members have reportedly received cash advances and other gifts from traffickers and recruiters.

Several respondents described impoverished families in remote rural areas as operating in "survival mode." As one doctor reflected "… So there are girls who say 'What's wrong with that [prostitution] if we can fill up our stomachs?'"

One NGO respondent described how such dire circumstances open the door to traffickers:

> … the very force of poverty and lack of choices, you don't even have to whip them; you don't even have to tie them down in the brothels so that they'll keep coming back to you. Because they will, because they don't have anything to go back to.

Traffickers who lured girls from their home communities often were described as "middle men,'" "headhunters," "canvassers," or "recruiters." Some traffickers were thought to operate via large networks; others described traffickers as working as solo operators on a smaller scale by recruiting and transporting two or three girls at a time.

Victims frequently are moved through seaports or international airports, successfully passing through security checkpoints with forged or stolen birth certificates or other seemingly legal documents.

One NGO respondent who works to identify and intercept trafficking victims in transit areas described features of a typical trafficking case identified in a port area:

> … you could detect a group of very young women … the average age of those that are being trafficked … is from 12 to 23 years old. If you look at that age range and you see a group of women emerging, it should already raise a red flag to start thinking about it. Second thing that you need to look is that there is always some kind of a mother hen who holds all of the documents; she has the tickets; she has the personal documents … [T]hird … these young women are usually constrained in their movements. Once inside the ship, they are not allowed to talk to any other passengers, they are not allowed to talk with the crew, even the crew of the boat, and if you ask them where they are going, some of them have no idea, most of them really have no idea what will be their jobs …

Upon arrival in Metro Manila, girls are promptly sold to a brothel, bar, or "casa." In particular, casas and brothels were commonly thought to be the most hidden, restrictive, and heavily guarded destinations for sex-trafficking victims.

In past years, local government administrations permitted "adult entertainment establishments" to operate in specific, circumscribed districts known as "red-light areas. More recently, some local mayors have taken steps to restrict or eliminate red light areas, which has resulted in the dispersal of adult entertainment venues, such as videoke bars, beer houses and the like, across the city. While current local governments have officially banned prostitution in Metro Manila, they reportedly tolerate and sometimes even promote a culture of tourism and entertainment that employs young women as "guest relations officers" or GROs in establishments throughout the city. GROs are hired to entertain clients, many of whom pay for supplemental sexual services. Some GROs enter this line of work by choice, while others may have entered as a result of deception or frank coercion, As a result, one NGO respondent reports the perception that "the red light district is almost everywhere." In Metro Manila, the term "guest relations officer" is a euphemism for sex worker or prostitute. Several respondents who work directly with rescued trafficking victims reported that girls often experience psychological manipulation by brothel owners as a means of control. As one respondent described,

"Their traffickers or their pimps or whoever's operating the system has already brainwashed them that 'the [Department of Social Welfare and Development] is going to put you in jail; they won't let you go.' It's part of the brainwashing process."

Upon rescue, the reintegration process in the Philippines was thought to be, as one policy advocate stated, "quite questionable." There was reported to be a lack of established systems or services to absorb trafficking victims back into their communities of origin. This was believed to lead children returning to their village likely to face the same set of social and economic conditions that led them to be trafficked in the first place, leaving them particularly vulnerable to re-trafficking. "She might just be re- victimized again, or worse, encourage other children to be," reflected one social worker.

Sex Trafficking: Key Determinants

A wide range of key determinants for sex trafficking reportedly place girls at risk for sex trafficking.* These range from individual factors of clinical significance to broader social ecological determinants.

Many respondents explicitly associated a girl's prior history of sexual abuse as a major risk factor for sex trafficking. As many as 80 to 90 percent of girls forced into prostitution were estimated by respondents to have been victimized by a family member or someone close to the family. One doctor who treats victims of child abuse reflected, "I always say especially if you have a history of abuse at home, you know, you're thinking 'anything else would be better. It cannot be worse than this.'"

Other individual determinants include neglect, emotional abuse, physical abuse, and poor self esteem. Being a prior victim of trafficking, as well as being at a critical stage of socio-emotional development were also cited as determinants. As one respondent who treats trafficking victims described, a vulnerable girl has "a brain of [a] teenager that's not yet fully developed and is mainly emotion based," which heightens her vulnerability to peer pressure, an observation corroborated in other trafficking studies.[15]

Being raised in a large and/or dysfunctional family was also suggested as a risk factor for sex trafficking. Parents of trafficked girls may be uneducated, working far from the city, or have a history of prostitution themselves. Some parents were thought to have psychiatric problems. Two respondents noted how family members may literally force girls to go with a local recruiter or trafficker.

* Throughout interviews respondents did not differentiate between domestic trafficking and those trafficked out of the country.

A 'culture of migration' was widely reported to exist among families and communities in the Philippines. Particularly in source areas, cultural pressure exerted on girls to support the family by moving to urban areas or overseas for work was thought to lead to victimization. One social services administrator recounted a conversation with the sibling of a trafficking victim:

> Respondent: [We] ask[ed] them "What is your dream?"
>
> Child: "I want to become a nurse so that I can go to the United States."
>
> Respondent: "If you can't, for some reasons, if you weren't able to graduate the centers, what would you do?"
>
> Child: "I am a very good singer and dancer so I would go to Japan as an entertainer."

Families in rural areas may lack knowledge or awareness about the realities of sex trafficking in their communities. Lack of access to education was also cited as a socio-cultural factor that led to girls being trafficked. School fees are often prohibitive, and educational and financial resources are disproportionately allocated to boys.[15] A social worker who treats victims in a residential facility reported observing an influx of trafficking cases during the summer months when children are out of school. "It is also seen as an opportunity. It's vacation time so children have nothing to do, they are very easy to encourage. So that's the thing of peak season…"

Consistent with recent literature on child trafficking,[15, 87] profound poverty and economic desperation in rural areas were cited by respondents as major risk factors. Economic circumstances in some areas were believed to be so dire that families would give up a daughter out of a need for survival. "The people, the families in the rural areas are just wanting to survive and out of desperate measures lend their young," noted one policy advocate. A doctor who treats trafficking victims postulated that poverty and abuse interact to form a "perfect storm" of factors leading to sex trafficking.

Maintaining a sustainable livelihood through traditional forms of labor such as agriculture and fishing was believed to be increasingly difficult, with environmental degradation leading to decreased crop yields and declining fish harvests. In addition, recent agricultural policies and practices have reportedly contributed to forced displacement and subsequent migration to urban centers. "We're having difficulties with so much pesticides dumped, you know, in the farms. The yield for each hectare of land is now reduced because they have destroyed the… the fertility of the soil" noted one respondent. Some mountainous regions of the Philippines are particularly vulnerable to typhoons and landslides, increasing the likelihood of migration to urban areas to pursue viable livelihood options.

> A lot of them are from Samar province or that region, and it's because that region is very poor, very low, almost no infrastructure development in that region. It's typhoon stricken, educational levels are low, the drop out rates, the school participation rates are low, and even the irrigation levels are low. (Social worker)

An increased likelihood for re-trafficking occurs when rescued girls are returned to their home villages, only to discover that the conditions of extreme poverty from which they sought to escape remain unchanged.

> My fear is that once they go back into their hometown…the whole situation that pushed her into that situation, into the trafficking scenario in the first place, is…[still] present [in] their hometown. You could imagine waking up early and seeing nothing has changed from when you left three or four years ago. It's kind of depressing and sometimes it even deteriorates, the situation… (NGO respondent)

Another major theme of our interviews was corruption, complicity, and denial of the extent of sex trafficking by local government officials as a contributing factor that allows sex trafficking in Metro Manila to persist unchecked.

> [I]f only we could get local governments to sign up and agree that they have to fix the problem [of sex trafficking], encourage local governors, mayors, whoever, just to be less corrupt, skim off a little less money off each thing, let some more money trickle through these places, you could actually make some incremental improvements in all sorts of governance or social issues… (Policy advocate)

Demand for young girls in Metro Manila was also described by many as a major contributor to sex trafficking. Two respondents who provide treatment for trafficking victims observed that many customers are foreign businessmen, some of whom sought out virgins to provide them strength. Demand for virgins is reportedly so high that when girls are first brought to Metro Manila they are taken to a private doctor to verify their virginity. Regardless of the results of the "inspection", traffickers were understood to increase their profit by employing various tactics to trick customers into believing they are receiving the services of a virgin.

Existing Responses to Sex Trafficking in Metro Manila

Health Implications of Sex Trafficking

Victims of sex trafficking reportedly suffer from a number of health problems. Unwanted pregnancies and subsequent medical complications resulting from forced and

often unsafe abortions* were described by a number of respondents as frequent problems for victims. Physical and sexual abuse was also pronounced for trafficked girls. As a senior government official noted, "Some would not be fed, some would be raped, and some would be asked to work from dawn until night … and I suppose these will have some effect on how they will be able to cope." A high prevalence of sexually transmitted diseases, and vulnerability to HIV/AIDS, was also related by several respondents.

Traumatic and post-traumatic stress were frequently cited as mental health problems in girls rescued from trafficking situations. One NGO representative specifically pointed to the compounded trauma experienced by devout Catholics forced to have abortions. Other behavioral issues identified include tobacco smoking, alcohol abuse, illegal drug use, and a variety of behavioral and emotional problems.

Many respondents working with rescued victims also pointed to profound anger and mistrust, which girls develop in response to the brainwashing that occurs while trafficked. One respondent who provides services to rescued girls reported that some girls even refer to their traffickers or brothel owners as "uncle" or "mommy."

As a recent report by the ILO summarized the health effects of child trafficking:

> They suffer long term emotional, physical and social problems. Girls may have reproductive problems due to the immaturity of their bodies when they become sexually active, resulting in greater reproductive health morbidity.[15]

Health Services for Trafficked Victims in Metro Manila

Citing the illegality of sex trafficking and prostitution, trafficked girls held in casas and brothels were reported by service providers and advocates alike to have extremely limited access to health care of any kind. One policy advocate recounted an interaction she had with a rescued girl on her life in a casa:

> [She] was really confined… she can't go out…and right there and then, the first night she had I think eight men. She was not treated. She had a severe STD with fever and shivers. And according to her, actually she was asked to take antibiotics on her own without seeing a doctor. And then they used a stick into her vagina to get a specimen of her then put it in a slide … it was brought to outside, but she was never allowed to go to see a doctor.

* While abortion is illegal in the Philippines, the estimated abortion rate in Metro Manila is 52 per 1,000 women, including nearly 30,000 women hospitalized with abortion complications in the year 2000.[101]

Trafficked girls' only access to medical attention was reported to be at private clinics favored by the pimp or bar owner. Given that abortions are illegal in the Philippines,[101] terminations were thought to be carried out through private, unlicensed, and often poorly trained abortionists. Alternatively, some girls were believed to be given herbal or pharmaceutical medications to induce abortion.

> There are rescued victims who shared their story thattheir [trafficked victim's] employer will give them some kind of medicines to prevent them from getting pregnant or to abort their baby so that they will continue working as sex workers, and this information is based on the cases documented and testimonies of those rescued already… (Social service provider)

Immediately following rescue,* trafficking victims are reportedly sent to a forensic examiner in a government facility for age verification. If the individual is declared both underage and a trafficking victim, she is either sent back to her family or placed in a rehabilitation home, according to respondents. This process was described as "critical" by one landmark report on child trafficking, "since [it] may spell the difference between the child overcoming the initial trauma and developing into a healthy adult or [instead] going back into the cycle of victimization and abuse."[15]

The Department of Social Welfare and Development (DSWD) is responsible for the coordination of policies and services for trafficked girls who have been rescued.
Resource allocations for the Philippine Government's anti-trafficking efforts were reported to focus largely on the prosecution of traffickers. As a result, the government was understood to look to NGOs to coordinate health care and mental health support for victims.

Government and non-government respondents alike pointed to the active presence of NGOs as critical stakeholders in the delivery of health-care services to victims of sex trafficking. Government run residential facilities for survivors of rape, abuse, domestic violence, and trafficking were described as having been established for the purposes of rehabilitation and social reintegration of the girls back into their communities of origin. NGO run residential services were also said to have been established in and around Metro Manila. Compared to their government counterparts, most respondents thought NGO provided services were more sensitive and less discriminatory, and indicated that they often made referrals to private hospitals that offer what several respondents described as "child friendly" services, appropriate for young victims.

* Three primary mechanisms were reported for the identification and rescue of sex trafficking victims: (1) NGOs working with seaport and airport authorities to identify and intercept victims en route; (2) NGOs working undercover in bars and brothels; and (3) local law enforcement conducting rescues on their own.

Noted one NGO respondent who coordinates aftercare services for rescued trafficking victims;

> … and for the government, because of budgetary constraints, their least priority is the medical checkup … of the kids, so we come as an NGO helping these kids. So we are the ones responsible for bringing … them to a private hospital … and the government cannot afford that."

Another major theme described by respondents was the existing community based grassroots initiatives that relied on formal and informal partnerships and collaborations among providers, advocates and governments to ensure effective service delivery to sex trafficking victims. One frequently mentioned example of collaboration was the Child Protection Unit Network (CPU),[102] thought to be the country's major service provider on issues related to child trauma and abuse. The CPU reportedly receives the majority of its resources for services through private foundations, but is also endorsed and supported through a partnership with the Department of Health. The CPU Network was said to have evaluated and treated more than 7,000 abused children through 28 CPU facilities across the Philippines in 2008. In addition to providing services for child abuse and trafficking victims in Metro Manila, several respondents described how anti-trafficking organizations link with CPUs in rural source areas for medical expertise and for abuse and trafficking prevention activities.

Efforts to involve health-care service providers and related professionals in anti-trafficking training exist in some source areas.[*] In addition to providing anti-trafficking awareness and education in *barangays*,[†] respondents reported working with local leaders to ensure that service providers, community educators, and social workers were made aware of available resources regarding child protection and trafficking prevention, including how to make referrals. "If you start doing community education, you'll get [trafficking] cases, you have to know where to go…" observed one respondent.

Another anti-trafficking expert and community educator reflected:

> [We] ask [local service providers] to…link up with the local Child Protection Unit if it exists in that area because…we don't have expertise as medical professionals, so we have to learn how to link up locally as well. And some of our greatest advocates are actually medical practitioners, you know, medical municipal health officers for example, who take on the issue of trafficking in addition to what they're already doing.

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[*] A detailed description of trafficking and local services response in source areas can be found in the International Labour Organization's 2007 report, *Child trafficking in the Philippines: A situational analysis*[15]

[†] *Barangays* are the smallest unit of administrative government in the Philippines. There are 1,695 barangays in Metro Manila.[103]

Barangay health workers were reported to provide community outreach and education on issues of local importance to the community such as child abuse, HIV/AIDS, and, in some cases, trafficking. "They know that trafficking is an issue and is a reality in the areas they work in," commented one advocate.

> [*Barangay* health workers] used to be mothers who were not doing anything so they just decided to volunteer for a commune. So it is a pool of people engaged in the health-care system who could be of help and they're the ones who are usually trusted, because in every *barangay*, there is usually … one registered nurse, then they have this doctor who goes there once a week, full moon; yeah, so it's not really that much, but they're the ones that are trusted by the people and by the health professional himself or herself. (NGO service provider)

Barriers to Health-System Response to Trafficking

Overall, respondents suggested that combating sex trafficking was not a public health priority for the government. As reported earlier in this case, the Philippine Government's coordination for anti-trafficking initiatives occurs through IACAT. It is chaired and co-chaired by representatives from the Department of Justice and Department of Social Welfare and Development, respectively.[89] IACAT's priorities have been interpreted as mainly prosecution focused rather than centered on services to victims. "The [anti-trafficking] law was passed … without any appropriation for its implementation," noted one anti-trafficking policy expert. Consequently, members of IACAT are responsible for allocating funds from their own budgets to carry out IACAT related duties. As a result, the government reportedly defers administration of most public health and some social welfare services for sex trafficking victims to NGOs.

Respondents specifically pointed to the absence of a representative from the Department of Health (DOH) on IACAT. Observed one advocate active in anti-trafficking policy, DOH "hasn't even figured into any discussions that I've had over the past year on trafficking." Possible reasons offered by respondents for DOH's lack of involvement include DOH wanting to avoid more responsibility given its current budget limitations; or the government lack of recognition of trafficking as a health issue.

Public-health care in general was not thought to be of high priority for the local or national government. Existing health and mental health services reportedly suffer from chronic funding shortages. Two respondents thought that such shortfalls are used to justify the public health system's lack of involvement on issues around social medicine such as child abuse prevention or trafficking. While NGOs attempt to address this gap by offering their own services to marginalized and vulnerable people in Metro Manila, one NGO respondent cautioned that NGO run services are susceptible to funding cuts and shifting priorities from their own funding sources. "I mean we're really depending on grant to grant. What happens if the world 'flavor of the month' changes?"

The country's devolved system of governance[91] was reported as presenting challenges for health-care delivery and administration. While the DOH coordinates regional hospitals, responsibility for services administration is diffused to local government units, which presents challenges for coordination, accountability, and follow-up of services. One foreign government respondent specifically noted the difficulties of findinf funding for anti-trafficking work amidst so many different competing priorities at different levels of government.

Respondents described existing public health facilities as lacking in both materials and human capacity, and thus unable to deliver effective medical treatment on a population wide level. The "brain drain" phenomenon was thought to be particularly pronounced in the medical professions. In addition, there were believed to be insufficient numbers of social workers and mental health professionals able to provide care. As a one psychiatrist described, "Some [hospitals] don't have mental health services for children … Some of them try to encourage volunteers, so if they get volunteers, that's the only time that the children get mental health services. So if they don't have volunteers…they don't offer the services."

Long queues were reported to be commonplace at government run health facilities; patients often line up in the early morning hours in hopes of being seen. Patients' needs were thought to be prioritized by seriousness and immediacy, meaning a rescued victim suffering from trauma may endure a significant wait time if she does not have a life threatening ailment. One respondent recalled the case of a newly rescued sex trafficked girl who waited nearly all day for treatment.

While the Department of Social Welfare and Development is responsible for ensuring that rescued girls receive health-care and social services, respondents reported serious deficiencies in a systematic response to the health-care needs for sex trafficked girls in Metro Manila. When newly rescued girls are taken to a government hospital, they are described as often traumatized and upset; yet treatment was perceived as judgmental and often not child friendly. Clinical care for women at government facilities in Metro Manila was generally described as insensitive and "emotionally distant." Stigma and discrimination were reported to extend particularly to sex trafficking victims. Two respondents posited that the number of patients waiting for treatment overwhelms government hospital staff and they develop insensitive treatment routines as a protective mechanism. "They've developed numbness for this. And then they shout, they shout at these women: 'Oh you're here again!'" said one respondent. A social worker expanded on this sentiment: "Sometimes they are being labeled as willing victims; that they came willingly and they should accept the fact that they have been victimized there because they consented."

When NGOs are not present following a police only rescue of a trafficked girl, there is reportedly an increased likelihood that a victim's health-care needs will neglected. Two

respondents attributed this to a lack of knowledge and priority for the prosecution focused police. "Sometimes the police don't even record the case, especially if it is something they can't solve," noted one respondent.

One respondent described an interaction with a law enforcement representative who was managing the case of a newly rescued trafficked girl:

> The NBI [National Bureau of Investigation] agent who was handling the case was complaining that he didn't have money to pay for the health tests that this girl needed. Basically he said that, 'You know we have to do HIV, pregnancy, etcetera, etcetera, so many tests,' but he said 'I don't have any budget for, you know to help the girl undergo all these other tests that are necessary, not just the medical, legal examinations.' (Advocacy respondent)

The provision of health-care services to girls in residential rehabilitation facilities was described as extremely expensive. Noted one social worker, "You have to pay for it, so that the girl will have access to it. Even the check, the HIV test, the HIV/AIDS testing, we have to pay for that. So it's not for free."

Rehabilitation services offered at government rescue homes (also known as government crisis centers) are reportedly intended to help survivors of child abuse, domestic violence, and trafficking. However, many respondents indicated that workers at these centers lack the required technical skills and training to effectively respond to the health and mental health challenges specific to sex-trafficking victims. "I think doctors may know about trafficking but responding to a trafficking victim is different from responding to a child sexual abuse victim," commented one advocate.

> It also depends on when you rescued them, you know. When you rescued them on the way to being trafficked, they've not yet been trafficked, it's just en route, … so they have not yet experienced being raped. 'You're in the way, you're not being helpful; what can you offer us, you know, because we're being promised a job and a livelihood. What can you offer us … because you're preventing us from … helping our families.' (Physician respondent)

Similarly, a major barrier identified by respondents was a lack of awareness and basic education on the part of doctors, psychologists, and nurses regarding the particular needs facing victims of sex trafficking and how these needs differ from abuse survivors.

> Handling trafficking victims is somehow more challenging compared to handling victims of child sexual abuse or interfamilial abuse … how [forensic doctors] interview or how they draw out the situation of child

> sexual abuse … is very different from getting information about the trafficking incident … so, I think its not yet as, it's not within the awareness, even of child trafficking practitioners or even child protection practitioners to really get more involvement of the medical profession. (Advocacy respondent)

"Most medical curricula [in the Philippines] often capacitate medical professionals to diagnose the biomedical aspects of illness but lack child and gender friendly protocols" noted a recent report from the ILO.[15] Indeed, two senior level health-care administrators also thought that curricular material about trafficking did not exist in schools of nursing, public health, or medicine in the Philippines.

Opportunities for Local Health-System Response to Sex Trafficking

Priority and Policy

Collectively, interview respondents called for coordinated anti-trafficking efforts at local and national levels of government which would explicitly involve a health-care component. DOH representation on IACAT was seen as an essential and practical step that could begin to infuse a public health framework into national policies and services.

As one doctor who treats survivors of abuse and trafficking in a hospital based setting reported:

> The way that the Department of Health is acting is that they really look at child trafficking, child abuse, as not a health problem … they really look at it as a problem mainly belonging to the hands of either the Department of Social Welfare or the Department of Justice. I think we were lucky … when we decided that [our child abuse center] was going to be hospital based because it more or less forced … the hand of health to look at it as, to take ownership, that it is a health problem too, that its not just social welfare and, and justice.

Many respondents held fast to a belief that an effective public health response to address sex trafficking could be achieved through improved utilization of existing resources, despite current low levels of government funding and the inherent challenges of a devolved system of governance. For example, one respondent thought the government could provide tax incentives for hospitals that demonstrate competency in treating trafficking survivors and victims of violence or abuse.
This same respondent also advocated for an enhanced coordinated effort for service delivery for communities:

> [T]he social welfare offices should really devote the resources, not entirely in coming up with their own programs, but in mapping programs that are already in the community and finding links and helping them improve those programs. Because … we have community health centers that are available and that we utilize as some kind of focal point for stability for the social workers … they should have more rational process of allocating funds, there are a lot of actions, so, we have funds for livelihood programs but usually the livelihood programs that could be accessed by trafficked victims and their families are usually given to municipalities or to *barangays* that are politically connected with the, either the decision maker from that agency, so…

Mental Health Services for Trafficking Victims

Immediately following the rescue of a trafficked girl, respondents pointed to the need for survivor centered, rights based systems of care and support. One NGO respondent working with rescued children thought that many existing barriers to service delivery in Metro Manila could be resolved by offering a "one stop shop" for sex trafficking victims "where all services can be accessed" to meet a girl's immediate forensic and mental health needs following her rescue. "You go there, you don't have to be transferred from one agency to another; you get your initial medical exam; you get dental aging there … that's where they could also meet psychologists and social workers who can help out in counseling …"

The Philippine government's current policy of absorbing rescued trafficked girls into existing services and infrastructure for survivors of other forms of abuse was thought to be ineffective, as it fails to account for the bio-psychosocial and ecological complexities that are specific to victims of sex trafficking.

Respondents called for curriculum development for training and sensitizing doctors, nurses, forensics specialists, mental health professionals and social workers on the specific health and mental health needs of sex trafficking victims. In particular, respondents emphasized how the needs of sex trafficking survivors may differ from the needs of survivors of other forms of abuse. As one advocate observed, "I think doctors may know about trafficking but responding to a trafficking victim is different from responding to a child sexual abuse victim."

Several respondents suggested the possibility of integrating sex trafficking into medical or nursing schools through existing social medicine modules covering child abuse, domestic violence, or sexual assault.

Prevention and Community Education

Another recommendation from respondents was for health interventions to engage in primary prevention of sex trafficking by piggyback on existing community based health projects in known source areas for trafficking. "Livelihood, transport, housing, clean water shed, and all that. I mean that's a holistic view to address the problem," noted one advocate.

Respondents clearly differentiated between the service needs of sex trafficking victims and other survivors of abuse. However, since childhood abuse was identified as a hallmark determinant of sex trafficking, respondents suggested linking local *barangay* health workers' ongoing efforts to identify and prevent child abuse with trafficking prevention activities in order to identify cross cutting signs of abuse and establish systems of referral to anti-trafficking service providers.

> We're finding that a lot of the trafficking victims have already been victims of abuse within the home or in their community before they are trafficked, so if we can find ways to assist them at an early stage, you know when the family is not protecting enough, you know, to put in the protective mechanisms early enough then maybe we can prevent trafficking in the long run. (Policy advocate)

> I also would like to see trafficking, migration, and violence against women and children's issue integrated with the training that's being provided … we have *barangay* health workers. These are volunteer health workers, so they should also at least receive information about this; they should be able to detect, because they're at the community levels, so we could detect whether a house is being used as a prostitution den or suspected recruitment or trafficking situation that's being initiated, so they should be part also of the solution. (Service provider)

Discussion

Collectively, our interviews maintained that Metro Manila is a major source, destination, and transit area for sex trafficking victims in the Philippines. This case provided an overview of sex trafficking in Metro Manila. It used a public health lens to describe the current landscape of health service for sex trafficking victims and explore possible avenues for local health systems to play an increased role in anti-trafficking efforts.

Gender inequality, childhood sexual abuse, and profound levels of poverty, coupled with an ingrained 'culture of migration' and sense of familial duty, functioned to form the "perfect storm" of social forces that drive girls into sex trafficking. Girls were

typically lured from rural areas with vague promises of a job in Metro Manila only to find themselves forced into prostitution. Psychological manipulation is one of the primary means of control used by traffickers and brothel owners. Sexually transmitted infections (STIs), abortion complications, and high levels of trauma were frequently reported health consequences of sex trafficking.

Our interviews found sex trafficking victims have minimal access to health services while being held in casas or brothels. In the event that girls are rescued from trafficking, the subsequent health-care response was characterized as unsystematic. NGOs were regarded as the primary facilitator of access to health services; in the event an NGO is not involved in the post rescue treatment of a trafficked girl, access to necessary health- care services is not guaranteed.

A lack of public health investment, a devolved system of governance, poverty, natural disasters,* and corruption were all cited as barriers to health-care delivery. Many of our non-government respondents perceived endemic corruption on all levels of civil society – a perception corroborated in the most recent Trafficking in Persons report by the US State Department.[1]

As a recent ILO report recommended, "Communities must be empowered to address abuse and exploitation of children and capacitate them to address those situations."[15] Respondents expressed confidence that health care could play an increased role in addressing sex trafficking in Metro Manila. Rather than building vertical, standalone anti-trafficking interventions, respondents endorsed an integrated health-care model for anti-trafficking initiatives that would build off existing resources and strengths in communities. For example, despite the fundamental differences in services needs for survivors of sex trafficking and those of child abuse, the latter was pointed out as a key determinant of sex trafficking. For this reason, respondents recommended forming an alliance between anti-trafficking programs and existing child abuse health-care services at the *barangay* level to help prevent and address sex trafficking.† In a similar vein, upon reintegration, *barangay* level health systems could be enhanced and engaged to receive a victim girl back into her community and provide appropriate follow-up health and mental services

Respondents expressed frustration that current government rehabilitation services for trafficking victims are often packaged into existing services for survivors of other forms of abuse without catering to the wide range of health issues specific to sex trafficking victims. A number of health consequences were reported to disproportionately affect sex trafficking victims (e.g. STIs, abortion complications, etc). Many respondents,

* In September/October 2009, Metro Manila was the epicenter of a series of devastating floods that reportedly wiped out as much as 80 percent of existing health care infrastructure.[104]

† See the renowned model designed by David Olds for preventing child abuse and neglect through nurse home visitations.[105]

particularly those who provide direct services to rescued children, additionally painted a complex picture of the profound psychosocial problems specifically facing trafficked children (depression, anxiety, self-harm, psychological manipulation) that warrant care and support by trained mental health professionals. Our interviews characterized the current mental health response as variable; some institutions treating victims have psychologists and trained counselors on hand; others have volunteers or no one at all.

Due to these differences in provision of care for trafficking victims, our interviews made a general call for increased sensitization and levels of awareness for those providers who come into contact with rescued girls. While social medicine modules reportedly exist for child abuse, domestic violence and sexual assault, we found no evidence to suggest that sex trafficking was currently included into existing educational curricula.

Citing the absence of DOH participation on IACAT, respondents largely thought that sex trafficking was not perceived as a public health priority for the Philippine Government. While IACAT's 2004-2010 Action Plan[106] reports on the need to provide social services to survivors of trafficking, no explicit reference is made for strategies to promote or supply health care. With IACAT's strategic plan coming up for reauthorization in the near future,[106] the inclusion of the DOH on IACAT, as well as clarification on role of health care in the next Strategic Plan, could serve as two pragmatic steps toward creating an integrated response for sex trafficking prevention and treatment in Metro Manila.

This chapter provided some important insights into sex trafficking in Metro Manila that serve to extend our understanding of conventional risk factors for sex trafficking at multiple levels: individual (*e.g.,* childhood abuse), socio-cultural (*e.g*., gender inequality and a "culture of migration"), and macro (*e.g.,* profound poverty caused, *inter alia*, by environmental degradation disrupting traditional forms of labor). This evidence points to the need for an integrated response at multiple levels of a girl's social ecology that serves to complement survivor-centered, sensitive treatment of rescued girls in a health- care context.