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'Where Are Your Victims?'

Lenore Lyons & Michele Ford

How sexual health advocacy came to be counter-trafficking in Indonesia's Riau Islands

The United States has played a key role in international efforts to address trafficking in Indonesia, as elsewhere.[1] In October 2001, the US State Department established an Office to Monitor and Combat Trafficking in Persons, which prepares the annual Trafficking in Persons Report, widely known as the TIP Report. In the reports, countries are divided into three tiers according to their efforts to comply with minimum standards for the elimination of trafficking. Tier One consists of those countries who fully comply with the minimum standards outlined in the US Victims of Trafficking and Violence Protection Act (TVPA); Tier Two of those who do not fully comply but are making efforts to ensure compliance; and Tier Three of those who do not comply and are not making significant efforts to bring themselves into compliance (US Department of State 2000). Countries in Tier Three are subject to sanctions, including the termination of non-humanitarian aid and US opposition to assistance from international financial institutions (Ould 2004: 61). Critics argue that the TIP reports ignore forms of forced labour other than forced sexual labour, gloss over state complicity in trafficking and are vague about numbers of victims, convictions and sentencing rates (Caraway 2006: 298). Concerns have also been expressed about the impact of United States Agency for International Development (USAID) policy regarding the funding of programmes promoting safe sexual practices within brothels, which stipulate that in order to be eligible for US funding non-governmental organizations (NGOs) working in the trafficking field must declare their opposition to prostitution (Ditmore 2005; Weitzer 2007). Organizations that do not take a position on prostitution, as well as those that favour decriminalization or legalization are thus ineligible for funding from the US government.

There is no doubt that the TIP reports and associated measures have influenced policy making and practice around the world.[2] However, the impact that the anti-trafficking movement is having on the work of NGOs working in the field of sexual health advocacy among sex workers remains largely undocumented (see McMahon 2005; GAATW 2007). This article examines the impact that the anti-trafficking framework has at the grassroots level through an account of pressures brought to bear on Terjebak, an NGO working in Indonesia's Riau Islands.[3] Although this single-case study is necessarily inconclusive with regard to the implications of policies designed to stop trafficking in women and girls for sexual exploitation for women and girls themselves, it demonstrates the potential for anti-trafficking programmes to impact negatively on the rates of infection of sexually transmitted disease and on the capacity of NGOs to identify possible victims of trafficking. By

highlighting the complex range of issues that NGOs face in their attempts to develop a comprehensive response to the interlinked issues of trafficking and the spread of HIV/AIDS, this study demonstrates the urgent need for a radical re-examination of policy making on these matters.

Managing competing donor agendas

The Riau Islands are considered to be a key hub in human trafficking activities in Southeast Asia. The close proximity of Singapore and Malaysia means that the islands play a strategic role in both domestic and international trafficking of women and girls for commercial sex work and domestic work (Agustinanto 2003: 178). Women and girls are brought to the islands from other parts of Indonesia to work in the local sex industry, and there is a common practice of 'circulating' sex workers from one island to another in order to ensure a 'fresh' supply for customers to choose from. During 2005 –6, local NGOs reported having provided shelter and other services to 237 trafficked women in the Riau Islands (Hamim 2006: 82). Research suggests that women trafficked to the Riau Islands from all over Indonesia are duped into sex work by promises of good jobs in factories or restaurants (Agustinanto 2003: 179). However, many industry sources and activists in the field suggest that the industry also accommodates experienced sex workers and women from areas where large numbers of sex workers have traditionally come, including Indramayu and Karawang.

As is the case for the informal sector more generally, it is notoriously diffi- cult to determine the actual numbers of women who provide commercial sexual services, or the economic value of their work. The inherent problems of studying the informal economy are further compounded in the case of sex work because of the ambiguous legal status of sex work in Indonesia, the strong moral proscriptions that surround it, the temporary nature of this work for many women and the diversity of forms that sex work takes (Ford and Lyons 2008). One report estimates that there were 6,288 sex workers in the islands in April 2006, 41 per cent of who worked in brothel complexes and the other 59 per cent in other places of entertainment such as massage parlours, pubs, cafes, lounges, discotheques and hotels (Hamim 2006: 83). This report suggests that 60 per cent of all sex workers in the Riau Islands work on Batam, 26 per cent on Karimun and 14 per cent on Bintan. Our own research suggests that these figures under-estimate the numbers of sex workers in the islands. Data we collected in 2004 showed that one NGO dealing with sex workers on Batam had over 3,500 sex workers on its books, while an NGO in Tanjung Balai Karimun engaged with almost 1,000 women in that year. As NGOs only reach out to a portion of sex workers, we would expect the total number to be higher.

Terjebak was established as a result of concerns local activists had about women's health at a time when the sex industry was booming. Its initial focus on HIV/AIDS prevention and the reproductive health of commercial sex workers emerged out of a realization that sex workers represented a large and particularly vulnerable constituency, regularly exposed to the risk of contracting sexually transmitted diseases. In 2003, it was estimated that there were 90,000–130,000 HIV/AIDS cases in Indonesia (USAID/Indonesia 2003: 8), and although there were only 10,384 actual reported cases by September 2007 (Ministry of Health 2007), overall case numbers were suspected to be much higher. In that year, the Riau Islands reported a

cumulative total of 238 cases. When compared to other provinces, it ranked ninth in terms of total numbers, but third highest for reported HIV infection rate when size of population is taken into consideration (Ministry of Health 2007). Women working in the commercial sex industry in the Riau Islands have one of the highest rates of HIV infection in Indonesia. In 2001, 8 per cent of sex workers in Tanjung Pinang – the second largest urban centre, and the capital city of the province – were infected (USAID/Indonesia 2003: 48). In 2002, 57 per cent of sex workers in Tanjung Pinang reported condom use during their most recent sex act with a client, but only 17 per cent of sex workers reported 'consistent use of a condom in [the] last week' (USAID/ Indonesia 2003: 50).[4] Terjebak's mission promised to be challenging since, as Terjebak's director observed, 'At that time, people in the Riau Islands had absolutely no idea about HIV.'

In the course of their work, Terjebak activists travelled regularly to Jakarta, where they attended seminars and workshops on HIV/AIDS prevention run by national NGOs. Through attendance at these events, they came in contact with Family Health International (FHI), a large US-based not-for-profit organization established in 1971 to promote public health. FHI's programmes, funded in part by USAID, focus on reproductive health, family planning and HIV/AIDS prevention, as well as on the other major diseases that represent a threat to public health, such as malaria and tuberculosis. In Indonesia, FHI runs two programmes – one that focuses on HIV/AIDS prevention, and the other on reproductive health. On the former, it collaborates with the Government of Indonesia, as well as more than 100 local, national and international NGOs. Its reproductive health programme involves collaboration with a number of hospitals and universities with whom it conducts research into issues related to family planning and maternal health.[5] As FHI's projects have involved a focus on sex workers in Indonesia and a number of other countries, Terjebak's director decided to submit a proposal that focused on HIV/AIDS prevention. The proposal was successful, and FHI agreed to provide funding for Terjebak through its Action to Prevent AIDS initiative for health checks, contraceptive devices and education programmes within brothel complexes.

FHI provided Terjebak with strict guidelines regarding programme implementation, which staff felt were not entirely suitable for local circumstances.[6] For example, the contract specified a direct approach through door-knocking, which would have been entirely unsuitable in the target brothel areas. Taking this into account, Terjebak decided in the first phase of their programme to form a support group for sex workers with the permission of brothel managers. Initially, they organized parallel activities – a rotating credit group for the sex workers and a Koranic recitation group for the brothel managers – in order to gain the trust of both groups before introducing the topic of HIV/AIDS. The direct appeal to religion proved to be very successful as a means of engaging both brothel owners and sex workers. It helped to break down at least partially the sense of isolation that emerges as a result of the social stigma attached to sex work. Once these groups were operating effectively, Terjebak went on to establish a support group for sex workers, which co-ordinated regular physical activities including morning aerobics and volleyball. These activities cemented the Terjebak staff's relationship with the sex workers and enabled them to broach sensitive issues concerning their health and sexual practices. The second phase of the programme involved the establishment of a clinic, where sex workers were tested for HIV and other sexually

transmitted diseases. Tests were followed up with the distribution of condoms and education programmes designed to change sex workers' behaviour. Although the programme did not have a budget for treatment, Terjebak leveraged its contacts in the local community to ensure that those who tested positive were treated. The clinical and educational aspects of the programme were very effective, although achieving actual improvements in sex workers' exposure to the HIV virus and other sexually transmitted diseases was more difficult, since many clients are reluctant to use condoms.

Despite meeting all their targets, FHI decided not to renew Terjebak's contract and instead identified another local partner with which to continue their work. According to Terjebak's director, this had occurred because they had become involved in a counter-trafficking programme:

> We found ourselves in a real dilemma. We already knew about trafficking – and we'd seen with our own eyes how parents sell or force their children to work in a brothel ... we'd meet them every day, and talk to them ... Finally, I decided that there was something missing from our programme ... I didn't just want to do the donor's bidding mindlessly, so we decided to do both. Then we received a warning from Family Health. They said 'If you're involved in awareness raising [about HIV/AIDS prevention], then that's what you should be doing. Don't get involved in [counter-] trafficking.' It wasn't a written warning, but they made it clear that it was serious. I said I thought there were synergies between the programmes, but they weren't interested. I think that's one of the reasons why they got rid of us and found an NGO that would just do what they were told.

The programme in which Terjebak had become involved was part of a joint project run by the International Catholic Migration Commission (ICMC) and the American Center for International Labor Solidarity (ACILS) with funding from USAID.[7] Set up in October 2001, the project aimed to 'counter trafficking of Indonesian women and children by working in partnership with trade unions, NGOs, and the government to implement prevention programs, provide services to victims, and improve counter trafficking policies, legislation, and law enforcement' (Rosenberg 2003: 261). From 2001 to 2004, anti-trafficking initiatives were implemented in twelve provinces of Indonesia, including the Riau Islands. The project also resulted in the publication of two reports that provide detailed assessments of the incidence of trafficking in each of the provinces (Rosenberg 2003; Sugiarti *et al*. 2006). Terjebak's three-year involvement in the ICMC project led to the signing of a Memorandum of Understanding with the International Organization for Migration (IOM) under which they were to identify victims of trafficking, extricate them from the sex industry and return them to their home provinces.[8] The IOM has been working on counter-trafficking since 1994 with the aims of preventing trafficking in persons, and protecting victims of trafficking while offering them options of safe and sustainable reintegration in their home communities. In addition, it supports a range of counter-trafficking information campaigns that focus on the nature of exploitation and abuse, which are aimed at potential migrants.[9]

Just as the Terjebak staff had found the conditions imposed by FHI restrictive, so too was their experience with ICMC/ACILS and IOM:

> It was a real dilemma for us. The [counter-] trafficking donors would not acknowledge that HIV-positive people could be victims of trafficking ... But we weren't prepared not to help them. It didn't make sense that if we came across an underage sex worker with HIV we couldn't say that they were a victim of trafficking ... Their assumption was that if a sex worker had HIV, they must want to do that work.[10]

Terjebak's experience highlights the dichotomous thinking that shapes policy making and practice in anti-trafficking initiatives. State and non-state actors frequently use sexual knowledge (and prior experience as a sex worker) as a determinant of whether a woman was deemed to have been trafficked (Segrave *et al*. 2009). Such distinctions become very important in contexts where the identification of 'victims' is a pre-requisite for accessing support services and avoiding criminal prosecution for being involved in commercial sex.

Terjebak's director was only too aware of the reasons why the donor did not want to support HIV work among sex workers. The director states, 'The trouble is that the donors can't help the ones that want to stay or they'd be accused of supporting trafficking. There's a clause in the contract that says that NGOs cannot support or condone prostitution.' The NGO tried to work around the restrictions placed on its activities by seeking voluntary help from local doctors and arranging assistance for infected sex workers who wished to return home. But their withdrawal from the clinics had serious implications. In one location, the clinic was taken over directly by the local health department. Previously, sex workers had also been screened for other sexually transmitted diseases, but since Terjebak ceased its involvement, they are only screened for HIV. And whereas Terjebak had managed to build up a network of doctors willing to make treatment available for free or for a reduced cost, there is now no follow-up for positive cases beyond informing them that they require treatment. In addition, staff felt that the restrictions imposed on them limited their ability to carry out counter-trafficking measures. As well as helping women who wished to stay in the industry, their earlier work on HIV/ AIDS prevention and reproductive health had given them the kind of access they needed to identify possible victims of trafficking. This access was cut totally when the sex workers and the brothel owners began to realize that Terjebak's focus had turned to 'rescuing' women from the commercial sex industry. Its staff also became increasingly worried about the health of sex workers inside the brothels because they knew that they were no longer getting access to health check-ups or the condoms they needed to protect themselves.

Terjebak activists were so convinced that the bifurcation between anti-trafficking activities and HIV/AIDS prevention was counter-productive that the director approached IOM about the possibility of continuing their work in the clinic in parallel to their interest in trafficking issues. However, they were told that it was impossible since a programme of that kind clearly supported prostitution. The director found this extremely difficult to accept, as is reflected in the following statement:

> When we first started, it was clear that the sex industry was here to stay, so we focused on minimizing the damage by trying to raise awareness about HIV/AIDS. But as our involvement deepened, we realized that some sex workers were in the

> industry under duress and couldn't be helped with just an HIV programme. Then the trafficking programme came along ... We thought that the trafficking programme would help us get these women out, and get them home and reintegrated. But that's not what they wanted. So now we don't have a programme inside the brothels anymore. We've lost our access, and it's impossible now to differentiate between those who are victims of trafficking and those who aren't. But that's the IOM approach. They're always asking us, 'Where are your victims?' They're not interested in empowering women who want to continue working.

Although Terjebak's primary concern was to address the health and safety needs of sex workers, regardless of how they came to be in the islands, staff knew that some women and children had been trafficked into the industry. When they became aware of instances of trafficking, or where the women themselves seek assistance to leave the sex industry, they wanted to be able to provide sex workers with the support that they need to leave. This case study demonstrates, however, that what sex workers want is not necessarily the same thing that donor agencies want. Faced with the prospect of losing donor funding and armed with the knowledge that its efforts were having a limited impact on the lives of sex workers, the NGO gradually began to scale down its activities. When we completed our fieldwork in late 2007, Terjebak was still operating, but on a drastically reduced basis. Activists were disillusioned with the ideological rigidity of donors, and reluctant to engage in another externally funded project for fear that they would get caught up in the same cycle once again. A year later, the NGO ceased to operate.

Conclusion

Terjebak's experience illustrates that the realities faced by local organizations that work with commercial sex workers vulnerable to abuse as a consequence of trafficking and/or HIV infection are often much too complex for the funding regimes of international donor agencies to accommodate. As Terjebak's director has argued, some commercial sex workers want help to leave the sex industry, while others want help to avoid the risk of contracting STDs. Many other women are uncertain about what they want, but come to rely on the support provided by outreach officers who are interested in them as women and who do not treat them as victims. Meeting these diverse needs requires a multipronged strategy built on a solid foundation of trust. In order to help women who are victims of trafficking, abuse and/or slavery-like conditions, the staff of organizations like Terjebak must have access to brothels. But, it is difficult to reach women who work in brothel complexes when brothel owners, pimps and sex workers themselves are suspicious of the intentions of NGO staff.

The story of Terjebak's interactions with two different funding agencies shows that building and maintaining trust with sex workers and brothel owners is compromised by demands to abstain from providing sexual health advice. In a context where international donor funds are vital to the survival of local NGOs, failure to meet donor demands can have a devastating effect not only on organizations, but also on the lives of their clients. National data show that STD infection rates continue to climb, and commercial sex workers in the Riau Islands have one of the highest rates of HIV infection in Indonesia. Faced with these statistics, policies

that limit access to condoms and information about safe sex on the basis that these activities 'support trafficking' can only be interpreted as reckless. Furthermore, by denying outreach workers the opportunity to provide sexual health services to sex workers on the grounds that these activities support trafficking, international funding bodies are denying NGOs one of the few opportunities they have actually to identify and assist victims of trafficking employed in closed brothel areas.

This study has shown that the objectives and priorities of anti-trafficking funding bodies are often formulated in the context of international debates about sex work versus prostitution rather than by considering the issues facing NGOs on the ground. The case study of Terjebak demonstrates that NGOs working at the local level often confront funding agendas that make little sense to them in terms of their experiences of what women working in the commercial sex industry want. Forced to choose sides by donor agencies and their powerful international backers, Terjebak and other grassroots NGOs in many parts of the Global South are prevented from developing a more comprehensive response to the interlinked problems of trafficking and the spread of HIV/AIDS in countries like Indonesia.

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Notes

[1] A number of scholars have pointed to the Bush administration's reluctance to use sanctions against non-compliant states when they are key economic partners or important security allies (Kempadoo 2005; Kapstein 2006). In other cases, the threat of sanctions has been used to achieve changes to immigration law that suits the security agenda of the United States rather than improving the lives of victims of trafficking (Nederstigt and Almedia 2007: 105).

[2] In Indonesia, a National Plan of Action, which specifically focused on addressing trafficking of women and children, was enacted in 2002, followed by Law No. 21/ 2007 on the Elimination of Criminal Acts of Human Trafficking.

[3] Terjebak is a pseudonym. The NGO sector in the Riau Islands is extremely small, and there are no more than a handful of organizations working with sex workers (or former sex workers) on each island. In order to ensure anonymity, we have chosen not to identify which island the NGO worked on, or to reveal any other specific details that may potentially identify the organization or its staff members. We do not believe that the absence of these details has a negative impact on our presentation of the case study or our analysis. The account that follows is based on interviews conducted between 2004 and 2007 as part of a larger study of citizenship and identity among borderland communities funded by an Australian Research Council (ARC) Discovery Project grant *In the Shadow of Singapore: The Limits of Transnationalism in Insular Riau* (DP0557368).

[4] In interviews, Singaporean sex tourists to the Riau Islands report higher usage of condoms than data from the sex workers themselves would suggest (Action for AIDS Singapore 2006; Williams *et a*l. 2008).

[5] For an overview of FHI's programmes, see http://www.fhi.org

[6] The material presented in this article is based on the views and perspectives of Terjebak's director and paid and voluntary staff. The issue is not whether the account presented here accurately portrays the views of international agencies, but how their statements and actions come to be interpreted at the local level and with what consequences.

[7] For information on the ICMC/ACILS programme in Indonesia, see http://www. humantrafficking.org/organizations/106.

[8] All the major islands in Kepri have been identified as locations for 'victim identification' by the IOM. For information on the IOM's Indonesian programmes, see http://www.iom.or.id/.

[9] For a critique of IOM's Counter-Trafficking Programme, see Andrijasevic (2007) and Nieuwenhuys and Pecoud (2007).

[10] Under the Trafficking Protocol minors (children under the age of 18 years) were *all* considered to have been trafficked.