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# The Experiences of Latina Transgender Women in Prostitution in Spain during the COVID-19 Pandemic

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**Abstract:** This article describes the consequences of the experiences and situations for Latina transgender women in prostitution during the COVID-19 pandemic. The aim of this research was to make this group more visible to the scientific research, which is especially lacking in Latin America. The results are based on a mixed research design corresponding with three in-depth interviews and twenty-one standardized questionnaires with migrant Latin transgender women engaged in commercial sex in Spain. The most relevant problems mentioned during the interviews and questionnaires were: a) food and housing insecurity reinforced by the pandemic, as well as other gender identity needs; b) high vulnerability to violence in addition to a lack of access to reporting and protection systems; c) decrease of physical and mental health, in addition to the lack of medical access when needed in cases of irregular situation reinforced during the lockdowns; d) social and labor discrimination, which promote the engagement in prostitution; e) economic necessity that motivates them to be involved in the sex industry; f) the presence of possible victims of human trafficking or exploitation in the sample of this study who are not detected as such. In conclusion, migrant transgender women in prostitution in Spain experienced several difficulties during the COVID-19 pandemic, which were related to social vulnerability.

**Keywords:** Commercial Sex, Coronavirus, Migration, Transgender, Vulnerability

## Introduction

In early 2020, a previously unknown virus (SARS-CoV-2) spread rapidly in many countries around the world. At first, it hit some countries in Europe, especially Italy and Spain. In mid-March, the number of infections in Spain increased exponentially, pushing government institutions to impose stay-at-home orders and close all “non-essential” services for more than two months. Then the virus reached America, specifically the United States, Peru, Brazil, and Chile. In April, the governments of Argentina, Brazil, and Peru imposed nationwide lockdowns or movement restrictions. By October 2021 (Worldometers), the mortality rates from COVID-19 per million inhabitants in the Ibero-American regions were highest in Peru, the Ibero-American region studied (5,950)—the worst in the world—followed by Brazil (2,802), Argentina (2,525), Colombia (2,455), Spain (1,855), Ecuador (1,826), Panama (1,651), and Venezuela (163).

Apart from the high mortality rates, the virus also impacted the well-being of marginalized groups, which resulted in a violation of trans (Nieto 2008) people’s human rights (TGEU 2021). The latest European survey (FRA 2015) highlighted that within the high level of violence suffered by any member of the Lesbian, Gay, Bisexual, Trans, and Queer (LGBTQ+) community, transgender people were the most exposed to aggression. In the last year, 353 murders of trans women were reported across the world (TMM 2020), almost half of which took place in Brazil. Out of the 353 murdered trans women, 62 percent were engaged in commercial sex. In Spain, the latest official data stated that hate crimes against LGBTQ+ people due to sexual orientation and gender identity increased by 67.38 percent (314) in 2021, being the second most common reason after crimes due to racism or xenophobia, which also increased during the pandemic reaching 465 cases (Home Office 2021). In addition, the report of the European Union Agency for Fundamental Rights (2015) stated that trans people encountered several problems, such as

unspecialized medical care, the difficulty of changing their name on official records, transphobia in the health or school environment, and greater victimization than other LGBTQ+ groups.

Despite the fact that Spain has been a pioneer in terms of advances in terms of recognizing and regulating trans rights, violence against transgender people has also been reflected (Córdoba 2021). Until 2023, Spain has not had a national law that addresses the trans reality, beyond the modification of the registry, so that some Autonomous Communities have legislated a different set of trans laws and others have not (Hernández- Melián 2023). In this sense, “Law 4/2023, of 28 February, for the Real and Effective Equality of Trans People and for the Guarantee of the Rights of LGBTQ+ People” (Head of State 2023) might create changes in the life of trans people in Spain related to health, administration, employment, education, and international protection, among others. The most innovative measures are: (i) gender self-determination from the age of 16; (ii) veto of conversion therapies; (iii) de-pathologizing the sex change process in the civil registry; (iv) promotion of education programs for knowledge and respect for sexual, family, and gender diversity; and (v) creation of a regime of infractions for acts of discrimination against LGBTQ+ persons. In relation to the mentions of this law in matters of foreigners, the law advances (i) adequate training for the nondiscriminatory treatment of persons seeking international protection, (ii) registration of persons who have been recognized as refugees in Spain on the grounds of sexual orientation, sexual identity, gender expression, and sexual characteristics; (iii) the same to guarantee equal treatment and nondiscrimination on equal terms between Spaniards and foreigners LGBTQ+; and (iv) enabling the possibility of changing the name and gender for residents in their Spanish identification documents.

Moreover, prostitution is one of the most complex and present phenomena. It is not a specific problem but rather a set of realities that are related to various factors, including but not limited to social inequalities, cultural and economic transformations, cross-border migrations, sexual exploitation, and human trafficking for sexual exploitation. First of all, the cultural and economic transformations of late capitalism have caused changes in sexuality and turned transactional sex into one more service of the consumer society (Brents and Hausbeck 2007). Second, prostitution is also related to the movements of migrants and refugees, as well as the border control and migration policies of the receiving countries. Transactional sex is presented as an opportunity to some women to leave their home countries, since the migration experience sometimes includes a lack of rights and high migration costs; however, prostitution does not always lead to a better quality of life (Chimienti 2010). In addition, many migration journey correspond rather to family projects than individual experiences, which is why some migrants have economic responsibilities, such as money remittances for their relatives and loved ones (Oso 2010). Third, in addition to many other risky situations in prostitution, human trafficking for sexual exploitation is one of the most damaging consequences. Due to the multiple impacts on the well-being of victims, human trafficking has been defined as an international public health problem and concern (Zimmerman, Hossain, and Watts 2011).

In relation to migratory journeys, migrant people are now especially at risk of being captured by networks and, therefore, represent a large part of the sexually exploited people in most of the countries (UNODC 2023). In addition, they are more vulnerable to be murdered, since 50 percent of the trans women murdered were “migrants,” of which 82 percent were in Latin America (TMM 2020). In this context, it was noted that transgender Latina women became involved in the sex industry in order to migrate, seek greater sexual tolerance, and greater job opportunities (Howe, Zaraysky, and Lorentzen 2008; Sausa, Keatley, and Operario 2007). As it was highlighted in previous studies, trans women in transactional sex often reside in Western Europe and come

from Latin America (TAMPEP 2009). Since not everyone suffers the same circumstances, there are differences among trans women engaged in commercial sex according to their ethnic characteristics (Hwahng and Nuttbrock 2007). In this way, Latina transgender women in prostitution are discriminated against not only socially but also within prostitution and its internal hierarchies (Sausa, Keatley, and Operario 2007).

## **Literature Review**

European studies pointed out that transgender people made up as much as 6 percent of all people engaged in prostitution (TAMPEP 2009). Trans women engaged in commercial sex who previously suffered from problems related to mental illnesses, such as Post-Traumatic Stress Disorder (Farley et al. 2004), depression, suicide attempts (Guzmán-Parra et al. 2016), or substance abuse (Sausa, Keatley, and Operario 2007), face greater risks of being forgotten in Sexually Transmitted Infection (STI) prevention campaigns, compared to other subgroups within prostitution (Infante, Sosa-Rubi, and Cuadra 2009); are at an increased risk of Sexually Transmitted Infections (STI) due to the injection of shared drugs, hormones, or silicone (Herbst et al. 2008); experience increased intolerance in the community and lack of comprehensive or accessible mental health services (Harcourt et al. 2001); are more prone to experience police harassment, social discrimination, and higher levels of violence (Lyons et al. 2017; Nemoto, Bödeker, and Iwamoto 2011); have a smaller chance of finding alternative employment (Nadal, Davidoff, and Fujii-Doe 2014); are not always able to meet their gender identity needs due to their urgency for basic needs such as food, shelter, clothing, administrative situation, or job security (Hwahng and Nuttbrock 2007).

The COVID-19 literature denounced that the vulnerability of the trans group in the sex industry has worsened due to great difficulties in accessing basic goods, having to decide whether to go hungry or stay in commercial sex (Meneses-Falcón, Rúa-Vieites, and García- Vázquez 2022; In Género 2021; Silva and Câmara 2020); lack of attention or difficulty of gaining attention for their sexual and reproductive health (Gichuna et al. 2020); lack of access to medical care, legal support, protection, and alert systems for violence or exploitation of trans women (Silva and Câmara 2020); rise of transactional sex online with its pros and cons (Callander et al. 2020); housing insecurity, lack of medical insurances under an irregular migrant status, lack of hormonal treatments, surgeries, and psychotherapeutic treatments (SWAN and ICRSE 2020); forced to return to their relatives who had expelled them when they assumed their new gender identity (Silva and Câmara 2020).

Previous literature review noted that the topic of trans women in transactional sex received relatively low attention, compared to other women in the sex industry (Weitzer 2009); there are not many specific studies of trans women, except for their inclusion in larger samples constituting other groups (Chisolm-Straker et al. 2019); there are studies focused mainly on the vulnerability to STIs in transgender people (Spizzichino et al. 2001); there is a lack of studies on other aspects of the well-being such as housing, solidarity with other groups, or economic support (Marshall et al. 2019; Sweileh 2018); there is a lack of data on individual or collective trans experiences of starting, staying, or exiting prostitution (Sausa, Keatley, and Operario 2007); there is limited research on trans people in Latin America, especially Bolivia, Colombia, Ecuador, and Venezuela (Sweileh 2018). This lack of visibility means that, of all the trafficking victims who remain unidentified, the LGBTQ+ community faces a greater risk of not being identified and protected as victims of human trafficking (Martínez and Kelle 2013). In this regard, only a few countries record the gender identity variable of trafficking victims, of which about 2 percent of detected victims of trafficking for sexual exploitation are transgender (UNODC 2023). In Spain

trans victims of human trafficking for sexual exploitation were identified (State Attorney General's Office 2020).

For all the above discussed topics, this research aims to promote the construction of a more just and equitable society, where people's well-being and the quality of their lives are not determined by a heteropatriarchal system and restrictive normative concepts of sexuality and gender (Butler 2006). Moreover, the objective is to develop the scarce research on the complete well-being of Latina transgender women in prostitution in Spain and how different axes of inequality intersect in the sample population, such as migration, administrative situation, LGBTQ+, and prostitution. To address these concerns, the following research questions are posted: (1) How often did Latina trans women in commercial sex in Spain face precarious situations or conditions during the COVID-19 pandemic? (2) What was the health, social, and economic impact of COVID-19 pandemic on this group? (3) How does being a migrant of regular or irregular status affect their well-being? (4) What situations of violence and insecurity did they face?

## **Methodology**

### **Design**

This research was completed in collaboration with Serra-Schönthal or Oblatas Non-governmental organization (NGO), which provides legal assistance, psychological care, access to shelter, and support for the socio-labor insertion of women and transgender women in transactional sex or human trafficking for sexual exploitation. To fulfill our research objective, a mixed cross-sectional study was carried out. First, in-depth interviews were collected between March and April of 2021, then standardized questionnaires were collected between May and August of 2021. A convenient sampling was chosen, to find different and heterogeneous situations of Latina transgender women in prostitution. The data of the current study belong to a broader sample and investigation on the impact of the pandemic on prostitution and human trafficking situations.

### **Procedure**

The interviews and questionnaires were collected in different locations in Spain, in order to have national results. First of all, three interviews were held face-to-face. Due to the pandemic situation, these interviews were carried out by the NGO worker. They consisted of a technical sheet with fifteen sociodemographic questions to analyze quantitatively and sixty-six open questions on health, economy, work, social resources, administrative situation, and family. All interviews were conducted in the participants' mother tongue, which was Spanish. The interviews lasted more than forty-five minutes.

Second, a questionnaire was conducted with twenty-two participants. The questionnaire was comprised of fifty-five questions, of which thirty-eight were dichotomous ("yes" or "no"), ten were open-answer, six were closed multichoice, and one was a self-perception scale (from 0 to 10). Nineteen participants answered the questionnaire in Spanish and two participants in Portuguese. Questionnaires were completed together with the NGO worker to answer questions and to avoid duplicating responses from the same responder.

### **Participants**

To be included in the present study, participants had to be over 18 years old, self-identify as transgender women, engaged in prostitution at some point of their lives, able to respond in Spanish or Portuguese, born in Latin America, residing in Spain at the moment of the interview,

willing to participate and not harmed by participating in the research, and in contact with the NGO at the time of the interview. The NGO selected the participants following the convenient sampling and procedure with differences in nationality, mother tongue, age, migration status, work permit, working place, duration of living in Spain, work opportunities during the nationwide lockdown, city of residence, and healthcare access.

### **Ethics**

Regarding the ethics of the research, (a) participants were informed of the objectives of the research and confidentiality commitments through the informed consents, (b) consent to participate or to be recorded could be revoked at any time, (c) interviews have been transcribed verbatim by the researcher or by the NGO and kept safe, (d) the names of the interviewees have been coded to maintain the anonymity of the participants, (e) protocols have been followed in order not to re-victimize possible victims, (f) the research has been approved by the Research Ethics Committee of the author's university, on June 15, 2020. In order to protect the identity and maintain the anonymity of the interview participants, only approximate age (expressed in decades) and nationality will be used. In relation to the quantitative sample, only aggregated information will be presented.

### **Limitations**

However, there are some limitations to this article. First is the representativeness of the sample, as participants were only those who voluntarily agreed to do the interview or questionnaire, so other profiles and experiences may not be represented. Moreover, only one NGO that supports transgender women engaged in precarious sectors of prostitution has participated. Therefore, other Latina trans women in other sectors of the sex industry may not be reflected in this article. Finally, a national trans and LGBTQ+ law was implemented in Spain in 2023 that introduced changes in the lives of trans people, which is not reflected in this article. More research is therefore needed to further investigate the difficulties and unmet needs of this group and the impact of the law in the short and long term.

### **Analysis**

For the qualitative analysis, the Nvivo v12 program was used. The general categories were made and then coded into subcategories or nodes. This analysis was done separately by two researchers using the constant comparative method to avoid coding bias. In this way, testimonies of participants gave an insight into what the pre-COVID-19 situations of trans women were like and further insight into their subsequent situations in terms of health, economy, social aspects, and work. For the quantitative sample, SPSS v21 was used to make descriptive univariate analyses. Due to the low number of questionnaires, more complex analyses were not possible. In general, a descriptive analysis was carried out on the nominal and ordinal variables, while the analyses of the measures of central tendency were completed with the scale-type variables. Finally, both qualitative and quantitative data were analyzed based on three dimensions: (i) work, (ii) socioeconomic status, (iii) and health.

### **Findings**

This section talks about the main findings of our research: (i) characteristics of the two samples, (ii) riskier working conditions of transactional sex, (iii) negative social and economic impacts on trans people during the COVID-19 pandemic, and (iv) decrease in physical and psychological health and care during the pandemic.

## Characteristics of the Samples

In the qualitative sample, three interviews with Latina transgender women in prostitution were collected. The ages were 24, 52, and 62 years. They all lived in Spain for 2, 9, or 55 years and had been born in Latin America (Argentina, Panama, and Peru). None of them had a Spanish nationality or a residence permit. The three participants all admitted to having worked more than eight hours per day before the pandemic. During the stay-at-home lockdowns, the three participants all continued working (one mentioned a fourteen-hour workday), whereas after the lockdowns, one of the participants stopped working. Regarding the place of work, two of them offered their services in a sex flat, one in an industrial state, and one at home. Two of the participants have completed primary school and one finished vocational training or high school. One was a mother but did not live with her children. All of them needed to go to a health service in the previous six months, especially for gynecological care, chronic diseases, and mood disorders. It should be noted that neither one of the participants had the coronavirus disease.

In the quantitative sample, questionnaires were obtained from twenty-one Latina transgender women engaged in commercial sex (Table 1). The average age was 31 years, with a range between 23 and 56 years, and the average number of years living in Spain was eleven. Regarding motherhood, five had children but none of them were living in Spain. The hours of work ranged from three to forty-two hours per week, with an average of thirteen hours per week. In relation to the number of days off from work, five affirmed not having had any rest days per week. Only two women had the coronavirus disease before the time of the interview. Furthermore, two of the respondents began in the sex industry after the start of the COVID-19 pandemic.

Table 1: Characteristics of the quantitative sample

	<i>n (N)</i>	<i>Column Title</i>
<i>Place of birth</i>		
	<i>Brazil</i>	<i>7 (21)</i>
	<i>Ecuador</i>	<i>5 (21)</i>
	<i>Peru</i>	<i>4 (21)</i>
	<i>Colombia</i>	<i>4 (21)</i>
	<i>Venezuela</i>	<i>1 (21)</i>
<i>Level of studies finished</i>		
	<i>None</i>	<i>1 (21)</i>
	<i>Secondary school</i>	<i>10 (21)</i>
	<i>Vocational Training</i>	<i>5 (21)</i>
	<i>Elementary School</i>	<i>3 (21)</i>
	<i>College/University Degree</i>	<i>2 (21)</i>
<i>Place of work</i>		
	<i>In a flat</i>	<i>11 (21)</i>
	<i>In the street or industrial estate</i>	<i>7 (21)</i>
	<i>At home</i>	<i>4 (21)</i>
	<i>In the car</i>	<i>4 (21)</i>
	<i>In a hotel room</i>	<i>2 (21)</i>

## Riskier Working Conditions

The places where participants have worked most frequently were flats, followed by streets or roads. According to participants, the street was one of the most insecure and risky places to work, due to weather conditions, violence, and aggressions by the clients or by the population. None of the women in the qualitative and quantitative samples mentioned having worked in a

club. The most reported reasons for starting prostitution were not having another employment alternative (sixty-six participants), having to support their families (fourteen), not having a work permit (twelve), needing money urgently (eleven), having debts as a result of coming to Spain (seven), having a problem of drug dependence (two), needing money for hormone treatment for a sex change (two), or being curious (two). Regarding their entry into the sex industry, eleven of the participants claimed to have been forced into prostitution, and two started when they were minors. Along with this, four out of twenty-one participants said they knew someone who was engaged in coerced or forced prostitution. As mentioned before, many trans women chose to engage in prostitution for reasons such as not having alternative jobs and as an easy way to earn money without having a high level of education.

I would choose prostitution as a last option. Whether you want it or not, at a specific moment it saves you, it saves you a lot. Because it is a very easy way in, but the way out is very hard. And well...under my circumstances, it would be a bit more difficult for me. And now people are not making contracts, they don't want to make us [trans women] contracts. Well, apart from that, being a transsexual woman without studies (in her 20s, Peru)<sup>1</sup>

Some risky conditions arose because of the COVID-19 pandemic. Eleven out of twenty-one women surveyed continued in the sex industry during the stay-at-home confinement, while eight stopped for their own safety. During the nationwide lockdown, it was impossible to go outside, so some started online prostitution to keep paying for their basic needs. In relation to their income, the average gross weekly amount has been 316 euros, although they have received 115 euros net per week. Moreover, four of them said they had been left without any money, and five said that they had received less than 80 euros per week. All but one suffered a reduction in their income, whereas fourteen had a fall in the prices they ask for sexual services. The income reduction was explained because some clients haggled prices and took advantage of the vulnerable situation of trans women in prostitution, who had no other choice than to agree with lower prices.

In the same vein, fourteen of them were asked by clients not to use a condom and seven were not following anti-COVID-19 protection measures. Some participants reported that men who paid for sex were really concerned about COVID-19 but showed less concern regarding STIs. During lockdowns, six out of eleven had a violent episode with a client, but they mentioned that transgender women in prostitution were unprotected from resources against violence. The interviews suggested that trans women hardly ever denounced the aggressions because they thought that the police will not take them seriously. On the contrary, five of them have previously been fined by the police, especially during the nationwide lockdowns, which has also led to them typically running away from the police.

### Negative Socioeconomic Impact

One notable finding regarding socioeconomic status was that many participants expressed a strong desire to move away from engaging in prostitution. The stay-at-home confinement has allowed many trans women (fourteen out of twenty-one) to look for employment alternatives or also to start studying (eight). However, many found themselves left with very little alternatives than to stay in the sex industry, due to not having a work permit, not having identity documents, exclusion, transphobia, being unprotected, and having low educational qualifications. Concretely, twelve did not have a work permit and only two had international legal protection. Furthermore,

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<sup>1</sup> “La prostitución lo tomaría como último recurso. Porque quieras o no en el momento te salva, te salva muchísimo. Porque es un camino muy fácil de entrar, pero la salida es muy costosa. Y pues...mira por mi condición sería un poquito más difícil. Y ahora ya la gente no te está haciendo contratos, no quiere hacerte contratos. Pues, aparte de ser una chica transexual sin estudios...”).



the Spanish system reported to have many requirements and difficulties for migrants to obtain their documents. This situation worsened during the lockdown, where eight of the trans women had problems getting their papers and permits. One participant acknowledged the discrimination trans women faced in the Spanish labor market and emphasized the transphobic ideas that still exist.

I think that if I had the opportunity to work, normally like anyone else, take care of an elderly person, clean a house...yes, normally. Don't forget that trans women are tremendous, they [society] don't accept us, we are still not really accepted...It is [a] society [where] trans women [are] prohibited...hidden [and seen] as perverted. We are not perverts; we are totally normal people. (in her 60s, Argentina)<sup>2</sup>

Many trans women in the sample suffered from housing insecurity, especially at the beginning of lockdowns. During the pandemic, nine participants were kicked out of the club and seven were homeless for not paying the rent. In this sense, some participants (eighteen) were worried about paying rent and the majority of them were worried about their rising debts (fourteen). Some participants paid for two rooms in two different flats: one for prostitution and one for living. In addition to housing needs, one participant highlighted that trans women had to pay a lot of materials (such as clothes, makeup, lingerie, cosmetics, etc.) in order to be able to work.

If I win 30 euros, I have to leave 20 for the apartment and 10 for lunch. Apart from that, we have a tremendous expense that people do not know about. We have to pay for makeup, clothes, lingerie, condoms, creams, it is an impressive expense in cosmetics! The hair...because we can't be normal. (in her 60s, Argentina)<sup>3</sup>

In terms of economic and social support, thirteen participants received assistance from an NGO, thirteen from a client, seven from a public aid, and six from a friend. However, one respondent noted that these aids were only a patch on what they really needed; there was structural discrimination suffered by transgender migrants due to the difficulty of legalizing their situation and accessing their rights. The interviewees stated that transphobia in their home countries was one of the causes to flee those countries and seek a better life in Spain.

I come from a very painful story in Argentina...all those violations we had when we were girls, getting off the bus and being put in jail for being fags, they made us suck the dick off a boy or they put us in prison. (in her 60s, Argentina)<sup>4</sup>

During the COVID-19 pandemic, many trans women felt really isolated and alone due to many reasons; as many as nineteen trans women in our sample did not have family members in Spain, ten did not have internet to have online support, five had a breakup with their partner, all mothers (five) did not have their children with them in Spain, and four had family problems. In general, transgender migrants have faced a lot of loneliness and hardship because they were in a different country, away from family (nineteen), and with difficulties sending money to

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<sup>2</sup> “yo pienso que si tuviese la posibilidad de trabajar, normalmente como cualquier persona, cuidar un anciano, limpiar una casa... sí, normalmente. Y no olvides que las trans somos tremendas, no nos aceptan, en realidad no somos aceptadas todavía [...] es la sociedad la que visibiliza así a las mujeres trans, como lo prohibido, como lo oculto, como lo pervertido. Y no somos pervertidas, somos unas personas totalmente normales.”

<sup>3</sup> “si yo gano 30 euros, tengo que dejar 20 para el piso y 10 para comer ¿entendés? Y, a parte que nosotras tenemos un gasto tremendo, que eso no lo sabe la gente, nosotras que tenemos el maquillaje, que tenemos la ropa, la lencería, los condones, las cremas ¡es un gasto impresionante en cosméticos! Que el pelo... porque nosotros no podemos estar normales.”

<sup>4</sup> “yo vengo de una historia muy dolorosa que fue todo el problema que hubo en Argentina [...] todas esas violaciones que tuvimos, cuando éramos chicas que nos bajaban del autobús, que nos metían presas por ser maricones, nos hacían que le chupáramos la polla a un tío porque si no nos metían en un calabozo.”

support their families (seventeen). Some participants also reported previous stories of family rejection due to their gender identity.

### **Decrease in Health and Care**

The first impact of the pandemic on the sample was the health insecurity. First of all, food insecurity had a big impact on the physical and mental health; as many as seventeen of the respondents didn't have enough money for food. In addition, the spread of the COVID-19 and fear of infection caused many to feel insecure. However, only two were actually infected with the coronavirus, of which one was engaged in prostitution. They pointed out the high risks for STIs, COVID-19, and mental exhaustion in addition to dealing with hypertension, cholesterol, thrombosis, depression, and anxiety. What is more, interviewees were concerned about an increase in the death of transgender women in prostitution due to sexually transmitted infections, the falling prices for sexual services and the pressure to accept any client.

Before [the pandemic] we had a selected clientele, now anybody can ask for services, like a drunk person. Infections and everything is increasing, you see many trans women murdered. (in her 20s, Peru)<sup>5</sup>

Regarding health documents, eight did not have access to public healthcare in Spain, which led to three problems. First, some interviewees reported that they were not admitted by the hospital even during emergency situations, due to a missing medical card. Second, they talked about receiving receipts from the Spanish Healthcare System amounting up to 500 euros, but finally this never happened. Third, many feared the costs for medication for chronic diseases, as they often had to pay twenty times more for each medication.

In general, the interviewees described the COVID-19 pandemic as a period defined by fear of illness, poverty, and loneliness. Of the twenty-one respondents, eighteen said they were scared during the pandemic because of the uncertainty, loss of control, and stress of being in a "Russian roulette." For this reason, many suffered a decline in both physical health (ten) and their psychological health (fifteen). Regarding the specific needs of trans women, some of them pointed out that they started taking or injecting hormones without guidance and access to professional healthcare, and that had a big effect on their current health.

I met a girl who was starting to take hormones, and I liked it. I always felt feminine despite my mother.... And I started taking hormones, growing my hair, I became a girl. By myself...I think that's why it also raised my cholesterol, because I was taking hormones out of control. (in her 50s, Panama)<sup>6</sup>

### **Discussion**

The results of this research describe the situations and difficulties experienced by Latina transgender women in prostitution in Spain during the COVID-19 pandemic and how different axes of vulnerability intersect in the sample population such as migration, administrative situation, LGBTQ+, and prostitution. On the other hand, this research helps to expand the Latin American literature on transgender research, which is relatively less studied (Weitzer 2009). Furthermore, our findings contribute to the existing literature, shedding light not only on the sexual health but also the integral well-being of transgender women. The first insight obtained in this research was the difficulty of Latina transgender women in prostitution to meet their

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<sup>5</sup> "Antes era una clientela selecta pues ahora te puede venir como el borracho de la esquina, te puede venir. Y las infecciones y todo están incrementando, se están viendo muchas chicas trans muertas."

<sup>6</sup> "Conocí a una chica que se estaba empezando a tomar hormonas, y me gustó. Es que yo siempre me sentí femenina y eso que mi madre siempre...Y yo empecé a tomar hormonas, a crecer el pelo, me volví una chica. Con mi propia...yo creo que por eso también se me subió el colesterol, porque tomaba hormonas sin control."

basic needs, such as food, accommodation, and remittances to support their families. A previous study indicated that during the confinement, many transgender women were forced to decide whether to be hungry or continue working in commercial sex (Silva and Câmara 2020). In relation to the above, two of the respondents started in commercial sex due to vulnerability caused by COVID-19 and more than half of the sample was working during the stay-at-home confinement, with different possibilities of protection against the coronavirus and STI. Some of the respondents were concerned that they were unable to address their gender identity needs. Our results align with previous studies that have highlighted how that many trans women prioritize meeting basic needs such as food, shelter, clothing, administrative status, or job security, often leaving their gender identity needs unmet (Hwahng and Nuttbrock 2007). Second, the findings of this study highlighted that Latina transgender women in prostitution are exposed to a high risk of violence or vulnerability. For example, they were more exposed to violence because they did not have access to the specific resources for protection or reporting violence and aggression. This was reinforced by the fact that they were migrants, without international protection, work permit, or administrative regularity. Furthermore, hate crimes based on sexual orientation, gender identity, racism, or xenophobia have increased by around 67 percent during COVID-19 pandemic in Spain (Home Office 2021), which doubly includes women in the sample because they are trans women and because they are migrants. In this line, sixty professions among LGBTQ+ victims of violent death were identified in Madrid (López 2020), with the first one being prostitution. Above all, it has been pointed out that transgender women in prostitution had less access to legal support systems for protection against violence. At the same time, it was difficult for them to recognize themselves as potential users of these social resources for violence victims (Silva and Câmara 2020). In addition, half of the trans women who remained in the sex industry suffered aggressions by clients. However, this type of violence was rarely reported to authorities, due to a lack of confidence that there would be a real punishment or due to the fear of being deported to their home countries by the Spanish police (López 2019; Sausa, Keatley, and Operario 2007). However, the new Spanish trans Law 4/2023 (Head of State, 2023) might reduce violence or discrimination against LGBTQ+ people with the proposed measures.

Third, in relation to the well-being of transgender women in prostitution, many felt a worsening in their physical and psychological health. This decrease resulted in an increase in the psychological problems that already existed in this group, such as depression, harmful ideas, or suicide attempts (Guzmán-Parra et al. 2016). Trans women's health problems have been linked to exposure to sexual violence, social inequalities, and transphobia (Ussher et al. 2020). One of the inequalities found in our sample is related to irregular migrant respondents, who face difficulties such as lacking access to health insurance. Undocumented migrants faced lack of medical care, excessive outlays to pay for unsubsidized medicines, or having to pay for health interventions. Another study (SWAN and ICRSE 2020) claimed that there has been a lack of hormone treatments, surgeries, and psychotherapeutic treatments for trans people during the lockdowns. It is therefore important to record gender identity as a determinant of health and to help improve health intervention in Spain (Gil-Borrelli et al. 2017, 2018).

In terms of employment, respondents have suffered labor and social exclusion as trans people and mentioned other issues such as lack of work permits (more than half of the sample), access to healthcare, international protection, and residence permits. Furthermore, two of the respondents reported starting to engage in commercial sex after the pandemic, possibly due to economic vulnerability and lack of alternative sources of income. Thus, the lack of employment policies for transgender people in many Spanish regions means that many of them face barriers to economic stability, which pushed some of them into prostitution (Hernández-Melián 2023). In terms of stigma and lack of social support, they were particularly vulnerable to discrimination (Nemoto, Bödeker, and Iwamoto 2011; Lyons et al. 2017) and community intolerance (Harcourt 2001). Furthermore, the women in our sample felt lonely or unprotected and received help mainly from NGOs, clients, and friends. In general, they denounced the lack of protection from the Spanish government to migrant and Latina transgender women in prostitution.

Finally, the most frequently reported reasons for engaging in prostitution included not having alternative employment, not having work permit, needing money for themselves or their families, and having to pay off migration debt. In line with other studies, prostitution was often the only strategy for trans women to earn money (Nadal, Davidoff, and Fujii-Doe 2014). Other less mentioned reasons have been drug dependency, obtaining money for hormone treatments or surgery (Sausa, Keatley, and Operario 2007), and curiosity leading to searching for their identity or belonging to the trans community (Matthen et al. 2018; Sausa, Keatley, and Operario 2007). Quite differently, and despite the difficulties in defining and identifying not only human trafficking (Davidson 2017) but also the continuum of exploitation (Skrivankova 2010), some indicators showed that some trans women in the sample could be victims of trafficking or exploitation during the pandemic: (a) They wanted to change their activity but they continued; (b) they were forced into prostitution; (c) they did not earn any money; (d) they did not have a day off or rest; (e) they engaged in transactional sex as minors; (f) their debt has increased; (g) they reported fear, violence, and lack of food or health; and (h) they knew people who were coerced into prostitution. As advocated in previous studies (Martínez and Kelle 2013; UNODC 2023), there are difficulties in identifying and registering trans victims of trafficking, who represent around 2 percent of the detected victims of human trafficking for sexual exploitation. Few trans victims of trafficking for sexual exploitation had already been recorded in Spain (State Attorney General's Office 2020).

## **Conclusion**

The responders described multiple negative impacts of the coronavirus pandemic—not only STI or health but also economic, employment, social, violence, and administrative issues. It is therefore recommended that gender identity be made visible in health, violence, and trafficking surveillance systems in order to advance equity and improve integral intervention with trans women. Regarding well-being, gender identity as a determinant of health must be recorded in order to improve public health interventions and understand the specific needs of this group, that is, transgender people. Regarding training, professionals (such as health workers, social workers, public health policy experts, community advocates, LGBTQ+ associations, and stakeholders) who have the ability to provide support to transgender women require appropriate training to understand both their general problems as well as the unique problems they face. Regarding anti-trafficking measures, recording information concerning transgender and trafficking could help in their identification. Regarding research, future studies about transgender women in prostitution should focus on promoting their complete well-being, improving access to healthcare, promotion of health equity, promoting social justice, implementing more comprehensive and tailored employment policies, implementing robust measures to prevent violence and hate crimes against transgender people, enforcing strict measures to curtail anti-trafficking, and promoting human rights of transpeople in Spain, especially if they are in an irregular administrative situation.

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## Informed Consent

The author has obtained informed consent from all participants.

## Conflict of Interest

The author declares that there is no conflict of interest.

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