



**Impact of the COVID-19 pandemic on the health of survivors of trafficking for sexual exploitation: a qualitative study in Spain**

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## INTRODUCTION

At the end of 2019, a virus (COVID-19) appeared that spread rapidly throughout the planet. In just one month it reached the European continent, initially shaking Italy and Spain. In March 2020, the number of infections in the Spanish territory increased exponentially, forcing government institutions to impose several measures. At the end of April 2020, there were 213,435 positive cases identified and 24,543 deaths from COVID-19 had been registered throughout in Spain (Illa, 2020). Because of that, the government imposed the first home lockdown for three months (mid-March to June 2020), where only essential services -such as health facilities and supermarkets- remained open. Due to the COVID-19 pandemic, numerous institutions did not work online, and many health, legal and social services were cancelled, and postponed, or shifted to online platforms.

During this time, the weaknesses of the Spanish Health System were revealed, especially the lack of hospital beds, supplies and health personnel (Alfonso & Casamitjana, 2021). These weaknesses were especially damaging to the most vulnerable population, such as victims of human trafficking for sexual exploitation because of the exposure to infection and the difficulties accessing to public health system (Meneses, Rúa & García, 2022). In this regard, the Palermo Protocol (2000) made States responsible for providing medical, psychological, and material assistance to trafficking victims, which is essential for their recovery. In the same vein, the Spanish Protocol for the Protection of Victims of Human Trafficking (2011) makes assigns the responsibility to the competent authorities administrations responsible for to ensuring their physical, psychological, and social recovery of the victims.

Due to its impact on health, human trafficking has been recognized defined as an international public health problem (Zimmerman & Kiss, 2017). There were several connections between human trafficking and health. First, victims often face the bad experience faced by barriers in accessing victims with healthcare services while being

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3 trafficked due to prohibition, being accompanied by pimps, or not understanding the  
4 language and health problems ~~was pointed out~~ (Westwood et al., 2016). According to the  
5 limited research on this topic thus far, ~~current-while~~ victims under trafficking networks  
6 control sometimes ~~attend-seek~~ health services for urgent treatment, ~~but normally~~ they  
7 ~~often~~ were not identified by health staff as trafficking victims (Lederer & Wetzel, 2014).  
8 ~~During~~ ~~the~~ COVID-19 pandemic, further exacerbated these challenges related to health  
9 care for victims of trafficking ~~was hampered~~ (OSCE, 2020), so they were more at risk.  
10 ~~Consequently, Because of that, during the COVID-19 pandemic~~ the role of health staff in  
11 identifying trafficking victims ~~became~~ ~~was~~ even more crucial during the COVID-19 pandemic  
12 (Greenbaum et al, 2020).  
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22 Prior the COVID-19 pandemic, violence, isolation, and mental problems have already  
23 impacted in the wellness of survivors of trafficking (Raymond et al., 2001). Furthermore,  
24 many victims were deprived of sleep and food, were coerced to consume drugs and alcohol,  
25 were prohibited from social support, were threatened, had unhealthy weight loss or  
26 gastrointestinal problems, and suffered chronic stress or anxiety (Zimmerman et al., 2003).  
27 Among the mental health problems, the number of unmet needs following the trafficking  
28 situation and the lack of social support were related to poorer mental health (Abas et al.,  
29 2013). Sexual and reproductive problems among victims of human trafficking were reported  
30 to be frequent, especially Sexually Transmitted Infections (Silverman 2006, 2007 y 2008)  
31 related to the amount of time spent in captivity as a victim, the age of being trafficked,  
32 sexual violence or alcohol consumption. The frequency of pregnancies and unsafe abortions  
33 without medical assistance has also been reported in previous studies (Acharya, 2015;  
34 Decker et al., 2011).  
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47 Previously outbreaks of similar viruses caused a growth in human trafficking (Worsnop,  
48 2019), which is explained by the upturn in orphans, criminal activity, and instability of  
49 states. Regarding COVID-19 pandemic impact, it was already highlighted: an increase of the  
50 risk of recruitment for the purpose of exploitation and raises the difficulties in detection  
51 (GRETA, 2020; Silva & dos Santos, 2020; UNODC, 2022), violence, food insecurity and lack  
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3 of COVID tests (Greenbaum, Stoklosa & Murphy, 2020; OSCE, 2020); the difficulty of sexual  
4 and reproductive care (Gichuna et al., 2020); the decreased access to health care (Silva &  
5 dos Santos, 2020; Todres & Diaz, 2020). According to UNODC (~~2022~~2023), around 14 million  
6 victims of human trafficking for sexual exploitation were detected in 2020, with several  
7 difficulties because of the closure of public spaces and the health restrictions. During the  
8 first year of the pandemic, there was an 11% decrease in the number of globally detected  
9 trafficking victims compared to the previous year (UNODC, 2023). Similarly, in Spain,  
10 there were 160 detected victims of trafficking for sexual exploitation ~~were detected~~ in 2020,  
11 which was ~~less~~ lower than the previous year (CITCO, 2021). The majority of those victims  
12 are women (145 out of 160), with prevalent nationalities such as Colombian, Paraguayan,  
13 Romanian, and Venezuelan (CITCO, 2021; UNODC, 2023).

24 Studies conducted on trafficking for sexual exploitation in Spain during the COVID-19  
25 pandemic have highlighted various challenges faced by victims. These include increased  
26 invisibility and the use of hidden networks, difficulties in accessing emergency financial  
27 assistance, feelings of uncertainty, exacerbated digital divide (Goikoetxea, Allue, &  
28 Lashayas, 2022), a shift in trafficking situations to less visible forms of prostitution (UNODC,  
29 2023), heightened exposure to COVID-19, food insecurity, poor living conditions, difficulties  
30 in leaving exploitative situations (Meneses, Rúa & García, 2022), resurfacing of  
31 dependencies and previously treated addictions, increased levels of anxiety and depression,  
32 and disruptions in sexual and reproductive care (García-Vázquez & Meneses-Falcón, 2021).

41 In recognition of the vulnerability faced by these groups during the COVID-19 pandemic,  
42 the Spanish government has taken steps to provide support. This includes implementing  
43 measures and laws to improve economic assistance for vulnerable populations, specifically  
44 women victims of trafficking for sexual exploitation (Orbegozo, 2023). Internationally, the  
45 Government of Spain has received both recognition for its serious commitment to  
46 combating human trafficking during the COVID-19 pandemic and criticism aimed at  
47 improving its role in addressing the issue (GRETA, 2023).

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3 Amid this context, the overall aim of this research was to explore the health of trafficking  
4 survivors in Spain, which is relatively unstudied\_-(Sweileh, 2018). Furthermore, there are  
5 notable research gaps in understanding the comprehensive health and well-being of  
6 victims, encompassing both medical and social dimensions, as well as less explored areas  
7 such as nutritional habits or spiritual beliefs (García-Vázquez & Meneses-Falcón, 2023). Due  
8 to that, the study seeks to identify the health deficiencies experienced by these women,  
9 examining the various social, physical, sexual-reproductive, and psychological challenges  
10 they face. Therefore, the objectives of this study are describing- Finally, the research also  
11 aims to understand the health conditions, access to health facilities, COVID protection and  
12 health challenges in relation to the COVID-19 pandemic reported by women survivors of  
13 human trafficking in Spain.  
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## 25 METHODOLOGY

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28 **Design.** Due to the pandemic situation, limited research, and the complexity of the issue,  
29 we took a qualitative approach. A cross-sectional study was carried out through interviews  
30 with women survivors of human trafficking for sexual exploitation in Spain. Prior to the  
31 interviews, the researchers conducted written interviews with the social workers to  
32 understand the most important challenges that the women survivors were experiencing  
33 during confinement. As a result of these written interviews, the interview script for the  
34 survivors was modified.  
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42 Due to the current health situation, the interviews were conducted in person by support  
43 workers from Oblatas NGO. This NGO has been supporting women in prostitution or victims  
44 of human trafficking for decades specially in social, housing and shelter, mental, economic  
45 and legal aspects. The face-to-face interviews allowed closer contact with the victims and  
46 stop the interview if necessary. Data were collected from February to August 2021.  
47 Researchers have carried out the interview design, the interview script, the pre-test, and  
48 the follow-up, especially collecting the missing data. Interviews were carried out in English  
49 (2) and Spanish (17), the preferred language of the participants.  
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3 **Procedure.** The NGO workers made a voluntary appeal for women to tell their experiences  
4 with COVID. All those who wanted to participate were interviewed and many were grateful  
5 for the time to talk about their difficulties and to ask the government some specific actions.  
6 The NGO also thanked the research for the feedback to improve its intervention and know  
7 more about the survivors needs. We collected 19 in-depth interviews talking about access  
8 to health facilities, COVID protections, health condition during and after lockdown.  
9 Furthermore, interviews were analysed, selecting various criteria to reflect the complexity  
10 of women's life after being rescued of the trafficking nets. The interviews were held face-  
11 to-face, keeping all the COVID security measures. They were carried out in the NGO facilities  
12 or in the street. Some interviewees wanted to participate but did not have time to go to the  
13 NGO. In order to avoid bias, support workers conducted the interviews on the street or  
14 wherever the interviewees preferred. Because of the vulnerability of the group, interviews  
15 were carried out by the person in charge of each project, who was already known to the  
16 victims. All the interviews were users of the NGO and remain in contact. The interview  
17 consisted of fifteen sociodemographic questions to analyse quantitatively and five open  
18 questions about health. This research was more extensive, including economic and social  
19 aspects, but for this article only aspects related to health and well-being were selected.  
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35 As is usual in qualitative research, rather than obtain generalisable results our main  
36 objective was to delve deeper into under-researched or complex issues (Polit & Beck, 2010).  
37 While this report provides a timely overview marked by Covid-19 of an important  
38 population, there are some limitations. The major limitation of our research was the sample  
39 representativity, because the sample was conducted with only one NGO and only  
40 individuals who voluntarily agreed to make the interview, so other victim profiles may not  
41 be represented.  
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49 **Sample.** All the interviewees were living in Spain. The age range was between 21 and 53,  
50 and the average age was 33. In relation to the victim's identification, 8 have been identified  
51 by the police and 11 by the specialized entity (at least 3 trafficking indicators of Palermo  
52 Protocol were detected such as transportation of the women, by some coercive means, for  
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3 the purpose of exploitation). Regarding documentation, 8 had a residence permit, 6 were  
4 international protection, 3 had Spanish nationality and 2 were undocumented. In relation  
5 to work, 5 have left prostitution occupation before COVID-19 pandemic whereas 13 did not  
6 work in prostitution during lockdown. None of them remained under the control of  
7 traffickers and pimps at the time of the interview. All were foreigners (7 from Venezuela, 5  
8 from Colombia, 4 from Nigeria, 1 from Honduras, 1 from Brazil and 1 from Nicaragua), and  
9 16 were mothers.

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17 **Ethics.** What is more, the research followed ethical requirements and received ethical  
18 approval from (University). Written informed consent forms were signed prior to the  
19 interview by all interviewed and audio-recording was agreed by almost all participants.  
20 Those who did not want to be audio-recorded were still interviewed but only notes were  
21 taken. Anonymity and codification of personal information of participants was maintained  
22 during all the process. Verbatim and literal quotations will only contain general information  
23 such as region of origin, approximate age, and years in Spain.

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31 **Analysis.** The interviews were transcribed by one of the researchers (xx) and were analysed  
32 with the qualitative program NVivo12. This research had a bigger sample, but only  
33 trafficking victims were analysed in this article. Content analysis has been chosen to detect,  
34 categorize, and analyze the emerging themes or concepts from the interviews. To avoid  
35 bias, the interviews were coded separately by both authors using the constant comparative  
36 method. In analysis there were two phases. Firstly, each author coded by large dimensions  
37 and open coding process, which ended up creating and agreeing on nine categories related  
38 to economic, social, health, prostitution, etc. Secondly, codes were divided into a different  
39 memo and were split into other lower subcategories. Reaching data saturation was  
40 necessary to start with the analysis of the results. This article only reports on health and  
41 welfare aspects. The results were classified in three-two dimensions of well-being: physical  
42 health, and psychological impact, ~~and violence~~.

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## RESULTS

### PHYSICAL HEALTH

Analysis showed that not all the women survivors of trafficking were able to stop working. Only 13 out of 19 interviewed have stopped or pause prostitution during lockdown whereas 6 interviewees were forced to continue in prostitution during lockdown. The most difficult aspect mentioned was having little resources to protect themselves from COVID during prostitution. They were only able to use home-made remedies due to the lack of masks and hydroalcoholic gels. Interviews suggest that sex industry prostitution has decreased during lockdown but has not completely stopped. Thus, four of the victims pointed out that they had been forced to work 24 hours every day, with no breaks in order to be available in case a clientsex buyer (usually men) arrived at the flat or place where they worked.

I had to satisfy clients 24 hours a day, without rest, without eating, if I was menstruating, I had to serve them too, that is, to sleep practically ready for when the bell rang. Ainara (*Latina, in her 30s, 2 years in Spain*)<sup>1</sup>

There was no way to prevent me [from getting COVID]. The most I did was drink hot tea, vinegar with bicarbonate, take this. When a client left I ran to take a shower and poured alcohol, I used Listerine. Mariana (*Latina, in her 40s, 2 years in Spain*)<sup>2</sup>

What is more, only four of the women (out of 19) have been infected with COVID before the interview during 2020, only one was infected because of prostitution occupation, so the majority (three) were infected due to social contact. All the positive in COVID reported having had serious symptoms during the disease, with some effects that persisted after the infection disappear. They reported not having the conditions to protect themselves or cohabitants from COVID: not having their own bathroom, being isolated in a very small

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<sup>1</sup> "Tenía que atender a los clientes 24 horas, sin descanso, sin comer, si tenía la menstruación tenía que tratarlos igual, o sea todo, dormir prácticamente lista para cuando sonara el timbre." (original)

<sup>2</sup> "No había ninguna manera de prevenirme [de contagio por COVID]. Lo máximo que hacía era tomar té caliente, vinagre con bicarbonato, toma esto, cuando se iba el cliente iba corriendo a ducharme y echaba alcohol, usaba Listerine".

rooms, not having relatives nearby to buy the basic goods, hiding the COVID disease to avoid isolating cohabitants, living with unknown people, or being forced to continue working despite being positive in COVID. They all overcame the COVID disease at home and not in the hospital because they were afraid of having to be hospitalized alone with no social or family support. All of them were foreigners, so most of the participants explained that their family lived mainly in their country of origin.

good that I didn't have to go to the hospital because if I had to go to the hospital alone...

that's what scared me the most. *Bilma* (Latina, in her 230s, 5 years in Spain)<sup>3</sup>

~~Among the interviewees, only one of the interviewees reported being~~ undocumented and ~~has faced had difficulties in accessing problems to receive~~ medical assistance. Out of the eleven who attended to health services, eight participants said they received a good treatment and care from the public health personnel, either in person or by phone. Contrary, three ~~interviewees interviewed has have~~ paid a private insurance and spent the few savings they had because of several reasons including the stoppage of many public treatments, ~~because~~ difficulties to access the public system and the deficiencies of the public health telephone assistance.

They did not want to attend to me because I did not have a [health] card. So, I thought, what if I get infected and go to the hospital and they don't treat me? They were the things that crossed my mind. *Mariana* (Latina, in her 40s, 2 years in Spain)<sup>4</sup>

~~The doctor, whatever I needed was coming out of my savings and yes, in the end it was quite overwhelming, but... but that, fortunately I had those savings that helped me. [...] private gynaecologists because I didn't have access because I didn't even... the fact that I wasn't in Madrid and that the situation was congested, I opted to go on my own. Look, I'm~~

<sup>3</sup> “mejor que no me dio para ingresarme porque como me diera para ingresarme a ver qué hacía sola en el hospital...eso es solo que me daba más miedo.” (original)

<sup>4</sup> “no me quisieron atender por no tener tarjeta [sanitaria]. Entonces yo pensaba ¿y si me contagio y voy al hospital y no me atienden? Eran las cosas que me pasaban por la cabeza.” (original)

~~not going to waste my time because my health was more important than waiting for other people, the appointments were too far away (Latina, in her 20s, 2 years in Spain)<sup>5</sup>~~

Only eleven (out of 19) of the interviewed said they had seen a doctor in the last half year. According to participants, sexual and reproductive health is their priority and the most frequent health attention (5/11), for instance pregnancy monitoring, gynaecological examinations, voluntary interruption of pregnancy, contraceptive methods, and vaccines for sexually transmitted infections. In general, the women interviewed in this study were very aware of the risk of suffering from sexually transmitted infections, which is why they have carried out frequent sexual health examinations either in public, private or NGO services. Only one claims to have detected a Sexually Transmitted Infection when going to medical services during the pandemic.

The doctor, whatever I needed was coming out of my savings and yes, in the end it was quite overwhelming, but... but that, fortunately I had those savings that helped me. [...] private gynaecologists because I didn't have access because I didn't even... the fact that I wasn't in Madrid and that the situation was congested, I opted to go on my own. Look, I'm not going to waste my time because my health was more important than waiting for other people, the appointments were too far away. *Flor (Latina, in her 20s, 2 years in Spain)<sup>6</sup>*

The CATS [sex workers' support committee] doctor was there, she was very good, she has always attended to us, so we called, made an appointment and went to her, without any problem. I went for gynaecology, HIV tests, syphilis and hepatitis vaccinations. *Lucía (Latina, in her 30s, 2 years in Spain)<sup>7</sup>*

<sup>5</sup> “~~el médico cualquier cosa que necesitara estaba saliendo de mis ahorros y sí, al final fue bastante agobiante, pero...pero eso, afortunadamente tenía ese ahorro que me ayudo [...] ginecólogas, pero más que nada privadas porque no he tenido el acceso porque ni siquiera...entre que no estaba en Madrid y que la situación esta congestionada, yo optaba en ir por mi cuenta. Mira, no voy a perder el tiempo porque era más importante mi salud que el esperar por otra gente, las citas las daban muy lejos”~~

<sup>6</sup> “el médico cualquier cosa que necesitara estaba saliendo de mis ahorros y sí, al final fue bastante agobiante, pero...pero eso, afortunadamente tenía ese ahorro que me ayudo [...] ginecólogas, pero más que nada privadas porque no he tenido el acceso porque ni siquiera...entre que no estaba en Madrid y que la situación esta congestionada, yo optaba en ir por mi cuenta. Mira, no voy a perder el tiempo porque era más importante mi salud que el esperar por otra gente, las citas las daban muy lejos”

<sup>7</sup> Estaba la médica de CATS [Comité de Apoyo a las Trabajadoras Sexuales], muy buena ella, siempre nos ha atendido, entonces ya llamamos, sacamos cita y acudimos a ella, sin ningún problema. Fui para la ginecología, exámenes de VIH, vacuna contra la sífilis, contra la hepatitis.

~~The pause or cancellation of treatments caused discomfort to the participants.~~ It is important to note that there were variations in the utilization of health services among different groups. Latina women tended to use health services more frequently than Nigerian women, potentially due to language barriers and religious beliefs. In terms of spiritual beliefs, three women mentioned they were religious (those from Venezuela), while two women referred to juju and one was reported to have beliefs opposing certain medical treatments (those from Nigeria). This participant is very reluctant to go to the doctor because of cultural rejection to blood tests and some medical interventions. However, she recognizes the need for medical assistance, particularly for her sleep problems.

Six participants (out of 11) went during the pandemic to health services because of several difficulties including dental problems, back pain, headache and stomach pain, high cholesterol and sugar, psoriasis, arthritis, cystitis, dermatitis, neurological problems, heart problems or blood tests. ~~It should be mentioned that Latin women have gone to the doctor more than Nigeria ones, probably because they do not suffer from language barriers.~~ The interruption ~~pause or cancellation of treatments~~ health services ~~caused~~ had a negative impact on ~~discomfort to the participants.~~

If I remember correctly, I had a pending appointment at the hospital for a tooth issue, and with the pandemic it was cancelled, and I have suffered a lot of toothaches. *Macarena* (Latina, in her 20s, 1 year in Spain)<sup>8</sup>

In relation to nutrition, two extremes occurred during home lockdown. On the one hand, some alleviate the anxiety of isolation by eating more times and amounts than recommended. ~~On the contrary, those some participants experienced a decrease in who reduced their~~ appetite and ~~lost~~ weight ~~lost~~. This could be attributed to various factors, including ~~caused by~~ psychological distress, lack of work, food insecurity, supporting families in the countries of origin. Seven of the interviewees suffered from food insecurity during lockdown, prioritizing keeping their children to eat themselves. The most serious case was

<sup>8</sup> "Tenía pendiente una cita en el hospital para un tema de dientes, si no recuerdo mal, y con la pandemia se canceló y he sufrido muchos dolores en las muelas." (original)

a pregnant woman was concerned about whether her malnutrition would affect the future health of the baby.

“When I was pregnant, I was worried because there were days that I did not eat enough, and I did not know if that would affect my baby” *Nelly (African, in her 20s, 3 years in Spain)* (original verbatim)

The worst thing was that I ate more, I think because of anxiety and stress, because we didn't leave the kitchen, breakfast, lunch, snack, dinner and snack again. *Liz (Latina, in her 30s, 4 years in Spain)*<sup>9</sup>

~~“When I was pregnant, I was worried because there were days that I did not eat enough, and I did not know if that would affect my baby” (African, in her 20s, 3 years in Spain) (original verbatim)~~

## MENTAL HEALTH

According to most of the interviewees, the pandemic impacted more on an emotional level than on the physical health. This can be explained because the victims are young - the majority were between 20 and 39 years old. All interviewees said that their psychological health has declined considerably during lockdown. Among the most reported problems were: 12 of the interviewees reported feelings of anguish, concern, nervousness, overwhelm and anxiety, especially because of the relation to families and legal processes; 5 of the interviewees said they suffered sadness, sorrow and depression, with an attempted suicide during lockdown; 3 reported feelings of shame due to the stigma of engaging in prostitution; 1 experienced constant tension to relive the situation of trafficking with some symptoms of Post-Traumatic Stress Disorder; 1 commented that they have felt instability, irritability and lack of self-control. Some of them have explained their mental health problems were caused more because of trafficking nets, other because of ~~the sex industry~~ prostitution circumstances, and others because of COVID-19 pandemic.

<sup>9</sup> “lo peor, que uno comía más, yo creo que, de la misma ansiedad y el mismo estrés, de que no salíamos de la cocina, desayuno, comida, merienda, cena y vuelve a merendar”. (original)

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3 It leaves you sequels. I do not know any girl who has dedicated herself to this [prostitution]  
4 that does not have trauma. It does not let you live your private life, your life away from this  
5 job. Flor (*Latina, in her 20s, 2 years in Spain*)<sup>10</sup>  
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9 in confinement it went to the extreme... I was like in shock, I became very depressed, I even  
10 tried to commit suicide. Lucía (*Latina, in her 30s, 2 years in Spain*)<sup>11</sup>  
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13 I was afraid to go out on the street because I felt that I would encounter the people who  
14 brought me to Spain, I felt that someone would point me out or that they could harm me.  
15 [...] and I was worried about what could happen to my family because they threatened to  
16 harm them. Macarena (*Latina, in her 20s, 1 year in Spain*)<sup>12</sup>  
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21 If we talk about interpersonal problems, some women explain that the trafficking situation  
22 has made it difficult to socialize, maintain friendships, meet new people or having non-  
23 commercial sexual relationships. Other problem is that not all the victims identified  
24 themselves as survivors and “victims” of trafficking. Some participants (five) have  
25 mentioned the importance of psychological therapy to improve their mental health and  
26 recovery after the trafficking situation. But none of them mentioned having psychological  
27 assistance from the Spanish public mental health system. Contrary, the social entities have  
28 fulfilled an indispensable task for the recovery of the victims, even though it was online  
29 during lockdown.  
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37 I believe that the most important thing is a psychological accompaniment, because until  
38 you understand that this is not right - you feel it and live it-, you will not be able to get out  
39 of it. Macarena (*Latina, in her 20s, 1 year in Spain*)<sup>13</sup>  
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47 <sup>10</sup> “Te deja secuelas... yo no conozco a ninguna niña que se haya dedicado a esto [prostitución] que no tenga  
48 traumas, que no te dejan vivir tu vida... digamos...tu vida privada..., tu vida alejada de este trabajo.”  
49 (original)

50 <sup>11</sup> “en el confinamiento llegó a... al extremo... quedé como en shock, me quedé muy deprimida, intenté  
51 hasta suicidarme” (original)

52 <sup>12</sup> “Me daba miedo salir a la calle porque sentía que me iba a encontrar a las personas que me trajeron a  
53 España, sentía que alguien me iba a señalar o que me podían hacer daño. [...] y en lo que podía pasarle a mi  
54 familia, porque me amenazaban con hacerles daño” (original)

55 <sup>13</sup> “Yo creo que lo más importante es un acompañamiento psicológico, porque es que hasta que tú no  
56 entiendas que eso no está bien y lo sientas y lo vivas no vas a poder salir de eso”. (original)  
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Consequently, the COVID-19 pandemic has drastically increased the mental health problems of trafficking victims. One of the causes of the rise of mental problems reported was violence from traffickers (7), ~~clients~~ sex buyers (3) or strangers (1) and situations of fraud by sex buyers ~~clients~~ who knew their situation of vulnerability. ~~On the other~~ As already seen above ~~hand~~, participants expressed ~~highlighted~~ that traffickers have used threats, threatened them such as with ~~harming them, harming~~ their children in the country of origin or with being reported ~~reporting them~~ to the police ~~for un~~ due to their lack of documentation. Furthermore, participants who have started to denounce their ~~captors~~ traffickers felt great insecurity in terms of ~~with the~~ paralysis ~~limitations~~ of police protection ~~because police and had difficulties to maintain the~~ rescue systems ~~for women victims~~ during the first months of the pandemic.

All those months [victim reporting] I was very nervous, and I always asked you if you (social worker) had been able to talk to the police, it made me anxious not to see the end of the tunnel ~~(Latina, in her 20s, 1 year in Spain)~~<sup>14</sup> [...] I had already reported and was afraid because I knew they [traffickers] would find out and they are capable of carrying out their threats. I only had my passport. I had spoken with the police at the place where I reported, and I was waiting to speak with the judge. I had a court date on [date], and I could not testify that day. Macarena (Latina, in her 20s, 1 year in Spain)<sup>15</sup>

Housing conditions have been identified as factors contributing to ~~Other cause of~~ mental ~~problems~~ concerns among trafficking victims. ~~has been sleeping habits and the use of~~ ~~addictive substances. We noticed that six of the women reported sleeping worse, having~~ ~~insomnia, night terrors, going to bed late or taking pills and substances.~~ This can be explained by frequent changes of residence, having lived in a capture situation, living in houses with too many people, living with strangers or having severe fear of infection. Participants in the study reported concerns about facing eviction due to their inability to pay rent (seven). They resided in various locations: six lived in shared flats, four in shared flats specifically used for prostitution, one in a brothel, two in individual flats, one in an

<sup>14</sup> "Todos esos meses [denuncia como víctima] estaba muy nerviosa y siempre te preguntaba si habías podido hablar con la policía, me generaba ansiedad no ver el final del túnel" (original)

<sup>15</sup> "Todos esos meses [denuncia como víctima] estaba muy nerviosa y siempre te preguntaba si habías podido hablar con la policía, me generaba ansiedad no ver el final del túnel [...] Yo ya había denunciado y tenía miedo porque sabía que se enterarían y son capaces de cumplir sus amenazas. Pues sólo tenía mi pasaporte, había hablado con la policía en el lugar donde denuncié y estaba esperando a hablar con el juez. Tenía una cita en el juzgado el [fecha] y no pude declarar ese día". (original)

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3 NGO's shelter, one in the home of an acquaintance, one in huts or shanty, and one with the  
4 family of their pimps. Participants had mixed experiences when it came to sharing housing  
5 with other people, and some considered it a positive experience, while others had negative  
6 experiences. In terms of the landlords, three participants mentioned facing pressures from  
7 their landlords, while two mentioned feeling empathy.

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11 “The rent, because the owner of the house was asking me to pay the rent of the house and  
12 in that time I’m getting crazy because I don’t want them through me to the street for not  
13 being able to pay the rent and also the food. That was more stressful last year.” Nelly  
14 (African, in her 20s, 3 years in Spain) (original verbatim)

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19 You [NGO] also offered me a house similar to the one I was living in before [shelter] but I  
20 don't want to live in a house like that, I am grateful but I need to live alone, even if I have  
21 many other difficulties, which I am having. Adamna (African, in her 20s, 4 years in Spain)<sup>16</sup>

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25 Another concern identified is the impact of disrupted sleeping habits and the use of  
26 addictive substances on mental health. It was noticed that six of the women reported  
27 sleeping worse, having insomnia, night terrors, going to bed late or taking pills and  
28 substances. In relation to addictive substances, two interviewees stated that they had been  
29 forced by their traffickers to consume drugs against her will, . Additionally, and one  
30 participant turned to addictive substances had started to abuse (in this case alcohol) as a  
31 coping mechanism during to cope with COVID-19 lockdowns, further exacerbating their  
32 mental health issues.

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42 I considered myself to be kidnaped because they force me to do things, like force me to  
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consume drugs. Lucía (Latina, in her 30s, 2 years in Spain)<sup>17</sup>

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I used to relieve myself by drinking, I used to drink a lot every day to... release that  
pressure, the confinement. Mariana (Latina, in her 40s, 2 years in Spain)<sup>18</sup>

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<sup>16</sup> También me ofrecisteis una casa parecida a la que yo vivía antes [Recurso de Acogida] pero yo no quiero  
vivir en una casa así, estoy agradecida pero necesito vivir sola, aunque tenga muchas otras dificultades, que  
las estoy teniendo.

<sup>17</sup> “Yo me consideraba que estaba ~~auto-secuestrada~~ auto secuestrada porque donde te obligan a hacer cosas,  
como meterte droga”. (original)

<sup>18</sup> “Me desahogaba tomando, tomaba mucho todos los días para... liberar esa presión, el encierro” (original)

## DISCUSSION

This research has provided a broad description of how the COVID-19 pandemic has impacted on the health of women as migrants and survivors of human trafficking for sexual exploitation in Spain. This article examines two key aspects: first, the overall health of women who are victims of trafficking for sexual exploitation, which is the most identified form of trafficking in Spain (CITCO, 2021), and second, the specific challenges they reported facing during the COVID-19 pandemic. More than half of the women in this sample were not engaged in coerced prostitution during lockdowns. Contrary, those who were forced to continue in prostitution did not have the means to protect themselves against COVID-19 and did not have easy situations to overcome illness (Meneses, Rúa & García, 2022; OSCE, 2020).

Furthermore, our study agrees with previous research (Kiss et al., 2015; Lederer y Wetzler, 2014; Raymond et al., 2001; Zimmerman et al., 2006) that pointed out the frequent health problems suffered from victims such as headaches, back pain, stomach pain, loss of appetite, dental problems, memory problems, loss of sleep, dermatitis, psoriasis, arthritis, cystitis, and substance addiction. Because of that, the key intervention with women in prostitution during the COVID-19 pandemic is the offer of health services that attend to situations of violence, mental health, distribution of COVID prevention material, help with addictions, sexual and reproductive care (Platt et al., 2020).

~~Interviewees have generally felt well treated by health professionals, only few express deficiencies in treatment and lack of sensitivity. However, the use of health services was differences between nationalities. Nigerian participants showed more fear and difficulties in going to the doctor, which is partly explained by language difficulties. Previous studies in Spain (Guijarro et al., 2021) pointed out that the virus has affected very differently between ethnic groups, so sub-Saharan, Caribbean, and Latin American migrant population are at higher risk of Covid-19 than the national population and other migrant groups from Europe, North America, North Africa and Asia. Because of that, the key intervention with women in prostitution during the COVID-19 pandemic is the offer of health services that attend to~~

situations of violence, mental health, distribution of COVID prevention material, help with addictions, sexual and reproductive care (Platt et al., 2020).

Food insecurity and eating disorders (due to excess or lack of food) were reported by almost all victims in the sample. This aligns with the findings of other studies before the COVID-19 pandemic that report how This was already happening before the COVID-19 pandemic, the victim vulnerability, the trafficking nets control, and debts lead create to serious food deficiencies, in food that creating resulting in malnutrition, weight loss and gastrointestinal problems on victims (García-Vázquez & Meneses-Falcón, 2023; Turner-Moss, Zimmerman, Howard & Oram, 2014; Zimmerman et al., 2003). However, during the COVID-19 pandemic this was worsened, and one of the biggest concerns in this group has been the increasing difficulty of accessing basic goods such as food (OSCE, 2020).

Sexual health access -either private, public or through an NGO- was reported by the women in the sample. Sexual and reproductive health issues among female trafficking victims have been extensively studied (Acharya, 2015; Decker et al., 2011; Silverman 2006, 2007 y 2008). Contrary to other studies (Gichuna et al., 2020; Todres & Diaz, 2020), participants in this sample have received sexual and reproductive health care, which has been the most needed service. Other reviews on access to health care in Spain found that undocumented migrants were more afraid to go to public health care facilities, and therefore received more assistance from NGOs (Pérez-Urdiales, 2021). Some participants of the sample also paid private insurance because of difficulties accessing to the Spanish health system.

The mental health impact of the violence suffered by trafficking victims has already been demonstrated (Hossain et al., 2010; Kiss et al., 2015; Lederer & Wetzler, 2014; Turner Moss et al., 2014; Zimmerman et al., 2003 & 2006). During COVID-19 pandemic a decrease in access to alert systems on violence or human trafficking was pointed out (Silva & dos Santos, 2020). According to participants, the COVID-19 pandemic has dramatically increased the mental health problems of among trafficked women victims for human trafficking for sexual exploitation. This was attributed to various factors such as caused by violence situations, challenges in accessing financial aid, overcrowding, the continuation of prostitution,

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3 economic and family concerns, housing insecurity, legal paralysation, health and sleeping  
4 problems, and substance abuse/misuse. In Spain, the public mental health system was  
5 reported to be insufficient (Jiménez, 2011) and none of the participants were treated there.  
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7 The most frequent problem was anxiety disorders suffering from nervousness, constant  
8 fear and tension, sleep disorders, terror, and panic (Gezie et al., 2018; Iglesias-Rios et al.,  
9 2018; Tsutsumi et al., 2008; Kiss et al., 2015; Zimmerman et al., 2006). Depression has been  
10 the second most prominent mental problem (5 out of 19 in our study; 1 in 2 in other  
11 studies), reporting feelings of sadness, loneliness, uselessness, unpleasantness,  
12 hopelessness, and apathy (Gezie et al., 2018; Iglesias-Rios et al., 2018; Tsutsumi et al., 2008;  
13 Kiss et al., 2015; Raymond et al., 2001; Zimmerman et al., 2006). Similar studies with woman  
14 engaged in Spanish prostitution (Burgos & Del Pino, 2021) observed that anxiety disorders  
15 have increased during COVID-19 pandemic due to the pressure suffered by pimps when it  
16 comes to paying debts and maintenance. Consistent with previous studies, PTSD (Gezie et  
17 al., 2018; Iglesias-Rios et al., 2018; Tsutsumi et al., 2008; Kiss et al., 2015; Zimmerman et al.,  
18 2006) and feelings of shame or guilt related to prostitution (Lederer & Wetzler, 2014) also  
19 impacted on the health of the participants.

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33 Due to the various health impacts, participants reported accessing healthcare services  
34 through a combination of insurance systems, including private, public, and non-  
35 governmental organization (NGO). Although many had access to public health care, one  
36 reported that she was not attended to due to lack of documentation. Regarding the  
37 attention and care of public health staff, interviewees have generally felt well treated or  
38 supported by health professionals, only few express deficiencies in treatment and lack of  
39 sensitivity. However, the use of health services was differences between nationalities.  
40 Nigerian participants showed more difficulties in accessing health services, which is partly  
41 explained by exposure to COVID-19, as well as language, religious, and cultural difficulties.  
42 Cultural and religious aspects play a crucial role in addressing health disparities and  
43 vulnerabilities among victims of human trafficking (García-Vázquez & Meneses-Falcón,  
44 2023), and should therefore be considered in future studies. Furthermore, ~~P~~previous  
45 studies in Spain (Guijarro et al., 2021) pointed out that the virus has affected very differently  
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between ethnic groups, so sub-Saharan, Caribbean, and Latin American migrant population are at higher risk of Covid-19 than the national population and other migrant groups from Europe, North America, North Africa, and Asia

In addition to the physical and mental health issues discussed, participants also highlighted various social concerns that impact their well-being. These include difficulties in accessing social support services, concerns about housing stability and homelessness, limited access to employment opportunities, worked more than eight hours per day, were deprived of sleep and food, were coerced to consume drugs and alcohol, were prohibited from human contact, were threatened with harm to family member, had precarious living conditions and the stigma and discrimination they face in society. Many of these social findings were also supported with previous research (Zimmerman et al., 2003). Furthermore, our study agrees with previous research (Zimmerman et al., 2006) that pointed out the frequent health problems suffered from victims such as headaches, back pain, stomach pain, loss of appetite, dental problems, memory problems, loss of sleep, dermatitis, psoriasis, arthritis, cystitis, or sexually transmitted infections. Because of that, the key intervention with women in prostitution during the COVID-19 pandemic is the offer of health services that attend to situations of violence, mental health, distribution of COVID prevention material, help with addictions, sexual and reproductive care (Platt et al., 2020). Along with this, our study suggests that the social and health situation had impacted to a greater extent than the trafficking situation during this time in the survivors' wellbeing. This occurs because the lockdown has slowed down the activity of the traffickers.

Despite the numerous challenges encountered by this group, the participants reported that access to social and health services, as well as COVID-19 policies related to public health, vaccination, and quarantine measures, were not always feasible during the pandemic and subsequent lockdowns. Due to that, the article emphasizes the need to adopt measures for the recovery of victims, such as medical and psychological assistance, in accordance with the Palermo Protocol. As we transition out of the pandemic, it is crucial for Spain, along with other European countries, to guarantee that all residents, particularly the victims of human trafficking, have access to social and healthcare protections during times of crisis.

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3 As it has already mentioned, further investigation should be done to fill the gaps on health  
4 of human trafficking (~~Sweileh, 2018~~) and improve the recovery of victims of trafficking  
5 (García-Vázquez & Meneses-Falcón, 2023~~0~~; Sweileh, 2018). The paper acknowledges the  
6 existing research gap in the field and emphasizes the importance for future studies to delve  
7 deeper into the challenges faced by victims, calling for a more nuanced understanding of  
8 the health.  
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## 16 CONCLUSION

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19 To sum up, the COVID-19 situation rises several challenges including social difficulties (food  
20 insecurity, violence, terrible housing conditions, working pressure, poor sleeping habits,  
21 cultural, linguistic and religious challenges), medical insecurity (due to lock downs, negative  
22 experiences in care, lack of official documents, collapse of hospitals, telephone monitoring,  
23 fear of contagion), great emotional distress reported by women (anxiety, fear, sadness,  
24 PTSD, stigma, substance use) and physical health problem (serious weight loss, muscle  
25 pains, dental problems, sexual and reproductive healthcare limitations).  
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33 In conclusion, it seems that the health problems during this time have been both due to the  
34 pandemic situation, the prostitution circumstances, and the situation of trafficking. In other  
35 words, the already existing problems caused by the trafficking situation were aggravated –  
36 because of the collapse of health services due to the COVID-19 pandemic. According to  
37 participants, the COVID-19 pandemic has particularly reinforced the mental health and  
38 psychological vulnerability ~~or mental health~~ of the female survivors of trafficking for sexual  
39 exploitation in Spain. The findings have the potential to give some information to detect  
40 possible victims of human trafficking for sexual exploitation and contribute to  
41 understanding the pandemic's impact.  
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3 Reviewer(s)' Comments to Author:

4 Reviewer: 1

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7 Recommendation: Minor Revision

8 I would like to express my sincere gratitude to the reviewer of the International Journal of  
9 Migration, Health, and Social Care for their valuable time and expertise in reviewing my article.

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12 Comments:

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16 Congratulations to the authors on their valuable contribution to the field. I would like to offer  
17 a few suggestions to further enhance the quality of the manuscript:

18  
19 Terminology: Consider reviewing and modifying certain terminology used throughout the  
20 paper. For instance, the use of terms like "sex industry" and "client" may inadvertently  
21 condone the sex market and the role of sex buyers or "prostitutors". To address this concern, I  
22 recommend referring to Rachel Moran's work, "Paid For," for insights on more appropriate  
23 terminology.  
24  
25

26 Thank you to the reviewer for their invaluable support. We have changed the terms "sex  
27 industry" throughout the article. We have used the term "client" because the participants  
28 mentioned them but can add the "Sex buyers" term mentioned.  
29  
30

31 Literature: In the literature review section, it would be beneficial to include a broader range of  
32 references that explore the impact of prostitution and sex trafficking on women. For example,  
33 the statement "Furthermore, our study agrees with previous research (Zimmerman et al.,  
34 2006)" could be expanded to include multiple relevant sources to strengthen the paper's  
35 argument and demonstrate a comprehensive understanding of the existing literature.  
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37

38 Further studies are included and explained to strengthen the document that explore the  
39 impact of sex trafficking on women.  
40

41 Research in Spain and during the pandemic: To provide a richer context and highlight the  
42 relevance of the topic, I suggest incorporating research conducted specifically on prostitution  
43 in Spain, especially studies conducted during the COVID-19 pandemic. This would enhance the  
44 manuscript's analysis and understanding of the unique challenges faced by women involved in  
45 prostitution in the Spanish context.  
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47

48 Further studies are included related to Spanish context during the COVID-19 pandemic.  
49

50 Violence by men: It is important to explicitly recognise the responsibility of men who engage in  
51 buying prostitution sex. Therefore, I recommend revising sentences such as "According to  
52 participants, the COVID-19 pandemic has dramatically increased the mental health problems  
53 of trafficked women caused by violence." The manuscript currently avoids explicitly  
54 mentioning men's role in perpetuating such violence, but it would be valuable to address this  
55 aspect directly.  
56  
57

58 Thank you so much for this suggestion. We were thinking a lot about this topic because it is  
59 really important. In this line, we have included some reference for addressing the gender  
60

perspective and specify that the clients mentioned were male.

General comments: I encourage double-checking statements such as "is occurs because the lockdown has slowed down the activity of the traffickers" since traffickers have increasingly moved their activities online during the pandemic. Additionally, in the sentence "The COVID-19 pandemic has particularly reinforced the psychological vulnerability or mental health," it would be clearer if it said "the mental health and psychological vulnerability" instead of using "or."

Thank you once again to the reviewer for their invaluable support. We have changed the specific suggestion mentioned and we have made a general review throughout the article.

Revise typos: Finally, I suggest addressing several typos found in the manuscript, including "Nigeria ones," "a al extremo," "auto-secuestrada (?)," and "on the health (of women?) as migrants and survivors of human trafficking."

Your insightful comments and constructive feedback have greatly contributed to improving the quality and clarity of my research. We have changed those mistakes and it has profoundly improved.

Overall, with these suggested modifications, the manuscript will further strengthen its clarity, depth, and scholarly rigor.

Additional Questions:

1. Originality: Does the paper contain new and significant information adequate to justify publication?: The paper presents new and original information that justifies its publication. Particularly in light of the global impacts of the pandemic on the health of women, this research assumes even greater importance. The study sheds light on an underresearched area, namely the conditions of women involved in prostitution, which is crucial in understanding the challenges they face and designing appropriate interventions. By delving into this topic, the authors have demonstrated their commitment to addressing the health disparities and vulnerabilities experienced by women in this specific context. The findings have the potential to inform policy decisions, shape healthcare practices, and foster a more comprehensive understanding of the broader impacts of the pandemic on marginalised populations. Overall, the originality and relevance of this research make a strong case for its publication.

2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the relevant literature in the field and cite an appropriate range of literature sources? Is any significant work ignored?: The paper appropriately cites a range of literature sources that are crucial for contextualising the research and supporting the arguments presented. However, in order to further strengthen the manuscript, I would suggest including additional references that delve into the impact of prostitution and sex trafficking on women. Exploring this body of literature would enhance the discussion of the specific challenges faced by women involved in prostitution and provide a broader framework for understanding their experiences.

Furthermore, it would be beneficial to consider incorporating research conducted by Spanish authors on prostitution in Spain, especially regarding the recent studies conducted during the pandemic. For instance, the article titled "Ser putero implica asumir riesgos: la masculinidad misógina de los hombres prostituidores durante la pandemia del COVID-19 en España"

published in Revista Española de Sociología in 2022 could be valuable in recognising the influence of male sex buyers in the health of women in prostitution in Spain during the pandemic. By incorporating these additional literature sources, the manuscript would further enrich its analysis and strengthen the overall argument.

Thank you so much for your suggestion of adding more literature. It is a very interesting reference. We would like to focus mainly on the victims' experiences, from a victim-centered perspective. Following your suggestion, we had added other references related to Spain, victims of trafficking for sexual exploitation, and the Covid pandemic.

3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or other ideas? Has the research or equivalent intellectual work on which the paper is based been well designed? Are the methods employed appropriate?: The authors have demonstrated a comprehensive understanding of the theoretical framework that underpins their research, allowing for a robust analysis and interpretation of the findings. Through qualitative methods, such as interviews or observations, the authors were able to capture rich and nuanced data that provide a deep understanding of the experiences and perspectives of the women involved in prostitution. This qualitative approach allows for a comprehensive exploration of the social, psychological, and cultural dimensions of the phenomenon, contributing to a more holistic understanding of the subject matter.

4. Results: Are results presented clearly and analysed appropriately? Do the conclusions adequately tie together the other elements of the paper?: The results of the study are presented in a clear and coherent manner, allowing for easy comprehension and interpretation. The conclusions drawn from the results adequately tie together the various elements of the paper, providing a cohesive and meaningful understanding of the research topic. The authors demonstrate a strong ability to synthesise the findings in relation to the existing literature, highlighting the significance and implications of their results.

5. Practicality and/or Research implications: Does the paper identify clearly any implications for practice and/or further research? Are these implications consistent with the findings and conclusions of the paper?: The paper explicitly acknowledges the limited amount of research conducted on the topic, highlighting the need for further investigation. The paper emphasises the need for future studies to delve deeper into the experiences and challenges faced by these women, taking into account the specific impacts of the pandemic.

6. Quality of Communication: Does the paper clearly express its case, measured against the technical language of the field and the expected knowledge of the journal's readership? Has attention been paid to the clarity of expression and readability, such as sentence structure, jargon use, acronyms, etc.: Yes, the paper effectively communicates its case while adhering to the technical language expected within the field and the knowledge level of the journal's readership. Attention has been paid to ensure clarity of expression and readability throughout the manuscript. The sentence structure is well-constructed, allowing for smooth and coherent flow of ideas. The quality of communication in terms of language, structure, and readability is commendable and effectively conveys the research findings and arguments presented in the manuscript.

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3 Reviewer: 2  
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5 Recommendation: Major Revision  
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10 Comments:

11 The topic of the article is relevant but needs profound improvements in terms of the analysis  
12 of the results, the discussion and final conclusions.  
13

14 Additional Questions:

15 1. Originality: Does the paper contain new and significant information adequate to justify  
16 publication?: As the authors comment, the aim of this article is to describe the consequences of  
17 the COVID-19 pandemic on the health and the well-being migrant women in Spain survivors of  
18 human trafficking for sexual exploitation.  
19

20 In this sense, it is a relevant article because it makes visible the difficulties and impact that  
21 COVID-19 has had on women victims of trafficking for sexual exploitation, a reality that  
22 without COVID it is difficult to make visible and to investigate. However,  
23

24  
25 We would like to express my sincere gratitude to the reviewer of the International Journal of  
26 Migration, Health, and Social Care for their valuable time and expertise in reviewing my article.  
27

28 2. Relationship to Literature: Does the paper demonstrate an adequate understanding of the  
29 relevant literature in the field and cite an appropriate range of literature sources? Is any  
30 significant work ignored?: The literature review is extensive, up-to-date and clear. Only one  
31 chapter working on the same topic published last year is recommended: Goikoetxea, I. G.,  
32 Allue, N. L., & Lashayas, M. A. N. (2022). Impacto de la Covid-19 en víctimas y supervivientes de  
33 trata con fines de explotación sexual. In Covid-19, multiverso de disciplinas. Una mirada desde  
34 la salud, la educación y la comunicación (pp. 814-836). Dykinson.  
35

36 Thank you so much for the literature suggested, it really makes a contribution and we have  
37 included it.  
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40 3. Methodology: Is the paper's argument built on an appropriate base of theory, concepts, or  
41 other ideas? Has the research or equivalent intellectual work on which the paper is based  
42 been well designed? Are the methods employed appropriate?: The methodology is  
43 appropriate. It is very difficult to access women victims of trafficking for sexual exploitation, so  
44 it is a good methodological approach to have the NGO workers conduct the interviews,  
45 although, as presented in the article, this has some limitations.  
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49 4. Results: Are results presented clearly and analysed appropriately? Do the conclusions  
50 adequately tie together the other elements of the paper?: The analysis of the results needs to  
51 be more precise, as some of the results that are presented are related to difficulties that  
52 women victims of trafficking in general tend to have, which is why a more specific analysis of  
53 the specific impacts of COVID is recommended. In other words, the description of the results  
54 mixes impacts that women already have with the specific impacts of COVID 19. On the other  
55 hand, the article states that 3 dimensions of results will be presented: physical health,  
56 psychological impact, and violence., but only two are presented: : physical health,  
57 psychological impact. The third one (violence) fault.  
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3 Thank you once again to the reviewer for their invaluable support. We had made a mistake  
4 including the violence section, so we have deleted it.  
5

6 Finally, it is recommended that quotations be grouped by ideas. Sometimes quotations with  
7 different meanings are presented together and it is not clear to which idea they refer.  
8

9 We have presented more coherence and grouped the quotations.  
10

11 The discussion is poor, it discusses ideas that have not been presented in the results and there  
12 is a lack of final conclusions in the article.  
13

14 We have reviewed profoundly these aspects, so everything is based on the quotes and  
15 evidence presented. What is more, we have made an effort to present a clear conclusion in the  
16 article.  
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19 5. Practicality and/or Research implications: Does the paper identify clearly any implications  
20 for practice and/or further research? Are these implications consistent with the findings and  
21 conclusions of the paper?: The implications of the article are unclear. It would be advisable to  
22 go deeper into it, for example, some recommendations for health agents in this case to detect  
23 possible cases of trafficking or recommendations addressed to other social agents involved.  
24

25 We are truly thankful for your dedication and commitment to the peer review process, which  
26 plays a crucial role in advancing scholarly knowledge in the field. We have tried to explain  
27 more deeply the recommendations and implications of this research.  
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30 6. Quality of Communication: Does the paper clearly express its case, measured against the  
31 technical language of the field and the expected knowledge of the journal's readership? Has  
32 attention been paid to the clarity of expression and readability, such as sentence structure,  
33 jargon use, acronyms, etc.: In general, the article is well understood and well written. On some  
34 occasions, some sentences have been marked in the text that are difficult to understand.  
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37 We are truly thankful for you dedication and support. We have explained your comments in  
38 the text.  
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