Uneven Impact of Covid-19 on Sex Workers in Spain

Impacto desigual del Covid-19 en las trabajadoras sexuales en España

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Abstract

The coronavirus pandemic has had major impacts on sex workers, with notable differences in bargaining power, coercion, and health. Therefore, the aim of this research is to describe the different impacts of the Covid-19 pandemic on paid sex workers. For this purpose, we conducted a comparative analysis using questionnaires collected from 605 individuals representing two segments of sex industry: one socio-economically lower (415) and the other middle-income (190). In both cases, a sociological questionnaire was used. In S1, it was conducted in person with intentional sampling, while in S2, it was conducted online using social media. Regarding the results, there were significant differences between the two groups, with the lower segment being more vulnerable and facing worse conditions: more difficulties with their documents, lower level of education, less support network, more clients, more insecurity in the place where they work (streets, industrial estates or roads), younger age of starting prostitution, more coercion or need to start (most reported reasons to start in prostitution were economic need, lack of documentation, family responsibilities and debts), less possibilities

of health insurance, worse physical and mental health, more food insecurity, and lower income. The middle sector showed: more autonomy, was less impacted by the Covid-19 pandemic, had been in Spain for longer, often holding a residence permit, having more protection measures, having a higher level of education, having a greater support network, having started prostitution at an older age, and were less likely to have been coerced into it. In conclusion, it is important not to homogenise all people in sex work, as there are different sectors and needs within the sex market in Spain, which require different or more targeted policies and interventions.

Keywords: Coronavirus pandemic; sex work; prostitution; vulnerability; women; mental health; sex industry; lockdown.

Resumen

La pandemia de coronavirus ha tenido importantes repercusiones en las trabajadoras del sexo, con notables diferencias en cuanto a poder de negociación, coacción y salud. Por lo tanto, el objetivo de esta investigación es describir los diferentes impactos que la pandemia Covid-19 ha tenido en las trabajadoras sexuales. Para ello, realizamos un análisis comparativo utilizando cuestionarios recogidos a 605 personas en el sexo de pago que representan a dos segmentos de la industria del sexo: uno (M1) socioeconómicamente más bajo (n=415) y otro (M2) de ingresos medios (n=190). En ambos casos se utilizó un cuestionario sociológico. En M1 se realizó de forma presencial con muestreo intencional, mientras que en M2 se llevó a cabo online utilizando las redes sociales. En cuanto a los resultados, se observaron diferencias significativas entre ambos grupos, siendo el segmento bajo más vulnerable y con peores condiciones: más dificultades para obtener sus documentos, menor nivel de estudios, menor red de apoyo, mayor número de clientes, más inseguridad en el lugar donde ejercen (calles, polígonos o carreteras), menor edad de inicio en la prostitución, mayor coacción o necesidad de iniciarse (los motivos más señalados para iniciarse fueron la necesidad económica, la falta de documentación, las cargas familiares y las deudas), menos posibilidades de seguro médico, peor salud física y mental, más inseguridad alimentaria y menores ingresos. El sector medio mostraba mayor autonomía, estaba menos afectado por la pandemia del Covid-19, llevaba más tiempo en España, a menudo tenía permiso de residencia, contaba con más medidas de protección, tenía un mayor nivel de estudios, disponía de una mayor red de apoyo social, se había iniciado en la prostitución a una edad más avanzada, y era menos probable que hubiera sido coaccionado para ejercerla. En conclusión, es importante no homogeneizar a todas las personas que ejercen el trabajo sexual, ya que existen diferentes sectores y necesidades dentro del mercado del sexo en España, que requieren políticas e intervenciones diferentes, o más específicas.

1. INTRODUCTION

The Covid-19 pandemic was particularly virulent in Spain, being, along with Italy, one of the countries with the highest mortality, contagion, and socioeconomic repercussions during the first year of the pandemic (Fedorkó et al., 2022). The impact of the virus was not homogeneous in the Spanish population, but certain groups were more affected than others, especially the most vulnerable and disadvantaged populations, such as many of those who worked in prostitution. In March 2020, confinement was decreed, which meant the closure of premises where sex workers had contact with clients, as well as the impossibility for those who worked in the street to do so, and to a lesser extent for the rest. However, in Spain as in other European countries, sex work did not stop, but continued throughout the confinement and the pandemic (Meneses-Falcón et al., 2022; Recio Burgos & Plaza del Pino, 2021).

As a highly stigmatised group whose activities involve close physical contact with their clients, some of the consequences of the pandemic on this population and the risks they faced during confinement and in the aftermath of the pandemic have been noted (Mahajan et al., 2023). However, it has been shown that sex work is highly stratified, and that income earned on the street can be 30% lower than in other sectors (Moffatt & Peters, 2004). The pandemic did not affect all strata of prostitution or sex work in the same way, and sex work shifted to the more invisible sector (Azam et al., 2020). Studies and research have often been conducted without considering the sector or strata of sex work from which the data were collected, so that conclusions have been generalised to the entire population of individuals involved in prostitution. Studies have found important differences between the street and indoor sectors of sex work in various dimensions such as working conditions, health, and violence (Deering et al., 2014). In this sense, this study asks whether the consequences of the pandemic have been the same for the whole sector, or whether there are differences and where they are to be found. Studies have pointed to a number of circumstances that sex workers

have experienced during the Covid pandemic that can be divided into three aspects: health, socio-economic and sex work development (Brooks et al., 2023; Fedorkó et al., 2022).

1.1. Health, Covid 19 and sex work

As an occupation with difficulty in maintaining social distance in sexual performance, exposure to Covid was higher or equal to that of similar professions, but with a higher likelihood of infection (Chiang et al., 2022). Access to health services is often difficult for this population and was exacerbated by the pandemic. Access to preventive measures such as PrEP prophylaxis, which were cancelled during confinement, was particularly difficult, as was obtaining condoms, and STDs increased (Leyva-Moral et al., 2023).

The social and especially economic conditions, which are discussed in the following section, as well as caring for clients in a pandemic situation, produced a negative emotional state with important repercussions for mental health (Rebellon-Pinillos & Gómez-Lugo, 2021; Santos Couto et al., 2022). The pandemic context provoked episodes of anxiety, depression, insomnia, distress, fear, and stress (Meneses-Falcón et al., 2022).

Covid immunisation has not targeted sex workers as a priority group in many countries, and even when they were included among vulnerable groups, vaccination rates remained low because of inadequate information and access (Chiang et al., 2022).

1.2. Covid's socioeconomic impact

Loss of income was one of the key consequences, especially during confinement. Many women had no savings and lived on the income that prostitution generated on a daily basis. The sudden absence of income resulted in the inability to pay the rent, send money to their families and buy food (McBride et al., 2023; Meneses-Falcón et al., 2022). Many sex workers were faced with the choice of either continuing to engage in prostitution to earn an income to survive or preserving their health at the risk of survival (Mantell et al., 2021).

On the other hand, a sector of sex workers were undocumented migrants who worked on the streets, facing increased stigma and discrimination (Cabras & Ingrascì, 2022). This group was among the most affected during

the pandemic and especially the confinement, as they were no longer able to contact their clients on the street. It has also been documented that some of them suffered increased victimisation from robbery, physical or sexual violence, fraud, and other crimes (Molnar & Ros, 2022). Finally, it has been highlighted that in the absence of income, many sex workers became indebted with predatory loans, which subsequently led to conditions of servitude (Shekhar, 2023).

1.3. Sex work during Covid

The main consequence for sex workers was that the Covid 19 pandemic made it impossible for them to work (Moura et al., 2023) and this led to a range of effects. The number of clients decreased during the pandemic and many sex workers accepted new clients without checking and assessing risk indicators for Covid and other diseases (Chiang et al., 2022), as the priority was income rather than health (Meneses-Falcón et al., 2022).

This resulted in reduced bargaining power with clients over prices and conditions of sexual services, especially protection and limits on sexual practices, with clients accepting some practices they did not previously engage in (McBride et al., 2023). The shortage of clients prevented their selection, increasing the risk of violent episodes or unwanted behaviours, such as drug use (Molnar & Ros, 2022). In other cases, sex work was stopped during confinement, the number of clients was reduced, preventive measures were implemented, or online sex practices took place (Rogers et al., 2021).

Finally, it is notable that in countries with legislation aimed at abolishing prostitution (France, Sweden, Ireland, Italy and Spain), which seeks to eliminate both the demand and supply of paid sex, sex workers did not receive any official assistance in the first months of the pandemic, either due to its absence or inadequate outreach to those affected (Fedorkó et al., 2022). As a result, sex worker organisations and women's solidarity took on the responsibility of addressing that coped with the scarcity of resources and basic needs during confinement and the pandemic (Moura et al., 2023), in light of limited support from NGOs or states.

In this line, some authors have reported that decriminalisation of sex work offer more protection and safety for sex workers, improving their health and decreasing the likelihood of violence (Deering et al., 2014; Oliveira et al.,

2020, 2023; Platt et al., 2018). In this regard, Pajnik and Radačić (2020) compared the working conditions and the violence experienced in sex work in Slovenia, which has decriminalizing legislation, and Croatia, which has more criminalizing legislation. The results showed that in Slovenia, sex workers were more autonomous, had greater security, and a higher economic level compared to those in Croatia, who faced greater risks and worse conditions. Similar conclusions have been drawn in other places, such as Armstrong and Abel (2020), who demonstrated the positive effects of the decriminalization of sex work in New Zealand.

This paper studies the consequences of the Covid-19 pandemic on sex workers, and the measures that were taken to curb the virus. There have been studies that have focused on this aspect (Recio Burgos & Plaza del Pino, 2021), but without nuancing or discriminating between the socio-economic strata of prostitution and how it affects each of them. Therefore, this paper has the following objectives. First, to compare and determine the impact of the Covid-19 pandemic among sex workers from more vulnerable strata with those from higher socio-economic status. Second, to point out the working conditions that sex workers encountered in each sector and how it affected them.

2. METHODS

The research has a sectional design through a face-to-face and online survey with two samples of people in prostitution, from May 2021 to December 2022. This questionnaire has been distributed throughout Spain.

2.1. Participants

Two samples of sex workers are analysed, drawn from different sources and sectors. The first sample (S1) is collected from May 2021 to November 2021, from a sector of women in prostitution from the lowest or most vulnerable stratum and mainly face-to-face. The second sample we are analysing (S2) is collected from April 2021 to December 2022 online, in a medium sector of prostitution. The sampling applied in S1 was intentional, while in S2 it was reached through social media by requesting collaboration to participate in the study.

2.2. Procedure

A questionnaire was developed specifically for the study, which was reviewed by survey experts and sex workers to ensure that the questionnaire was tailored to the target population (Meneses-Falcón et al., 2022). In the first sample, 415 (S1) women and transgender women were surveyed in a variety of prostitution contexts and Spanish cities, but all located in a lower stratum of the sex market, collected mainly by members of an NGO. This NGO has been working mainly in the lower stratum of paid sex and also with victims of trafficking for sexual exploitation. In some cases, an online version of the questionnaire was used for distribution. Subsequently, responses from 190 sex workers (either women, men or trans) in other, more hidden sectors were collected online (S2). The questionnaire was publicised based on ethnographic knowledge of the more closed sector of sex work, a more hidden and less visible sector (Meneses-Falcón, 2023b).

The questionnaire was based on another one already tested with the population of women in prostitution contexts and was translated into several languages (English, French, Romanian, Chinese, Italian, Portuguese) in order to make it easier to self-complete. Most of the questionnaires obtained in the first sample were completed in the place where the women were working (the street, flats, brothels, farmhouses, or industrial estates), in the presence of social workers or other professionals from the social projects of the Oblate NGO. In some cases, they were held at the project centre itself, online or by telephone. In short, they were provided with a variety of ways in which they could fill it in as comfortably as possible.

There were some difficulties in filling in the questionnaire for the first sample (S1): a) because of having to report the money they earned, especially those who were under surveillance by some trafficking network that controlled them, they were afraid of giving information that would later be reproached, or fear of losing the economic aid they obtained from governmental or non-governmental sources if they reported a high amount of income; b) due to the restrictions of the Covid-19 virus itself, which prevented access to many places that usually contacted an important sector of women; c) due to the lack of economic compensation for collaborating in the research, given that participation was voluntary; d) due to the difficulty of disseminating the questionnaire among groups of women who were

also involved in other entities, and who did not participate in the research. The social projects are dedicated to intervention rather than research, so it required additional effort for them to include among their activities the carrying out of a research survey. Therefore, they were advised and supervised by the researchers throughout the process.

In relation to the questionnaire of the second sample (S2) there were no incidents, it was distributed online, by one of the authors and among the sex workers themselves. This group was more aware of being sex workers, because in general they have opted for this activity, and therefore refuse to refer to themselves as prostituted women. In conclusion, the first sample (S1) was disseminated by an NGO, whereas the second sample (S2) was more autonomously disseminated online by individuals engaged in prostitution.

2.3. Analysis

Once the questionnaires of the first sample (S1_NGO dissemination) had been completed, they were scanned and sent to the researchers, who computerised them for analysis. Subsequently, the questionnaires obtained online (S2_autonomous dissemination) were added to the same database, with a variable that distinguished between the two questionnaires. Firstly, the analysis carried out was descriptive and bivariate, with the application of contingency tables for the categorical variables and *t-tests for* the comparison of means between the two samples. Subsequently, a multiple correspondence analysis (MCA) was carried out in order to explore and analyse the relationship between two or more sets of categorical variables, paying special attention to the perceptual map resulting from the MCA. This analysis allows multiple sets of categorical variables to be analysed simultaneously, using factor analysis techniques to graphically represent the association structure between the categories of variables. This is achieved by projecting the data points into a lower dimensional space, where the distance and direction between the points reflect the association between the categories. The principal axes in the reduced space represent latent dimensions that capture most of the variability in the data. The interpretation of these dimensions helps to understand the nature of the association between categorical variables. The coordinates of the categories on the axes and their contributions to the

total variability provide information on the strength and direction of the association between the variables. One of the most powerful outputs of the MCA is the perceptual map where the categories of the different categorical variables considered in the analysis are positioned. Thus, categories that are closer to each other on the map have a stronger association. If two categories share a close position, this indicates that they are similar in terms of the underlying structure of the categorical variables. Moreover, the orientation of the categories in relation to the map axes is crucial. If the categories are aligned in the same direction, they are likely to share common characteristics, and if they are in opposite directions, this suggests an oppositional or antagonistic relationship. Also, the proximity of categories to the axes indicates the contribution of those categories to the variability captured by the latent dimensions. Categories that are further away from the axes contribute more to the variability.

The above guidelines will allow us, as mentioned above, to jointly interpret the relationships between more than two categorical variables through the perceptual map resulting from the MCA.

2.4. Ethical requirements

The women were asked to consent to participate in the research and were assured that the questionnaire was anonymous and that their responses would not be identified, following criteria that were established by the Universidad Pontificia Comillas Ethics Committee.

3. RESULTS

The results obtained by comparing the two samples of sex workers are presented below.

3.1. Socio-demographic characteristics

The majority of the sample consisted of women, as only one group of men responded in S2, because the NGOs that collected the questionnaire in S1 did not work with men in sex work (Table 1). Less than a third of the sample was Spanish-born, although in S2 more than half were Spanish-born. There are

also differences in the level of education attained between the two samples, being higher in S2, which has more cases with high school and university studies. In addition, this sample (S2) has more protection measures, family in Spain, work permit and absence of children than the previous sample (S1).

**Table 1.** Socio-demographic characteristics of the two samples

Variable	S1_ONG % (415)	S2_Indep. % (190)	All % (605)*	pvalue
Sex				
Woman		91,6 (380)	71,6 (136)	85,3 (516)
Transgender		8,4 (35)	7,9 (15)	8,3 (50)
Men		-	20,5 (39)	6,4 (39)
Country of birth				
Spain	15,5 (64)	55,8 (106)	28,2 (170)	0,001
Others	84,5 (349)	44,2 (84)	71,8 (433)	
Level Education				
None	4,9 (20)	5,3 (10)	5,0 (30)	0,001
Primary	15,6 (64)	8,9 (17)	13,5 (81)	
High School (1-4)	29,5 (121)	17,9 (34)	25,8 (155)	
High School (5-6)	37,3 (153)	40,5 (77)	38,3 (230)	
University	12,7 (52)	27,4 (52)	17,3 (104)	
Family in Spain (Yes)	37,3 (152)	75,3 (143)	49,3 (295)	0,001
Protective measure (Yes)	21,7 (83)	33,2 (63)	25,5 (146)	0,003
Work permit (Yes)	47,6 (160)	81,6 (155)	59,9 (315)	0,001
Children:				
Yes In Spain	20,6 (83)	32,1 (61)	24,3 (144)	0,001
Yes but no in Spain	48,6 (196)	21,1 (40)	39,8 (236)	
No Children	30,8 (124)	46,8 (89)	35,9 (213)	
	M/ SD	M/ SD	M/ SD	pvalue
Age	38,2 /10,4	37,1 /10,5	37,9 /10,4	0,116
Time spent in Spain (years)	8,7 /7,8	11,5 / 8,9	9,8 / 8,09	0,003

*The percentages are summed in columns, and the absolute frequencies are presented and summed in rows. It is possible that the final count is not 605 due to the presence of missing data, which has not been considered in the estimates presented in the table.

Source: own creation

The association between these variables is best reflected in the Multiple Correspondence Analysis (MCA), which allows us to establish the pattern of associative behaviour between the variables involved. In MCA, the variables that define each of the axes allow us to analyse which categories have the most weight in the model obtained, so that the variable that contributes most to the model is the one that defines that axis or dimension. Moreover, the closer two categories are on an axis on the map, the stronger the association between them. Thus, as can be seen in the perceptual map, the result of the MCA, the two strata considered are clearly differentiated on different axes, with an association between belonging to the middle status (S2_Indep.) and having more education, having been born in Spain, having a family in Spain, not having children in Spain, and having received more protection measures. While the lower stratum (S1_NGO) is associated to a greater extent with lower education, not having a family in Spain, not having been born in Spain, less protective measures and having children in Spain.

Figure 1. Perceptual map MCA with status
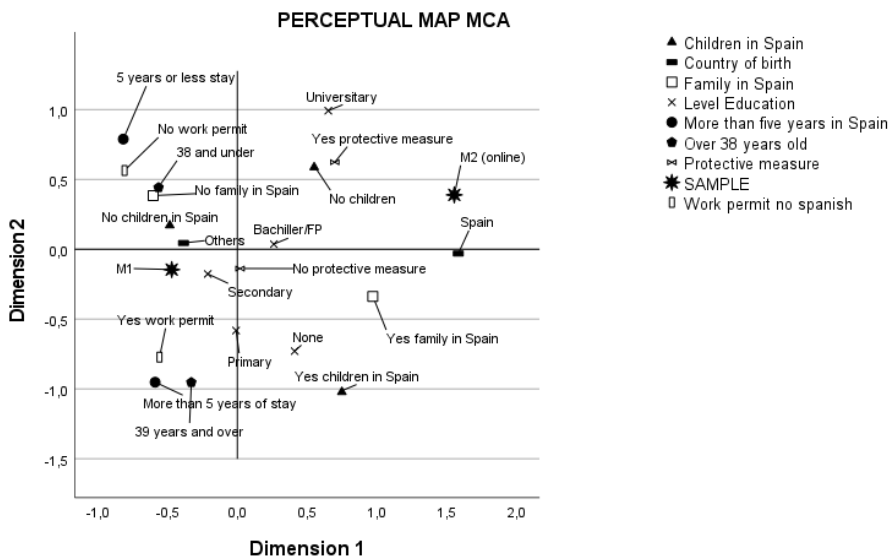
Source: own creation

3.2. Prostitution/sex work issues

There are significant differences between the two samples of sex workers analysed. The S2 sample starts at a younger age in prostitution and initiation by coercion is significantly lower than in the S1 sample (Table 2). Although for both samples their initiation into sex work was mainly due to economic necessity, there are significant differences between the two samples in this and other motives. In this sense, in S1, the reasons for starting sex work are more likely to be due to not having a work permit, having a family to support and having a debt. In S2, the main reasons were not having work alternatives, curiosity and wanting to develop this activity.

We also found some significant differences in the places where they worked. The S2 respondents were more likely to work in hotels or at home, while the S1 respondents were more likely to work on the street, industrial estates or roads. There are also differences in the weekly income obtained, being higher in S2, and in the number of clients, which was higher in S2. Finally, it was the women in the S1 sample who knew more women who were coerced into the activity.

Table 2. Variables related to sex work

Variable	S1_NGO % (415)	S2_Indep. % (190)	All % (605)	pvalue
Start with coercion (Yes)	39,3 (155)	21,6 (41)	33,6 (196)	0,001
Motives (Yes)				
Economic need	71,8 (298)	61,6 (117)	68,6 (415)	0,012
Drug dependence	5,1 (21)	7,9 (15)	6,0 (36)	0,170
Have not a work permit	38,1 (158)	17,9 (34)	31,7 (192)	0,001
Supporting a family	66,0 (274)	47,4 (90)	60,3 (364)	0,001
No alternative employment	60,2 (250)	47,9 (91)	56,4 (341)	0,004
Curiosity and wanted	11,8 (49)	54,7 (104)	25,3 (153)	0,001
I had debt to come	30,8 (128)	12,1 (23)	25,0 (151)	0,001

Place				
Sauna, house, massage	5,5 (23)	17,9 (34)	9,4 (57)	0,001
Venue or club	13,3 (55)	13,7 (26)	13,4 (81)	0,885
Flat or villa	41,2 (171)	44,7 (85)	42,3 (256)	0,414
Hotel	13,5 (56)	56,3 (107)	26,9 (163)	0,001
In my house	16,4 (68)	50,0 (95)	26,9 (163)	0,001
Street, industrial estate, road	20,2 (84)	9,5 (18)	16,9 (102)	0,001
In the car	7,2 (30)	16,8 (32)	10,2(62)	0,001
	M/ SD	**M/ SD**	**M/ SD**	**pvalue**
Hours per week	37,9/37,7	36,1/34,9	37,2/36,7	0,295
Weekly income	506€/583,9	978€/970	674€/777,4	0,001
Number of customers per week	10,9/11,3	16,5/26,1	12,9/18,1	0,004
Meet coerced women	18,3 (73)	10,0 (19)	15,6 (92)	0,009
Aggressive client episode during pandemic	24,3 (98)	18,4 (35)	22,4 (133)	0,111
Age of onset	27,4/ 8,4	25,3/8,3	26,7/8,4	0,003
Uptime	10,5/9,6	11,6/8,7	10,9 /9,3	0,101

Source: own creation

Analysing together all the variables related to motives and the two samples of sex workers by means of an MCA, it is obtained in the perceptual map that the low stratum (S1) did not practice prostitution out of curiosity or because they wanted to, while in the online sample it is clearly associated with curiosity or wanting to carry out sex work. However, in the rest of the motives are more associated in S1 than in S2. In both samples, drug dependence was not a reason for engaging in prostitution.

Figure 2. Perceptual map MCA with motives
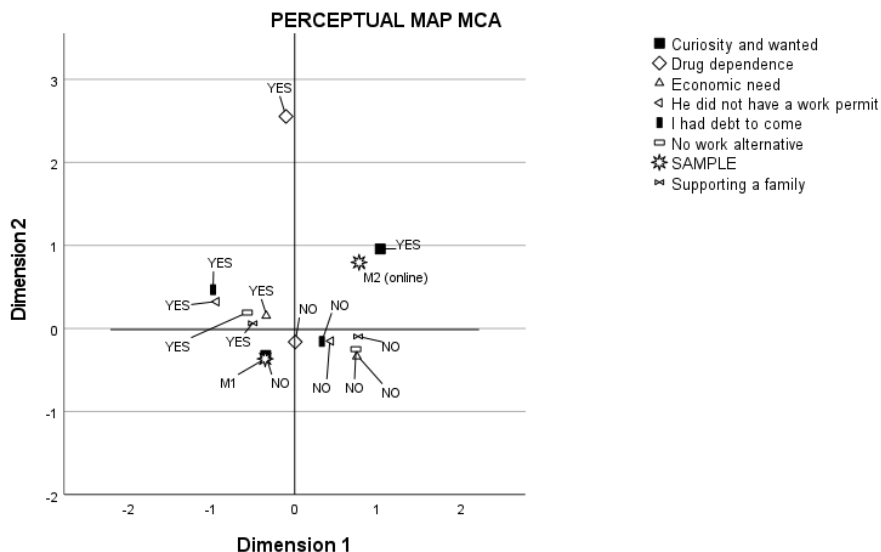
Source: own creation

3.3. Covid and health status

Significant differences were also found between the two samples on health variables. In S2, more respondents were infected with Covid, and a higher proportion had health insurance (Table 3). In S1 the client's request not to use a condom during the pandemic was higher, and they reported that it worsened their physical and psychological health.

Table 3. Covid and health situations

Variable	S1_NGO % (415)	S2_Indep. % (190)	All % (605)	pvalue
Covid's client protection measures (Yes)	67,2 (256)	60,5(115)	65,0(371)	0,116
Covid contagion (Yes)	17,4 (69)	34,2 (65)	22,8 (134)	0,001
Health insurance (Yes)	76,0 (311)	83,2(158)	78,3 (469)	0,049
Request not to use condoms during the pandemic (Yes)	70,4 (273)	52,1(99)	64,4 (372)	0,001
Worsened physical health with Covid.	44,0(159)	24,7 (47)	37,4 (206)	0,001
Worsened psychological health with Covid	68,2 (257)	50,0 (95)	62,1(352)	0,001

Source: own creation

In the perceptual map resulting from the MCA, it can be seen that the S1 sample has been much more exposed to risky situations than S2, due to the greater request of clients not to use condoms, not having medical insurance, and the worsening of their physical and psychological health. However, S2 are more likely to have been infected with Covid than S1.

Figure 3. MCA with risks

PERCEPTUAL MAP MCA
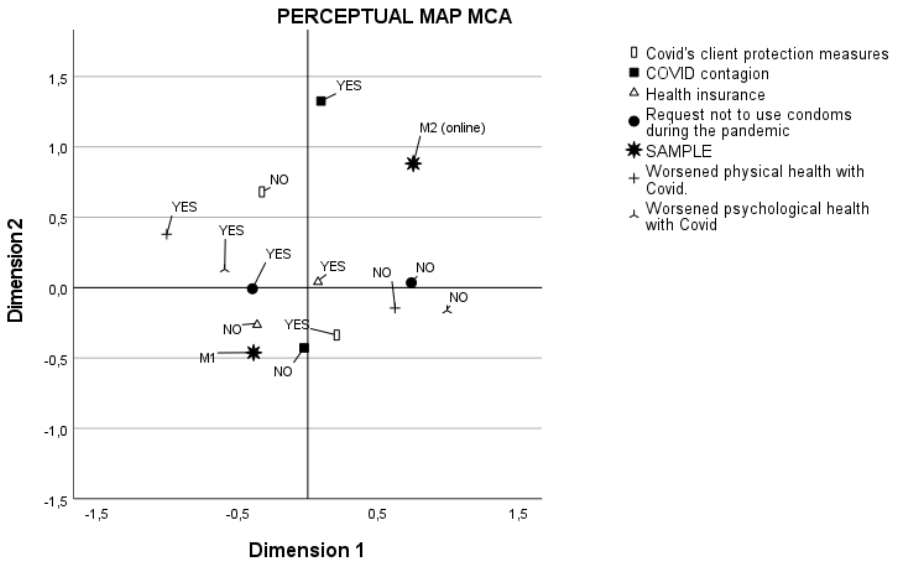
Source: own creation

3.3. Situations experienced during confinement

There are significant differences between the two samples surveyed in the events that participants experienced during house confinement in Spain in March 2020 and the months after. In S1, a higher proportion pointed out not having money to eat, having received some help from an NGO, having problems obtaining their documents, applying for public help, being granted some financial help they requested, a reduction in their income, a change in their relationship with clients and having difficulties sending money to their family. In S2, the amount of help received from clients was higher than in S1 (Table 4).

Table 4. Situations experienced during Covid

| During lockdown	S1_NGO % (415)	S2_Indep. % (190)	All % (605)	pvalue
I stayed in the street	15,4(57)	7,9(15)	12,8 (72)	0,012
I had no money to eat	53,2 (201)	25,3(48)	43,8 (249)	0,001
Continue in sex work	44,7(168)	47,9 (91)	45,8 (259)	0,469
I was helped by clients	28,9 (107)	46,8 (89)	35,0 (196)	0,001
I was helped by an NGO	43,7 (164)	15,3(29)	34,2 (193)	0,001
My debt increased	52,4(196)	45,3 (86)	50,0 (282)	0,109
I was fined by the police	8,6 (32)	10,5 (20)	9,3 (52)	0,456
I was kicked out of the club/venue	13,7(50)	13,7 (26)	13,7 (76)	0,987
I had trouble obtaining my legal document	27,9(100)	14,7 (28)	23,3 (128)	0,001
I was very afraid	67,8 (259)	47,4 (90)	61,0 (349)	0,001
During the Covid-19 pandemic	S1. % (415)	S2. % (190)	All % (605)	pvalue
I am applying for public aid	45,8(187)	28,5 (56)	40,6 (243)	0,001
Obtained public financial support	28,2(111)	13,7 (26)	23,5 (137)	0,001
Their incomes were reduced	91,2 (353)	78,4 (149)	87,0 (502)	0,001
Difficulty in sending money to the family	77,3(282)	35,8(68)	36,9 (205)	0,001
Changed the relationship with customers	65,8 (225)	49,5 (94)	60,0 (319)	0,001
Prices for sexual services dropped	66,3(240)	36,3(69)	56,0 (309)	0,001
I had no internet	36,2(124)	12,6 (24)	27,8 (148)	0,001
Concerns and problems with rent	83,2 (313)	64,2(122)	76,9 (435)	0,001
I was looking for a job alternative	72,5 (266)	51,6 (98)	65,4 (364)	0,001

Source: own creation

In the following MCA maps, it can be seen that the S1 sample has been affected much more than the S2 sample (figures 4 and 5).

Figure 4. Perceptual map MCA with comparisons between group during lockdown
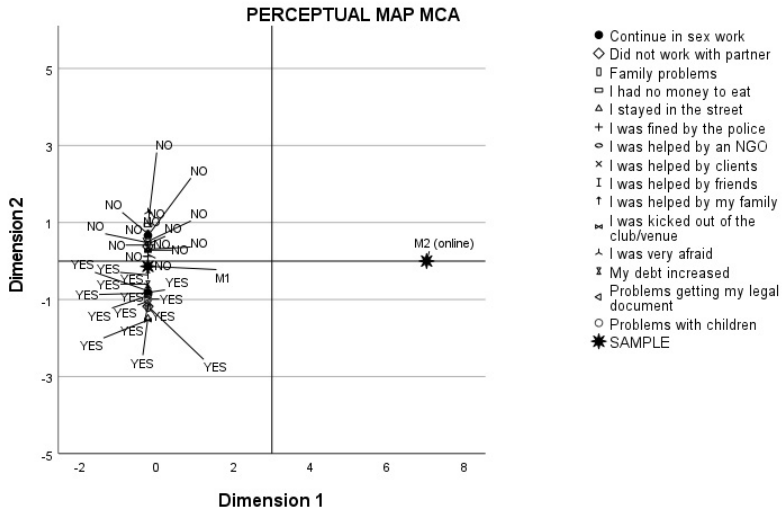
Source: own creation

Figure 5. Perceptual map MCA with comparisons between groups during the Covid-19 pandemic
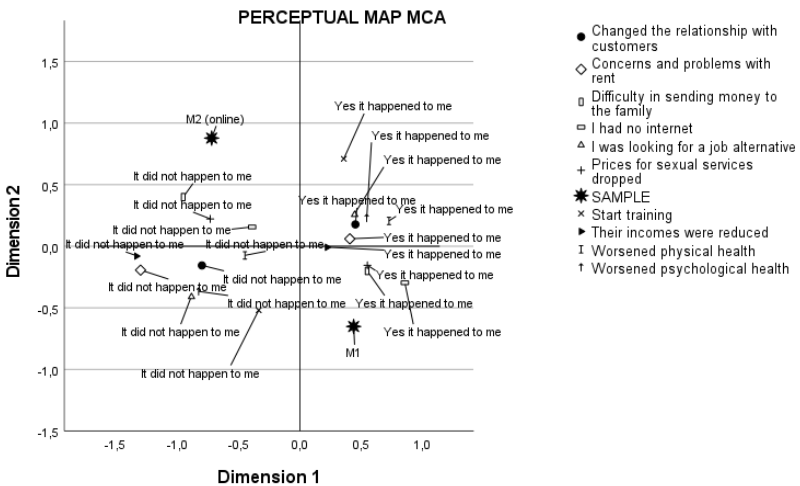
Source: own creation

4. DISCUSSION

The two samples belong to different sectors or stratum of the paid sex market. Sample S1_NGO is situated in a lower and more vulnerable socio-economic sector, while S2_Indep. is situated in a middle sector of sex workers with better social and economic coverage. Both the level of education and weekly income from sex work are higher in S2. Therefore, this study contributes to making differential sectors within sex work or prostitution visible, showing different conditions and situations depending on the socio-economic stratum. These results lead us to affirm that sex work is not homogeneous either in its development or in the impact generated by emergency situations such as the COVID 19 pandemic. In general terms, the prevalent image of women in prostitution is that of a victim of trafficking or sexual exploitation, unwilling to make decisions and engaging in prostitution in order to survive (Brennan, 2014; Kempadoo, 2015). While it is true that this profile exists and has been documented (Meneses-Falcón, 2023b), to which the first sample analysed may correspond, not all women in commercial sex are passive victims without decision-making capacity (Agustín, 2006; Meneses-Falcón, 2023a). While coercion to enter prostitution reached almost 40% in the S1 sample, it was half that in S2. Even within the most vulnerable strata, such as victims of trafficking for sexual exploitation, there are stereotypes that impose specific images of what is expected of them, and that negatively impact on other potential victims who do not fit into that imaginary (Saiz-Echezarreta et al., 2018; Wilson and O'Brien, 2016). Furthermore, Izcara (2020) showed how when women ceased to be victims of sex trafficking, they opted for sex work because it was more profitable than their other alternatives. In this sense, this choice of sex work has been documented in affluent sectors, with greater professionalisation of sex work (Bernstein, 2016). However, in a context such as the European context, where the view of prostitution as violence against women is proliferating, with proposals for prohibition (Oliveira et al., 2020), it is not possible to understand consent, but rather the only thing that is considered is the pressure to which they are subjected in order to survive and support their families (Recio Burgos & Plaza del Pino, 2021). The connections of prostitution with the female labour market, or with circumstances of inequality and lack of opportunities, are

not explored in these cases. The data from this study point to important differences in the motives that led to prostitution in the two samples analysed. The more vulnerable sample was more likely to have reasons such as economic need, supporting a family, not having a work permit, or having a debt to pay off. However, the more affluent sample stood out for the scarcity of work alternatives together with curiosity for this activity.

It has been found both in Spain and in other European countries that sex work did not stop during confinement and afterwards (Küster & Bartsch, 2023; Meneses-Falcón et al., 2022; Recio Burgos & Plaza del Pino, 2021). For an important group of women, sex work was their only source of income, with which they supported their families, since confinement due to the pandemic left them homeless. They could not stop prostitution because they had no other alternatives. The consequences of the pandemic on this population and the risks they faced are also related to the stigma and physical contact that prostitution entails (Mahajan et al., 2023). This is a group that was not prioritised in terms of vaccination and basic services, mainly the most vulnerable, because they lacked documentation, as other studies have pointed out (Acién & Arjona, 2022). It has been shown that sex work is highly stratified, and that the income obtained on the street can be 30% lower than in other sectors of the same activity (Moffatt & Peters 2004). In the results obtained in this work, differences in weekly earnings have been found, being almost double in the more affluent sample. The minimum wage in Spain in low-skilled jobs and even jobs with long working hours is around 1,000 euros, which women in the middle sector (S2) earn in one week and women in the lowest sector in two weeks (S1).

We also found some significant differences in the places where they worked, with the most vulnerable sample (S1) working more in public spaces. In addition, previous research has indicated that at the most precarious levels of prostitution, abuse is greater and a higher proportion of women are migrant, racialised, lacking citizenship rights and suffering greater sources of violence (Willman, 2010).

Socio-health difficulties during the pandemic related to well-being and access to health services have been documented in several studies (Kuster & Bartsch, 2023; Meneses-Falcón et al., 2022). All women survey participants reported that their physical and psychological health worsened with Covid,

however it was more prominent in S1_NGO than in S2_Indep. However, we found that S2 was more infected with Covid than S1. In this sense the closer relationships that could be established with clients could explain this greater contagion. It has been noted in other studies that sex workers relied more on new clients than regular clients, which decreased during the pandemic and confinement (Singer et al., 2023). It is possible that in the S2 sample of sex workers the opposite was true and relationships with regular clients were much closer and more intimate than with new clients (Sanders, 2008). In this sense S2 was helped during this period of Covid by clients to a greater extent than S1, who received help from NGOs. Different works have highlighted how in paid sex there is a certain intimacy relationship with a controlled component of authenticity, not being reduced only to sex buying and selling relationships (Bernstein, 2016; Huff, 2011; Sanders, 2008). This type of relationship with greater authenticity tends to occur to a greater extent in the middle and upper sectors of prostitution, sometimes establishing helping relationships. Therefore, we understand that this discrepancy between the samples could be explained in terms of the relationships that sex workers establish with their clients (Huff, 2011).

The results also confirm the findings of other studies regarding change in the management of prostitution and relationship with clients during the pandemic and confinement (Recio Burgos & Plaza del Pino, 2021; Singer et al., 2023), but again we found differences between the two groups. Client requests not to use condoms, lower prices for sexual services and change in client relationships were higher in the low status sample (S1) compared to the other sample (S2). These data are similar to those found in other studies with vulnerable sex workers, where economic insecurity led to decreased client selection controls, lower prices or non-payment and poorer negotiation with clients (Kuster & Bartsch, 2023; Meneses-Falcón et al., 2022; Singer et al., 2023). The Covid pandemic made it impossible for them to work (Moura et al., 2023) and so the number of clients decreased and many sex workers accepted riskier clients and sexual practices (Chiang et al., 2022; McBride et al., 2023; Meneses-Falcón et al., 2022; Molnar & Ros, 2022). In our study, S1 (more vulnerable) had fewer clients per week, who requested services with higher risks (such as not using protection or condoms), and therefore had significantly lower income and economic security than S2 (more autonomous).

The sudden absence of income led to housing insecurity and risk of homelessness, difficulties in sending money or remittances to their families and food insecurity as happened elsewhere (Kuster & Bartsch, 2023; McBride et al, 2023; Meneses-Falcón et al., 2022; Singer et al, 2023). Participants in S1_NGO – compared to S2_Indep. – experienced worse situations of need and vulnerability: greater food insecurity, economic insecurity (own income, income support from government, NGOs or clients, and family burdens) and insecurity with legal documentation. Sex workers in the middle sector of paid sex had greater protection and resources to cope with the consequences of the pandemic. The most vulnerable sex workers did not receive the necessary support from public institutions, only from NGOs. Public assistance was sought by 46% and some assistance was obtained by 28%. Studies have highlighted how institutional support programmes were not adapted to the vulnerable situations of this group located in the lower sector of prostitution (Acién & Arjona, 2022; Cabras & Ingrasci, 2022; Recio Burgos & Plaza del Pino, 2021).

Previous research has shown the need to address the various axes of inequality and intersectionality such as gender and sexual orientation, nationality and administrative status, ethnicity, family responsibilities, place of work or sector of prostitution, which can place them in a more or less protected situation in prostitution (Meneses-Falcón, 2023a). Socio-economic status is hardly taken into account in prostitution and yet it marks important differences between women. In this sense, several variables mean that sample 2 has significantly less risk and vulnerability than sample 1, including: having been in Spain for longer, obtaining a residence permit, having more protection measures, being of Spanish nationality, having a higher level of education, having a greater network of support, and being initiated by coercion is less frequent. Thus, there are significant differences between the two samples in initiation into prostitution due to economic need, not having a work permit, having a family to support and having a debt, having started prostitution at an older age, not having work alternatives, (in S1 was higher), while in S2, curiosity and wanting to develop this activity prevail. In relation to violence, previous publications considered the axes of vulnerability as positions to suffer physical violence, sexual violence, robbery, or fraud coming mainly from clients, partners, pimps, Madams, environmental conditions,

social esteem, and police persecution (Meneses-Falcon & Garcia-Vázquez, 2022; Molnar & Ros, 2022). However, in the case of our two samples, no significant differences were found in having experienced an aggressive episode from clients during the pandemic. Nonetheless, around 20% faced violent events with clients, which indicates the need for protection and security that this population should have. Deering et al. (2014) from a systematic review of studies on violence in sex work, noted that violence ranged from 45% to 75% over a lifetime and in the last year 32% to 55%. Factors related to violence identified by these authors were: the legislative framework especially that which prohibits and persecutes sex workers, the working conditions and risks they must assume, economic conditions, gender inequalities and the low power of sex workers due to stigma, all of which raise the rates of violence in this population. Despite the similarities with previous results, some percentages are lower in our study. This may be due to the fact that police persecution was lower in Spain, and that only 17% of the entire sample worked in public spaces, where there is usually more violence towards sex workers.

Despite the contributions of this research, it is necessary to point out some limitations. First, in sample 1, obtained with the help of the Oblates, it is possible that there is a higher proportion of victims of trafficking in human beings who responded to the questionnaire, as they are one of the targets of the Oblates, and we do not have the capacity to separate different situations such as exploitation, trafficking, and abuse. In this sense, we sometimes talk about the continuum of exploitation, as it is difficult to find the differences between often subtly different phenomena (Skrivankova, 2010). Second, sample 1 only involved the collaboration of one entity and may not represent the total population of people in prostitution. Third, the difference in size between the two samples may be limiting. Finally, the samples of transgender people and men are very small, and it is possible that a more in-depth and broader study of these populations may reveal important differences with respect to women, which have not been pointed out in this study.

In conclusion, we can see that there are significant differences between the most vulnerable groups of people and those who are better placed in paid sex contexts. The most vulnerable people within the sector have: more

difficulties with their papers (residence permit, protection measures, Spanish nationality), less education, less support network, less clients, more insecurity in the place where they work (streets, industrial estates or roads), they start prostitution at an older age and the start is mostly due to coercion or need (economic, papers, to support their family or to have a debt). In relation to the impacts of the pandemic, the most vulnerable segment had fewer possibilities for health insurance, poorer physical and mental health, greater food insecurity and lower incomes. Therefore, there are different realities and intersecting axes of vulnerability within the world of prostitution (Rodríguez Martínez, 2015). Due to that, research from an intersectional perspective is still necessary to understand the different needs of each group within the sex market in Spain. When prostitution is addressed, it is treated as a homogenous sector, without nuancing the differences between the different contexts of paid sex with diverse needs.

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