

Sex Work Among Men Who Have Sex with Men and Transgender Women in Bogotá

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Abstract This qualitative study examined sex work among internally displaced male and transgender female sex workers in Bogotá, Colombia. Internal displacement has occurred in Colombia as a result of decades of conflict among armed groups and has created large-scale migration from rural to urban areas. Informed by the polymorphous model of sex work, which posits that contextual conditions shape the experience of sex work, we examined three main research questions. The first dealt with how internal displacement was related to the initiation of sex work; the second concerned the effect of agency on sex worker satisfaction; and the third examined how sex work in this context was related to HIV and other risks. Life history interviews were conducted with 26 displaced individuals who had done sex work: 14 were men who have sex with men and 12 were transgender women (natal males). Findings revealed that many participants began doing sex work in the period immediately after displacement, because of a lack of money, housing, and social support. HIV risk was greater during this time due to limited knowledge of HIV and inexperience negotiating safer

sex with clients. Other findings indicated that sex workers who exerted more control and choice in the circumstances of their work reported greater satisfaction. In addition, we found that although many sex workers insisted on condom use with clients, several noted that they would sometimes have unprotected sex for additional money. Specific characteristics affecting the experience of sex work among the transgender women were also discussed.

Keywords Sex work · MSM · Transgender · HIV · Qualitative methodology · Sexual orientation

Introduction

Most research on sex work has focused on female sex workers, with much less attention to male sex workers (Weitzer, 2009). The present study reports on qualitative data from a mixed-methods research project that focused on HIV prevalence and sexual risk behavior among Colombian men who have sex with men (MSM) and transgender women. Originally, the main focus of the qualitative research concerned internal displacement and HIV risk. Experiences of sex work emerged in many of the life narratives and, therefore, we examined the primary associated themes. Specifically, we investigated the following research questions concerning male and transgender female sex workers: (1) How do circumstances arising from internal displacement in Colombia relate to initiation of sex work? (2) How much choice and control do sex workers in Bogotá have in their work situations and what is the relationship between choice and satisfaction with the work? (3) What are the risks associated with HIV among sex workers and their clients in Bogotá? For each of these research questions, we also explored aspects that differed among MSM and transgender women.

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Before proceeding, we define several terms. Sex work is defined as the “provision of sexual services for money or its equivalent” (Harcourt & Donovan, 2005). Another key term is transgender, which is used to describe individuals whose gender identity is not consistent with their sex assignment at birth and whose behavior and presentation transcend culturally defined parameters of gender (i.e., male vs. female) (Institute of Medicine, 2011). Thus, we defined transgender women as individuals who were assigned male sex at birth, but whose identity falls within a feminine spectrum of gender, regardless of their genitalia, hormone use, or plans to alter their bodies. The term MSM has a behavioral definition. It encompasses men who have sex with other men, regardless of their sexual orientation identity. Thus, it can include men who consider themselves gay, bisexual, or heterosexual. Finally, consistent with the UN Office of the High Commissioner for Human Rights (2006), we defined displacement as occurring when one has to flee one’s home as a result of armed conflict, generalized violence, human-made and natural disasters, or human rights violations, including those related to sexual orientation, gender identity, or HIV status.

Early psychological and sociological conceptual models of sex work tended to focus on female sex workers and viewed them as deviant and immoral (see Burnes, Long, & Schept, 2012; Vanwesenbeeck, 2001) whereas more recent perspectives have become less pejorative and have acknowledged that sex work can be “a rational, financially motivated choice by adult women in a context of limited (other) career possibilities models” (Vanwesenbeeck, 2013, p. 11). Moreover, approaches now recognize not only female sex workers, but also address male and transgender sex workers (Weitzer, 2009). Disparate views of sex work are also seen in current approaches emphasizing the constraints and oppression experienced by sex workers (e.g., Farley, 2004; Raphael & Shapiro, 2004) versus those emphasizing agency and empowerment (e.g., Bernstein, 2007; Burnes et al., 2012). Sex work differs in type of arrangement (i.e., formal vs. informal), extent of involvement (i.e., part-time or full-time), degree of willingness (i.e., by choice or coercion), and setting (i.e., street or private setting) among other factors (UNAIDS, 2012).

The conceptual framework for this article was based on the polymorphous model, which argues that these different occupational arrangements and contextual conditions are complex and have diverse consequences for sex workers (Weitzer, 2009). According to this model, sex work is neither inherently empowering nor oppressive, but rather varies depending on the circumstances. Furthermore, we recognize that structural processes can shape individual behaviors and patterns of sexuality, including sex work (Padilla, 2008). Therefore, a full understanding of the motivations, satisfactions or difficulties, and risks associated with sex work requires attention to the contextual conditions.

Sex Work in the Colombian Context

Sex work is common in Colombia, due not only to widespread poverty, but also to the many internal displacements that have occurred as a result of decades of civil conflict (Alzate, 2008; Zea et al., 2013). Estimates of the number of internally displaced persons in Colombia range from 3.6 to 5.3 million (Internal Displacement Monitoring Centre, 2012) in a total population of 47 million. The internal conflict began as a civil war starting in 1948, but persisted over six decades as an ongoing low-intensity conflict among armed groups (e.g., the army, paramilitary groups, and guerrillas) with widespread violence, extrajudicial killings, kidnappings, forced disappearances, internal displacements, and human rights abuses. Displacement, which in Colombia has been largely from rural to urban areas, often leads to situations in which people arrive in a city where they have no social contacts, no food or shelter, and limited or no money. Because such conditions may induce individuals to engage in sex work, we investigated motivations and initiation into sex work among displaced men and transgender women.

In Colombia, sex work is legal in areas designated by the government as “tolerance zones.” Sex workers who operate in the tolerance zones are required to carry an identification and health card and are expected to undergo training sessions at least once a year on sexual health and human rights. Owners of commercial establishments involved in the sex work industry within the tolerance zones are required to promote and provide condoms, participate in health training, and prevent minors from working as sex workers in their establishments. The laws in Colombia prohibit sexual tourism, human trafficking, and pimping; however, enforcement of these rules can be quite challenging. Consequently, sexual exploitation still continues (US Department of State Bureau of Democracy, Human Rights, and Labor, 2008; Vallejo, 2002).

Sex Work Among MSM and Transgender Women

Although recent research has addressed male sex work (e.g., Bimbi, 2007; Smith, Grov, Seal, & McCall, 2013; Vanwesenbeeck, 2013), information about the experiences and circumstances surrounding male sex work in different contexts is still limited. A review of research from a variety of countries indicated that male sex work tends to be more sporadic and transitory than female sex work (Weitzer, 2009), with men leaving the business earlier (Weitzer, 2009) or quitting when they want to do so (Vanwesenbeeck, 2013). In addition, men were less likely to be coerced into sex work, to have intermediary pimps, or to experience violence from their clients (Weinberg, Shaver, & Callander, 1999; Weitzer, 2009).

The places, practices, motivations, and experiences related to sex work can also vary by gender identity (Nureña et al., 2011). Compared to men, transgender women have been shown to experience greater labor and housing discrimination (Bradford, Reisner, Honnold, & Xavier, 2013) and, therefore, may be more likely to do sex work for economic survival (Clements-Nolle, Wilkinson, Kitano, & Marx, 2001; Nemoto, Operario, Keatley, & Villegas, 2004; Sausa, Keatley, & Operario, 2007), including in Colombia (Estrada-Montoya & García-Becerra, 2010). In addition, some transgender women have reported financial pressures associated with the cost of physical feminization process (i.e., undergoing procedures for achieving a more feminine appearance, such as breast augmentation, genital reconstruction surgery, and injection of hormones) (Nemoto et al., 2004). Accepting attitudes about sex work within the transgender community, support by peers for entering the business, and a perception that sex work affirms feminine identity have also been found to promote sex work among transgender women (Estrada-Montoya & García-Becerra, 2010; Nemoto et al., 2004; Sausa et al., 2007).

Transgender female sex workers often experience additional challenges beyond those encountered by their male counterparts. In research done in countries other than Colombia, transgender sex workers were relegated to the lowest status in the hierarchy of sex workers; they usually had the least desirable locations for conducting their work, generated the least amount of revenue, and were stigmatized and mistreated by other sex workers and some segments of society (Boles & Elifson, 1994; Valera, Sawyer, & Schiraldi, 2001). Moreover, they were more likely to be street-workers and targets of violence and discrimination (Estrada-Montoya & García-Becerra, 2010; Infante, Sosa-Rubi, & Magali Cuadra, 2009; Lafaurie, Forero, & Miranda, 2011; Ruiz & Pinedo, 2009). In addition, they reported more physical and sexual violence (e.g., being raped by a client) on the job than male sex workers (Farley & Barkan, 1998; Prada Prada, Herrera Galvis, Lozano Ruiz, & Ortiz Gómez, 2012; Valera et al., 2001; Weinberg et al., 1999).

Sex Work and HIV

There is currently little consensus in the literature regarding the role of sex workers in the HIV epidemic. A traditional view has seen sex workers as a vector in spreading the virus, based on higher prevalence among female sex workers and their clients than in the general population within countries (UNAIDS, 2002). Similarly, male sex workers have been seen as contributing to the HIV epidemic (Bimbi, 2007) and HIV prevalence among male and transgender female sex workers has been found to be higher than among non-transgender female sex workers in some parts of the world (Operario, Soma, & Underhill, 2008; UNAIDS, 2009). Research

suggests that transgender female sex workers are at particularly high risk for HIV (Elifson et al., 1993; Operario et al., 2008; Wilson et al., 2009), including in Latin America (Infante et al., 2009; Silva-Santisteban et al., 2012), in part because of greater likelihood of unprotected receptive anal sex with clients (Elifson et al., 1993; Herbst et al., 2008).

There is, however, tremendous variation in the degree to which sex work contributes to the spread of HIV in different contexts, depending on social and economic conditions (Ward & Aral, 2006). For example, in the global north, where there is access to HIV prevention information, condoms, and health care, sex workers are at low risk of transmitting or acquiring HIV (Ward & Aral, 2006). Furthermore, unprotected sex between male sex workers and their clients appears to differ in samples of street-based versus indoor workers, with little risk of transmission from behaviors performed by the latter (Bimbi & Parsons, 2005; Minichiello, Scott, & Callander, 2013; Smith & Seal, 2008).

The role of male and transgender female sex workers in the HIV epidemic in Colombia is unclear. In the general population (not restricted to sex workers), the percentage of MSM (83 %) who are knowledgeable about HIV is greater than the percentage of transgender women (65 %) (Ministerio de la Protección Social, 2008). The behavioral patterns among sex workers, however, suggest that transgender female sex workers may engage in less risk behavior than male sex workers. The percent of sex workers who reported using condoms with their most recent client was 83 % among MSM and 95 % among transgender women.

Because sex work is legal and HIV-prevention training is required for the sex worker to obtain identification card needed to work legally in the tolerance zones, it is possible that sex workers are not major contributors to the spread of HIV. Other factors, however, may foster the epidemic. For example, research in the Dominican Republic has shown that economic factors, such as tourism, can result in the creation of epicenters for sex work and HIV (Padilla et al., 2008). The large-scale migration to urban areas of people with limited resources that has occurred in Colombia could have similar results.

Current Study

This article examined sex work among displaced male and transgender female sex workers in Bogotá, Colombia. We examined the motivations to enter sex work within the contextual conditions created by internal displacement. In addition, we examined the role of agency, i.e., the ability to make choices and act independently within the constraints of the social circumstances (Abercrombie, Hill, & Turner, 1994), in relation to satisfaction with sex work. We also investigated the ways in which sex work in the Colombian context was related to HIV risk. Finally, we examined the additional

circumstances affecting transgender women who do sex work in Bogotá.

Method

The qualitative data presented in this article were collected as a part of an ongoing five-year mixed-methods study of HIV prevalence, sexual risk behaviors, and attitudes toward circumcision among Colombian MSM. *Profamilia*, a non-profit organization located in Bogotá and affiliated with the International Planned Parenthood Federation, served as our local research and administrative partner. Approval was obtained from the university internal review board and from *Profamilia*'s own IRB (for a more detailed account of the qualitative phase of the study, see Zea et al., 2013).

Participants

Two separate rounds of targeted recruitment were conducted. Eligibility criteria included being born as male, being between the ages of 18 and 49 years, having had sex with a man in the past 12 months, and living in Bogotá as a result of internal displacement. Thus, inclusion was based on a behavioral criterion of having sex with a man, not on self-defined sexual orientation or identity. In the first round of recruitment, we mainly targeted MSM whereas in the second round we targeted transgender women. In this manner, we recruited a sample of 28 displaced MSM and 14 transgender women. One of the transgender participants was dropped from the sample for this article because she had not been displaced. Therefore, the final sample used here included 26 participants (14 of the 28 MSM and 12 of the remaining 13 transgender women) who reported ever engaging in some form of sex work. It is evident from these numbers that a greater proportion of the transgender women than MSM had done sex work.

Procedure

Life history interviews were conducted by two experienced, Colombian interviewers (one man, one woman) who were knowledgeable about the LGBT community in Bogotá. The choice of the life history method stemmed from our goal of obtaining detailed narratives of the participants' life trajectories (Cole & Knowles, 2001; Creswell, Hanson, Clark Plano, & Morales, 2007), with particular interest in conditions and experiences leading to, during, and after internal displacement, as well as in sexual development and behavior. Loose interview guides were created to ensure that specific topics were covered within the narratives. Interviewers could also ask for additional details or pursue unanticipated themes that emerged during the conversation. Topics included in the guide were the history of displacement and migration, childhood, sexual experiences and

behavior, and social life. When we began the second round of recruitment, which targeted transgender women, we modified the guide to include topics specific to gender identity development and the feminization process. However, four transgender participants, who were recruited in the first round, were interviewed using the original guide although they touched on these topics (see the Appendix 1 for the interview guide containing topics for both the MSM and the transgender women).

Participants were recruited via referrals from community organizations working with gay, bisexual, transgender, or with internally displaced populations, from project staff, and through snowball sampling. After providing informed consent and completing a brief information form that included questions about demographic characteristics, relationship status, HIV testing history and results, and current living arrangements and neighborhood information, participants engaged in the life history interview. Interviews lasted an average of about 2 hrs and participants were compensated 85,000 Colombian pesos (approximately US\$50) for sharing their time and histories with the interviewers. Participants also received information about and referrals to social and health services in Bogotá.

Data Analysis

All data were collected, transcribed, and analyzed in Spanish. Quotations were translated for presentation in English. Life history interviews were digitally audio-recorded and transcribed by Colombian staff and research assistants and data were entered into NVivo 8 software. Using a constructivist and iterative approach (Richards, 2005), we started the coding process with a pre-established set of codes based on the interview guides, but modified codes and used memos to allow for continued revision and notation. Thus, although our approach was initially deductive in nature, the constant reconsideration of codes allowed for an inductive identification of unanticipated themes. Each interview was coded by five researchers. Four primary coders worked in teams of two from each country. The U.S. team was comprised of one native Spanish speaker and one bicultural, bilingual U.S.-born Latina. The Colombian coding team included the two local qualitative researchers who had conducted the life history interviews. The fifth bilingual, bicultural researcher served as the quality-assurance coder, who reviewed all coding done by the two teams of coders, identified discrepancies, and led discussions to resolve differences consensually in biweekly Skype meetings.

Interview text was organized by specific theme under the general categories of displacement; stigma, discrimination, and violence; family, peer, and school experiences; identity and social networks; sexual encounters (including sex work); and other topics unrelated to this article. A theme related to the feminization process among the transgender women encompassed physical, emotional, and financial aspects of

that process. In the current article, we focus on the code of sex work and examine the relationship between this code and other themes.

Results

Sample Description

Participants ranged in age from 20 to 46, with a mean age of 28 years. The average amount of time that they had been in Bogotá was approximately 4 years. A majority lived in neighborhoods classified by the government as occupying one of the two lowest socioeconomic strata; most typically they resided in rented apartments or boarding houses. Although all participants had engaged in some type of sex work, half reported that they were currently doing sex work. Moreover, 10 of the 26 listed sex work as their primary source of income.

Prior to displacement, all participants except one came from low socioeconomic backgrounds, as is common in rural areas of Colombia. Occupations reported before displacement included working in a bakery, cleaning a bus, sewing, working in a store, being a hairdresser, doing farm work, unloading farm trucks, doing odd jobs, or having no job. Nine of the 26 participants did some type of sex work before being displaced. Twelve participants reported that they began doing sex work after being displaced and arriving in Bogotá. Five others made no mention of sex work when describing their lives before displacement; therefore we concluded that they also began doing sex work after they were displaced.

The transgender women in this study tended to use the following terms to refer to themselves: *transgenero*, *trans*, *persona T*, or *travesti*. It should be noted that the latter term is not equivalent to the English word “transvestite,” but rather encompasses transgender and transsexual identities. In the presentation of the results below, we used pseudonyms, with feminine names for the transgender women and masculine names for the MSM.

Sex Work After Displacement

To gain needed income was the main motivation for involvement in sex work, and internal displacement was a major factor creating that need. Several individuals talked about engaging in sex work as a survival mechanism shortly after being displaced and arriving in Bogotá. Participants often had no job or a place to stay and struggled to meet their basic needs after being displaced. Several transgender women reported great difficulty in finding or keeping jobs, due to stigma and discrimination related to gender non-conformity. For both MSM and transgender women, sex work was the quickest and easiest way to make money and obtain necessities. As one participant reported:

I must have an angel looking over me... The same day that I arrived [in Bogotá], I made some money [doing sex work], and I got enough to pay for room and food, and then I felt relieved. [Guillermo, 23 years old]

Displacement resulted in social isolation for many participants, who had previously lived in small towns and struggled with the impersonal social milieu of Bogotá. They were separated from their previous social networks and alone in the city without support. As Monica (22 years old) reported:

I arrived downtown and what I had to live through was really hard... I did not know how to do anything. Nobody helped me because people are separate from each other. If you asked for directions, they would send you to a different place. I don't know—it seemed shocking to me... so I went into prostitution fast.

Several other participants, however, told of finding and relying on a new social network comprised largely of other gay men or transgender women, some of whom had experience doing commercial sex work and acted as facilitators initiating participants into sex work. For example, Emilio (33 years old) who was told by a gay friend: “You can go over there, in [a local park], and there are people looking for, let's say, young men like you. And they take you to have sex and pay you.”

Another participant (Julio, 37 years old) had been beaten by a member of a paramilitary group in his hometown and, as a result, had a physical disability. After his displacement to Bogotá, he engaged in sex work as a way to survive between odd jobs. He implied that sex work was very common for those in similar circumstances:

So, they invite you into a bathroom. What for? So that you can show them what you have between your legs. You turn your back [present your buttocks] knowing that you need 2,000 pesos [approximately US\$1]. This happens to us—to young boys who have an illness and live on the streets... what I have done, my friends have done as well. We sell ourselves.

Displacement also created financial hardships because of stricter requirements for jobs in Bogotá than in rural areas. Several participants did sex work because they did not have the formal education or certification required for steady or more highly remunerated employment. For example, Carmen (46 years old), who had worked as a hairdresser in her rural area before being displaced, found that the pay from the only jobs she could get in Bogotá covered just her transportation and one meal a day:

I went to beauty salons [looking for a hairdresser job]... They wanted to see my diploma, and I don't have one. I know my trade, but I don't have a diploma... On the other hand, the prostitution business was better...I

made enough that I could live two or three days. With this, one can pay rent, utilities, and this helps you with the clothes that you need.

Other participants spoke of the need to provide some financial support to family members or to cover medical costs as reasons to do sex work. In some cases, these needs were related to displacement, as occurred when the entire family was displaced. In another case, the participant needed additional money to support a child.

Choice and Satisfaction with Sex Work

The circumstances of sex work varied across our sample, and the level of satisfaction or dissatisfaction with the work was related to personal expectations, the nature of relationships with clients, and the degree of agency that the sex worker experienced. None of the male or transgender female sex workers in this study reported having a pimp; rather, they all functioned independently. In contrast to many low-paying jobs in which workers have little control over hours or requirements, sex work enabled many participants to make choices about their working conditions. Despite the financial and social constraints that many of our participants encountered, several reported a sense of freedom and control in their work. As one put it: “I feel really good being a whore because nobody demands anything from me, and nobody exploits me” [Celia, 24 year old].

Several participants noted that although they began doing sex work as a way to survive, they came to appreciate it as a profitable way of making a living. For example, John exchanged sex with a couple for shelter and food when he was displaced and newly arrived in Bogotá. Two years later he was running a business for himself out of the couple’s home by charging their friends and acquaintances money to have sex with him. He described this arrangement as beneficial, and he enjoyed his ability to choose with whom he had sex.

A sense of agency was also evident in a few participants’ descriptions of sex work as a temporary occupation which would provide money needed to achieve a goal. For example, Paola reported that she worked hard as a sex worker so that she would be able to buy a sewing machine. The sewing machine would then enable her to make a living as a seamstress in the future. Thus, although she did not like doing sex work, she saw it as a choice that served her purposes.

Satisfaction with sex work was sometimes associated with enjoyable relationships with clients. Several participants noted that older clients tended to be generous and sometimes played a “protective” role in their lives. Moreover, a few men reported having regular clients with whom they developed more intimate and trusting relationships. As Guillermo described his situation:

The majority were regular clients. They felt comfortable. I was not one to rob the clients. Many times the hours would go by and they would just talk and talk... They knew that I would be there for them, that they could trust me.

An additional source of satisfaction for transgender female sex workers was the ability to enact their femininity. Thus, the transgender women demonstrated agency in choosing work that enabled them to affirm their feminine identities. Several spoke of taking pleasure in their feminine appearance and their clients’ appreciation of that appearance. A few also talked about sex work as a means to obtain the money needed for products to achieve a feminine appearance. Rocío (30 years old) reported:

Well, I started by meeting a lot of friends [other transgender women]... and I liked the deal. I started to like to walk the streets... because I had a way now to buy my clothing, my make-up, and my hormones—all the things that I wanted. And that is how I started as a prostitute...

Consistent with stereotypical gender roles, most transgender women in our sample had a strong preference for being the receptive (bottom) partner during anal intercourse. As Carmen said:

I’ve always been the receptive partner. I’ve never liked being the insertive partner. Yes, because the truth is I do have a penis...but just to urinate and nothing else... I feel more feminine than masculine.

A few of the transgender women reported that they took the active role when a client requested, but many said they would prefer to lose a client and the potential income than to penetrate a client.

Some participants clearly expressed dissatisfaction with sex work and noted that they did it only because they needed money to survive. The lack of other alternatives for employment, as well as the social isolation associated with displacement, contributed to their discontent. Rocío described her feelings in this way:

I sometimes wish I could leave this life [as a sex worker], and have another way to make money, be able to open my own business... because this life really does not lead me anywhere good, and I do it because I need to. I live alone in Bogotá; I don’t have family; I don’t have anyone. I can’t count on anybody here so I have had to fend for myself. If I do not prostitute myself, then I can’t feed myself and I can’t pay rent...

Other participants spoke of the emotional toll of sex work. A few noted that it was hard at times to disassociate what they did for a living from their own sexual relationships with personal partners. Several found aspects of the work distasteful,

especially when they felt they had no choice concerning sex partners. “It is not pleasant, to go out late in the evening or come back in the break of dawn, to have sexual relations with someone who is not to your liking, to have hands of someone who is not dear to you or not wanted touching you. That is unpleasant” [Hernán, 26 years old].

A relationship between agency and level of satisfaction was also found in the participants’ descriptions of exchanging sex for money, food, shelter, favors, or goods when they were young. Although most participants began doing sex work when they were adults, five participants reported exchanging sex at age 14 or younger. The age of consent in Colombia is 14 years.

Several felt coerced or forced by necessity, and they reported feeling ambivalent or negative about the experience. One participant, at the age of 11, was forced by a young uncle into a two-year sexual relationship in exchange for keeping “secret” from his mother that he was gay. Another participant described masturbating a neighbor for money at age 8 so as to be able to buy food for the family and sweet treats. This transgender woman described feeling obligated to go to the man’s house every Sunday to masturbate him because: “If I did not do what he wanted me to do, he would take away the help he provided me. All I wanted was the help. I did not enjoy the old man; I liked young boys” [Melody, 33 years old]. Another participant expressed displeasure in letting his older cousin perform oral sex on him, although the activity got him things that he wanted:

It was uncomfortable. I did not like that he touched me... so I took a bath, I scrubbed myself hard, and I kept telling myself, dirty, dirty...but at least I had the money to buy my T-shirt [Hernán].

A few participants portrayed their experiences of sex work during the teen-age years as fully consensual. For example, a 15 year-old boy began exchanging oral sex for haircuts from the town’s barber, and eventually engaged in unprotected insertive anal intercourse with the barber for money. In such sexual encounters with older men, participants sometimes exerted considerable control and viewed the exchanges as opportunities. For example, a transgender woman, Celia, described having sex as a teen-age boy with a male teacher. She threatened to report the teacher to school authorities if he did not help her in his classes. She described her situation in this manner: “Me study? Never. Because I would pay for [my education] with my “body-credit” [rather than a credit card].”

HIV and Other Risks

As noted above, most of the participants began doing sex work after being displaced and arriving in Bogotá. Because they were new to the work, many reported that they were naïve about the rules of engagement surrounding a sexual

encounter with a client, and were not well equipped to assert their needs or to negotiate safe sex practices. As Monica noted, “I started quickly; I did not know how to do anything; I did not even know how to sell my body.”

Many participants began their sex work by finding clients in outdoor cruising places, such as public parks and bathrooms. Their knowledge of HIV and other sexually transmitted infections was often very limited. Moreover, several noted that their lack of experience and knowledge combined with their desperate need for money during this period sometimes resulted in unsafe or disagreeable work conditions. Julio explained his situation this way: “When I arrived, I had to pay for lodging. So, I had to sleep with men to help myself... I had to do everything.” Many participants noted, however, that working conditions improved as they became more established in sex work and more acclimated to Bogotá.

The participants who were doing sex work at the time of the interviews reported that they had been educated about HIV and that they used condoms. One participant expressed the view of the vast majority in this manner:

This is something you decide. It’s not up to the client... And if there isn’t a condom, there isn’t anything [sex]. It’s not distrust, but prevention... Many say, “With a condom you don’t feel; it’s better without a condom...” And I say, “If I do it without a condom and something happens to you, you are going to blame me. And if something happens to me, I’m going to blame you. So, better I take care of myself and you take care of yourself.” None of that “Hey, come here, I’ll give you 20 or 30 thousand more pesos, and we’ll do it without a condom,” because one’s life is at risk [Guillermo].

Condom use, however, was not totally consistent. A few participants reported that they sometimes would forego condoms, most commonly when the client offered more money for unprotected sex. In addition, they sometimes did not use condoms in situations that they perceived as posing low risk for HIV transmission, such as during oral sex or with a female client. Many participants reported that although they used condoms with clients, they did not do so with their romantic partners.

In contrast to the generally high rates of condom use reported, HIV testing was uncommon in this sample. Eight participants indicated that they had never had an HIV test, and another said that he had been tested, but had not returned to receive the result. Two participants responded on the brief information form administered before the interview that they were HIV-positive.

In addition to the risk of HIV and other sexually transmitted infections, the MSM and transgender women in this sample were also at risk for encountering violence related to the stigma associated with their work, sexual orientation, or gender identity. A few sex workers reported experiences of

being threatened or violated by their clients. For example, in one case, the client was high on cocaine and behaved in a menacing way with a gun. Another sex worker described a situation in which a client inserted his finger into the participant's anus in a forceful and painful manner without warning or permission. Experiences of violence associated with sex work were relatively rare in the narratives of the MSM, but were more common for the transgender women.

Because of the threat of violence, most of the transgender women limited their sex work business to tolerance zones, whereas the MSM felt free to operate in other areas. As a result of the requirement for working in the tolerance zone, several transgender women, but none of the MSM, had participated in the government-sponsored course about sexual health, safe sexual practices, and human rights. Thus, as a group the transgender participants were highly educated about HIV-related risks, although many said that they had learned about safe sexual practices only after moving to Bogotá.

An additional risk of violence for the transgender women came from competition with other transgender sex workers. Janet (24 years old) talked about an experience of being physically attacked and robbed by other transgender sex workers when she entered their "territory" and threatened their livelihood because of her attractive appearance.

Because I was new, the girls would attack me... and even more so because I was not ugly... They dragged me; they took my purse; they hit me with the heels of their shoes. It was horrible. They pulled a lot of my hair out.... They attacked me because they were envious.

Another transgender woman noted that she had heard of others who had been cut or burned with acid by their competitors. Furthermore, she reported that in some places, one had to pay "taxes" to other sex workers to work in the area.

Discussion

Displacement and Sex Work

It was evident in findings from this study that displacement was an important factor influencing individuals to engage in sex work. Although some of our participants had done sex work before they migrated to Bogotá, the experience of arriving in the city with little or no money often motivated others to initiate sex work, which enabled them to obtain cash almost immediately. Indeed, a few participants began doing sex work on their first day in Bogotá. Getting a job that paid a sufficient amount to cover daily expenses was difficult. Thus, as in previous research (e.g., Sausa et al., 2007; Weitzer, 2009), a major motivation for entering sex work among the MSM and transgender women in this study was economic survival.

In addition, research has also shown a link between housing insecurity and sex work among MSM and transgender women (e.g., Mimiaga, Reisner, Tinsley, Mayer, & Safren, 2008; Wilson et al., 2009). Many displaced MSM and transgender women in this study arrived in the city without a place to stay and their decision to do sex work may reflect a similar motivation.

Because displacement disrupts social networks, our participants were typically separated from their established sources of social support and, therefore, they had no one to rely on for financial or other help. As they met other MSM and transgender women, they came to build new relationships, some of which were influential in guiding the newcomers into sex work. Particularly in the transgender community, sex work was seen as acceptable and almost normative; for transgender women in this study and previous research, sex work provided a way to lessen social isolation, to establish or affirm friendships with other transgender women, and to obtain social support (Mimiaga et al., 2008; Sausa et al., 2007).

Consistent with previous literature on male sex workers (Vanwesenbeeck, 2013; Weitzer, 2009), for many of the MSM in this study, sex work was a temporary occupation. A similar pattern was also found among the transgender women. The contextual conditions related to forced migration created an acute lack of resources and support and an immediate need for money and sex work presented a viable response to the situation.

Agency and Satisfaction with Sex Work

A factor that could influence the decision to remain in sex work was the degree of agency that a person experienced in the work. When considering the role of agency, it is important to recognize that a sex worker's agency often occurs within severe social constraints (Bungay, Halpin, Atchison, & Johnston, 2011; Gatrell, 2010). Thus, structural conditions (e.g., displacement, discrimination, widespread unemployment and poverty) may exist as the context over which an individual has no control; however, within that context, a person may be able to make some choices and determine his or her own actions.

In examining issues related to sex work before the age of consent, we accepted the participants' view of whether the encounters were consensual or coercive. We recognize that an argument is sometimes made that due to a position of vulnerability, differential power, or trust, any adult-child sexual relationship can be assumed to be exploitative (United Nations, 2003). We chose, however, to accept our participants' perspectives as valid.

Our findings support the view that sex workers who exert greater agency in their work, within the broader social constraints, tend to report more satisfaction. For example, some of our participants appreciated that their engagement in sex work enabled them to control their own situations to a greater

extent than they could have in other jobs that might have been available to them. For example, they could accept or reject potential clients, establish a regular client base consisting of people with whom they had positive relationships, and build a sustainable business. We found a similar association between choice and satisfaction in the descriptions of experiences exchanging sex for money, goods, or favors during late childhood or teenage years. Those who felt coerced tended to report dissatisfaction and discomfort whereas others who felt that they exerted some control and agency felt more satisfied.

There were several additional ways that sex work presented a potentially appealing choice for transgender women. As has been found in the literature (e.g., Nemoto et al., 2004), sex work provided a context in which the transgender women in this study could experience gender affirmation. Several asserted their agency by taking only the receptive role in anal intercourse, which was consistent with their perception of behaving in a feminine manner. Sex work also enabled them to afford the products, clothes, and treatments to enhance their femininity, as has been previously reported (Prada Prada et al., 2012). Thus, a feminine appearance increased their ability to attract clients seeking transgender partners and the financial gains from doing sex work increased their ability to pursue a feminine appearance.

Sex work also afforded transgender women a way to strengthen their social connections. Consistent with previous studies (Barrington, Wejnert, Guardado, Nieto, & Bailey, 2012; Mimiaga et al., 2008; Sausa et al., 2007), we found that established transgender female sex workers were important models and mentors who facilitated our participants' initiation into sex work and integration into the transgender community in Bogotá. Research has indicated that sex work is an integral part of transgender community life (Sausa et al., 2007) and that young transgender female sex workers report greater social support than their peers who are not engaged in sex work (Wilson et al., 2009). These findings suggest that a transgender woman's choice to do sex work could reflect an attempt to become part of the community. The reported aggression among transgender female sex workers who were competing for territory within the tolerance zones is an obvious exception to this pattern.

Perhaps because of social and gender-related inducements, a greater proportion of transgender women than MSM in our full sample had engaged in sex work. In addition, transgender women tend to face greater stigma and fewer employment options than MSM (Infante et al., 2009; Operario et al., 2008; Sausa et al., 2007), so they may have been more motivated by economic necessity. Financial need might also cause them to persevere in sex work despite a greater probability of violent victimization (Barrington et al., 2012; Estrada-Montoya & García-Becerra, 2010; Infante et al., 2009).

Sex Work and HIV Risk

A major research question in this study concerned HIV risk among MSM and transgender sex workers and their clients. Our findings suggested that condoms were typically used with clients and that sex workers often acted as the enforcers of protected sex. This behavior was not totally consistent, however, as has been found in previous studies (e.g., Elifson et al., 1993; Infante et al., 2009; Mimiaga et al., 2008; Ministerio de la Protección Social, 2008; Operario et al., 2008) although consistently high rates have been reported for indoor, agency-based sex workers during anal sex (Smith & Seal, 2008). Our results and those of other studies have indicated that exceptions to the requirement of condom use with clients sometimes occurred during oral sex or when the client offered additional money for unprotected sex as well as with personal partners (Nemoto et al., 2004; Sausa et al., 2007; Smith & Seal, 2008).

HIV risk appeared to be greater during the early period after displacement and arrival in Bogotá, which usually coincided with initiation into commercial sex work. The combination of lack of experience in the business of sex work (e.g., inability to negotiate with clients) and limited knowledge of HIV left many at risk. Previous research has also noted the vulnerability associated with the early period after initiation into sex work (Prada Prada et al., 2012).

In contrast to the impression given by self-reported condom use, the limited HIV testing among our participants suggested that the risk of HIV transmission could be great. Although only two people said that they were living with HIV, the infection rate in this sample was probably higher, given that a third had never been tested. Despite recent policies enacted in Colombia to establish the right to free HIV testing, many obstacles still exist (Arrivillaga et al., 2012). Indeed, the likelihood of having ever been tested was greater among the sex workers described here than in a sample of 1,000 MSM and transgender women whom we recruited into a different phase of this research program. Nearly half of that sample had never been tested for HIV, and our analyses indicated that the health insurance system, protocols surrounding HIV testing, poverty, lack of social support, and fear all functioned as barriers to testing (Reisen et al., 2013, submitted for publication).

Other studies have indicated that transgender women know less about HIV than other groups (Barrington et al., 2012; Ministerio de la Protección Social, 2008; Operario et al., 2008; Toibaro et al., 2009), but the transgender female sex workers in this study were well informed about HIV at the time of the interviews though several reported earlier ignorance. Although previous research by the Colombian government indicated that transgender sex workers were more

likely to use condoms than male sex workers (Ministerio de la Protección Social, 2008), we did not find group differences.

It is interesting to note that most transgender sex workers operated within the tolerance zones, because they feared for their safety in other areas, whereas many of the male sex workers sought clients in various locations throughout the city. In order to be allowed to work in the tolerance zones, sex workers must have taken a government-sponsored prevention program in HIV. Condoms are widely available in the tolerance zone, because commercial establishments (e.g., bars) operating there are required to provide them.

As Ward and Aral (2006) pointed out, the role of sex work in the spread of HIV is dependent on local conditions. In the case of the male and transgender female sex workers in Bogotá, we can see the influence of structural factors on HIV in several ways. The legal framework establishing tolerance zones and the requirements for licensing as a sex worker would serve to increase HIV knowledge and condom use. In contrast, the barriers to HIV testing that exist within some parts of the health care system would result in many cases of undetected and untreated HIV among male and transgender female sex workers and their clients, which then would lead to growth of the epidemic. HIV prevention efforts aimed at this community should continue to promote knowledge and consistent condom use with clients and personal partners, and should emphasize the importance of regular HIV testing and linkage to care among those who test positive. Moreover, HIV education programs should target newly arrived, displaced migrants in Bogotá, so as to intervene in the early period after displacement when vulnerability is high.

Although tolerance zones served a protective function relative to HIV, they may have created a condition that contributed to hostility among transgender female sex workers, particularly aimed at newcomers. The confinement of business to the tolerance zones could be responsible for ruthless competition and attempts to protect territory in a fairly confined legal space. Clearly, as noted above, aggression was not the only response to transgender women who wanted to enter the trade; rather, peer support and mentoring among transgender sex workers were more commonly reported.

Limitations

This study had several limitations. It is possible that the face-to-face interviews created a situation in which sex workers

were motivated to report socially desirable behavior, such as consistent condom use, and to appear as “ethical sexual citizens” (Decena, 2008). Although there was some acknowledgment of occasional decisions to forego condoms in exchange for more money, participants may have avoided revealing their true risk behavior. In addition, because HIV testing was not conducted with the qualitative sample, we had to rely on participants’ self-reported status.

Although we identified ways in which displacement created circumstances that fostered sex work, we cannot conclude that displacement was a necessary precondition to sex work. There is widespread poverty in Colombia, and displacement constitutes only one route through which sex work could be motivated by economic distress, housing insecurity, or hunger. Despite these limitations, this study contributed to an understanding of the roles of displacement, agency, and HIV risk among displaced MSM and transgender female sex workers in Bogotá.

Conclusion

Findings from this article supported the polymorphous model of sex work (Weitzer, 2009). It was evident that contextual conditions, including but not limited to internal displacement, shaped the experience of sex work for the MSM and transgender women. Sex work itself was not shown to be essentially oppressive or liberating. The specific circumstances that individuals faced within a broader Colombian context contributed to the degree of agency, satisfaction, and risk encountered by the sex workers.

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Appendix 1

Life Histories Interview Guide—original version with additional questions developed for the transgender participants presented in italics.

Instructions for the Interviewee:

You were chosen to participate in this interview because we are interested in learning about men who have been displaced, are now living in the area of Bogotá, and who have sex with men. To help us understand your life history we will ask you to share some critical events and phases of your life. Please feel free to answer only those questions that you are comfortable with and let us know about anything that you feel is important or that bothers you.

Guidelines to Interviewers:

- Administer the small demographic questionnaire before you begin the interview
- Assess the history for the individual in regard to his displacement experiences (e.g., historical, political, or economic events surrounding the displacement)
- Assess phases of life through questions (i.e., childhood, youth, adulthood)
- Assess critical life events (e.g., deaths, kidnapping, jobs, any type of abuse)

Tell me a little bit about your childhood.

- Probe for:**
- Place the person was born, lived or grew up as a child
 - Family
 - Schooling
 - Economic situation
 - Social network (family, friends, etc)
 - Gender socialization/gender identity
 - History of trauma or violence

Tell me a little bit about your teenage years.

- Probe for:**
- Sexual experiences with other men and with women
 - Sexual attraction/feelings toward other men
 - Disclosure of sexual orientation/*gender identity issues*

How do you define yourself in terms of your sexual identity?

Have you ever wanted to become a woman?

Tell me about when you first knew you wanted to become a woman.

Tell me about what steps you have taken to become a woman.

- Probe for:**
- Physical aspects (injection of substances, medical procedures, hormones)*
 - Financial aspects (insurance, cost)*
 - Emotional aspects*

Now, I would like to ask you about your migration and displacement experiences.

What was going on in the place you grew up at the time you left?

- Probe for:**
- Age
 - Understanding of what was happening at the political and social level
 - Traumatic events
 - Reaction to traumatic events and of having to leave the place of origin (before displacement)
 - Family consequences

Tell me what happened to you after you had to leave that place.

- Probe for:**
- Routes of migration and experiences, including how your life was in the places you were before coming to live in Bogotá
 - Economic situation
 - Social Network (family, friends, etc)
 - Possible traumas experienced as a result of displacement

Now I would like to ask you some questions about your life in Bogotá.

Tell me about your life since you have come to live in Bogotá.

Probe for: When did you arrive?
 Where did you arrive and with whom?
 Type of living situation
 Have you ever been homeless?
 How do you make money?
 Have you ever exchanged sex for food, a place to live, money or anything else?

Tell me about your friends.

Probe for: Whether the participant has male friends who have sex with other men or transgender friends

How do people in the transgender community treat and perceive each other?

Probe for: *Competition*
Hierarchy

Have you ever been in situations where you felt that you were treated or judged in an unfair manner? What situations and why?

Probe for: *In the larger society*
In the gay community
In the transgender community

Police Mistreatment
Medical Community mistreatment
Experiences of violence
Human Rights violations

In general, how do you feel about yourself?

Have you ever had a time in your life that you felt really lonely or isolated?

Tell me about your sex life.

Probe for: Sexual relationships: casual, anonymous, regular, multiple partners, gender identity issues (sexual roles)
 Sex in public places
 Condom use and frequency (with partners and clients)
 Emotional relationship with sexual partners
 Use of alcohol/drugs during sex (with partners and clients)

Now we are going to talk about sexually transmitted infections.

Have you ever had a sexually transmitted infection, such as syphilis or gonorrhoea? [The interviewer should use terms that are familiar to the interviewee]

Probe for: Details about the illness (if sought help from a doctor or medical institution, if a medical treatment was prescribed and followed)

What do you know about HIV? How is it transmitted? How do you prevent it?

Do you know anyone who is HIV positive? [If the interviewee knows someone who is living with HIV, ask about the type of relationship he has with this person (e.g., friend, sexual partner, relative)]

Have you ever been tested for HIV?

Probe for: When
 Results
 Treatment if result was positive

Are you concerned about getting infected? What kind of things do you do to protect yourself?

Closing questions:

Is there anything important that we've left out of your life story?

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